



Acceptance of 3rd Party Reproduction by Infertile Couples: An Overview of 50 Couples

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Submitted: 01-04-2021

Revised: 08-04-2021

Accepted: 10-04-2021

ABSTRACT:

Introduction

Infertility is a global problem. 3rd party reproduction refers to a process where another person provides sperms or eggs or where another woman provides her uterus so that a couple can have a child.

Materials and Methods:

This is an observational study of 50 infertile couples who are legally married couples according to Indian Law and are not capable of conceiving a child without the use of 3rd party reproduction. Both the partners were interviewed, counselled and analysed with respect to their age, educational qualifications, work profile, family structure, religion, type of 3rd party reproduction required for the couple, the couple's personal opinion, perception and feelings as well as reasons for non – acceptance of 3rd party reproduction, wherever applicable.

Observations and Results

17 (34 %) out of 50 couples did not accept the idea of 3rd party reproduction on account of various reasons. There were plenty of psychosocial factors which the couples experienced and which have been analysed in this study.

Conclusion

3rd party reproduction has introduced a constellation of emotional, psychological, social and religious issues which may influence its acceptance by the commissioning couple. These factors should be taken into consideration while counselling and enrolling couples for 3rd party reproduction and detailed psychosocial analysis of the concerned couple should be performed before enrolling the couple for such procedures.

KEYWORDS: 3rd party reproduction, oocyte donation, sperm donation, embryo donation, surrogate, gestational carrier.

I. INTRODUCTION

Infertility is a global problem. Since time immemorial, the concept of 3rd party reproduction has existed to mankind. In ancient Indian Culture,

the **Manu Smriti**(मनुस्मृति) makes mention of the concept of 3rd party reproduction and the rules applicable thereto. In Hebrew Culture, the Old Testament makes mention of the story of Sarah and Abraham wherein Sarah asked Abraham, “**Go into my servant; it may be that I shall obtain children by her**”. Abraham honoured Sarah's request and impregnated Hagar, Sarah's slave, and Ismail was thus conceived. Today, 3rd party reproduction is a highly commercialised, multibillion dollar industry involving various stakeholders like doctors, pharmaceutical companies, contractual agents, law enforcing agencies and the fertility tourism industry. 3rd party reproduction is associated with several emotional, psychological, social and religious issues which may influence its acceptance by the commissioning couple^[1].

3rd party reproduction refers to a process where another person provides sperms or eggs or where another woman provides her uterus so that a couple can have a child. Following are the categories of 3rd party reproduction:

- (i) **Sperm donation:** A third party male provides sperm that can be used for insemination of the future mother or to fertilise an ovum for re – insertion of the resulting embryo into the mother, or by embryo transfer into a surrogate mother.
- (ii) **Ovum donation:** An egg donor provides ova for fertilization in the IVF process. The embryo is placed into the uterus/womb of the future mother (embryo transfer).
- (iii) **Embryo donation:** The unused embryos of a couple for whom such embryos were originally created after such couple has successfully carried one or more pregnancies to term or where such embryos are no longer required for the purpose of such couple or where embryos are specifically created for donation using donor eggs and donor sperm.
- (iv) **Gestational carrier / surrogacy:** A woman carries a baby through the pregnancy for another person. This involves the use of IVF as



the embryo is implanted into the uterus of the gestational carrier by a process known as embryo transfer.

Several factors are known to influence the acceptance of 3rd party reproduction by infertile couples, some of them being the level of education, the socioeconomic status, religious factors, age of the patient, etc. There are very few studies which have analysed the psychosocial aspects, perspectives, and acceptance levels of 3rd party reproduction of infertile couples and a knowledge of these aspects is very important and crucial while framing guidelines regarding the counselling of infertile couples.

II. MATERIAL AND METHODS

This is an observational study of 50 infertile couples who are legally married couples according to Indian Law and are not capable of conceiving a child without the use of 3rd party reproduction. Both the partners were interviewed, counselled and analysed with respect to their age, educational qualifications, work profile, family structure, religion, type of 3rd party reproduction required for the couple, the couple's personal opinion, perception and feelings as well as reasons for non – acceptance of 3rd party reproduction, wherever applicable.

III. OBSERVATIONS AND RESULTS

i. AGE WISE DISTRIBUTION OF COUPLES (HUSBAND AND WIFE):

AGE GROUP	NUMBER OF COUPLES
25 to 35 years	14 (28 %)
36 to 45 years	215 (30 %)
46 to 55 years	18 (36 %)
Above 56 years	3 (6 %)
TOTAL = 50 COUPLES	

In all 50 couples, both partners, i.e. husband and wife, belonged to the same age group and there was no overlap in the age group amongst the husband and wife of the same couple.

ii. EDUCATIONAL QUALIFICATIONS:

HIGHEST EDUCATIONAL QUALIFICATION	OF HUSBAND	OF WIFE
PRIMARY EDUCATION (COMPLETED 4TH STD.)	1 (2 %)	3 (6 %)
SECONDARY EDUCATION (COMPLETED 10TH STD.)	4 (8 %)	6 (12 %)
HIGHER SECONDARY EDUCATION (COMPLETED 12TH STD.)	3 (6 %)	4 (8 %)
GRADUATE	21 (42 %)	17 (34 %)
POSTGRADUATE	10 (20 %)	10 (20 %)
PROFESSIONALS AND POST DOCTORAL	11 (20 %)	10 (20 %)
TOTAL = 50 COUPLES		

iii. WORK PROFILE OF COUPLE:

WORK PROFILE	OF HUSBAND	OF WIFE
HOME MAKER	0 (0 %)	20 (40 %)
SERVICE	15 (30 %)	10 (20 %)
BUSINESS	16 (32 %)	2 (4 %)
PROFESSIONAL	19 (38 %)	18 (36 %)
TOTAL = 50 COUPLES		

iv. FAMILY PATTERN:

FAMILY PATTERN	NO. OF COUPLES
NUCLEAR FAMILY	30 (60 %)
PATRIARCHAL JOINT FAMILY	18 (36 %)
MATRIARCHAL JOINT FAMILY	2 (4 %)
TOTAL = 50 COUPLES	



v. **RELIGIOUS ACCEPTANCE:**

RELIGION	NO. OF PATIENTS	ACCEPTANCE (YES)	NON – ACCEPTANCE (NO)
HINDU	23 (46 %)	19 (38 %)	4 (8 %)
MUSLIM	21 (42 %)	11 (22 %)	10 (20 %)
CHRISTIAN	1 (2 %)	0 (0 %)	2 (4 %)
BUDDHIST	1 (2 %)	1 (2 %)	0 (0 %)
JEW	1 (2 %)	0 (0 %)	1 (2 %)
ATHEIST	3 (6 %)	2 (4 %)	1 (2 %)
TOTAL = 50 COUPLES			

vi. **TYPE OF 3RD PARTY REPRODUCTION REQUIRED:**

TYPE OF 3RD PARTY REPRODUCTION	NO. OF COUPLES
OOCYTE DONATION	18 (36 %)
SPERM DONATION	20 (40 %)
EMBRYO DONATION	2 (4 %)
GESTATIONAL CARRIER	8 (16 %)
TOTAL = 50 COUPLES	

vii. **COUPLE’S OPINIONS / PERSONAL FEELINGS:**

S. NO.	OPINION / PERSONAL FEELING	NO. OF COUPLES
1.	DEPRESSION	13 (26 %)
2.	FEELINGS OF INADEQUACY ABOUT ONE’S FEMININITY / MASCULINITY	14 (28 %)
3.	FEELING OF NON – PERFORMANCE OF DUTY AS HUSBAND / WIFE	14 (28 %)
4.	ANXIETY ABOUT “NON – SELF” GENETIC PURITY OF THEIR MATERIAL / FAMILY PROGENY	12 (24 %)
5.	ANXIETY ABOUT SOCIAL STIGMA AND FAMILY ACCEPTANCE	8 (16 %)
6.	FEELINGS AFFECTING THE COUPLE’S MARITAL, INTERPERSONAL AND SEXUAL RELATIONS	8 (16 %)
7.	FEELING AS IF DOING SOMETHING AGAINST RELIGION OR AGAINST THE ORDER OF NATURE	14 (28 %)
8.	FEAR OF CONTRACTING HIV / STD’S THROUGH 3RD PARTY REPRODUCTION	2 (4 %)
9.	FEAR OF CONGENITAL MALFORMATIONS OF THE PROGENY	2 (4 %)
10.	ACCEPTANCE BUT WOULD PREFER ADOPTION	8 (16 %)
11.	ACCEPTED HAPPILY	10 (20 %)
12.	FEAR OF BEING BLACKMAILED OR OTHER PRIVACY ISSUES IN THE FUTURE	13 (26 %)

viii. **REASONS FOR NON – ACCEPTANCE OF 3RD PARTY REPRODUCTION:**

17 couples out of the 50 couples who participated in this study did not accept 3rd party reproduction. Following are the reasons for their non – acceptance:

REASON FOR NON – ACCEPTANCE	NO. OF PATIENTS
RELIGIOUS	8 (47 %)
FINANCIAL	3 (18 %)
FEAR OF SOCIAL STIGMA	4 (24 %)
INADEQUACY OF THEIR OWN GENETIC MATERIAL OR DNA	2 (11 %)
TOTAL = 17 COUPLES	



IV. DISCUSSION:

In our study, 26 % of the couples were concerned about privacy issues and had a fear of being blackmailed in the future, especially because of the introduction of commercial sperm banks, egg donors and surrogate mother agencies, which, they felt, took control of the identity of the donors and surrogates out of the hands of the medical professionals and opened the floodgates to information sharing and disclosure of identity. Almost 80 % of the couples interviewed by Andrea MechanickBraverman^[2] voiced similar concerns. In the study of Yamamoto N et al^[3], almost 90 % of the couples were concerned about privacy issues and 30 % of the couples were actually indecisive because of these fears mentioned above.

In our study, 16 % of the couples perceived that their marital, interpersonal and sexual relations would be seriously affected if they resorted to 3rd party reproduction. In the study of GunillaSydsio et al^[4], almost 20 % of the couples echoed this concern.

In our study, 26 % of the couples suffered from depression which tallies with the findings in the study of GunillaSydsio et al^[4], where also, 26 % of the couples suffered from depression. In our study, 28 % of the couples had feelings of inadequacy about their masculinity or femininity which almost tallies with the findings in the study of GunillaSydsio et al^[4] where 26 % of the couples had similar feelings.

In our study, 24 % of the patients were disturbed about the discontinuation of the genetic link between the parent and child as compared to 40 % of the couples in the study of GunillaSydsio et al^[4].

A majority of the couples who refused 3rd party reproduction had done so because of religious reasons and most of them were Muslims, Christians and Jews.

V. CONCLUSION:

3rd party reproduction has introduced a constellation of emotional, psychological, social and religious issues which may influence its acceptance by the commissioning couple. These factors should be taken into consideration while counselling and enrolling couples for 3rd party reproduction and detailed psychosocial analysis of the concerned couple should be performed before enrolling the couple for such procedures.

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