

## ***Gender, kinship and assisted reproductive technologies: future directions after 30 years of research***\*

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### **Abstract**

*This volume of Enfances Familles Générations (Childhood Families Generations) looks at the current issues raised by the advent and proliferation of assisted reproductive technologies with a particular focus on kinship and gender. In the contemporary globalised world, a range of reproductive possibilities are now available, many of which raise important socio-anthropological questions related to the balance of power inherent in such interactions, the different practices and regulations involved in the delivery of ART and the individual and cultural significance of these practices. These issues have generated a rich and extensive body of literature over the past thirty years, particularly in English language scholarship. This introductory paper provides a reminder of these debates and seeks to foster dialogue with respect to work across different disciplines, by underscoring their respective contributions, particularly those in English- and French-language literature. Beginning with the summarizing of the major issues and contributions stemming from ART studies with respect to gender and parenthood, we shall underline the issues that are yet to be resolved and that, in our opinion, warrant further investigation. The main line of our argument is that, based on available literature and on social science research, emphasis must be placed on gender as inextricably linked to the experience and the study of assisted reproductive technologies.*

**Keywords:** Kinship, assisted reproductive technology, reproduction, gender

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\* The authors wish to thank Dr Nicky Hudson for her helpful comments.

## Résumé

*Ce numéro d'Enfances Familles Générations propose de se pencher sur les problématiques actuelles soulevées par les techniques de reproduction assistée (TRA) au regard des questions de parenté et de genre. Si, dans un monde globalisé, diverses possibilités reproductives sont désormais accessibles, celles-ci soulèvent de nombreuses questions socio-anthropologiques du point de vue des rapports de pouvoir qu'elles engendrent, des pratiques et des régulations parfois très différentes dont elles font l'objet, ainsi que des significations individuelles et culturelles qui leur sont attribuées. Ces questions ont donné lieu à une littérature riche et abondante au cours des trente dernières années, en particulier dans le monde anglo-saxon. Cet article introductif est ainsi l'occasion de faire dialoguer davantage, en soulignant leurs apports respectifs, des travaux relevant de traditions différentes, en particulier dans les mondes francophones et anglophones. À partir de ce bilan des questionnements majeurs qu'a suscités l'étude des TRA dans les domaines du genre et de la parenté, nous soulignons les enjeux qui restent en suspens et qui mériteraient selon nous de faire l'objet de plus amples investigations. Le fil conducteur de notre propos, sur la base de la littérature disponible et des enquêtes menées jusqu'ici en sciences sociales, est d'insister sur la dimension du genre comme inextricable de l'expérience et de l'étude des techniques de reproduction assistée.*

**Mots clés :** Parenté, techniques de procréation assistée, reproduction, genre

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This volume looks at the current issues raised by the advent and proliferation of assisted reproductive technologies with a particular focus on kinship and gender. Of the various terms which can be used to refer to these technologies, we have opted for “assisted reproductive technologies” (ARTs), which, although not free from criticism, emphasizes the specificity of ART procedures performed within the medical setting<sup>1</sup>. These procedures do indeed call for both technical and human interventions from individuals other than the prospective parents: from fertility professionals to those who make available part of their reproductive capacity (e.g. gestational surrogates, gamete or embryo donors). This inherent requirement of third-party intervention highlights the ongoing mechanics of the reproductive process and provides a useful lens through which to examine the interactions present during such interventions. Furthermore, as the papers within this issue demonstrate, this enables a better understanding of the social, political and economic contexts that make them possible.

In the contemporary globalised world, a range of reproductive possibilities are now available, many of which raise important socio-anthropological questions related to the

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<sup>1</sup> There are several terms used to designate medically assisted reproduction techniques. In French, one finds two main ones: “*assistance médicale à la procréation*” (procreative medical assistance) and “*procréation médicalement assistée*” (medically assisted procreation). The inconvenience of the first expression is that it has been used for many years within the French medical and legal context to embrace the possibilities made available to infertile couples. It thus refers more to a specific national, institutional context, which excludes a wide range of options available within other contexts (surrogacy, medically assisted insemination for single women or lesbian couples, etc.). The problem with the second term is that it places greater emphasis on the reproductive act than on the use of technology and of third-party intervention in the reproduction process, which we wish to focus on in the present issue. Without denying the historical recency of the development and proliferation of such techniques, we have opted for the expression “assisted reproductive technologies” (*techniques de reproduction assistée*) in order to stress what we consider to be its main characteristic, namely the fact that over the past few decades human reproduction has been significantly modified through to the introduction and the use of these specific techniques, more often, but not only, of a medical nature.

balance of power inherent in such interactions, the different practices and regulations involved in the delivery of ARTs and the individual and cultural significance of these practices. These issues have generated a rich and extensive body of literature over the past thirty years, particularly in English-language scholarship, which has limited its discussion and development in the French-speaking academic world. Apart from some notable exceptions, French-language studies in this field have developed more slowly<sup>2</sup> and have mainly dealt with the bioethical issues engendered by ARTs or the impact they have on kinship. Although these “new”<sup>3</sup> ways of conceiving a child do bring gender and parental norms into question, due to the innovative arrangements they make possible, they also raise broader questions regarding the relationship between science and society (see Inhorn, 2007).

This introductory paper provides a reminder of these debates and seeks to foster dialogue with respect to work across different disciplines, by underscoring their respective contributions. In order to ensure clarity, such issues will be presented thematically, from three major perspectives; 1) feminist studies; 2) anthropology of kinship; and 3) the bioethical and socio-legal approach. There are, of course, a number of overlaps, since many authors have contributed simultaneously to the progress of each of these fields. What matters, as far as we are concerned, is emphasizing the major issues and contributions stemming from ART studies rather than simply generating an exhaustive and chronological account of the numerous works in this field<sup>4</sup>. On this basis, we shall underline the issues that are yet to be resolved and that, in our opinion, warrant further investigation. The main line of our argument is that, based on available literature and on social science research, emphasis must be placed on gender as inextricably linked to the experience and the study of assisted reproductive technologies.

## 1. Feminist contributions

Looking at the literature on the social aspects of ARTs, one cannot ignore the pioneering role played by feminist writing from a range of disciplines. Over the past thirty years such work has helped to document and produce in-depth knowledge on the impact, meaning and various applications of reproductive technologies, whilst simultaneously drawing attention to the balance of power that underpins and accompanies them.

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<sup>2</sup> There may be several explanations regarding the slower development of ART studies and, more generally, of the anthropology of reproduction within French-language scholarship. Éric Fassin suggests two in particular: on the one hand, “the (temporary) marginality of feminist anthropology in France” (*“la marginalité (provisoire) de l’anthropologie féministe en France”*), and, on the other, the structuralist tradition, that sometimes gave prominence to “natural facts” rather than putting into question their limits and meaning, unlike the 1980s anthropologic studies that were carried out in the English-speaking countries (Fassin, 2002). It should also be noted that, in general, French-speaking anthropologists have become interested in the study of contemporary parental forms (such as adoption and same-sex parenting) rather later than their English-language counterparts.

<sup>3</sup> The “novelty” of such forms of conception—whether identified as “recent” or “innovative”—is open to debate if one is aware, for example, that insemination is a practice dating back to the 1950s, or even further (Melhuus & Howell, 2009; Pfeffer, 1993). However, such practices and the family situations they have created have reached an unprecedented level to a point where a number of writers have concluded that medically assisted reproduction has become normalised, while at the same time “curiouser and curiouser” in many of aspects (Franklin, 2013a). Certain techniques, such as in vitro fertilization (IVF), have also had a significant impact on the perception and meaning of reproduction processes, as this issue illustrates.

<sup>4</sup> For further details on the topic, see, in particular, Thompson (2005), Franklin (2013a), and Inhorn and Birenbaum-Carmeli (2008).

Assisted reproductive technologies are not only a field of specific interest to feminist studies because of how these techniques are both “gendered” and (re)produce gender (Almeling, 2011; Löwy, Rozée & Tain, 2014), but also because, as Charis Thompson has demonstrated (2005), they are entangled with the theoretical issues and contributions that have marked the feminist movement. The emergence of ARTs has stimulated and significantly influenced such issues and contributions, thanks to the lively discussions and tensions they have generated. Indeed, feminists have long been divided on how to respond to the growing field of ARTs, on the one hand desiring to help women who have encountered difficulties when trying to conceive, and on the other rejecting techniques that contribute to consigning women to their “biological destiny” and to subjectification by male-dominated health interventions. This “paradoxical tension” (Thompson, 2005), over and beyond the conflicts it has engendered<sup>5</sup>, has triggered some constructive debates and has led much light to be shone on some particularly complex issues.

One of the most controversial issues amongst feminist groups has certainly been the impact of ARTs in reinforcing patriarchal medical control and heteronormative expectations. While the prospect of ARTs initially seemed to offer women the opportunity to be free from the biological constraints associated with reproduction (Firestone, 1972), such hopes rapidly gave way to major criticisms and the denunciation of several aspects of ARTs which ran counter to women’s empowerment and well-being.

In particular, many feminists opposed the strengthening of male surveillance over the female body and women’s reproductive capacity through the use of reproductive technologies. This criticism was part of a wider movement that denounced the overmedicalization of pregnancy and childbirth in a male-dominated medical system (Oakley, 1987)<sup>6</sup>. For some, ARTs were in fact the “very instrument of patriarchal oppression” (Corea, 1985; Klein, 1989) which allowed men to intervene and exercise greater control over the female body (Terry, 1989).

The existence of ARTs continues to highlight the problematic ways in which women’s bodies<sup>7</sup> are taken over by a male-dominated medical establishment. For the most part, the doctors involved are still male, and the management of the couple’s infertility is almost systematically dealt with via medical treatment of the female body, even when dealing with male factor infertility (Inhorn, 2003a; Laborie, 1985; Tain, 2013; Vayena, Rowe & Griffin, 2002; Becker, 2000). This means that women are often dependent on medical practitioners, and are not only required to adapt their schedules in line with their treatment program (Hertzog, 2014), but continue to be deemed responsible for the fertility problems involved (Inhorn, 2003b; Pfeffer, 1993).

More generally, many feminists have also drawn attention to the commodification and commercialization of women’s bodies through reproductive medicine and, more widely, under the impact of neoliberal policies. Whether used for purposes of procrea-

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<sup>5</sup> This issue is still highly controversial, as evidenced by recent debates between a number of feminist scholars regarding “social egg freezing” or, in other words, the cryopreservation of fertilized ova for non medical reasons (Morgan & Taylor, 2013).

<sup>6</sup> This was already the case with the growing popularity of hospital deliveries, which is now routine in many countries, along with doctor-prescribed contraceptive strategies and abortion that, where authorized, take place more and more in a hospital setting (Bateman Novaes, 1986; O’Brien, 1981; Rich, 1976).

<sup>7</sup> ARTs also affect and involve male bodies, but to a lesser extent. When a couple are diagnosed with a problem of infertility, even if the problem is identified in the male partner, it inevitably results in hormonal treatment and surgery, often involving anaesthesia, for the female partner.

tion or research, women's bodies become, to all intents and purposes, fragmentable, exchangeable, and commodified (Gupta and Richters, 2008). Not only is the treated body reified through medical observation and manipulation, it also may serve as a site of experimentation for new techniques and treatments (Ehrenreich & English, 1978; Klein & Rowland, 1989), thus creating significant risks and disadvantages for the women involved (Steinbrook, 2006).

According to some authors, such as Catherine Waldby (2008), due to its reproductive capacity, a woman's body also becomes a commodity with added value, a "biovalue", which has the potential to be made available, transferable and open to commercialization, in what has become a very lucrative market (Almeling, 2011). More specifically, ova donation and surrogacy, even when altruistic (Konrad, 2005), place these women in the "reproductive bioeconomy", which is based on reproductive "labor" and "tissues" (Pavone and Arias, 2012; Cooper and Waldby, 2014; Thompson, 2005). This notion of "labor" is precisely the perspective adopted in a number of papers published in a recent issue of the feminist journal *Cahiers du genre* (Löwy, Rozée, and Tain, 2014) to gain an insight into the involvement of both ART users and suppliers. This issue focuses on and develops further the concept of "reproductive labor" ("*travail reproductif*"), which essentially involves women and has remained invisible for a long time. This concept of reproductive labor was developed out of the notion of "productive labor" ("*travail productif*") which originally emerged from the celebrated 1982 interdisciplinary symposium *Femmes, féminisme et recherche*, which took place in Toulouse and led to the recognition of feminist studies as an autonomous field of research in France (collectif, 1984).

When such practices are paid for or traded for certain advantages, such as reduced fees for IVF services, some authors perceive them as potentially exploiting the most vulnerable females, or, at the very least, pressuring them to consider such options. The neoliberal ideology that supports this reproductive market does, indeed, tend to exert an excessive pressure on the populations that are most disadvantaged and marginalized in terms of socio-economic status and ethnic identity, leading some of them to exchange their reproductive capacity for financial reward (Pfeffer, 2011). These inequalities are increasing as this market has become globalized, in large part due to the significant amount of reproductive tissues required for stem cell research (Waldby, 2008).

This can be seen in what has been termed "cross-border reproductive care" (Inhorn and Görtin, 2011)—or "the global chain of reproductive labour"<sup>8</sup> ("*chaîne mondiale du travail reproductif*", Löwy, Rozée & Tain, 2014: 8), depending on which dimension one wishes to stress. This growing phenomenon relates to both the transfer of reproductive tissues and services between countries (Nahman, 2013) and the movement of individuals suffering from infertility and seeking certain reproductive services or tissues, i.e. travelling to countries where such services and supply are more accessible legally or financially (Culley et al., 2011; Inhorn & Görtin, 2011; Pennings et al., 2008). However, though such travel for reproductive care does allow some people to improve their chances of having children, thus reinforcing their "agency", it often remains complicated from a practical, emotional and legal standpoint (Bergmann, 2011; Speier, 2011).

Access to ARTs indeed continue to be a privilege enjoyed by those possessing sufficient means, especially within countries where reproductive assistance is not subsidized or even available (Inhorn and Van Balen, 2002; Nachtigall, 2006). This is why many femi-

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<sup>8</sup> For further details regarding the terms employed, their specifics and the limits, see Inhorn and Görtin (2011: 667-668).

nists have drawn attention to the social disparities that ARTs contribute to replicate, and even reinforce with respect to gender, social class, ethnic origins, age, nationality, or sexual orientation (Rapp, 1999; Ragoné, 1994; Culley, Hudson & Van Rooij, 2009). Such disparities are not caused and reinforced only by ARTs, but they are also strongly linked to existing social structures. As Thompson (2005: 71) points out:

These observations [of the interdependence of biological and social systems of classification and the interdependence of experience and stratification] —made *ethnographically*, archivally, and theoretically—showed that exploring the experience of infertility and reproductive technologies revealed as much about how society is stratified as it does about what it is like to be infertile “from the inside” because the two depend on each other.

Earlier, Ginsburg and Rapp had proposed the concept of “stratified reproduction” for analyzing the many hierarchical levels and the complex interactions to which such a strategy gives rise, both from a global and local point of view (1995).

Furthermore, although ARTs have over time contributed to querying the biocentric and bilateral family model, by facilitating the emergence of new family structures (we shall come back to this later), they may nevertheless participate in reinforcing a profoundly heteronormative logic. A number of empirical studies on this topic describe the extent to which people using ARTs reproduce gender stereotypes relative to sexual identity and parenting, either to comply with medical staff expectations and thus access the services sought after, or for personal reasons, based on a desire to affirm or recover a certain “normality” that may have been unsettled due to their difficulty in conceiving children (see Cussins, 1998; Pfeffer, 1993). Moreover, ARTs re-establish and strengthen the often “naturally” perceived connection between women and maternity, precisely a connection which some feminists fought to challenge. Simultaneously, ARTs have been criticised for encouraging many infertile women to make every effort to have a child despite the potential pains and burdens they may face when undergoing such treatments (Crowe, 1990).

Feminists have also been very ambivalent on the topic of ARTs especially in relation to reproductive choice, because whilst *in theory*, such choices provide a wider range of possibilities when choosing how and under what conditions they may have children, thus strengthening the elective aspect of parenthood, they may however significantly complicate what decisions need to be made with regards to reproduction, and even give rise to some dilemmas. In her paper in this issue, Martha Ramirez-Galvez highlights how for some women in Brazil, who are unable to have children, the very existence of these techniques may appear to be a mandatory route.

Many research papers have also described how diagnosis and screening techniques, whether prenatal testing or pre-implantation genetic diagnosis, are responsible for a profound transformation of the experience of pregnancy and childbirth, both for the woman herself and with regard to her relationship with her future child (Petcheski, 1984; Rapp, 1999; Rothman, 1986; Löwy, 2014). Indeed, these tests generate some degree of uncertainty and may create emotional difficulties for the women making use of them due to the sensitive issues they raise, especially if women have not been sufficiently prepared to deal with the potential outcomes.

However, other feminist arguments have supported the use of ARTs by highlighting the deep psychological, conjugal and social suffering that may result from one’s inability to have a child. Research carried out in the area of infertility for instance, demonstrates the extent to which unwanted childlessness is particularly detrimental to women

(Inhorn, 2004; Inhorn & Van Balen, 2002) by marginalizing the prospective mother or questioning her social status. Such suffering can be made worse in cultural or religious contexts where childlessness deprives a woman of social or economic advantages, including the complete and full recognition of her status as a woman, as well as a daughter and spouse, by her community. In this issue, Véronique Duchesne draws on her work with Sub-Saharan women who have migrated to France where they have undergone medically assisted procreation, to show how such a situation may destabilize or draw in to question the marriage of these women.

Consequently, over and above satisfying the desire to have a child, the use of ARTs also, and principally, constitutes an attempt to adhere to social roles and expectations, especially for women. It is essential to take this into consideration if one wishes to understand, amongst other things, why many women become involved with in vitro fertilization and find it very difficult to give up, even after many unsuccessful attempts (Franklin, 1997; Sandelowski, 1991; Williams, 1988). For some, in vitro fertilization has become “a way of life” that gives them an important goal to pursue. Ceasing treatment would mean putting an end to any hope of pregnancy, and would also require them to come to terms with the many consequences of such failure (Crowe, 1990). For other women, it may be a way of proving their willingness to have a child and thus to meet family and social expectations regarding their role. Many anthropologists have underlined the performative aspect of ARTs by describing how the “simple” fact of becoming fully involved in a program of medically assisted reproduction, and to thus demonstrate that every effort is being made to have a child, does in some way help such women achieve their objective, i.e. to assume their socially expected role (Crowe, 1985). Thus, “the quest for parenthood becomes a substitute for it” (Franklin, 2013a: 233).

Women are therefore not merely passive with regard to the realm of human reproduction: for some, the use of ARTs can constitute an “active reaction” to their infertility (Ouellette, 1988). Certain authors insist on the need to offer greater recognition of the agency women can exercise within ARTs, allowing them to handle their problems and adapt to the gender norms imposed on them (Crowe, 1990). For some women, participating in such practices and by making their reproductive capacity available, can provide a source of validation and social mobility whilst promoting family solidarity (Ragoné, 1994). Finally, other authors have stressed the need to understand the complexity of ART use, whilst also taking into consideration other significant relationships involved in the field of reproductive health care<sup>9</sup>, which are often obscured solely by gender issues (Bateman Novaes, 1986).

The work undertaken on this topic thus far has enabled feminist researchers to highlight the complexity of these issues and develop a more nuanced stance on the use of ARTs. Indeed, whilst many authors initially denounced, with vehemence, the dangers and constraints that reproductive technologies imposed on women<sup>10</sup>, later feminist contributions became more interested in highlighting the deep ambivalence they generate (Franklin, 2013a). These insights were largely stimulated by anthropological and sociological empirical research exploring the experiences of women who had used these technologies. This revealed the diversity of these experiences, along with the

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<sup>9</sup> *E.g.* those of the doctor/couple, of medicine/sexuality, of donor/infertile parent, of donor/infertile partner, etc.

<sup>10</sup> Nevertheless, in her latest book, Sarah Franklin demonstrates that feminist positions with regard to ARTs have always been more nuanced and equivocal than how it has often been suggested (Franklin, 2013a).

often paradoxical dimension of such situations and the specificity of the “different rationality” underlying them (Koch, 1990; Becker, 2000; Thompson, 2005; Throsby, 2004; Sandelowski, 1993).

## 2. Anthropology of kinship

The widespread use and proliferation of ARTs have contributed to some of the major transformations faced by the Western kinship model<sup>11</sup> over the past few decades, both by significantly changing the way reproduction is perceived and by directly impacting on contemporary family structures and dynamics. However, in a landmark article, Françoise Héritier suggests that whereas ARTs have indeed generate new challenges, parallels can also be drawn between these “new forms of procreation” (*“nouveaux modes de procréation”*) and the way in which particular kinship models already offered solutions to infertility in societies previously studied by anthropologists. She thus urges us not to see ARTs as simply a medical device, but also as an institution that allows the “creation of parenthood, thus of kinship” (*“fabriquer de la filiation, et donc de la parenté”*, Héritier, 1985).

Moreover, the questions raised by assisted reproductive technologies and the empirical studies stemming from them have largely contributed to the renewal of the anthropology of kinship, initiated in the 1980s via significant contributions from David Schneider and a number of feminist anthropologists (Collier & Yanagisako, 1987; Schneider, 1984; Yanagisako & Delaney, 1995). Their work questioned the assumed biological basis of kinship and gender, which appeared as “natural facts” both from the perspective of those studied and to the anthropologists themselves. David Schneider criticized the ethnocentricity that characterized the latter, who regarded biology as the basis of all kinship models and thus restricted their analysis to the different ways in which certain groups or societies built their kin relations from this biological foundation. He argued that anthropologists should also query the status of biology itself in order to understand what these kinship models reveal more generally regarding the interpretation and the significance given to the various elements and relationships surrounding individuals. This new perspective has significantly renewed the anthropological studies of kinship (Carsten, 2004; Carsten, 2000; Franklin & McKinnon, 2001; Strathern, 1992a), in which, as Sarah Franklin explains (2013b, 286):

Kinship is no longer interpreted as deriving from a set of immutable biogenetic facts but must be read as a system of cultural knowledge through which biological and social practices are constantly remixed and remade in what is described as a hybrid, or plural, fashion.

Marylin Strathern’s work has been influential in this area and demonstrates how ARTs blur the boundaries between what is considered as “natural” and what is deemed to be “cultural” (Strathern, 1992a, 1992b). Indeed, when in vitro fertilization is substituted for sexual intercourse, not only does it replicate “natural conception” and make one lose sight of the “natural” character of conception by “artificialize[ing] the very facts of life”, but it creates biology itself, making these techniques capable of producing “the effect of naturalized origins”. Nature henceforth appears both manipulated and manipulatable (Edwards, 2009a: 3) through “these new assisted conception techniques ‘born’ of the union of reproductive substance and technological innovation” (Franklin, 2013a: 21).

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<sup>11</sup> The ARTs have also transformed the family models that prevail in other societies. However, we will focus our attention here on those changes that have mainly affected Europe and the Americas.



In particular, the distinction between nature and culture loses some of its relevance when one looks at the meaning of the “biological” (Franklin, 2001, Bestard, 2004, Haraway, 1997), especially in the field of kinship where biogenetic vocabulary is used very often to characterize family relationships. As has been shown in many anthropological studies, biogenetic terms refer not only to innate characteristics, but also to socially and culturally acquired elements. For example, Charis Thompson describes how genes and blood may be differentiated and given variable meanings in order to normalize ambiguous or complicated reproductive arrangements by strategically “naturalizing” the technology used or some reproductive or social elements, whilst “socializing” or minimizing the importance of others (2001).

The biogenetic aspects of kinship are sometimes also brought in, factually or symbolically, as a metaphor for parental relationships (Fine & Martial, 2010) or to increase the value or legitimacy of certain family relationships within a context where such recognition is absent. For example, some lesbians decide to bear the embryo formed from their partner’s egg, or alternatively select a sperm donor related to their partner in order to create a biological link with the latter and rebalance their respective role and relationship with the child (Hayden, 1995). Furthermore, it is not uncommon for both parties in a gay relationship who are seeking a third party to bear their child to both provide sperm while asking not to be told which one was used, or to arrange for two embryos to be implanted, each partner providing sperm, in order not to reveal which of them is the genetic father (Gross, 2012; Smietana et al., 2014).

The ambivalence of the meaning of the biological can also be seen through the importance that would-be parents give to the selection of a gamete donor who has some physical resemblance to the non-biological future parent and to finding some resemblances between the latter and the child. As documented by work carried out in this field (Becker, Butler and Nachtigall, 2005), it is not simply a matter of concealing infertility problems and the use of a gamete donor, but it is about creating “in a situation where there is biological discontinuity [...] an appearance of continuity. [...] It is as if this resemblance, even though it has no genetic basis, is assimilated to the biological aspect insofar as it reflects the visible and exterior characteristics of the body” (*“là où, au niveau biologique, il existe une discontinuité [...] une continuité au niveau du visible. [...] Tout se passe comme si la ressemblance, même si elle ne relève pas du génétique, était assimilée au biologique dans la mesure où elle concerne le corps sous son aspect visible et extérieur”*, Fortier, 2009: 272). Jeanette Edwards thus invites us to analyse “blood and genes as contemporary ways of expressing relatedness bringing together or separating certain categories of parents and transmitting a vast range of physical, metaphysical and moral characteristics” (*“le sang et les gènes comme des manières contemporaines d’exprimer la parenté mettant en rapport ou au contraire séparant certaines catégories de parents et transmettant un vaste éventail de caractéristiques physiques, métaphysiques et morales”*, 2009b: 322). In such a context, it is not congruent to consider the social world and the natural world as separate entities (Strathern, 1992a; Edwards, 2009b).

Apart from the distinction between nature and culture, ARTs have challenged the Western kinship model, based on biological reproduction, *i.e.* “characterized both by its bilateralism (transmission by the two family branches, paternal and maternal) and by blood ideology, this being seen as responsible for transmitting physical and moral characteristics of the same lineage” (*“caractérisé à la fois par la bilatéralité (la filiation est transmise par les deux branches, paternelle et maternelle) et par l’idéologie du sang, celui-ci étant censé être le vecteur de transmission des caractères, physiques et moraux, d’une même lignée”*, Fine, 2001: 71). In the present issue, the paper by Jean-Hugues Déchaux provides a detailed analysis of how the relevance of these various

principles has been challenged by ARTs. The limits of these principles have also been underlined by works on adoption and step-families.

Indeed, in vitro fertilization and artificial insemination undermine both procreative sexuality itself and the way it is represented, by allowing conception as such to be separated from sexuality and conjugal relationships (Edwards, 2004). As described by David Schneider (Schneider, 1968), and further highlighted by Jean-Hugues Déchaux in the present issue, these techniques are “able to succeed where traditional coital conception fails, thus correcting the natural process of procreation” (*elles permettent de combler ce que le coït n'est pas lui-même en mesure de produire, de corriger ainsi le processus naturel de la procréation*). Such techniques therefore challenge the symbolic role of the coitus, which is central in the Western kinship model. Additionally, they generate what has been referred to as “sexless parenthood”, which it has been suggested could nonetheless generate new sexual prohibitions (Collard & Zonabend, 2013).

More generally, ARTs highlight the dissociation between several aspects of procreation: the desire for a child, conception, pregnancy, childbirth, and child-raising. They thus permit a diffraction of the paternal and maternal roles. This distribution of parental functions amongst several people is not always new or even limited to ARTs. It has been observed by ethnologists in many societies where a distinction is made, for example, between the mother who bore and breastfed the child and the one who nurtures them (Lallemand, 1976; Étienne, 1979; Jeudy-Ballini, 1998). However, it was ARTs that introduced a groundbreaking change into the concept of “parent” by involving third parties who are active in the conception of the child. In particular, now, the maternal role may be shared between two or even three women: she who desires motherhood and intends to parent the child, she who donates the egg required for conception of the embryo, and, where a surrogate mother is required, she who carries the child. The arrival of the surrogate mother—a situation that, unlike gamete donation, is difficult to conceal—thus constitutes “an intrusion in the childbirth scene” (*une intrusion dans le paysage de l'enfantement*”, Mehl, 2011: 119).

Prior to the development of ARTs, the paternal function could already be shared by two men in situations where procreation was not possible by the couple alone. Such a situation has been the classic theme of many stories in which, subsequent to years marked by unsuccessful attempts with her husband, the wife very discreetly takes on another man and allows him to become the procreational substitute for her husband. The major change brought by medical sperm donation is not so much related to the technical aspects of it, but rather the status of such donation. Indeed, this donation is generally anonymous, since in many countries the identity of the gamete donor is not revealed and the intending father is automatically declared to be the legal parent, and thus seen by all as the child's genetic father. Additionally, such intervention within a medical framework that avoids a sexual encounter between the sperm donor and the future mother means that using a procreational substitute for the husband is no longer considered as adultery.

However, it is sometimes not acceptable for a couple to use another man's sperm to fertilise the female partner's egg (Fortier 2005). Such an arrangement may also lead the intending father to be unsure of his identity as man or parent. It is not insignificant that many parents who have used sperm donation hide the details of their conception from their children (Kalampalikis et al., 2010), even in countries where such anonymity has been eliminated (Golombok et al., 2011). One should point out that in some communities and societies, such as amongst Sunni muslims, gamete donation remains taboo and subject to marginalization (Culley a& Hudson, 2007; Inhorn, 2006).

Where the solicitation of third parties is authorized for reproductive purposes —a solution which is increasingly common— non-biological parenthood becomes relatively acceptable and visible, and as a result challenges the dominant biocentric model of parenthood. The affirmation of this non-biological parenthood is part of a wider movement of recognition and promotion of elective parenthood, reflecting the commitment and daily involvement in raising and caring for a child. However, ARTs generate a paradoxical situation in this respect. Indeed, these technologies are often sought out and used with a view to having a child that is biologically, either through the genes or blood, related to at least one of the intending parents (Temam, 2010; Franklin, 1997; Nordqvist & Smart, 2014; Gross, Courduriès & De Federico, 2014; Ragoné, 1996), thus reinforcing some kind of biologism. Empirical studies examining the uses of ARTs have highlighted the fact that in some societies, especially those where there has been broad dissemination of biomedical knowledge regarding the body and its functions, biogenetic knowledge appears to have become more important than ever before with respect to the way in which people today perceive the world around them. At the same time, the proliferation of reproductive techniques involving the intervention of third parties is helping to normalise non-biological parental practices. Parenthood through non-traditional routes such as adoption or with the use of third party genetic material has become a highly valued and respectable route to parenthood, even though, as found by Martha Ramirez Gálvez, and discussed in her paper in this issue, such a route to parenthood can also be regarded as a second best substitute to conceiving naturally.

The ultimate question therefore seems to be about whether one prioritizes blood or elective ties. In other words, is it blood—a metaphorical synonym of genes—or is it parental commitment that ultimately decides the child's lineage? Though such questions may appear relevant, they do nonetheless tend to reduce this issue to a dichotomy between the blood ties on the one side and the social ties on the other, whilst this distinction is not supported by current empirical research on this topic. Janet Carsten therefore suggests using the term 'relatedness' rather than 'kinship' (Carsten, 2000), a term that could be translated in French by *apparentement* (Collard and Zonabend, 2013), in order to cover both the biological and social aspects of parenthood, while underlying the relationship between them.

Additionally, above and beyond the assumed tensions between blood ties and social ties, what contemporary family structures really call into question is the exclusiveness of kinship (Schneider, 1968, Fine, 2001). A growing number of Western societies have now opened up, socially and legally, to forms of parenthood that are not based on biology. Furthermore, they sometimes even recognise same-sex parenthood, thus moving beyond the heterosexual norm (Cadoret, 2002; Hayden, 1995; Tarnovski, 2012; Mamo, 2007). However, it is still difficult to envisage and accept the integration of additional parental figures as part of the life and identity of a child, particularly from a legal point of view (Herbrand, 2008; Leckey, 2014).

### 3. Bioethical and socio-legal prospects

The intention here is not to address all of the bioethical and socio-legal questions raised by ARTs, but rather to mention the work they have generated in the field of social sciences.

A first issue that has attracted the attention of a number of sociologists and anthropologists concerns the conditions of access to assisted reproduction, specifically for single women and same-sex couples. Related to this issue is the question commonly posed: "what are the minimum acceptable conditions for bringing someone into the world?" ("*quelles sont les conditions minimum acceptables pour faire venir au monde ?*", Bateman

Novaes, 1996: 191). Although this question has been handled differently according to national contexts, the possibility for same-sex couples to have a child through procreative medical assistance or gestational surrogacy and to thus become legitimate parents, continues to be examined in an ever-growing number of democracies (Gallus, 2009; Herbrand, 2012a; Fulchiron & Sosson, 2013; Théry and Leroyer, 2014). In particular, as Dominique Memmi has demonstrated, the arguments raised by fertility professionals in France seek to reflect a “natural order”. Indeed, infertility is supposed to result from medical conditions rooted in nature (Memmi, 2003). Memmi found that when fertility professionals were called upon to explain what they had done, some of them simply said that they wished to “let nature take its course” (*laisser faire la nature*—Mathieu, 2013: 87). However, the opening up of ARTs, and the increasing availability of marriage and adoption as options for same-sex couples in a number of countries, puts the “reproductive order” (*l’ordre procréatif*) of these societies deeply into question (Iacub, 2002). One should, however, stress that up to now no country has fully committed itself to eliminating all the discrimination towards same-sex couples. The “presumption of paternity” principle indeed remains unchanged in most legal settings (Herbrand, 2012b). Besides, even in the rare countries that have brought in such changes, some legal principles remains profoundly gender-based (Tahon, 2004).

The role of the donor and access to information concerning such a person constitutes another intensively researched topic, especially since countries do not have a uniform policy with respect to management of the identity of the third-party gamete donor in reproductive health care. This issue generates a number of ethical controversies. Some criticize the removal of gamete donor anonymity on the grounds that this may lead to the biologization of filiation (*e.g.* Borrillo, 2010; Turkmendag, 2012), whilst others are in favour of the removal of donor anonymity under certain conditions, in order to allow children to know their origins and background. For instance, Irène Théry contends that donor anonymity results in a misunderstanding of the nature of the donation: the gift of one’s gametes is not merely a transfer of biological substance and tissues; the reality of the gift is that it permits the transmission of life and the birth of a child (Théry, 2010; Théry & Leroyer, 2014). Yet others underline the advantages of a “double track policy”, which allows would-be parents to choose between an anonymous or non-anonymous donor, that would strengthen parental autonomy by allowing them to choose the option they find most suitable to their personal values and situation (Pennings, 1997). In European and American contexts where the biological link is a very important element of paternal logic, symbolically, at least, these choices are of course not innocuous and the anonymity of the gift would thus appear to conceal a number of secrets : the infertility of the parental couple, the absence of a genetic link between the child and one of its parents and, finally, the identity of the third-party donor (De Parseval, 2006). This is precisely what leads Irène Théry to suggest the concept of a “gift of begetting life” (*don d’engendrement*) to identify situations where a third-party delegates its reproductive capacity in order to assist others with procreation (Théry, 2010); this may consist of gamete donation, embryonic adoption, or surrogacy. Irène Théry finds this concept useful to better understand surrogacy through the anthropological framework of the gift economy, by examining the way in which such donation contributes to social relationships.

The question of the financial payment of gamete donation is also the basis for a number of stimulating discussions. Anthropologically, the logic of compensation enables to satisfy the social requirement of reciprocity. But, in practice, such compensation comes close to a reward. As mentioned earlier, the use of third-party gametes for the purpose of procreation has the potential to create a highly lucrative economic market, which may result in the motivations of gamete donors being queried. This issue becomes even

more crucial when it concerns surrogacy. While donating one's eggs is not a harmless act for a woman, as it requires surgical intervention and hormonal treatment, having an embryo conceived by others implanted in one's uterus and carrying this embryo for nine months before giving birth seems a different and greater form of commitment. This situation has encouraged a number of countries that authorize surrogacy to provide for financial compensation in such cases<sup>12</sup>. However, others have made different choices—some U.S. states, or Brazil, for example—have decided that bearing a child for a third-party, shall be carried out at no charge and with no commitment, only medical expenses and insurance being payable by the intending parents. Indeed, while compensation for gamete donation, even more in the case of surrogacy, does in itself raise questions of principle, the fear currently expressed is also associated with the pressure that major financial compensation may have on women with lower income (Pennings et al., 2014). Some researchers, however, do point out that one should not underestimate or deny the autonomy of such women (Haimes, Taylor & Turkmendag, 2012), nor the possibility that these paid-for practices may enable them to become members of the consumer society (Nahman, 2013). What should be done first is to examine and understand the framework in which they live and what leads them to make certain choices.

Finally, the development of preimplantation genetic testing has given rise to a number of discussions to date, but to little socio-anthropological work (Franklin and Roberts, 2006). This new technique, henceforth permitted in a number of countries, allows one to detect possible genetic mutations or “abnormalities” that could cause pathologies, by performing tests on the embryo prior to its being implanted in the uterus. As a result, there are those who wonder just how far biologists will go in order to select “healthy” gametes and eggs. Despite the long-standing nature of these discussions, as reflected by the comments from Simone Bateman Novaes (1992), the issues related to the exploitation of the possibilities provided by biological techniques and to the responsibility of doctors and biologists in this field continue to be debated. Under what conditions are health care professionals who are responsible for applying such techniques invited to contribute to the discussion, participate in the creation of ethical positions, and help settle them? But also, how can they reconcile the viewpoints of the couple concerned and those of the medical team? Simone Bateman Novaes stresses the basic problem with this in mind: “the dilemma has nothing to do with medically assisted procreation (MAP) technologies *per se*, but with the novelty of the relationship that is created between a doctor and the “patients” involved in a technical activity whose objective is no longer to cure but to beget life (*le dilemme concerne, non pas les techniques de PMA en tant que telles, mais la nouveauté du rapport qui s’institue entre un médecin et des ‘patients’ autour d’un acte technique dont l’objectif n’est plus de soigner mais d’engendrer*”, 1992: 172).

#### 4. The outstanding issues

The study of ARTs has led to a deeper and far-reaching consideration of women's status and conditions within the framework of reproductive medicine, as well as the impact of ARTs on family definitions and dynamics. It has also served as a lens to examine the relationship between society and technology. Nevertheless there are still a number of issues and areas that require further investigation in order to better understand the new problems raised by ARTs in the field of family studies. We shall complete this pa-

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<sup>12</sup> For a comparative overview of legislation with respect to surrogacy, reference may be made, in French, to Schamp & Sosson (2013).

per by mentioning some of the outstanding issues and by demonstrating how the articles in the present issue investigate these problems, more specifically via an analysis of gender relationships.

One of the critical issues brought up by ARTs concerns the extension of ‘natural’ reproductive time limits that they have made possible through technologies such as egg donation and egg freezing and that will be taken further over the years. Indeed, not only may egg donation disrupt the generational order, for example when a woman carries the fertilized egg of her daughter, but it can also extend reproductive capacities beyond biological limits, sometimes taking them past the menopause (Friese, Becker & Nachtigall, 2008). Cryopreservation techniques henceforth increase these possibilities and open up new questions. While posthumous insemination, which is authorized in some countries, already makes it possible for a child to be conceived using the sperm of a man after his death, oocyte vitrification could now allow women to postpone the time of their pregnancy and to circumvent a drop in their fertility. It would also make it easier to offer eggs for therapeutic purposes (namely in order to help women who need donated egg to conceive) or for research purposes.

Nevertheless, as will be discussed in two papers of the present issue, the “biological clock” does not appear ready to cease its pressure on women (Löwy, 2009) and continues to remind them of the need to comply with the reproductive expectations related to their age group (Fine, Moulinié & Sangoï, 2009). The sociologists, Manon Vialle and Nolwenn Bühler, thus describe legislators’ and medical personnel’s resistance to the idea of undermining the “reproductive ages” that are nevertheless available via egg donation. Although their analyses focus respectively on France and Switzerland, they can nevertheless be transposed to other national Euro-American contexts and allow for discussion regarding the age at which women are no longer expected to become mothers.

Nolwenn Bühler’s paper focuses on the changes brought in by oocyte preservation techniques and their availability when it comes to access to motherhood. Although the use of egg donation, made more accessible thanks to new techniques of cryopreservation, can theoretically allow women to extend their reproductive window of procreation and lower the inequalities between men and women with respect to assisted reproduction, the author shows that, within the Swiss context, nothing has changed, since the process is prohibited by law. In other words, it means that in Switzerland, if “ovule ageing” is diagnosed by doctors, egg donation is not currently possible but it also marks the termination of a woman’s medically assisted reproductive journey. The basis for this decision appears to be lacking in transparency. Nolwenn Bühler also shows the extent to which the perception of personal childbearing age limits may differ not only from one woman to another but sometimes also according to the length of their medically assisted reproductive journey: it seems that the longer a woman uses these services, the longer she postpones her own age limits to attempt to conceive a child. Moreover, even when after several failures the doctors decide that their patient’s ovarian reserve is insufficient to contemplate new attempts, the existence of egg donation encourages these women to believe they are still young enough to become mothers and to contemplate seeking egg donation abroad or to hope that in the near future this technique will be available in their own country.

As for Manon Vialle, she demonstrates how the convergence between ARTs and unusual social demands creates new problems for health care professionals working in this area. In France, medically assisted reproduction is considered by legal and medical institutions to be a strictly therapeutic practice designed to overcome infertility problems. Yet, Manon Vialle explains in particular how infertility problems due to age—or

to the “biological clock”, as it was referred to by the professionals encountered—queries the relevance of the distinctions made by these professionals between a “therapeutic” request for assistance and one of simple convenience.

The situations described in these research papers once again indicate the extent to which the medical assistance of infertility results in women bearing special responsibility. It also highlights how, despite the efforts of some researchers to engage men in research on infertility, most studies undertaken on this topic mainly reflect women's experience (Mehl, 2008; Inhorn, 2012; Becker, 2000; Carmeli & Birenbaum-Carmeli, 1994). Given the lack of available empirical data regarding men's experiences in this field, future research would certainly be improved through an examination, within a range of socio-political and religious contexts, of the viewpoints of men involved in medically assisted reproduction situations, so as to better understand their specific difficulties and the ways in which they live through such situations, along with the impact that the use ARTs may have on them both in terms of gender and parental identity (Culley, Hudson & Lohan, 2013).

Furthermore, the growing demand for gametes and embryos, both by private individuals or research workers, raises many questions that deserve greater investigation. In particular, there is a need to explore more deeply and empirically the ways in which reproductive materials are acquired and travel to fertility clinics and between such clinics and research labs, changing their status from that of kinship substance to that of scientific materials (Thompson, 2013; Franklin, 2006; Cooper & Waldby, 2014). For example, there is still very little data about how gamete donors of either sex are recruited or about their profiles and motivations (Steinbrook, 2006; Haimés, Taylor and Turkmendag, 2012). In her research carried out in the U.S. where the sale of gametes is allowed, Rene Almeling shows how the control of such practices and their underlying arguments are significantly gendered. For example, the gamete agencies and banks encourage men to see sperm donation as a simple task, whereas egg donors are encouraged to consider this practice, even though they will be paid for it, as an altruistic gesture, a “gift of life” aimed at assisting another woman. Such differentiated logic has a direct impact on the way in which male and female donors perceive their relationship to the children born of their donation. Although a number of research projects have begun to focus on these issues in Europe, where gamete donors do not usually receive remuneration—though they are nevertheless often compensated or charged less for IVF treatment—the subject is far from exhausted (Haimés & Taylor, 2014).

Additionally, as Marcia Inhorn and Daphna Birenbaum-Carmeli indicate (2008), the status and circulation of embryos derived from IVF appear to be a key issue for future research. Indeed it seems necessary to gain a better understanding of how patients perceive their leftover embryos. Simultaneously, it would be worth paying more attention to how the different ways embryos are transferred, manipulated and provided are currently organised within specific clinics and contexts, may impact on IVF patients' choices and experiences (Scully Leach et al., 2012). Drawing on an anthropological perspective, Anne-Sophie Giraud examines the status of the embryo within the French context, a topic which has not yet been investigated in much depth. Her approach is based on the anthropological concept of “human being”, particularly on the “relational identity approach” (*l'approche relationnelle de l'identité*). Dealing with a subject that has raised many debates at different ethical, political and legal levels (Atlan & Botbol-Baum, 2007; Memmi, 1996), she demonstrates to what extent the definition of the human embryo, and its very identity, change according to the viewpoint adopted and the relationship that the persons involved (gynaecologist, biologist, midwife, future parents...) have with it. Couples with supernumerary embryos are urged, at regular intervals, to say whether they wish to keep them, use them for procreative purposes, have

them adopted by another couple, discard them, or donate them for research. They often find themselves faced with a painful and impossible dilemma on which the writer's analyses shed new light.

It would also seem important in the future to look at the links between individuals who are genetically connected through donation. Such issues are now more acute since the anonymity of donors is being questioned in a number of countries. For instance, in Great Britain, where anonymity was removed in 2005, a study carried out by Susan Golombok's research team which focused on seven-year-olds conceived from gamete donation, found that 41% of parents having used donated eggs were now informing the child of their donor conception, whereas only 28% of parents who had had recourse to sperm donation were revealing this to their child (Golombok et al., 2011)<sup>13</sup>. Further research projects currently under way in different countries are seeking to conduct interviews with donors, with children born from donation and with the respective families of these children, with a view to understanding how the parental links of these families and also of the donors may be affected (Blake et al., 2014; Freeman et al., 2014; Freeman et al., 2014).

Chantal Collard and Shireen Kashmeri (2011) have explored these issues with respect to sibling relationships. What part do pregnancy and genetic connection play in the creation of sibling identity? For instance, in a case of gestational surrogacy, can two children who do not share the same genetic heritage, but who were carried by the same woman during pregnancy, be regarded as siblings? In the case of an embryo donation, do two children who share the same genetic heritage, and were brought into the world by two different women, who raised them separately, be considered as siblings? These are complicated questions since, anthropologically, as Chantal Collard and Françoise Zonabend remind us, sibling relationships are associated "in the French nomenclature with a parental relationship that is both sociological and biological" (*"une relation de parent, vécue tant sociologiquement que biologiquement"*, 2013: 30). The two anthropologists prefer to describe such kins as "genetic brothers and sisters" (*"frères et sœurs de gènes"*). However, the absence of shared blood or genes in this "sexless" parental relationship does not necessarily imply that the incest taboo is not present. Even in the absence of genetic link, such forms of sibling relationship do lead to a reshaping of incestual prohibition, even if it remains difficult to clearly outline these situations.

The issue of the potential links created by ARTs is also discussed in this issue from a different point of view by Isabel Côté. Through the study of situations where lesbian couples undergo insemination by a known donor, Côté queries the role assigned to such sperm donors. Though other authors have written about the way such donors are perceived by female couples (Donovan, 2000; Haimes & Weiner, 2000; Gross, 2014; Goldberg & Allen, 2009; Nordqvist, 2011), Isabelle Côté also considers, in her paper, the viewpoint of the donors themselves. She specifically highlights the ambivalence of the donor and of their status as a "third-party procreator" (*"tiers de procreation"*): in some cases they are tempted to regard him as more than a mere supplier of genetic material, in others they cling to the need not to transform him into a competitive father figure within a social context where exclusivity is important for the parent-child bond. Although some sociologists have started to examine the various implications attached to using a donor known to the couple (Ryan-Flood, 2009; Dempsey, 2012), there remain a significant number of research avenues to be explored.

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<sup>13</sup> Though these figures appear to indicate a tendency to increase in this field, the majority of such parents remain unwilling to explain to their child that they made use of a donor.



The massive and globalized proliferation and development of ARTs have created a series of new issues. These techniques are not available everywhere, nor are they used in the same ways (Nachtigall, 2006; Inhorn & Van Balen, 2002; Kahn, 2000). They raise, according to their context, specific moral, socio-economic, and legal questions that can only be understood and documented through long-term empirical research. Basing her analysis on a survey conducted in Brazil, in this issue, the anthropologist Martha Ramirez-Gálvez examines the situation of heterosexual couples who have opted for adoption after having failing to conceive using medical fertility treatment. Unsuccessful attempts of using ARTs here appear to be a form of necessary step imposed on couples lacking children, who, if they are to become good adoptive parents, are expected to have abandoned the hope of having a biologically related child, since in Brazil (especially in urban areas) the usual family model is one that sees the child as a continuation of the couple and the culmination of a conjugal project (Fonseca, 1995). But Martha Ramirez-Gálvez goes even further and suggests that we consider recourse to assisted reproductive technologies as a form of ritual that would allow an infertile couple to recognize and accept the fact that they will have children to whom they are not biologically related, or, formulated differently, that they are living through a “required experience of renunciation of the biological child” (*“une expérience nécessaire du renoncement à l'enfant biologique”*). To complete her observations, the author opens a forward-looking discussion on the convergences between adoption and biological filiation in the context of embryo donation; a compromise sometimes envisaged as allowing intended parents to come as close as possible to the experience of biological filiation.

In her paper, Sandrine Bretonnière, focuses on medically assisted reproduction within a context deeply affected by a traditional and patriarchal organization of parenthood: that of post-communist Romania. This sociologist is particularly interested in gender dynamics and takes a divergent stand to many feminist analyses which describe ARTs as a medical takeover of the female reproductive body (Klein, 1989; Inhorn, 2004; Tain, 2013) or which stress the physical and emotional costs for the women involved in these procreative pathways (Franklin, 1997). Sandrine Bretonnière indeed suggests that the use of ARTs may, for many reasons, become an opportunity for childless Romanian women—providing they have the means, since the Romanian State does not cover all expenses—to re-appropriate their bodies in order to access maternity, something that she believes is highly valued in Romania.

Apart from the study of the deployment of ARTs within local contexts, the transnational migration of growing numbers of infertile couples and even single people (Rozée Gomez, 2013) seeking a reproductive option which, in most cases, is not available in their country of origin, is a source of legal, political and ethical problems, which raises further issues worth studying (see Inhorn & Gurtin, 2011). But over and beyond these temporary migrations, aimed at satisfying the desire for a child, the question is raised as to the dominant characteristics of conjugality and parenthood may differ radically from theirs, handle the path of assisted reproduction. The basic question here is that of coexistence of medically assisted reproduction practices developed and initially applied within a Euro-American context, and conceptions of the body and its substances, of individual destiny and parenthood that have been developed within different cultural contexts. This is the very question that Véronique Duchesne is looking at in the present issue. Her ethnographic study of migrants to France from sub-Saharan Africa has led her to question the meaning acquired by assisted reproductive technologies within a migratory context wherein marriage, as envisaged in rural sub-Saharan Africa, retains its very active characteristics. These migrants consider that marriage constitutes a formal alliance not only between two people but also between two family lines.

Marriage remains the main form of legitimization of the child and, conversely, the birth of the child seals the marriage. Should there be no child, the spouse, to whose parents the husband has paid a bridewealth, will be deemed to be infertile and the marriage will no longer have any substance. This marital deadlock will in such circumstances affect both the conjugal relationship and the alliance between the two family lines. Although medically assisted procreation technologies are usually perceived merely as a way of providing children to couples ardently desiring parenthood, this pioneering analysis, that switches the focus onto migrant populations in France, shows that such technologies can also be seen as part of the perpetuation of the family line. Véronique Duchesne therefore provides a more complex insight into the issues of assisted reproduction with respect to kinship forms that are still strongly based on traditional norms.

To round off this selection of papers, Jean-Hugues Déchaux draws our attention to the potential of assisted reproduction stretching beyond the bodily limitations of childbearing. To do this, he offers an exercise in *fictional sociology* in which he wonders what would happen to kinship norms if an artificial uterus were to be developed. He suggests that not only could it provide an alternative to surrogacy or abortion, but it would also allow one to bypass the female uterus when it came to gestating children. The age limits normally imposed on eligibility for assisted human reproduction would be annulled and the doors could be open to cloning. Having contemplated all these possibilities, the sociologist then reminds us that “biotechnological innovations do not make any *a priori* statement as to the social purposes that could be exploited” (*“l’innovation biotechnologique ne dit rien a priori des usages sociaux qui pourraient en être faits”*) and suggests that arguments should be less impassioned. He does not believe that Euro-American kinship norms would be more seriously undermined than they have been to date. For instance, oocyte vitrification techniques, as seen in the Swiss context, have not fundamentally modified what is considered to be the correct age range of motherhood, and there is no certainty that at some time in the future the artificial uterus will revolutionize kinship and gender norms. But that is still only fiction and it will be up to researchers in tomorrow’s social sciences to respond to the many questions that remain unanswered.

All of the sociologists and anthropologists who have contributed to this present issue have been influenced by the insights provided by kinship and gender studies when examining the topic of assisted reproduction techniques. But the field is still wide open and there remains a great deal of work to be done. Some of the papers presented here, along with the scholarship mentioned above, demonstrate that work in this field must absolutely take gender into account. Other dimensions related to individual identity and life course also certainly require further systematic consideration, such as the importance of social class and ethnic and cultural belonging. These aspects are not merely contextual data: they continue to significantly influence the way in which people perceive infertility and the various reproductive options available to them, the place of maternity and of paternity in the individual and collective fulfillment, and the conditions that determine their access to assisted reproduction technologies.

## Références

- Almeling, R. 2011. *Sex Cells: The Medical Market for Eggs and Sperm*. Berkeley, University of California Press.
- Atlan, H. and M. Botbol-Baum. 2007. *Des embryons et des hommes*. Paris, Presses universitaires de France.
- Bateman Novaes, S. 1986. "Enjeux sociaux de la fécondation artificielle" in *Maternité en Mouvement. Les femmes, la re/production et les hommes de science*, A.-M. de Vilaine, L. Gavarini, and M. Le Coadic (eds), Grenoble/Montreal, Presses universitaires de Grenoble/Saint-Martin, pp. 178-180.
- Bateman Novaes, S. 1996. "Parents et médecins face à l'embryon : relations de pouvoir et décision" in *L'embryon humain : approche multidisciplinaire*, B. Feuillet Le Mintier (ed.), Paris, Economica, pp. 185-192.
- Becker, G. 2000. *The Elusive Embryo: How Women and Men Approach New Reproductive Technologies*. Berkeley/Los Angeles, University of California Press.
- Becker, G., A. Butler and R. D. Nachtigall. 2005. "Resemblance Talk: A Challenge for Parents Whose Children Were Conceived with Donor Gametes in the US", *Social Science & Medicine*, vol. 61, no 6, pp. 1300-1309.
- Bergmann, S. 2011. "Reproductive Agency and Projects: Germans Searching for Egg Donation in Spain and the Czech Republic", *Reproductive BioMedicine Online*, vol. 23, no 5, pp. 600-608.
- Blake, L., S. Zadeh, H. Statham and T. Freeman. 2014. "Families Created by Assisted Reproduction: Children's Perspectives" in *Relatedness in Assisted Reproduction: Families, Origins, Identities*, T. Freeman, S. Graham, F. Ebtihah and M. Richards (eds.), Cambridge, Cambridge University Press, pp. 251-269.
- Borrillo, D. 2010. "La parenté et la parentalité dans le droit : conflits entre le modèle civiliste et l'idéologie naturaliste de la filiation" in *Reproduire le genre*, E. Dorlin and E. Fassin (eds.), Paris, Bibliothèque du Centre Pompidou, pp. 121-136.
- Cadoret, A. 2002. *Des parents comme les autres. Homosexualité et parenté*. Paris, Odile Jacob.
- Carmeli, Y. S. and D. Birenbaum-Carmeli. 1994. "The Predicament of Masculinity: Towards Understanding the Male's Experience of Infertility Treatments", *Sex Roles*, vol. 30, nos 9-10, pp. 663-677.
- Carsten, J. 2000. *Cultures of Relatedness: New Approaches to the Study of Kinship*. Cambridge, Cambridge University Press.
- Carsten, J. 2004. *After Kinship*. Cambridge, Cambridge University Press.
- Collard, C. and S. Kashmeri. 2011. "Embryo Adoption: Emergent Forms of Siblingship among Snowflakes® Families", *American Ethnologist*, vol. 38, no 2, pp. 207-322.
- Collard, C. and F. Zonabend. 2013. "'Parenté sans sexualité' : le paradigme occidental en question", *L'Homme*, no 206, pp. 29-56.
- Collectif. 1984. *Le sexe du travail*. Grenoble/Montreal, Presses universitaires de Grenoble/ Saint-Martin.
- Collier, J. F. et S. Yanagisako. 1987. *Gender and Kinship: Essays toward a Unified Analysis*. Stanford, Stanford University Press.

Cooper, M. and C. Waldby. 2014. *Clinical Labor: Tissue Donors and Research Subjects in the Global Bioeconomy*. Durham, Duke University Press.

Corea, G. 1985. *The Mother Machine: Reproductive Technologies from Artificial Insemination to Artificial Wombs*. New York, Harper & Row.

Crowe, C. 1985. "Women Want It': In Vitro Fertilization and Women's Motivations for Participation", *Women's Studies International Forum*, vol. 8, pp. 547-552.

Crowe, C. 1990. "Bearing the Consequences: Women Experiencing IVF" in *The Baby Machine: Reproductive Technology and the Commercialisation of Motherhood*, J. Scutt (ed.), London, Merlin, pp. 58-66.

Culley L., N. Hudson and M. Lohan. 2013. "Where are all the men? The marginalization of men in social scientific research on infertility", *Reproductive BioMedicine Online*, vol. 27, pp. 225-235.

Culley, L., N. Hudson, F. Rapport, E. Blyth, W. Norton and A. A. Pacey. 2011. "Crossing Borders for Fertility Treatment: Motivations, Destinations and Outcomes of UK Fertility Travellers", *Human Reproduction (Oxford, England)*, vol. 26, no 9, pp. 2373-2381.

Culley, L. and N. Hudson. 2007. "Public understandings of science. British South Asian men's perceptions of third party assisted conception", *The International Journal of Interdisciplinary Social Sciences*, vol. 2, no 4, pp. 79-145.

Culley, L., N. Hudson and F. Van Rooij (eds.). 2009. *Marginalized Reproduction: Ethnicity, Infertility and Reproductive Technologies*. London, Earthscan.

Cussins, C. 1998. "Producing Reproduction: Techniques of Normalization and Normalization in an Infertility Clinic" in *Reproducing Reproduction*, S. Franklin and H. Ragoné (eds.), Philadelphia, University of Pennsylvania Press, pp. 66-101.

Delaisi de Parseval, G. 2006. "Secret et anonymat dans l'assistance médicale à la procréation avec donneurs de gamètes, ou le dogme de l'anonymat 'à la française'", *Droit et cultures*, vol. 51, pp. 197-208.

Dempsey, D. 2012. "More like a Donor or More like a Father? Gay Men's Concepts of Relatedness to Children", *Sexualities*, vol. 15, no 2, pp. 156-174.

Donovan, C. 2000. "Who Needs a Father? Negotiating Biological Fatherhood in British Lesbian Families Using Self-Insemination", *Sexualities*, vol. 3, no 2, pp. 149-164.

Edwards, J. 2004. "Incorporating Incest: Gamete, Body and Relation in Assisted Conception", *Journal of the Royal Anthropological Institute*, vol. 10, no 4, pp. 755-774.

Edwards, J. 2009a. "The Matter in Kinship" in *European Kinship in the Age of Biotechnology*, J. Edwards and C. Salazar (eds.), New York/Oxford, Berghahn Books, pp. 1-18.

Edwards, J. 2009b. "La vie sociale du sang et des gènes" in *Défis contemporains de la parenté*, E. Porqueres i Gené (ed.), Paris, Éditions de l'École des hautes études en sciences sociales, pp. 303-326.

Ehrenreich, B. and D. English. 1978. *For Her Own Good: One Hundred Years of the Experts' Advice to Women*, New York, Doubleday.

Étienne, M. 1979. "Maternité sociale, rapports d'adoption et pouvoir des femmes chez les Baoulé (Côte d'Ivoire)", *L'Homme*, vol. 19, nos 3-4, pp. 63-107.

Fassin, E. 2002. "La nature de la maternité. Pour une anthropologie de la reproduction", *Journal des anthropologues*, vol. 88-89, pp. 103-122.

- Fine, A. 2001. "Pluriparentalités et système de filiation dans les sociétés occidentales" in *La pluriparentalité*, D. Le Gall and Y. Bettahar (eds.), Paris, Presses universitaires de France, pp. 69-93.
- Fine, A. and A. Martial. 2010. "Vers une naturalisation de la filiation?", *Genèses*, vol. 78, pp. 121-134.
- Fine, A., V. Moulinié and J.-C. Sangoï. 2009. "De mère en fille", *L'Homme*, vol. 3, no 191, pp. 37-76.
- Firestone, S. 1972. *The Dialectic of Sex: The Case for Feminist Revolution*. New York, Bantam.
- Fonseca, C. 1995. *Caminhos Da Adoção*. São Paulo, Editora Cortez.
- Fortier, C. 2005. "Le don de sperme et le don d'ovocyte ou 'trois font un': sexualité, inceste et procréation" in *Anthropologie et psychanalyse. Regards croisés*, J. Galinier, P. Bidou and B. Juillerat (eds.), Paris, Éditions de l'École des hautes études en sciences sociales, pp. 59-80.
- Fortier, C. 2009. "Quand la ressemblance fait la parenté" in *Défis contemporains de la parenté*, E. Porqueres i Gené (ed.), Paris: Éditions de l'École des hautes études en sciences sociales, pp. 251-274.
- Franklin, S. 1997. *Embodied Progress: A Cultural Account of Reproduction*. London, Routledge.
- Franklin, S. 2006. "Embryonic Economies: The Double Reproductive Value of Stem Cells", *Biosocieties*, vol. 1, no 1, pp. 71-90.
- Franklin, S. 2013a. *Biological Relatives. IVF, Stem Cells, and the Future of Kinship*. Durham and London, Duke University Press.
- Franklin, S. 2013b. "From Blood to Genes? Rethinking Consanguinity in the Context of Geneticization" in *Blood and Kinship: Matter for Metaphor from Ancient Rome to the Present*, C. H. Johnson, B. Jussen, D. W. Sabeen and S. Teuscher (eds.), New York/Oxford, Bergham, pp. 285-306.
- Franklin, S. and S. McKinnon (eds.). 2001. *Relative Values: Reconfiguring Kinship Studies*. Durham, Duke University Press.
- Franklin, S. and C. Roberts. 2006. *Born and Made: An Ethnography of Preimplantation Genetic Diagnosis*. Princeton and Oxford, Princeton University Press.
- Freeman, T., K. Bourne, V. Jadvá and V. Smith. 2014. "Making Connections: Contact between Sperm Donor Relations" in *Relatedness in Assisted Reproduction: Families, Origins, Identities*, T. Freeman, S. Graham, F. Ebtihah and M. Richards (eds.), Cambridge, Cambridge University Press, pp. 270-295.
- Friese, C., G. Becker and R. D. Nachtigall. 2008. "Older Motherhood and the Changing Life Course in the Era of Assisted Reproductive Technologies", *Journal of Aging Studies*, vol. 22, pp. 65-73.
- Fulchiron, H. and J. Sosson (eds.). 2013. *Parenté, filiation, origine : le droit de l'engendrement à plusieurs*, Lyon, Bruylant.
- Gallus, N. 2009. *Le droit de la filiation. Rôle de la vérité socio-affective et de la volonté en droit belge*, Brussels, Larcier.
- Ginsburg, F. D. and R. Rapp (eds.). 1995. *Conceiving the New World Order: The Global Politics of Reproduction*. Berkeley, University of California Press.

Goldberg, A.E. and K.R. Allen. 2009. "Les perceptions de la participation masculine pour les mères lesbiennes pour le passage à la parentalité", *Politiques sociales et familiales*, vol. 96, pp. 55-70.

Golombok, S., J. Readings, L. Blake, P. Casey, L. Mellish, A. Marks and V. Jadva. 2011. "Children Conceived by Gamete Donation: Psychological Adjustment and Mother-Child Relationships at Age 7", *Journal of Family Psychology*, vol. 25, no. 2, pp. 230-239.

Gross, M. 2012. *Choisir la paternité gay*, Ramonville-St-Agne: Erès.

Gross, M. 2014. "Les tiers de procréation dans les familles homoparentales", *Recherches familiales*, vol. 11, pp. 19-30.

Gross, M., J. Courduriès and A. de Federico. 2014. "Le recours à l'AMP dans les familles homoparentales : état des lieux. Résultats d'une enquête menée en 2012", *Socio-Logos. Revue de l'association française de sociologie [on line]* vol. 9. <http://socio-logos.revues.org/2870>.

Gupta, J. A. and A. Richters. 2008. "Embodied Subjects and Fragmented Objects: Women's Bodies, Assisted Reproduction Technologies and the Right to Self-Determination", *Journal of Bioethical Inquiry*, vol. 5, no 4, pp. 239-249.

Haimès, E. and K. Taylor. 2014. "What Is the Role of Reduced IVF Fees in Persuading Women to Volunteer to Provide Eggs for Research? Insights from IVF Patients Volunteering To a UK 'Egg Sharing for Research' Scheme", *Human Fertility*, vol. 16, no 4, pp. 246-251.

Haimès, E., K. Taylor and I. Turkmendag. 2012. "Eggs, Ethics and Exploitation? Investigating Women's Experiences of an Egg Sharing Scheme", *Sociology of Health & Illness*, vol. 34, no 8, pp. 1199-1214.

Haimès, E. and K. Weiner. 2000. "'Everybody's Got a Dad...' Issues for Lesbian Families in the Management of Donor Insemination", *Sociology of Health & Illness*, vol. 22, no 4, pp. 477-499.

Haraway, D. 1997. *Modest\_Witness@Second\_Millennium.FemaleMan@\_Meets\_Oncomouse™*, New York, Routledge.

Hayden, C. 1995. "Gender, Genetics and Generation: Reformulating Biology in Lesbian Kinship", *Cultural Anthropology*, vol. 10, no 1, pp. 41-63.

Herbrand, C. 2008. *Les normes familiales à l'épreuve du droit et des pratiques : analyse de la parenté sociale et de la pluriparentalité homosexuelles*, Brussels, Université libre de Bruxelles.

Herbrand, C. 2012a. "La Loi sur la procréation médicalement assistée en Belgique: reflet de la diversité familiale?" in *Le droit des familles: genre et sexualité*, N. Gallus (ed.), Brussels, Anthemis, pp. 321-337.

Herbrand, C. 2012b. "La filiation à l'épreuve de la présomption de 'paternité' pour les couples de même sexe : questionnements et perspectives à partir du cas belge", *Droit et Société*, vol. 82, pp. 689-712.

Héritier, F. 1985. "La cuisse de Jupiter. Réflexions sur les nouveaux modes de procréation", *L'Homme*, vol. 25, no 94, p 5-22.

Hertzog, I.-L. 2014. "Les coûts de l'assistance médicale à la procréation pour les femmes salariées", *Cahiers du genre*, vol. 56, pp. 87-104.

- Iacob, M. 2002. *Le crime était presque sexuel, et autres essais de casuistique juridique*. Paris, Epel.
- Inhorn, M. C. 2003a. "'The Worms Are Weak': Male Infertility and Patriarcal Paradoxes in Egypt", *Men Masculinities*, vol. 5, pp. 238-258.
- Inhorn, M. C. 2003b. *Local Babies, Global Science: Gender, Religion, and in Vitro Fertilisation in Egypt*. New York, Routledge.
- Inhorn, M. C. 2004. "Middle Eastern Masculinities in the Age of New Reproductive Technologies: Male Infertility and Stigma in Egypt and Lebanon", *Medical Anthropology Quarterly*, vol. 18, pp. 34-54.
- Inhorn, M. C. 2006. "Making Muslim Babies: IVF and Gamete Donation in Sunni versus Shi'a Islam", *Culture, Medicine and Psychiatry*, vol. 30, pp. 427-450.
- Inhorn, M. C. 2007. *Reproductive Disruptions: Gender, Technology, and Biopolitics in the New Millennium*. New York, Berghahn.
- Inhorn, M. C. 2012. *The New Arab Man: Emergent Masculinities, Technologies, and Islam in the Middle East*. Princeton, Princeton University Press.
- Inhorn, M. C. and D. Birenbaum-Carmeli. 2008. "Assisted Reproductive Technologies and Culture Change." *Annual Review of Anthropology*, vol. 27, pp. 177-196.
- Inhorn, M. C. and Z. B. Gürtin. 2011. "Cross-Border Reproductive Care: A Future Research Agenda", *Reproductive BioMedicine Online*, vol. 23, no. 5, pp. 665-676.
- Inhorn, M. C. and F. Van Balen (eds.). 2002. *Infertility around the Globe: New Thinking on Childlessness, Gender, and Reproductive Technologies*. Berkeley, University of California Press.
- Judy-Ballini, M. 1998. "Naître par le sang, renaître par la nourriture : un aspect de l'adoption en Océanie" in *Adoptions. Ethnologie des parentés choisies*, A. Fine (ed.), Paris, Maison des sciences de l'Homme, pp. 19-44.
- Kahn, S. M. 2000. *Reproducing Jews: A Cultural Account of Assisted Conception in Israel*. Durham, Duke University Press.
- Kalampalikis, N., V. Haas, N. Fieulaine, M. Doumergue, G. Deschamps and H. Chiron. 2010. "Enjeux psychosociaux du don de sperme: le point de vue des couples", *Andrologie*, vol. 20, no 1, pp. 37-44.
- Klein, R. 1989. *Infertility: Women Speak out about Their Experiences of Reproductive Medicine*. London, Pandora.
- Klein, R. and R. Rowland. 1989. "Hormone Cocktails: Women as Test-Sites for Fertility Drugs", *Women's Studies International Forum*, vol. 12, pp. 333-348.
- Koch, L. 1990. "'IVF - an Irrational Choice?'" *Reproductive and Genetic Engineering*, vol. 3: pp. 225-232.
- Konrad, M. 2005. *Nameless Relations: Anonymity, Malenesia and Reproductive Gift Exchange between British Ova Donors and Recipients*. New York, Berghahn.
- Laborie, F. 1985. "Ceci est une éthique", *Les temps modernes*, vol. 462, pp. 1251-1253.
- Lallemand, S. 1976. "Génitrices et éducatrices Mossi", *L'Homme*, vol. 16, no 1, pp. 109-124.
- Leckey, R. 2014. "'Infiniment plus de choses dans la vie que dans la Loi': la reconnaissance des mères lesbiennes", *Droit et Société*, vol. 86, pp. 115-132.

- Löwy, I. 2009. "L'âge limite de la maternité: corps, biomédecine et politique", *Mouvements*, vol. 3, no 59, pp. 102-112.
- Löwy, I. 2014. "Prenatal Diagnosis: The Irresistible Rise of the 'Visible Foetus.'", *Studies in History and Philosophy of Biological and Biomedical Sciences*, in press.
- Löwy, I., V. Rozée and L. Tain. 2014. "Introduction. Nouvelles techniques reproductives, nouvelle production du genre", *Cahiers du genre*, vol. 56, pp. 5-18.
- Mamo, L. 2007. *Queering Reproduction: Achieving Pregnancy in the Age of Technoscience*. Durham, Duke University Press.
- Mathieu, S. 2013. *L'enfant des possibles. Assistance médicale à la procréation, éthique, religion et filiation*. Paris, L'Atelier.
- Mehl, D. 2008. *Enfants du don. Procréation médicalement assistée: parents et enfants témoignent*. Paris, Robert Laffont.
- Mehl, D. 2011. *Les Lois de l'enfement. Procréation et politique en France (1982-2011)*. Paris, Presses de la Fondation nationale des sciences politiques.
- Melhuus, M. and S. Howell. 2009. "Adoption and Assisted Conception: One Universe of Unnatural Procreation. An Examination of Norwegian Legislation" in *European Kinship in the Age of Biotechnology*, J. Edwards, and C. Salazar (eds). New York/Oxford, Berghahn Books, pp. 144-161.
- Memmi, D. 1996. *Les gardiens du corps. Dix Ans de magistère bioéthique*. Paris, Éditions de l'École des hautes études en sciences sociales.
- Memmi, D. 2003. *Faire vivre et laisser mourir. Le Gouvernement contemporain de la naissance et de la mort*, Paris, La Découverte.
- Morgan, L. M. and J. S. Taylor. 2013. "Egg Freezing: WTF?", *The Feminist Wire [on line]*, 2013-04-14, <http://thefeministwire.com/2013/04/op-ed-egg-freezing-wtf>.
- Nachtigall, R. D. 2006. "International Disparities in Access to Infertility Services", *Fertil Steril*, vol. 85, pp. 871-875.
- Nahman, M. R. 2013. *Extractions: An Ethnography of Reproductive Tourism*. Basingstoke, Palgrave Macmillan.
- Nordqvist, P. 2011. "'Dealing with Sperm': Comparing Lesbians' Clinical and Non-Clinical Donor Conception Processes", *Sociology of Health & Illness*, vol. 33, no 1, pp. 114-129.
- Nordqvist, P. and C. Smart. 2014. *Relative Strangers: Family Life, Genes and Donor Conception*. Basingstoke, Palgrave Macmillan.
- O'Brien, M. 1981. *The Politics of Reproduction*. London, Routledge and Kegan Paul.
- Oakley, A. 1987. "From Walking Wombs to Test-Tube Babies" in *Reproductive Technologies: Gender, Motherhood and Medicine*, M. Stanworth (ed.), Cambridge, Polity Press, pp. 36-56.
- Ouellette, F.-R. 1988. "L'expérience de l'infertilité vécue sous assistance médicale", *Sociologie et Sociétés*, vol. 20, no 1, pp. 13-32.
- Pavone, V. and F. Arias. 2012. "Beyond the Genetization Thesis: The Political Economy of PGD/PGS in Spain", *Science, Technology & Human Values*, vol. 37, no 3, pp. 235-261.



- Pennings, G., G. de Wert, F. Shenfield, J. Cohen, B. Tarlatzis and P. Devroey. 2008. "ESHRE Task Force on Ethics and Law 15: Cross-Border Reproductive Care", *Human Reproduction*, vol. 23, no 10, pp. 2182-2184.
- Pennings, G. 1997. "The 'Double Track' Policy for Donor Anonymity", *Human Reproduction*, vol. 12, no 12, pp. 2839-2844.
- Petcheski, R. P. 1984. *Abortion and Women's Choice: The State, Sexuality and Reproductive Freedom*. Boston, Northeastern University Press.
- Pfeffer, N. 1993. *The Stork and the Syringe: A Political History of Reproductive Medicine*. Cambridge, Polity Press.
- Pfeffer, N. 2011. "Eggs-Ploiting Women: A Critical Feminist Analysis of the Different Principles in Transplant and Fertility Tourism", *Reproductive BioMedicine Online*, vol. 23, no 5, pp. 634-661.
- Porqueres i Gené, E. and J. Wilgaux. 2009. "Incest, Embodiment, Genes and Kinship" in *European Kinship in the Age of Biotechnology*, J. Edwards and C. Salazar (eds.), New York/Oxford, Berghahn Books, pp. 112-127.
- Ragoné, H. 1994. *Surrogate Motherhood: Conception in the Heart*. Boulder/Oxford, Westview Press.
- Ragoné, H. 1996. "Chasing the Blood Tie. Surrogate Mothers, Adoptive Mothers, and Fathers", *American Ethnologist*, vol. 23, no 2, pp. 352-365.
- Rapp, R. 1999. *Testing Women, Testing the Fetus: The Social Impact of Amniocentesis in America*. London, Routledge.
- Rich, A. 1976. *Of Woman Born: Motherhood as Experience and as Institution*. New York, Norton.
- Rothman, B. K. 1986. *The Tentative Pregnancy: How Amniocentesis Changes the Experience of Motherhood*. New York, Norton.
- Rozée Gomez, V. 2013. "Elles font des bébés toutes seules", *Terrain*, en ligne, <http://terrain.revues.org/15219>.
- Ryan-Flood, R. 2009. *Lesbian Motherhood. Gender, Families and Sexual Citizenship*. Basingstoke, Palgrave Macmillan.
- Sandelowski, M. 1991. "Compelled to Try: The Never-Enough Quality of Reproductive Technology", *Medical Anthropology Quarterly*, vol. 5, no 1, pp. 29-47.
- Sandelowski, M. 1993. *With Child in Mind: Studies of the Personal Encounter with Infertility*. Philadelphia, University of Pennsylvania Press.
- Schamps, G. and J. Sosson (eds.). 2013. *La gestation pour autrui: vers un encadrement?* Brussels, Bruylant.
- Schneider, D. 1968. *American Kinship: A Cultural Account*. Englewood Cliffs, Prentice-Hall.
- Schneider, D. 1984. *A Critique of the Study of Kinship*. Ann Arbor, University of Michigan Press.
- Scully Leach, J., E. Haimes, A. Mitzkat, R. Porz and C. Rehmann-Sutter. 2012. "Donating Embryos to Stem Cell Research. The Problem of Gratitude", *Bioethical Inquiry*, vol. 9, pp. 19-28.

- Smietana, M., S. Jennings, C. Herbrand and S. Golombok. 2014. "Family Relationships in Gay Father Families with Young Children in Belgium, Spain and the UK" in *Relatedness in Assisted Reproduction: Families, Origins, Identities*, T. Freeman, S. Graham, F. Ebtihah and M. Richards (eds.), Cambridge, Cambridge University Press, pp. 192-211.
- Speier, A. R. 2011. "Brokers, Consumers and the Internet: How North American Consumers Navigate Their Infertility Journeys", *Reproductive Biomedicine Online*, vol. 23, no 5, pp. 592-599.
- Steinbrook, R. 2006. "Egg Donation and Human Embryonic Stem-Cell Research", *New England Journal of Medicine*, vol. 354, no 4, pp. 324-326.
- Strathern, M. 1992a. *After Nature: English Kinship in the Late Twentieth Century*. Cambridge, Cambridge University Press.
- Strathern, M. 1992b. *Reproducing the Future: Essays on Anthropology, Kinship and the New Reproduction Technologies*, Manchester, Manchester University Press.
- Tahon, M.-B. 2004. *Vers l'indifférence des sexes? Union civile et filiation au Québec*. Montréal, Boréal.
- Tain, L. 2013. *Le corps reproducteur*, Rennes, Presses de l'École des hautes études en santé publique.
- Tarnovski, F. L. 2012. "Paternité et sexualité dans la construction de soi", *Ethnologie française*, vol. 42, no 1, pp. 145-153.
- Temam, E. 2010. *Birthing a Mother. The Surrogate Body and the Pregnant Self*. Berkeley, University of California Press.
- Terry, J. 1989. "The Bodu Invaded: Medical Surveillance of Women as Reproducers", *Socialist Review*, vol. 19, pp. 13-43.
- Théry, I. 2010. *Des humains comme les autres. Bioéthique, anonymat et genre du don*. Paris, Éditions de l'École des hautes études en sciences sociales.
- Théry, I. and A.-M. Leroyer. 2014. *Filiation, origines, parentalité. Le droit face aux nouvelles valeurs de responsabilité générationnelle*. Rapport du groupe de travail Filiations, origines, parentalité. Paris, La Documentation française.
- Thompson, C. 2001. "Strategic Naturalizing: Kinship in an Infertility Clinic" in *Relative Values: Reconfiguring Kinship Studies*, S. Franklin and S. McKinnon (eds.), Durham, Duke University Press, pp. 175-202.
- Thompson, C. 2005. *Making Parents: The Ontological Choreography of Reproductive Technologies*. Cambridge, MIT Press.
- Thompson, C. 2013. *Good Science. The Ethical Choreography of Stem Cell Research*. Boston, MIT Press.
- Throsby, K. 2004. *When IVF Fails: Feminism, Infertility and the Negotiation of Normality*. Cambridge, MIT Press.
- Turkmendag, I. 2012. "The Donor-Conceived Child's 'Right to Personal Identity': The Public Debate on Donor Anonymity in the United Kingdom", *Journal of Law and Society*, vol. 39, no 1, pp. 58-75.
- Vayena, E., P. J. Rowe and P. D. Griffin (eds.). 2002. *Current Practices and Controversies in Assisted Reproduction*. Geneva, World Health Organization.
- Waldby, C. 2008. "Oöcyte Markets: Women's Reproductive Work in Embryonic Stem Cell Research", *New Genetics and Society*, vol. 27, no 1, pp. 19-31.

Williams, L. 1988. "It's Going to Work for Me': Responses to Failures of IVF", *Birth*, vol. 15, no 3, pp. 131-196.

Yanagisako, S. and C. Delaney. 1995. "Naturalizing Power" in *Naturalising Power. Essays in Feminist Cultural Analysis*, S. Yanagisako and C. Delaney (eds.), New York/London, Routledge, pp. 1-22.