

CFMUNESCO 2018

COMMITTEE: Commission on the Status of Women (CSW)

TOPIC: The Question of Assisted Reproductive Technology

CHAIRS: Jacqueline Battilana, Cassandra Tracogna

INTRODUCTION

One of the many natural human instincts is to reproduce. For many people, having children is a primary goal that gives value to life. This desire cannot always be fulfilled. Thanks to studies and advancement in the field of medicine, Assisted Reproductive Technology (ART) has been created in order to help individuals or couples who are unable to have children. Since Louise Brown, the first baby was born in 1978 by means of ART (more specifically In Vitro Fertilization or IVF), there has been a massive development of these services that have definitely given a great impact to society. On the other hand, this kind of unnatural way of conceiving, has brought up many oppositions such as social, legal and ethical ones. This topic is focused on how ART is challenging global society on re-evaluating the way in which human life, social justice and equality are viewed.

Main cases of Assisted Reproductive Technologies and consequences of the use of these services that must be discussed in this committee:

- Women who are unable to have children due to infertility, problematic uterus, diseases or other genetic reasons
- Single women who do not find a partner in time or have decided to postpone the realization of the desire for motherhood
- Women that, because of their infertility, may suffer physically and/or psychologically from social isolation, social stigma, economic hardship, violence and exploitation
- Surrogate mothers who carry eggs of other women in their wombs
- Homosexual couples who decide to have children via ART

KEY WORDS

Assisted Reproductive Technology: this term refers to any treatment in which the removal of eggs or sperm, or manipulation of eggs, sperm or embryos occurs outside the body. This means that technology is used to assist human reproduction. Egg donation, egg freezing, In Vitro Fertilization, artificial insemination are forms of ART.

In Vitro Fertilization (IVF): this term refers to a commonly used procedure in which eggs are removed from a woman's ovary and fertilized with sperm in a laboratory procedure. The fertilized eggs are later returned back to the woman's uterus.

Social stigma: it is a severe social disapproval of a person on the grounds of a particular characteristic which distinguishes them from others in society. What becomes a social stigma depends also on the periods in history. A social stigma can be physical, intellectual or sexual.

Infertility: it is the inability to conceive children. It can be related to diseases such as HIV, cancer, anatomical problems in female or male reproductive systems.

Ovarian hyper-stimulation: this term defines a complication of assisted reproductive technology. This condition is characterized by a cystic enlargement of the ovaries and a fluid shift from the intravascular to the third space due to increased capillary permeability and ovarian neo-angiogenesis. Its impact on the general health of the patient can be very deleterious and fatal cases have been occasionally reported.

EXPLANATION OF THE TOPIC

The inability to have children can create tremendous difficulties, both physical and mental, but particularly for women. In some societies, motherhood is the only way for a woman to improve her status within the family and the community. Women who can't have children are likely to become victims of social isolation, violence, economic hardship or social stigma. This is why, in order to help them overcome such huge obstacles, ART has been created. This way, female and male gender have been provided with options that allow them to conceive a child. The goal of these technologies is to improve their lives and give them the possibility to achieve one of the main objectives in life.

Despite the results given by these services, not just on a social but also on a personal level, many go against them because of ethical, religious or legal questions.

It is estimated that in 2009 around 4 million children were born worldwide by means of ART. There are higher chances (40%) for women younger than 35 years old.

Many concerns have been raised against these techniques as it should not be technology to give birth to a human being and also it should not go against the will of nature. Instead, for those who are strongly religious, technology should not do what belongs to the will of God.

Behind the great progress of these revolutionary technologies, negative implications, such as the exploitation of women who decide to donate their eggs, are often hidden. Young women, between 21 and 30 years old, may decide to donate their eggs to those who cannot become mothers in order to help them realize their dream. Furthermore, there are episodes in which a woman decides to donate her eggs in order to receive money to provide for her personal or her familiar sustenance. These donors, are not always informed about the short-term and long-term risks related to egg donation. Short-term risks are connected to ovarian hyper-stimulation, thrombosis and strokes, while long-term risks are linked to tumours and cancer.

Governments should ensure safe and effective services including the control of standards for clinical procedures and the regulation of professional practice. The involvement of government in ART should ensure an improvement of equipment and supplies.

It is possible to say that ART is one of the main symbols of the development and advancement of biotechnologies. Many countries have made steps forward in order to be able to supervise those aspects of ART that still need to be improved and will be debated in future.

NATIONS AND ORGANIZATIONS INVOLVED

Many different organizations are involved in this topic. Just to name some: the World Health Organization (WHO) and the International Society for Mild Approaches to Assisted Reproduction (ISMAAR). Another one is the International Community of Monitoring Assisted Reproductive Technology (ICMART). This is an independent, international non-profit organization that has an important role in the development of ART. It provides information on availability, data and documents on the effectiveness and safety of ART treatments.

Europe

At the moment Europe is the biggest market for ART. The handling of ART services varies across Europe. Generally the usage of these services in European countries is very high, that is why currently every European country has laws on ART. Reports show that the age of potential ART patients in these countries goes from 20 to 45 years old. **Denmark, Belgium, Iceland, Slovenia and Sweden** are the countries in which ART treatments are more common. Some of the factors that may influence the utilization of these services are: GDP per capita, the number of ART clinics present in the country and the number of physicians and doctors working in this field.

In addition to this, it is possible to say that the variation in the range of ART techniques has a strong impact for each state. For example:

- The share of **IVF treatments** goes from less than 10% in **Spain** to more than 40% in **Denmark**. **Germany, Austria, Norway, and Sweden** have limitations in terms of IVF;
- **Surrogacy** can be commercial (when the surrogate is paid for carrying a child) or altruistic (when the surrogate is given no money to carry a child). In countries such as **United Kingdom, Belgium, the Netherlands, Ireland and Denmark** altruistic surrogacy is legal while commercial is not. Governments of **France, Germany, Italy, Spain, Portugal and Switzerland** are not supporting surrogacy (both commercial and altruistic). Meanwhile, in **Russian Federation, Ukraine, Belgium, Belarus, Denmark, Greece and Ireland** surrogacy is explicitly allowed;
- As for **egg donation**, **Czech Republic and Spain** have a significant share of ART treatments involving egg donation. Again, **Germany, Italy and Austria** prohibit egg donation;
- The **creation of embryos for research purposes and gremlin modification** is illegal in countries such as **France**.

Asia and Oceania

There is a massive accessibility of different forms of ART treatments, data-monitoring, and funding issues among Asian-Oceanic countries.

- **Australia and New Zealand** allowed ART treatments for homosexual couples;
- **Nepal, Saudi Arabia, Australia and New Zealand** allowed ART treatments for both single man and women;
- As for **In Vitro Fertilization**, Malaysia is one of the countries that have seen a tremendous growth in ART services. Nowadays, in **Malaysia**, it is possible to find 35 IVF centres (4 are government centres and 31 are private). In the last years about 4500 IVF cycles have been done;
- **Surrogacy** is legal in some states such as **India**. Here surrogacy is legal since 2002. It has since then been a destination for surrogacy-related-tourism. Surrogate mothers may come from poor environments, and this could lead to manipulation. In many countries this procedure is not regulated and not allowed for homosexual couples.

United States

ART has been used in the United States since 1981, when the first child was born utilizing the means of ART. The American Fertility Society has published for the first time in 1986 the guidelines for ethical implementation of ART in the United States. In 1992 the Fertility clinic Success Rate and Certification Act has been created. This act requires clinics that provide IVF to report specific information on IVF cycles in the United States. Over the past decade, the use of these services in the United States has increased at a rate of 5-10% annually. In 2015 ART has contributed to 1,7% of all infants born in the United States.

- **Surrogacy** is facilitated in some countries. States such as Oregon and Washington allow altruistic surrogacy only, while in some others just commercial surrogacy is legal;
- **Multiple embryo transferring** has contributed to a large portion of all twins and triplets born in the USA.

Canada

Canada has over 30 clinics across the country to treat infertility. The Canadian Government offers information about ART treatments on the internet. In 2006 more than 12.100 fertility treatment cycles have been done and are than 8.100 IVF cycles have been performed.

- In terms of surrogacy, only **altruistic surrogacy** is permitted by the Assisted Human Reproduction Act (AHR Act), introduced in 2004. However, in the province of Quebec surrogacy of all kinds is prohibited.

Developing countries

Infertility in developing countries is a pervasive and serious concern. It is often attributable to damage caused by sexual infections such as gonorrhoea and chlamydial infection. In many instances, assisted reproductive technologies are the last hope or the only means to achieve a child. Many key arguments are frequently used to challenge the improvement of new reproductive technologies in developing countries, the most common ones are overpopulation, limited resources and strong religious oppositions. It is said that an overpopulated country should not prioritize infertility management (or the general inability to procreate) , since overpopulation equals a demographic problem for the country and for the global community. In response, according to the definition of reproductive health adopted by the United Nation's International Conference on Population and Development (United Nations, 1994) - individuals should be free to reproduce "if, when and as often as they wish". Connecting to this issue there is the question of limited resources: a developing country should not allocate resources for expensive technologies that only a few can benefit of. But those who are in favor of the use of ARTs affirm that social, emotional, physical and economic consequences that infertile couples - and in particular women - face, justifies investing in treatment options in developing countries. Disadvantaged countries have generally not established adequate infertility programs due to costs and social issues. In Sub-Saharan Africa infertility is caused by infections in over 85% of women compared to 33% worldwide. There are still many factors that make ART not completely available and affordable in developing countries.

ACTIONS TAKEN

Actions have been taken in order to guarantee safety for women but at the same time develop the conditions of these services. New registries for donors and patients have been introduced. ICMART is providing information, data and researches in order to raise awareness of this topic.

Transferring multiple embryos in a single cycle increases the rates of multiple births. This leads to more risks for the mother and the baby and this is why legislation and guidelines from professional societies have been introduced in many countries. ART clinics also tend to minimize multiple births. These rules restrict the number of embryos that can be transferred in a single cycle. Multiple birth rates in the United States in 2007 ranged from approximately 35% in women under 35 to 15% in women over the age of 40. In Europe, the approximate number of embryos transferred in the year 2006 was one (22%), two (57%), three (19%), or four (1.6%). In 2007, 79,2% of European births were singletons, with a twin rate of 19,9% and a triplet rate of 0.9%.

CHAIR'S SUGGESTIONS

This topic should be viewed and evaluated according to the laws and opinions of the represented country. It should be taken into consideration the economic condition of the country. The main goal is to protect women in their decisions.

- Firstly, there is the need to raise awareness: people need to know that there are still human beings who can't realize one of their biggest dreams and goals in life. Media, organizations and politicians who support the wellbeing of their people should be involved in this discussion, in order to bring it to the attention of the entire country. Of course, there will be obstacles to overcome which will be influenced by local socio-cultural status and religious beliefs. It is important to offer patients adequate support. People should be informed about what they are going through, furthermore new networks and clinics could be created and run by experts in this field. This would allow patients to have the opportunity to ask questions, feel more empowered and be able to fully understand what ART is about, including the associated risks.
- In order to make ART more affordable in developing countries it could be taken into consideration the possible collaboration with Public-Private Partnerships (PPPs) that could offer services at

lower costs, bring technical equipment, supplies, research and expertise to low-resource settings. PPPs could also help influence the establishment of standards, regulations and policies to safeguard the health of women undergoing the treatments.

- In order to avoid exploitation, there should be an implementation of egg donor registers. This could help keep track of the donor and provide reassurance that the centres are being run in a professional, ethical and legally compliant manner. This could also enable centres to undertake studies and follow up with donors.

SOURCES

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3987469/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3205536/>

<https://www.bbc.com/news/world-28679020>

<https://academic.oup.com/humrep/article/24/11/2683/629168>

http://www.who.int/reproductivehealth/publications/infertility/progress_63/en/

<https://www.ncbi.nlm.nih.gov/pubmed/29997145>

<https://womenshealth.cancersummit.org/events-list/assisted-reproductive-technology-art>

<https://cbhd.org/content/g12-country-regulations-assisted-reproductive-technologies>