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Negotiating Access to Assisted Reproduction Technologies in a Post-Socialist Heteronormative Context

By Hana Hašková¹ and Zdeněk Sloboda²

Abstract

This article centres on the impact of heteronormativity on the ways in which parental desires, intentions and practices of lesbian, gay, or trans people in Czechia are subjected to barriers. It explores heteronormativity by analysing how access to assisted reproductive technologies (ART) for non-straight couples (including single women) has been negotiated. We discuss discrimination against, and the statistical marginalisation of, homoparental families; the fact that same-sex Czech couples are not yet allowed to marry and that instead a new legal institution, the civil union, was introduced exclusively for them, explicitly prohibiting them from forming parental couples; the political disregard of the step-child adoption amendment to the Act on Civil Unions; and the obligation of irreversible surgical elimination of one’s reproductive function before the authorisation of administrative gender change for trans people.

We argue that heteronormativity also structures the practices of assisted reproduction clinics that allow lesbian couples access to assisted reproduction procedures, but only as part of mock straight couples. Transgender persons are only allowed to be parents if the assisted reproduction clinic can define them, at any given moment, in line with the binary heterosexual framework.

Drawing on changing Czech legislative frameworks we note several changes which aim at reducing discrimination against LGBTQ people: the lifting of the ban on adoption by a person in a civil union; a legislative proposal from 2018 on gender-neutral marriage that includes full parental rights; and a bill proposal that includes a package of amendments to several laws aiming to allowing administrative gender change without the requirement of the removal of reproductive organs. Nevertheless, when investigated with the help of framing analysis, debates on expanding access to assisted reproduction beyond straight couples show certain contradictions: the framings used allow for non-straight people’s access to ART, but at the same time they reproduce gender stereotypes, in which femininity is primarily associated with motherhood and (women’s) reproductive function is to serve the state’s demographic goals. Although these framings question some existing injustices, they confirm rather than contest the basic presumptions of heteronormativity, and they leave queer and trans reproduction invisible.

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Contemporary gendered life-course norms and heteronormative ideas on who is supposed to reproduce and raise children remain incorporated in family and reproductive policies. Such policies have real consequences for the lives and identities, parental intentions and experiences of heterosexual men and women as well as for lesbian, gay, bisexual, trans, queer and other non-heterosexual (LGBTQ+) people, giving privileges to some persons while marginalising others. When reproduction is socially constructed as fundamentally heteronormative, such policies (and related practices) marginalise identities, relationships and family models that deviate from this dominant norm.

Heteronormativity (Warner 1991) or compulsory heterosexuality (Rich 1980) as a culturally inherent hegemonic principle co-constructs the sexual and gender order through two crucial mechanisms. First, masculinity and femininity are constructed as complementary, and therefore exclusively suitable for the formation of couples with the imperative (expressed as ‘the meaning of one’s life’) of conceiving and bringing up children (Connell 1987). Second, non-heterosexuality is constructed as inferior, mainly through the articulation of an assumed inability to conceive and raise children and, in turn, to contribute to the reproduction of society, the state or the nation (Katz 2007). These two mechanisms form a melting pot where, on the one hand, the meaning of an individual’s life is constructed as reproductive through particular values, desires and intentions and, on the other, LGBTQ+ peoples’ life-courses are socially constructed as childless. This contributes to their marginalisation.

Nonetheless people of sexual and gender minorities have always been parents. Homoparental families have gained research and political interest since the 1980s (see Weeks, Heaphy, Donovan 2001; Tasker, Patterson 2007; Goldberg, Gartrell 2014; Golombok 2015), and in post-socialist European countries after the turn of the new millennium (e.g., Švab 2007; Polášková 2009; Takács 2007). The latter was also a time of rising possibilities of assisted reproductive technologies (ART). Initially, ART was introduced to treat infertile heterosexual couples. Only later did ART gradually start to be discussed in relation to situations other than infertility and in relation to the LGBTQ+ population. Advances in ART have changed the opportunities and barriers regarding parenting. The spread of ART beyond straight couples may also contribute to normalising LGBTQ+ parenthood.

In this article, we explore heteronormativity by outlining the ways in which lesbian, gay, and trans people’s parenting intentions and practices are subjected to barriers and discrimination in Czechia and by analysing how access to ART for other-than-straight couples has been negotiated there. Czechia represents a post-socialist Central European country where ART is a growing business while LGBTQ+ identities, couples, and their parenting intentions and practices remain subject to marginalisation. While discussing the role of heteronormativity in reproduction we will highlight moments that queer (straight) parenting, but at the same time we examine the mechanisms of its normalisation.

We build on studies that emphasize the role of ideas and discourse in institutional change. Family and reproductive policies can be seen as sedimented discourses (Kulawik 2009) preceded

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3 We focus on gay, lesbian and trans people only, due to a lack of information on other non-heterosexual persons’ parenting in Czechia.
by policy negotiations deploying various framings (Entman 1993). Change or continuity of policies can be explained through how ideas are generated and communicated (Schmidt 2010). When analysing current debates on expanding access to ART, we build on previous studies and apply framing analysis (Entman 1993). In particular, we are interested in how the demands to expand/limit access to ART beyond/to heterosexual couples have been framed in Czechia – because the arguments and their framing tell us a lot about heteronormativity, what boundaries of reproduction are at stake, and what the future may hold for queer parenthood in the region.

Parenthood of LGBTQ+ people in Czechia

In postmodern societies, we witness the weakening normativity of procreation among straight couples (Lisle 1999; Lunneborg 1999) and weakening homophobia. By comparison coming out and expressing one’s parental desires has become easier for younger generations among sexual and gender minorities (Roseneil 2007; Weeks, Heaphy, Donovan 2001; Bergstrom-Lynch 2015). Further, on the one hand, there are visible efforts to normalise and destigmatise the choice to lead a childfree live. On the other hand, LGBTQ+ activism pleads for social and legal recognition of same-sex couples, homoparental families, and queer families as equal to those of heterosexual couples. The former trend counteracts the normativity of procreative life for a couple. The other trend, in contrast, opens the door to expanding the procreative way of living – which is at the core of heteronormativity – to gender and sexual minorities. This creates an interesting, ambivalent situation in discursive as well as practical terms.

Homoparentality

Homoparental families in Czechia do not have an equal standing with those of a man and a woman. Discrimination against them is enshrined in the existing laws. First, same-sex couples cannot marry and attain the rights and obligations related to marriage. Second, particular entitlements are legally granted only to parental couples consisting of a mother and a father. Thus homoparental families are not entitled to unpaid leave to attend childbirth. They do not have equal rights to paid leave to care for a sick child. They are disadvantaged in their entitlements to maternity and parental leave benefits. When a biological parent dies, the court has to decide on child custody. This deprives the other parent and the child in homoparental families of the certainty of staying together. When a homoparental couple separates, the biological parent’s partner does not have to pay child support and is no longer entitled to participate in raising the child, and more.

Gender-neutral marriage and allowing one partner to adopt the other partner’s child (step-child adoption) in homoparental families would solve many of these problems. This has been on the Czech LGBTQ+ movement’s agenda since 2008 (Fojtová, Sokolová 2013; Nedbálková 2016). In 2006 same-sex civil unions were legalized but step-child adoption was prohibited in order to ensure the law would be passed (Vráblíková 2006). Gays or lesbians were allowed to apply for adoption of a child individually, but only if they were not in a civil union. In 2016 the Constitutional Court repealed the provision prohibiting adoption by a person in a civil union. However, adoption as a couple, fostering a child as a couple, and step-child adoption have never been possible outside of marriage in Czechia. A legislative proposal on gender-neutral marriage that includes complete parental rights was first discussed in Parliament only in 2018. The various parental exclusions, and the very fact that a new legal institution (a civil union) was created for same-sex couples, instead of opening marriage to them, points to the general societal organizing principle – heteronormativity.
According to the 2011 census, only 925 children in Czechia lived in households led by same-sex couples and only 46 of them lived with adults in civil unions (Czech Statistical Office, 2013). This may indicate a low symbolic value of civil unions, especially for same-sex partners that intend to become parents. This applies mainly to lesbian couples as the chances of becoming parents are lower among male couples. Consequently, twice as many gay male as lesbian couples have entered into civil unions so far (Sloboda, 2016). Concerning the number of children present in homoparental households, the real figure is expected to be higher because the census figures do not include single and divorced parents not living in the child’s household, and those who did not identify their household as run by a couple (ibid.).

Along with the increasing visibility of homoparental families and legislative changes, social acceptance of same-sex couples and families in Czechia has been growing. According to a recent public opinion survey, 74% of Czechs agree with the right of same-sex couples to civil unions, 64% agree with step-child adoption for same-sex couples, and 48% agree that same-sex couples should be allowed to adopt children from institutional care (CVVM 2018).

Persistent legislative barriers, homophobia and a lack of social support for prospective LGBTQ+ parents influence their parental intentions and strategies, though. The intricacies of conception, homophobia against the prospective child, strategic denial of parental desires or compensation in the form of being an aunt/uncle have been identified to be commonplace in the ways LGBTQ+ people relate to parenthood in heteronormative contexts (Švab, 2007; Nedbálková, 2011; Kutálková, 2015).

Studies on gay men in Czechia show that for many, coming out means denying their intention to become a parent (Sokolová, 2009). This ‘reprogramming’ of oneself for a childless future stems, according to Sokolová (2009), from the ‘dual social stigmatisation’ of gay men in the role of fathers. Their ability to parent is rejected on the grounds of their sexual orientation and social perception of fathers as ‘less competent parents’. Conversely, Sokolová argues that regarding lesbians the societal emphasis on maternity weakens the stigmatising potential of their homosexual orientation.

Sokolová’s study also confirmed a generation gap between gay men. Older men who grew up in the state-socialist era usually did not come out until they were older and long after they had had children in a heterosexual relationship. As society grew less homophobic, coming out became easier for younger generations, but this led them to strategically forgo any parental intentions since the barriers to parenthood are high.

Czech gay men pursue several strategies for becoming parents: individual adoption or individual foster care, both of which are addressed in legislation, through the help of a surrogate mother, or shared parenting (e.g. between a gay and a lesbian couple). The latter two are not legislated for in any way. Cases of gay parenting have even appeared in the media and include the following types: partners who became parents through a surrogate mother in the US (the Ambrož and Vaniček families); a couple adopting a child in the US (the Vačkář family); a gay man in a civil union individually adopting a child (the Laně-Rous family); and a gay man in a civil union becoming an individual foster parent of a child (the Baďura and Slávka families).4

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In Czechia, adoption and foster care are open only to married couples and to individuals. It is not possible for unmarried couples to co-adopt a child. This creates a situation of legal insecurity, as the rights and obligations of the adoptive parent’s partner to the adopted child are not formally established. In the case of shared parenthood and surrogate mothers, the woman who gave birth to the child is always considered to be a mother in Czechia and, in the absence of any legislation on these issues, gay parents are left in a state of legal uncertainty.

When considering parenthood, lesbians in the country usually have to decide who will be the biological mother and who will be the biological father – whether a man they know or someone anonymous; whether the father will have a role in raising the child or be a sperm donor only; and whether they intend to use at-home insemination or the assisted reproduction services of a clinic. Searching for an anonymous sperm donor is considered risky among Czech lesbians in the absence of information about the donor’s health (Kutálková, 2015). Lesbian couples are not legally allowed to use ART in Czechia. When trying to use the services of reproduction clinics, they need written consent from a man acting as their partner, as Czech law only allows heterosexual couples to access ART. According to the law, the woman who gives birth is treated as the mother of the child. In practice, the parental rights and obligations of the man may be enforced subsequently. This situation was described by one lesbian couple in Kutálková’s research as follows: ‘He can complicate our lives by demanding contact with the child and we can complicate his life by demanding child support.’ (Kutálková, 2015: 19) After giving birth, the woman is not obliged to identify as her child’s father the man who acted as her partner at the clinic and gave consent to artificial insemination. And as long as they are not married, the man does not automatically obtain the right to fatherhood. Nevertheless, all of the above-mentioned trajectories to parenthood demonstrate that lesbians in Czechia, too, find it difficult to become parents.

Among post-socialist countries, there is huge diversity in how they legislate homoparental families, ranging from Estonia and Slovenia that recognise civil unions with step-child adoptions, to Poland, Slovakia, Latvia, Lithuania etc. that recognise neither civil unions, nor step-child adoptions by same-sex couples. Since joint adoptions and marriage have not been allowed for same-sex couples anywhere in the region so far, homoparental families across the region deal with similar practical problems (Castillo Ortiz and Medina, 2016; ILGA, 2017a, 2018).

Trans people and parenthood

The medical and sexological perception of transsexuality in Czechia is rooted in the biodeterministic idea of sex and in the dichotomies of man-woman and heterosexual-homosexual (Sokolová, 2014; Lišková, 2018). Queer representations that attempt to denaturalise the categories of man and woman are rare. Trans people no longer have to give up their parental rights, but there are still cases when they are forced to limit contact with their children (Jahodová, 2011). Moreover, there is a legislative requirement to dissolve a marriage (or civil union) before the transition is allowed. This causes problems especially if children are involved since the court needs to decide on housing, custody, child support, etc. This applies even if the parental couple stay together after the transition (PROUD, 2016).

Czech law is restrictive when it comes to gender transitions. Administrative gender change is conditional upon the ‘prevention of the reproductive function’ that implies a surgical ‘change in genitals’ (Civil Code, Section 29). Although hormonal treatment can also prevent the reproductive function, it is not permanent. This situation has a significant impact on transgender people’s
parenthood intentions, parenthood strategies, timing of parenthood, and timing of gender change.\textsuperscript{5} This legislation has been contested as contrary to the European Social Charter, and the contestation was accepted by the Council of Europe.\textsuperscript{6} Consequently, in 2018 the Czech Ministry of Justice started to prepare a package of amendments that might make room for allowing administrative gender change based on a medical diagnosis only (i.e. without surgery).\textsuperscript{7}

The situation regarding this issue varies across post-communist countries. While Poland does not make gender transition conditional on surgical sterilisation, its court procedures make the situation of trans people problematic. It is the protection of the reproductive function (championed by the anti-abortion discourse) that makes it hard to legally anchor sterilisation in Poland. In Slovakia, only the aspect of changing one’s name is legislated, but there is a customary arrangement that a change of name requires a medical report including a doctor’s statement that surgery has been performed on the person’s genitals. In the case of Hungary, no legislation has been in force since 2016, and while new legislation is being prepared, transitions have been suspended until it is passed. From 2003 the approach to transitions in Hungary had been quite liberal, allowing administrative sex change without any surgery, but surgical and hormonal treatment was accessible if desired. For more information on the various countries, see ILGA (2017b).

**ART in Czechia**

There are immense differences between Central European post-socialist countries in terms of the provision of ART. Slovenia, Czechia, and Estonia are among the European countries in which the use of ART is relatively common. In contrast, Poland and Hungary are among the European countries with the least use of ART (Präg and Mills, 2017). On the one hand, ART empowers some individuals by increasing their chances of parenthood. On the other hand, it has also been criticised for adding to women’s moral responsibility to become mothers (Nash, 2014).

The Czech research program on in-vitro fertilisation (IVF) started immediately after the first in-vitro child was born in 1978 in the UK. Recently, ART has become a growing business in Czechia. German and British couples travel to Czechia for ART because it is less expensive, has good success rates and waiting times, the donation and receipt of gametes (eggs and sperm) and embryos is allowed, and because preimplantation diagnostics and the cryopreservation of embryos are possible (Präg and Mills 2017). Travelling abroad for ART has been criticised for facilitating stratified reproduction, since most couples travelling for this purpose are socio-economically advantaged (ibid.).

Such issues have not been at the centre of the public discussions on ART in Czechia, though. The hottest debates surrounded age limits for women to access ART, and whether to allow women to use ART without a male partner (Slepičková, 2015). Currently, all infertile women living in heterosexual couples can access ART. The first three cycles of IVF are partly covered by health insurance for women younger than 39 years. The maximum age limit for the treatment for women is 49 years.

The ART (sur)reality of LGBTQ+ people

Lesbians have access to ART in Czechia only as part of mock straight couples. Sperm of an unknown donor is used and the mother declares the father unknown at birth or she declares the mock male partner the father at birth. This brings parenthood rights and responsibilities for him (Kutálková, 2015).

For gay men and couples, ART with the help of a surrogate mother is an option but only outside of Czechia. In Czechia, the Vaniček family is prominently known for publishing its vlog *Dva tátové* (‘Two Dads’) and documenting their family life since early 2017. In single episodes they have explained how their children were conceived and born in the US, what surrogacy means, and how it is socially and legally handled in the US.8

Trans people commonly cryopreserve their eggs or sperm before they lose their reproductive function. The following case of a MtF trans person from Czechia illustrates how heteronormativity works within this context. In this case, an ART clinic created an IVF embryo using the cryopreserved sperm of an MtF woman and an egg from her (lesbian) partner, and then implanted the embryo in the partner. The process therefore involved two women but neither a male partner nor an anonymous sperm donor. The clinic performed the procedure only because it recognised the trans woman as a man under her previous male identity. Administratively they were treated as an infertile heterosexual couple. This case, like the approach of ART clinics to lesbian couples who are only able to undergo IVF treatment as part of a mock heterosexual couple, shows the dominance of a certain bipolar heteronormativity.

Public debates on expanding access to ART beyond straight couples

The first legal provisions on ART in Czechia were passed in 1982 and then updated in 1997 and 2006. A much more complex project of ART regulation started to be discussed in 2008. For the first time in Czechia, it also assumed the right of single women to apply for IVF. After criticism from the conservative Christian-Democratic Party, the Minister of Health removed the assisted reproduction option for single women from the bill (Slepičková, 2015). A new version of the Act on Assisted Reproduction passed in 2011 did not provide access to assisted reproduction to women without a male partner either. The public debate on the issue was only resumed in the context of the Family Policy Plan, which was adopted in 2017. Since assisted reproduction was one of the most contested issues during the coalition government’s discussions of the plan, none of the proposals on assisted reproduction made it into the final version. The approved version of 2017 only requires future governments to establish an inter-ministerial group that will discuss ART regulations, including extending access to ART beyond straight couples.9

Below, we analyse all versions of the Family Policy Plan, objections to the plan raised as part of the inter-ministerial commenting process, the responses from the Ministry of Labour and Social Affairs to the objections, and media debates surrounding the political negotiations on expanding the access to ART beyond straight couples in Czechia. We identify the framings that were used to support or reject extending ART access to explore how heteronormativity works, what boundaries were at stake and what the future may hold for queer parenthood and ART.

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8 See their YouTube channel, https://www.youtube.com/channel/UC6WCzX3br4KXNDkeF1kiDWg, accessed 5 September 2018.
The social construction of risks

One issue in the ART access debates was risk. Those who opposed expanding ART access saw risks in the child’s development and in forming dysfunctional (because non-heteronormative) families. They warned against excluding fathers from reproduction, while stressing the presence of both mother and father in a family as important for a child’s healthy development, including identity formation, and thus for having a high-quality, self-reproducing population:

It is not ethically acceptable for the life of a child … to be planned in a substitute family, as is the case when homosexual couples form families, or the case of single mothers who impregnate themselves and take the child away from the father… (Comments on the Family Policy Plan of 23 December 2016, pp. 94–95)

More than before we hear voices of genetic orphans who search for their identity. (Ibid., p. 120)

Increasing attention is drawn by psychologists to the father’s indispensable role in child development. In this way, he would be excluded from the very beginning … with its potential social and economic consequences for the children themselves. (Ibid., p. 172)

In contrast, those who argued for allowing women to use ART without the consent of a male partner saw the risks in the absence of legislation to support such parenting. The situation was defined as undignified and risky because single women and lesbian couples are forced to remain childless, which contributes to population ageing (defined as a risk to the society). Alternatively, such women are forced to seek a sperm donor online or abroad, or to apply for ART at a Czech clinic with a mock male partner who may complicate the mother’s and children’s future lives (a risk for the mother and the child).

If a woman wants to conceive a child with the help of assisted reproductive methods, she must present the consent of the man who is her partner. As a result, women have to embark on an undignified and risky path to becoming pregnant… (Family Policy Plan, approved version of 4 September 2017, pp. 52–53)

In the former case, the actors effectively appealed to lawmakers’ responsibility for protecting society from the production of ‘low quality’ families and children, which might result in social decline in the long run. In the latter case, they appealed to lawmakers’ responsibility for protecting the children born outside straight couples and their mothers. As we are going to demonstrate below, the latter framing constructs women’s desire for a child as a natural part of femininity.

Where does nature stand?

The arguments against expanding ART access have rested on the heteronormative notion that only a family made up of a man and a woman is natural and best for raising children. Within this framework, the utilisation of ART is defined as helping nature in the case of infertile heterosexual couples, but it is defined as contradicting nature in the case of singles and non-
heterosexual couples. Similarly, in Czech public debates on allowing non-heterosexual couples to adopt children, heterosexual couples were defined as a *natural replacement* for biological parents, while the formation of homoparental families was associated with a *risky replacement* that might negatively affect child development (Slepíčková, 2015).

Lesbian couples cannot have children. It is nature that makes it this way. And it is made like this so that … we can function well … A father and a mother and a child. And everything else is a dead end … it does not lead to the development of society.  

Others consider the desire to have a child (and especially that of women) to be *natural*. In these discussions, women’s desire to have children is expressed as the ‘biological clock’. The desire is understood as innate, instinctive and governed by the clock that is ticking in the (female) body. Reproduction represents the norm, which is particularly strong in the case of women (Gillespie, 2000; Letherby, 1994, 1999). This gendered repro-normativity (Franke, 2001) creates space for arguments to allow all women to become mothers: if every woman has a biological clock, then it is ticking regardless of her sexual orientation or whether she has a partner. However, gay men and all those not recognised either as women or as straight couples are marginalised in this discursive framing.

Similarly, in public discussions on non-heterosexual couples adopting children, LGBT activists have referred more to lesbian partners than other types of family arrangements in Czechia until recently. Due to the socially shared idea that there is a close connection between being a woman and motherhood and care, lesbian couples are most likely to elicit sympathy from the public as people who instinctively long for a child and have an unfulfilled need to provide care. At the same time, these media images point to enduring gender stereotypes and the belief in their biological basis.

**Pronatalism**

Negotiations over ART include debates about the population’s quality and quantity. Those opposed to extending ART beyond straight couples believe that both the quantity and the quality of the population can only be preserved through the socialisation of children in straight couples:

A child who grows up without a father is less likely to accomplish the psycho-social separation from its family. This handicap may manifest itself in the next generation as a continued decrease of the rates of marriage and fertility. (Comments on the Family Policy Plan of 23 December 2016, p. 96)

Those who argued in favour of extending ART to women without the consent of a male partner used a pronatalist framing as well. Initially, the Family Policy Plan defined the family in broad terms:

The forms of cohabitation between individuals are a result of family members’ choices; it is impossible to prefer a single selected model of family or to prescribe
the forms of shared living or housing. (Family Policy Plan, version 4.3. of 7 March 2016, p. 1)

But in the latest versions of the plan, mainly the pronatalist framing was asserted, likely to be broadly consensual across the coalition parties, including the Christian Democrats. Increasing birth rates is among the main goals of the latest, approved version of the plan:

…through the proposed measures in this Plan, higher fertility and marriage rates are supported. … For the Czech Republic, the most up-to-date threats are low fertility and the associated population ageing… (Family Policy Plan, approved version of 4 September 2017, pp. 4 and 10)

And increasing birth rates is also the argument used to support expanding access to ART beyond straight couples:

Granting women access to assisted reproduction without the consent of a partner would include the Czech Republic in the group of European countries (i.e. …) that have already retreated from prohibiting assisted reproduction without the consent of a partner and thus have sent a positive message in support of fertility. (Family Policy Plan, approved version of 4 September 2017, p. 53)

In this framing, expanding ART access is intended to serve the demographic objectives of the state while other means of marginalisation of the LGBTQ+ population (e.g. denial of access to marriage for same-sex couples, couple adoption and step-child adoption) remain untouched. Moreover, defining low fertility as a threat to the country and an increase in fertility as a goal to be achieved by policies, implicitly ranks people according to how much they help counteract demographic ageing. Consequently, gender and sexual minorities remain marginalised and some remain more marginalised than others.

**Discussion and conclusion**

The above-mentioned unequal status, legal discrimination, and statistical marginalisation of homoparental families; the very fact that same-sex couples in Czechia are not yet allowed to marry and instead a special institution was created for them, explicitly prohibiting them from forming parental couples; the brutal obligation of irreversible surgical elimination of one’s reproductive function before authorisation of administrative gender change – all these issues point to the dominance of heteronormativity. Here non-heterosexuality also means childlessness and parenting incapacity. Given the close links between heteronormativity and procreation, public debates and policies regulating and delimiting reproduction provide a rich source for studying how heteronormativity shapes people’s lives and penetrates the negotiations on shifting the boundaries of reproduction. Although heteronormativity is a hegemonic principle in the contemporary Euro-American context, it is weakening in the process of individualisation and of the weakening of the traditional mechanisms of social control (Roseneil, 2007). Such weakening is being promoted by various efforts: the efforts to normalise and destigmatise the choice to lead a childfree life (mainly among heterosexual persons); the efforts to eliminate homophobia and normalise same-sex and queer families; the efforts to deconstruct the belief in the bio-deterministic nature of masculinity
and femininity, and to destabilise or denaturalise the categories of man/woman. Characteristically, the struggle for gender-neutral marriage in Czechia was only stepped up following a significant weakening of the importance of the institution of marriage among straight couples, as suggested by the rapid increase of children born out of wedlock. Similarly, the struggle for homoparental families to obtain equal rights with those led by a mother and a father has only been taking place after the fertility rate had declined significantly and the norms of procreativity governing the life of straight couples have weakened. And the conviction that gender is constructed is only ascending after a relatively large-scale deconstruction thereof has taken place (Badinter, 1988; Beck, Beck-Gernsheim, 2004).

Despite the diversity of approaches to family and reproductive policies in Europe’s post-socialist countries, the liberalisation of their approaches to the LGBTQ+ population under state socialism was prevented by the regime’s suppression of civil society. In contrast, even before 1989 some of those countries saw a dynamic development of ART, and after the fall of the ‘Iron Curtain’, their relatively low prices made some into destinations for ‘reproductive tourism’. Czechia exemplifies the countries where the availability of a broad range of ART methods to paying straight couples from abroad is contrasted with sharp legislative limits that exclude from ART all those who are not recognised as straight couples.

The effort to safeguard the reproduction of a country’s population often legitimises privileges for some groups – and the exclusion of others from the entitlements and rights the former groups possess (Outshoorn et al., 2015). Our study of the discursive framings employed in political debates on expanding ART beyond straight couples showed how such privileges and exclusions were articulated and various boundaries either broken or affirmed. This in turn contributes to our understanding of how heteronormativity works. When proponents of expanding ART beyond straight couples framed their demands with the human desire to reproduce, often referring to the ‘biological clock’, this allowed them to include non-heterosexual couples and especially single women and lesbians in the scope of their demands. At the same time, though, they helped to reproduce gender stereotypes that associate femininity primarily with motherhood and caring. On the one hand, such framing helped to formulate the demand to extend ART beyond straight couples and redefine risks by calling for the protection of children born outside heterosexual couples and their mothers. On the other hand, it conformed to, rather than transformed, the two basic principles of heteronormativity. The pronatalist framing was used to increase the salience of the problem and the risks, which were defined differently by opponents and proponents of expanding ART beyond straight couples. The pronatalist framing focuses primarily on the state’s demographic goals, rather than those of individuals. It implicitly categorises individuals by their ability to meet those goals. It is for this reason, too that this framing remains in conformity with heteronormativity – even if it bolstered the demand to extend ART beyond straight couples. Thus far, the effort to extend ART beyond straight couples in Czechia has primarily been framed in ways that fail to assert transformative change. Instead, it has focused on step changes that question some of the existing injustices but conform to others. The same seems to apply to the efforts to extend adoptions to same-sex couples, but this issue is beyond the scope of our article.

We also identified several contradictory tendencies in the process of weakening heteronormativity. First, especially for gay men, it seems that the reduction of homophobia in society facilitates their coming out, but it is also connected to their denial of any previous parenthood intentions. This in turn affirms the hegemony of heteronormativity which defines non-heterosexual identities as inferior, mainly due to their assumed inability to reproduce. Gay men deny their parenthood intentions due to barriers to establishing a family led by a gay couple or a
queer family (e.g. shared parenthood which – compared to same-sex couple families – remains at the margins of the current LGBTQ+ movement in Czechia), coupled with their fears of the stigmatisation of such a family. The heteronormative principle, and the connected belief in the bio-deterministic dichotomy of masculinity versus care-related femininity, both contribute to the double stigmatisation of gay men in their role as primary caregivers. This makes for greater visibility of parenthood among lesbian couples. In contrast, leaving shared parenthood out of the scope remains a sign of heteronormativity as it prioritizes ‘heteronormatively proper’ same-sex parental couples among families of non-heterosexual persons.

Paradoxically, people who do not form straight couples are marginalised as inferior in terms of their assumed inability to reproduce and raise children, excluded from assisted reproduction programmes as prospective parents, whereas they are not excluded as sperm or egg donors, and neither are they legislatively excluded from applying individually for adoption or foster care. This situation is in line with the heteronormative definition of heterosexuality as superior while defeating the very argument behind that superiority (i.e. the assumed reproductive inability of non-heterosexual persons). Further, the expansion of ART beyond straight couples may contribute to equal rights for sexual and gender minorities and to biological motherhood for straight women who are single. However, at the same time, it has the potential to reaffirm and expand the norm of procreative lifestyles among those not previously covered by that norm. Paradoxically, then, the formation of a ‘heteronormatively proper’ parental couple among LGBTQ+ people is only made possible by the societal acceptance and expansion of ART beyond straight couples.

Although the barriers in Czechia to LGBTQ+ people parenting remain huge, the acceptance of homoparental families is increasing. If legal restrictions and discrimination against them continue to be eliminated, the observed and the real number of LGBTQ+ parents will rise. And the expansion of ART beyond straight couples will be a matter of time. It will then become an important element in the reproductive strategies of LGBTQ+ people in Czechia. Depending on the discourse and its framings on ART and LGBTQ+ parenting, the expansion of ART beyond straight couples could promote only certain forms of parenthood in the LGBTQ+ context (such as lesbian couples with biological children and same-sex spouses with adoptive children) or perhaps more diverse parental constellations.

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