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Age-Related Infertility and Reproductive Tourism in Annarita Briganti's Novel *Non Chiedermi Come Sei Nata*

By María Reyes Ferrer¹

Abstract

Traditional socio-cultural constructions of womanhood have often focused on women's reproductive capacity, which has determined their destiny and shaped their identity over centuries. Given the long-time equation of motherhood and women's identity, infertility is an important topic that raises question about how women experience infertility and how science, through advances in assisted reproduction, has intervened in the creation of life. In the European context, Italy has one of the lowest birth rates, a phenomenon attributable to a series of adverse structural conditions. In particular, precarious work conditions, insufficient wage levels, and a high cost of living represent significant obstacles to the materialization of maternity and paternity plans. In the absence of a holistic approach to address these problems, women continue to be held responsible for reproduction. This has created a focus on assisted reproduction treatments and "reproductive tourism," the practice of traveling to another country for reproductive care, as the main solution to the problem of low birth rates. However, this solution poses new ethical dilemmas that can give rise to inequalities among women and can perpetuate the lack of international regulations protecting the rights of all the parties involved. These two issues of assisted reproduction treatments and reproductive tourism can be addressed by the reproductive justice framework that works to ensure social justice and reproductive rights. In recent years, reproductive justice has emerged as a prolific discipline raising awareness and condemning the structural and legislative problems faced by couples who wish to exercise their right to have a child. Considering the theoretical framework of reproductive justice, this paper will analyze the experience of infertility, the desire for motherhood, and the implications that assisted reproduction techniques have for women in the Italian novel *Non Chiedermi Come Sei Nata* (*Don't Ask Me How You Were Born*, 2014) by Annarita Briganti.

Keywords: Motherhood, Literature, Age-related infertility, Reproductive justice, Assisted reproductive technology, Reproductive tourism, Italy, *Non chiedermi come sei nata*, Annarita Briganti

Introduction

Numerous political agents and international organizations, including the World Health Organization (WHO), are currently striving to raise public awareness of the growing number of people around the world who are infertile; in 2023 the number of people who were infertile was 17.5% of the global population (WHO, 2023). Italy, compared to other European countries, has one of the lowest birthrates. According to the latest demographic data published by the Italian National Institute of Statistics, births dropped below 400,000 annually for the first time in 2022 when 393,000 newborns were recorded, which is the lowest birth rate since the Unification of Italy (Istituto Nazionale di Statistica, 2022). In that same year, the average number of children born in Italy was 1.24 per woman per year with the average age of the women at conception being 32.4, a figure that continues to rise. Far from being a new public

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health epidemic, late motherhood² and a lower number of births are a direct consequence of the structural problems Italy faces. The most prevalent issues are job insecurity and job instability, access to housing, and a social reality characterized by a “lack of organic and continuous policies to support the family and mothers” [my own translation] (Mosca, 2020, p. 16). This is confirmed by numerous studies, including the Save the Children (2023) report bearing the suggestive title “Le equilibriste” (The Tightrope Walkers) which conducted an extensive analysis of the difficulties involved in motherhood in Italy. Despite the data that reveals the various complex causes affecting a decline in births, some have viewed assisted reproduction to be the single solution. While this medicalization of women’s bodies has been a profitable tactic, it is not always the most effective one to tackle the issues of declining birth rates and infertility. It could be said that the country is immersed in what Diana Marre calls “structural infertility” (2009, p. 114). Unfortunately, the prevailing discourse attributes low birth rates to women’s personal decisions while disregarding the context surrounding their lives. This discourse perpetuates the notion that rising infertility stems from a pathology of 21st-century women postponing motherhood for self-centered reasons, rather than considering causes such as a woman’s difficulty coping with the demands of work, low income, or limited access to housing (Weigel, 2016).

These demographic changes, as well as the judgments and obstacles faced by women who postpone motherhood, have had a notable impact on public discourse, extending to literature and culture. Literary works, as a faithful reflection of the concerns and changes experienced in a given society, are indicators “of the morphology and nature of a society” (Rockwell, 2023, p. 2). In the last twenty years, the Italian publishing market has witnessed a considerable increase in novels addressing the themes of late motherhood and infertility, such as Lisa Corva’s *Confessioni di una Aspirante Madre* (*Confessions of an Aspiring Mother*) (2005), Eleonara Mazzoni’s *Le Difettose* (*The Defective*) (2012), and Annarita Briganti’s *Non Chiedermi Come Sei Nata* (*Don’t Ask Me How You Were Born*) (2014). Through autobiographical and autofictional narratives about infertility, a growing number of women authors feel the need to share their experiences in order to help other women in the same situation. Additionally, these works aim to critically examine the consequences of late motherhood and highlight the psychophysical and economic challenges associated with assisted reproductive technologies. These narratives explore the emotional, social, and ethical complexities inherent to infertility and foster a greater awareness and understanding of the issue. Many of these works progressively embrace the perspective of reproductive justice, illustrating the difficulties involved in effectively exercising the right to be a mother. This paradigm shift, driven by literature and culture, has significantly contributed to destigmatizing infertility, thus presenting it not only as a medical issue but as a topic intrinsically linked to reproductive rights and social justice.

In light of these premises, this study analyzes age-related infertility and its treatment through assisted reproduction techniques (ART) in Annarita Briganti’s novel *Non chiedermi come sei nata*³ (*Don’t Ask Me How You Were Born*) (2014). Furthermore, it examines how disparities in legal access to these treatments contribute to the phenomenon of reproductive tourism. Employing an interdisciplinary approach and a reproductive justice framework, this study builds upon social science research that addresses the treatment of infertility through ARTs and the access to these treatments within and outside the country of origin. Specifically, I will focus on what have been called “journeys of hope” (Treccani, n.d.; Yang, 2019) from Italy to Spain, and the ethical and socioeconomic implications associated with the pursuit of biological motherhood. Briganti’s novel not only highlights infertility as a recurring theme in

² Late motherhood refers to childbearing at age 35 or older (Johnson & Though, 2012; Toulemon, 2005).

³ All the quotes from the novel *Don’t Ask Me How You Were Born* are my own translations.

contemporary Italian women's literature, but also advocates for the right to motherhood, which is a cornerstone of reproductive justice.

Reproductive Justice, Age-Related Infertility, and the Right to Motherhood

In Western societies from the 1970's onwards, a significant increase in women's participation in higher education and their subsequent integration into the labor market resulted in declining birth rates. The demographic changes that occurred were associated with women's personal decisions to postpone motherhood, which led to a progressive increase in the age of childbirth, a factor that affects age-related infertility (Szewczuk, 2012). While this also happened in other countries, in the Italian context this factor became a major issue in public debate, triggering a social panic that positioned women as the main parties responsible for the future of society (Benedetti, 2007). This sense of urgency about age-related infertility emerged during what Susan Faludi (1991) identified as years of a cultural backlash against second-wave feminism. This phenomenon manifested as a conservative response to the advancement of women, particularly their growing incorporation into the labor market and their ability to control reproduction. Concurrently, this period was also characterized by significant changes in reproductive matters such as the separation between sex and reproduction, the decriminalization of abortion, and the commercialization of the contraceptive pill. These advancements allowed women unprecedented control over their reproductive capabilities, creating a scenario in which reproductive autonomy became both a symbol of liberation and a political and social battlefield. This reproductive control "fueled aversion to feminism, [which was] accused of distracting women from their true mission" (Benedetti, 2007, p. 116).

Age-related infertility and the metaphor of the "biological clock" profoundly reconfigured women's relationship with time, becoming a central axis that linked temporal limitations to reproductive successes and failures. As Harter et al. (2005, p. 92) state, "[...] dominant discourses highlight time (and timing of personal and professional decisions) as something to be considered and controlled with regard to major life choices." This perspective encourages women to experience and express the passage of time in terms of loss, isolation, and a decrease in material resources (Trethewey, 2001). Moreover, the idea that there is a correct time to become a mother is perpetuated, positioning women "as individually responsible for managing the aging process" (Harter et al., 2005, p. 92) and blaming them as responsible for their possible "failure" in reproduction.

The postponement of motherhood is often critically viewed, framed as an individual's inadequate or mistaken life choice, ignoring other factors such as socioeconomic, personal, and professional circumstances that can impact reproductive decision-making. Moreover, as Bute et al. state, "[...] public discourses about age-related infertility almost universally failed to address the organizational and structural forces that shape and constrain reproductive decisions" (2010, p. 62). Modern neoliberal rhetoric has influenced the way motherhood is perceived, emphasizing that motherhood is a personal choice and each woman's responsibility (Demos & Bonvini, 2023, p. 29). This view has contributed to increasing pressure on women by perpetuating the notion that the difficulties of managing work and personal life are a kind of inconvenience that afflicts each woman individually rather than considering these as large-scale issues (Weigel, 2016, p. 225).

Reproductive justice suggests that by contextualizing personal stories within political and institutional frameworks, it is possible to infer how power structures and systemic inequalities affect individual lives. This concept, coined by the Women of African Descent for Reproductive Justice in 1994 advances the central idea that all individuals should have the right and the ability to make informed and safe decisions about their reproduction (National Underground Railroad Freedom Center, 2023). Reproductive justice is a complex and multidimensional issue that encompasses aspects of public health, human rights, gender

equality, and social justice. This includes, but is not limited to, access to contraception, safe abortion, and quality healthcare during pregnancy and childbirth. According to Loretta J. Ross and Rickie Solinger, reproductive justice is grounded in three main principles: “(i) the right not to have a child; (ii) the right to have a child; (iii) and the right to parent children in safe and healthy environments” (Ross & Solinger, 2017, p. 9). This contemporary scholarly and activist framework is distinguished from other movements, such as reproductive rights and reproductive health, due to its emphasis on intersectionality and equity. From an integrative perspective, reproductive justice activists condemn how the inequalities of race, class, sexual orientation, gender identity, geographic location, and other socioeconomic and cultural factors affect women’s reproductive lives. This holistic view of reproduction and sexuality, developed as a response to the dominant narratives, provides a framework for theorizing about experiences such as those related to women’s age-related infertility. As Bute et al. claim, “choices regarding reproduction and work/life balance were discursively positioned as women’s issues [...] women’s choices and life plans were continually questioned and condemned” (2010, p. 56). This intersectional approach seeks not only to ensure reproductive rights but also to address the systemic and structural barriers that transcend “political and public debates [...] dominated by the language of ‘choice’” (Perritt & Eugene, 2022, p. 2) that prevent many women from effectively exercising their right to motherhood.

Biological Clocks, ARTs and Motherhood: New Challenges in Italian Literature

In the sphere of human reproduction, women face excessive and unequal responsibility due to biological, medical, and sociocultural factors (Fathalla, 2015; Whiteford & Gonzalez, 1995). Women, who are subjected to intense pressure by gender stereotypes that intrinsically associate motherhood with femininity, also known as the “motherhood mandate” (Russo, 1976), may perceive infertility as an ontological shortcoming, a “the result of bad choices” (Bute et al., 2010, p. 53). Additionally, the inability to become a mother can result in a crisis of identity, as the social construction of gender has linked motherhood to womanhood (Greil, 1991; Parry, 2005). Thus, an infertility diagnosis can be a source of stress that can lead to various psychological disorders such as depression, negative body images, and anxiety; this stress can even impact memory and concentration (Cwikel et al., 2004; McQuillan et al., 2003). The motherhood mandate frames motherhood as something inherent to all women, reinforcing the idea that the inability to become a mother is unnatural and out of the ordinary. This perception of infertility as a disease that needs to be cured (Bates & Bates, 1996; Bell, 2014) spurs many women to seek medical solutions in the form of assisted reproduction techniques. These medical practices are not only designed to treat fertility problems, but they also uphold the value of biological motherhood (Letherby, 2002).⁴

As Bell asserts, “ARTs, presented as a triumph in the media and by physicians, created the impression that infertility is a disease that could be cured, and women could, for the first time, ‘choose’ to become biological parents” (Bell, 2014, p. 6). However, issues related to choice, particularly those concerning the female body and reproductive processes, have historically triggered debates about systemic limitations that restrict the autonomy of women (Kroløkke et al., 2010). While ARTs provide new opportunities for reproductive autonomy by “offering [women] more choices about getting pregnant and being mothers” (Ross & Solinger, 2017, p. 205), these techniques also gave rise to new global inequalities and ethical dilemmas. Some of the challenges that have been addressed in relation to ARTs include the objectification of women’s bodies (Corea, 1985; Ross, 2017), the global commodification and the

⁴ In the European context, laws about filiation (the legal relationship between parent and child), in force since Roman law, have had a clear gender impact since paternity was determined by marriage, while maternity was biologically determined through childbirth (Casado, 1997; Igareda González, 2018).

stratification of motherhood (Inhorn & Birenbaum-Carmeli, 2008; Kroløkke et al., 2010), the controversy around gene-selection and eugenics (Roberts, 2009; Igareda González, 2018), and the unequal legal access to ARTs. In relation to legal issues, in some countries, ARTs could pose a threat to certain fundamental rights, which have been invoked to justify state intervention to prevent possible risks (Martin, 2009). For instance, Austrian and German legislation on assisted reproduction is restrictive regarding practices such as egg donation and preimplantation genetic diagnosis. These restrictions are framed within broader legislation that seeks to avert certain ethical problems, such as the potential exploitation of women, and to shun a past marked by eugenic practices (Ciri6n, 2015; Martinez & Vidal, 2011). Italy also has legislation that limits access to these practices, largely due to the influence of the Catholic Church and its moral opposition to assisted reproduction, on the grounds that it separates sexuality from reproduction (Lazzari, 2016; Mori, 2005; Riva, 2010).

The controversial Italian Law 40/2004, introduced and enacted in 2004, emerged as one of the most restrictive in Europe regarding assisted reproductive technologies (ARTs). The law banned heterologous fertilization⁵ and restricted access to ARTs exclusively to heterosexual couples in marriages or civil unions, explicitly excluding single women and same-sex couples. Although some prohibitions, such as the ban on heterologous fertilization, were overturned in 2014, the law continued to restrict access to ARTs for single women and homosexual couples. The restrictive nature of the law has led to a progressive increase in travel to countries with accessible ARTs that are not available or are prohibited in their country of origin. In the European context, Spain and other countries such as the Czech Republic, Denmark, and Slovenia are considered ideal destinations for what has been termed “reproductive tourism.”⁶ The current law in Spain, 14/2006 of May 26, is characterized by being one of the most permissive in all of Europe, especially concerning older women and the donation of gametes. The differences between the two countries create a much broader reproductive horizon, satisfying individual desires while also generating a series of ethical dilemmas related to the medicalization of bodies, the stratification of motherhood (Mann, 2013; Marre, 2009), and the consequences of reproductive tourism (Gupta, 2006; Pennings, 2002). Concern over the decline in birth rates and utilization of these techniques has gradually become a focus of Italy’s press, television, political discourse, and literature, particularly the novel *Don’t Ask Me How You Were Born* (2014).

Narrating life experiences is an essential part of reproductive justice. As Ross and Solinger contend, “storytelling is a core aspect of reproductive justice practice because attending to someone else’s story invites us to shift the lens” (2017, p. 59), expand our views of reality, and question our prejudices. Stories illustrate the complexities inherent to

⁵ Human heterologous fertilization refers to a reproductive technique where the egg or sperm used in fertilization comes from a donor, rather than one or both of the intended parents. This method is used in assisted reproductive technologies, such as in vitro fertilization (IVF). In this process, the donor sperm or egg is combined with the recipient’s gamete in a laboratory setting to create an embryo, which can then be implanted into the recipient’s uterus to achieve pregnancy.

⁶ As Kashyap and Tripathi (2022) note, the term “reproductive tourism” generates controversy. I have decided to employ the term because it aptly describes cases of reproductive trips to Spain from Italy, based on the studies of Kroløkke (2014; 2015), Martin (2009), and on the news published in the Spanish media: “Espa6a, meca del turismo reproductivo de la UE para conseguir quedarse embarazada”, *El Confidencial*, 10 November 2021, https://www.elconfidencial.com/mundo/2021-11-10/turismo-reproductivo-espana-investigacion_3319501/; “Espa6a es referente mundial en turismo reproductivo por el n6mero de tratamientos y las altas tasas de 6xito”, *20 minutos*, 31 October 2022, <https://www.20minutos.es/salud/actualidad/espana-turismo-reproductivo-tratamientos-fertilidad-5068882/>; “Espa6a, meca del turismo reproductivo de la UE”. *Europa Press*, 31 March 2023, <https://www.europapress.es/turismo/nacional/noticia-espana-meca-turismo-reproductivo-ue-20230331132533.html>.

reproductive experiences, and they can function as mechanisms of “subversion and resistance” (Ross & Solinger, 2017, p. 59) against normative narratives. Literature, in addition to being a reflection of a specific society, also serves as a powerful mechanism for social critiques of the world in which we live.

In the Italian context of this study, the work of women writers showcases issues of motherhood and the complexities surrounding it. In the early 20th century, many writers—such as Sibilla Aleramo, Grazia Deledda, Paola Drigo, and Annie Vivanti—explored the complex relationship between women, motherhood, and the roles imposed on women by society. However, women who experienced frustrations in achieving motherhood, or could not experience motherhood at all, were less often addressed in early twentieth-century literature. However, it is possible to find some isolated works that dealt with unwanted pregnancies, such as *Vae Victis!* (1917) by Annie Vivanti; abortion, addressed in “Il Crimine” (“The Crime”), a short story in Ada Negri’s first collection of prose fiction, *Le Solitarie* (*The Solitary Ones*) (1917); and the poems by Antonia Pozza, “Sterilità” (“Sterility”) and “Scena Unica” (“Single Scene”), featured in a volume of poetry titled *Parole* (*Words*) (1933), which discussed women’s frustrated desires for motherhood. Additionally, thanks to the 1970’s rise of the feminist movement, an increasing number of writers, such as Oriana Fallaci, Natalia Ginzburg, Dacia Maraini, and Alba de Céspedes, would examine women’s rights and their autonomy over their own bodies. As DeLisle states, women writers “had fictionalized women’s discriminated condition by voicing, among other questions, the challenges to access medical abortions and the desire for self-determination” (2022, p. 151). However, it would not be until the early years of the 21st century, coinciding with the broader spread of ARTs and a decline in fertility, that Italian novels would address the right to motherhood through science and the challenges involved in accessing fertility treatments. In these works, the various assisted reproduction techniques that women were subjected to, as well as the physical and mental suffering that resulted from these treatments, were analyzed in detail (Lazzari, 2016). This could be seen in works such as *Confessioni di una Aspirante Madre* (*Confessions of an Aspiring Mother*) (2005), by Lisa Corva; *Le Difettose* (*The Defective*) (2012), by Eleonora Mazzoni; *Cento Micron* (*One Hundred Microns*) (2012), by Marta Baiocchi; *Non Chiedermi Come Sei Nata* (*Don’t Ask Me How You Were Born*) (2014), by Annarita Briganti; *E Tu Quando lo Fai un Figlio?* (*And When Do You Have a Child?*) (2016), by Tiziana Cazziero; *Ne Basta Uno* (*One Is Enough*) (2016), by Gloria Luzi; *In Due Sarà Più Facile Restare Svegli* (*Two Will Make It Easier to Stay Awake*) (2022) by Giorgia Surina; and *Cose Che Non Si Raccontano* (*Things That Are Not Told*) (2023), by Antonella Lattanzi.

As Italian novels address the theme of infertility in alignment with the concept of reproductive justice, they have recognized that it is not only a medical issue but also a matter of human rights and social equity. The novels have condemned unequal access to fertility treatments and the lack of emotional support and public understanding of the treatments. Besides exploring a common theme, the novels that tackle this subject are often characterized by a hybridization of literary genres: a mix of the confessional genre (Lazzari, 2016), autobiography, and autofiction. Concerning autofiction, this genre oscillates between autobiography and fiction, preventing the reader from discerning what is true and what is fictional. This formula has been very fruitful for many writers who, through this hybridization, are able to narrate a personal experience that is traumatic or painful. The use of autofiction allows writers to use the distancing of fiction to explore the most adverse experiences of their lives, such as a diagnosis of infertility, the consequences of the medicalization of their bodies, or the incessant search for a child that never arrives. Thus, the autofictional space becomes a “unique locus for confronting emotional wounds that are beyond articulation” (Jordan, 2013, p. 79). The narrative techniques writers use to distance themselves from a negative experience, such as the use of an alter ego, allow them to reveal intimate aspects of their own lives,

including shame, dissatisfaction, or guilt for not achieving a pregnancy. The aim is to lay claim to their right to motherhood, and to help readers to better understand the experience of infertility, an experience that is more common than is widely assumed. As Capo and Lazzari state, “these narrative forms create their own archive of reproductive justice issues as they manifest in culture, imaginatively working through the right to not have a child, have a child, and raise a child in a safe and healthy environment” (2022, p. 5).

Don't Ask Me How You Were Born: Infertility, Guilt, and the Medicalization of the Body

Annarita Briganti's novel *Don't Ask Me How You Were Born* could be defined as a work of autofiction. It narrates the story of the author's alter ego, Gioia Lieve, who is a 39-year-old freelance journalist who delays her decision to become a mother due to the labor and emotional instability affecting her life. Gioia, who professionally defines herself as a “luxury precarious worker” (Briganti, 2014, p. 22) dedicated to the world of culture, maintains a “liquid balance” (Briganti, 2014, p. 59) in her emotional life with her partner Uto, a fragile relationship that falters in difficult moments. The novel, narrated in the first person, begins with the protagonist's confession of a miscarriage she suffers during a vacation and the shock of discovering that she was pregnant in the first place. After this unexpected setback, she feels the need to become a mother and begins to suffer regret about the effect that aging has upon her reproductive possibilities. With this concept of the biological clock weighing upon her, Gioia decides to embark on a race toward achieving motherhood. The concept of the “biological clock,” as Gasparetti (2020) points out, is primarily applied to women, overburdens them with responsibility, and paradoxically infantilizes them by portraying them as individuals without autonomy over their own bodies. The hysteria generated by the notion of the biological clock contributes to the perception that the conflict between forming a family and professional aspirations is a personal and individual problem to be shouldered by women (Weigel, 2016), rather than a broader structural and social challenge. This perspective diverts attention from the real underlying social problems involved, such as a lack of policies supporting motherhood in the workplace, thus perpetuating a dynamic of oppression and the limitation of women's life choices. As Gioia puts it: “Children should be had at twenty, [...] but we don't live in Oslo or Stockholm. In a country perennially in crisis like Italy today, it would be suicide” (Briganti, 2014, p. 110). The protagonist, who acknowledges Italy's structural problems and the difficulties of motherhood due to professional precariousness, must confront a rather bleak medical diagnosis.

Following her miscarriage, Gioia begins to reconsider her reproductive possibilities, and in doing so, her life takes a completely different direction. After visiting a doctor and receiving a discouraging diagnosis due to her age, her aspirations and life priorities are altered by her desire for biological motherhood. This desire intensifies to the point that she undergoes fertility treatments that end up having a negative impact on her both physically and emotionally: “How have I reduced myself to get pregnant? Bruises on the stomach, round thighs [...]. Since when do I suffer from recurrent miscarriages and crying fits? Are we sure there hasn't been a change of person? Give me back the dreams of my previous life” (Briganti, 2014, p. 91). The protagonist, who has little emotional support in her quest for a child, suffers the effects of invasive treatments on her body, which she now can hardly recognize. The difficulty Gioia experiences in recognizing herself is a consequence of the traumatic and stressful experience she undergoes as a result of the treatments, leading her to feel like an external observer of her own body and to conceptualize herself as a sick person. Her self-perception is altered by the hormonal treatments she undergoes and by the medical interpretation of her body that is defined in terms of successes or failures. Moreover, medical

language plays a fundamental role in constructing this idea,⁷ including the term “infertility” itself, which is defined by the WHO as a disease of the reproductive system.⁸ Guilt stemming from reproductive issues can often appear in cases where there is no specific medical explanation. For example, Gioia’s case is seen as a problem of “female infertility” (Briganti, 2014, p. 80). Guilt manifests when women perceive themselves as responsible for their fertility, or lack thereof, due to a lack of self-care, both during treatment and due to their past habits. Shame and guilt also ensue when women are perceived as bearers of damaged bodies, which causes collateral suffering in their partners and relatives who do not receive offspring (Carreño Meléndez, 2017; Podoloska & Bidzan, 2011).

Feelings of guilt and inadequacy, and the perception of being a sick person, compel Gioia to undergo fertility treatment: “Infertility is a disease, not even a rare one. It is treated with Medically Assisted Procreation, but aspiring mothers prefer to talk about fertilization. It sounds more familiar, evoking more natural scenarios” (Briganti, 2014, p. 68). Reproductive treatment medicalizes and controls the patient with the aim of preparing her body for a pregnancy, reinforcing the notion of illness and defect which has negative implications for Gioia’s self-esteem:

What I am going through must remain a secret. How ashamed I feel [...] As soon as I finish the Progeffik bomb capsules, which I insert into my vagina after each insemination, I lose blood from the defective uterus. It’s not a good sign, the arrival of the period erases all hope. These months of miscarriages, operations, mood and weight swings have mortally wounded me. (Briganti, 2014, pp. 110-112)

Furthermore, the shame that many women feel when they are unable to achieve pregnancy can lead to isolation (Monach, 1993, p. 38) and the desire to keep this experience secret. Hiding one’s infertility is primarily a response to societal gender mandates, which reinforce beliefs about the importance of motherhood for the complete development of adult women. In fact, the Italian language lacks neutral terms to refer to women who do not have offspring; women are defined either through negation, as non-mothers, or through absence, as childless. The lack of vocabulary to define this specific reality is compounded by the absence of a common narrative encompassing the experiences of those who cannot or decide not to have children. While there are numerous narratives unifying the experience of motherhood and fatherhood and creating a shared language, people who do not have children seem to belong to an unknown social dimension of isolated cases defined by otherness (Gaspiretti, 2020). These reasons push the protagonist to isolate herself and to hide her experience from her social circle: “I haven’t updated social media since I started fertility treatments. I can no longer stand that shameless world. What I am going through must remain a secret. I feel so ashamed” (Briganti, 2014, p. 109).

Furthermore, as in Gioia’s experience, the physical consequences of treatments can intensify women’s need for isolation and magnify their perceptions of illness. After starting her treatment, the protagonist describes herself as “fat and sick” (Briganti, 2014, p. 92), as an ill woman with a defective body. Affected by a productivist view of her own body as a means

⁷ Medical jargon uses concepts such as “hostile cervical mucus,” “ovarian insufficiency,” or “ovarian failure,” terms with negative connotations that imply a “physical impairment” of the woman (Ulrich & Weatherall, 2000), yet these conditions are natural to the aging process. A significant number of women experience difficulties in conceiving due to low ovarian reserve or egg quality, factors that, in most cases, are intrinsic and natural to the patient’s age, rather than a pathology directly affecting the body’s functioning (Bell, 2014).

⁸ See Greil and McQuillan (2010), Greil et al. (2011), and Maung (2019) for reasons why infertility should not be considered a disease.

for the creation of life, and not as an entity in itself, Gioia even questions the usefulness of the life of a childless woman: “How defective is an infertile woman? What purpose do I serve? I am ashamed” (Briganti, 2014, p. 82). Even after undergoing several unsuccessful inseminations and ending her strained relationship with Uto, the protagonist still does not give up her quest to become a mother. Andrea, her gynecologist, suggests the possibility of undergoing an egg donation treatment in Spain, a country that allows the implantation of donor eggs in single women. This treatment is prohibited in Italy due to the controversial Law 40/2004:

The terrible Law 40, outdated both medically and morally, instead of regulating assisted reproductive treatments, imposes a million limits, some of which have become obsolete after unconstitutionality rulings, making the treatments for infertility equally painful but ineffective. The worst prohibition, which denies singles and homosexuals the right to become mothers and fathers, is the one against heterologous fertilization. (Briganti, 2014, p. 65)

Gioia asserts her right to reproductive freedom that science provides, and criticizes the situation in Italy, a country where ARTs are not accessible to all social classes or are limited to those of certain sexual orientations. However, the implications of the use of reproductive technologies in women’s lives go beyond satisfying individual desires to be a mother, as ARTs can promote a model of motherhood that also fosters inequalities among women. Moreover, as in the case of Gioia, the medicalization of the body appears to be the only response to the structural problems in the country, such as the precariousness of life and the difficulty of becoming parents before the age of forty:

You are a healthy woman, in love with your partner, who is also healthy and in love with you. You would like to have a child to whom you could guarantee a minimum of well-being and, in the best cases, culture. The years pass. Around forty, an age at which Italians are still like kids, professionally and emotionally unstable, you turn to a doctor. [...] The doctor, to whom you will have described your entire sexual life in the meantime, helps nature take its course with another injection, which in Italy risks not being decisive. Then, the doctor urges you: ‘Go to Spain.’ (Briganti, 2014, p. 65)

This passage points to a significant reality in Italian reproductive health: resorting to treatment in another country. This is a solution that highlights the worrisome inequality shaping access to reproductive health care. However, while traveling to another country to undergo assisted reproduction treatment can fulfill one’s personal desire to become a mother, it also reflects new inequalities among women.

Reproductive Tourism and the Stratification of Motherhood

The prohibition of heterologous fertilization and access to treatments for homosexual couples led to the rise of reproductive tourism among Italians, with Spain as the primary destination (Igareda González, 2018; Shenfield et al., 2010). Despite the partial relaxation of some of the restrictions imposed by Law 40/2004, data continues to indicate that Italian women wishing to become biological mothers depend on egg donations. As evidenced in the report published in 2022 by the Italian Ministry of Health, the number of couples undergoing these techniques has increased in recent years, as has the use of donated gametes, especially female ones. Of the total number of assisted reproduction cycles initiated, 9.8% (9,686) were performed with donated gametes, 76.3% (6,867) of which were exclusively female. Additionally, 40.8% of the women who resorted to these treatments were patients diagnosed with age-related infertility. Furthermore, the report highlights that 97.8% of the donated

oocytes used in assisted reproduction techniques come from foreign banks; specifically, 91.96% of the donated oocytes are imported from Spain (Italian Ministry of Health, 2022). The main reason is that in Italy there is no economic compensation for the donor, whereas in countries like Spain, the Czech Republic, and Ukraine, there is an economic compensation provided. Also, single Italian women or those in same-sex relationships wishing to become mothers do not currently have the option of using these techniques in their own country. Spanish legislation, on the other hand, does allow access to these treatments for any woman, regardless of her marital status or sexual orientation, and this open policy has led to reproductive tourism.

Gioia, like other Italian women, decides to undergo a fertility treatment in Valencia, Spain. Her decision is influenced by feelings of guilt, her desire to become a mother, and the advice of medical personnel, who suggest going to Spain as a solution to her problems: “You will never have a child with insemination alone, it’s not enough, you would need oocytes and sperm from donors outside the couple. Go to Spain, here Law 40 prevents us from helping you: it forbids heterologous insemination [...]” (Briganti, 2014, pp. 110-111). However, the promotion of reproductive tourism perpetuates differences among women. When donors and recipients differ in class, ethnicity, or country of origin (Inhorn & Birenbaum-Carmeli, 2008), the situation can result in a stratification of motherhood dividing reproductive women into two classes: one class of women who are forced to become surrogate mothers or sell their eggs, and another class of recipient women who can afford these treatments (Mies, 1998). The protagonist harshly criticizes the fact that Italian women are forced to travel to another country to achieve pregnancy. Additionally, the protagonist argues that this situation would be more sustainable if Italy instituted the free application of assisted reproduction techniques, allowing women to decide how to give life without it being a class privilege: “It’s a matter of freedom. Why can’t we choose how to give life? Children are not gadgets or status symbols. They should not become an exclusive privilege of the rich and famous either, the only ones who can afford reproductive tourism” (Briganti, 2014, p. 66).

However, in capitalist Western societies, the concept of choice is circumscribed by the material wealth and status of the individual. The freedom to choose how to give birth is more of a contextual freedom, limited by one’s access to different forms of power and technology (Marre et al., 2018), reducing the right to choose into the right to consume (Gupta, 2006). Gioia, lacking the financial resources necessary to afford treatment, is financially aided initially by her ex-partner and then later by her friend Andrea, who covers the expenses of the trip and treatments at the Valencia clinic. The protagonist feels a certain frustration upon awareness that in order to become a mother she must resort to the economic resources of her social environment. Nevertheless, she naturalizes the fact of needing another woman, rationalizing this egg donation as a cure for her illness: “I will get pregnant in Valencia with donated ova to support my defective ovaries, and sperm, to compensate for male absence” (Briganti, 2014, p. 196). In this sense, while new technologies are presented as resources that can expand individual freedom, they also create new dependencies that can impact the integrity of women, who then become “a series of objects which can be isolated, examined, recombined, sold, hired, or thrown away” (Mies, 1993, p. 186). Under the narrative of altruism, egg donation is socially and culturally accepted as a legitimate practice that, thanks to scientific advancements, makes the donation of life possible. However, the dimension of altruism and its relationship to reproduction has been heavily questioned due to the consequences of this practice for women (Degli Esposti & Pavone, 2019; Lima et al., 2019). In the contemporary context of biomedicine, which is profoundly influenced by commercial interests, the concept of altruism is intrinsically linked to qualities such as generosity, self-denial, and sacrifice, which are attributes traditionally assumed to be inherent in women. This can be instrumentalized to commercialize the human body through a process generating surplus value, with a veneer of humanity.

Although the European Union Tissue and Cells Directive (European Union, 2004) prohibits direct monetary compensation for egg donation, allowing only for limited compensation to cover expenses and inconveniences, a thriving cross-border market has developed in Europe. This market takes advantage of regulatory differences between EU member states and is driven by a high demand for treatments. Countries like Spain have adopted a liberal interpretation of compensation, offering payments that effectively monetize the process of egg donation. Meanwhile, the existence of this intra-European market puts pressure on bioethics councils to keep compensation rates low, while driving women to travel across borders in search of egg donation treatment. This liberal regulation in Spain has contributed to its rise to become the “egg granary of Europe” (Zafra, 2019). Egg donations in Spain are scarcely questioned due, in large part, to internationally constructed stereotypes about the country (Degli Esposti & Pavone, 2019; Igareda González, 2018; Kroløkke, 2014),⁹ and due to the promotion of these practices as an advancement in reproductive rights. Gioia recognizes that Spain is a more progressive country than Italy because it has embraced numerous civil rights in recent decades, for example, same-sex marriage and heterologous fertilization. However, rather than being a symptom of progress, gamete donation may represent a new form of exploitation of women who, either as donors or recipients, are involved in a reproductive industry with a high cross-border profit margin.

Subject to numerous social pressures and subordinate to a desire for motherhood, the novel ends with Gioia’s trip to Valencia. She embarks on this trip with the aim of having a biological child: “I will not want to know the names of the donors, but I will not object if the fruit of all the love I have wants to do some research. No matter who generates her, she will be mine, she will keep me company, she will resemble me, she will have my beautiful face and my joy. Together we will succeed” (Briganti, 2014, p. 196). While the protagonist acknowledges on several occasions that there are new family models, these do not involve not having children, having a non-biological child, or recognizing the direct involvement of third parties in the conception of a future baby. Despite the protagonist’s advocacy for science and the freedom to become a mother, the dominant cultural narrative has led to her embrace of biological motherhood, validating the idea of family through pregnancy, childbirth, and genetic connections (Griffin, 2017). Through these techniques, the protagonist naturalizes an artificial method through the imaginative power of gestation and the importance given to the resemblance between mother and child, which reaffirms the kinship bond as something biological. The future mother embraces the use of these techniques, but at the same time denies the possible biological differences that may arise from the egg donation process. Gioia, who trusts in these practices as a cure for infertility, shows concern for her biological link with her baby, adopting the discourse of physical and psychological resemblance and thus devaluing the donor’s intervention. In addition to the narrative that links kinship and resemblance, the minimization of the donor’s mediation is motivated by the rhetoric of altruism and anonymity in egg donations (Orobitg et al., 2013). This line of thinking promotes the idea of the oocytes as surplus parts of other women, undermines the integrity of women, and promotes a hierarchy among them. The story of Gioia, “the latest victim of reproductive tourism, the diaspora of aspiring parents” (Briganti, 2014, p. 196), ends in Valencia with her hoping to heal after having achieved pregnancy through techniques not allowed in her home country. Her case illustrates not only the complexities of reproductive tourism, but also the contradictions of a society that,

⁹ Charlotte Kroløkke argues how, under the stereotypes of Spanish generosity, egg donations have become normalized: “[...] The notion of a Spanish ‘giving’ culture exemplified in the use of the word ‘donation’ does something: It mimics the ideal maternal body – a giving, other-oriented body; simultaneously distancing the sharing of reproductive matter from the world of commerce, situating it, instead, with other types of bodily exchanges (such as blood donation) and discourses such as notions of a larger Spanish culture of voluntarism” (Kroløkke, 2014, p. 61).

while pressuring women with biological motherhood, does not offer solutions for them to exercise their right to motherhood.

Final Considerations

Within the framework of reproductive justice, the study of *Don't Ask Me How You Were Born* highlights the complexities and obstacles faced by women who want to become mothers and the implications of biotechnological advances in reproductive matters. Late motherhood in countries like Italy has led to an increase in the number of age-related infertile couples, with particularly negative consequences for women who have seen their identities challenged, prompting them to seek alternatives to infertility.

The novel's protagonist Gioia, who postpones motherhood because she lacks a secure environment to pursue her life plans, clings to biotechnological advances as a means to achieve her goal to become a mother. The protagonist, resigned to entrusting herself to assisted reproduction treatments, calls for the freeing up of science in Italy so that all women can have access to these treatments without needing to leave the country. However, as observed, these biotechnological advances can strengthen the mandate of biological motherhood and can create new dependencies, leading to a stratification among women of different classes, ethnicities, and nationalities. For Gioia, renegotiating her identity as a childless woman does not seem like a viable option, nor does adoption, so the fact that she is willing to undertake a journey to Spain testifies to the protagonist's need to exercise her right to be a mother: "Italian science refuses progress, condemned to limitation by outdated laws. No one thinks about our health, one must be desperate to seek a child in a laboratory [...] Reproductive tourism is generated by an unjust state, not by our obsession" (Briganti, 2014, p. 111).

The protagonist exhibits a sense of frustration with a system that seems to obstruct scientific progress and limit reproductive options "for religious or political reasons" (Briganti, 2014, p. 68). Italian society, with its deep Catholic roots, promotes a perspective that favors natural and traditional procreation and is leery of practices such as in vitro fertilization and gamete donation, considered by some sectors of the Church as contrary to the natural and moral principles they promote. In addition, as long as countries like Italy do not address the structural issues that impact birth rates and the persistent social pressure on women to become mothers, assisted reproduction treatments seem to be the only alternative, even if this alternative comes with significant consequences for the integrity of women and the notion of motherhood. In summary, Briganti's novel, in line with the notion of reproductive justice, invites us to reflect about the right to be a mother by addressing two controversial and topical issues: the phenomenon of reproductive tourism between Italy and Spain, and the obstacles that prevent the effective exercise of women's right to motherhood. This work reveals the complexities and challenges inherent to these topics, encouraging deeper reflection on the current policies and social practices surrounding motherhood and the use of assisted reproduction techniques.

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