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Salvatore Monaco, Urban Nothdurfter

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1. Author information

Salvatore Monaco

Faculty of Education, Free University of Bolzano/Bozen, Italy
Osservatorio LGBT, University of Naples Federico II, Italy

Urban Nothdurfter

Faculty of Education, Free University of Bolzano/Bozen, Italy

2. Author e-mail address

Salvatore Monaco

E-mail: salvatore.monaco@unibz.it

Urban Nothdurfter

E-mail: urban.nothdurfter2@unibz.it

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Stuck under the Rainbow? Gay Parents' Experiences with Transnational Surrogacy and Family Formation in Times of COVID-19 Lockdown

Salvatore Monaco*, Urban Nothdurfter*

Corresponding author:
Salvatore Monaco
E-mail: salvatore.monaco@unibz.it

Abstract

Scientific progress in the medical field has contributed to the realisation of becoming parents by people who have previously been naturally excluded from procreation and parenthood, such as older, non-fertile, and homosexual persons and couples. However, depending on specific national regulations, possible pathways to becoming parents are different and often reserved only for some categories of people. This is the case, for example, in Italy, where it is more difficult for homosexual people to have a family than it is for others, since national legislation prohibits homosexuals from using any form of third-party reproduction. Consequently, many Italian same-sex couples turn to agencies abroad to realise their desire to have children, giving rise to transnational practices of family formation. The COVID-19 pandemic and severe lockdown policies have exacerbated some critical aspects of this transnational system of access to parenting. To fight the spread of coronavirus, national governments have placed limits on mobility and, consequently, also placed limits on transnational practices and trajectories of family formation. The specific aim of this paper is to provide insights into the experiences of some gay Italian fathers-to-be who have been blocked in their transnational family formation projects because of coronavirus lockdown measures. The focus lies on how these men reacted to feeling “stuck” and seeing their plans of receiving and/or bringing home their children suddenly foiled by the lockdown measures. Particular attention is paid to how these men coped with exacerbated challenges in the transnational practices of reproduction and family formation.

Keywords: family, same-sex couple, transnational surrogacy, lockdown.

* Faculty of Education, Free University of Bolzano/Bozen, Italy.

1. Introduction

Becoming a parent is a crucial experience in many people's lives, a state that can be reached through different paths depending not only on individual decisions but also on technological, social, legal, and economic choices. Scientific progress, especially in the medical field, has contributed to the realisation of parenthood by people who have before been naturally excluded from procreation and parenthood, such as older, non-fertile, and homosexual persons and couples. Thus, new reproductive technologies have been able to give new meaning to family relationships (e.g., Heller, 1987; Donati, 1998; Ruspini, 2011; 2015; Di Nicola, 2017; Lonardi, 2020).

As a result, a new "procreative consciousness" (Berkowitz, 2007) has made contemporary family formation processes more innovative and diversified, offering, among others, the opportunity for lesbians and gay men to imagine parenthood as one of their life options (Pralat, 2018; Zanatta, 2018). Nowadays, the affirmation of transnational procreation and family formation practices, which involves a wide range of actors, including doctors, scientists, lawyers, consultants, travel agents, and many others, has made having children not just a family achievement, but also a form of transaction within a global "fertility industry" (e.g., Thompson, 2011; Twine, 2015; Smietana, Thompson, Winndance Twine, 2018).

Women have recourse to artificial fertilization by calling on sperm banks that store seminal fluid that can be used by single women, female couples, or heterosexual couples in which the male partner has fertility problems. Another possible solution is gestational surrogacy, a form of assisted procreation in which the child is not biologically related to the surrogate mother, who is often referred to as a gestational carrier. Instead, the embryo is generated via *in vitro* fertilization, using the eggs and sperm of the intended parents or donors, and is then transferred to the surrogate (Markens, 2007; Jacobson, 2016). Gay couples, intended single male parents, or women who cannot produce healthy eggs also require the assistance of an egg donor in gestational surrogacy.

However, depending on specific national regulations, the use of these assisted paths and technologies are different, often not allowed, or reserved for only some categories of people (Testart, 1993; Bromfield, Rotabi, 2014; Guzman, 2016; Schurr, 2018).

This is the case, for example, in Italy, a country in which homosexual people experience the possibility of having a family with greater difficulty than others as national legislation prohibits them from using any third-party reproduction technologies. As a consequence, many Italian same-sex couples travel to foreign countries to realise their parenting projects, generating, this way, new transnational and spatial practices of procreation and family making.

In particular, gay men mainly rely on surrogacy, which is a much more controversial technique than sperm donation or artificial insemination, which are used mostly by lesbian women (Lingiardi et al., 2016).

Our specific aim in this paper is to provide insights into the situation some gay male parents have experienced in being blocked in their transnational family formation projects because of coronavirus lockdown measures. To reach this aim, we first outline the legal framework of the issue, pointing out the legal uncertainties for homosexual parents in Italy (Section 2). Subsequently, we present research conducted on prospective gay fathers blocked in Italy due to COVID-19 and discuss methodological choices (Section 3). In the heart of the paper, we share insight into gay fathers' experiences, which are presented and discussed (Section 4). Based on this analysis, we present conclusions and make proposals for future arrangements and policy initiatives (Section 5).

2. Italian rainbow families in the existing legal uncertainty

In the field of Italian gender studies, some authors have spoken about homosexuals living in Italy as “half citizens” (De Lauretis, 1991; Saraceno, 2012; Prearo, 2015; Corbisiero, Monaco, 2017; Corbisiero, 2018). In fact, homosexual people must fulfil the same duties as others but do not enjoy the same rights. The area in which their partial citizenship is most evident concerns their family lives (Felicetti, 2007; Cavina, Danna, 2009; Corbisiero, Ruspini, 2015; Lingiardi, 2016; Guizzardi, 2018a). From a regulatory point of view, there are several limitations to homosexual parental rights with no possibilities to adopt or to resort to third-party reproduction methods. Thus, parenting and homosexuality seem to be two opposite poles in Italian policy and legislation, two concepts that cannot be in the same sentence because the law does not contemplate this possibility.

In Italy, assisted fertilisation has been the subject of an articulated debate over the years regarding the use of certain techniques, such as heterologous fertilisation, cloning, the commercialisation of embryos, third-party reproduction, and the production of embryos for research or experimentation purposes, which has aroused bioethical controversy. Following this debate, Italian Law 40 of 2004 banned all such practices in Italy.

As a result of advancements in the medical and bioethical fields, and because of the implementation of these practices in many areas of the world, Italy held a referendum in 2005 on whether to repeal certain parts of the 2004 law dealing with fertilisation. These items were judged too restrictive by radical, left-wing, and secular forces, as well as by some on the centre-right. However,

only 25.9% of Italians went to the polls, so the minimum quorum for the referendum was not reached (Serafini, 2019).

To date, in Italy, artificial fertilisation is a legal option only for couples of adults of different sexes, married or living together, and of potentially fertile age. Consequently, lesbians are excluded from access to this practice since in Italy, same-sex marriage is not legal.

As for obtaining a child through external conception or third-party pregnancy, article 12, paragraph 6, of Italian Law 40 (2004) places an absolute prohibition on the use of surrogacy, as well as its organisation or promotion. Thus, gestational surrogacy is illegal. Violation of the ban carries a prison term of between three months and two years and a fine of between six hundred thousand and one million euros. The ban was confirmed in 2017 by the Constitutional Court.

In contrast, the practise of surrogacy is expressly permitted, though regulated, in some European and non-European countries. States that allow access to this practice regulate its related conditions and legal aspects. In commercial surrogacy, intentional parents are supported by on-site agencies that not only provide medical services and meetings with specialists but also arrange the matching of intended parents with a surrogate. As for intentional homosexual fathers, they must currently travel to Canada, Mexico, or select areas of the United States to pursue their desire for parenthood via commercial surrogacy (Präg, Mills, 2017; Schurr, 2017; Salama et al., 2018).

After following the complete bureaucratic process with the support of specialised agencies, these homosexual would-be fathers usually return to Italy to wait for the pregnancy to be carried out. Future fathers then usually return to the child's country of birth to be in place before the birth, to assist with it, and to receive their child immediately thereafter. Before returning to Italy, the parents obtain a birth certificate according to the regulations of the country where the child is born (Grilli, 2019).

These transnational practices of becoming parents have important emotional, ethical, physical, psychological, and economic implications (e.g., Di Nicola, Lonardi, Viviani, 2018; Guizzardi, 2018b; Donchin, 2010; Ruspini, 2010; Scandurra et al., 2019).

Besides the emotional and social challenges of taking this route to parenthood, Italian gay men who intend to become fathers via surrogacy have to cope with legal barriers, take leave from work, travel, and provide support for the pregnant woman. Another important aspect that characterises this process, and that should not be underestimated, is linked to cultural and spatial implications. These intentional parents must deal with a different culture, interface with people who speak a different language, and live in (even if temporarily) places and territories with which they are not always familiar. There

they must complete a series of official procedures, learning to deal with a bureaucracy that does not exist in their own country. In addition, they also experience the stress and worry of following the pregnancy at a distance before they can return to the pregnancy's place of origin (Guerzoni, 2020).

To make matters worse, policies involving the COVID-19 pandemic and severe lockdown policies have exacerbated the critical aspects of this transnational system of access to parenting. As recent literature on the subject has highlighted, the COVID-19 pandemic has represented a social and cultural shock as people were suddenly forced to pause their daily lives and assume behaviours designed to avoid the circumstances of contagion (Mamzer, 2020).

During the most acute phase of the pandemic, in spring 2020, governments around the world placed limits on mobility, recommending that people stay at home for their own safety and that of others. Travel and physical contact were considered possible vehicles of contagion; consequently, the Italian government not only ordered quarantine during the months in which the number of cases peaked but also closed its borders (Corbisiero, Paura, Ruspini, 2020; Monaco, 2020).

Consequently, transnational practices and trajectories of family formation have also undergone a break. Even during the months following the so-called phase 1, mobility was still limited and travelling remained difficult due to the fear of becoming infected. This has negatively affected the choice of many people to travel far from their home countries.

3. Research tools and method

This study has been undertaken in the context of a broader national research project, a PRIN titled "Constructions of Parenting on Insecure Grounds" (CoPInG). This project aims to study the resources, challenges and opportunities of Italian parents living in uncertain situations. This uncertainty may concern their social and economic conditions, but also the regulatory framework surrounding their decisions. This is the case with many LGBT+ parents, especially the so-called "rainbow parents", or same-sex couples with children (Browne, Ferreira, 2016).

Among the 50 rainbow parents who took part in the study – between February and May 2020 – we were able to collect 20 testimonials of Italian gay fathers who experienced transnational surrogacy. They told us their stories and detailed the difficulties they faced during their struggles to become parents. Six of them were stuck in Italy because of the COVID-19 lockdown while their children were born abroad.

International surrogacy is facing enormous ethical challenges resulting from the COVID-19 pandemic (Goswami et al., 2021). In Italy, the media have given little visibility to this situation. And at least during the first phase of the virus, also international media coverage on how transnational surrogacy practices were affected by the pandemic lacked the voices and viewpoints of commissioning parents blocked by the lockdown. For this reason, the discussion presented in the following pages is based on the analysis of interviews conducted with gay fathers blocked in their transnational family formation projects because of coronavirus lockdown measures. Their general information is presented in Table 1.

TABLE 1. General information.

N. Interview	Age	Area of residence	Place of birth of the child
1	53	Northern Italy	Wisconsin
2	46	Northern Italy	Wisconsin
3	46	Northern Italy	California
4	45	Southern Italy	California
5	33	Southern Italy	Idaho
6	40	Southern Italy	Idaho

We collected their testimonials through individual qualitative interviews with the aim of digging deeply into their experiences. One of the main goals of the research was to understand what complications and challenges, if any, the pandemic had added to their experiences with transnational family formation practices.

We decided to use the format of in-depth interviews. This type of data collection method, following the idea that “small facts speak to large issues” (Geertz, 1973: 23), seemed most suitable for an exploratory study capable of giving a voice to parents and bringing out their emotions and feelings. Thus, this type of qualitative interview aims to detect both the deeper aspects of and the relationships between events (King, Horrocks, Brooks, 2018) to “make the case palpable” (Eisner, 1991: 39). In other words, with this work, our goal has been to understand an extraordinary situation by giving visibility and value to its experiences in individual, particular cases. Moreover, the findings are not useful merely to increase the knowledge on the issue, but also to individuate proposals for future discussion and policy initiatives regarding ways to parenthood and family formation.

In order to achieve these aims, we have carried out a thematic analysis of the collected material. Thematic analysis is a flexible qualitative analysis technique particularly useful for identifying recurring elements about a topic and for making sense of the commonalities (Braun, Clarke, 2012). Even though

the project combines inductive and deductive strategies, we predominantly used a “bottom-up” approach to data coding and analysis, driven by what is in the data, starting from the idea that the codes and themes emerge from the content of the data themselves. For this reason, we can argue that our approach is mostly experiential in its orientation and its theoretical framework is grounded. This is because we assume that knowledge of the investigated phenomenon can be accessed through the stories of the research participants (Braun, Clarke, 2006), even if we are aware that their experiences are socially mediated (Madill, Jordan, Shirley, 2000). At the same time, in a “top-down” way, we also used a series of concepts from the sociology of families and studies on transnational parenting to make visible issues that participants had not explicitly covered.

We informed participants in advance about the objectives and methods of the research and data processing. We collected the data in full compliance with current privacy legislation and have used it only for scientific purposes. Considering the restrictive measures adopted in Italy, we conducted the interviews remotely, recorded the audio, and transcribed it verbatim.

Our study involves some limitations. First, the number of gay fathers' interviews considered for the analysis is quite small. This is due to both the very specific situation that concerns a limited number of people and to the fact that the interviews were conducted in the context of a broader research project. However, insights into how these fathers experienced their very specific situation provide knowledge about the impact of the COVID-19 lockdown on transnational surrogacy. Moreover, the number of gay fathers involved in the study cannot be considered representative and, thus, generalisations cannot be drawn from the findings. However, relying on an idiographic approach, the study provides qualitative insights into particular events and specific cases. Finally, the study only partially explores other important intersectional dimensions beyond those of gender and sexual orientation. We hope that our arguments and findings can encourage more careful and intersectional analyses on this and related topics.

4. Voices and viewpoints of intentional gay parents stuck in the lockdown

Regarding the gay fathers' experiences with transnational surrogacy and family formation in times of COVID-19 lockdowns, the dimensions that emerged from the processing of textual data were the following: reactions to the lockdown, resources and obstacles, distant birth of the child, and travel from and return to Italy.

When intentional fathers started telling their stories, almost all of them started by telling what their reaction was when they learned that the borders were about to be closed.

In that circumstance, the fear of not being able to be present during the birth of the child emerges clearly as a main concern. Despite the government's mandate to stay at home, some intentional parents said they tried to leave immediately because they feared that over time the chances of seeing their child born would become even worse.

These future fathers wanted to participate in the crucial and intimate experiences of birth and to receive and welcome their children as soon as they were born. All the men interviewed said they were also willing to risk their own safety in order to reach their future children. More specifically, the findings on this point allow us to argue that despite the crisis situation, parents prioritized reaching their distant children and being able to take care of them immediately, accepting risks to their own health. However, they did not underestimate the extent of the risk. On the contrary, they were well aware of the possible consequences of both travelling in this situation and of possible infection. Nevertheless, they were willing to run these risks because of their desires to reach their (newborn) children and because there was no certain information on the duration of the lockdown.

Most of the interviewed parents (being lawyers, architects, and doctors, and thus possessing a certain economic and personal flexibility), declared that they were ready to buy a plane ticket to go to the other side of the world immediately.

I kept repeating to my partner, "Let's start bringing just the computer, we're going to buy our underwear in America, who cares?" We must be there before our child is born. (Interview 1)

When I learned about the global lockdown, my main concern was obviously reaching out to my son. (Interview 2)

The consulate told me "No, you cannot enter our Country", and I replied, "Yes, I understand, but I am about to become a father, so technically I am the legal guardian of this child". But they kept telling me that until the baby was not born I couldn't enter there. The child had to be born, I had to have the birth certificate attesting it, because I had to take it with me to the border. (Interview 4)

These statements show the importance of flexibility and economic leeway. If, on the one hand, it is true that gay men have a much lower reproductive autonomy than other people due to legal and bureaucratic constraints (Bacchetta, Haritaworn, 2011), on the other hand, gay men in privileged income

and social classes are able to overcome certain legal barriers and pursue their family formation paths even in times of crisis. We could also argue, from a critical point of view, that these privileged gay men are complicit in the exclusion of other gay men who do not have the same privileges. For gay men or same-sex couples with scarce financial resources or without access to significant amounts of credit, organising a trip in such a short time would have been difficult, if not impossible. However, as some stories showed, with spreading lockdown measures, even flexibility and financial resources eventually could not help the intentional fathers to reach their goal. Some fathers-to-be were forced to remain in Italy as transnational flights had been cancelled and there was no way to be in place for the birth of the child in time. The following interview extracts show the state of concern of these parents who were stuck in Italy:

We were supposed to leave a couple of weeks after the lockdown started. When we contacted the airline the customer service's staff not only told us that we could not anticipate our departure, but also that our flight had been cancelled. I felt as if the world was collapsing upon me (Interview n. 1)

Despite the pandemic, I tried to organise my trip. Suddenly the borders had been closed. We could not leave anymore, the consulates did not answer our questions and, above all, they did not know what to say, because it was an unprecedented emergency. (Interview n. 3)

I lived this situation very badly, because I wanted to leave, but it was no more possible. (Interview n. 5)

In these situations, children born through surrogacy during the so-called phase 1 of the lockdown had to wait to meet their Italian fathers. Meanwhile, the fathers were doing everything possible to be able to reach them, including contacting specialised agencies, the Italian government, and the authorities of the countries of the pregnant women. At the same time, the authorities of the countries where the babies were born had to find quick solutions for the babies in order to overcome the status of "civilian ghosts", since the babies' birth certificates were not registered in the normal manner.

The global emergency has intensified and made more evident some of the difficulties that these parents experienced in order to carry out their parenting project in foreign countries on other continents. As the following testimonies show, 'stuck' parents struggled to identify alternative ways to face limitations imposed by the pandemic. Unable to bypass government-imposed rules regarding forced quarantine, the gay fathers we interviewed said they relied on new communication technologies as support resources. In fact, these resources

allowed fathers not only to be updated in real time on the global health situation and the pregnant woman's state of health, but also to participate in the birth in a mediate way.

I have been constantly updated. The Hawaiian mom started to inform me a few hours before the birth, saying: "Look, my waters broke, I'm going to the hospital." Then, from the hospital room, in real time, they sent me photos and even videos of the birth. (Interview 3)

The birth was very fast, not even an hour and a quarter of labour. It was a beautiful experience. (Interview 4)

We practically experienced the birth live, but from a distance. (Interview 5)

It was like watching a program through cable tv, but using our smartphones. (Interview 6)

However, the mediated experience made some of the fathers less aware of what was happening and that they were actually becoming parents. In fact, both feelings of happiness and emotions of confusion and disorientation emerged from their stories. Understandably, although the fathers witnessed the birth of their children almost live, not all of them handled the physical distance well. Some of the interviewed fathers said they experienced moments of crisis and despair during the situation. Although a large number of professionals are involved in the "fertility industry", the testimonials show that none of these provided assistance for the psychological well-being of the fathers or set up a specific service to support blocked parents abroad.

At first, not attending the birth of the baby troubled me a bit. It was something I really cared about, but, given the situation, what could we do? (Interview 2)

The remote birth, seeing the baby's photos made me so confused. (Interview 5)

We were certainly happy and super excited, because something like that had happened at midnight. I usually go to sleep early, so my partner came to wake me up and it was all a little bit strange. We started drinking two glasses of prosecco. It was a confusing emotion. (Interview 6)

Another important aspect that emerged across all the interviews with 'stuck' fathers was the need for external assistance after birth. This need has

been described as not easily addressed. In fact, if the birth of the children represented a moment of great emotion for everyone, the following days were marked by great worries. In particular, all the parents interviewed declared that they were not only worried about reaching the newborn children, but also about who would take care of these children until they were united with them. In this situation, the interviewed parents experienced the double stress of not being with their children physically and of having to trust strangers to temporarily take care of them. Parents told that their children had been taken out of the clinic and taken into care by people identified from a distance. In this regard, we can see the centrality assumed by new technologies, which made it possible to come into contact with possible babysitters. We also see the shortcomings of a system that was not prepared to face this emergency. In some cases, the clinics and agencies were supportive. In others, they only acted as intermediaries.

We have been in constant contact with the agency which updated us continuously. They supported us in finding a nanny with whom we made remote arrangements. She took care of our son waiting for us to finally be able to join him. (Interview 1)

The agency did little for us. The staff only provided us with the contacts of some nannies, but we had to worry about getting in touch with them and selecting, remotely, the one we considered most suitable for our needs. So, it was a relationship between us and the nanny. This situation made me nervous because I was expecting more support from the agency. (Interview 6)

These stories allow us to argue that in these circumstances, gay fathers relied on both exacerbated processes and new forms of “stratified reproduction”. Within the literature on productivity, this term generally refers to dynamics that sometimes characterise transactional births (e.g., Nakano Glenn, 2010; Thompson, 2011; Twine, Gardener, 2013). In its original meaning, this expression was used to argue that wealthier people use their social position to ask for support from less well-off people in order to carry out their parenting projects and caring responsibilities. The expression emphasises the hierarchies amongst races, social classes, genders, and nations (e.g., Colen, 1986; Ginsburg, Rapp, 1995). Obviously, in this specific case, the request for support for reproductive and care work differs notably, since it was caused by an unforeseen crisis in which parents were practically forced to identify a person who could take care of their children. However, even in this case, it is possible to trace the creation of a network of (paid) support to help homosexual parents in their family work, even after the birth of the child (Cohen, 2007).

The pandemic also affected the meeting with children when fathers were in the immediate area, as well as the return to Italy. When parents were finally

given the opportunity to reach their children, they had to follow health protocols and pass through a period of quarantine, making their difficulties even more concrete.

The meeting was also irritating, because when we went there ... We did the quarantine there. So, we arrived at that place, a few kilometres away from our son. Before being able to meet him we had to go through the quarantine, living 14 days of isolation, because it was highly recommended. (Interview 1)

Once we reached the city of our son's birth, we even thought of reaching him for a moment without quarantine. Then we reflected, and, thinking about his safety, we gave up. Among other things, if they caught us, they would have also taken us to prison. (Interview 2)

Finally, the research shows that some parents experienced even further forms of discomfort and difficulties in their journey. Indeed, despite the critical situation of the pandemic, forms of injustice and stigmatisation towards same-sex parents emerged, probably based on a lack of knowledge of surrogacy mixed with the idea, still shared by some people, that homosexual people are unworthy to make a family or unfit to raise children (Gabb, 2017; Golombok, 2015; Knight et al., 2017).

In particular, to cope with the uncertain situation, one parent said he used social networks to share his story and to hope for some helpful information. He received messages of support and some useful guidance but also comments full of indignation.

Many people, instead of helping me or just keeping quiet, started to offend, saying on Facebook that my partner and I had "stolen the baby from the mother" ... as if we had stolen him and carried him away with us. (Interview 4)

Likewise, another couple of fathers had problems coming back to Italy.

An employee of the Italian Consulate told me "I cannot give you the passport of the child because he was born with surrogacy". I got very angry. I didn't understand the meaning of that sentence. I told him "Why? Does my passport say how I was born? Why do you care how my son was born? You must give me his passport because it is your job, your personal judgment is not an issue here!" It was an absurd conversation. (Interview 6)

These quotes point to a long-standing and well-known theme.

Although gestational surrogacy is regulated in many countries, it continues to be the subject of numerous concerns and attacks. As reported by some scholars (e.g., Pateman, 1988; Radin, 1995; Danna, 2015), this persistence depends fundamentally on moral reasons, based on the ideas that women who carry out pregnancy for other people are selling their bodies and often being abused. Such claims are made mainly by radical feminists and other opponents who associate surrogacy with commodification and exploitation and link it to practices such as prostitution, slavery, or human trafficking (e.g., Damelio, Sorensen, 2008; Pande, 2010).

Moreover, objections are made based on traditional religious views, many of which see reproductive technologies in conflict with religious commandments and human dignity (e.g., Schenker, 2005; Aznar, Martínez Peris, 2019).

In addition, we can argue that things are even more complicated for homosexual people. While our study involves parents living in situations that we could define as well-off or even elitist, the parts of interviews we have pointed out show that gay parents are still stigmatised and subject to different forms of disapproval and discrimination. For example, according to the catechism of the Catholic Church, techniques involving heterosexual married couples are considered less reprehensible, despite being considered morally unacceptable (Dain, 2009). Conservative pro-family groups consider homosexual people selfish because they think children need a mom and dad (Munro, 2001; Klein, 2018). This is also the claim of various public events, like the so-called Family Day, organized in Italy since the 2000s by traditionalist and conservative groups. Its object is to restrict the extension of certain faculties and rights to “non-traditional” couples and families.

Such critiques persist, although numerous studies have provided clear evidence that the adjustment, development, and psychological well-being of children is unrelated to parental sexual orientation, and that the children of lesbian and gay parents are as likely as those of heterosexual parents to flourish (e.g., Baiocco et al., 2015; Dingfelder, 2005; Fedewa, Black, Ahn, 2015; Gartrell, Bos, Goldberg, 2011; Higgins, 2002; Iudici et al., 2020; Patterson, 2009; Tasker, Golombok, 1995;).

Furthermore, like any other human and social experience, surrogacy must be analysed and evaluated within a situated approach and in its consequences while listening to the voices of all people involved. These voices are unfortunately still too weak in Italy. There is no doubt that if not regulated (or poorly regulated) surrogacy could produce exploitation and injustice. However, the literature on the subject (e.g., Lessor et al., 1993; Gratton, 2008; Busby, Vun, 2010; Berend, 2020) has also given visibility to women who voluntarily decide to carry out pregnancy for other couples, without any kind of pressure or

economic motivation. Even the fathers we interviewed told us that their parenting project was co-constructed throughout the matching phase, and some are still in contact with the women who helped them become fathers. After all, some (albeit limited) recent empirical research on the subject shows that all around the world, gay fathers (including Italians) are content with the level of contact they have with surrogate women and they are more likely to maintain relationships with surrogates than egg donors (e.g., Blake et al., 2016; Carone, Baiocco, Lingiardi, 2017; Carone et al., 2018; Guerzoni, 2018).

5. Conclusions and implications

The experience of the pandemic and the complications that the consequent lockdowns have had on the transnational practices of family making should represent the starting point for introducing a series of critical reflections, both on the globalised world, where fertility and family formation practices have become a transnational business, and on the regulatory and social situation of gay people pursuing parenthood in the Italian context.

The subject of transnational practices of family making for gay men, on which this paper focuses, is a widespread phenomenon, but its challenges and critical aspects are not often discussed, probably due to prejudice or a lack of knowledge concerning it. Furthermore, the availability of reproductive services and commercial surrogacy widen the differences amongst people who intend to make a family. Today gay intentional fathers can only realise their goals in a few countries in the world, making surrogacy a *de facto* viable option only for those gay men who have the resources to support it.

We can argue that lockdowns have more clearly highlighted critical aspects of these transnational practices and that they have radically changed the obstacles that Italian gay men are forced to face. Even if some Italian gay intentional fathers have the resources needed to engage in transnational surrogacy and to overcome the many barriers on their parenting path, the pandemic has shown how uncertain and vulnerable such paths can suddenly become.

Unexpectedly, the immobility caused by the pandemic has restored existent inequalities regarding the possibilities of kinship and associated identity concerns (Dahl, Gunnarsson Payne, 2014). In this particular context, it would have been helpful to have offered services to support transactional parents in general, and homosexual parents in particular, offering them information, legal and practical support, as well as psychological support. As our analysis of the experiences has shown, such attention has been lacking within the contexts of a globalised fertility industry. Moreover, some homosexual parents, who often

follow these paths seeking privacy and anonymity (Smietana, 2017; 2018), had to further expose themselves and their situations due to the pandemic. This caused them to experience the fear of being stigmatised, because there are still people who believe that gay people should not be allowed to become parents (Russell, 2018) and that kinship is only heterosexual (Butler, 2002).

In this unexpected crisis, parents confined to Italy considered extended networks of support to be very useful and supportive resources. In line with this, our study confirms that family formation processes, their meanings, and uses are changing. They are showing themselves to be increasingly relative, modifiable, and resilient to difficulties (Carsten, 2004; Franklin, 2014). This is at least partially due to the help of people outside the family, who can contribute to its realisation. The extraordinary circumstances that we have analysed have made it even more evident that not only is reproduction separate from sexuality, but that filiation and parenthood nowadays involve more people and enlarged caring relations (Di Nicola, Lonardi, Viviani, 2019).

In the light of these considerations, the first reflection that can be made is that, if in Italy there were a law that regulated the use of surrogacy, rather than prohibiting it, people who have the desire to become parents would not have to go abroad to have their children born. At the moment, leaving one's own country to pursue the dream of becoming a parent becomes an obligatory path, which, as we have seen, can have many unexpected and unpredictable pitfalls. This, of course, concerns all people who experience a limitation of their parental projects. We have decided to focus on homosexual fathers because an ideological resistance against rainbow families persists in Italy, so much so that recently some parties in parliament have proposed punishment for the "crime" of surrogacy, even if "committed" by an Italian abroad (Lombardi, 2020).

The experience of the fathers interviewed in the research makes it clear that being homosexual parents in contemporary Italy still represents an enormous challenge, which begins even before children are conceived. Thus, what we learn from our findings is that the pandemic has further stressed transnational surrogacy and family formation practices, offering the possibility of opening a debate and space for sociological reflection on the rights of parents and children who become a family by means of such practices. Reflection is also needed on the fact that limited and exclusive paths to parental and family formation in certain countries, such as Italy, force prospective parents to go elsewhere to have their children.

Analysing the situation from this critical perspective, it is possible to argue that the lives of homogenitorial families and the increased difficulties encountered by homosexual parents due to the pandemic highlight the need for Italian lawmakers to implement new and effective policies. These policies are needed to help deal with a social change that involves many people in a daily

battle for the recognition of their rights, above all, their parental ones.

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