

Legal effects of artificial insemination on egg donation in Iranian law

Fatemeh Eskandari

ABSTRACT: One of the new methods of reproduction is artificial insemination, in which medical assisted reproduction techniques provide the fertility of the female egg with the use of male sperm, which results in the merging of the sperm and the egg into an embryo. In this way, the woman becomes pregnant by medical devices without having sexual intercourse.

This paper aims to investigate the legal bases of artificial reproduction and its related effects, both financial and non-financial, in two general ways. In the first method, the child's sperm is a legal spouse combination, and the child is born to him by most legal scholars and lawyers and all legal effects on the natural offspring, whether in the womb or in the womb. The womb of another woman or grow in the artificial system.

In the second method, the baby is an alien male and female egg sperm, which, according to most scholars and jurists, is forbidden, but it is widely believed to have relatives on the child, because such action is not called adultery.

KEYWORDS: Artificial insemination, Germ (sperm and egg), Ancestry, Surrogate mother, Fetal donation, Egg donation.

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I. INTRODUCTION

Nowadays, with the advancement of science, especially in the medical field, and with careful examination of the causes and causes of infertility, scientists have been able to solve the problem of infertility through artificial "abnormal" techniques, including fertility techniques used today through fertilization. It is an artifact of various kinds. The question at stake in law is whether a child born of this method has legal legitimacy. And after answering this question, what is the legal effect of assuming the authorization or respect of each of these methods in other words, in other words, what rights does a child derive from artificial fertilization in society? Is ? Do they have the same effects and sentences that apply to normal children? Do they include such a child? Or not!

Given that such methods are not old-fashioned and are new issues in medical science, such discussions are less explicit in law and less well-established laws in the world of law.

But since these developments have also been applied in Iran, it is up to Muslim and Shiite jurists and jurists to express their explicit verdict in this regard and to expand their studies and research.

During the last few years numerous scientific works have been done on artificial fertilization and the authorities and scholars have expressed their jurisprudential views in the form of concessions and the jurists have written various articles in this field. Comprehensive and no hurdles in this regard, and the science of law as a science that regulates human relations between individuals in society is bound by the general rules and principles it has to deal with issues that may arise in this field. Answer and clarify the legal duties of those who are or are related to the issue.

In Iranian law, which encompasses the transcendent and progressive rights of Islam and Ja'fari jurisprudence, it must be resolved in accordance with the same religious principles and principles (though not explicitly mentioned in the original jurisprudential sources), so that Do not do anything contrary to the law and the divine commandments.

Artificial fertilization means in-utero fertilization, or human production outside the womb, without legitimate or illegitimate intercourse, as well as human intrauterine production, through implantation of new issues that have arisen in response to advances in time and scientific change. Given these changes, current research on their fertility and religious practices, including the legitimacy of the issue of childbearing with the involvement of a third factor in the form of alien sperm or alien uterus, fetal or oocyte donation, etc., However, different forms of artificial insemination and the views of the opposition and successors in each case are: 1- Artificial insemination with sperm and husband's sperm: For most scholars, but almost unanimously, there is no problem with this type of insemination, because We have no respect for it, then the child is born legitimate and their child is born Maximum.

II. TYPES OF ARTIFICIAL FERTILIZATION

Due to the causes of infertility, various medical treatments and surgeries are available, but in some cases new methods are used, including infertility due to an unknown cause that accounts for about 30% of cases or tubal obstruction. These include:

1. Inoculation of sperm into the uterus of IuI
IVF IVF
- 3- Transfer of the fertilized embryo into the uterus (ZIFT)
- 4- Sperm injection into the egg (ICSI)
- 5 - Intrauterine sperm inoculation using non-congenital sperm (AID)
- 6- Donate a fetus
- 7- Egg donation (ED)

1-2-Uterine Sperm Inoculation (IUI)

This assumption can be realized if factors such as the mucus cervix restrict spermatozoa movement, transient defects in the fallopian tube prevent sperm from reaching the ovaries; there is less fertility than normal ejaculation, etc. In this case, natural fertility is not possible, and turning to medical fertility methods is necessary. Accordingly, direct placement of removable sperm in the genital tract, anywhere above the internal cervical opening called intrauterine insemination, increases the likelihood of successful fertility, thus assuming that the spouse has an active ovary and healthy uterus. Otherwise, other methods are used if you have an egg but have no uterus.

2-2- IVF Sperm Fertilization

This procedure is used if the female uterine tubes are blocked. If the sperm cannot find an egg, or the woman has no regular menstrual cycle, or diseases such as leukospermia, oligospermia, severe pelvic adhesion or unknown disease, or previous treatments lead to failure, first uterine fertilization is used. The use of IVF in 1978 by Steptoe and Edwards has been reported to provide new hope for infertile couples. IVF like TuI is a simple procedure without the need for hospitalization.

2-3 - Intrauterine tube insemination (GIFT)

Unlike IVF, in which removal of both sides of the tube is an absolute indication. The main condition of this method is openness and normality of fallopian tubes. In this case, the egg and sperm are transferred to the uterus by cutter and the fertilization and embryo formation will be carried out in the uterus rather than in the laboratory.

In all of the above methods, ultrasound-guided cantilever cancers are delivered to the uterine tubal cavity, although spermatozoa and oocytes are injected directly into the fallopian tube so this method is used in cases of male infertility. And the woman is not clear or in cases where sperm motility is poor or there is a cervical or immunological problem.

2-4- ZIFT

The ZIFT procedure is similar to the GIFT procedure, except that after spawning, the sperms and eggs lay in the laboratory for 16 to 20 hours, and after fertilization, the fertilized egg with cutter and The laparoscopic device is inserted into the uterus. Of course, in addition to the use of the GIFT boards mentioned above, they use the ZIFT method in endometrial-like non-tubular infertility. The absence of at least one open tube is one of the contradictions of absolute integrations of this method. However, both GIFT and ZIFT methods are not used for tubal adhesions.

2.5 Sperm injection into the egg (ICSI)

Moving sperms are injected with a very fine glass needle, after passing through the belt around the oocyte inside the space between the egg and the belt around it¹.

This technique is one of the techniques used since 1984 in cases where infertility has not been identified, sperm motility is poor or immunologic, as well as in cases of severe oligospermia, teratospermiatacospermia, stenosis spermatozoa, and menopause. Women use this method.

This method has provided unexpected ability for sperms with acute motility, morphology and low or abnormal sperm count, lack or lack of acrosomes.

¹Direct injection of sperm into oocytes without chromoplast cells is performed in droplets (100-500 ul) under sucrose-free medium. By removing a single sperm with a micropipe (the sperm injection coper is required and transporting it into the medium containing the sperm), they then press the micropipette onto the yolk sida to enter the cytoplasm.

Even using this technique in the treatment of obstructive azo spermatozoa by combining TESE, MESA, PESA and then injecting sperm collected from epididymis or (testis) and oocyte fertility as advanced methods in the treatment of male causes of infertility. Is taken. Recently, newer therapies for spermatozoa and spermatozoa in the nostril and testicular spermatid patients have been able to inject spermatids into the oocyte (egg) and fertilize the egg, and those previously considered infertile will be able to cure.

2-6 Sperm Inoculation Into the Uterus Using Non-Husband Sperm (AID)

This is one of the old methods in assistive technology of ART (in vitro fertilization). The causes and factors that cause couples to resort to this treatment are:

In cases where couples are pregnant, the causes of male infertility have not been successful.

Couples who do not have sperm and, in a sense, have azo-sperm due to either traumatic or structural disorder.

Couples who do not have a clinical disorder but have a genetic disorder.

People affected by multifactorial genetic problems (such as diabetes mellitus and asthma) direct couples' attention to AID and prefer it to pre-natal diagnoses and elective abortion (Kay et al., Same). There is no general agreement on the use of one type of parameter as a criterion for the use of nonpaired sperm in oligo sperm or other semen defects, so medical evaluation and treatment of the couple before attempting pregnancy with AID is performed. In particular, the woman is fully evaluated for her fertility potential. Trying to have a normal pregnancy in these people is usually suggested for three years.

2-7 Egg donation (ED)

This method works if the woman, despite having a healthy uterus, has no eggs (whether she has an ovary) or eggs, but it is not possible due to severe pelvic adhesion, release or harvest, or autosomal genetic disorder. Dominant there.

For the first time in 1983, Tronson performed an embryo donation (ED) by transplanting an embryo, and in 1984, patients with primary ovarian failure were fertilized by steroid scavenging and embryo transfer with the egg.

The ED position in ART is limited. There are three operating modes involved: the egg donor (by one of the usual ART methods of ovulation induction and after the oocytes are ovulated by sonography) the egg recipient (who has ovarian failure initially). Either had secondary or X-linked genetic disease or failed IVF and repeated failed fertilization tests due to malignant quality) and sperm donor (which is assumed to be the subject of husband's discussion and due to numerous tests on her husband's sperm, It is already frozen.

2-8- Fetal donation

Embryo donation as a method of infertility treatment is when couples do not have a healthy sex cell suitable for reproduction, but the woman is able to successfully conceive during pregnancy, resulting in the following steps: Going through:

First, fertility drugs and ovarian stimulating hormones are used to stimulate the ovarian donor ovaries. Ovulation medications are often administered over a period of seven to ten days.

Egg retrieval: Two methods are used in this section: The most common method is outpatient follicular surgery. In this method, the appropriate amount of oocyte is obtained by vaginal sonography by inserting a sonographic probe into the vagina. The vaginal probe generates high-frequency sound waves to visualize pelvic organelles on the monitor screen. When mature follicles are found in the ovaries, the expert guides the special needle through the vagina into the follicles and the eggs are suctioned. Another method is laparoscopy. In this procedure, after general anesthesia, the surgeon enters the laparoscope, which is a long, narrow tube, into the abdomen through a slit under the navel and the surgeon looks inside it through the laparoscope. It then directs the needle into the ovarian follicles and extracts the eggs through a laparoscope.

- At this stage, the eggs should be fertilized. Inoculation can be done immediately after the eggs are hatched or after a few hours by sperm spawning, but if the sperm count is too low or the sperm does not have the ability to penetrate the egg by ICSI Explanation of the above is used. About 30 hours after fertilization, the cell is divided into two parts called embryos or embryos, and after 48-72 hours the embryo is ready for transfer to the uterus of the female in the 8-cell stage.

Transfer of the fetus into the applicant's uterus is an outpatient. The physician transfers one or more embryos into the uterus using a cutter (rod) so the donation process is completed and the baby is born after the fetal procedure.

III. LEGAL EFFECTS OF ARTIFICIAL INSEMINATION IN EGG DONATION

3.1 Ancestry

In this case, the embryo formed by the combination of a donor egg with the sperm of the husband is implanted in the womb of the infertile wife (the spouse of the man who owns the sperm), which results in the woman becoming infertile and pregnant and eventually giving birth to a baby.

A. Who is the father?

In this case, the embryo is made up of donor sperm and donor eggs. The infertile husband has both sperm and the woman who gives birth to the baby. As a result, if the baby is born at the time of birth, it also has a sperm, although despite its sperm involvement in the development of the fetus and the lack of conflict. The case does not have to be a statement of fact to prove paternity. If the egg donor has a husband, no relative relationship between the egg donor woman and the baby born through the use of the egg donation mode will occur because she is neither the owner of the sperm nor the husband of the woman who gave birth to the baby. The world has come, so there is no benefit to him here. Thus, the husband of the woman who gives birth to the baby and her sperm is used to form the embryo is the father of the baby that is created by the use of an egg donation.

B - Who is the mother?

In this case, similar to the surrogate state, two women have had a baby during pregnancy: one is the egg that the embryo has formed by the fertilization of her egg, and the other is the uterine woman who has been in her womb. And the baby is born of him. In our detailed discussion of surrogate motherhood, we found that a group of female oocytes, a group of uterine females, and some both consider the mother to be a child, which we have strengthened in recent observations and concluded that the child has two Mother. Here too, it can be assumed that the baby has two mothers and that there is no problem with the baby having two mothers, although the other two views that one is an ovum and the other a womb are also considered. In this case they can be projected.

3.2 Marriage

If we believe that the child has two mothers, in view of the maternal relationship between the child and the woman with the ova, as well as with the uterine woman and the prohibition of marriage between the person and the mother referred to in paragraph (1) Article 1045 of the Civil Code Marriage between a child and both women is forbidden because of a maternal relationship.

If we consider that the offspring of a mother reaches the offspring, given that in the surrogate state of pregnancy, the injunction imposes a consensual prohibition on marriage between the offspring and the surrogate mother who has no genetic link to the offspring in her uterus. So, in this case, even if we consider the egg to be the mother of the egg, the spouse of the sperm owner (the infertile couple) who carried the baby and gave birth to it could be banned from marrying. The mother's mother-in-law ruled that the marriage would be prohibited under Article 1046 civil law.

If, on the contrary, the uterus is considered to be the sole legal mother of the child, then this would be equivalent to an analysis of surrogacy in the assumption that the uterine woman (the surrogate mother) was the sole legal mother of the child. We present between a woman who has an egg (a mother) with a baby, an egg donor (an egg) with a ban on marriage, in the judgment of the legal mother of the baby born as a result of using an egg donation, so marriage between her and the child will be prohibited.

3.3 - custody

Succession-related child custody rulings Where the statutory father of the statutory father and one of the two oocytes or the uterus, the legal mother of the child, were considered to be perfectly consistent with this assumption. In the theory that we believe that both women are the legal mother of a child, in order to obtain a child custody order, they have to resort to the principles of family law, public order, the principles and rules governing custody, and so on. We became children and families. Here we note that in the case of egg donation, we are faced with a situation on the one hand of an infertile family where the husband is the father of the child and the couple has given birth to a baby so that an external accident occurs within the family of a woman who She has the benefit of being a wife, it has been realized while on the other side there is an egg-laying woman who is generally unknown and had no intention of taking on the responsibility of raising and raising a child; Egg donation has given rise to the willingness to accept this responsibility, so it seems to be based on rules and principles. Word refers, as well as the interest and well-being of the child, which is the best decision-making factor in determining custody of the child, in this situation (being a mother of two) the custody of the child with the egg recipient.

This decision causes the normal order and tranquility of the family center created in the egg-bearing family to resemble the normal routine of having a child in the family.

3.4- guardianship

In egg donation, the husband, who owns the sperm, is the legal father of the child, so he and his father are born with an egg donation.

IV. THE FINANCIAL IMPLICATIONS OF THE STATE OF EGG DONATION

4.1 Alimony

The man owns the sperm of the child's legal father, so according to the civil law provisions of the child, the child is first with him and then with the child's paternal grandfather. In the absence of the two or their inability to pay alimony, the mother, who is part of the third category of offspring of the offspring, will be required to give birth to a child who has either a female (an ovum or a uterus) who is the legal mother. To know the child, he or she will have to spend the child. Other issues raised in the discussion of charity in succession state are applicable to this assumption.

4.2 Inheritance

The husband is the legal father of the child, so the inheritance relationship between the baby born of the egg donation state and the husband is established. Concerning the relationship between the inheritance of the child and the mother, there is also some discussion of the succession state in pregnancy.

V. SUMMARY AND CONCLUSION

From all of the above we can conclude that artificial inoculation with the sperm and sperm of the couples is solvent and the effects are relative to the offspring.

Injection of alien sperm into the uterus of an alien woman or alien egg culture in a woman's reproductive organs is forbidden and illegitimate (with due caution), but the effects of intercourse (if performed) on the child.

And in the case of female infertility, it seems necessary for the widow to be widowed temporarily, and if permissible, she is permitted only after the absolute despair of the couple, and her use to single women and individuals. Non-couple is forbidden.

Artificial insemination is lawful through the hiring of a uterus, and the owners of the sperm (sperm and egg) are the parents of the child, and the child is the owner of the uterus, but has no relation to her husband and the offspring of the husband except through intercourse.

The offspring of an embryo transferring and carrying a child by an alien woman are joined by the sperm and egg, and the uterus is not a relative mother despite being confined to the child.

Applicants and carriers of the fetus are not legal parents, although they can take custody and custody of the child forever.

The legal and religious relevance of the child arising from the use of donation and egg laying.

In the egg donation state, the father of the offspring who owns both the sperm and the woman who gave birth to the baby is the father of the child.

If such acts are needed in Islamic society, new laws are needed, so there is a need for serious and legal action on the part of government agencies and bodies responsible for resolving various issues and providing a specific law and procedure that can be applied. And the legalization of this deprivation should be compensated in the context of the laws, because there may be people in the future who want to do so in a profitable manner and destroy the right.

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