

Maternity In Couples Of Women: Reformulating The Heteronormative And Biological Relationship

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Abstract. Motherhood in female same-sex couples challenges two important aspects in the construction of western parenthood: on the one hand, heteronormativity; and on the other, the emphasis on biological ties. The aim of this work is to analyze how these families confront their motherhood attending to such restrictive and exclusive situations. Qualitative research, based on semi-structured interviews, was conducted with 28 women who had planned their motherhood in a same-sex relationship. It may be concluded that female same-sex couples have to face some obstacles that are related to the heteronormative and biological construction of parenthood.

Keywords: *Motherhood; female same-sex couples; kinship; heteronormativity; biology.*

A. INTRODUCTION

Anthropology has defined kinship as a mechanism in charge of regulating and controlling human reproduction (Stone, 2008). In the case of Western societies, these regulatory practices have shaped an ideal family model that is reflected in the heterosexual nuclear family (Sollie, 1997). In this family model, the heterosexual nature of sexuality is assumed, which is associated with a reproductive purpose (Sanchez, 2008). In this way, filiation becomes the result of the heterosexual marriage bond, both parents implanting their biological imprint on the offspring (Rivas, 2008).

This cultural construction of kinship has been contested both from feminist theory and from anthropology. In this sense, the idea of reproductive sexuality has been related to the normative character that heterosexuality acquires in Western societies (Rich, 1980). In this way, marriage has been defined as a tool that is responsible for perpetuating the idea of reproductive sexuality. Authors such as Butler (2006) argue that those family structures that distance themselves from "normative dyadic heterosexuality" pose a danger to this socio-political order. However, the author concludes, the hetero-sexual family model is being questioned as other family structures emerge. These are the result of certain social changes, among them the extensive use of assisted reproduction techniques that allow blurring the boundaries between the social and the biological.

Assisted reproduction techniques have played a key role in the conceptualization of kinship relationships; one of her contributions has been to reformulate the meaning of the biological in human genealogies. Consequently, the irruption of technology causes, simultaneously, a rupture and a substitution in the established natural order (Rubio & Rivas, 2017). A position similar to the previous one is that maintained by Stone (2008) for whom assisted reproduction techniques are an opportunity to debate the limits of the biological. For Stone, it is no longer possible to speak only about the blood substance as a central milestone of kinship but other elements such as genetics must be considered. Certain reproductive processes (for example, egg donation) cause a fragmentation in reproduction, that is: the woman who donates versus the woman who is pregnant. The first has a genetic connection with the offspring while the second is linked by the biological ties associated with pregnancy, childbirth and the puerperium.

In this context of possibilities, what Thompson (2001) calls a “strategic naturalization” takes place, that is, a discursive practice through which “genealogical, blood or gene links are claimed or denied” (p. 178). Similar conclusions to Thompson's are those held by Carsten. In her work *After kinship* (2004), the anthropologist argues that reproductive technology has caused the boundaries between the natural and the cultural to become blurred. Her proposal for this “post-kinship stage” goes through a “choreography” of elements (biological and social) that interfere in an orchestrated way in the definition of genealogical systems.

In line with the above, kinship must be interpreted as a construction process in which the elements that intervene are resignified according to needs. As part of this construction, daily practices are those that forge and give meaning to inter-family relationships; Within these conceptual schemes is the proposal of Weeks. his team identifies the family as a «verb» that is materialized in the daily practices followed by its members: «mutual support, division of domestic tasks and care for dependent people». Along with these actions that are limited to the private sphere, there coexist those others that have to do with the visibility of the family structure in the public sphere. For this reason, Weeks and her team identify the kinship with action, with “doing family things”, showing themselves under these parameters in the public sphere. Families headed by same-sex couples are expressions of making a family that create “patterns of life which give new meanings to their family relationships”. However, these families lack models in which to identify and recognize themselves and, therefore, they must look for formulas in which to “self-invent” in order to gain legitimacy among and for themselves.

The predominance of the heterosexual in the hegemonic discourses and images translates into a whole set of problems that families formed by couples of women must face on their journey and transit through motherhood. One of these problems is related to the legal limitations that some countries establish in certain processes such as adoption or assisted reproduction treatments. Regarding adoption, some state laws restrict this right to heterosexual couples and / or single men and women, without the possibility that same-sex couples can access joint filiation. This limitation usually occurs in those contexts in which same-sex marriage is not possible, which is why some couples opt for adoption individually, hiding their relationship (Goldberg & Allen, 2013). In other countries where the legislation is favorable, some couples feel fear and insecurity because they consider that their sexual option can be a source of stigma and discrimination (Cao et al., 2016). In this sense, it should be noted that Spanish legislation on adoption allows married couples of the same sex to adopt under equal conditions as heterosexual couples.

Regarding the adoption process, some research) warns that heterosexual patterns are reproduced in the interviews with professionals, such as, for example, questions that delve into a generic distribution of housework. This break with binary schemas raises doubts among evaluators about the capacities of same-sex couples to raise and educate minors. As a consequence, these thoughts are translated into the implementation of a series of criteria that some US adoption agencies put into practice to privilege heterosexual couples (Goldberg & Allen, 2013). No research has been found that analyzes adoption in the Spanish environment, so the process that same-sex couples must face in this regard is unknown.

In relation to assisted reproduction treatments, couples of women face a series of barriers both in the health and legal fields and, generally, in the social ideology. These barriers have taken the form of recommendations, norms and laws that try to restrict and, in some cases, prevent access to this type of reproductive technology. Regarding the medical field, different studies have shown the preference that exists towards heterosexual couples as legitimate beneficiaries of this reproductive technology. In the Spanish case, the document: Criteria for the use of the resources of the National Health System in the application of assisted human

reproduction techniques, signed in 2002 by specialists in the field, stands out. In its conclusions it is stated that reproduction is part of a couple's life project and this is the reason that makes it transcendental for it and for society. Despite the virtues associated with reproduction and offspring, this team of professionals reserves this right exclusively to heterosexual couples by stating that reproduction treatments should be aimed at "the members of a couple affected by sterility / infertility." Consequently, those couples who, without being sterile or infertile, cannot access biological motherhood are excluded from reproductive technology, among other reasons for their sexual choice.

Sometimes, that ideology that survives among assisted reproduction professionals finds legislative support. There are countries such as Italy or Austria that limit reproductive treatments to heterosexual couples married or in a relationship analogous to marriage (Velásquez Velásquez, 2008). While other countries, such as Spain, do not establish restrictions for sexual orientation or marital status when accessing reproductive technology. However, in the Spanish case, recent legislative reforms have opened up the possibility that the different autonomous health systems reserve this right to heterosexual couples. In this sense, Order SSI / 2065/2014 has indicated that public financing of this type of treatment should only be considered when there is a need or therapeutic purpose associated with a problem in reproductive capacity that has been diagnosed or when it is not have achieved a pregnancy after twelve months of sexual intercourse. These criteria assume heterosexuality as the dominant logic, excluding those women who, without having a reproductive problem, are part of a same-sex relationship.

This idea of normative heterosexuality that, as has been exposed, prevails in certain medical and legal discourses also has its correspondence in social ideology. For this reason, campaigns that try to delegitimize the use and access to reproductive technology by female partners are common. One of the recurring arguments has to do with the dangers for their future offspring, specifically: the absence of a father or the well-being of the minors themselves due to the lack of binary generic referents (Murphy, 1999).

In assisted reproductive treatments aimed at female couples, not only normative heterosexual logic comes into play, but also the role and meaning of biology. Regarding this last point, it is one of the members of the couple who undergoes reproductive treatment and, consequently, experiences the physical part of motherhood. This connection through pregnancy is reinforced by the collective ideology that tends to privilege the expectant mother over the one who does not experience that dimension of motherhood. The expectant mother has a connection that "is given to her" (Sullivan, 2001) while the non-pregnant mother must build a bond with a society that is demanding on this matter. The logic that underlies this approach is the cultural construction that privileges the biological bond over any other (Hayden, 2008). In the absence of external references, the pregnant mother must discursively build such links: "explain, defend or hide - in short, fabricate - the relationship with her child and her social identity with others" (Sullivan, 2001). As Bos (2013) points out, the absence of this biological bond is what forces non-pregnant mothers to seek a "parental justification" (p.23). This situation is further aggravated in those cases in which the legislation reinforces this biological model, dispossessing the non-pregnant mother of any type of recognition or right with respect to her offspring.

B. METHODS

The objective of this work is to know how female couples face motherhood within a sociocultural construction of kinship dominated by normative heterosexuality and the privilege of the biological connection with the offspring.

The research was carried out between May 2013 and November 2014. It was approached from a qualitative approach, counting on an intentional sample made up of 13 couples of married women and two divorced women who, at the time, considered their motherhood as a couple's project. With regard to access to motherhood: two couples did so through a national adoption process while the rest opted for assisted reproduction treatments. The sociodemographic profile was quite homogeneous in regard to educational level, with the majority of the informants having a university degree; and at an economic level, the average monthly family income fluctuates between 1,801 and 2,400 euros. The selection of the sample was a complex process due to its 'hidden population' character (Heckathorn, 1997). In this way, the first interviews were carried out with people close to the researcher's personal network as well as contacts provided by different associations and LGTBI groups (Lesbians, Gays, Transsexuals, Bisexuals and Intersexuals) to later complete the sample through a snowball procedure. As a combination of the above factors, the people interviewed were grouped into the following autonomous communities: Andalusia, Asturias and Extremadura. The final size of the sample was determined by theoretical saturation (Ruiz, 2012).

The qualitative approach in the study of kinship relationships has been endorsed by different investigations (Ganong and Goleman, 2014). One of its virtues is to give a voice to those marginal family models since, through in-depth interviews, their members can express their points of view about internal and external interactions. The semi-structured interview was used as a data collection technique. Before starting the interview, the informants were asked for their consent and the confidentiality of the data was guaranteed, as well as their anonymity through the use of fictitious names. After obtaining their consent, the interview began, the script of which was based on general questions and other specific ones. The first had to do with important aspects of her biography (family of origin, upbringing and education, networks of friends, among others) while the second block was oriented to those specific aspects of her family model. In general, the interviews were carried out at the home of the informants and, exceptionally, in public spaces. Its duration ranged from 90 to 120 minutes.

The interviews were recorded and later transcribed in their entirety. The texts were analyzed from a phenomenological perspective, that is, trying to find out the subjective meaning that the informants conferred on those questions about which they were being asked. For this, the analysis model proposed by Hycner (1985) and Finlay (2014) was followed. This model consists of the search for units of meaning by reducing the information obtained. As Finlay points out, at this stage "data is transformed into meanings" (p.125). This search for meanings was carried out with the help of the computer program N-Vivo, version 10. In this way, the criteria to identify the different units of meaning were systematized. Once these units had been selected, the next step consisted of grouping them into broader and more inclusive sets. In the last stage of the analysis process, the research topics were defined. Next, the results related to the research topic are presented: "process of Family constitution", in which meaning groups are integrated that deal with assisted reproduction and adoption procedures.

C. RESULTS AND DISCUSSION

1. They turned their backs on us: they were talking about heterosexual couples." The weight of heteronormativity in access to motherhood in same-sex couples

The weight of heteronormativity becomes latent when these couples question that, due to their composition, they will not be able to assume their parental functions. The lack of references, together with the social pressure that delegitimizes these types of couples, means

that there are many doubts that assail them before, during and after access to motherhood. Some of the women interviewed commented that meeting other couples of women who were already mothers was the decisive push to start their project. This was the case of Lorena who, after talking with the sister of a friend who, along with another woman, were mothers of a girl and a boy, decided to start assisted reproduction treatment:

Yes, a friend who lives here who, from then on, I was losing fear of having a child with a couple of two women, or two boys. Because she was from Bilbao, and then the sister came with, first with the child and then with the two children, a boy and a girl, and her partner, on vacation. And I saw them as children so happy, so healthy, so beautiful. She told me that she had no problem but, even so, I thought and, in fact, so it is that in the Basque Country they are much more advanced than in Andalusia. Especially on such pioneering issues, right? ... And then one day I was going quietly to work and she gave me the flash that I was going to have a child. She was going to have a child, yes or yes, above all, right? (Lorena, 59 years old)

The breakdown of the «natural order» of reproduction makes these families look for alternatives through other processes such as assisted reproductive techniques or adoption. However, the lack of close references causes many couples to feel disoriented when starting such procedures. Using the Internet becomes an alternative through which detailed information can be accessed as well as personal experiences that serve as a guide on the path to motherhood. Blanca and Marta were unaware of the steps they had to follow to become mothers, specifically, the legal aspects that accompanied this decision. The finding of a blog with information on these matters turned out to be of great help, as explained by Blanca. She, for example, was unaware that she had to marry Marta if they both wanted to have legal recognition of their future offspring:

We did not know that we had to get married... We, she has been in this world all her life and she did not know any association. I do not even he knew there were associations. One day I was researching the Internet about the issue of insemination for two girls and such, well, I found a blog, a blog of two girls from Valencia. I already started talking to them, I opened a blog, this and that. And they held a meeting of homomaternal families . And then I say to him: "We are going to go to Valencia" "how?". "These girls that I have met on the Internet are going to have a meeting and such, and we are going to go. They pick us up at the station, fine. No, well, a weekend in Valencia". (...) And, indeed, we went to Valencia. They were there to wait for us at the association. They did not leave us in the sun or in the shade. And, of course, that's where we found out we had to get married before the baby was born. And we: "how?" (Blanca, 38 years old)

After solving some of their doubts and fears about their possibilities, the interviewed couples began their respective adoption procedures or assisted reproduction treatments. With regard to adoption, the informants began the process once Law 13/2005 was approved, which allows marriage between people of the same sex. With this legislative reform, both spouses can request the joint adoption of their future offspring. For this reason, once Cristina and Alba were married, they decided to start the entire adoption procedure since previously, as single women, they had not considered this possibility:

We had that as soon as the Law was approved. I made a quick copy of the Bulletin that will be out there. And I put everything we could with a fluorescent light, well, that's why we said: "here I come." (Cristina, 53 years old)

Once the administrative procedure had begun, and as part of it, this couple was interviewed by different professionals who had to ensure their degree of suitability as an adoptive family. After the interviews, Alba and Cristina received a letter in which they were denied adoption after a negative suitability report. Both informants related the bitter pill that

this notification entailed, considering that they were being invalidated for the exercise of motherhood, a wish they had pursued for a long time. As Alba explained:

I did not believe it, he came to the Post Office and we went to get the registered letter. I couldn't imagine being told you were not the right fit to be a mother. I was: "How can it be?" Well, we stayed (...) perhaps, the first time, come on, I have it very clear, it was too early. So, those fears, what we tell you. And not only fears, but people that everyone thinks. That is a group of technicians and each one thinks in their own way. (Alba, 51 years old).

For this couple, the negative suitability report was related to the lack of experience of the professionals due to the recent approval of same-sex marriage. From the point of view of couple, little familiarity with these issues, surrounded by stereotypes and prejudices around same-sex relationships, could act as a barrier in the first adoption processes. For Cristina, the arguments used to reject the procedure were not very solid since they revolved around: hiding her sexual option from an octogenarian uncle and her inability to defend her sons or daughters against possible problems:

It occurred to me to say that the only one who lived was my uncle. The psychologist who interviewed us told me, asked me, if we had not been able to tell her. And I said no. That I hadn't been able to tell my uncle that we had gotten married. It is so. They are the feelings, they are what they are. And neither because if I had to stand up for my children I wasn't going to give it up either. (Cristina, 53 years old)

A situation similar to that described was that experienced by Rebeca and Sara, who, in 2006, began the process of adopting the girl they had in foster care. The contradiction of the sentence that rejected the adoption, together with the comments of a lawyer who had participated in the judicial process, revealed that it was a case of homophobia. As Rebeca explained:

In addition, in the hallway, I am going to say it clearly because it is like that, and the lawyer of the Board transmitted it to us, it was said that we were a homosexual couple. And there were certain, there were certain prejudices, okay? So, see how prejudiced there was. (Rebecca, 50 years old)

Both in one case and the other, the couples decided that it was best to let time pass until the image of families headed by same-sex couples entered the social discourse. They considered that the "normalization" of this type of family unit would contribute to reducing or eliminating prejudices and stereotypes that professional teams might have in this regard. Thus, after several years of truce, both couples restarted their respective adoption procedures with a favorable result. The arguments that had initially been given to delegitimize these couples disappeared on the second attempt:

In addition, I even remember that we told them already, later on, when we went the second time we went and they told us that we were already suitable, and we commented: "How mature is there from then on?" Because then we were also in our forties. Do you know the only thing there is? Five years of our lives that we have lost and that the children have lost from being with us. That's the only thing that happened. (Cristina, 53 years old)

Along with adoption, another way to access motherhood is through assisted reproduction treatments. Among the 11 couples who accessed motherhood through this route, some situations were experienced in which the heteronormative and biological imperatives that define the western construction of kinship were reinforced. The criteria set by certain regional governments have excluded female partners from their portfolio of assisted reproduction services. Therefore, there is a great disparity between autonomies, which ends up generating discrimination based on the place of residence. Rosa and Raquel, residents in Asturias, went to the medical consultation to start treatment when they encountered the refusal of the specialist when he sensed that it was a couple of women. The Ministry of Health had decided to attend

exclusively to those heterosexual couples diagnosed sterile. Other cases were not considered, such as the "established clinical indication" regulated in the Charter of Common Services of the National Health System, which allowed couples of women to benefit from assisted reproduction treatments. These were the explanations that Raquel gave about her journey through the public health system:

That he [the doctor] had been treating lesbian women in the unit for years and that there was none, that he had no problem, that it was something that came from the Ministry, that he had had several meetings and that they asked the woman to be ... were sterile. And I said: "But ... but let's see if you have been attending. Let's see if she can't get me pregnant.

(...) But they only talked about sterility, the established indication was left to them, that is, they omitted it completely and, and what they argued is that I was not sterile (...) Because, let's see, a heterosexual couple when , for example, the male has, let's imagine, few sperm, it is not that it is impossible for him to get pregnant, but that there is a lower probability but they are treated. On the other hand, I am with a woman who is impossible to get pregnant ... they do not consider it. (Raquel, 33 years old)

These antecedents made certain couples rule out being treated in the public system due to their fear of being expelled from it, so they opted to go to a private clinic and pay for the treatment. This decision was not easy either as some had to dedicate part of their savings to satisfy that desire. However, this change in the care route involved a great effort for some of the informants since they had limited financial income. That was the case of Victoria and Rocío who knew that in their autonomous community there were couples who had been denied treatment in Social Security and, after much effort, added the amount necessary to start private treatment:

Because just Social Security, I think, I don't know if it was that year, uh (...) there were cases of the [LGTB] association that denounced, uh, we found out, I think it was that year. I was counting on it not being covered by Social Security, we hadn't I thought and then that if the Social Security took a long time and I don't know what. (Victoria, 35 years old)

We had saved because we had already planned to start because we weren't like you said: "we saved two months." No, we were saving a lot of time. (Rocío, 38 years old)

These situations contrast with the reports of other couples residing in autonomous communities in which public health policies were more favorable to same-sex couples. Those who had public coverage achieved it in those autonomies in which this right was guaranteed, producing a great arbitrariness between couples depending on the place of residence. The testimonies of Tania and her partner give proof of this:

We were at a time when there was no doubt in Extremadura but there began to be cases that had problems and such (...) we contacted the different, with the different organizations that were involved in artificial insemination within the public health system that It is MUFACE with the clinics, that is, with the people who are civil servants. And then, the Assisted Reproduction Institute of Extremadura and... actually, I learned what the protocol was, that there were no problems, that there were problems, especially when referring to Primary Care, but knowing what the legal route was and knowing how to explain things to people, what the itinerary is, there was no problem. The truth was, it was quite agile from the first moment. They referred us to the gynecologist, we got to the consultation, we did the medical tests and it was fast. In fact, we went with the intention of if we had any kind of problem, that is, obviously to report it. (Tania, 31 years old)

2. Why are they so interested in knowing who has given birth?" Questions about the biological dimension of motherhood in female couples

The mediation of the biological in the assisted reproduction processes causes a disparity between those who face the physical part of motherhood (pregnant mother) and those who do not (non-pregnant mother). From the informants' comments, it can be deduced that there is interest and social pressure to know who of the two is the one who has gestated. This fact is related to the privilege conferred on a mother who has a biological connection with her offspring, to the detriment of the one who does not. In this sense, the questions aimed at finding out who was the pregnant mother used to generate great discomfort in the couple:

That bothers me a lot. In fact, I have caught myself as he begins to say it: "Damn, why do I have to tell you if we are the same mother?" Why do I have to say who? Because they keep saying to you: "who gave birth?" Now how do I stop and say: "You don't care, do you?" But the truth is that people he asks a lot. But I have also noticed that even in this environment [same-sex families] people ask, but rather out of an interest in the process (...) So, in this sense, I don't get angry with the environment. But they do ask us a lot. When we were out there for a weekend where did she go? Caceres, in the mountains, in a village chiquinino, a bar and insisted the man, "but who has given birth?" (Miriam, 37 years old)

That to me, for example, is one of the questions that I like least about people, that I know that they do it without bad ... but it is a concept that we have: "ah, he is our son and such". has both given birth to him? "And what else gives. What difference does it make. If that doesn't matter." (Teresa, 44 years old)

Faced with this situation, the informants commented that they were trying to find strategies by means of which to balance the differences that occurred in the biological plane. In this way, some of the non-pregnant mothers explained how they had found tasks, spaces or times to strengthen their relationship with their daughters and sons and, simultaneously, differentiate themselves from what pregnant mothers could contribute, for example: pregnancy and childbirth or breastfeeding. In this sense, Nerea generated a very strong physical bond with her son through direct contact, a situation comparable to that which occurs during breastfeeding. This strategy was key when it came to intensifying the mother-child relationship, which, from her point of view, was stronger than the one that existed with the pregnant mother:

The difference may lie in the baby's attachments. I mean, of course, if the biological mother breastfeeds her, she will make an attachment that can be replaced in another way. What can be substituted that I, my ex [partner] did not breastfeed her, but what I did was undress from here up as a baby and undressed her and put her on her chest, close to her heart so that she could sing to her to the gut, talk a lot with her, such. And the attachment is that he did it with me. (Nerea, 60 years old)

Precisely, breastfeeding was a determining factor for some informants who saw in this act one of the main differences between one mother and another. Therefore, some non-pregnant mothers opted for induced breastfeeding in order to minimize the possible differences drawn by the biological fact. Verónica and Miriam was one of the couples interviewed who opted for this procedure:

What could differentiate us the most, in what I could more than she could not, is breastfeeding and how we also share that. (Veronica, 32 years old)

But it's cool. We started when she [her daughter] was already one month old, when she was one month old because we were not very clear about it before. I wasn't very clear about it either, but if we want to share it (...) I used to think: "that's a lot of physical responsibility." That I didn't know if I wanted that physical dependency, but I love it. It's weird that I like it so much, but I really like it. Is very pretty. (Miriam, 37 years old)

On the other hand, the personality and particular character of each of the mothers led to a specialization in the type of tasks which, in turn, determined a differentiated care and upbringing. In this sense, they believed that their daughters and sons were capable of discerning and identifying their mothers based on their needs, what they needed at a specific time. Raquel and Rosa had a different relationship with their son since the first was in charge of the child's physical care while the second covered those aspects of a playful nature:

Raquel is very rigid about many things. She is a very, very methodical mother, perfectionist, organized and orderly. And, I think it will be like that for everything. I am downplaying things, everything, making a laugh, sometimes even when I shouldn't. La, I get on her nerves, sometimes. But, well, there is the counterpoint. She gives him some things and I give him others. Besides, she identifies them. She tells me many times: "hey, look at the child he doesn't laugh with me like you do." "Now, he doesn't even look at me with those eyes of ma, ma, ma ..." (Rosa, 41 years old)

A case similar to that described by the previous informants was that of Patricia and Tania, who claimed to maintain a differentiated relationship with their daughter. Again, the specific personality traits of both mothers acted as deciding factors in their interactions:

At bedtime he looks for her [Patricia] and when he wakes up he looks for me. And it is that those roles will be. It is that, as different people than we are, you will know how to find them on one side and the other. There will be someone who is more permissive or less permissive, or more ... (Tania, 31 years old)

D. CONCLUSION

At the beginning of this article, the need to know how female couples cope with motherhood was raised. Following the reports of the informants, it has been found that socio-political structures still persist that tend to reinforce and idealize the heterosexual family model, excluding those other family formations that escape this scheme. These family models call into question the very organization and functioning of society and, in particular, the hegemony of heterosexuality (Yanagisako & Collier, 1999) and its link with a reproductive. The legislative changes introduced in the matter of adoption and the possibilities offered by assisted reproduction techniques have made it possible to refute this binomial that links hetero-sexuality and reproduction (Stone, 2008).

This heteronormative logic is present in some of the discourses that prevail in the criteria for access to assisted reproduction treatments or in the speeches of the professionals that make up the adoption assessment teams. With regard to assisted reproduction, some couples have been excluded from public treatment based on recent legislative reforms that preserve this right for heterosexual couples. In this sense, the law, with the respective ideology that sustains it, can become the main violating agent of the sexual and reproductive rights of same-sex couples. Regarding the treatment given in medical consultations, some women have felt that there is discrimination compared to their heterosexual counterparts (Thompson 2001). Comments or carelessness are examples of those discriminatory behaviors to which they were exposed. The results of the research conducted by Záchia and her team (2011) reveal that within the medical community there is an attitude of rejection of female partners undergoing these treatments. Specifically, among the 224 specialists consulted in their study, 77% were against it based on the negative consequences that growing up in a family unit of this type would have for future offspring.

On the other hand, prejudices and stereotypes towards same-sex families who decide to adopt have also been found in other research carried out in countries of the Latin American. In this sense, the fear of exclusion from the adoption process makes some couples adopt as single people and hide their relationship as a couple (Cao et al., 2016). However, this pattern of

behavior has not been observed in the present investigation. The adoptive families interviewed have coincided in pointing out that the visibility and "normalization" of same-sex marriage has favored a more positive perception of these couples as possible adoptive mothers. This connection has not been found in other research on the subject.

Another aspect that these families must face has to do with the importance conferred on the biological bond when drawing parental relationships. Consequently, the fact that a mother has experienced the physical process of pregnancy, childbirth and the puerperium means that, in the imaginary and social discourse, she is granted a privileged position. The lack of recognition and visibility to which the non-pregnant mother is exposed causes discomfort to both one mother and the other. Both identify that, based on their personality, they establish differentiated attachment strategies with their sons and daughters but that they are equally important for your personal development. Specialization in certain activities or the search for alternative tasks that compensate for acts such as breastfeeding is a recurrent tactic in these couples who try to overcome and combat the centrality of what biological.

As the main conclusions of this work, it can be indicated that the heteronormative and biological construction of kinship itself causes discrimination to those who distance themselves from these patterns, among them the couples of women who jointly access motherhood. In this sense, and despite the political and cultural changes that have favored the expansion of this family model, prejudicial attitudes and discriminatory behaviors still prevail on the part of some professionals. Social workers cannot remain on the sidelines of this reality since some of these situations occur in their work environment or in fields close to it. For this reason, social work as a discipline in charge of promoting social justice and equality must act from two dimensions: preventive through pedagogical work on what it means to be and make a family beyond the traditional heterosexual model and, another of intervention active in which those cases in which discriminatory situations based on the sexual choice of the parents must be reported.

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