

THE INSTITUTION OF A "NEW FORM" OF FILIATION IN CAMEROONIAN LAW IN THE LIGHT OF SCIENTIFIC AND TECHNOLOGICAL PROGRESS: FILIATION BY MEDICALLY ASSISTED REPRODUCTION

By Djoupoyang Igri Gaston

Senior Lecturer, Department of Civil Law (French Private Law), Faculty of Laws and Political Science, University of Buea, Cameroon

DOI: doi.org/10.55662/CLRJ.2023.912

ABSTRACT

Without creating a new Galileo trial, Law 2022/014 of 14 July 2022 relating to medically assisted reproduction (MAR) in Cameroon has enabled the legislature to encourage medically assisted reproduction while rejecting techniques for marketing or using human material that are contrary to fundamental rights, human dignity and ethics. The concept of surrogate motherhood (GPA), for example, is prohibited by the legislature as far as reproduction techniques are concerned. However, the legislature is enshrining an apparently irrefutable scientific lie-truth that undermines biological truth or the right to know one's origins in the context of the effects of filiation. Parentage resulting from MAR is therefore part of the "neither seen nor known" model within the family. It is even more complex in the case of MAR with a third-party donor: a stranger is imposed on the extended family, upsetting the traditional rules of succession and kinship. This raises legitimate questions about the future of human beings and filiation in the face of scientific progress, and about the role of the legislator in protecting them.

Keywords: Scientific progress, technical progress, filiation, parents, children, begetting, medically assisted reproduction.

INTRODUCTION

"The notion of filiation seems so complex, so essential, sometimes so mysterious that it can only be touched with a trembling hand"ⁱ. This complexity is particularly linked to the absence of a definition of filiation by the legislator. The term is used to designate several different types of relationship between a child and parents. Sometimes the legislator relies on the blood relationship. In this sense, we are talking about legitimate, natural or adulterine filiation. Sometimes filiation is based on the simple will of individuals or the law. This is the case of adoptive filiation, whether simple or plenary. Whether natural, legitimate or adoptive, these forms of filiation have one thing in common: the natural, if not biological, formation of the child who is the subject of the filiation.

Since the entry into force of Law No. 2022/014 of July 14, 2022 relating to medically assisted reproduction in Cameroonⁱⁱ, we have witnessed the emergence of a special kind of filiation, which not only further complicates the notion of filiation, but also strikes a blow at the very notion of family or kinship. It overturns the fundamental principles of reproduction, while at the same time raising the need for a framework for the impact of scientific progress on human beings and their environment. Scientific progress can be seen as the advancement of knowledge in the field of science and the introduction of more effective methods and technologies. Intrinsically linked to scientific progress, technological progress can be seen as all innovations that improve the productivity of labor and capital, or as innovation in manufacturing and transformation activities, involving the manipulation of a material to produce a tangible or intangible object. The interweaving of these two notions has given rise to the term technoscience, which refers to the reciprocal contribution of science and technology to the evolution and new discoveries in the world and in society. Examples include biomedicine and biotechnology. These technological advances promote greater scientific knowledge, and the contribution this knowledge makes to improving life in society. It should be pointed out, however, that these techno-scientific advancesⁱⁱⁱ as important as they are, also have not inconsiderable adverse effects on human beings. In a declaration on scientific and technological progress, the United Nations rightly points out that "progress in science and technology, while constantly increasing the possibilities for improving the living conditions of peoples and nations, can in a number of cases give rise to social problems and threaten human rights and fundamental freedoms"^{iv}. This progress is even more harmful when it affects the very constitution of the human being. This is particularly true of medically assisted reproduction, a

techno-scientific advance which has a direct impact on the constitution, if not the origin, of a human being. Despite its not inconsiderable contribution to family and kinship formation^v in a context where infertility rates^{vi} or sterility are the highest in the world^{vii}, it could conceal dangers for the beneficiaries, the being resulting from the said form of reproduction, and give rise to social problems. For example, it could upset "our symbolic reference points, our representations of the family and kinship, of the child, of the human being and his or her intrinsic value"^{viii}, undermine the physical integrity and dignity^{ix} of couples in general, and of women in particular.

It is therefore easy to understand the need for a law on medically assisted reproduction, in a context where, in scientific terms, medically assisted reproduction, operations were already being carried out without any legislative framework^x. Indeed, reproductive technologies were first introduced in sub-Saharan Africa in the 1980s^{xi}. In Central Africa in general, and Cameroon in particular, the introduction of **Artificial Insemination (IAC, IAD)** and **In Vitro Fertilization (IVF)** techniques took **place in 1996, through the** Centre des Techniques de Pointe en Gynécologie Obstétrique (CTPGO). It was thanks to the team at this center, in collaboration with the DROUOT Laboratory in Paris, that the first test-tube or *in vitro* fertilization baby, TOMMY, was born on April 14, 1998 in Douala^{xii}. Today, more than 300 babies are born in Cameroon as a result of medically assisted reproduction^{xiii}. This number will multiply by 2025. Indeed, the *Centre Hospitalier de Recherche et d'Application en Chirurgie Endoscopique et Reproduction Humaine* (CHRACERH) has set itself the target of delivering 500 babies by 2025^{xiv}.

The 2022 Law on medically assisted reproduction, provides a framework for such practices. It defines medically assisted reproduction, as "a set of clinical and biological practices making it possible to induce a pregnancy outside the natural union of man and woman, in particular artificial insemination, in vitro fertilization, gamete and embryo transfer, and gamete, germinal tissue and embryo preservation"^{xv}. The purpose of this induced pregnancy is the creation of a family or the creation of kinship^{xvi} between the new being produced by science and parents^{xvii} who were deprived of it or who are unable to have children through natural union or the natural process^{xviii}.

With this Law, the legislator has settled the debate on the legality of medically assisted reproduction or parentage resulting from such reproduction. The question is no longer posed

in terms of "for or against" parentage resulting from medically assisted reproduction in Cameroon. The legislator has thus avoided a new Galileo trial by authorizing medically assisted reproduction or accompanying science. From now on, the question of legitimacy arises in relation to the admission of this new form of filiation, resulting from medically assisted reproduction. In other words, does such filiation take into consideration ethical principles and respect for fundamental human and family rights? Better still, does the manipulation of human organs and the human body, as authorized by the legislator, respect the ethical principles and fundamental rights of the human being and the family in the establishment of kinship or filiation?

These questions further reveal the complexity of the subject, which suggests a permanent conflict between science and law, science and ethical considerations, the preservation of natural rights or fundamental rights. It also highlights the relationship between logistics^{xix} and legislative techniques and the evolution of science. The role of the legislator in framing social facts and establishing social norms in the light of the meteoric evolution of science is questioned. Does it simply accompany science and technology, or does it anticipate the framing of social facts or science? Without wishing to answer all these questions, which could be the subject of a dissertation^{xx}, we shall limit ourselves to an analysis of the framework for filiation resulting from medically assisted reproduction in terms of respect for ethical principles, human dignity and the family by this new law of 2022.

Article 4 of Law No. 2022/014 of July 14, 2022 relating to medically assisted reproduction in Cameroon clearly states that " Medically assisted reproduction shall be carried out with respect for human dignity, ethics and deontology, human personality and family ". In other words, for the legislator, it's a question of serving science while limiting the negative repercussions or any use of science contrary to fundamental rights. Respect for these rights can be seen both in the selective nature of the conditions for admitting filiation through medically assisted reproduction (I) and in the limited effects of medically assisted reproduction on filiation (II).

THE SELECTIVE CONDITIONS FOR ADMITTING FILIATION BY MEDICALLY ASSISTED REPRODUCTION

The admission of filiation resulting from MAR absolutely requires compliance with the guiding principles clearly set out by the legislator. Article 4 of the Law of 2022 relating to MAR, for example, states that medically assisted reproduction must respect human dignity, ethics and deontology, legal personality and the family. With this guiding principle, the legislator reminds us that MAR is not a second-best solution or a Pandora's box designed to destroy humanity by manipulating the most fundamental thing on earth: the human being in his or her formation or begetting. All those wishing to benefit from this new form of filiation offered by technological progress must meet a number of conditions (B) and submit to procedures exclusively designated by the legislator (B).

Conditions relating to the persons involved in the parental project

As MAR is not an alternative to natural reproduction, it is only natural that the legislator should require couples to provide medical justification for their inability to procreate without this method. They will also have to meet a certain number of conditions in order to benefit from MAR, and consequently to establish filiation with their unborn child. These conditions may be general (1) or specific to third-party donor MAR (2).

Conditions common to all applicant couples

The man and woman requesting medically assisted reproduction must be a couple (a) with specific characteristics (b), and consent to MAR (c).

Couple quality

In accordance with article 11 paragraph 3 of Law No. 2022/014 of July 14, 2022 relating to medically assisted reproduction in Cameroon, the man and woman must be married or cohabiting if unmarried. This means that MAR is open to two types of couples: married couples and cohabiting couples who can prove that they are living together. It is clear from this condition that single people are excluded from this medically assisted reproduction project. It is understood that only heterosexual couples are authorized to resort to medically assisted reproduction, and that homosexuals are not authorized to resort to MAR.

Despite this apparent clarity, it is nevertheless regrettable that the notion of marriage in Cameroon is imprecise or vague, and that concubinage is not regulated in Cameroon. When the legislator speaks of determining the criteria of concubinage by regulation, it is legitimate

to wonder about the regulation in question, given that there is a real legal vacuum in this area. Cohabitation is a fact without any legislative contours or precision.

The couple's characteristics

In order to benefit from filiation resulting from MAR, the couple with the parental project must meet certain physiological conditions. These include age, life expectancy and medical certification of infertility or difficulties in reproduction. As far as age is concerned, article 11 stipulates that the man and woman must be of legal age, or more precisely, at least 21. The legislator has not assimilated this condition to that of marriage, which would require the girl to be 15 and the boy 18. The legislator's intention is to emphasize the subsidiary nature of medically assisted reproduction. It only comes into play in the event of difficulties in begetting a child, and is in no way an alternative to begetting a child. For minors, it is understood that the probability of reproduction is even greater. However, the older they get the more difficult or impossible it becomes, especially for women. This is why the law limits the age of recourse to 55, and only for women. It should be noted, however, that before the 2022 Law was passed, a Cameroonian woman in her sixties (aged 62) was able to give birth to a daughter at *CHRACERH (Centre hospitalier de recherche et d'application en chirurgie endoscopique et reproduction humaine)* thanks to MAR^{xxi}. As far as life is concerned, the legislator also requires applicants to be alive. This rules out any request for *post-mortem* medically assisted reproduction.

In addition to the criteria of age and life expectancy, the couple must produce a medical report attesting to either the couple's difficulty or inability to conceive, of a pathological nature medically diagnosed^{xxii}, or the existence in the couple of a serious congenital disease likely to be transmitted to the child^{xxiii}. In the first case, the causes of sterility, infertility or hypofertility would have to have been determined and previously treated without success. In the second case, the plaintiffs' congenital diseases would have to have been previously diagnosed and unsuccessfully treated^{xxiv}. These conditions are a further reminder of the subsidiary nature of medically assisted reproduction.

Consent to MAR

Spousal consent to medically assisted reproduction is one of the guiding principles of MAR. According to article 6 of the Law No. 2022/014 of July 14, 2022, MAR is subject to the

free, prior and written consent of the beneficiary couple. Their written consent is compulsory prior to any medically assisted reproduction operation. Consent may be given for artificial insemination or embryo transfer. To ensure that consent is given in full knowledge of the facts, the legislator imposes a duty of information on medically assisted reproduction centers. Article 5 of the aforementioned law stipulates that: "The couple with the parental project shall benefit from clear, detailed and complete prior information, particularly concerning the risks entailed by the implementation of medically assisted reproduction for the unborn child and the mother". Article 20, paragraphs 1 and 2, reiterate this obligation to provide information when an agreement is signed between the couple planning the procedure and the medical center. According to paragraph 1 of the aforementioned article, the medically assisted reproduction center consulted will have to provide prior loyal information to the bearers of the parental project on pre-implantation genetic diagnosis. According to paragraph 2, it must also "inform the bearers of the parental project about the medical practice employed, its chances of success, its side effects, its short- and long-term risks, as well as the hardship and constraints it may entail". To this end, interviews are organized to enable applicants to interact with the center's medical staff or multidisciplinary medical team. It is on the basis of this information that the couple will be able to continue with the project and freely conclude a MAR agreement.

This consent must be maintained until the end of the assisted reproduction procedure. For this reason, the disappearance or death of a spouse or cohabitee, the termination of the couple's relationship or the revocation of consent are obstacles to the insemination or transfer of embryos^{xxv}. It should be specified that revocation, like consent, must be in writing. A simple oral revocation would therefore be insufficient to put an end to medically assisted reproduction. This latitude left to each member of the couple avoids any irresponsibility that might ensue after the birth of the child.

SPECIFIC CONDITIONS FOR COUPLES USING THIRD-PARTY DONORS

Those planning to use the services of a third party must obtain the latter's consent (a) and must not be related to the third party (b).

Getting the third-party donor's consent

In principle, medically assisted reproduction is carried out using reproductive material from the couple carrying out the project^{xxvi}. However, the legislator allows the couple with the parental project to have recourse to a third-party donor, in two cases:

1. When there is a risk of transmitting a particularly serious disease to the child or a member of the couple;
2. When the reproductive material taken from the couple cannot induce a pregnancy.

In both cases, medically assisted reproduction with a third-party donor is subsidiary^{xxvii}. The couple with the parental project may receive a gamete or embryo donation. In this case, the law requires the recipient couple to obtain the third-party donor's written consent and provide it to the medically assisted reproduction center^{xxviii}. This consent must also be informed, so that the third-party donor acts in full knowledge of the facts. They must be fully aware of the implications of medically assisted reproduction, and of their various rights and obligations. In particular, the legislator requires that the oocyte donor be informed of "the conditions of ovarian stimulation and oocyte retrieval, as well as the risks and constraints associated with this technique, during discussions with the multidisciplinary medical team"^{xxix}; and of the legal conditions of the donation, notably the principle of anonymity and the principle of gratuity as set out in article 8 of law no. 2022/014 of July 14, 2022 relating to MAR. To these legal conditions should be added the obligation of reserve and confidentiality imposed on everyone involved in the medically assisted reproduction process.

The prohibition of incest

The prohibition of kinship, which could be described as special incest, clearly shows the assimilation of filiation resulting from medically assisted reproduction with carnal filiation. Indeed, article 36 of the law stipulates that: "No relationship, within the meaning of current legislation, shall exist between the donors from whom the gametes originate, on the one hand, and between the donors and the recipients, on the other". The prohibition of kinship in current legislation is particularly apparent in the basic conditions of marriage. This is particularly true of the sociological condition of marriage. This is known as incest. Difficult to define, incest can refer to the prohibition of sexual relations between close relatives. In the context of marriage, it refers to the prohibition of union between all legitimate or natural ascendants and

descendants, and allies in the direct line; between legitimate or natural brothers and sisters; between allies in the direct line when the marriage at the origin of the alliance has been dissolved by divorce; between uncle and niece, aunt and nephew. However, the President of the Republic, for serious reasons, may lift the ban on marriage between relatives in the direct line when the person who created the alliance is deceased; between brothers-in-law and sisters-in-law; and in the case of marriages between an uncle and a niece or an aunt and a nephew.

Criminal incest is punishable by one (1) to three (3) years' imprisonment and a fine of 20,000 to 500,000 francs^{xxx}. In civil law, it constitutes grounds for annulment of marriage^{xxxi}. The relationship between the donor and the recipient is therefore a real obstacle to the establishment of filiation between the child and the project owner. In reality, it is akin to carnal filiation. In fact, the establishment of double incestuous filiation is prohibited. This is why article 335 of the Civil Code prohibits any recognition of children born of incestuous relationships. As their parent's marriage is forbidden, the only way to establish filiation is through recognition. However, this is not equally open to them. It should be made clear that the legislator prohibits the establishment of double filiation. In other words, filiation with the child's father and mother. Since childbirth is tantamount to recognition of the mother, it would appear that the prohibition is primarily aimed at the father of the incestuous child. Parentage can only be established with regard to the father if parentage has not been established with regard to the mother. This is the interpretation of article 342 of the Civil Code, which states that: "A child will never be admitted to the search for either paternity or maternity, in cases where, according to art. 335, recognition is not admitted". Children born of an incestuous or adulterous relationship may nevertheless claim maintenance without the action having the effect of proclaiming the existence of a parent-child relationship, the establishment of which remains prohibited". It will be important for the legislator to clarify the limits or exceptions to this prohibition, just as is the case with carnal or biological filiation.

Conditions relating to the MAR process

Assisted reproduction, which can jeopardize the public interest, requires an appropriate framework from the legislator. Its sensitivity and impact on the human being and the natural order of things mean that only techniques that preserve human dignity, ethics, deontology,

personality and the family are authorized (A). Techniques that do not respect this guiding principle are prohibited (B).

Authorized medical assistants

In accordance with article 2 of Law No. 2022/014 of July 14, 2022 relating to MAR, only artificial insemination, in vitro fertilization, gamete and embryo transfer, and gamete, germ tissue and embryo preservation are authorized. Artificial insemination is defined by the legislator as a technique that consists of placing selected spermatozoa from a spouse or an anonymous donor^{xxxii} into the uterus. In other words, the child born will not be the fruit of a carnal relationship, but of fertilization of an egg carried out in vivo in the mother's uterus, by medical injection of sperm from the spouse or a third-party donor^{xxxiii}. In vitro fertilization is a "medically assisted reproduction technique consisting of obtaining embryos by bringing together oocytes collected by puncturing ovarian follicles and spermatozoa with a view to transferring them into the uterus"^{xxxiv}. In other words, it is the laboratory fertilization of an egg with sperm. It is in this sense that we speak of a "test-tube baby"^{xxxv}. Gamete and embryo transfer involves depositing embryos in the uterine cavity, or even better, re-implanting the embryo obtained in vitro in a female uterus^{xxxvi}. Finally, preservation techniques such as cryopreservation are authorized. This is a technique for "freezing and preserving gametes, embryos and tissues in liquid nitrogen at less than 196⁰"^{xxxvii}. This last technique does not allow the couple to take all the necessary steps to circumvent any future sterility or infertility that may arise.

Prohibited medical assistance

The legislator prohibits several practices or techniques in the context of medically assisted reproduction. In particular, we have surrogate motherhood (a), a practice, which varies from one country to another, and other practices, which are considered to be contrary to the guiding principles governing medically assisted reproduction (b).

Gestational surrogacy

Article 48 of law no. 2022/014 of July 14, 2022 relating to MAR clearly prohibits surrogate motherhood. This practice is defined by the legislator as "the status in which a woman, called a surrogate mother, agrees to carry and give birth to a child at the request of a

couple". In other words, it is a "practice which consists in obtaining from a woman, free of charge or in return for remuneration, that she carry a child for another, undertaking to abandon the child at birth to enable the receiving couple to establish a bond of filiation in its regard"^{xxxviii}. Surrogate motherhood thus represents a kind of commercialization of the unborn child. It makes the child an object of commerce, regardless of how it is managed. In fact, we can distinguish three types or faces of surrogate management. Firstly, "the child can be conceived with the gametes of the surrogate mother (who is both gestator and genitor)"^{xxxix}. In this case, the mother is both the gestator and the genitrix; in this sense, we speak of "surrogate reproduction", as the real mother, through the surrogacy agreement, abandons her child^{xl}. In the second case, "the child can also be conceived from the gametes of the receiving couple: the father and the commissioning mother are then the child's biological parents, while the surrogate mother merely makes her gestational skills available"^{xli}. Thirdly and lastly, the child can be "conceived through an oocyte donation (or an oocyte purchase...): neither the surrogate mother nor the mother of intention are then the child's biological mothers"^{xlii}. In this case, three women are involved: the egg donor, the surrogate mother and the intended mother^{xliii}.

In view of this prohibition, any agreement in favor of or with a view to surrogate motherhood will be declared null and void, without prejudice to the penal sanction provided for by the legislator. With regard to this penal sanction, article 59 of law No. 2022/014 of July 14, 2022 relating to MAR, stipulates that: "Anyone who carries out surrogate motherhood shall be punished by imprisonment of between six (06) months and five (05) years, and a fine of between one hundred thousand (100,000) and one million (1,000,000) CFA francs".

With this ban, Cameroonian lawmakers are refusing to allow women in Cameroon to become "laying hens"^{xliv} in the hands of scientists^{xlv}.

Other practices violating the guiding principles of MAR and the issue of cloning^{xlvi}

Several other practices that do not respect the guiding principles set out in article 4 of Law No. 2022/014 of July 14, 2022 relating to MAR are prohibited by the legislator. The legislator regulates these prohibitions in 9 different articles^{xlvii}. These prohibitions are worded from articles 40 to 49. In general terms, they prohibit the commercialization or industrialization of medically assisted reproduction. Article 40 of Law No. 2022/014 of July 14, stipulates that

the conception or use of human embryos and gametes must not be carried out for commercial or industrial purposes. The aim here is to preserve the principle of gratuity which governs MAR. Secondly, the law prohibits the creation or use of embryos without the written consent of the donor or the couple "wishing"^{xlviii} .

The aim is to avoid any misuse of the mechanisms of reproduction and genetic manipulation of the human species^{xlix} . In addition, these prohibitions make it possible to control or limit future eugenic practices favored by technological development^l .

Limited effects of parentage resulting from medically assisted reproduction

The aim of medically assisted reproduction must be to give birth to a child or to seek parenthood. The aim is to use medicine to compensate for the absence of a child or parent-child relationship between a married or cohabiting couple and a child. It is for this reason that the legislator prohibits, for example, that: "The production of an embryo after ovarian stimulation for a purpose other than inducing pregnancy shall be prohibited"^{li}. In addition, the legislator provides for 3 articles on the effects of medically assisted reproduction on filiation. It is clear from these articles that parentage or the establishment of a bond of filiation is forced with regard to the "desiring" couple (A), and that parentage is concealed with regard to the third-party donor where applicable (B).

Parenthood imposed on the couple behind the parental project

In the context of scientific filiation, the legislator's main aim is to secure the child's filiation with his or her "desiring" parents. This is why they have made filiation automatic and generalized (1). Moreover, the right to contest is not recognized for the bearers of the parental project (2).

Generalized automatic filiation

One of the major characteristics of scientific filiation compared to traditional filiation is its automatic nature (a) and its generalization (b), as specified by the legislator in article 37 of law no. 2022/014 of July 14, 2022 relating to MAR. The latter stipulates that: "Parentage is

established automatically with regard to each member of the couple carrying out the parental project, whether they are married or not".

The automatic nature of filiation

The legislator was not content to simply assimilate scientific filiation with carnal filiation. Parentage resulting from medically assisted reproduction is "established ex officio", as the legislator states in article 37 of law no. 2022/014 of July 14, 2022 relating to MAR. This expression expresses the automatic nature of filiation. Specifically, filiation is direct and imperative. The bearers of the parental project do not need to be recognized or take any particular steps to establish the child's filiation to them. However, it would be important for the legislator to be more precise to avoid any arbitrary interpretation.

If medically assisted reproduction had been open only to married couples, we could have spoken of the assimilation of scientific filiation with carnal filiation. However, the extension of this rule to unmarried couples does not allow such assimilation, or at least a general assimilation. By extending these rules to all couples, the legislator is going beyond the rules of ordinary parentage law.

Traditionally, filiation is automatic in two cases. The first is maternal filiation, whether legitimate or natural. Childbirth constitutes recognition in respect of the mother^{lii}. This is expressed in the Latin adage *mater semper certa est*. The declaration of birth therefore has declaratory value only. The mother does not have to take any steps to establish her filiation with the child. Her name simply appears on the child's birth certificate. However, it should be noted that in the event of a maternity claim, proof of parentage must first be established^{liii}. The second case concerns paternal filiation in a married couple. The husband is presumed to be the child's father. This is the application of the *pater is est* rule. Apart from these cases, filiation is not established automatically, but through the recognition procedure. In the context of medically assisted reproduction, should we consider that the legislator is extending the *pater is est* rule? Given that the same rule for establishing filiation by operation of law applies to all couples, whether married or not. If the answer is yes, what happens to the recognition procedure in this case?

Acknowledgement is the act of will by which a man or woman acknowledges being the parent of a child^{liv} or admits being the author of a child he/she proclaims to be attached^{lv}. The

purpose of recognition is to "establish a link of paternal filiation between a child born out of wedlock or disowned and its biological father. It is a unilateral and irrevocable act of will, and can be exercised at any time"^{lvi}. Recognition is governed by articles 334 to 342 of the Civil Code and articles 41 to 45 of Ordinance No. 81/02 of June 29, 1981 to organize Civil Status Registration and various provisions relating to the status of natural persons.

The general nature of scientific filiation

With the exception of adoption, traditional filiation, which is based on blood ties, is characterized by a distinction based primarily on marriage. It is in this sense that we distinguish legitimate filiation from natural filiation. Each has its own specific legal regime. In principle, parentage is established automatically in the case of legitimate parentage, and voluntarily or by court order in the case of natural parentage. However, in the case of parentage by medically assisted reproduction, the legislator ignores this distinction, specifying that: " Filiation shall be established automatically with respect to each member of the married or unmarried couple involved in the parenthood plan"^{lvii}. The legislator therefore provides for a single method of establishing filiation between all children. In other words, the legislator takes as a basis the origin of the children and no longer the marital status of the parents as in traditional or biological filiation. However, it should be pointed out that there is a distinction between children born of medically assisted reproduction, depending on their origin. Some are conceived with the gametes of the parents themselves, while others are conceived with the help of a third-party donor. But for Cameroon's legislator, non-discrimination between these children and the requirement of anonymity of gamete donations^{lviii} and the obligation of reserve and confidentiality^{lix} remain cardinal principles. This is what could justify the generalization of the method of establishing filiation by medically assisted reproduction. The legislator's indifference to the way in which filiation is established for the beneficiaries of medically assisted reproduction obviously has a positive effect on the rights of children born of such reproduction: that of the identity of the rights and duties of children^{lx}. The corollary of this effect is the removal of the qualifiers legitimate, natural and adoptive from filiation.

Exclusion of contestation actions

In article 38 of Law No. 2022/014 of July 14, 2022 relating to MAR, the legislator rules out any action for contestation when it states that: "The initiators of the parenthood plan may not contest their filiation with the child born through medically assisted reproduction ". Contestation of filiation is the action taken against an acknowledgement in the case of natural filiation, or against a presumption of paternity in the case of legitimate filiation, which is considered to be inaccurate or untrue^{lxi}. Clearly, for the legislator, biological truth is not the same as scientific truth when it comes to parentage by medically assisted reproduction. What is called scientific truth could simply be a legislative fabrication or a lie transformed into truth^{lxii}. It would therefore be complex to allow people to want to establish the veracity of a lie, or an officialized lie, legalized as truth for a specific interest. Any irresponsible attitude is therefore excluded. Those who have consented must assume their responsibility by taking care of the child who will be born, regardless of whether the child is born from the couple's own gametes or those of a third-party donor. That's why the legislator has clearly defined the consent of project sponsors. They must take into account all possible parameters. What's more, they have the option of withdrawing their consent before the reproduction takes place. It would therefore be unacceptable for them to contest a project that has been sufficiently matured, and for the child to be abandoned and become a nuisance to society. These project carriers who have become parents would simply be undermining public order. It is therefore imperative, in terms of public order and even the interests of the child, which are not insignificant, that the consent of project sponsors and their follow-up during the implementation of medically assisted reproduction be reinforced. However, it would be important to attenuate this principle when reproduction is carried out with a third-party donor. In this case, medically assisted reproduction could be a simple cover-up for adultery. The wife could lead the sterile husband to believe that the child is the result of medically assisted reproduction, but this would simply be adultery. It is perhaps in this sense that the French legislator has set limits on the contestation of filiation resulting from medically assisted reproduction. These limits are set out in article 342-10 paragraph 2, which states that: "Consent to medically assisted reproduction prohibits any action to establish or contest filiation, unless it is argued that the child is not the product of medically assisted reproduction, or that consent has been deprived of effect"^{lxiii}. The legislator could therefore follow the example of his counterpart by opening up the possibility of a contestation, but only in the case of a lie or adultery. As far as consent is concerned, however, it is simply a question of strengthening the mechanisms for informing and empowering those involved in the parental project. Proof that the child is not the product of medically assisted reproduction should

be combined with proof of adultery to destroy the parent-child relationship. This would enable the true parent to recognize and care for his or her child. This would avoid enmity between an innocent child and a victimized father.

Hidden parentage of gamete donors

The legislator not only prohibits actions to contest paternity, but also actions to establish filiation against the third-party donor. It is understood that the legislator's demand for anonymity and confidentiality is intimately linked to this prohibition. The principle of filiation by blood no longer has any place in medically assisted reproduction with a third-party donor. Biological truth is sacrificed on the altar of the child's desire or right to a child (2), and any basis for the search for paternity is destroyed (1).

Prohibition of recognition of the child by the third-party donor

In accordance with article 39 of law no. 2022/014 of July 14, 2022 relating to MAR, "Where a child is conceived through gamete donation by a third party donor, such donor may not bring a paternity action in respect of such child ". This prohibition on establishing a parent-child relationship between the gamete donor and the child stems from the principle of anonymity and the preservation of the harmony of the "legally created family". It is the legislator's duty to put in place mechanisms enabling the beneficiaries of medically assisted reproduction to truly enjoy it. The purpose of such assistance would be meaningless if such filiation were admitted. This prohibition is in fact the corollary of the prohibition of any contestation. Indeed, the admission of contestation should logically open the door to recognition or adoption of the child by a third party. One question remains, however: the legislator speaks of a ban on recognition of paternity. Does this mean that only men can make donations? The answer is clearly no, since article 30 of law no. 2022/014 of July 14, 2022 relating to MAR states that: "The oocyte donor must be particularly informed of the conditions of ovarian stimulation and oocyte retrieval, and of the risks and constraints associated with this technique, during interviews with the multidisciplinary medical team. She is informed of the legal conditions of donation, in particular the principle of anonymity and the principle of free

donation". It is clear from this article that the third-party donor can be either a woman or a man. However, why did the legislator limit the prohibition to recognition of paternity? What about the establishment of a maternity bond? Is it excluded because of the Latin adage *mater semper certa est*, taken up by article 41 of Ordinance No. 81/02 of June 29 1981 to organize Civil Status Registration and various provisions relating to the status of natural persons ? ^{lxiv} According to this article, childbirth constitutes recognition of the mother. In other words, does the legislator attach the parent-child relationship solely to the pregnancy or the gestational carrier? However, it should be pointed out that the *mater semper certa est* rule in fact reflects the biological truth, which is not the case with medically assisted reproduction with a third-party donor. We are dealing here with a legal truth, not a biological one. Is the legislator simply extending this adage to include lies or legal truth? The woman who gives birth is not the genitor, but simply a kind of "surrogate mother". Or are we to consider that the legislator is leaving a door open for the establishment of filiation by the genitrix, so that the biological truth can prevail in certain hypotheses? For the moment, it is clear that the aim is to conceal the biological truth and thus exclude both the donor and the gamete donor from parentage.

CONCEALING THE BIOLOGICAL TRUTH

In order to reinforce the prohibition of paternity acknowledgement, the legislator requires donor anonymity. In fact, the legislator has established the anonymity of donations ^{lxv}^{lxvi} as one of the guiding principles of medically assisted reproduction. Indeed, article 8 of law no. 2022/014 of July 14, 2022 relating to MAR specifies that: "Gamete and embryo donation as well as embryo transfer shall be voluntary, **anonymous**^{lxvii} and free". This prevents any temptation to establish a parent-child relationship, whether by the donor, the couple or the child resulting from this medical assistance. This anonymity is extended or reinforced by article 9 of Law No. 2022/014 of July 14, 2022 relating to MAR, which stipulates that: " Whoever is involved in a medically assisted reproduction process shall be bound by the obligations of reserve and confidentiality ". Doctors and other healthcare staff will have to keep information secret, at the risk of incurring administrative^{lxviii} and criminal^{lxix} liability. In addition, the law prohibits donations from family members^{lxx} , which further reduces the possibility of disclosure. In the same vein, the legislator prohibits the couple from knowing the donor when it specifies that: "The benefit of a gamete donation may in no way be subordinated to the

designation, by the beneficiaries, of a person who has voluntarily agreed to make such a donation"^{lxxi} .

In an era of increasing emphasis on children's rights and the preservation of their interests, it is legitimate to question the strength of a child's right to access his or her origins and the preservation of the secrecy or anonymity of the donation. In the name of the child's right to information, can the child have access to his or her origins, and know who his or her true parents are? The answer is not yet clear, given that the law on medically assisted reproduction is silent and still new. Future jurisprudential decisions in this area may give us a better idea of the answer. In the meantime, it should be said that reconciling these interests is not impossible, if we accept that such disclosure can be made under well-defined conditions. The child could have access to his or her origins if there are valid reasons. Valid reasons might include a complex blood transfusion requiring the intervention of the biological parent or sire, or an organ transplant. This lifting of secrecy for a medical reason will not be new when we carefully read article 24 of law no. 2022/014 of July 14, 2022 relating to MAR, which specifies that: "(1) Without prejudice to the principle of respect for privacy, the medically assisted reproduction center is authorized to consult information relating to :

- to the two (02) parents of supernumerary embryos likely to be important for the healthy development of the unborn child - to the two (02) parents of supernumerary embryos likely to be important for the healthy development of the unborn child.
- the physical characteristics of the two (02) parents of supernumerary embryos.

(2) The information referred to in paragraph 1 above may be communicated to the attending physician of the mother or child conceived by gamete insemination, insofar as their health so requires". The legislator therefore authorizes the lifting of anonymity for reasons of the health of the mother or child conceived. Only this authorization is given to the attending physician and not to any other person. It would therefore be a matter for the legislator to extend this same authorization to persons born of third-party donor reproduction^{lxxii} . Mere curiosity would have to be set aside. Without limiting the right of access to one's origins, some legislators have finally allowed any child born of medically assisted reproduction to know his or her origins^{lxxiii} .

ENDNOTES

ⁱ Caroline SIFFREIN-BLANC, "Le nouveau droit de la filiation : l'ordonnance répond-elle aux instructions législatives ?", in *Recherches familiales* 2007/1 (No. 4), pages 123 to 137, Éditions *Union nationale des associations familiales*.

ⁱⁱ The law is 16 pages long, with 10 chapters and 65 articles.

ⁱⁱⁱ Alain GRAS, "L'homme machine ou l'homme sans essence: la tentation au cœur du progrès techno-scientifique" pp. 63-67, in Christian HERVÉ, Patrick A. MOLINARI, Marie Angèle GRIMAUD, Emmanuelle LAFORÊT dir, *L'humain, l'humanité et le progrès scientifique*, Dalloz, 2009, 192 p.

^{iv} Declaration on the Use of Scientific and Technological Progress in the Interests of Peace and for the Benefit of Mankind, UN General Assembly, www.ohchr.org, consulted on 11/05/2023.

^v In addition to helping families and couples, medically assisted reproduction offers a solution to a public health problem. In fact, infertility remains "a public health problem that remains in the shadow of the major epidemics and problems linked to the health of mothers and children, systematically associated with Africa". (Cf. Pierre JACQUEMOT, "Doris Bonnet, Véronique Duchesne (dir.), Procréation médicale et mondialisation. Expériences africaines, L'Harmattan", *Afrique contemporaine, Éditions De Boeck Supérieur*, 2018/3 (No. 267-268), pages 282 to 284).

^{vi} Infertility can be considered as "the inability of a couple to conceive after 12 months or more of living together and having at least 3 to 4 unprotected sexual encounters on a weekly basis". Cf Practice Committee of American Society for Reproductive Medicine. Definitions of infertility and recurrent pregnancy loss: a committee opinion. *Fertile steril. Jav* 2013; 99 (1): 63 (Cf. J C FOUA, JB MEKEME MEKEME, AS NWAHA MAKON et al, "Aspects Épidémiologiques de l'Infertilité Masculine à l'Hôpital Central de Yaoundé", *Health Sci. Dis: Vol 23* (5) May 2022 p. 151, www.hsd-fmsb.org, accessed 06/30/2023.)

^{vii} Estimated at between 15% and 30% of the population, compared with 5% to 10% in developed countries (Doris BONNET, " Adopter un enfant dans le cadre de la Procréation Médicalement Assistée en Afrique subsaharienne ", *Cahiers d'études africaines*, n° 215, 2014, <http://journals.openedition.org/etudesafricaines/17834>; accessed 05 June 2023). According to studies conducted by specialists from the *Groupe inter-africain d'étude, de recherche et d'application sur la fertilité (GIERAF)* infertility rate is close to 80 to 90%. (Cf Doris BONNET, "L'assistance médicale à la procréation en Afrique subsaharienne est-elle une innovation sociale?", In *L'assistance médicale à L'innovation en santé : Technologies, organisations, changements* [online], Rennes : Presses universitaires de Rennes, 2018, accessed 05 May 2023, not n° 5). According to the WHO, between 15% and 20% of couples in Africa have difficulty procreating, compared with 5% to 10% in Europe (Pierre JACQUEMOT, op. cit.). In Cameroon in particular, "20 to 30% of couples suffer from infertility, with prevalence varying from region to region". Cf. P. N. Nana, J. C. WANDJI, J. N. FOMULU, R. E. MBU et al, "Aspects Psycho-Sociaux chez Patients Infertiles à la Maternité Principale de l'Hôpital Central de Yaoundé, Cameroun", *Ashdin Publishing Clinics in Mother and Child Health*, Vol. 8, 2011, p. 1.

^{viii} David NGOUAH BEAUD, "La procréation médicalement assistée (PMA) et la problématique des maternités du 3^{ème} âge au Cameroun", *Hebdo Signatures*, 2018, <https://doi.org/103>, <https://www.academia.edu>, accessed 05/06/2023.

^{ix} In the sense of the moral philosophy from which it derives its expression, the notion of "dignity" can be seen as "the fact that the human person must never be treated as a means, but as an end in itself". (Mariame-Viviane NAKOULMA, "La dignité humaine comme doublure abstraite et nécessaire au développement du système juridique international", *Cahiers Jean Moulin*, vol. 4, 2018, online December 08, 2018, accessed 06/06/2023. URL: <http://journals.openedition.org>.) Despite the lack of unanimity regarding the notion of dignity, the philosophical meaning has the merit of making it intrinsic to the human being.

^x It should be noted, however, that the draft Personal and Family Code devotes a chapter of eight articles (501 to 508) to medically assisted reproduction. For further development, Cf. Sylvie NGAMALEU DJUIKO, "L'assistance médicale à la procréation (AMP) dans l'avant-projet du code camerounais des personnes et de la famille", *Revue Juridique Personnes et Famille*, September 5, 2017, accessed 06/06/2022, <https://www.actualitesdudroit.fr>.

^{xi} Doris BONNET, "L'assistance médicale à la procréation en Afrique subsaharienne est-elle une innovation sociale?", op. cit. p. 41.

^{xii} Cf. the **BIOMICAM (Biologie Médicale du Cameroun)** laboratory website, which is a multidisciplinary medical and reproductive biology laboratory, created after Presidential Authorization No. 17/CAB/PR of 05/01/1988, is registered with the Ministry of Public Health under No. 29, consulted on 05/06/2023, <https://www.biomicam.com/fr/le-laboratoire.html>.

^{xiii} CHRACERH alone has already given birth to 300 babies through medically assisted reproduction. A thanksgiving mass to celebrate these 300 babies was held on May 12, 2022 on the esplanade of the CHRACERH Paul et Chantal BIYA, located in the Ngouso district of Yaoundé, in the presence of Madame Chantal BIYA, godmother of the Center. Cf Présidence de la République du Cameroun website, accessed 05/06/2023, <https://www.prc.cm>.

^{xiv} OMBOUDOU Sonia, "Chracerh wants to give birth to 500 babies by 2025," *Cameroun Tribune*, May 6, 2022, accessed 05/06/2023, <https://www.cameroon-tribune.cm/article.html/47947/fr.html/chracerh-nouvel-objectif-500>.

^{xv} Article 2 paragraph 1 of Law No. 2022/014 of July 14, 2022 relating to MAR.

^{xvi} Article 2 paragraph 2 of Law No. 2022/014 of July 14, 2022 relating to MAR.

^{xvii} This is why designs for commercial or industrial purposes are prohibited.

^{xviii} Jean PENNEAU, *Corps humain*, Rép. civ. Dalloz, 2005, n° 345.

^{xix} Despite the scattered and divergent definitions of legistics, it can be defined in both broad and narrow senses. In the narrow sense, it can refer to "the study of the ways in which laws are drafted and formulated" (A.-M. LEROYER, "Légistique", in D. ALLAND, S. RIALS, eds, *Dictionnaire de la culture juridique*, Lamy-Puf, coll. Quadrige-dicos poche, 2003, p. 922 quoted by Boris BARRAUD, *La légistique, La recherche juridique*, L'Harmattan, 2016, p. 4). Or the "applied science of legislation, the art of drafting law". Cf Jean-Philippe TRICOIT, "Fiche 34. La légistique", in *Fiches de Culture juridique*, 2019, pages 221 to 226. It can also be defined as a science that seeks to "determine the best ways of developing, drafting, enacting and applying standards" Cf J. CHEVALLIER, "L'évaluation législative : un enjeu politique",

J. CHEVALLIER, "L'évaluation législative : un enjeu politique", in J.-L. BERGEL, A. DELCAMP, A. DUPAS, eds, *Contrôle parlementaire et évaluation*, La documentation française, coll. Notes et études documentaires, 1995, p. 15. In its broadest sense, legistics is "analysis and reflection on the ways in which the law is created and applied" (Boris BARRAUD, *La légistique, La recherche juridique*, L'Harmattan, 2016, p. 4).

^{xx} Gwenaëlle COTO, *L'influence des progrès scientifiques sur le droit de la preuve pénale*, PhD thesis in Law, University of Rennes 1, 2006; Jean-René BINET, *L'encadrement juridique du progrès scientifique*, PhD thesis in Private Law, University of Toulouse 1, 2000.

^{xxi} David NGOUAH BEAUD, "La procréation médicalement assistée (PMA) et la problématique des maternités du 3^{ème} âge au Cameroun", op. cit.

^{xxii} Article 2 paragraph 2 of Law No. 2022/014 of July 14, 2022 relating to MAR.

^{xxiii} Article 2 paragraph 2 of Law No. 2022/014 of July 14, 2022 relating to MAR.

^{xxiv} Article 20 paragraph 1 of Law No. 2022/014 of July 14, 2022 relating to MAR

^{xxv} Article 12 of Law No. 2022/014 of July 14, 2022 relating to MAR.

^{xxvi} Article 26 paragraph 1 of Law No. 2022/014 of July 14, 2022 relating to MAR.

^{xxvii} Jean PENNEAU, *Corps humain*, Rép. civ. Dalloz, 2005, n° 365.

^{xxviii} Article 23 of Law No. 2022/014 of July 14, 2022 relating to MAR.

^{xxix} Article 30 of Law No. 2022/014 of July 14, 2022 relating to MAR.

^{xxx} Article 360 of the Penal Code.

^{xxxi} Article 161 et seq. of the Civil Code.

^{xxxii} Article 3 of Law No. 2022/014 of July 14, 2022 relating to MAR.

^{xxxiii} François TERRÉ, Charlotte GOLDIE-GÉNICON and Dominique FENOUILLET, *Droit civil, la famille*, 9^e édition, 2018, n°828.

^{xxxiv} Article 3 of Law No. 2022/014 of July 14, 2022 relating to MAR.

^{xxxv} François TERRÉ, Charlotte GOLDIE-GÉNICON and Dominique FENOUILLET, op. cit.

^{xxxvi} Article 3 of Law No. 2022/014 of July 14, 2022 relating to MAR.

^{xxxvii} Article 3 of Law No. 2022/014 of July 14, 2022 relating to MAR.

^{xxxviii} François TERRÉ, Charlotte GOLDIE-GÉNICON and Dominique FENOUILLET, *Droit civil, la famille*, 9^e édition, 2018, n° 841.

^{xxxix} Ibid.

^{xl} Ibid.

^{xli} Ibid.

^{xlii} Ibid.

^{xliii} Ibid.

^{xliv} Isabelle ENGELI, "La problématisation de la procréation médicalement assistée en France et en Suisse, Les aléas de la mobilisation féministe", *Revue Française de Science politique*, éditions Presses de sciences Po, vol 59, 2009, p. 214.

^{xliv} Anne-Marie de VILAINE, "Nouvelles méthodes de procréation, pour qui, pourquoi", *Citoyennes à part entière*, 44, 1985; "L'homme machine, la femme cobaye, les bébés éprouvettes et les enfants de la science", *Actes du*

colloque génétique, procréation et droit, Arles, Actes Sud, 1985, pp. 549-568; "La révolution procréatique est-elle démocratique", in MFPPF (dir.), *Colloque, L'ovaire-dose. Les nouvelles méthodes de procréation*, Paris, Syros-Alternatives, 1989 p. 115-125; Monique VACQUIN, *Frankenstein ou les délires de la raison*, Paris, François BOURIN, 1989; quoted by Isabelle ENGELI, *op. cit.* p. 212.

^{xlvi} Cloning is clearly prohibited by Cameroonian law (cf. Articles 64 and 65 of Law No. 2022/008 of 27 April 2022 relating to medical research involving human subjects in Cameroon).

^{xlvii} These prohibitions are set out from article 40 to article 49 of Law No. 2022/014 of July 14, 2022 relating to MAR.

^{xlviii} Article 41 of Law No. 2022/014 of July 14, 2022 relating to MAR.

^{xlix} Isabelle ENGELI, "La problématisation de la procréation médicalement assistée en France et en Suisse, Les aléas de la mobilisation féministe", *Revue Française de Science politique*, éditions Presses de sciences Po, vol 59, 2009, p. 214.

^l *Op. cit.*

^{li} Article 45 paragraph 1 of Law No. 2022/014 of July 14, 2022 relating to MAR.

^{lii} Article 41 of Ordinance No. 81/02 of June 29, 1981 to organize Civil Status Registration and various provisions relating to the status of natural persons, amended and supplemented by Law No. 2011/011 of May 6, 2011.

^{liii} Article 341 of the Civil Code.

^{liv} Méлина DOUCHY-OU DOT, *Droit civil 1^{re} année, introduction, personnes, famille*, Dalloz, 5th edition, 2009, p. 349.

^{lv} Lamine SIDIME, "La filiation naturelle simple", *Encyclopédie juridique de l'Afrique, les nouvelles éditions africaines (NEA)*, 1982, Tome 6, p. 367.

^{lvi} Deborah SCHORNO, "Enfant de qui? Procréation assistée et filiation en Suisse et au Québec", *Lex Electronica*, vol. 12 n°1, 2007, p. 48.

^{lvii} Article 37 of Law No. 2022/014 of July 14, 2022 relating to MAR.

^{lviii} Article 8 of Law No. 2022/014 of July 14, 2022 relating to MAR.

^{lix} Article 9 of Law No. 2022/014 of July 14, 2022 relating to MAR.

^{lx} Méлина DOUCHY-OU DOT, *Droit civil 1^{re} année, introduction, personnes, famille*, Dalloz, 5th edition, 2009, p. 365.

^{lxi} Lamine SIDIME, "La filiation naturelle simple", *op. cit.*, p. 374.

^{lxii} Especially when the gametes come from a third-party donor.

^{lxiii} Resulting from article 6 of Law No. 2021-1017 of August 2, 2021, repealing article 311-20 of the Civil Code.

^{lxiv} Article 41 of Ordinance No. 81/02 of June 29, 1981 to organize Civil Status Registration and various provisions relating to the status of natural persons, amended and supplemented by Law No. 2011/011 of May 6, 2011.

^{lxv} Anonymity applies to sperm, ovum and embryo donations.

^{lxvi} The anonymity of donors in medically assisted reproduction is the subject of real debate and seems to oppose antagonistic interests: that of the secrecy of begetting to be preserved and that of the truth about the origins of begetting. cf Irène THÉRY, "Anonymity of begetting donations, filiation and narrative identity of children at the time of demarrage", in E. PORQUERES I. GENÉ (ed.), *Les Nouveaux défis de la parenté*, Paris, Éd. de l'EHESS, 2009; Irène THÉRY, "L'anonymat des dons d'engendrement, filiation et identité narrative des enfants au temps du démariage", in E. PORQUERES I. GENÉ (ed.), *Les Nouveaux défis de la parenté*, Paris, Éd. de l'EHESS, 2009; Irène Théry, "L'anonymat des dons d'engendrement est-il vraiment " éthique " ?", *La Revue des droits de l'homme*, vol. 3, 2013, accessed 03 May 2023. URL : <http://journals.openedition.org/revdh/193> ; DOI : <https://doi.org/10.4000/revdh.193>

^{lxvii} The Bold is ours.

^{lxviii} Article 50 of Law No. 2022/014 of July 14, 2022 relating to MAR states in paragraphs 1 and 2, respectively, that: "(1) In the event of violation of the provisions of this law, the Minister of Public Health may order :

- suspension for a period ranging from one (01) year to three (03) years, from all medically assisted reproduction activities withdrawal of approval following two (02) suspensions.

(2) The Minister responsible for public health may also order the confiscation of any equipment used in violation of any of the prohibitions set out in this law.

^{lxix} In this respect, article 51 of Law No. 2022/014 of July 14, 2022 relating to MAR stipulates that: "Anyone involved in a medically assisted reproduction process who discloses a confidential fact without the authorization of the person to whom it belongs is liable to imprisonment of between three (03) months and three (03) years and a fine of between two hundred thousand (200,000) and two million (2,000,000) CFA francs".

^{lxx} Article 36 of Law No. 2022/014 of July 14, 2022 relating to MAR.

^{lxxi} Article 28 of Law No. 2022/014 of July 14, 2022 relating to MAR.

^{lxxii} Irène THÉRY, Anne-Marie LEROYER, "Chapitre 8. L'accès aux origines des personnes nées d'engendrement des tiers donneur", in *Filiation, origines, parentalité, Le droit face aux nouvelles valeurs de responsabilité générationnelle*, Odile Jacob, 2014, 382 p.

^{lxxiii} Marie Le ROUX, *Levée partielle de l'anonymat du don de gamètes et accès aux origines*, Master's thesis in Public Health and Epidemiology, Université Caen Normandie, 2020, p 7 et seq.

