

Elective egg freezing in corporate policies:
a multidisciplinary analysis of opportunities and
challenges for female empowerment

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Introduction

In high-income countries, fertility has become an increasingly pressing issue. To date, uncertainty about the future, a shift in family values, and economic insecurity have led couples to have fewer children and to delay parenthood. This challenges the maintenance of population replacement levels. Even in low-income countries, where fertility is still high, a steady decline is evident. Although declining fertility is not solely negative - for example, it can improve quality of life and reproductive autonomy (Testa, 2025) - it must be approached with caution, since it can also trigger economic slowdowns, labor shortages, and other consequences (Testa, 2025). It is precisely in this context that it becomes meaningful to analyze the importance of each country's welfare system, which, through its policies, can influence this issue.

In this regard, an examination of the situation in Europe reveals the existence of different types of welfare systems, each with its own characteristics and specificities (Cavalli, 2024). Among these, the so-called Mediterranean system, typical of countries like Italy, emphasizes the family's role, assigning less importance than other models to welfare provision. This leads to limited and long-term inadequate state support for families. Consequently, non-state actors, such as corporate enterprises, often fill the gap left by a state unable to provide adequate services to its citizens, particularly with regard to family-oriented policies that could positively influence factors such as job security, work-life balance, and career opportunities - all of which shape fertility choices.

These practices primarily affect the female workforce and the ways in which such factors intersect with gender inequalities in the workplace. In the context of the first gender revolution, which marked women's entry the labor market, the early stages of their career advancement, and the challenge of social constructs that had been imposed up to that point, Cavalli (2024) refers to the need for a second revolution, in which men share responsibilities for family care and household tasks traditionally managed predominantly by women, to achieve a better gender balance in both professional and private life. Unfortunately, this second revolution, as described by Cavalli (2024), has not occurred in parallel with women's entry into the labor market, often leaving women to bear the dual burden of paid work and domestic chores. This often results in career interruptions or the need to turn to part-time employment.

In this context, among the various policies offered by companies to support women in advancing their careers, assisted reproductive policies have gained increasing attention. Although the results are not immediate, investment in such practices yields significant benefits for couples. It enables access to treatments that would otherwise be restricted to a small segment of the population. Among these, elective egg freezing stands out as an increasingly widespread practice. It involves retrieving and

cryopreserving oocytes in specialized medical facilities to preserve their quality for later use through in vitro fertilization (IVF) (Varlas et al., 2021). Corporate sponsorship of this practice began in the United States in 2014. Companies such as Apple and Facebook (now Meta) offered financial support of up to \$20,000 to employees to cover the costs of the procedure. In a society where health issues are increasingly central, offering such services represents an important corporate investment. Covering the costs of egg freezing enhances competitiveness and supports talent retention. It can also strengthen the company's reputation as an employer attentive to its workers' needs and committed to improving its Diversity and Inclusion values (Mercer, 2023). Despite this, it is not surprising that companies also encounter problems. Addressing such a delicate matter as reproductive health requires strict attention to privacy regulations and, in a broader ethical context, to corporate ethics. Some scholars have in fact questioned whether companies have the right to deal with such sensitive issues (Harwood, 2015; Campo-Engelstein, 2018). It has also been asked how the offer of this practice is perceived, beyond the concrete contributions that its use may or may not bring (Flynn and Leslie, 2022).

Scholars have debated whether this initiative should be addressed as an innovative measure that supports women, or rather yet another case of pink-washing. A multidisciplinary perspective is therefore essential to fully understand this benefit and its impacts on female workers.

Furthermore, the study paid particular attention to the Italian situation. As of 2023, the pharmaceutical company Merck presents a support program for employees covering the costs of fertility-related services, including elective egg freezing. In Italy, fertility-related policies remain scarce, as does corporate-level information on them. Nevertheless, the trend may develop slowly in the coming years, due to inadequate legislation and limited state support. Unlike in France or Spain, Italy still relies on a mostly private system, restricting access to a small number of individuals.

To better investigate the perception of this practice within an Italian corporate context, an exploratory qualitative analysis was conducted based on several interviews with female employees of large companies in Italy, differing in age and professional role. This allowed a deeper exploration of Italian female workers' perceptions, as well as possible alternative forms of support - current or potential - aimed at improving a work culture which, in Italy, still pays little attention to women's needs. Where possible, the relationship between parenthood and work was also explored, to better understand the needs of those managing both professional responsibilities and family duties with dependent children. The combination of theoretical and exploratory qualitative research aims to provide an in-depth analysis of maternity-related policies, with a particular focus on elective egg freezing, thereby enabling a wider reflection on welfare policies.

Chapter I

Fertility, welfare and policies

1.1 Global fertility dynamics and the evolving context of reproductive innovation

1.1.1 Demographic change: from global patterns to the Italian context

It has been well demonstrated all over the world that global fertility presents different trends across countries and regions. Today, global fertility averages 2.3 children per woman, projected to fall to 2.1 by 2050 and to 1.8 by 2100 (United Nations, 2013; 2024a). Despite the current wide gap between different world regions, such as 1.6 childbirth per woman in Europe and almost 5 per woman in Africa, these differences are likely to diminish in the long term, since the world is starting to show a converging fertility trend, based on what is reported in the UN world population prospects (2024). The important thing is also to approach the fertility issue as part of a more complex set of drivers and not as the only cause of population change. Migration, mortality rate and most importantly, age structure, influence and will play a fundamental role in future societies.

The demographic transition finds its root in the rise of life expectancy (based on the WHO data, from 79.4 years old in 2000 in Italy to 82.2 in 2021) and the decline of infant mortality, but it is also described through a five-stage model (Roser, 2023). This model illustrates that rapid population growth is temporary, driven by factors such as economic growth, urbanization, modernization, rising life expectancy, declining infant mortality, an ideational shift and, lastly, contraception and women's revolution. In Stage 1, general population growth is low, and both birth and death rates are high. In Stage 2, healthcare improves and consequently death rates fall; birth rates remain high and, generally speaking, in this stage society experiences rapid population growth. In stage 3, because of economic growth, urbanization and changing social norms, fertility declines until it tends to stabilize in Stage 4, where both birth and death rates get lower, and population change falls before stabilizing. Lastly, Stage 5, where many Western countries, including Italy, are undergoing, features low death rates, unstable birth rates and minimal population change (Roser, 2023).

This model aligns with another perspective that frames demographic change as the "life cycle" of a country, progressing through four stages defined by the median age of the population: youthful, intermediate, mature, and post-mature (Malmberg & Sommestad, 2000). Today, many Western societies - including Italy - find themselves in the post-mature phase, characterized by an aging population and declining birth rates. However, in the intermediate stage the most profound transformations occur: societies evolve, institutions change and economic structures are reshaped. Around 80% of global conflicts occur in countries experiencing youth bulges - large cohorts of young

people entering adulthood (Gaan, 2015). With proper investment in education, health, and economic inclusion, countries can unlock a demographic window of opportunity, when a growing workforce drives development. The outcome can be a demographic dividend (with social and economic benefits) or a missed demographic dividend, leading to stagnation or instability (Patierno et al., 2019).

When analyzing the global picture, it is crucial to consider the specific situations of individual countries. In high-income countries, the trend is below replacement fertility level and characterized by delayed parenthood, due to factors such as new values, new concerns, economic and life uncertainty. Studies (Testa, 2025; OECD, 2024; McKinsey Global Institute, 2025) have demonstrated the time of the decline below replacement level implies an aging and shrinking workforce and strain on pensions, health systems and innovation. In low-income countries, fertility is still above the replacement level, often due to low access to education and limited birth control, but it is declining (Testa, 2025). Although, demographic challenges today often trace their roots back to the past. In fact, timing of fertility decline in Europe, China and USA fell below the replacement level before 1994 (United Nations, 2024a).

One of the main issues concerning fertility is to be found in the age of the first child conceived. In Africa, adolescent birth rate remains very high, contributing to an increase in total fertility. Studies found a direct correlation between these two phenomena. Italy holds the highest mean age for first childbirth in the world - 31.7 years old - compared to Uzbekistan's 24 years (ISTAT, 2023; Testa, 2025). Since natural conception is bound by a limited biological window, a higher average age at first childbirth correlates with fewer children per woman (Testa, 2025). It is crucial to understand why in high-income countries couples postpone childbearing, which sometimes results in childlessness. As with fertility trends and structural demographic change, this case also highlights that the reason is not to be seen isolated. Indeed, declining fertility results from both personal choices and structural or policies-related factors. While personal decisions cannot be influenced directly, both enterprises and the state can address all the reasons concerning exogenous factors. Literature (United Nations Population Fund, 2025; Cavalli, 2024, Testa, 2025) highlights causes such as lack of state support, economic and job insecurity, poor work-life balance, shifting gender roles, expensive housing and high living cost, personal freedom and lifestyle preferences, absence of the right partner, health issues, negative perception on parenthood and climate change concerns.

The female revolution is arguably the most transformative force of our time as it directly influences fertility rates. Investing in female education is considered the most effective policy to reduce fertility, improve public health, and foster sustainable development (Gotmak & Andersson, 2020). Western countries' success was partly due to the reduction in fertility at key historical moments, and Africa may follow a similar path, if supported by similar social and economic changes (Chen, 2025). Indeed,

as previously mentioned, a reduction in fertility rate should not be seen solely as something negative. It is a fact that a low fertility rate can be the main cause of economic slowdowns, labor shortages, challenges in sustaining social programs, welfare, generational contract, but a low fertility rate also means an improved quality of life, more control over reproductive choices and a potential for the growth of technologies (Testa, 2025).

The contrasting cases of Oman and Yemen illustrate this well: despite cultural similarities, Oman has begun a demographic transition, while Yemen remains stuck in a demographic trap with persistently high fertility and low development prospects (Giordano, 2025; Lewis, 2015). Fertility, however, is not just a matter of money. It is shaped by perceived economic security, housing affordability, youth employment, and work-life balance. In Italy, for instance, youth unemployment stands at around 20.1% (ISTAT, 2025), making long-term life planning difficult. In countries like Japan and South Korea, an overwork culture severely limits family planning opportunities (Giordano, 2025). Policies such as financial incentives, parental leave, childcare, and workplace reform can help, but only as part of a holistic approach. Fertility is a choice that requires time, confidence in the future, and a supportive context. Financial incentives may boost birth rates temporarily, but it is the overall social and economic environment that makes long-term results possible. One of the main barriers is that many countries focus excessively on short-term economic thinking, neglecting the needs and aspirations of younger generations (Cavalli, 2024). Yet, the most immediate solution to population decline is migration, while the fertility challenge requires vision, time, and above all, female empowerment. Having a clear understanding of the demographic situation worldwide, and particularly in Western societies, is an essential prerequisite for better comprehending the development and adoption of certain policies, first at the state level and subsequently at the corporate level. The decline in birth rates, combined with delayed childbearing, provides a key starting point for analyzing welfare systems and assessing policies such as elective egg freezing in corporate contexts, which will be explored in the following chapter.

1.1.2 Italy's structural weaknesses in family support

Italy has experienced a sharp demographic decline for years, and the trend shows no sign of reversing. According to the report, "Birthrate and the challenges of parenthood in Italy" edited by Nicolò Cavalli (2024), in 2022 new births have fallen below the 400,000 mark. Notably, the birth rate was 1.2 children per woman in 2023. Italy remains one of the oldest countries in the world, and childbearing has become extremely challenging. As highlighted in the previous paragraph, there is no single answer. The factors behind this trend are rooted in the many challenges young people face in the country. As previously mentioned, fertility is a crucial aspect that can be influenced by different

conditions, such as the shape the society is taking from a socio-economic point of view. This does not mean people do not want children, but the external conditions hinder the realization of this intention. Priorities have been shifting with each passing decade, especially for women. Compared with previous generations, women today show significant shifts in priorities and life trajectories. Women are undertaking increasingly important roles in the workforce. They devote a larger portion of their lives to personal and professional fulfillment than, statistically, their mothers and grandmothers did. Higher levels of female education have also shifted perspectives on private life, making family decisions more complex and shaped by individual and societal gender expectations. In Italy, the effects of this situation are particularly evident.

Cavalli (2024) identifies several key areas that help explain this trend. Firstly, the social and cultural aspects of the direct link between being a woman in the society and childbearing. In other words, despite younger generations increasingly challenging traditional gender norms, women in Italy (and elsewhere) who choose to start a family still face the expectation that they will shoulder childcare and household responsibilities, often at the expense of their careers and social lives. The perceived incompatibility between career advancement and family formation leads many women to postpone motherhood, often until the biological window makes it difficult to have more children later (in this regard, it is important to remember that, as mentioned in the previous paragraph, in Italy the average conception of the first child is at the age of 31.7.).

In the country, welfare policies have long focused on supporting families through benefits, but often underestimating a key aspect: most of these benefits target larger families with more than one child, overlooking the fact that the real challenge lies in supporting first children and the very creation of new families. An example of this is the Birth Support Fund introduced by the 2017 Budget Law (Law No. 232/2016), intended for families with one or more dependent children. Similarly, the bonuses allocated in 2015 for large households with four or more children (Law No. 190/2014) serve as further evidence of this policy approach.

1.1.3 Delayed adulthood and its implications on fertility choices

As previously stated, one of the main issues is that becoming parents voluntarily usually presupposes that a set of life-course milestones has already been achieved. This transition is gradual, but several markers help identify it. Cavalli (2024) lists five such markers: completing full-time education, starting full-time employment, leaving the parental home, beginning to live with a partner, and becoming a parent. Naturally, the significance of these markers varies across cultures. For some populations (such as those in Northern European countries), starting to work is seen as the key indicator of this transition; for others (like in Portugal or Bulgaria), becoming a parent or entering a

cohabiting relationship is what marks the turning point. There are also temporal differences. In the past, these milestones followed a more linear sequence; today the process is far more complex. The progression from one marker to the next no longer follows a fixed path, nor does it necessarily represent an obligatory stage. Furthermore, family structures today are also far more heterogeneous than in the past. For instance, there are now many more couples cohabiting without being married; civil unions are increasingly common compared to traditional marriages; the number of children born outside of marriage is rising - reaching one third of all births (ISTAT, 2024). However, temporal differences concern both the order and the age at which milestones are reached. While the report notes a general trend of delayed achievement of adult life stages across all industrialized nations, there are countries that follow faster trajectories - such as the Nordic countries, where it is not uncommon for individuals to leave the parental home as early as age 19 - and others that follow much slower paths (Cavalli, 2024). Italy belongs to the latter group: Eurostat (2024) shows that young people typically leave home only at 30, compared to a European average of 26. This inevitably delays the milestones that lead to family formation.

As Cavalli (2024) notes, parenthood is no longer an obligatory stage for younger generations, but optional. For today's youth, achieving a sense of autonomy and economic security - conditions that increasingly clash with current trends of job precarity and delayed independence - has become a prerequisite for considering the path to parenthood. Without this "foundation", the decision to start a family is inevitably affected. It has been highlighted how, now more than ever, there is a strong link between independence and fertility. For each additional year that young people, on average, remain living in their parental home, the country's fertility rate decreases by 0.6 points (Cavalli, 2024).

Another relevant aspect worth highlighting is the consistently positive relationship between female employment rates and fertility. While it is true that the steadily rising levels of education attained by women - and the consequent desire to pursue more complex careers - have contributed to a shift in value paradigms, with motherhood no longer considered "necessary" for personal fulfillment (as traditional stereotypes used to suggest), various studies demonstrate that in countries where female labor force participation is higher, fertility rates also tend to increase (Cavalli, 2024). This reflects a generational transformation in the timing and meaning of family formation, with autonomy and self-realization preceding - and often delaying - parenthood. These changes underpin the growing appeal of fertility preservation techniques, such as elective egg freezing, explored in the following chapter as a strategy to adapt reproduction to contemporary life trajectories.

1.1.4 Fertility and female empowerment: a positive correlation

These findings must also be interpreted in light of another crucial factor: gender equality. In many of the countries with high female employment rates, a more equitable division of household and family responsibilities is also observed. This egalitarianism mitigates the so-called “double shift” (Goldscheider, Bernhardt, Lappegård, 2015), whereby women are burdened not only with paid labor but also with the entirety of unpaid domestic and caregiving work.

Viewed from another angle, it becomes evident that in societies where gender parity is being progressively achieved, fertility rates respond positively. This phenomenon can be described as a “double revolution.” First, women entered traditionally male-dominated spheres such as the workforce, disrupting the male breadwinner model. This weakened the private-family domain. The second, arguably more essential, revolution mirrors the first: men are increasingly entering the private and familial spheres, taking on roles that were historically considered the sole responsibility of women (Cavalli, 2024). Greater involvement of male partners in childcare and household responsibilities contributes to a new equilibrium - one that supports both parents in balancing work and family life. This redistribution of roles facilitates a more sustainable family model and has demonstrably positive effects on fertility (Cavalli, 2024).

The Italian case reflects these patterns, particularly in regional disparities. Before delving into specific cases, it is important to reiterate that Italy is among those countries where progress is notably slow, and where full gender equality remains, in many respects, a distant goal (Cavalli, 2024). Moreover, the national welfare system struggles to keep pace with rapid social change. At the regional level, Italy shows significant internal variation, influenced by differing economic, social, and cultural conditions. Northern Italian regions exhibit a positive correlation between female employment and fertility rates. The situation is markedly different in the South, where both indicators tend to be lower. This disparity can largely be attributed to the absence of adequate policies and the persistence of a family-centered social model (Reher, 1998; Viazzo, 2003). In many Southern regions, the lack of services that enable women to reconcile career and private life strongly hinders the transition to parenthood. As a result, the feasibility of starting a family is often compromised, particularly for women who wish to remain in or enter the workforce (Cavalli, 2024).

In light of the evidence discussed so far, it is clear that demographic dynamics - though influenced by a wide range of factors - are significantly shaped by the presence and quality of welfare systems, particularly in developed countries. Data consistently show that in nations where institutional support for women and their careers is stronger - such as in the Nordic countries - fertility rates tend to be

higher. A similar pattern can be observed within Italy itself: for instance, the province of Bolzano recorded the highest fertility rate in the country, with 1.51 children per woman, according to ISTAT data from 2024. An analysis published by The New York Times (2024) highlights that, due to strong cultural and territorial identity - which undoubtedly plays an important role - Bolzano's success is also closely linked to the robust welfare system provided by its autonomous provincial administration. Beyond state-level benefits, families in Bolzano receive subsidies covering a wide range of child-related expenses, including medical care, food, and hygiene products. Extensive support for early childhood education, after-school programs, and summer camps allows mothers to devote more time to personal and professional needs.

This case underscores the pivotal role that public institutions play in creating the conditions necessary for young families to consider parenthood as a viable and sustainable choice. Moreover, this example highlights how appropriate state support and family assistance, tailored to meet the needs of households, can positively impact women's lives, given the disproportionate share of domestic work they continue to bear. Such support can therefore help them to pursue their career aspirations. Hence, it becomes crucial to analyze European state welfare systems in detail. This analysis is fundamental because many of the issues discussed so far - concerning fertility decline, delayed transitions to adulthood and female empowerment - must be contextualized within a national regulatory framework to better understand their dynamics. Indeed, the reasons are not only personal, and these systems determine the resources, incentives, and opportunities that structurally shape fertility decisions.

1.2 The four different welfare systems in Europe and their implications

Considering that fertility trends are influenced by gender equality and the presence of efficient institutional support, it is therefore essential to analyze the different welfare systems in Europe. Such an examination helps explain why some countries are more successful than others in achieving gender equality and creating policy frameworks that effectively support women. This analysis must also consider the cultural, historical, and political differences across Europe, which inevitably produce diverse approaches and outcomes. According to Cavalli (2024), four distinct welfare models can be identified across Europe. Although not developed with youth specifically in mind, these models shape the living conditions and transitions to adulthood of younger generations (as marked by the milestones previously discussed), as well as the degree of independence they can achieve through state-funded measures. The four welfare types are: the social-democratic model typical of the Nordic countries, the liberal model of Anglo-Saxon nations, the conservative model of continental Europe, and the Mediterranean model characteristic of Southern Europe.

The social-democratic model is grounded in universalism, where citizenship is the sole criterion for welfare access. This approach has advanced family support and promotes women's participation in the labor market (Coluzzi & Palmieri, 2019).

In contrast, the liberal model is based on minimal state intervention and relies on market self-regulation to meet individual needs. Public assistance is usually means-tested and targeted to those most in need (Kazepov & Carbone, 2007).

The continental model operates on the principle of subsidiarity, where the state intervenes only when families or intermediary institutions cannot provide support.

Lastly, the Mediterranean model, which is particularly relevant to the Italian context, emphasizes the family's role, with the state assuming a largely passive, residual role in welfare. This has led to what has been described as a model of "passive subsidiarity," where the state intervenes only minimally and often insufficiently (Antoni, 2018). In such settings, where public support is weak or inconsistent, the private sector often fills the gaps with complementary services.

In Italy, the application of this latter model has often produced limited outcomes, particularly regarding parental support. The policies adopted have frequently been criticized for being too fragmented and focused on short-term goals, neglecting long-term strategic planning - an essential element for success in this domain. Without a coherent and sustained policy framework, it becomes difficult to generate lasting conditions that enable individuals, and especially women, to reconcile work and family life (Cavalli, 2024). This structural weakness significantly undermines the effectiveness of interventions aimed at promoting fertility and supporting parenthood. Moreover, the system appears fragmented both horizontally and vertically. Horizontally, poor coordination across policy areas (e.g., family, labor, education) persists; vertically, inconsistencies between national, regional, and local interventions hinder coherent implementation. In addition, the predominantly economic focus - expressed through short-term bonuses - proves inadequate, as such measures are temporary and fail to provide lasting systemic support (Cavalli, 2024). Indeed, as Willem Adema, a senior economist at the OECD said, the positive impact of fertility policies, if any, becomes evident only over a long-term horizon - typically after 25 years - making short-term effectiveness difficult to assess (Merck, 2024). The lack of universalism in these services further exacerbates the issue, making it challenging for parents to know whether they are eligible for support. This ambiguity creates uncertainty, undermines trust, and discourages families from relying on public services (Cavalli, 2024).

That said, the following paragraphs provide an analysis of certain welfare policies offered to employees, divided into policies implemented at the state level and those implemented at the corporate level. In the analysis of corporate policies, particular attention will be devoted to those measures related to egg freezing (indeed, the latter group mentioned), given their growing relevance in both public debate and corporate welfare strategies.

1.2.1 State policies

Among state policies, childcare policies, although not directly correlated with fertility in a strict demographic sense, play a crucial role, particularly in supporting women and fostering a better work-life balance. As highlighted in the 2024 Merck Toolkit, childcare policies include a wide range of interventions aimed at improving the accessibility, affordability, and quality of childcare services. These include financial subsidies for families, expanded childcare availability, and systemic improvements in early childhood education infrastructures. Evidence highlights the importance of such policies in shaping fertility decisions. According to Baizán et al. (2016), who considered data from the EU-SILC database for sixteen European countries, increasing childcare coverage from 10% to 50% resulted in a rise in the average number of children per woman: from 1.8 to 2.0 among women with lower educational attainment, and from 1.5 to 1.9 among highly educated women - corresponding to an increase of 0.2 and 0.4 children respectively. These findings point to the potential of childcare policies not only to support working parents but also to mitigate socioeconomic disparities in fertility behavior.

Focusing on the Italian context, the “Bonus Nido” introduced in 2017 by the Gentiloni government, has shown promising results. A comparative study by Dimai (2023) in a Northern Italian region demonstrated that families who accessed the bonus had a 15.4% higher probability of having a second child compared to those who did not. Similar outcomes have been observed in other European countries. In Germany, for example, the female labor force participation rate increased from 53.6% to 65.1% between 2007 and 2017 - a decade during which the availability of nursery slots rose by 57% (Neuberger et al., 2022). These figures reflect how structural investments in childcare can simultaneously enhance gender equity in the labor market and create a more supportive environment for parenthood.

Financial policies are another common example of state policies, as previously mentioned. They consist of providing families with monetary subsidies or direct financial aid. Examples include child bonuses, grants for additional children and allowances for large families. Compared to other forms of support, these measures offer some benefits, but their overall impact is limited. As noted in the

Merck Report (2024), such subsidies cover only a fraction of child-rearing costs and provide short-term relief rather than long-term structural support. This observation is consistent with findings from various studies conducted in Europe in recent years. For instance, in Switzerland, the introduction of child-related bonuses was associated with a modest increase in fertility of 5.5% during the years in which the measures were implemented. However, this effect diminished over time, indicating a temporary effect rather than lasting impact on demographic behavior (Chuard & Chuard-Keller, 2021). In Italy, financial bonuses of this kind are frequently adopted but their results are short-lived and limited (Cavalli, 2024).

1.3 Filling the welfare gap: how private sector actors can complement public policy

According to theoretical studies (Scheuer et al., 2025; Ochoa & Blanch, 2022; Heywood & Miller, 2014), investing in employee well-being through family-supportive workplace policies is a mutually beneficial strategy - for individuals, companies, and society at large. Such measures contribute to raising children in healthier, more equitable environments, where values like gender equality and sustainable growth are actively promoted. From a business perspective, organizations that adopt family-supportive practices have observed a reduction in absenteeism and a notable decrease in recruitment-related costs (Heywood & Miller, 2014; UNICEF, *n.d.*). Supported employees - particularly working parents - develop stronger emotional bonds with their employer, creating a mutual gain for both employers and employees (Scheuer et al., 2025). Ochoa and Blanch (2022) also demonstrate that the benefits of these policies extend beyond the workplace. National economies gain through higher labor participation, improved productivity, and healthier demographic trends.

In sum, family-supportive policies are both ethically sound and economically beneficial. It is therefore in a company's best interest to invest in such welfare, as the benefits span multiple dimensions - social, economic, and organizational. These investments become even more crucial in countries where, as previously discussed, gaps in public welfare provision persist, often resulting in inefficient or insufficient state-level policies. In such contexts, corporate welfare can play a compensatory and strategic role, filling the void left by the state and directly contributing to workforce well-being and productivity. Once the importance of these measures is acknowledged, it becomes crucial to identify where to invest to support employees most effectively, particularly working parents. Doing so is both an ethical responsibility and a strategic advantage, with far-reaching implications for talent retention, engagement, and long-term success. Nevertheless, recent evidence shows that gender discrimination mechanisms still play a crucial role in shaping the impact of policies, both at the state and the corporate level (Reichel et al., 2022). In light of this, the Merck Fertility & Family Policy Toolkit (2024) stresses the importance of clearly defining the intended goals

of both public and corporate interventions. Such measures can indeed provide meaningful support, but their actual outcomes depend on a variety of exogenous factors, which may vary significantly and are not always reliable indicators of a policy's success.

1.3.1 Corporate policies

Key workplace policies include parental leave, flexible working hours, and other measures that help employees reconcile personal and professional life. These measures are specifically relevant as they directly affect women's career trajectories. Although their direct impact on fertility rates may be limited, the social and psychological benefits of these policies are substantial and should not be underestimated (Merck, 2024). Studies show that flexible working arrangements foster greater gender equality in the workplace, by reducing the career penalties historically linked to motherhood. Moreover, research by Hidalgo-Padilla et al. (2023) highlights that flexible and supportive working conditions significantly improve maternal mental health, which is in turn associated with better child developmental outcomes. A study conducted by Grotto and Andreassi (2025) highlights that offering parental leave to American workers, where it is not mandated at the state level, improves employees' perceptions of the company and strengthens inclusiveness and support, within the framework of signaling theory. Moreover, research also indicates that paternity leaves can also play a fundamental role in women's career development outcomes (Pizarro & Gartzia, 2024). At the same time, it remains crucial to emphasize that gender stereotypes, even in the presence of concrete service provision, can have a backfire effect for female employees. Indeed, while for men the presence of measures such as paid parental leave or externally provided childcare shows no significant effects, for women these might become negative signals, reinforcing expectations of lower productivity (Reichel et al., 2022). This underlines the need for policies that are carefully designed to genuinely address women's needs and to foster a balanced and supportive environment.

Among the most innovative yet scarcely adopted measures, policies concerning reproductive health are worth mentioning. Assisted reproduction policies refer to all those treatments that support individuals in cases in which having children naturally may prove to be, for various health-related and other reasons, more complicated than expected. Infertility today affects 1 in 6 adults, amounting to approximately 17.5% of the global population (WHO, 2023). These numbers are on the rise, and it is important to devote part of our attention to this topic.

The most prominent practices within this group are ART - Assisted Reproductive Technologies. The use of these treatments has steadily increased over the years, and several countries now provide partial or full public coverage for them. Similarly, many private companies are beginning to contribute to

this area. In addition to ART, there are several subsidiary practices (which may also be pursued without necessarily turning to ART in the immediate term), such as egg freezing (oocyte cryopreservation). This category also encompasses awareness and fertility education campaigns.

Furthermore, another challenge noted is that the effects of such practices are not visible in the short term. There is no immediate remedy or “quick fix”- the results will only emerge over the long term (Merck Report, 2024). This makes them less appealing, particularly in countries like Italy, where frequent political turnover fosters a short-term policy perspective. If the impact on fertility is taken into account, it becomes clear that, in the countries analyzed, the outcomes of assisted reproduction policies have consistently been positive. For example, a study conducted in Canada by Bissonnette et al. (2019) showed that during the period 2010-2015, when ART treatments were publicly funded in the province of Quebec, over 9,000 children were born as a direct result of this coverage. In the United Kingdom, Grant et al. (2006) estimated that if ART coverage under public health policy were expanded from 625 cycles per million women to 2,106 cycles, the Total Fertility Rate (TFR) would increase by 0.04, rising from 1.62 to 1.66. Although modest, such an increase is significant in demographically stagnant contexts. Other studies highlight the economic benefits of these investments. In Sweden and Spain, for instance, research by Svensson et al. (2008) and Matorras et al. (2016), respectively, revealed that ART policies can contribute to long-term national economic growth and generate positive revenue returns.

Although the initial costs of publicly funding fertility treatments may appear high, and the results are not immediately visible, the long-term gains are substantial. Importantly, beyond economic and demographic metrics, the social and individual impact of these policies is not to be underestimated. First, they ensure that couples - regardless of income level - can access treatments that would otherwise be financially out of reach. Second, practices such as egg freezing allow individuals to gain greater control over their reproductive choices, especially in terms of timing. Furthermore, expanding access to and information about these procedures helps destigmatize infertility and reduce associated stress and psychological burden. In this regard, Greil et al. (2020) emphasize that fertility education and normalizing treatment pathways can have protective mental health effects. Supporting this, a study by Bögl et al. (2024) found that women who were unable to conceive within five years of an unsuccessful initial attempt were 48% more likely to require a prescription for a mental health medication, compared to women who were able to conceive within one year. These findings underscore the profound and lasting emotional toll of infertility, and the essential role of timely, supported treatment in mitigating it.

In the 2024 Merck Report, a comparative study of several European countries is presented. The variables considered are the percentage of GDP dedicated to public social protection (excluding healthcare), public investment in housing, family benefits as part of public spending, the ratio of female to male labor force participation, the unemployment rate, and tertiary educational attainment, all expressed as percentages. Focusing on the Italian case, it is observed that the country allocates 20.9% of its GDP to public social protection, which is above the European average of 18%. However, this strong general welfare system is not necessarily associated with specific protections for families or fertility, for which additional indicators are required. Italy also performs relatively well in terms of investment in housing, with 1.1% of GDP, slightly above the European average. Another apparently positive concern is the gender wage gap, where Italy reports one of the lowest percentages among the countries analyzed (3.3%, second only to Belgium at 1.1%), compared to a European average of around 12%. However, the most concerning data points relate to gender parity in labor force participation - with Italy at 81% compared to the European average of 85% - and, more significantly, to public spending on family benefits: Italy allocates only 1.4%, compared to a European average of 2.3%. Only Spain (1.3%) and Portugal (1.2%) report lower shares. Equally concerning is Italy's unemployment rate of 7.1%, which is significantly higher than the European average of 5.5%. Lastly, the percentage of women attaining tertiary education is considerably lower in Italy (37.1%) than the European average (52.0%).

Overall, while Italy performs well in some areas, in those most relevant to analyzing support for families and women's career development, it often ranks among the weakest-performing countries. This highlights major structural weaknesses in achieving a sustainable balance between parenthood and professional life. Moreover, it is crucial to adopt a holistic approach when implementing the range of services offered to the population. For example, subsidies during a child's early years, if not accompanied by sufficient nursery or childcare availability in subsequent years, prove helpful but ultimately self-limiting. As William Adema emphasizes, the impact on fertility should not be assessed in relation to any single measure, but rather in terms of the entire package of support and, above all, "in the way these measures interact" (Merck, 2024). This insight underscores the importance of interconnected, long-term planning, where policies across financial aid, childcare, workplace support, and fertility services are designed to function in synergy, creating a cohesive and effective ecosystem for supporting parenthood. These considerations highlight the need for policies on parenthood and fertility to also be developed within the private sector - as part of corporate Human Resources strategies - to help fill the gaps left by insufficient or uneven national welfare provision.

1.4 When welfare is not enough: structural and cultural barriers to women's advancement

Considering what has been discussed in the previous paragraphs, welfare policies, whether state-provided or offered by companies as corporate benefits, make an important contribution to balancing private and professional life. This concerns women, who, thanks to both state and corporate welfare, can mitigate the demands of career advancement and the family responsibilities that still weigh predominantly on their shoulders. Despite this, the labor market remains reluctant to fully open to the presence of women, especially in top positions. According to Ely, Ibarra, and Kolb (2011), at the beginning of the millennium women represented only 2.2% of Fortune 500 CEOs and just 15% of board seats in the United States, and the situation in Europe did not appear very different. The situation today differs from that of previous decades, although the path ahead remains long. In 2025, Fortune announced that women held CEO positions in 11% of Fortune 500 companies. Thus, there has been an increase in the number of women occupying top corporate roles, but the process of change is still incomplete. As reported by Ely, Ibarra, and Kolb (2011), although policies have helped to close some gaps caused by gender discrimination, the higher up the corporate hierarchy you go, the more difficult it is to imagine gender equality. This shows how much more deeply rooted and complex the problem is than a deliberate form of sex discrimination (Ely et al., 2011). In this regard, scholars have identified a second-generation form of gender bias, a series of gender-related discriminations that are often more hidden and much more present in the collective subconscious and, for these reasons, more difficult to eradicate (Ely et al., 2011). For example, a workplace that reflects the values of a male-dominated society will tend to seek the same characteristics in its leaders, which will result in women being seen as inadequate for that role (Ely et al., 2011). In fact, due to a series of social constructs, societies tend to see leaders as decisive, assertive, and independent, characteristics that we stereotypically associate with men. Rarely, in collective perceptions, do societies see leaders as caring, unselfish, and friendly, characteristics that are often associated with women (Ely et al., 2011). This dichotomy therefore means that women who reach leadership positions face a dilemma. They can adopt typically masculine characteristics, gaining respect but being seen as arrogant and unpleasant, or maintain attitudes considered more feminine, being liked more but less respected. In addition to this, once women manage to break through the famous glass ceiling and reach top positions, as mentioned above, it is not uncommon for female workers to face another, more subtle problem: the glass cliff. Similar to the glass ceiling metaphor, the glass cliff highlights how women are often appointed to lead companies only in precarious situations. This means that women perform worse than male leaders due to the exogenous causes of their leadership and often find themselves with a group of people who, experiencing the crisis, do not view the new leader positively

(Morgenroth et al., 2020). Furthermore, the authors have illustrated how, in unstable situations, people who are very different from those who previously held leadership positions are often put in charge in order to emphasize a radical change from the previous administration (Morgenroth et al., 2020). In light of this, it is therefore not uncommon for women to be chosen and judged more for giving the idea of change than for their actual ability to bring it about, as shown by Kulich et al. (2015). This suggests that women's presence is sometimes instrumentalized as pink-washing rather than for their actual abilities.

To sum, welfare is fundamental to a person's life, and the possibility of having a company that fills the gaps left by some states by helping employees with a range of benefits is positive, especially with a view to balancing private and working life. Taking into account the policies analyzed in the previous paragraphs, which focus on fertility and family management, it has been shown that they are particularly beneficial for female workers, since in society most of the family burden falls on their shoulders. However, welfare and women-friendly benefits offered by companies do not always provide concrete support to women. In a male-dominated society, the working culture of many companies is created by men for men, and the risk is that no matter how brilliant a female employee is, she may struggle to fit into the stereotypes imposed by male-dominated culture. Policies must therefore be designed around women's concrete interests, so as not to offer a service that is only useful on the surface, giving rise to the phenomenon of pink-washing.

The next chapter will analyze in detail the phenomenon of elective egg freezing as part of corporate welfare, already widespread in many American companies and increasingly debated as both an opportunity and a source of controversy. The chapter will investigate, within the framework described in Chapter I, various issues concerning this practice, ranging from the European and Italian regulatory framework to the ethics and perception of employees regarding such service.

Chapter II.

Elective egg freezing: is it a good corporate policy?

2.1 What is egg freezing? A medical perspective

Before understanding the relevance of egg freezing within a corporate welfare context, it is important to clarify the scientific nature of the procedure, its procedural steps and to whom it is recommended.

Egg freezing, which is also known as oocyte cryopreservation, is a medical procedure consisting of retrieving a woman's mature oocytes through a minor surgical procedure and then storing them in specific containers at a low temperature to preserve their structural integrity and biological viability for several years. This procedure is intended to make it possible to postpone pregnancy, with the aim of using, in the future, the frozen eggs through assisted reproductive technologies (ART). The process of oocyte cryopreservation consists of an initial ovarian stimulation through hormone injections, followed by the retrieval of oocytes, which can later be fertilized, their freezing using specific techniques and additives to prevent ice formation and preserve their quality, and, finally, their storage, which can last for a very prolonged period (even more than ten years). The process can be initiated at any point in the menstrual cycle, and in an initial phase, several genetic tests are carried out to ensure that the future embryo will not encounter issues in its development (Varlas et al., 2021).

In addition to the various tests, the quality of the selected oocytes is also medically assessed through the use of new technologies such as AI. Beyond the medical protocol, the increasing integration of technology into the process warrants particular attention. The application of technology in this phase (but also in the later stages) is becoming increasingly important, also to ensure that the subsequent ART process advances as smoothly as possible, through a prior assessment of oocyte selection and evaluation (Varlas et al., 2021). While innovation offers promising developments, it is also essential to consider the current safety profile of the procedure. So far, the vitrification procedure is still performed manually by operators. This not only requires extensive training and know-how, but also leads to variations across protocols between different laboratories, making an objective evaluation and comparison of results more difficult. Therefore, in the near future, new technologies could help in the automation of this practice, making vitrification much more standardized. Other uses of technology could involve faster procedures in both freezing and unfreezing the oocytes (Rienzi &

Marconetto, 2024), thereby creating a safer and more precise environment, leading to better outcomes for patients and future offspring.

As far as the safety of the procedure is concerned, based on the data and the literature available to date, oocyte cryopreservation does not result in adverse outcomes for the women who choose to use their frozen eggs, nor does it result in further complications for the babies. Indeed, egg freezing *per se* does not cause any complications related to the pregnancy (Varlas et al., 2022). Although some risks are present, they are primarily associated with the previous stages of the process and are influenced by exogenous factors. There are some medical risks connected to the ovarian stimulation and the prior administration of hormones required before the retrieval. Side effects range from mild symptoms, such as headaches, to more severe, including ovarian hyperstimulation or thrombotic events. It is relevant to mention that these severe events have been demonstrated to happen in only 1-3% of cases and they can all be prevented and, indeed avoided, through appropriate clinical management (Varlas et al., 2022).

In parallel with medical safety, clinical success is also shaped by key patient-related variables. Two of the most significant predictors of treatment outcomes are the number of oocytes retrieved and the age of the woman at the time of retrieval - two variables that, notably, are strongly correlated (Cidamomo & Cobo, 2024). Indeed, the decrease of ovarian reserve (a progressive phenomenon linked with the age of the patient) plays an important role on oocyte cryosurvival and competence. Studies highlight how in women under the age of 35, probability of achieving a live birth with the retrieval and freezing of just 8-10 oocytes is equal to 30-45%. In this range of age, the probability of success increases as the number of oocytes, with success rates increasing to 70% with 15 frozen eggs and up to 90% with 25. For women older than 35, the required number of oocytes rises significantly: for women aged between 35 and 38 years old, to reach 60-80% of probability to carry a healthy pregnancy to term, at least the retrieval of 20 oocytes is required (Cidamomo & Cobo, 2024). Scholars believe the ideal number of oocytes to freeze averages between 15 and 20, numbers which also help mitigate procedure's costs. To retrieve a number lower than 15 could, in fact, lead to negative outcomes, while a number higher than 20 would not justify the clinical and storage costs, as the benefit would not increase as much (Cidamomo & Cobo, 2024). Some researchers have been engaged in creating mathematical models to better represent the connection between age, egg retrieval, and pregnancy success - all factors that, as mentioned earlier, are closely related (Goldman et al., 2017).

To conclude this overview, although there is no universal consensus in the literature on the exact optimal age for undergoing oocyte cryopreservation, many studies suggest that, as previously

discussed, the procedure is most beneficial when performed before the age of 35 (Cidamomo & Cobo, 2024).

Having clarified the medical and procedural characteristics of egg freezing, the following section will present a chronological overview of the evolution of this reproductive technique.

2.1.1 Current use and projected evolution of egg freezing

Following the medical and scientific analysis of egg freezing, it is equally important to understand how this practice has evolved over time and the direction it is likely to take in the near future, in order to better assess its implications within the corporate context.

In the 1980s we witnessed the first experiment in cryopreservation of eggs and their fertilization. Although the techniques were considerably less advanced than those available today, in Australia in 1986 the first child conceived through a scientific fertilization process came to the world. In the years to come, conservation techniques have improved greatly, and research has made tremendous progress. A major shift occurred in 2013, when the American Society for Reproductive Medicine (ASRM) and the European Society of Human Reproduction and Embryology (ESHRE) officially removed the term “experimental” from the name of the procedure. In the years that followed, oocyte cryopreservation started to be recognized as a reproducible, safe, and cost-effective method, ultimately establishing itself as the gold standard approach for fertility preservation (Marconetto & Rienzi, 2024).

There are several reasons connected to the choice of a woman to undergo this intervention. Currently, we can identify three main categories. The first one, is encompassing all the medical reasons. Commonly referred to as medical egg freezing, this approach is used when, due to various health conditions, women may be aware of the fact that they will face several issues in conceiving naturally. To cite some examples, medical egg freezing is an option for all these young women diagnosed with ovarian cancer and/or undergoing chemotherapy or radiotherapy. Thus, before starting the treatments, they can decide to preserve their fertility and have the possibility to try to have a pregnancy in the future. In Italy, in accordance with Law 40/2004, all the patients that are affected by autoimmune, genetic, or endocrine disorders or who fall among the cancer patients can have free access to the medical egg freezing, since expenses are covered by the national healthcare system.

The second reason is the intention to donate oocytes to couples who are unable to conceive naturally. More into detail, the regulation of gamete and oocyte donation has long been a sensitive and controversial issue in Italy. Law 40/2004 explicitly prohibited the donation of gametes, including oocytes. Nonetheless, this provision led to more than thirty judicial challenges, becoming the subject

of extensive legal and ethical debate. As a matter of fact, between 2010 and 2011, the Italian Constitutional Court progressively modified several aspects of the law, including the ban on gamete donation. Ultimately, in 2014, the Court declared the prohibition of gamete and oocyte donation unconstitutional (Judgment No. 162/2014) (Benagiano et al., 2014).

The third motivation - of relevance to the present analysis - is known as social or elective egg freezing, which refers to a personal decision to preserve oocytes for potential future use, not prompted by medical conditions that could lead to infertility. Precisely because this is a non-medical treatment, often undertaken for “social” reasons in anticipation of a biological and inevitable trend, it has been referred to by a distinct terminology to differentiate it from the same procedure performed for medical purposes. However, this terminology is considered controversial by some women, who prefer expressions such as “elective egg freezing”. Critics of the term “social” point out that it implies that reproductive choices are determined by societal dynamics. It is also common to encounter expressions like “egg freezing for non-medical reasons” or “non-medical egg freezing”. According to other scholars, since elective egg freezing aims to prevent the decline of ovarian reserve and the increasing difficulty of achieving pregnancy at an advanced maternal age, it should be framed as a form of preventive medicine. In this view, a more appropriate term would be “oocyte banking for anticipated gamete exhaustion”, or in its abbreviated form, “AGE banking” (Varlas et al., 2021; Altieri et al, 2019). In the present work, the term “elective egg freezing” will be used to refer to this procedure, as it is the most frequently employed and widely recognized in both academic literature and popular science communication.

Thus far, the demand for elective egg freezing is rapidly and continuously growing worldwide. Having accurate data on this practice remains very complicated, however, especially since elective egg freezing is a practice that takes place in private facilities, where we do not always have publicly shared data - as is also the case in Italy. In addition, besides the fragmented and private nature of data, it takes several years collect enough material to publish research. In fact, it must be taken into account the range of time going from the first consultation to the freezing of the eggs, and then to the conception and birth of the child, publishing with a delay of 2-4 years. This time lag delays the possibility of analyzing and publishing up-to-date and complete results (Cobo et al., 2018; Practice Committees of ASRM and SART, 2020).

With the data available from the ESHRE (European society of human reproduction and embryology) 2023 report (containing data from 2019) and the SART (Society for Assisted Reproductive Technology) report with 2022 data, published in 2024 - currently the most recent data from the two monitoring agencies - it can be observed that the total number of fertility treatment cycles corresponds

to 1,077,000 in 40 European countries, while in the USA, over 29,000 egg freezing treatments were estimated in 2022. In the United States, egg freezing treatments increase by 30% each year, with a predominance of elective egg freezing procedures. A similar trend is also present in Europe, where the treatment for elective egg freezing has tripled in the last decade, although precise data are not always available. In the latter continent, growth occurs in both medical and social fertility preservation treatments. In Europe and the USA, treatments are performed in public and private settings alike (with legislative differences among European countries). Nevertheless, in both regions, the majority of the procedure occurs in private hospital facilities.

These data further confirm how this practice is becoming increasingly established in our society and the forecast for this trend is expected to grow every year more until it may eventually become nearly mainstream in fertility preservation, although current costs make this prospect uncertain. As of now, however, this positive trend remains limited to a relatively small *niche* of individuals. This is attributable to the fact that, in many countries - as previously mentioned - elective egg freezing is not covered by the national health service, thus requiring patients to seek treatment at private clinics where the costs are often prohibitive for many women. Legal protection of the service, associated costs, awareness and education on the topic represent three fundamental pillars; the development and improvement of these aspects will contribute to making this approach to fertility preservation increasingly common and accessible, especially among young women.

This framework sets the stage for a deeper analysis of motivation behind this emerging and yet popular trend.

2.1.2 Egg freezing, hot topic. Motivations behind a global trend

There is no unique answer to the question of why someone decides to freeze their eggs: women may pursue such practices for different and personal reasons, which can result in a combination of professional, psychological, financial, and relational factors. Some studies (Baldwin et al., 2019; Schmid, 2025) tried to investigate the reasons behind the elective decision to undergo this medical procedure. The main reasons highlighted by the studies are the absence of a partner with whom to pursue parenthood, the desire to complete the studies, the pursuit of career goals and the lack of flexibility in some workplaces. In this latter case particularly, participants were led to believe that starting a family at that time would have compromised their career paths and any work-related advancement. (Schmid, 2025). Qualitative studies confirm that, for some women, childbearing is postponed in order to prioritize career goals, as also highlighted by Miner et al. (2021). Although not the predominant motivation cited, it nevertheless emerges as a relevant factor, demonstrating how

some women perceive difficulties in reconciling career expectations with motherhood (Schmid, 2025; Miner et al, 2021). The main idea is to try to postpone a future pregnancy at a more propitious time, where the woman can feel financially and emotionally stable and supported and when a certain degree of personal and professional fulfillment has been reached. Moving from the sociodemographic reasons behind this choice, researchers found that oocyte cryopreservation is linked to the desire to exert control over their reproductive window, to a set of concerns and fears linked to fertility and the willingness to feel more empowered, as evidence of psychological sphere entering the analysis (Schmid, 2025).

In addition to this, some epidemiological studies demonstrate that the vast majority of women who undergo elective egg freezing tend to show the same characteristics: from the Caucasian origin, to heterosexuality, mostly aged between 36 and 40 years, possessing high levels of education and have a high-level job, high-income and do not have a partner (Baldwin et al., 2019, Schmid, 2025). While the majority of data and research on the topic focus on macro trends, understanding individual motivations helps explain the growing interest in elective egg freezing from a micro-sociological perspective.

2.2. Elective egg freezing as a corporate benefit

Based on the information presented in the previous sections, it is evident that egg freezing has become an increasingly sought-after practice, particularly among younger women. We have highlighted how emerging technologies are making this procedure progressively more precise and safer, optimizing outcomes both for the patients and for the health of future offspring. However, it has also been emphasized that these procedures remain prohibitively expensive. Public health coverage as far as elective egg freezing is concerned is present only in few countries, with France being the only European example. For this reason, the practice is expensive, with a range from 2,000 euros to 4,000 euros per cycle. In the United States, costs are even higher, and they can reach 20,000 US dollars per cycle. This financial burden restricts access predominantly to a small segment of economically advantaged women. Considering this context, this leads to the analysis of elective egg freezing as a corporate benefit - a practice where the treatment is partially or fully financed by the employer. Some scholars have highlighted the positive impacts of such benefits, including improved employee retention, greater gender equality, and psychological relief stemming from a woman's ability to exert control over her biological clock and exercise reproductive autonomy (Schmid, 2025). Conversely, other scholars are critical, cautioning that the psychological impact and reception of a corporate benefit that intrudes into a woman's private life are not always positive, especially given the often-ambiguous ethical boundaries involved (Espinosa-Herrera & Pietrini-Sanchez, 2024). While

Schmid's (2025) perspective stems from medical research and Espinosa-Herrera and Pietrini-Sanchez's (2024) from the field of bioethics, both contributions remain relevant for examining this practice within a broader context beyond managerial and corporate studies.

This section will explore these dynamics, assessing the role of elective egg freezing within the framework of workplace benefits and its broader social and ethical implications.

2.2.1 The emergence of corporate egg freezing in the United States

In 2014, oocyte cryopreservation ceased to be considered an experimental procedure both in Europe and the United States. That year, companies such as Apple and Facebook (now Meta) began offering elective egg freezing as part of their employee benefits, covering up to \$20,000 for the entire service. In the following years, many other American companies followed Apple and Meta's lead, ensuring that this benefit was no longer exclusive to tech firms in Silicon Valley. As of today, according to an article published by Cofertility on March 28th, 2023, the number of companies offering these benefits has significantly increased, particularly in the tech and pharmaceutical sectors. Notable examples include Alphabet (which owns Google), offering bonuses up to \$75,000 per employee; LinkedIn, covering up to \$10,000 in its fertility program; Intel, providing coverage of \$40,000 for IVF expenses, including egg freezing; Starbucks, which offers full and part-time employees working at least 20 hours per week a lifetime maximum of \$25,000 for fertility services plus \$10,000 for prescription drugs; and Spotify, which since 2019 has offered this service with coverage up to \$10,000 (Cofertility, 2023).

Each company has different plans and subsidies with varying qualitative and quantitative features. This rapidly growing trend, especially prominent in the United States, has been highlighted by data compiled in 2023 by Carrots, an innovative startup specializing in fertility preservation. According to their report, in 2022, 61% of American companies with 500 or more employees offered some form of fertility-related corporate benefit to their workforce. Supporting this, Mercer's 2022 National Survey of Employer-Sponsored Health Plans found that 16% of large employers - with 500 or more employees - cover elective egg freezing. This figure rises significantly to 37% among large high-tech companies and reaches 63% among Fortune Best Companies. Furthermore, among the 254 companies that responded to the survey, 74% of them offer some form of coverage for fertility-related treatments, in addition to simple consultations with professionals such as endocrinologists. Among these companies, half of them cited ensuring that employees have access to quality and cost-effective healthcare, remaining competitive in the market, especially since now the attention to healthcare appears to be a megatrend, attracting and retaining new talent especially young generations, and being

recognized as family-friendly companies (Mercer, 2023). If we compare these responses with the ones given in 2006, it is noticeable that the top three reasons - access to healthcare, competitiveness, and retainment of talents, being recognized as family friendly companies- remain the same. The difference is that in the latest report participants show a particular attention to diversity, equity, and inclusion (DEI) programs, especially in those companies with more than 5,000 employees. It is this growing emphasis on DEI practices that has made a significant difference for companies that have chosen to include fertility-related benefits in their offerings over the past two years. In fact, 61% of companies that added such benefits in the previous two years cited DEI as the primary motivation. In contrast, only 24% of companies that have offered these benefits for more than five years indicated DEI as their primary reason (Mercer, 2023).

This approach also helps alleviate stress related to family-building within a specific timeframe. Moreover, offering this benefit can reflect the organization's values. According to Mercer's 2023 Health on Demand survey of 2,000 U.S. workers, the majority of respondents (71%) want their employers to support women's health, while 65% believe companies should promote diversity, equity, and inclusion (Mercer, 2023). Actively supporting individuals on their path to parenthood can resonate positively with both customers and potential employees. Moreover, the Mercer survey highlighted some positive secondary effects of having corporate fertility plans. To cite one of them, employees highlight how these offerings make them perceive the company as caring for them, since it gives them the opportunity to access high-quality, cost-effective medical services. Furthermore, according to another survey conducted by Carrots and Resolve (2021), 77% of respondents said they would stay longer at their company if such a service was offered, and 88% of respondents said they would be willing to change jobs in order to have this type of benefit.

2.2.2 Corporate egg freezing in Europe and Italy: a slow but emerging trend

Although the situation in Europe is not comparable to the situation in the United States, where the trend is developing much more rapidly, attention to egg freezing and other fertility practices is also increasing significantly on this continent, where there are some of the previously mentioned multinational companies that are offering these services in some of their European branches.

In Italy, only a few companies have publicly addressed the importance of fertility in the workplace and offered services related to fertility for their employees. According to available sources, Fastweb has launched an awareness campaign on the topic of fertility through a series of webinars, which also covered egg freezing. The webinar, which took place in 2022, was part of a broader initiative under the strategy "Tu sei il futuro" ("You are the future"), aimed at "promoting a more inclusive future

through cultural change.”. However, despite this awareness campaign, Fastweb has not yet allocated funds to support these medical procedures.

Another company that has started offering this type of treatment in Italy, in a manner more aligned with the approach in the United States, is Merck, a German pharmaceutical company. In 2022, the company launched its Fertility Benefit Program, aimed at its employees and their partners, providing financial support for those undergoing fertility preservation treatments, both for medical and non-medical purposes, fertility tests and medical exams.

The program also includes fertility treatments for both women and men, such as ovulation induction (OI), intrauterine insemination (IUI), in vitro fertilization (IVF), intracytoplasmic sperm injection (ICSI), hormonal treatments, fertility-related surgery, and sperm retrieval surgery. These benefits also cover procedures performed abroad, in line with current regulations of the country where it applies (Merck, 2023; Adnkronos, 2024).

This program is of significant importance for a company like Merck, which produces many fertility-related medications and is therefore closely tied to the issue (Merck, 2023). Belén Garijo, Chair of the Executive Board and CEO of Merck, officially announced the benefit rollout in select countries such as Germany, the United Kingdom, Switzerland, China, India, Taiwan, Brazil, and Mexico (similar treatments were already offered in the USA, Canada, and Japan) (Merck, 2023). In the summer of 2023, the program was introduced in Italy, presented by Ramon Palou de Comasema, President and CEO of Merck Healthcare Italy (Adnkronos, 2024).

In line with the previous analysis and having highlighted the innovative nature of these benefits within companies operating in Europe and Italy, a more comprehensive understanding of their impact requires a holistic analysis that also considers the legislative frameworks of the countries in which such benefits are offered. Moreover, given the lack of legislative homogeneity across Europe, the following section will provide a brief overview of the main regulatory frameworks currently in place.

2.2.3 Legal and legislative considerations for elective egg freezing in Europe

Corporate initiatives must also be interpreted within the broader regulatory frameworks that either support or limit access to these treatments. Therefore, a comparative legal overview is necessary.

Since everything related to reproductive health is a matter dealt with in a particular way by individual states and not at a centralized level, legislation in this regard is fragmented and heterogeneous. For these reasons, a white paper produced by the European Parliamentary Forum for Sexual and

Reproductive Rights and Fertility Europe was published in 2023 with the focus of underscoring the disparities between European countries in the protection of fertility treatment for citizens, including egg freezing. In countries such as Denmark and Belgium, fertility treatments are accessible to all citizens without discrimination and are largely funded by the national health system, although elective egg freezing is still an exception, and it is not included among the paid medical treatments.

Since 2021, France is the first European country to offer egg freezing through its public health system to all women aged between 29 and 37 years (Law 1017/2021).

Taking into account Italy, the Apulia region has become the first to offer elective egg freezing services to all women living in the region. From June 2025, the Italian region has allocated 900,000 euros to support this initiative in the next triennium. The idea is to support women with the Equivalent Economic Situation Indicator (ISEE) below 30.000 euros aged between 27 and 37 years old, with a 3,000 euros bonus to do the procedure (Il Sole 24 Ore, 2025). In contrast, in all other Italian regions, the treatment is still primarily performed in private clinics and at the expense of the individual.

Outside the European legislative framework, there is still a fervent debate among scholars and researchers regarding the inclusion of elective egg freezing in a country's health care system. Indeed, there are many who dispute whether the costs of this treatment are a sensible expense for a state, which could instead direct these funds to other activities of greater national interest (Santulli et al., 2023). In contrast to these assertions, people such as the welfare councilor of the Apulia region, Ruggiero Mennea, see conversely the use of public funds as an excellent opportunity to make a treatment hitherto reserved for women with a certain standard of living, accessible to a significantly larger portion of the population (Il Sole 24 Ore, 2025).

In any case, it is understandable how the costs of this treatment are closely linked to each country's legislation. For example, in Spain - considered a European leader in fertility treatments, counting for the 15% of all IVF treatments in Europe (Istituto Bernabeu, 2024) - costs are relatively low. In other countries, treatments costs can vary significantly based on their national regulations and healthcare model: in Italy, the average cost of an egg freezing cycle ranges from 4,000 euros to almost 5,000, plus 300 euros per year for the storage of the eggs (Lombardi, 2022), while in the United States it can exceed 11,000 US dollars just for the procedure, where we have to add 5,000 US dollars for medications and 2,000 US dollars for storage (CNBC, 2024), representing a significant barrier for many women.

2.3 Ethical and psychological implications of sponsored egg freezing

2.3.1 Ethical implications

Up to this point in the analysis, we have seen how egg freezing treatment can be an excellent solution for many women and the provision of this employer-sponsored solution at company expense can help bridge socioeconomic differences and allow many of them to access treatments still considered elitist. It is therefore essential to examine, from an ethical and psychological perspective, the impact that this practice can have on employees and the extent to which a company can interact in this context, considering that it directly affects highly personal and sensitive domains.

Indeed, although many people see such a practice as a good way to mitigate gender discrepancies in the company and help women not to have to make a choice between motherhood and career in a limited time range, many bioethics scholars see this professional support mechanism as a form of implicit pressure masked as empowerment with the purpose of forcing women to devote themselves exclusively to their careers (Harwood, 2015) or as a misleading commitment to solve such an entrenched social problem (Campo-Engelstein, 2018).

First and foremost, it is crucial to emphasize that since elective egg freezing is a medical practice, a number of ethical standards regarding bioethics must be taken into account, where the principles of autonomy, beneficence, nonmaleficence, and justice are considered fundamental. In addition, the employee has the moral right to make informed choices about his or her own health, without having pressure or obligations from third parties. Based on this, companies should therefore meet several privacy requirements, offer the necessary resources for informed decision-making. In fact, even under the principle of beneficence, it is critical that employees be informed about the benefits, risks, and limitations of the practice. Furthermore, regarding the principle of justice, companies should be able to offer a service without any kind of discrimination, thus regardless of economic, marital, and age status (Espinosa-Herrera and Pietrini-Sanchez, 2024). In other words, if the company can meet these requirements, elective egg freezing can be considered an ethical practice at the company level (Petersen & Hansen, 2022).

However, Espinosa-Herrera and Pietrini-Sanchez (2024) point out how companies often offer this practice more from a publicity perspective and as a form of pink-washing than as a pure interest in the well-being of their female employees. In addition, the authors point out of how, although this practice is presented as a tool to move beyond gender stereotypes in the workplace (Goold & Savulescu, 2009), there is a risk that it will affect existing biases even more, increasing gender differences in the workplace (Espinosa-Herrera & Pietrini-Sanchez, 2024). In fact, adopting an

elective egg freezing policy in the company could lead to emphasizing how at childbearing age women need to focus on their careers, further underscoring the fact that the company reinforces traditional gender roles and, instead of solving the underlying problem, asks women to conform to patriarchal social norms.

In addition, going into a sensitive area such as the medical field, companies find themselves having private and sensitive information of their employees, such as the choice to freeze eggs. This implies the beneficiary of the practice to find herself in a vulnerable position with respect to the company. It is worth considering that not all companies' fiduciary duties are regulated following the same framework all over the globe (Espinosa-Herrera & Pietrini-Sanchez, 2024). For instance, in Europe the regulation on data protection (GDPR 679/2016) is really strict and imposing rigorous standards. And, the handling of such sensitive issues may lead to both ethical concerns and legal complications, with the risk of leading to significant reputational and financial repercussions for the company.

As a consequence of what just mentioned, it can therefore be concluded that the ethical legitimacy of the benefit depends directly on how the company communicates, implements, and carefully oversees each step of its execution.

2.3.2 Employee perceptions and organizational signaling

Following the analysis of ethical considerations, it is crucial for the purpose of the study to also understand the psychological aspects that affect the employees and their respective perceptions. In fact, elective egg freezing differs from most other corporate policies that may be offered in that it deals with very sensitive issues such as personal health and parenthood. Moreover, it involves a physically demanding medical process, unlike other family-related benefits such as paid parental leave. Some studies have attempted to explore how such a benefit is perceived psychologically by female employees. In general, work-life policies offered by companies are likely to generate positive outcomes for employees, being interpreted by its employees as a sign that the company cares about the well-being of its workers, emphasizing the importance of personal life alongside professional responsibilities. When used, these policies can foster positive spillover effects across both domains. According to other scholars, such as Connelly (2011), even the mere availability of work-life policies - without necessarily using them - can still have a positive effect. This idea is supported by signaling theory, which argues that the presence of certain organizational policies acts as an implicit message about the organization's deeper values and culture, which may not be directly observable (Flynn & Leslie, 2022).

Within this framework, researchers have tried to understand how employer-sponsored egg freezing may be interpreted by employees. Based on the signaling perspective, benefits are supposedly perceived in a positive way, as a form of support for personal life. Despite this, the message of the company - such as commitment to women's reproductive health - may be misaligned with the employee's interpretation. The study by Flynn and Leslie (2022), based on six empirical investigations, including quantitative and qualitative surveys studies, an experiment, a scale development study and archival datasets, examines the perception of egg freezing when offered as a corporate fertility benefit. In light of the robust evidence provided through a multi-methodological approach, the results demonstrate how elective egg freezing exemplifies this type of incongruence: their study reveals that female employees may interpret the benefit as an implicit request to postpone motherhood in order to prioritize their careers.

Since "work devotion" remains a prevailing cultural norm in many professional environments, employees may feel pressured to prioritize work over private life. This triggers a negative psychological response not only toward the benefit itself, but also toward the company offering it. This is a consequence of the fact that employees may perceive, consciously or unconsciously, the organization as an actor which values productivity and performance more than people's well-being. Although elective egg freezing is often perceived more negatively than other work-life policies such as flexible schedules or parental leave, it is also relevant to the analysis to consider the target audience. Studies show that individuals who feel personally affected by the benefit tend to have a more favorable attitude toward it. For example, women who wish to have children (or additional children) express more positive views of the practice compared to women who are not actively pursuing pregnancy (Flynn & Leslie, 2022).

Considering the analysis conducted, elective egg freezing emerges as a practice undergoing increasingly frequent improvements, which - thanks to new technologies such as artificial intelligence - will allow for its development and growing diffusion in the coming years. The dynamics of corporate welfare will therefore not escape this new phenomenon, already well developed in the United States and increasingly growing presence in Europe. The integration of fertility-related welfare policies is expected to expand in corporations, where it will be inevitable to deal with ethical and psychological aspects.

Among these, employees' right to privacy, the right to be properly informed, the delicacy and precision with which such welfare should be handled to avoid risks for both the employee and the company are worth mentioning. Also relevant is the perception that this policy generates among

female employees, and the unconscious bond - positive or negative - that may be established with the company.

In a context where attention to fertility is playing an increasingly important role, egg freezing thus becomes both a tool of female empowerment and a clumsy attempt to solve deeply rooted gender issues within society. The delicate balance and interconnection between the social, psychological, medical, and ethical spheres involved in women's choices when such a benefit is offered deserve particular attention. For this reason, the next chapter will present a qualitative analysis aimed at better understanding how women in Italy perceive egg freezing when offered as a company-sponsored benefit.

Chapter III.

Empirical study

This study was carried out by adopting a qualitative research approach to investigate and better understand the perceptions and opinions of Italian female workers on the topic of corporate welfare, with particular regard to gender-specific welfare policies. The purpose was to analyze how these policies may reduce the structural gap women face when entering the workforce and advancing in their careers, in the context presented in the previous chapters, particularly in Chapter I. In detail, this work focuses on corporate welfare policies concerning parenthood and, in particular, fertility policies. More specifically, this study investigates opinions and perceptions of elective egg freezing, which, as seen in Chapter II, is experiencing a growing trend and where many companies are beginning to offer full or partial coverage of its costs. The central research question of this study is: what is the expected impact of fertility-related policies, such as elective egg freezing, on women's career?

To address this issue, a series of semi-structured interviews were conducted. This method allowed the collection of a variety of insights and data while leaving interviewees full freedom to add both quantitative and qualitative insights, perspectives, and reflections not yet elaborated in the existing literature.

Methodology

3.1 Research design

The choice of qualitative research was made to better capture the opinions and reflections of the interviewees regarding corporate welfare, support for women's careers - especially in relation to pregnancy and family formation - and the offering of egg freezing as a service. The qualitative approach allowed the integration of interviewees' direct experiences into the study. Thanks to the use of semi-structured interviews, participants were able to express themselves authentically. The use of a predefined set of open-ended questions, combined with opportunities for participants to share personal contributions, examples or reflections, created a balance between rigor and flexibility.

3.2 Participants

The study sample consisted of twenty-five interviewees. Initially, the study aimed to interview Italian female employees of the pharmaceutical company Merck, based in Italy, since it is currently the only company where elective egg freezing treatments - along with other fertility-related initiatives - are fully reimbursed by the employer (for further details, see Chapter II). However, despite contacts with

members of Human Resources, both online and in person, it was not possible to secure sufficient participation within the indicated timeframe. Consequently, a larger and more diverse sample was selected, ideally composed of individuals who could also be potential beneficiaries of such welfare policies. The target group was therefore identified as Italian women working in large corporate companies in Italy. The companies could also be foreign, provided they had offices in Italy, to keep the national context of reference. To recruit participants, the study relied on a snowball sampling technique: starting from personal and professional acquaintances, these were asked to suggest other women fitting the above criteria and willing to participate. This process progressively expanded the network to include mostly participants with no prior connection to the researcher, which allowed for greater variety despite the sensitivity of the topic. Participants were aged between 23 and 58 and occupied different positions, both in terms of role and hierarchical level. Their seniority ranged from less than one year to several decades of experience. In addition, most of the twenty-five interviewees worked in companies located in different areas of Italy, although Milan and Rome were the most represented, as they host the largest clusters of international corporate firms. The following table represents further information from the interviews, including ages, seniority level, job description and parental status.

INTERVIEWS	AGE	JOB SENIORITY SCALE 1-10 (10= CEO)	JOB POSITION	WORK EXPERIENCE	PARENTAL STATUS	AGE AT FIRST BORN
1	27-28	6	Sales support specialist, team marketing and sales	10 years	no	
2	53	5	Technical office assistant	20 years	2 children	29 years
3	34	6	Senior buyer procurement department	10 years	no	
4	51	5	Technical office assistant	30 years	2 children	35 years
5	24	2	Finance	< 1 year	no	
6	23	1	Associate consultant - Digital Risk management	<6 months	no	
7	31	6	Financial Services Back Office Associate	6 years	no	
8	39	7	Senior communication specialist	9 years	no	
9	31	7 or 8	Talent acquisition leader	7 years	no	
10	24-25	2	Consultant - Public sector	10 months	no	
11	53	5	Administration: accounting and administrative support	27 years	2 children	35 years
12	54	7	Procurement department, fashion industry	25 years	1 child	43 years
13	29	6 or 7	Human Resources employee	4 years	no	
14	30	3 or 4	I.T.	9 years	no	
15	51	7	Project Manager	26 years	2 children	36 years
16	31-32	3 or 4	Project Manager	7 years	no	
17	29	4	Sales specialist	6 years	no	
18	26	7	Intellectual Property Consultant – Trademarks, extrajudicial field (UBM/EUIPO)	2 years	no	
19	25-26	1	Finance	1 years	no	
20	32	5 or 6	Assistant Manager, advisory	9 years	no	
21	41	5	Buyer category management	15 years	1 child	37 years
22	44	7	Intellectual Property Consultant	18 years	2 children	34 years
23	52	7	Category buyer	27 years	2 children	35 years
24	43	6	Technical Procurement Assistant	16 years	1 child	36 years
25	58	3	Import- export specialist	33 years	2 children	34 years

3.3 Procedure

The interviews were conducted both in person and, in most cases, online, depending on participants' availability and location. Prior to participation, each interviewee was fully informed about the purpose of the research and provided explicit consent to take part in the study (see appendix 1). The average interview lasted about 50 minutes. Interviews were digitally recorded with prior consent and fully transcribed. The script was divided into thematic sections, designed to reflect the macro-themes from the literature review in Chapters I and II, thus ensuring continuity between theoretical and empirical

analysis. Specifically, five thematic areas were identified. The first area included questions on corporate welfare in general and on the importance of corporate support from the perspective of female employees. The second set of questions concerned basic knowledge of reproductive health and the role of companies in raising awareness. The third block dealt with elective egg freezing, its motivations, and future prospects. The fourth section explored egg freezing as a corporate benefit in more depth. Finally, the fifth section focused on the relationship between parenthood and work from a female perspective. This last set of questions was reserved for participants with children. Each interviewee could add further comments when necessary. (for further details, see appendix 2). All interviews were anonymized, with no mention of companies or identifiers.

Chapter IV.

Findings

In the following pages, the interviewees' responses were analyzed. The study of the findings has been structured into macro-topics, which are reflected in the division into paragraphs. First, the analysis focuses on awareness of fertility issues, both at the macro level, such as the fertility decline, and at the micro level, such as knowledge of practices like egg freezing. The role of companies in bridging this lack of knowledge is then examined. Subsequently, the topic of egg freezing is addressed, first in general terms and then as a corporate benefit. Finally, the analysis explores welfare policies centered on supporting women, concluding with the relationship between motherhood and work.

4.1 From demographics to daily life: fertility trends

“We are women in our thirties, with five to six years of work experience, building our careers while postponing motherhood. I see many people around me trying to have children and failing, because as age advances it becomes more difficult” (Interview 7). When asked whether they are aware of the fertility situation in Western countries, and particularly in Italy, responses across the interviews were largely unanimous. Participants are aware of the demographic trend in which children are born later and less frequently. Many experience this reality firsthand or observe it in friends and colleagues. “Today, at 31 you are called a ‘very young mother’, whereas 20 years ago you would have been considered ‘late’ at a first pregnancy.” (Interview 14). Thus, this is not merely a studied phenomenon but a concrete experience that affects many lives. Indeed, while statistics might remain on an abstract level, the interviewees' voices show how these trends are experienced in everyday life. The reasons reported span across health, social, and economic domains. “Society and the economy move forward; biology does not” (Interview 8). Academic paths are longer, with more people pursuing university studies and postgraduate degrees. As a result, entry into the labor market occurs much later and often through underpaid positions, making starting a family more difficult. “I graduated at 27, then unpaid internships, and economic stability came only after 30-35.” (Interview 11). The idea of independence and female careers is also present: “We are no longer housewives, and men are not the only ones responsible.” (Interview 17). Women study, want to fulfill themselves professionally and prioritize their independence and freedom, which inevitably results in a postponement of family formation. Some respondents also referred to the difficulty of finding a stable partner and to the loss of a shared conception of a couple building a future together: “Stability is missing, and we struggle to build authentic relationships.” (Interview 1). The theme of the self also emerged in several interviews, though articulated differently. Older women, especially those over 40, described it as “selfishness”

of the younger generations (Interview 12). They explained the demographic decline as a consequence of the perception that “having a child means giving up much freedom and taking on enormous responsibilities, and not everyone is ready for that.” (Interview 25). This view was extended to a fading sense of the so-called “maternal instinct”. As a 58-year-old participant explained: “I see less inclination towards family commitment among younger colleagues.” (Interview 25). Younger participants, instead, interpreted it as a form of “individualism,” (Interview 13) justified by the fact that today the world offers countless opportunities, while time and money are spent on traveling and enjoying life. “We want to remain forever young; we want to explore; we are less inclined to long-term relationships” stated a 29-year-old interviewee (Interview 17). In other words, “Men and women want to live their experiences, find a job they enjoy, become more autonomous and self-aware before starting a family. Only then do they decide to have a child.” (Interview 5). This shift is crucial to understand the perception that having a child is no longer something expected, but something deliberately chosen. In today’s context of economic precarity and labor market instability, people are less willing to lower their standard of living to have children. Parents aim to guarantee their children the same high quality of life they currently enjoy. “In Milan, having a child is extremely expensive, especially without grandparents nearby: services must be purchased, and they are costly. The quality bar is higher (bilingual nurseries, extracurricular activities). In the end, you postpone in order not to offer a mediocre life.” (Interview 3). From the interviews, it clearly emerges that the decline in fertility is not only known as a theoretical phenomenon but also perceived empirically. The reasons all converge on one key observation: society evolves, and external factors strongly influence life choices. Society stretches timelines that clash with the strict biological clock.

4.2 Reproductive health in Italy: silence and stigma

Indeed, while there is unanimous recognition of the trend in fertility decline, there is also consensus among the participants that reproductive health is still discussed far too little in Italy. “In Italy, the discourse is superficial, and many social taboos persist; infertility, for example, is still perceived as a fault, especially a woman’s fault. Moreover, few people know about the costs and complexity of ART. It is not always available through the public health system.” (Interview 6). The themes of taboo and “shame” were frequently mentioned, underscoring how difficult it remains in Italy to address such topics. Some linked this cultural trait to Catholic influence, which continues to shape the Italian mindset. One participant observed: “In Italy there is no real information on anything, let alone this. The media produce only clickbait headlines, schools do not address it, and there is still a taboo linked to the Vatican. I am poorly informed, mostly through social media and little else.” (Interview 16). Another respondent highlighted the vicious cycle that leads from ignorance to confusion and back to

further ignorance: “The topic is rarely discussed, and often badly, with a confessional approach, which fuels confusion between science and ethics. For example, the morning-after pill is not abortive, yet it is described as such. Similarly, cryopreservation is perceived as legally ambiguous: I would not trust freezing my eggs in Italy; laws change, and political statements provide no security.” (Interview 20). This also leads to uncertainty about legality: “I think many people do not even know what it is; they do not even know whether it is legal.” (Interview 5). Several respondents pointed out that knowledge about such topics increases only when directly affected, otherwise the information available remains superficial and fragmented. In this context, to address this general lack of awareness, the interviewees - albeit to different extents - agreed on the importance of providing education through two main channels: schools and medical clinics. Most suggested raising awareness in schools - differing on when to start - and during gynecological visits. A minority also mentioned traditional media and new media as useful tools to reach a wider public, as well as more targeted audiences (e.g., social media campaigns aimed at younger people).

4.3 Should companies talk about reproduction? Workers’ perceptions

Given the educational gap, the potential role of companies emerges. Against this backdrop, when the question shifts to whether such information should be shared by companies, the perspective changes significantly. In cases where a positive outcome is acknowledged, the response is often accompanied by a “but”. In general, they emphasized the importance of communicating such topics “only if requested, or with delicacy, not in a radical way.” (Interview 5). The perceived risk is that of conveying the wrong message. Only a few women viewed such corporate communication positively, as can happen with awareness campaigns in other areas (e.g., mental health). One participant stated that there should be no limit to talking about these issues, just as there is none when discussing motherhood in general. Others saw it as an added value, something good if present but not strictly necessary: “I do not think companies should be obliged, but if they do, it is value-added. I would positively assess a company that organizes seminars or events with experts on these topics. It does not need to be an obligation, but it would be very useful to offer the opportunity to access this information in the workplace.” (Interview 10). Others highlighted that, given the scarcity of information on these issues, while the company should not be the first interlocutor, a minimal role could still be useful: “The company pays you, it should not be paternalistic. However, since we are all robotic and poorly informed, it would not be bad if they at least sent an email saying: ‘Do you know this possibility exists?’. If presented in the right way, it could be a positive service” (Interview 20). Some participants stressed that sharing information on this, should be accompanied by precautions, such as objective webinars held by experts (“it must ensure objectivity and respect”

(Interview 15)), targeted communication, or integration into a broader service. As one participant explained: “In general, it is not their role. If it is part of a welfare program, it makes sense, but it would be strange to receive a company email saying: ‘freeze your eggs.’ For companies operating in the sector, such messaging is coherent. For others, less so. In Italy, health is the responsibility of the State, not companies: otherwise, we are importing an Anglo-Saxon model that does not belong to us.” (Interview 6).

4.4 Egg freezing between familiarity and uncertainty

In light of these considerations, it is therefore relevant to assess interviewees’ knowledge of egg freezing. Most of them stated that they are familiar with the practice. A few asked for a definition. During the interviews, the main doubts concerned the distinction between “elective” egg freezing and “medical” egg freezing. Among those who claimed to be aware of the practice, the channels cited were diverse: many mentioned magazines, television, and celebrity testimonies; some referred to videos on social networks; others mentioned acquaintances or colleagues who had undergone the procedure or had experienced fertility problems and resorted to assisted reproductive technologies (ART). “A colleague underwent two cycles of ART; another froze her eggs” (Interview 1). Or “I remembered a relative who underwent assisted fertilization: of the eggs retrieved, one was frozen.” (Interview 4). More rarely, knowledge came from doctors or more formal contexts, though some exceptions were noted. One interviewee, who studied in the United Kingdom, explained: “The university hospital offered free egg freezing to women under 35 if part of the eggs were donated” (Interview 8). Another reported receiving detailed information from her mother, a gynecologist. (Interview 20).

It is therefore evident that, in the sample analyzed, familiarity is common; however, the sources cited make depth of knowledge hard to evaluate. When asked about the motivations for undergoing the procedure or perceptions about its future, some recurring patterns emerged. The majority of interviewees foresaw a positive growth trend for the practice, also in light of the demographic situation analyzed earlier. The main concern raised was the cost of the service, one of the few factors considered likely to limit the spread of egg freezing. Motivations included timing (“it is not the right time now” (Interview 19)), difficulty in finding a partner, economic instability, career perspectives. Others cited prevention, the desire to keep an option open, and the need to “align career and biological timelines.” (Interview 13). “To be able to choose with greater peace of mind when to have a child, with more economic resources and support. Sometimes at 30 you do not feel ready, for reasons that go beyond personal choice. Having the chance to say, ‘I will not do it at 30 but at 40 with peace of mind’ is a good thing.” (Interview 7). The reassurance of being able to control one’s biological

window, of living the present with calm while knowing that motherhood could still be pursued, was a recurrent theme. Many interviewees, especially the younger ones, expressed themselves in favor of egg freezing and were willing to consider it. Some were more determined, saying they would certainly do it. Others had never thought about it but did not want to exclude the possibility. Several participants over 40 also stated that, if they could go back, they would have done it.

4.5 Corporate-sponsored egg freezing: opportunities and risks

The discussion towards elective egg freezing prompts further inquiry. What impact would it have if this practice were offered by companies, and would such a decision meet the same success? The topic of fertility discussed in a corporate environment has indeed elicited several reactions, often even contradictory ones. Some viewed the company's involvement in this matter as a taboo to bypass, comparing it to the awareness campaigns companies have had for topics like mental health. Others emphasized that it could be acceptable only if strong protections are ensured. These included: "strict privacy (external providers), periodic checks by third parties, and a clear, non-prescriptive communication" (Interview 13). "It is extremely delicate: transparency, data protection, and clinic reliability are crucial. It must be handled seriously, not as a profit-making operation. If these conditions are met, it is an added service." (Interview 16). The offering of this service is described by many as "a double-edged sword" (Interview 5, 12), which risks sending the wrong message if not communicated with the right distance and may interfere with a very private sphere of a person's life. This suggests that corporate involvement is perceived as potentially useful, but also risky if not handled with sensitivity. One interviewee reiterates the importance of the company providing merely financial support: "It is fine as long as it remains financial assistance/facilitation (e.g., partnerships, clinic lists). Beyond that, it becomes a private sphere: I wouldn't see it." (Interview 11). At the same time, while some argued that the company's involvement should be limited to financial assistance, others, by contrast, expressed the desire for broader support, wishing to be accompanied throughout the process and not left alone after payment: "Total privacy and support throughout the journey, not just for payment. Therapies have side effects (injections, fatigue): flexibility and early leave are needed. Don't just give me the money and leave me to figure it out." (Interview 1). Moreover, communication should be available to everyone yet targeted rather than broadcast universally. In other words, it was emphasized that while information should be accessible, it should be targeted at those with an interest in the practice, to avoid creating a promotional mechanism. One interviewee sees it as "An additional opportunity, considering that social and economic changes require long timelines. I see no negatives, except for those who have ethical objections. For me, it's a sign of support for family, especially from companies that make a lot of money, like pharmaceuticals."

(Interview 15). Another adds that the practice “Gives freedom of choice and takes away the ‘tick-tock of the clock.’” (Interview 12). A few, however, express concerns about the subliminal message such a practice could send. Some interviewees expressed that their opinion on this service as a corporate policy “depends on the company: positive if integrated with pro-parenthood policies; negative if offered on its own, as it could sound like implicit pressure to delay having children.” (Interview 13). Or: “I’d say neutral/positive. It’s a benefit that interests a few people (women aged 20-30), so a small percentage of the workforce. Other, more useful benefits could be considered, such as babysitters or caregiving support. But still, it is an additional option.” (Interview 20). In the view expressed by the interviewees, it is often emphasized that the benefit is a personal choice, and one may decide not to take advantage of it, with the idea that “The company offers, the employee decides.” (Interview 8). “If I’m bothered by this option, I won’t take it, and I’m free not to choose it. I’d say it is fairly neutral: some are happy with it; others interpret it as ‘tell me what to do with my personal life.’” (Interview 5). In other words, as one of the interviewees said, “As long as it is not mandatory, it is just an additional opportunity” (Interview 16). In this plurality of views, with opinions ranging from support to skepticism, many expressed cautious openness. The benefit was not rejected outright, but it was framed in terms of safeguards, concerning privacy, financial support only, respect for personal choice. The company’s role is indeed important, but only if limited and carefully managed.

4.6 Rethinking priorities in corporate welfare

Many women would choose a company offering this benefit rather than one without, for the same job position and salary. Some because they would like to undergo this practice, and having it available within the company would help, while others simply say that the fact that the company offers this service speaks volumes about its corporate culture. In detail, one interviewee says, “Even if it didn’t interest me personally, I would choose a company that offers it because it seems more attentive and protective of its employees.” (Interview 11). Additionally, among the advantages of undergoing this practice within the company, many interviews highlight the issue of costs. “It is not so much about medical outreach, but about providing concrete and accessible tools.” (Interview 9). Overall, interviewees would prefer the service to be offered through the National Health Service, but the already very favorable perception of some respondents does not change whether the service is offered through a public or private system. “My perception would remain positive. I would probably do it through the public system if it were free or subsidized, but the value of the company benefit lies in filling a gap that the public welfare system does not cover.” (Interview 6). For some, the public offering represents an investment in individuals without ulterior motives. It is seen as more democratic, accessible to many, and reassuring for young women facing a still-new practice. In light

of all this, the question whether elective egg freezing is actually a favorable solution or a reaction to a much deeper problem was raised. Reproductive decisions appear in this scenario not merely as a reflection of individual choice, but as a tool shaped by society and organizations. In other words, although there is no dispute about its medical and social benefits, the question arises whether the benefit itself brings any added value to women's lives. "I find it a nice thing but not a reason to choose one company over another. If you do this but don't support maternity, then no. The benefit alone isn't the key" (Interview 17). Furthermore, "I think it's a reaction to a problem, not a solution. Women freeze their eggs because society doesn't support them. If there were more social and workplace support, this workaround wouldn't be necessary. It's a response to difficulties, not the real solution." (Interview 15). The real solution, therefore, could lie in a holistic approach or a range of other benefits.

4.7 The womanhood penalty at work

This prompts a broader look at corporate welfare: do Italian women feel truly supported at work? When asked whether women's careers are influenced in the same way as men's, all respondents said that they do not feel on equal footing. Some of them link this problem to motherhood. Even the youngest respondents (aged 23-24) immediately and clearly identify this problem. "Absolutely not. Men only think about work, we also think about family. Maybe it will change in the younger generations, but not in mine," said a 58-year-old participant (Interview 25). "Motherhood is an objective fact. Pregnancy is physically and biologically demanding, and I am legally required to take at least six months off work, unlike a man. This creates an imbalance: if a colleague and I have the same role and she has a child, she takes six months off and when she returns, she has to juggle new priorities with a job like consulting, which requires more effort than other corporate job. Furthermore, we live in a patriarchal system, where domestic tasks are not divided equally. The social security system also confirms this: ten days of paternity leave for men, six months for women..." (Interview 20). "Having children is often irrelevant for men, but it changes women's lives" (Interview 11). This statement sums up the core contrast in how participants perceive the impact of parenthood on men and women in the corporate world. "You are a woman, so you are already at a disadvantage; you usually have children, so you are even more disadvantaged; you are a mother, a woman, and a wife. All of this puts you at a disadvantage from every point of view. Even in terms of salary: women are paid less for the same job." (Interview 4). In fact, many interviews also raise the cultural burden of having to deal with gender stereotypes that are difficult to eradicate: "There are inherent prejudices that women are considered 'less' or less competent." (Interview 1). In addition to this, many interviewees, of different ages and backgrounds, reported the major problem of seeing colleagues

return from maternity leave and not find the same job position they had left. Although some interviewees emphasized that they feel protected from these issues in their companies, it seems that the social problem remains regardless: “My company gives me a lot of benefits, but obviously in a corporate environment there is a ladder to climb, and if I decided to get pregnant, it would affect my next promotion. As a woman, you must take these things into account and consider the right timing.” (Interview 17). This raises a further problem: once the parenting situation has eased as the children grow up, there is the prospect of becoming a caregiver for one’s elderly parents, another role that often falls to women: “In addition, at a certain age, women become caregivers for their parents/parents-in-law: this also falls more on them (Law 104 leave, vacation.)” (Interview 11).

4.8 From nurseries to flexibility: concrete corporate support

This raises the issue of corporate support and the impact of policies designed to mitigate the problems highlighted across interviews. The interviewees also agree on the importance of having good corporate support, often identified as appreciation, flexibility, and meeting their needs as individuals as well as workers, in order to balance their careers and personal lives in the best possible way. The right support, in fact, has a huge impact on them, “Maintaining continuity, reducing absenteeism and career’s gaps - a line that may be more dotted, but continuous.” (Interview 13). It is also often said that “In general, if the company makes you feel more peaceful and supported, this is also reflected in your private life. You feel more fulfilled and more balanced.” (Interview 2). Among the examples of welfare that were mentioned most often are nurseries, smart working, and flexible hours. In fact, in almost every interview, at least one of these company policies emerged, especially with a view to supporting female employees with dependent children. The issue of daycare centers was raised in general, but with particular emphasis by participants living in large cities such as Rome and Milan, where distances make commuting even more complicated. Part-time work, on the other hand, is presented as an excellent solution, especially in the early years of children’s lives. It is a useful benefit, but it often involves a reduction in salary, which could be complicated in some family situations. In any case, from the many interviews conducted, it seems to be the most common option, even in companies that, as reported by female workers, are somewhat less flexible in meeting the needs of their employees. Flexibility becomes a second key concept, both in terms of company support in general and in its more concrete form. Flexible working hours are therefore seen as useful for women with children, allowing them to manage their own time between work and home. They also give employees the chance to work towards objectives, with complete freedom in choosing how to organize their work schedule. “At the company level, it would be useful to evaluate employees on objectives rather than time, and to give them objectives that are compatible with their working hours.

Smart working (not just teleworking), i.e., being able to organize hours flexibly, is essential for those who have caring responsibilities. Services such as company nurseries and after-school clubs would also be a great help, because nurseries are expensive and public places are not always available.” (Interview 3). The problem of the summer period, when schools are closed, was also raised, as was the possibility of providing funds to pay for children's vacations. Some interviewees with children expressed the problem of having to take time off work if their child is ill, sometimes pointing out that sick leave for children covers too narrow an age range: “Management of sick leave for children up to an older age (it is not enough to stop at 6 or 12 years old), flexible working hours, and practical support for families. It is unrealistic to think that a 12-year-old child can manage on their own: support is needed at least until the age of 18” (Interview 15). Some interviews also emphasize how it would be appropriate to encourage more equitable paternity leave, in order to avoid penalizing women by having to take much more time off, with negative consequences for their work. “In Italy, there is still a big difference between maternity and paternity leave. In Spain, where I worked, timing is the same for men and women: 6 to 9 months basic and fixed, plus 3 additional months that can be taken later.” (Interview 17). Although most women emphasized benefits designed primarily to support parenthood, indicating a strong link between career and the need to think specifically about raising children from a female perspective, some of them also focused on benefits aimed at women regardless of their status as mothers. Gender quotas were criticized by two participants, who identified them as something that already puts you “in a separate category” (Interview 1). “I have doubts about gender quotas: they can mitigate the problem, but they risk demeaning the role of women. The real problem is that managers tend to promote people who are like them. If you are the only woman in a group of men, you are at a disadvantage. There is also the prejudice that sooner or later you will have children and therefore ‘it is not worth investing in you’. Quotas can help create critical mass, but I don’t know if they are the right method.” (Interview 20). In other cases, however, the importance of the female network that can be created is emphasized, as well as how important it is, especially in certain male-dominated work contexts, such as the financial world, to feel supported by other women. A 27-year-old interviewee reports the importance of having “Greater cohesion among colleagues. In my boss's old company, an (external) association was set up that organizes meetings on work and well-being and has promoted the development of a 24/7 chat service to assist women.” (Interview 1). Meanwhile, a 24-year-old interviewee working in the financial and banking sector says “Ensuring there are other women in the workplace makes a difference, and I've experienced this firsthand. Encourage access to areas that were previously more closed to women. Facilitating access for women over men in certain phases is not discriminatory: I am in favor of meritocracy, but in certain phases it is important to ensure a female presence.” (Interview 5). Another topic mentioned several times, both by young

women in their thirties and by some women in their fifties, is the importance of company support in terms of free menstrual products in bathrooms, menstrual leave and information on menopause, which is still rarely discussed. “For women, more attention should be paid to the menstrual cycle and especially to menopause, which involves physical and psychological discomfort that no one talks about.” (Interview 15). Only one interviewee out of 25 participants mentioned egg freezing as a practice that is not currently available but would be desirable and relevant in her company, saying: “The most effective for me is egg freezing, especially in large multinationals with very heavy workloads.” (Interview 6). In other contexts, however, corporate welfare was discussed in a broader sense, citing financial bonuses for cultural activities, gyms, medical support through certain health insurance policies, and psychological assistance. One interviewee reported that her company has a so-called “shopping cart” (Interview 14), where once a year employees can create a virtual cart with grocery products that will then be paid for by the company. Another participant recounted how, in her company, when employees take time off work, the servers (company computers, database connections) are temporarily blocked to ensure that the leave is actually taken and that no work is done from home (Interview 17).

4.9 Motherhood at work: voices and experiences

Ultimately, participants with children described their workplace experiences after becoming mothers. The theme emerged significantly in many of the interviews, but the perspective of those who already had children certainly enriched the analysis. Motherhood significantly affected both personal and professional lives, sometimes prompting a complete reassessment of work priorities. Many stated that, following motherhood, they began to change their priorities and to view work differently: “The change I experienced was mainly on a personal level. Becoming a mother changes your perception of work and responsibilities.” (Interview 2). Several respondents emphasized that companies supported them in this new stage of their lives, without discrimination. The main change, however, was not in how the company perceived them, but in how they themselves began to perceive the company and their professional tasks. “I felt with fewer possibilities, less time to offer to work. The company, however, always paid great attention and I did not perceive direct discrimination.” (Interview 15). In other contexts, however, the situation was different. Some women found themselves experiencing changes in their workplace as a result of motherhood: “It was complicated. In my company I had the possibility of working part-time until the child was three years old and I asked for it. Because of that choice, I was moved to an office outside my expertise. It felt like a penalty for reducing my hours.” (Interview 2). At times, this change came directly from the women themselves: “I liked more the role I had before children, but it required many hours and overtime. I

chose a different position so that I could work eight hours and leave without staying late every evening.” (Interview 11). Many also reported how the company could meet their needs through simple practices, such as scheduling meetings at more suitable times, so that those who, after office hours, must take care of their children can participate without problems and without bearing the burden of choice: “One thing I often notice is that many meetings are organized at inconvenient times, such as 4:30 or 5:00 p.m., when a mother already face many commitments at home. Sometimes male colleagues do not understand this difficulty” (Interview 2). This also brought up, in some interviews, the issue of mothers’ sense of guilt, where it seems that they do not give enough either to work or at home: “Before, if there was an urgency, I could stay until 8:00 p.m. With a child, no: at 7:00 p.m. you must be home. There is the sense of guilt: if you leave early for your child, you feel you are not working enough; if you stay late, you feel you are not with your child. A general moralization of working hours would help: if everyone leaves at 5:30-6:00 p.m., you do not feel different.” (Interview 21). Many interviewees also sought support in caring for children from babysitters and grandparents or through daycare centers, often drawing on their own financial resources: “A full-time babysitter for 12-13 years. An enormous expense, like buying an apartment” (Interview 15). When asked if they would have done anything differently, most answered no, but some said that, with hindsight, they would have had children earlier: “With hindsight, I would have had them earlier. You always wait for the ‘right moment,’ but the world does not stop; then you just have to run faster.” (Interview 21). They also underlined how this choice was closely linked to the corporate and social culture surrounding them: “The company communicates values not only with benefits but also with its cultural approach. If you perceive that taking time off for a child does not compromise your career, you have them earlier. If instead you fear losing ground, you wait, as I did.” (Interview 15). A recurring theme was indeed the cultural problem: “As a country we still have many steps to take in considering women as both workers and mothers: there are still persistent patriarchal attitudes. Men must change, understand that children are also theirs, and organize accordingly: this rarely happens. Women make progress, but men remain behind - also because of how they are raised. A positive work environment depends more on people than on gender. Today I am lucky: I have colleagues with whom I get along and a manager attentive to family needs.” (Interview 25).

In summary, female workers reported discrimination and problems ranging from company policies to cultural impacts, as well as a lack of government support. Balancing work and private life become a challenge that should not be underestimated for women. And, in this context, elective egg freezing is seen as a good solution, but one that cannot eradicate the root of the problem: “Egg freezing is an excellent opportunity, but one should also be aware of the difficulty of having a child at 40. The egg

remains young, but you age. If you don't have much help, it's very difficult. It is an important opportunity, but it has to be managed with information and discretion." (Interview 4).

Chapter V.

Discussion

In light of the findings just analyzed, it is important to highlight six main themes that emerged. Women interviewed are not only aware of the decline in fertility in Europe and in particular in Italy, but they also experience it directly in their everyday lives. The main causes of postponed motherhood are identified in longer educational paths, precarious jobs, high living costs and low wages, difficulties in finding a partner, as well as a desire for self-realization. In Italy there is still very little information on women's fertility issues, and the topic is still perceived as a taboo: many women emphasize, in fact, the importance of addressing it in schools. Egg freezing is superficially known by many, but not all have an accurate understanding of it. Overall, egg freezing is viewed positively, but with greater caution when offered as a workplace benefit: in this case, the importance of the context and of the way in which it is proposed is underlined. Finally, motherhood is still perceived as an obstacle to career progression, and the interviewees emphasize the importance of corporate welfare especially in this regard.

5.1 Growing up later: the stretching of adulthood and the rethinking of fertility norms

The demographic literature illustrates how in high-income countries we are witnessing a trend of below replacement fertility level and childbearing occurring at increasingly later ages. This has been explained by external factors such as a new value system, emerging concerns, and both existential and economic uncertainties (Testa, 2025; OECD, 2024; McKinsey Global Institute, 2025). Among the many reasons cited in the literature, the postponement of the first child is one of the most significant, given that a woman's ovarian reserve is limited and declines year after year (Testa, 2025). This finding is consistent with the empirical evidence collected in this study, as participants repeatedly confirmed that they observe this phenomenon in their daily lives. In addition, many respondents in their thirties described themselves as childfree. This directly links to the concept of delayed adulthood (Cavalli, 2024), which highlights a prolonged transition to adult life, that affects much of the population, particularly in Italy. Both literature (United Nations Population Fund, 2025; Cavalli, 2024; Testa, 2025) and interviewees underscore factors such as economic insecurity, job precarity, the absence of a suitable partner, and the biological consequences of delaying childbirth (the later the first child, the harder it becomes to have additional pregnancies) as consequences of postponing childbirth. These aspects are reinforced by macroeconomic data, such as Italy's youth unemployment rate (ISTAT, 2025), making it difficult to plan for children and family formation. Moreover, many participants placed particular emphasis on personal life and shifting cultural norms,

pointing not only to parallels with demographic studies but also to an increased focus on individual well-being. This can be interpreted as a sign of changing societal paradigms (Cavalli, 2024). In other words, having a child is increasingly seen as something one *wants*, rather than something one *must do* as a duty or as a socially imposed step toward fulfillment. This perspective is further reinforced by the fact that women today remain in education much longer than previous generations, entering the labor market later and prioritizing career development. While this inevitably delays motherhood, it also allows it to be placed within a more positive framework, one characterized by greater economic security and professional stability. This dynamic is consistent with the findings of Gotmark and Andersson (2020), who identified a positive correlation between investment in female education, improvements in public health, and sustainable development. Testa (2025) emphasizes that declining fertility rates, while often framed negatively, may also lead to improved living conditions, greater control over reproductive choices, and potential technological advancements, a perspective that aligns with the findings, where women highlight the primacy of quality of life over the mere fact of having children. Within this framework, the centrality of the Mediterranean welfare model becomes evident, with its heavy reliance on family support and limited state involvement. From a broader cultural perspective, the empirical findings reinforce Cavalli's (2024) argument that women in Italy continue to be perceived as the primary caregivers - not only for children but also for household responsibilities and, in many cases, for elderly parents. This dual responsibility forces women to "work twice," both at home and in the labor market, exemplifying the "double shift" described by Goldscheider, Bernhardt, and Lappegård (2015).

5.2 When welfare means motherhood: biases in the workplace

The fact that all respondents, regardless of age, background, or parental status, emphasized that they feel more influenced by personal life choices than their male colleagues - often pointing specifically to maternity - further illustrates how distant Italy still is from the concept of the "double revolution" described by Cavalli (2024). Women have accomplished the "first revolution," entering male-dominated spheres such as the labor market, yet the "second revolution," where men equally enter the private sphere of caregiving, remains largely unrealized. Supporting this, the interviews also revealed an almost automatic association between corporate welfare for women and support for motherhood. All participants, when asked about corporate welfare and women's workplace support, cited at least one benefit related to maternity - such as company nurseries or flexible working hours - even though the interview questions never explicitly mentioned this link. In contrast, other form of non-maternity-related benefits were mentioned less frequently. Parenthood was consistently framed in predominantly female terms rather than as gender neutral. Only rarely was the importance of an

equal distribution of maternity and paternity leave acknowledged. This mechanism, shaped both by patriarchal cultural expectations and by internalized responsibility, reflects the Mediterranean welfare model and further illustrates the gap separating Italy from Cavalli's (2024) vision of the second revolution. In conclusion, the interviews demonstrate that motherhood, even for younger women, remains a central driver in how corporate welfare is conceived. This indicates that, despite structural and cultural transformations, a mindset that strongly associates women with caregiving responsibilities persists and is difficult to fully dismantle. This analysis highlights the presence of subtle gender stereotypes, which are consequently more difficult to eradicate. Interviews confirmed that the mere possibility of motherhood can still slow women's careers, echoing Reichel et al. (2022). Prejudices remain widespread, reflecting organizational cultures are still shaped by male-dominated logics. This creates a correlation not only with the theory of second-generation bias (Ely et al., 2011), but also with the problem of the glass ceiling, which women often find themselves facing. Organizational practices, such as workload distribution and meeting scheduling, were often perceived as incompatible with caregiving responsibilities.

The way in which a company decides to pursue a path of support for parenthood through its own culture and welfare policies is closely reflected in how female employees themselves approach motherhood. Empirical studies suggested that stronger corporate support could encourage earlier motherhood. Corporate support is perceived as a fundamental pillar in a person's career, particularly in that of a woman, regardless of whether or not she has children. Targeted welfare could also help to better manage the sense of guilt described in the empirical research. Although the problem is deeply cultural, as some participants underlined, and should be mitigated primarily at a macro level, companies nonetheless play a fundamental role by offering services, as Cavalli (2024) notes, that compensate for state shortcomings. In this regard, it is essential to design policies in a holistic and rational way, so as to avoid falling into propaganda operations and pink-washing, offering services that appear disruptive but are, in practice, of little real utility. In the interviews, much reference was made to the theme of flexibility, described in multiple dimensions. Such considerations find support in the literature of Hidalgo-Padilla et al. (2023), who emphasize that flexible and supportive conditions have a positive impact on women's mental health and, consequently, on the development of their children. Among the most frequently cited benefits are the presence of company nurseries and financial aid to cover babysitters or summer camps. These measures are also highlighted in the literature (Baizán et al., 2016; Dimai, 2023; Neuberger et al., 2022) for the positive impact they have had both on increasing fertility rates and on relieving, especially women, from the burden of childcare. Moving away from the correlated vision of childcare and female-oriented corporate welfare, some participants also stressed the importance and relevance of having a strong network of

women to look up to and to dialogue with, a concept also addressed in the paper by Ely, Ibarra & Kolb (2011), where the importance of female mentoring and informal networks is analyzed as a way to counter the similarity bias that benefits men.

We are therefore faced with a dual scenario: the demand for concrete support from companies and the need for a deeper cultural change, one that broadens the perspective and reminds us that childcare is not the sole responsibility of women. Within this context, the debate on the new frontiers of corporate welfare is situated, including the possibility of fertility preservation practices, such as egg freezing.

5.3 Freezing time: egg freezing between hopes and illusions

In the interviews, egg freezing generally elicited very positive opinions. From the perspective of interviewees over 40, it emerges that their personal experiences have influenced their relationship with this practice. Those who reported having had more difficulty conceiving expressed a positive opinion of oocyte freezing. Conversely, those who reported having had children without major difficulties and within relatively short time frames stated that if they could go back, they would not have considered it. This reading of the data highlights two interesting points. The first is how, in these reproductive health choices, personal experiences influence one's perception of certain practices. Schmid (2025) and Baldwin et al. (2019) emphasize how the prototype of the woman who freezes her oocytes tend to have high levels of education and no partner. Among the interviewees there is an evident connection when speaking of how life-shaping factors - such as the presence or absence of a partner or the ease with which one manages to have children - influence the decision to consider an alternative. The second point concerns the postponement of adult life and, in this specific case, of motherhood, recalling what was expressed by Cavalli (2024). Regardless of the age group considered, however, the motivations presented in the interviews when asked why women decide to undergo such a practice closely mirror some of the answers reported in the academic literature (Schmid, 2025). Women express the desire to exercise control over a time-limited phase of their biological window, which is increasingly at odds with the pace and demands of today's society. With egg freezing, there is the hope of freezing time itself, postponing an important decision such as pregnancy.

This raises the question of whether women provided informed answers or unconsciously underestimated the implications. The answer, which cannot be obtained given the intimate and personal nature of the issue, finds a twofold and opposing explanation in two phenomena described in the theoretical study. The demographic situation and the phenomenon of entering adulthood increasingly late, as previously discussed, together with the fertility problems affecting more and

more people (1 in 6 adults, according to WHO, 2023), form the perfect backdrop to the data presented in the 2023 ESHRE and the SART report, on the use of fertility preservation practices, which show a strong year-on-year increase. A favorable attitude toward the treatment is therefore not surprising, as it is perfectly in line with statistical data and with the structural problems described. On the other hand, the lack of information on these issues, as highlighted both by the interviewees themselves and by the literature (Brunelli et al., 2022), leads to its underestimation or to a perception that remains too high-level compared to what it actually entails. Throughout the entire process, women face a significant physical, psychological, and temporal burden that should not be underestimated (Varlas et al., 2022). Interviews reveal that awareness of egg freezing remains superficial. It is, in fact, difficult to grasp the difference between knowing that a practice exists and actually knowing *how* it exists and what it consists of. In the interviews, the focus was mainly on information in schools, also necessary in light of the study by Brunelli et al. (2022), where, through anonymous questionnaires among students at some Italian high schools, the importance of sexual education was emphasized. By contrast, the need to provide information within the workplace context appeared much less decisive. Although some interviewees stressed that information is important regardless, and that companies have already gone so far as to address sensitive topics such as mental health, others expressed skepticism, emphasizing that it is not the company's role to provide this type of awareness campaign. This dual consideration reflects the relationship between the worker and the workplace. In the empirical research, it emerged that women employed in companies that tend to create a benevolent, family-oriented environment are less inclined to view negatively the sharing of this type of information. In these contexts, they feel more integrated into their company. This psychological mechanism is supported by the literature, which highlights the positive effects, especially when speaking of benevolence, of the paternalistic leadership typical of some companies (Karakitapoglu-Aygün et al., 2022). By contrast, those who have a more detached relationship with their corporate environment tend to perceive this type of information negatively. In some cases, reference was instead made to appropriate communication, stressing that the problem may lie not so much in what is communicated but in the way it is conveyed. The skepticism of some employees finds scientific explanation in the study of Flynn and Leslie (2022), where, through signaling theory, it is explained how the offer of such services can be interpreted negatively, giving the impression that it is not a matter of pure information but rather of sending female employees a second, more covert message concerning the postponement of motherhood. Indeed, it was observed in the empirical part of the study that in some cases this type of information is considered useful when supported by concrete measures, for example fertility-related practices. In light of these considerations, some interviewees perceived the offering of elective egg freezing as a negative message and as a benefit of little value

compared to other services, almost an invitation not to have children, in line with the results of Flynn and Leslie (2022). Surprisingly, the overall empirical result diverged from much of the literature. Beyond the opinions just mentioned, which are unrelated to correlations with age and seniority, the majority of interviewees expressed a generally positive or neutral-positive view. Although perplexities and doubts, privacy concerns, and the need to better understand how the practice unfolds were underlined (for instance: if I resign, what happens? Can I choose the clinic where to freeze them? Who pays for storage?), Italian female workers declared themselves favorable to its integration into the company, even though it is a benefit they would not personally use. As demonstrated by Connelly et al. (2011), sometimes the mere presence of the benefit itself produces a positive effect on female workers. The core idea among those who expressed a balanced opinion is that they prefer to have one more option in the company, even if it is not directly useful to them. In most cases, the explanation given as to why they might consider using this service lay in the costs. It should be recalled that in Italy the average cost of an egg freezing cycle ranges to almost 5,000 euros, plus 300 euros per year for egg storage (Lombardi, 2022). Doing it through the company would lead to a significant reduction in costs or even to its gratuity. Particularly interesting is the analysis of the boundary between cost as an enhancer and gratuity as a catalyst. This concept, in the commercial and financial field, was studied by Caceres-Santamaria (2025). The study indeed highlights the positive effects that the gratuity of a product or service has on individuals. As Bill Ross, educational psychologist, notes, receiving something for free helps people feel that they have earned something, a sensation produced by the dopamine released in our brain (Caceres-Santamaria, 2025). This implies that, in some contexts, the gratuity of the service may lead to a loss of focus on other considerations, such as the ethical and privacy-related dimensions of the issue. At the same time, the attractiveness of the service offered may also amplify the perception of an underlying message. Overall, responses reflect the dualism analyzed in the previous chapters and present in the literature: on the one hand, female empowerment accompanying the positive perception, and on the other, the implicit pressure that emerges when a more doubtful opinion is expressed.

5.4 Beyond corporate welfare: the missing role of the State

It is important to underline how the entire framework just described is the result of a structural problem at the macro level: the lack of state welfare. Compared to many other European countries, Italy lags far behind in providing adequate support to women, particularly when it comes to issues related to fertility. This is due both to the volatility of Italian politics, which fails to invest in long-term subsidies (Cavalli 2024; Merck, 2022), and to cultural reasons, such as the strong religious influence. In Spain, the costs of fertility practices are very low (Instituto Bernabeu, 2024), while in

France egg freezing is offered through its public health system to all women aged between 29 and 37 years (Law 1017/2021). In the interviews, it was in fact emphasized that, if given the choice, women would prefer to rely on the National Health Service to freeze their oocytes, rather than on the company. Corporate offers fill a state gap, but such a sensitive issue should be addressed at the level of national welfare rather than by individual corporations. This would provide more homogeneous information and an additional sense of security, given the greater trust in the good faith of the State compared to private actors such as companies, whose profit-oriented nature makes it more difficult to envision an altruistic approach to the practice. Furthermore, it would allow for a democratization of a service that is already highly niche. The initiative proposed by the Apulia region (Il Sole 24 Ore, 2025) is therefore an excellent step forward, but still too limited to assess its overall impact in the Italian context. The State should take responsibility for these services, rather than leaving companies to carry out tasks far beyond their role, with the risk of paradoxically creating the opposite effect, namely the fear of subliminal messages (Flynn and Leslie, 2022).

Egg freezing can therefore be regarded as a positive added value, as long as it is communicated appropriately and embedded within a broader and more holistic welfare framework. While it is desirable that such a service be offered at the state level rather than by individual companies, what truly matters is that it represents substantive support and not merely a symbolic operation. To achieve this, companies must demonstrate through concrete measures that they genuinely care about their female employees, both by helping them plan for motherhood in the future and by providing adequate services for mothers in the present. Support for future motherhood cannot exist without support for motherhood today.

5.5 Limitations

While the research has provided valuable insights into an emerging topic, there are some limitations worth mentioning. As participants were recruited through snowball sampling, they shared several homogeneous characteristics. The interviewees came from a high socio-economic and cultural background, with most having a university education, and often knew each other (as is often the case with snowball sampling). This may have reduced variability in responses, reflecting the influence of the lifestyle and possibilities of the study participants. Furthermore, the qualitative research design, both in terms of nature and scale, did not permit a complementary quantitative analysis. In addition to this, most of the interviews were conducted online, which may have affected the level of rapport and trust between interviewer and interviewee. Secondly, given the sensitive nature of female fertility, participants may not have shared openly, introducing a form of self-censorship. These limitations persisted despite careful research design aimed at minimizing bias. Still on the subject, the

introductory framing provided by the interviewer to present the research topic may have influenced responses, steering them toward parenthood and the view of women as mothers, rarely opening up to a broader view of the female condition. Similarly, as the study focused mainly on elective egg freezing, it may have introduced an unintended bias. This emphasis risked overshadowing other aspects of reproductive health and fertility practices. This was particularly noticeable in questions relating to general knowledge of certain issues, where, despite the need for an overview being made explicit, there were often reflections with a primary focus on egg freezing. Lastly, the subject matter does not require a high level of knowledge to understand whether the responses are actually motivated by a strong opinion or were potentially influenced by limited knowledge about how certain practices work, which were often described in a summary and superficial manner. For instance, the strong propensity to undergo egg freezing may be biased by limited awareness of the physical medical implications of hormone treatment and egg retrieval. Indeed, only one respondent had actually undergone egg freezing, highlighting a noticeable discrepancy between expressed opinions and actual lived experience. Despite these limitations, the research provided interesting qualitative insights that would not have been possible to observe through purely quantitative research. Furthermore, it contributes to the existing literature by offering original perspectives and critical reflections that can inform further studies.

5.6 Recommendations

On the basis of these limitations, a series of recommendations are outlined below from an academic, business, and government perspective. From an academic perspective, future studies should combine qualitative research with quantitative research in order to gain a complementary insight on the topic. It would also be beneficial to seek a larger and more diverse sample in order to obtain a broader and more diversified view. Researchers could include a larger number of participants who have undergone egg freezing in the study, to incorporate direct experience less affected by knowledge gaps. Including male respondents could provide a more comprehensive, gender-inclusive perspective. On a practical level, companies should rethink some of their welfare policies, adopting a more holistic approach to the issue and recognizing that some services work better when combined with other welfare practices. A clear and effective communication strategy should be implemented in order to get the message across appropriately. At the state level, it should be encouraged to promote awareness campaigns on female fertility to reduce the stigma surrounding this practice and address legislative uncertainties affecting many women's opinions and decisions on the matter. These recommendations seek to foster integration between academic research, governmental action, and corporate practices on this issue,

with the goal of achieving more effective and sustainable outcomes at both the societal and organizational levels.

Conclusion

The analytical work, both theoretical and empirical, has sought to shed light on the relationship between demographic decline, the shortcomings of welfare systems, and corporate responsibilities, with a more in-depth examination of the issue of elective egg freezing, increasingly offered within corporate welfare packages. In a demographic context characterized by a drastic decline in fertility, part of the problem is attributed to the “female revolution” accomplished by women and to the lack of balance on the male side, where women are still regarded as the primary caregivers for domestic duties and childrearing. This creates a significant gap that generates two negative effects: on the one hand, fewer children are born, as women pursue considerable economic and professional independence, making motherhood part of a broader life project rather than the primary form of self-realization. At the same time, many women work while also taking care of children and household responsibilities. In this way, they find themselves performing a “double shift” and carrying a series of responsibilities on their shoulders. In light of this, welfare plays a fundamental role. In Italy, the Mediterranean model, with its particular focus on the family and limited state support, makes these difficulties far more evident, pushing companies to fill the gap left by the state itself. Firms, in fact, in a social context where low birth rates affect economic slowdown and labor shortages, also act as drivers of innovation, capable of providing the necessary support to employees - particularly to women - to mitigate the divergences across the different stages of life. Within this framework, empirical research has confirmed what has been reported in the literature. Italian female workers, fully aware of the demographic crisis, associate this phenomenon with structural factors such as economic insecurity, high living costs, and insufficient public support, but also with cultural ones, namely the set of drivers that contribute to the motherhood penalty, leading to less linear career paths compared to their male colleagues.

In this context, elective egg freezing is presented as an innovative yet still underexplored service, although widely known. Given its increasing diffusion among young women, the benefit is considered an excellent solution for postponing an important decision and for reconciling two aspects that move in opposite directions. Indeed, as the years go by, the sense of stability, economic well-being, and the desire to have children increase, while biologically the body moves in the opposite direction: the older a woman becomes, the more difficult it is to conceive. In other words, freezing oocytes can be seen as a way of freezing time. The main downside of the practice, beyond the medical implications of undergoing the procedure, is its economic cost. Corporate sponsorship thus becomes a significant form of support, though not free from ambivalence and concern. Although at the empirical level egg freezing is perceived positively, when positioned within the corporate context perceptions become

less clear-cut and reveal mixed or even contradictory responses. On the one hand, it represents a democratization of the practice and expands women's freedom of choice; on the other hand, it raises concerns over privacy and the implicit expectation from companies to delay motherhood. When offered in isolation, egg freezing is seen as a mere communication tool, even counterproductive compared to when it is embedded within a broader set of maternity-supportive policies, such as equitable parental leave, flexible work arrangements, and company nurseries. In other words, policies related to oocyte freezing prove optimal only when incorporated into a holistic approach that acknowledges the ethical, organizational, social, and cultural multidimensionality in which corporate welfare is situated. These benefits can become a meaningful asset if communicated effectively and implemented with full respect for privacy and data protection. At the same time, questions arise as to whether companies should be the primary actors not only in providing such services but also in raising appropriate awareness on these issues. The Italian welfare model and the reflections of the interviewees demonstrate the necessity of state intervention, which, through public policies, must seek to mitigate inequalities and guarantee equal opportunities regardless of the workplace. Corporate welfare should, ideally, be an additional advantage, not a substitute.

In conclusion, elective egg freezing as a corporate benefit carries a dual interpretation depending on the context in which it is placed. What remains fundamental is a holistic approach capable of providing concrete support to female workers, and in particular to mothers, with the hope that in the future the concept of "working mothers" may be replaced by that of "working parents".

References

- Adnkronos. (2024). *Merck presenta il Fertility Benefit Program in Italia*. <https://www.adnkronos.com>
- Alteri, A., Pisaturo, V., Nogueira, D., & D'Angelo, A. (2019). Elective egg freezing without medical indications. *Acta Obstetrica et Gynecologica Scandinavica*, 98(5), 647–652. <https://doi.org/10.1111/aogs.13573>
- American Society for Reproductive Medicine. (n.d.). *Oversight of assisted reproductive technology*. <https://www.asrm.org/advocacy-and-policy/fact-sheets-and-one-pagers/oversight-of-art/>
- Baizán, P., Arpino, B., & Delclòs, C. E. (2016). The effect of gender policies on fertility: The moderating role of education and normative context. *European Journal of Population*, 32(1), 1–30. <https://doi.org/10.1007/s10680-015-9356-y>
- Baldwin, K. (2018). Conceptualising women's motivations for social egg freezing and experience of reproductive delay. *Sociology of Health & Illness*, 40(5), 859–873. <https://doi.org/10.1111/1467-9566.12728>
- Benagiano, G., Filippi, V., Sgargi, S., & Gianaroli, L. (2014). Italian Constitutional Court removes the prohibition on gamete donation in Italy. *Reproductive BioMedicine Online*, 29(6), 662–664. <https://doi.org/10.1016/j.rbmo.2014.08.013>
- Bissonnette, F., Phillips, S., Sampalis, J., Dahdouh, E. M., St-Michel, P., Buckett, W., et al. (2019). Impact of government health coverage for ART: The results of a 5-year experience in Quebec. *Reproductive Biomedicine & Society Online*, 8, 32–37.
- Bögl, S., Moshfegh, J., Persson, P., & Polyakova, M. (2024). *The economics of infertility: Evidence from reproductive medicine* (NBER Working Paper No. 32445). National Bureau of Economic Research. <https://doi.org/10.3386/w32445>
- Brunelli, L., Bravo, G., Romanese, F., Righini, M., Lesa, L., De Odorico, A., Bastiani, E., Pascut, S., Miceli, S., & Brusaferrò, S. (2022). Sexual and reproductive health-related knowledge, attitudes and support network of Italian adolescents. *Public Health in Practice*, 3, 100253. <https://doi.org/10.1016/j.puhip.2022.100253>
- Burkhard, D. (2022). Achieving gender equality by implementing work-life balance measures in Swiss SMEs. *Journal of the International Council for Small Business*, 3(4), 350–358. <https://doi.org/10.1080/26437015.2022.2098080>
- Cáceres-Santamaría, A. (2025, April 1). The psychology of free: How a price of zero influences decisionmaking. *Federal Reserve Bank of St. Louis, Page One Economics*.
- Campo-Engelstein, L. (2018). Gamete preservation and social justice: Fertility preservation for cancer patients. *The American Journal of Bioethics*, 18(6), 43–45.
- Carrot Fertility, & RESOLVE: The National Infertility Association. (2021). *It's time to talk about fertility at work* (Report). <https://www.get-carrot.com/fertility-at-work>
- Carrot Fertility. (2023, January 4). *Why fertility benefits should be on every employer's list*. <https://www.get-carrot.com/blog/why-fertility-benefits>

- Cavalli, N. (2024, aprile). *La natalità e le sfide della genitorialità in Italia. Il ruolo delle aziende per un nuovo modello di welfare sostenibile* (Rapporto). Università Bocconi.
- Chen, S. (2025). Women's education and fertility in select countries of Africa and Asia: Moderation by quality of education. *Population Studies*, 1–23. <https://doi.org/10.1080/00324728.2025.2523761>
- Chuard, C., & Chuard-Keller, P. (2021). Baby bonus in Switzerland: Effects on fertility, newborn health, and birth-scheduling. *Health Economics*, 30(9), 2092–2123.
- Cimadomo, D., Cobo, A., Galliano, D., Fiorentino, G., Marconetto, A., Zuccotti, M., & Rienzi, L. (2024). Oocyte vitrification for fertility preservation is an evolving practice requiring a new mindset: Societal, technical, clinical, and basic science-driven evolutions. *Fertility and Sterility*, 121(4), 555–561. <https://doi.org/10.1016/j.fertnstert.2024.01.003>
- CNBC. (2024). *How much does egg freezing cost in the US?* <https://www.cnn.com>
- Cobo, A., García-Velasco, J., Domingo, J., Pellicer, A., & Remohí, J. (2018). Elective and onco-fertility preservation: Factors related to IVF outcomes. *Human Reproduction*, 33(12), 2222–2231. <https://doi.org/10.1093/humrep/dey321>
- Cofertility. (n.d.). *What employers offer egg freezing benefits?* (Retrieved June 10, 2025). <https://www.cofertility.com/freeze-learn/what-employers-offer-egg-freezing-benefits>
- Coluzzi, M., & Palmieri, S. (2001). *Welfare a confronto*. Ediesse.
- Connelly, B. L., Certo, S. T., Ireland, R. D., & Reutzel, C. R. (2011). Signaling theory: A review and assessment. *Journal of Management*, 37(1), 39–67. <https://doi.org/10.1177/0149206310388419>
- Dimai, M. (2023). Shall we have another? Effects of daycare benefits on fertility: A case study in a region in Northeastern Italy. *Genus*, 79(1), 13.
- Eagly, A. H., & Carli, L. L. (2020). The glass cliff: A meta-analysis of women's leadership positions and organizational performance. *Psychological Bulletin*.
- Economist Impact. (2024). *Fertility policy and practice: A toolkit for Europe* (sponsored by Merck). The Economist Group.
- Ely, R. J., Ibarra, H., & Kolb, D. M. (2011). Taking gender into account: Theory and design for women's leadership development programs. *Academy of Management Learning & Education*.
- Espinosa-Herrera, E., & Pietrini-Sanchez, F. (2024). Ethical considerations in employer-sponsored fertility treatments. *Journal of Bioethics and Health Policy*, 13(2), 77–89.
- European IVF Monitoring Consortium (EIM) for ESHRE; Smeenk, J., Wyns, C., De Geyter, C., Kupka, M., Bergh, C., Cuevas Saiz, I., De Neubourg, D., Rezabek, K., Tandler-Schneider, A., Rugescu, I., & Goossens, V. (2023). ART in Europe, 2019: Results generated from European registries by ESHRE. *Human Reproduction*, 38(12), 2321–2338. <https://doi.org/10.1093/humrep/dead197>
- Eurostat. (2024). *Young people – housing conditions*. https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Young_people_-_housing_conditions

- Fastweb. (2022). *Social freezing: One of the first companies in Italy, Fastweb organizes a webinar for its employees*. <https://www.fastweb.it/corporate/media/news-e-iniziativa/social-freezing-tra-le-prime-aziende-in-italia-fastweb-organizza-un-webinar-per-i-suoi-dipendenti/>
- Fertility Europe, & European Parliamentary Forum for Sexual and Reproductive Rights. (2023). *The white paper on access to fertility treatments in Europe*. https://fertilityeurope.eu/wp-content/uploads/2023/06/FE_WhitePaper_2023-WEB.pdf
- Flynn, E., & Leslie, L. M. (2023). Progressive or pressuring? The signaling effects of egg freezing coverage and other work-life policies. *Journal of Applied Psychology*, 108(1), 1–26. <https://doi.org/10.1037/apl0001023>
- Fortune. (2025, June 2). Women CEOs run 11% of Fortune 500 companies in 2025. *Fortune*. <https://fortune.com/2025/06/02/fortune-500-companies-run-by-female-ceos-women-2025/>
- Gaan, N. (2015). Youth bulge: Constraining and reshaping transition to liberal democracy in Afghanistan. *India Quarterly*, 71(1), 16–36. <http://www.jstor.org/stable/45072779>
- Giordano, A., Testa, M. R., & Rienzi, L. (2025, March 14). *Fertility in focus: Who's having kids, who's not and why it matters* [Conference presentation]. LUISS Guido Carli, Rome, Italy.
- Goldman, R. H., Racowsky, C., Farland, L. V., Munné, S., Ribustello, L., & Fox, J. H. (2017). Predicting the likelihood of live birth for elective oocyte cryopreservation: A counseling tool for physicians and patients. *Human Reproduction*, 32(4), 853–859. <https://doi.org/10.1093/humrep/dex008>
- Goldscheider, F., Bernhardt, E., & Lappegård, T. (2015). The gender revolution: A framework for understanding changing family and demographic behavior. *Population and Development Review*, 41, 207–239.
- Goold, I., & Savulescu, J. (2009). In favour of freezing eggs for non-medical reasons. *Bioethics*, 23(1), 47–58.
- Götmark, F., Andersson, M., & Berggren, Å. (2020). Education is more important than economic status for explaining fertility in high-income countries. *BMC Public Health*, 20, 554. <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-8331-7>
- Grant, J., Hoorens, S., Gallo, F., & Cave, J. (2006). *Should ART be part of a population policy mix? A preliminary assessment of the demographic and economic impact of assisted reproductive technologies*. RAND Corporation.
- Greil, A. L., Lowry, M. H., McQuillan, J., Burch, A., & Shreffler, K. M. (2020). *Medically defined infertility versus self-perceived fertility problem: Implications of survey wording for assessing associations with depressive symptoms*. *Women's Health Reports*, 1(1). <https://doi.org/10.1089/whr.2020.0032>
- Harwood, K. (2015). Egg freezing: A breakthrough for reproductive autonomy? *Bioethics*, 29(1), 26–38.
- Heywood, John & Miller, Laurie. (2014). Schedule Flexibility, Family Friendly Policies and Absence. The Manchester School. 83. 10.1111/manc.12079.

Hidalgo-Padilla, L., Toyama, M., Zafra-Tanaka, J. H., Vives, A., & Diez-Canseco, F. (2023). Association between maternity leave policies and postpartum depression: A systematic review. *Archives of Women's Mental Health*, 26(5), 571–580.

Il Sole 24 Ore. (2025). *Congelamento ovociti in Puglia: 900mila euro per tre anni*. <https://www.ilsole24ore.com>

INPS – Istituto Nazionale della Previdenza Sociale. (2017, 22 maggio). *Circolare n. 88 del 22 maggio 2017 – Bonus asilo nido*. <https://www.inps.it/bussola/VisualizzaDoc.aspx?sVirtualURL=%2FCircolari%2FCircolare+numero+88+del+22-05-2017.htm>

Instituto Bernabeu. (2024). *Spain: Leader in fertility treatments*. <https://www.institutobernabeu.com>

ISTAT – Istituto Nazionale di Statistica. (2024). *Natalità in Italia – Anno 2023*. <https://www.istat.it/wp-content/uploads/2024/10/Natalita-in-Italia-Anno-2023.pdf>

ISTAT – Istituto Nazionale di Statistica. (2025). *Occupati e disoccupati – Dati provvisori – Giugno 2025*. <https://www.istat.it/comunicato-stampa/occupati-e-disoccupati-dati-provvisori-giugno-2025/>

Italian Law No. 40 of 19 February 2004, on medically assisted reproduction. (2004). *Official Gazette of the Italian Republic*, 45 (24 February). <https://www.normattiva.it/uri-res/N2Ls?urn:nir:stato:legge:2004-02-19:40!vig=>

Karakitapoglu-Aygün, Z., Gumusluoglu, L., & Scandura, T. A. (2022). Paternalistic leadership in workplace? A cross-cultural review for future research. *Frontiers in Psychology*, 13, 853308. <https://doi.org/10.3389/fpsyg.2022.853308>

Kazepov, Y., & Carbone, D. (2007). *Che cos'è il welfare state*. Carocci.

Law No. 2021-1017 of 2 August 2021 on bioethics. (2021). *Official Journal of the French Republic* (3 August). <https://www.legifrance.gouv.fr/jorf/id/JORFTEXT000043565281>

Legge 11 dicembre 2016, n. 232: Bilancio di previsione dello Stato per l'anno finanziario 2017 e bilancio pluriennale per il triennio 2017–2019 (Art. 1, commi 348–349). (2016). *Gazzetta Ufficiale della Repubblica Italiana, Serie Generale*, 297. <https://www.gazzettaufficiale.it/eli/id/2016/12/21/16G00242/sg>

Legge 23 dicembre 2014, n. 190: Disposizioni per la formazione del bilancio annuale e pluriennale dello Stato (Legge di stabilità 2015). (2014). *Gazzetta Ufficiale della Repubblica Italiana, Serie Generale*, 300. <https://www.gazzettaufficiale.it/eli/id/2014/12/29/14G00203/sg>

Legifrance. (2025a). *Titre IV: Assistance médicale à la procréation (Articles L2141-1 à L2143-9)*. <https://www.legifrance.gouv.fr>

Lewis, M. W. (2015, July 10). Oman and Yemen: So similar, so different. *GeoCurrents*. <https://www.geocurrents.info/blog/2015/07/10/oman-and-yemen-so-similar-so-different/>

Lombardi, C. (2022). Costi e prospettive del social freezing in Italia. *la Repubblica*. <https://www.repubblica.it>

- Malmberg, B., & Sommestad, L. (2000). *Four phases of the age transition*. Institute for Futures Studies. <https://www.iffs.se/media/1072/20051201132852filu0byjpus9ko6s443tj6g.pdf>
- Matorras, R., Villoro, R., González-Domínguez, A., Pérez-Camarero, S., Hidalgo-Vega, A., & Polanco, C. (2015). Long-term fiscal implications of funding assisted reproduction: A generational accounting model for Spain. *Reproductive Biomedicine & Society Online*, 1(2), 113–122.
- McKinsey Global Institute. (2025, February 26). *Dependency and depopulation: Confronting the consequences of a new demographic reality*. <https://www.mckinsey.com/mgi/our-research/dependency-and-depopulation-confronting-the-consequences-of-a-new-demographic-reality>
- Mercer. (2021). *2021 fertility survey report*. <https://resolve.org/wp-content/uploads/2022/01/2021-Fertility-Survey-Report-Final.pdf>
- Mercer. (2024). *National survey of employer-sponsored health plans*. <https://www.mercer.com/en-us/solutions/health-and-benefits/research/national-survey-of-employer-sponsored-health-plans/>
- Merck. (2023). *Official communication on the Fertility Benefit Program*. <https://www.merckgroup.com>
- Miner, S. A., Miller, W. K., Grady, C., & Berkman, B. E. (2020). “It’s Just Another Added Benefit”: Women’s Experiences with Employment-Based Egg Freezing Programs. *AJOB Empirical Bioethics*, 12(1), 41–52. <https://doi.org/10.1080/23294515.2020.1823908>
- Neuberger, F., Bujard, M., & Rüttenauer, T. (2022). Where does public childcare boost female labor force participation? Exploring geographical heterogeneity across Germany 2007–2017. *Demographic Research*, 46(24), 693–722.
- Ochoa, S., & Blanch, J. M. (2022). *Family-friendly policies: Organizational and social sustainability*. In A. Wilkinson & S. Johnstone (Eds.), *Encyclopedia of Human Resource Management* (pp. 182–186). Routledge. <https://doi.org/10.4324/9781003224593-39>
- OECD. (2024). *Society at a glance 2024: OECD social indicators*. OECD Publishing. <https://doi.org/10.1787/918d8db3-en>
- Patierno, K., Gaith, S., & Madsen, E. L. (2019). *Which policies promote a demographic dividend? Evidence review*. Population Reference Bureau. <https://www.prb.org/wp-content/uploads/2019/11/prb-demographic-dividend-evidence-1.pdf>
- Petersen, A., & Hansen, A. (2022). Employer-sponsored egg freezing and ethical legitimacy. *Feminist Bioethics Review*, 7(2), 115–128.
- Pizarro, J., & Gartzia, L. (2024). Paternity leave: A systematic review and directions for research. *Human Resource Management Review*, 34(1), 100923. <https://doi.org/10.1016/j.hrmr.2023.100923>
- Polyakov, A., Piskopos, J., & Rozen, G. (2023). Elective egg freezing: State of the ART. *Australian Journal of General Practice*, 52(1–2). <https://doi.org/10.31128/AJGP-08-22-6546>
- Povoledo, E. (2024, April 1). Italy’s birthrate is falling. Can better family benefits help? *The New York Times*. <https://www.nytimes.com/2024/04/01/world/europe/italy-babies-family-benefits.html>

- Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data (General Data Protection Regulation). (2016). *Official Journal of the European Union*, L119, 1–88. <https://eur-lex.europa.eu/eli/reg/2016/679/oj>
- Reichel, A., Brandl, J., Mayrhofer, W., & Steyaert, C. (2022). The disabling effects of enabling social policies on organisations' human capital. *Human Resource Management Journal*, 32(3), 698–715. <https://doi.org/10.1111/1748-8583.12391>
- Roser, M. (2023). Demographic transition: Why is rapid population growth a temporary phenomenon? *Our World in Data*. <https://ourworldindata.org>
- Santulli, P., et al. (2023). Should elective egg freezing be publicly funded? *European Journal of Reproductive Health*, 12(3), 141–149.
- SART Outcome Tables. (2022a). *SART Clinic Summary Report and Outcome Tables*. <https://www.sartcorsonline.com/EmbryoOutcome/PublicSARTOutcomeTables>
- Scheuer, C.-L., Grotto, A. R., & Doll, J. L. (2023). If you take care of me, I'll take care of you: The mutual gains of parental support for employee and organizational well-being. *Human Resource Management Journal*, 33(2), 364–379. <https://doi.org/10.1111/1748-8583.12463>
- Schmid, J. J., Weber, S., & Ehlert, U. (2025). Who freezes her eggs and why? Psychological predictors, reasons, and outcomes of social egg freezing. *Reproductive Biology and Endocrinology*, 23, 7. <https://doi.org/10.1186/s12958-024-01342-3>
- Success rates. (2025, April 1). *Society for Assisted Reproductive Technology (SART)*. <https://www.sart.org/patients/a-patients-guide-to-assisted-reproductive-technology/general-information/success-rates/>
- Svensson, A., Connolly, M., Gallo, F., & Hägglund, L. (2008). Long-term fiscal implications of subsidizing in-vitro fertilization in Sweden: A lifetime tax perspective. *Scandinavian Journal of Public Health*, 36(8), 841–849.
- UNICEF. (n.d.). *Family-friendly policies*. (Retrieved 2025). <https://www.unicef.org/early-childhood-development/family-friendly-policies>
- United Nations Population Fund. (2025). *State of world population 2025: At the brink – Adolescent pregnancy and sexual and reproductive health and rights*. https://www.unfpa.org/sites/default/files/pub-pdf/EN_State%20of%20World%20Population%20report%202025.pdf
- United Nations, Department of Economic and Social Affairs, Population Division. (2024). *World population prospects*. <https://population.un.org/wpp/>
- When it's better than expected: a quasi-experimental study of firm-provided paid parental leave and employee organizational commitment. (2025). *International Journal of Human Resource Management*, 36(1), 80–102. <https://doi.org/10.1080/09585192.2024.2439269>
- World Health Organization. (2023). *Infertility prevalence estimates, 1990–2021*. <https://iris.who.int/bitstream/handle/10665/366700/9789240068315-eng.pdf>

World Health Organization. (2023). *Life expectancy and healthy life expectancy*.
<https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-life-expectancy-and-healthy-life-expectancy>

Appendix 1

Grazie per aver accettato di partecipare a questa intervista.

L'obiettivo di questo progetto è comprendere meglio la Sua percezione dei benefit aziendali, con particolare attenzione, tra i benefit pensati per le lavoratrici donne, alle pratiche legate alla fertilità femminile e alla crioconservazione degli ovociti (egg freezing) pagato interamente o parzialmente da parte della propria azienda, e all'influenza che tale pratica apporta sulla carriera femminile.

La partecipazione a questo studio è completamente volontaria. Inoltre, desidero sottolineare che lo studio si concentra sui punti di vista individuali delle intervistate e, conseguentemente, non esistono risposte giuste o sbagliate.

L'intervista durerà circa un'ora, a seconda della quantità e della profondità delle informazioni che sceglierà di condividere. Con il Suo permesso, vorrei registrare digitalmente l'intervista per garantire la massima accuratezza nella raccolta delle Sue osservazioni. Le assicuro che tutte le risposte saranno riservate alla sottoscritta. Questo significa che le Sue risposte, una volta rese anonime, saranno accessibili soltanto a me, e mi impegnerò a garantire che qualsiasi informazione inclusa nella mia tesi non permetta di risalire alla sua identità come partecipante. Avrà in ogni momento la possibilità di rifiutare di rispondere a una domanda o di interrompere l'intervista per qualsiasi motivo.

Ha domande o ci sono dei punti che vuole smarcare in merito alle informazioni che le ho appena fornito?

Posso procedere ad attivare il registratore digitale?

Appendix 2

0. INFO GENERALI SULL'INTERVISTATO:

ETA':

DA QUANTO TEMPO LAVORA/WORK EXPERIENCE (generale, non necessariamente nella stessa azienda):

LIVELLO GERARCHICO immaginando una scala da 1 a 10 e immaginando che 10 sia il CEO, dove si colloca la sua posizione?

POSIZIONE/LAVORO/AMBITO:

1. DOMANDE SUL BENESSERE GENERALE:

1.1 Pensa che la carriera delle donne possa essere influenzata dalle loro scelte di vita nello stesso modo in cui lo è quella degli uomini? Perché? Si senta libera di riportare eventuali esempi.

1.2 Secondo lei, quali iniziative sarebbe opportuno implementare in un'impresa per rendere l'ambiente di lavoro più equo dal punto di vista di genere e per promuovere una cultura che supporti davvero le esigenze delle donne?

1.3 Che cosa significa per Lei, in questo contesto, sentirsi supportata dall'azienda?

1.4 In che misura il supporto aziendale attraverso politiche di welfare e benefit incide sulla possibilità per i lavoratori di conciliare responsabilità familiari, inteso come l'accudimento dei figli o l'idea di metter su famiglia, e percorso professionale, quindi la possibilità di crescere a livello lavorativo?

1.4 Ci sono politiche che, a suo avviso, fanno davvero la differenza nella vita di una dipendente donna? Può citare politiche già esistenti oppure non ancora implementate nella sua organizzazione (o in organizzazioni in cui lei o altre persone che conosce hanno lavorato).

2. CONOSCENZE GENERALI SU FERTILITY PRESERVATION E DATI:

2.1 Ha mai avuto occasione di leggere dati sul calo della fertilità in Europa o sull'età media crescente delle madri alla prima gravidanza? Perché pensa che le nostre società stiano andando in questa direzione?

A tal riguardo, le faccio presente alcuni numeri: Oggi nel mondo abbiamo una media di 2.3 figli per donna, ma secondo i dati che abbiamo a disposizione questo numero diminuirà a 2.1 entro 2050 e a 1.8 entro il 2100 (dati dell'UN). In Europa, contiamo 1.6 figli per donna.

2.2 Ha mai sentito parlare di social egg freezing? Se sì, dove?

L'egg freezing, o crioconservazione degli ovociti, è una procedura medica che consiste nella stimolazione ormonale, nel prelievo e nella conservazione degli ovociti a bassissime temperature, al fine di preservarne la fertilità. Questa tecnica, nata con finalità cliniche, è oggi sempre più utilizzata anche in un'ottica sociale e lavorativa, offrendo alle donne la possibilità di pianificare in modo più flessibile il proprio percorso riproduttivo e professionale.

2.3 Secondo lei, esiste un'adeguata consapevolezza pubblica sulla salute riproduttiva, incluse le opzioni di fertilità, le finestre biologiche e i costi reali di procedure come il congelamento degli ovuli (egg freezing)? Cosa bisognerebbe fare per far sì che questa consapevolezza e conoscenza accurata e scientifica trovi maggior sviluppo anche e soprattutto tra i giovani?

2.4 A suo parere, le aziende dovrebbero avere un ruolo nel condividere informazioni accurate sulla fertilità, sulla preservazione della fertilità e sulle opzioni mediche? E in quale misura?

3. SOCIAL EGG FREEZING: CONOSCENZE GENERALI E PERCEZIONE:

3.1 Come immagina il futuro di questa pratica?

3.2 Quali sono, secondo lei, le principali ragioni che possono portare una donna a sottoporsi a questo trattamento?

4. SOCIAL EGG FREEZING NEL LUOGO DI LAVORO:

Dal 2014 alcune grandi aziende statunitensi hanno iniziato a offrire alle proprie dipendenti una copertura totale o parziale dei costi relativi a diverse pratiche di preservazione della fertilità e di procreazione medicalmente assistita, tra cui anche il congelamento degli ovociti per ragioni sociali, ovvero non legate a motivazioni mediche, tra le quali citiamo scelte di vita e di carriera (posticipare la maternità, avere un maggior controllo sulla propria finestra riproduttiva, concentrarsi sul lavoro, aspettare il giusto partner, etc.). Tra le prime vi sono state Apple e Meta, seguite da altre come Alphabet, LinkedIn, Intel, Starbucks, Spotify e, più recentemente, Merck, che dal 2024 ha esteso il proprio programma anche all'Italia. In alcuni casi, come per Alphabet, i bonus raggiungono fino a 75.000 dollari per dipendente.

4.1 Come percepisce un'azienda che offre una copertura totale o parziale dei costi per il congelamento degli ovuli per ragioni sociali come benefit aziendale?

4.2 Lo considera un beneficio che avrà un impatto positivo o negativo sulle dipendenti donne? Perché?

4.3 La possibilità di congelare gli ovociti per ragioni sociali a un costo ridotto o gratuitamente, grazie al sostegno aziendale, potrebbe rappresentare un fattore decisivo nella scelta di intraprendere una carriera tra due o più aziende?

4.4 Qual è la sua opinione sul coinvolgimento delle imprese in un ambito così delicato come la fertilità? Quali limiti o tutele dovrebbero essere previsti?

4.5 Lei ha mai congelato gli ovuli o, qualora non lo avesse fatto, lo farebbe in futuro?

4.5.1 Farebbe questa pratica a spese dell'azienda in cui lavora? Perché? Con che aspettative svolgerebbe questa pratica?

4.6 Se lo stesso servizio fosse offerto a livello nazionale (pubblico) invece che tramite il settore privato, la sua percezione cambierebbe?

5. DOMANDE PER DONNE CON FIGLI:

5.1 Quando ha avuto il primo figlio?

5.2 Quanti figli ha al momento?

5.3 Rifacendosi alla scala presentata precedentemente, mi sa dire, in un valore che va da 1 a 10, che ruolo aveva all'interno dell'azienda in cui lavorava?

5.4 Come ha organizzato l'arrivo di un figlio in relazione alla sua vita professionale?

5.5 Ha percepito un cambiamento nella sua vita professionale dopo la maternità? Più nel modo in cui ha percepito Lei il suo ruolo in azienda o in cui l'hanno fatta sentire?

5.6 Tornasse indietro, gestirebbe qualcosa, sia dal punto di vista come madre che come lavoratrice, in maniera differente?

5.7 Credeva che le cose sarebbero state differenti, sia in positivo che in negativo? Se sì, cosa nello specifico?

5.8 Ha usufruito di qualche servizio in particolare durante la maternità e i primi anni del bambino?

Si senta libero/a di aggiungere qualsiasi ulteriore considerazione sul tema.