New Reproductive Technologies

Read: Inhorn, “Quest for conception: Gender, infertility, and Egyptian medical traditions”
Rapp: “Constructing amniocentesis: Maternal and medical discourses”
Cussins: “Ontological choreography: Agency for women patients in an infertility clinic”

I. The issue of unwanted pregnancies

A. Birth control

1. Old technologies: condom, diaphragm

2. Newer ones: the Pill, Intrauterine Devices (IUDs), Norplant

   a. Example of roles played by institutions

      1) Judge in California giving crack-addicted mother of several neglected children the choice of Norplant for 5 years or jail

         a) Later was ruled unconstitutional

3. Abortion

   a. When pregnancy is unwanted
b. When pregnancy is wanted, but not this embryo/fetus, following testing

1) Rayna Rapp was the first to study the social and cultural context of these new technologies

2) “Right to death” issue in France—“Right not to be born,” “wrongful birth”

a) A legal matter using rights discourse: parents or child sue obstetrician for not providing enough information

4. Sterilization

a. Abused, used deceptively in this country and abroad

b. Lynchburg
5. New issues with birth control

a. If a woman promised to use birth control and didn’t, is this “fraud”?

1) Pretty funny given that men have been getting women pregnant for centuries

2) Most unwed mothers get no child support, not much sympathy either, are seen as wanting sex but not wanting the pregnancy

3) But we do have the new phenomenon of unmarried women choosing to get pregnant

B. At the national level: state policy

1. China: One Child policy

   a. Coerced abortions

   b. DISCUSS: it was successful in slowing population growth

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1) Resulted in a skewed sex ratio

2. Other countries: pro-natalist state policies; birth control practice perceived to be a problem

   a. Greece: highest abortion rate in Europe

      1) Not a problem of lack of education

      2) Nor $$: birth control is free

      3) “Selfish” women denounced by government

   b. Similar situation in Italy: government pronatalist policies, denounces “selfish,” “unpatriotic” women

   c. N. Europe: policies offering inducements

      1) France: free day care

      2) Many countries: financial aid

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3) Soviet Union: “Mother Russia” prizes to mothers of large families

d. Romania under dictator Ceausescu (1974-1989): no birth control available

1) Very pro-natalist regime

a) Orphanages bursting with children abandoned as newborn infants

2) Policy of “strengthening” these babies by giving them blood transfusions

3) Many became infected with HIV/AIDS

e. Nationalist fears about “the wrong people” increasing

1) Immigrants, even third-generation ones (Turks in Germany, etc.)

2) Phrases like “they breed like rabbits” crop up

3. Other institutions
   a. Catholic Church against birth control and abortion

II. Wanted pregnancies
   A. Artificial insemination
      1. Known about, practiced for a long time
         a. Animal breeding
      2. New practices
         a. Unmarried women, lesbians using it
      3. New technologies
         a. Selling sperm, marketing it
            1) Denmark: largest lab in the world
         b. Go online to find a donor
c. Donor catalogues

4. Cultural, political context: fertility clinics in Israel

a. Notions of Jewishness as raced can be quite pronounced among some groups of Jews

   1) So there will be rulings, for instance, about organ transplants

b. Susan Kahn’s book on the employment of new reproductive technologies in Israel

   1) Fascinating study of the centrality of reproduction in Judaism and Jewish culture

   2) The state makes such treatments available to all Israelis, even unmarried secular women

   3) Orthodox Jews are not supposed to participate

   4) But question is asked, why not help Orthodox couples fulfill their dreams, to “be fruitful and multiply”?

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a) Husband can cast off wife after 10 years of failure

5. Sperm of dead men

a. Saving sperm of men immediately following death

b. Legal hassles: widow wants to become inseminated; partner hadn’t given permission

B. Fertility clinics

1. Technologies to aid a couple having trouble

a. IVF (in vitro fertilization)

2. Technologies involving more persons than the infertile couple

3. Unlike maternity, which was thought to be unmistakable, establishing paternity used to be difficult

a. Royalty in England

1) Requirement that a court official witness the birth to make sure infant did come out of the right woman—no substitutions could be made

4. Now that DNA tests establish paternity beyond the shadow of a doubt
   a. It’s maternity that’s confused

5. Now 3 kinds of mothers: egg donor, gestational surrogate, social mother
   a. Social mother differs from adoptive mother in that social mother will say things like she conceived the baby “in the heart”

6. Our ideology has no problem with couples that want a child, and have trouble getting pregnant or bringing a pregnancy to term
   a. And use assisted reproduction—general idea is that everyone is entitled to have a child

1) Remember eugenics movement?

b. Where the envelope is pushed as to who is entitled to get pregnant:
   1) Post-menopausal women
2) Fertility treatments but refusing selective abortion of “extra” embryos

7. Surrogacy: problems and contradictions

   a. Critics have claimed that surrogacy is a form of “slavery”

1) Poor and third world women tend to be surrogates

2) Gujarat, India: illiterate peasant women stay in a dorm throughout pregnancy

   a) To monitor progress, make sure proper nutrition

   b) Egg often from Scandinavia, sperm from the husband

   c) Couples are usually American

   (1) Companies offer package deals that include airfare for 2 trips to India, with time for tourism

   (2) Much cheaper than in USA
d) Woman doesn’t get the $$ for herself, it may go to pay for

(1) Treating a family member’s illness, or a dowry

b. Overtones of adultery: husband of surrogate mother has to give up a lot

1) Surrogate cannot have sex with her husband—this is in the contract

2) Traditionally the woman carrying a man’s child is supposed to be his wife

3) In one case, a client thought he was going to sleep with the surrogate

c. “Expenses” and remuneration

1) In states that don’t permit fees for surrogate mother, everyone else gets paid (clinic, lawyers)

2) It’s often assumed that surrogate mothers do it for the money
3) Opinions change when find out this isn’t necessarily true

8. When things go wrong is when we see the workings of culture most clearly

a. The case of “Baby M”

b. Nowadays egg very seldom comes from the gestational surrogate—to avoid possibility of the surrogate making claims

c. The “child without a parent” case

1) John Buzzanca and Luanne Buzzanca pay

   a) Conception in a Petri dish using sperm and egg of anonymous donors, gestation by another person

2) When they divorced, John was ruled not legal father, Luanne not “entitled” to be the legal mother

   3) Appellate court ruled against earlier decision, saying that intention made them parents

C. Selecting the kind of child
1. Back to genetic testing

a. Rapp’s research

b. Issue of social pressures to abort in case of birth defects

2. Obstetrical ultrasound

a. Abort unwanted embryos

b. Sex selection

1) Serious consequences in India and China

2) Skewed sex ratios not a problem in U.S.—parents choose male and female with equal frequency

3. Choosing donor eggs—ads on MIT bulletin boards

D. Embryos

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1. Embryos conceived for the purpose of aiding a sibling with a disease
   
a. Cell transplants

2. Selling embryos for “adoption”
   
a. Can even pick ancestry for $2,750

3. Implanting embryos conceived with ex-husband, without his consent
   
a. Embryos in a divorce case: are they joint property or offspring?

4. “Designer babies”

E. Cloning

1. When Dolly the sheep was announced
   
a. Newspaper article said “men not needed anymore”

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b. A very old theme (Amazons)

III. Other new medical technologies involved in reproduction

A. Fetal monitoring, etc., during labor

B. DISCUSS: others?