


Globalization and Reproductive Tourism in the United Arab Emirates

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Abstract

Over the past 2 decades, the discipline of anthropology has been deeply concerned with the processes and effects of globalization around the world. One of the major anthropological theorists of globalization, Arjun Appadurai, has delineated a "global cultural economy" in which global movements operate through 5 pathways, which he famously called "scapes." This article uses the language of "scapes" to examine the global flows involved in so-called "reproductive tourism," or the search for assisted reproductive technologies across national and international borders. Reproductive tourism entails a complex "reproscape" of moving people, technologies, finance, media, ideas, and gametes, pursued by infertile couples in their "quests for conception." This article examines reproductive tourism to and from the United Arab Emirates, which is now the site of intense globalization and global flows, including individual and population movements for the purposes of reproductive and other forms of medical care.

Keywords

globalization, infertility, assisted reproductive technology, reproductive tourism, United Arab Emirates

Introduction

Medical tourism is a growing global phenomenon, with so-called "reproductive tourism" as one of its major forms. Reproductive tourism has been defined as "the traveling by candidate service recipients from one institution, jurisdiction or country where treatment is not available to another institution, jurisdiction or country where they can obtain the kind of medically assisted reproduction they desire."¹

Although little systematic empirical research on reproductive tourism has been undertaken, 7 discrete factors underlying reproductive tourism have been cited in the existing literature: (a) individual countries may prohibit a specific service for religious or ethical reasons; (b) a specific service may be unavailable because of lack of expertise, personnel, and equipment; (c) a service may be unavailable because it is not considered sufficiently safe or its risks are

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unknown; (d) certain categories of individuals may not receive a service, especially at public expense, on the basis of age, marital status, or sexual orientation; (e) services may be unavailable because of shortages and waiting lists, especially for donor gametes; (f) some individuals may have privacy concerns; and (g) services may simply be cheaper in other countries.¹⁻³

Most of the literature on reproductive tourism focuses on the West,⁴ and little is known about the forces that motivate infertile persons to undertake international travel in their "quest for conception."⁵ Only through in-depth, ethnographic analysis of the actual stories, desires, and migratory pathways of reproductive tourists themselves may we begin to understand the complex factors governing this global movement.

Globalization and Reproductive Tourism: Theorizing Reproscapes

Globalization can be viewed as "the ever faster and ever denser streams of people, images, consumer goods, money markets, and communication networks around the world."⁶ One of the major anthropological theorists of globalization, Arjun Appadurai, has delineated a "global cultural economy" in which global movements operate through 5 pathways, which he famously calls "scapes."^{7,8} According to Appadurai, globalization is characterized by the movement of people (ethnoscapes), technology (technoscapes), money (financescapes), images (mediascapes), and ideas (ideoscapes), which now follow increasingly complex trajectories, moving at different speeds across the globe.

The phenomenon of reproductive tourism clearly involves 2 of Appadurai's 5 scapes—namely, ethnoscapes and technoscapes. Ethnoscapes involve "the landscape of persons who constitute the shifting world in which we live: tourists, immigrants, refugees, exiles, guest workers, and other moving groups and individuals."⁸ Technoscapes involve "the global configuration, also ever fluid, of technology and the fact that technology, both high and low, both mechanical and informational, now moves at high speeds across various kinds of previously impervious boundaries."⁸

However, a consideration of reproductive tourism has the potential to expand on Appadurai's theory of globalization. Using Appadurai's language of "scapes," reproductive tourism might be thought of productively as a more complex "reproscape," combining numerous dimensions of globalization and global flows. Reproductive tourism occurs in a new world order characterized not only by circulating reproductive technologies (technoscapes) but also by circulating reproductive actors (ethnoscapes) and their body parts (bioscapes), leading to a large-scale global industry (financescapes), in which images (mediascapes) and ideas (ideoscapes) about making lovely babies while "on holiday" come into play. Furthermore, this reproscape is highly gendered—with technologies enacted on men's and women's bodies in highly differentiated ways.

Moreover, the notion of "stratified reproduction," forwarded by medical anthropologists Faye Ginsburg and Rayna Rapp, evokes the transnational inequalities whereby some well-to-do infertile couples are able to achieve their reproductive desires, including resorting to reproductive technologies and reproductive travel, while other infertile couples of lesser means are devalued as reproducers.⁹ In other words, the global "reproscape" in which reproductive tourism takes place is an uneven terrain, in that some individuals, some communities, and some nations have achieved greater access to the fruits of reproductive globalization than others.

Numerous "arenas of constraint," or various barriers to assisted reproductive technology (ART) access, have been shown to operate on the local level in a study conducted in the resource-poor Middle Eastern country of Egypt.¹⁰ Nonetheless, an ART industry is flourishing in the Middle East, with hundreds of in vitro fertilization (IVF) clinics in countries ranging from the relatively small Arabian Gulf countries to the larger but less prosperous nations of North Africa.¹¹ This fluorescence of a mostly private Middle Eastern ART industry is not surprising: Islam encourages the use of science and medicine as solutions to human suffering, and it is a religion

that can be described as "pronatalist," encouraging the growth of an Islamic "multitude."^{12,13} Yet, relatively little is known about Islam and technoscience.¹⁴ This dearth of relevant scholarship clearly applies to the cross-cultural study of ARTs. For example, in *Third Party Assisted Conception Across Cultures: Social, Legal and Ethical Perspectives*, not a single Muslim society is represented among the 13 country case studies.¹⁵

The globalization of ARTs to diverse contexts in the Muslim world requires examination, particularly given the rapid development and deployment of these technologies. Since the introduction of IVF in 1978 to overcome blocked fallopian tubes, many other ARTs have been invented, including (a) intracytoplasmic injection (ICSI) to overcome male infertility; (b) third-party gamete donation (of eggs, sperm, embryos, and uteruses, as in surrogacy) to overcome absolute sterility; (c) multifetal pregnancy reduction to selectively abort high-order IVF pregnancies; (d) ooplasm transfer (OT) to improve egg quality in perimenopausal women; (e) cryopreservation, storage, and disposal of unused gametes and embryos; (f) preimplantation genetic diagnosis (PGD) to select "against" embryos with genetic defects and to select "for" embryos of a specific sex; (g) embryonic stem cell research on unused embryos for the purposes of therapeutic intervention; and (h) the future possibility of asexual autonomous reproduction through human cloning. Many of these ARTs are being practiced in the Middle East in the 21st century, leading to a Middle Eastern reproccape characterized by moving peoples, technologies, gametes, money, images, and ideas involved in the pursuit of conception.

The UAE Study and Methodology

The UAE is a fascinating site to study this Middle Eastern reproccape, because it currently represents the Middle Eastern "hub" of intense globalization and global "flows." As of 2007, the UAE hosted 11 IVF centers, all private except for 2 government clinics (in Dubai and in Al Ain, Abu Dhabi). These IVF centers are "cosmopolitan," with many nationalities represented by both staff and patients.

This study was based in the largest private clinic in the UAE called "Conceive, The Gynaecology and Fertility Centre," which is located between the adjacent emirates of Dubai and Sharjah. It is owned by a local UAE business sponsor, and is directed by one of the coauthors, Dr Pankaj Shrivastav, who was among the earliest providers of IVF in the UAE in the early 1990s. Conceive serves 3 distinct populations: (a) Emiratis, (b) a large expatriate community living in the UAE, and (c) "reproductive tourists" from abroad, including other parts of the Middle East, South Asia, Africa, and Europe.

The study was from January 1 to June 30, 2007. In-depth, ethnographic interviews were conducted by the first author with 219 individuals, representing 125 patient-couples, from exactly 50 countries. The majority were Indian, followed in rank order by Lebanese, Emiratis, British, Pakistanis, Sudanese, Filipinos, and Palestinians. The IVF treatment and travel trajectories of many of these couples were followed over the course of 6 months. More than 20 staff members, including physicians, embryologists, nurses, and clinic managers were also interviewed formally and informally during the study period.

Results: Characterizing the UAE Reproccape

Two major findings emerged in this study: first, the problematic term "reproductive tourism," and second, the great variety of reasons behind this phenomenon, above and beyond those hypothesized in the existing literature.

First, it became immediately clear during the early recruitment phase that many infertile couples did not consider themselves to be "tourists," even if they had traveled great distances across national and international borders. The term "tourism," they said, implies "fun," "leisure,"

and "holidays under the sun." Most reproductive travelers vociferously criticized the term "tourism" (including its use in the study advertisement posted in the clinic). Their own travel, they explained, was undertaken out of the desperate need for a child and was highly stressful and costly. They felt the term "tourism" was cavalier and insensitive—a "gimmick" that made a mockery of their suffering. Instead, they described their "travel," and expressed their preference *not* to travel, if trustworthy services were available closer to home. To use the language of "reproductive tourism" to define this field of global flows is a misnomer, for many of the so-called reproductive tourists in this study felt "forced" to travel in order to obtain medical assistance not available in their home countries. The term "reproductive exile" comes closer to their subjective experiences than the term "reproductive tourism," which has been used widely in the media.¹⁶

The second major finding of the study was that there are many additional causes of reproductive travel above and beyond those already cited in the literature. Listening to "reproductive travel stories" through fine-grained ethnographic research is key to understanding what propels infertile couples on their transnational "quest for conception." In this study, 3 major patterns of reproductive travel were identified as follows: (a) reproductive travel to the UAE, (b) reproductive travel from the UAE, and (c) reproductive tourism to and from the UAE. In addition, many couples also volunteered reasons for not traveling.

Reproductive Travel to the UAE

Participants described 6 major reasons why they had come to the UAE in search of ARTs:

1. Reproductive travelers are attracted to Dubai in part because of its recent marketing as a high-tech medical care setting.
2. The UAE makes it easy for most reproductive travelers to enter on a multimonth "visitor's visa," which allows them to complete an entire IVF cycle (4 to 6 weeks, at a minimum) with only one trip to the country.
3. In some parts of the Middle East (eg, Oman) and sub-Saharan Africa, IVF clinics are either completely absent or scarce, and the UAE represents the closest and easiest country in terms of access.
4. In Europe, where ARTs are readily available, many countries have restrictions, including age limits and strict embryo transfer guidelines. Thus, some Europeans are coming to the UAE to bypass these restrictions.
5. Many reproductive travelers from Great Britain are choosing the UAE after spending years on National Health Service waiting lists. Although publicly funded ARTs are available in Britain, access is limited and depends in part on where an individual lives.
6. Many reproductive travelers reach Conceive because of "word of mouth" referrals: (a) from regional networks of physicians and (b) Web sites and chat rooms where patients can state their preferences.

Reproductive Tourism From the UAE

Many infertile couples are also traveling out of the UAE for a variety of reasons. Patients in this study provided 8 reasons for seeking ART services abroad:

1. Privacy is a concern in a milieu where both infertility and IVF are still stigmatized.
2. Reproductive travelers who have attempted to access lower cost services in government clinics in the UAE have faced long delays and waiting lists, prompting them to leave the country (or the emirate). This is especially true of expatriate workers, who do not have the same level of subsidized medical care as nationals.

3. The UAE is one of the few Middle Eastern countries to enact ART legislation. It does not permit any form of third-party reproductive assistance (ie, sperm and egg donation, embryo donation, or surrogacy).¹⁰ Reproductive travelers who require third-party reproductive assistance to overcome their infertility must travel abroad. The UAE also prohibits fetal reduction (a form of selective abortion when too many embryos implant in the uterus) and cryopreservation of embryos.
4. Expatriates in the UAE also display "medical (ex)patriotism:"¹⁰ namely, a belief that the "home country" offers higher quality medical services than the "host country." This patriotic attachment to "home" propels many infertile couples back to their natal countries during their annual leave period. These travels back home are justified by some reproductive travelers who claim to have faced poor-quality medical care in the UAE.
5. Expatriates often prefer to try IVF "back home" because they will be hosted and cared for by their families. Family support, especially by parents, is considered essential by some couples.
6. Reproductive travelers are often keenly aware of the comparative costs of IVF in different countries and may travel to a less expensive locale, especially expatriates who can access state-subsidized services based on ongoing citizenship rights in their own countries.
7. More affluent residents of the UAE can engage in Internet searches of IVF clinics abroad, and can be attracted by fertility "tourist packages" offered in countries such as India, Singapore, and Thailand. They may not regard these locales as "holiday sites," but as trustworthy countries in which to obtain the services they need.
8. Some reproductive travelers are leaving the UAE in the third trimester of their IVF pregnancies to deliver their offspring in "the West" (eg, Canada, the United States). The desire is to produce an "anchor baby" who they believe will eventually confer citizenship rights to the whole family.

Reproductive Tourism to and From the UAE

Many infertile patients had traveled in and out of the UAE for 3 major reasons:

1. Reproductive travelers end up receiving "fragmented care," because of their difficulty accessing the full range of services in the UAE. For example, those needing donor eggs may travel to Lebanon and Cyprus. Those needing fetal reduction (abortion) may travel to London or India. And those with financial constraints may undertake diagnostic laparoscopy in India to save on costs.
2. Infertile couples who have frozen embryos in storage abroad may have to retrieve them transnationally, either by traveling abroad or hiring the services of an embryo courier. As of 2010, both cryopreservation and embryo couriers have been outlawed in the UAE, meaning that more couples will be forced to travel outside the UAE for embryo cryopreservation services.
3. Infertile couples who are not successful after repeated trials of IVF end up "doctor shopping" across the emirates, regionally, and, in some cases, globally, effectively moving back and forth across the Middle Eastern reprocure.

Reasons Not to Travel

Most infertile couples find reproductive travel to be highly stressful and costly. Most of those interviewed expressed their desire to "stay put" and undertake all of their care in one clinic. They cited 4 major reasons:

1. IVF patients often become very attached to trustworthy IVF physicians and to particular clinics,¹⁰ and prefer to remain in their "comfort zones." Part of this "comfort" involves being near one's physician in times of reproductive emergency. Two complications of IVF, namely, ovarian hyperstimulation syndrome (OHSS) and ectopic (tubal) pregnancy, are life-threatening and could kill a woman during the time it takes to travel abroad.
2. Furthermore, the pragmatics and logistics of reproductive travel are very difficult, involving visas, hotels, air travel, timed medications, communications, and miscommunications with foreign clinics. IVF patients consider reproductive travel to be emotionally exhausting, financially draining, and logistically impractical, requiring extended stays, precise timing, and loss of workdays.
3. IVF patients living in the UAE are generally middle-class career couples, who must schedule IVF cycles within the parameters of their busy work lives. Reproductive travel is seen as jeopardizing work, because it requires time off, depletes vacation and sick days, or unpaid leave. Couples also need permission from their employers for leave, and they may be reluctant to divulge infertility problems when reasons for leave may be required. With the global economic downturn, jobs in the UAE are less secure than before, making time off work especially threatening.
4. Women undergoing IVF want their husbands with them throughout the long process, and most husbands feel the same way. Reproductive travel may literally pull couples who wish to stay together apart.

Conclusion

Reproductive "tourism" in the UAE bespeaks a complex Middle Eastern "reprocure" of moving peoples, technologies, gametes, money, images, and ideas involved in the pursuit of conception. That infertile Middle Eastern couples are willing to participate in this reprocure indicates the love, commitment, and ardent desire for children that characterize most couples in the Middle East, but which are rarely emphasized in the Western media discourses about the purported violence, fanaticism, and cruelty of Arab men to women.¹⁷ That non-Middle Eastern couples from virtually all the continents are traveling to the UAE in search of ARTs shows the positioning of the UAE as one of the new "hubs" of intense global flows. Of the 38 million passengers traveling to or through the UAE in 2009, a significant portion are reproductive and other medical "tourists," who have chosen the "high-tech" UAE to overcome their infertility and other serious health problems. This suggests that the UAE must become highly skilled at managing the "flows" of medical tourists to the country, and ensuring their safety and well-being. Medical tourism will be a 21st-century challenge for the UAE, a rapidly modernizing country located in the very center of connections between the Middle East, Asia, Africa, and Europe.

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