



INTERPRETING INFERTILITY: MEDICAL ANTHROPOLOGICAL PERSPECTIVES

INTRODUCTION

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Within the past two decades, medical anthropology has contributed significantly to the exploration of human reproduction. From menarche to menopause, few aspects of the normal, human reproductive life cycle, particularly as it pertains to women, have been left unexamined by medical anthropologists working in a wide variety of cultural settings. This interest in reproduction is evident in a number of important collections on the related subjects of fertility and birth [1-4]. Furthermore, numerous recent articles and medical anthropological ethnographies are devoted in part or in *toto* to issues of fertility, family planning, and parturition.

Yet, when reproduction goes awry, few medical anthropologists have been there to record and interpret the accompanying pain and suffering. Although infant morbidity and mortality have generated great concern and pathos among medical anthropologists, as have sexually transmitted diseases (STDs) in the era of AIDS, *reproductive morbidity*—including infertility, ectopic pregnancy, and pregnancy loss through miscarriage and stillbirth—has generated mostly silence in the medical anthropological community. This lacuna is particularly noteworthy, given the human drama engendered by reproductive failure and its rising worldwide incidence as a result of the so-called 'sterilizing STDs' (primarily gonorrhea and genital chlamydial infection) [5-7]. For example, among selected populations in the AIDS-endemic 'infertility belt' of Central Africa, STD-induced infertility is estimated to affect as many as one-third to one-half of all couples, leading to further threatening depopulation [5, 8-12].

Medical anthropology's neglect of reproductive morbidity is all the more surprising given the significant gender issues involved. Namely, women worldwide appear to bear the major burden of reproductive setbacks of all kinds, in terms of blame for the reproductive failing, personal grief and frustration, marital duress, social stigma and ostracism, and, in some cases, life-threatening, iatrogenic interventions.

In this issue of *Social Science & Medicine*, we explore the cultural ramifications and interpret the lived experiences of infertile women in four distinct

geographic milieus: Cameroon, India, Egypt, and the United States. Removed as they are in space, these studies demonstrate that, for women, the infertility experience is usually marked by anxiety and fear, normative pressures to conceive, social stigmatization, and often relentless searches for therapy, which, whether biomedical or ethnomedical in nature, tend to be ritualistic, risky, and ethically complex. Furthermore, infertility often profoundly affects women's moral identities and the local moral worlds [13] in which infertile women live, given that suspicion, blame, guilt, and accusation are among the common byproducts of the experience of continuing childlessness.

These studies on the cross-cultural dilemma of infertility also demonstrate the intimate articulation of infertility with many other important domains of social life, including *inter alia* kinship, inheritance, marriage and divorce patterns, household residence patterns, economic production, religion, cosmology, gender relations, and notions of the body, health and illness, to name but a few. Furthermore, infertility is inherently political in that it threatens the perpetuation of the body politic. Thus, even when the State attempts to 'control' fertility among a reluctant populace, infertility is rarely viewed as a tenable option, as apparent in the recent proliferation of 'high-tech' infertility clinics in purportedly 'overpopulated,' developing countries.

Infertility also provides a convenient lens through which issues of *fertility* can be explored. Indeed, infertility and fertility exist in a dialectical relationship of contrast, such that understanding one leads to a much greater understanding of the other. Exploring infertility, in particular, inevitably leads to the discovery of many important fertility-related beliefs and behaviors, including, among others, ideas about conception and how it is prevented both intentionally and unintentionally; understandings of and attitudes toward contraception and its perceived dangers; beliefs about the importance of motherhood, fatherhood, and children themselves; and perceptions of risk and risk-taking regarding the body and its reproductive processes.

For these reasons, and for others as well, the contributors to this volume have chosen to study infertility, given their conviction—one shared by their informants—that infertility is an issue of both intellectual and practical concern. It is significant that in all of the research settings to be described in this issue, infertility is perceived by the research subjects themselves as an important 'problem' with many grave social consequences—whether or not it is perceived as such by those in positions of political power.

Indeed, several of the articles in this issue deal explicitly with infertility as a threat: to women's identity, status, and economic security; to men's procreativity; to lineage continuity; to familial and community harmony; and to the reproduction of society itself, especially among populations plagued by political and economic turmoil. Such perceptions of danger are played out in various ways cross-culturally: for example, through an elaborate, metaphorical discourse, in which women of the Grassfields of Cameroon express their fear of "plundered kitchens and empty wombs"; through matrilineage anxiety over angered family fertility gods among the Nayars of South India; through women's consternation over *kabsa*, a form of infertility-producing, polluting boundary violation in Lower Egypt; or through the identity crises of infertile American women who perceive themselves as 'born to be a mother.' In the Indian and Egyptian examples in particular, complex rituals focusing on women's bodies are enacted not only to overcome infertility but, in so doing, to reincorporate liminal women into the normal social bodies—be they the 'harmonious matrilineage' in the Indian case or 'fertile women' in the Egyptian.

The great lengths to which women will go to overcome their infertility is particularly clear in the studies from Egypt and the U.S. in this issue. In Egypt, women undergo elaborate, often frightening, depolluting rituals involving, among other things, visits to cemeteries, bathing with miscarried fetuses and stillborn infants, and introduction of another's blood, urine, or breastmilk into one's bodily orifices. In the U.S., new, 'high-tech' reproductive technologies—which are often expensive, invasive, risky, and of limited efficacy—are tried by women, often repeatedly, because of their sense of responsibility for reproductive failure and because of the continuing cultural valorization of motherhood as a woman's most important role. Furthermore, physicians actively participate in American women's medical risk-taking by failing to challenge these oppressive, patriarchal norms and by encouraging women's repetitive use of the latest technology, which is often taken to extremes. Indeed, the dangerous trend of increasing medicalization/technologization of infertility—especially as it affects women's bodies—is apparent not only in the 'developed' West, but in 'developing' nations around the world [14].

That women's bodies are considered the locus of 'disease,' and hence the site of anxious surveillance

and intervention, is apparent in all of these studies of infertility, although such bodily subjectivities are manifest in different forms cross-culturally. For example, in the Grassfields of Cameroon, it is women who are often blamed for moral turpitude affecting their fertility; therefore, it is women who must anxiously monitor their fecundity, which, when linked symbolically to the cooking of food, is seen as necessary for their contemporary survival and future economic security. Among the matrilineal Nayars of South India, marginalized women—not men—are the focus of elaborate, localized rituals designed to appease familial gods, thereby restoring women's fertility and lineage harmony. Similarly, in Egypt, only women experience *kabsa* and must therefore undertake the gender-specific rituals designed to 'unbind' their infertile bodies. Furthermore, in the U.S., the advent of *in vitro* fertilization, which holds the promise of a 'take-home (test-tube) baby' of one's own, has led women, and not men, to assume significant medical risk and has led infertile couples to view adoption as a last resort.

Finally, these articles demonstrate that women are most often the subjects of stigmatization and social ostracism—whether or not it is they who are the infertile ones. From the Cameroonian queen with a dying husband who is taunted by her jealous co-wives for her hysterical pregnancies to the poor urban Egyptian woman who bathes with dead babies to overcome her childlessness and placate her condemning in-laws, it is women, the childbearers, who suffer most acutely the social wrath accompanying failures in the reproductive realm.

This issue is dedicated to interpreting the lived experiences of those women the world over who have known the pain, suffering, and social condemnation accompanying infertility. It is our view that we, as medical anthropologists, must recognize these subaltern women and give voice to their suffering, thereby making way for changes that may improve their lives.

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