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Editorial

Reproduction gone awry: medical anthropological perspectives

After decades of scholarly neglect, the last 25 years have witnessed a veritable “explosion” of social science research on human reproduction, as reflected in the many articles on this subject in *Social Science & Medicine*. Largely as a result of the feminist movement and the entrance of greater numbers of women into the academy, few aspects of the human reproductive life cycle, particularly as it pertains to women, have been left unexamined by social scientists working in a wide variety of cultural settings. This burgeoning interest is clearly evident in more than a dozen recent major anthologies on reproduction published by anthropologists during the past decade (Bentley & Mascie-Taylor, 2000; Cecil, 1996; Davis-Floyd & Dumit, 1998; Davis-Floyd & Sargent, 1997; Franklin & Ragone, 1998; Ginsburg & Rapp, 1995a; Greenhalgh, 1995; Handwerker, 1990; Inhorn & Van Balen, 2001; Layne, 1999; Lock & Kaufert, 1998; Morgan & Michaels, 1999; Stuart-Macadam & Dettwyler, 1995).

Indeed, in the recent essay “Relocating reproduction, generating culture”, anthropologists Rayna Rapp and Faye Ginsburg (1999) note the “cresting wave” of scholarly and activist interest in reproduction over the past 10 years. In their essay, intended partly as an update of their earlier theoretical reviews of the politics of reproduction (Ginsburg & Rapp, 1991, 1995b), they identify a dozen “recent genealogies” of anthropological research on reproduction. Among these genealogies, they highlight work underscoring the dilemmas of “disrupted reproduction,” in which the standard linear narrative of conception, birth, and the progress of the next generation is, in some way, interrupted.

In this special issue of *Social Science & Medicine*, we devote our attention to this important domain of disrupted reproduction—using the expression “reproduction gone awry” to capture the essence of the ethnographic research contained in this collection. The language of “reproduction gone awry” was first articulated by one of us (M.C.I.) when introducing an earlier special issue of *Social Science & Medicine* (Vol. 39(4), p. 1994), *Interpreting Infertility: Medical Anthropological Perspectives*. At that time, Inhorn (1994a, p. 459) stated:

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.

This special *Social Science & Medicine* issue, *Reproduction Gone Awry*, is clearly tied to the earlier one, and is part of an ongoing scholarly effort by many of us in medical anthropology to “fill in” this important scholarly lacuna. The papers in this issue have emerged from a panel held at the 1999 annual meeting of the American Anthropological Association on The Anthropology of Reproduction: Trends and Trajectories.¹ The panel marked the 20th anniversary of the Council on Anthropology and Reproduction (CAR), a special interest group of the Society for Medical Anthropology (SMA). It was dedicated to assessing past, current, and future directions in anthropological studies of reproduction. Panelists and audience members alike noted the confluence of attention in the papers presented to reproduction’s imperfect, conflicted, and ambivalent manifestations. Another version of the panel, presented at the 2000 joint meeting of the Society for Applied Anthropology (SfAA) and SMA, met with the same response.²

¹This SMA Invited Session was organized by Gwynne Jenkins and included presentations by Rayna Rapp and Faye Ginsburg, Marcia Inhorn, Carolyn Sargent, Robbie Davis-Floyd, Linda Layne, Gail Landsman, and Betty Wolder-Levin.

²This SMA Invited Panel was organized by Marcia C. Inhorn, member of the SMA Executive Board, and Gwynne L. Jenkins, and included presentations by Robbie Davis-Floyd, Marcia Inhorn, Gail Landsman, Linda Layne, Rayna Rapp and Faye Ginsburg, and Carolyn Sargent. We would like to note that while not all of the panelists were able to contribute

Emerging from those meetings, the papers in this collection suggest new permutations for the phrase “reproduction gone awry,” and demonstrate the importance of juxtaposing the concepts of reproductive “normality” and “abnormality.” Although the original formulation of “reproduction gone awry” in the 1994 special issue of *SS&M* emerged from a focus on one type of reproductive “abnormality”—namely, infertility—this newer collection moves well beyond the examination of the various forms of reproductive morbidity in an explicit attempt to expand the notion of reproductive “awry-ness.” The present collection of 11 papers has adopted the language of “awry-ness” to ask what happens when reproduction is, for one reason or another, problematized. What do reproductive falterings and failures, miscommunications and outright battles—or the politically and emotionally charged contestations that take place in the everyday reproductive experiences of women and men around the world—tell us about the subtleties of culture and power in everyday life? And how is our understanding of so-called “normal” reproduction enhanced when we take reproduction gone awry into account? If “fertility and infertility exist in a dialectical relationship of contrast, such that understanding one leads to a much greater understanding of the other” (Inhorn, 1994b, p. 23), then presumably understanding both “faultless” reproduction and reproduction gone awry will lead to holistic accounts of human reproduction that are much greater than the sum of their constituent parts.

Using this expanded notion of “awry-ness,” the topics thus covered in this volume are wide-ranging and include such highly contested issues as: local practices detrimental to safe birth, conflicting reproductive goals between women and men, miscommunications between pregnant women and genetic counselors, clashes between local midwives and biomedical personnel, cultural anxieties over adoption and disability, the contested meanings of abortion, the globalization of new reproductive technologies, and feminist critiques of the natural childbirth movement. This breadth—with its explicit move from the “local” to the “global,” from the realm of everyday reproductive practice to international programs and policy-making—demonstrates that the notion of “reproduction gone awry” is productive for examining the meanings of “difference,” the workings of power, and the tensions between women’s agency and various structural and cultural constraints. By expanding the arena of “reproduction gone awry” to include

topics like nurturing, medical communication, male–female reproductive negotiation, and the (mis)uses of technology, these papers, perhaps more than studies of unremarkable “normal” reproduction, move the anthropology of reproduction into new spaces. Indeed, they demonstrate the contested and tension-filled production of “normalcy,” the definition and performance of which is always in a cultural dialectic with the abnormal. That this awkward dyad is constantly changing within various cultural sites is clear in these papers, which attempt to understand the tension between the “normal” and the “abnormal” through multiple levels of theoretical analysis coupled with fine-grained ethnographic empiricism.³

In so doing, a number of cross-cutting themes emerge in the 11 papers in this volume. We call these themes *Redefining and Resisting Awry-ness*, *Awry-ness at the Intersections of Power*, and *Awry-ness in Historical and Political Perspective*. Although many of the papers in this volume cut across these categories, we have attempted to show how each exemplifies one of the major themes in this issue as follows.

Redefining and resisting awry-ness

What “reproduction gone awry” means at any given place and time is always a discursive product of a hegemonic cultural system. As many anthropologists, including, for example, Davis-Floyd (1992), Lock (1993), Martin (2001), Scheper-Hughes (1992), and Rapp (1999) have pointed out, what constitutes a “good” or even “perfect” pregnancy, baby, mother, or woman varies considerably depending upon the historical moment, the cultural setting, and one’s subject position (e.g., as a poor woman of color or a provider of biomedical services). Thus, reproductive “awry-ness,” in some senses, is produced and reproduced within particular historical and cultural settings. What is “normal” reproduction in one time or place becomes “abnormal” in another. Ultimately, notions of “reproduction gone awry” are continually being produced, challenged, and then re-produced in new forms.

The papers in this section challenge us to examine the ways in which cultural notions of “reproduction gone awry” are constantly being redefined and resisted.

³Early anthropological research on women’s health in general and reproduction in particular often emerged from local-level, holistic, fine-grained ethnographic analysis. The strength of this type of analysis is also its weakness, however. Namely, as articulated by Ginsburg and Rapp (1995b), in paying attention to the local level of human reproduction, anthropologists failed to expose the articulation of the local level with political economies operating at the national and global levels.

(footnote continued)

papers to this special issue, their intellectual contributions are reflected in this introduction. A number of additional contributors, not originally included in the AAA or SMA panels, have brought new theoretical perspectives and ethnographic examples to this special issue.

Although dominant ideas of what constitutes reproductive “normalcy” may create nearly impossible standards for women (as well as men), the papers in this section demonstrate multiple ways in which individuals at various global sites become reproductive actors—attempting to retain their agency in the face of hegemonic discourses of normalcy by resisting and redefining these discourses based on their own life experiences.

In the first paper, “Global infertility and the globalization of new reproductive technologies: Illustrations from Egypt,” Marcia Inhorn sets the stage for a number of papers that follow on cross-cultural definitions of infertility and the accompanying movement of new reproductive technologies around the globe. As she demonstrates, infertility, as reproductive “anomaly,” is, in fact, an all-too-normal part of the human reproductive experience, affecting millions of women and men around the globe. Arguing that infertility merits serious attention as a major global health issue—rather than as an unfortunate, idiosyncratic problem of individual women—Inhorn shows how infertile individuals in the “overpopulated,” “developing” parts of the Third World are, in fact, becoming avid consumers of high-tech, Western-generated new reproductive technologies (NRTs) to overcome their infertility. Yet, Inhorn challenges the modernist assumption that NRTs are a “panacea” for the global infertility problem. Instead, she describes the numerous arenas of constraint facing would-be users of NRTs in Egypt, who must grapple with inequities in knowledge, barriers to access based on social class, gender hierarchies, and religious prohibitions when attempting to access the NRTs. Although some infertile Egyptians are successful in navigating this rocky terrain, many ultimately fail to produce a “take-home test-tube baby.” Thus, Inhorn concludes that more attention must be paid to the primary prevention of infertility, particularly the treatment of sterilizing reproductive tract infections.

In the second paper in this section, “With or against nature? IVF, gender and reproductive agency in Athens, Greece,” Heather Paxson continues this discussion of globalizing NRTs by demonstrating infertile Greek women’s responses to *in vitro* fertilization (IVF). She argues that Greek clients at local IVF clinics seek to support the discursive “naturalness” of IVF by calling upon existing discourses of “maternal sacrifice.” However, infertile Greek women’s need to either normalize IVF by educating others about its “naturalness,” or entirely hiding their participation in test-tube baby-making from social scrutiny, bespeaks the ongoing societal view of IVF as a form of “reproduction gone awry,” one that goes “against nature.”

Similarly, in the third paper, “Why adoption is not an option in India: The visibility of infertility, the secrecy of donor insemination, and other cultural complexities,”

Aditya Bhararwaj shows how Indian couples with an infertile male partner attempt to “salvage” normalcy and respectable family formation through secretive donor insemination (DI). Although DI is never viewed as desirable in a society that valorizes the father–son connection, the use of DI and the ensuing pregnancy of the wife are a face-saving way of achieving a “normal” familial triad—of pregnant mother, purportedly impregnating father, and biological progeny—in the face of stigmatizing male-factor infertility. As Bharadwaj argues, the performance of a seemingly “normal conception,” visually instantiated through the pregnancy of the wife, is considered far superior by most infertile Indian couples than adoption, which, by contrast, does not allow for this visual performance and the pretense that the child is “one’s own flesh-and-blood.” Thus, in India, adoption is not perceived as a viable option to resolve the awry-ness of infertility; instead, it is seen as a life-long prolongation of awry-ness.

In the final paper in this section, entitled “Unhappy endings: A feminist reappraisal of the women’s health movement from the vantage of pregnancy loss,” Linda Layne contrasts the rosy birth scenarios of the natural childbirth discourse with reproductive disaster stories from members of pregnancy loss support groups and from women in toxically assaulted US communities who have suffered pregnancy loss. Layne argues that the ethic of individual control and meritocracy created by the women’s health movement as it has attempted to empower women by pressing for greater autonomy during birth has, perhaps unwittingly, negated, silenced, and stigmatized the experience of pregnancy loss—loss that, as Layne demonstrates, is an all-too-normal part of pregnancy and birth. In her feminist critique of the natural childbirth literature and her subsequent focus on women’s stories of pregnancy loss and recovery, Layne demonstrates the compassion, agency, and activism inherent in women’s pregnancy-loss support networks, where women fight for recognition of their experiences.

Awry-ness at the intersections of power

The second group of articles in this collection exemplifies “awry-ness at the intersections of power.” Namely, each article demonstrates how well-intentioned efforts to provide adequate reproductive health care become sites of miscommunication, conflicted interpretations, and even outright power struggles between women and their providers. In this section, we see how the provision of health care itself can become a contested site of “reproduction gone awry,” when the institutions and personnel concerned with achieving acceptable reproductive health outcomes are, in one way or another, in conflict with the women they are intended to serve.

In the first paper in this section, entitled “Burning bridges: Policy, practice, and the destruction of midwifery in rural Costa Rica”, Gwynne Jenkins demonstrates the assault on local midwifery in Costa Rica from multiple levels. Although midwifery is clearly being ousted “from above” by government legislation, the destruction of this traditional profession is also occurring “from below,” as more and more local women reject the home-birth model. Jenkins argues that anthropologists and other reproductive health researchers have, in effect, failed to consider the role of birthing women themselves in disassembling midwifery, a form of women’s reproductive agency that seems counterintuitive when one considers the loss of “woman-centered” care. In the end, Jenkins shows how Costa Rican midwives’ feelings of alienation from the local values system that gave meaning to their work is leading to their retirement and the loss of a critical bridge to safe motherhood, accommodating the distance between local needs and the limits of the national health care system.

In the second article, “Home-birth emergencies in the US and Mexico: The trouble with transport,” Robbie Davis-Floyd describes in vivid detail what happens when home-birth midwives in both the southern United States and Morelos, Mexico, attempt to transport women with obstetrical complications to local clinics or hospitals. Although attempting to save the lives of their clients, midwives themselves are often berated by biomedical personnel and blamed for their attempts to provide home-birth care (even though they are successful in most cases). Thus, Davis-Floyd shows that, despite the rhetoric supporting emergency transport for birthing women as part of the global Safe Motherhood initiative, midwives who comply with the legal need and health imperative to transport women to hospitals may receive institutional responses ranging from supportive/validating to humiliating/threatening.

In the third article in this section, “Genetic counseling gone awry: Miscommunication between prenatal genetic service providers and Mexican-origin clients,” Carole Browner, H. Mable Preloran, Harold Bass, and Ann Walker unpack the discursive troubles that lead to high rates of amniocentesis refusal among women of Mexican origin in biomedical settings in California. The authors show that even though genetic counselors are aware of the unique needs of this population (e.g., the need for Spanish translation services), there are nonetheless many common sources of miscommunication, involving problems of medical jargon, misplaced cultural sensitivity, the non-directive nature of counseling, and problems of trust. Ultimately, then, although genetic counseling is well intended, it often “goes awry” in this setting, as genetic counselors are unable to dislodge Mexican-origin patients’ pre-existing beliefs and prevailing skepticism about genetic tests.

In the final paper in this section, “Emplotting children’s lives: Developmental delay vs. disability,” Gail Landsman draws upon her own experience as the mother of a disabled daughter to describe the battle of mothers to redefine discourses of disability in order to achieve normal personhood for their children. In particular, Landsman examines the interactions between biomedical providers and the mothers of infants diagnosed with disabilities or potential disabilities. As shown through one extended case analysis, providers’ and mothers’ discourses of disability often conflict. Through listening to American mothers’ narratives, Landsman shows how women utilize the concept of developmental “delay” to assert the personhood of their children (or at least its future attainment), and their own rights to nurture their disabled children, in spite of negative attitudes about disability on the part of some providers and society at large.

Awry-ness in historical and political perspective

The final set of articles in this volume demonstrate the importance of history and politics in defining the parameters of “normal” reproduction, and the ways in which women at various sites sometimes struggle to redefine those parameters. These papers demonstrate how discourses on reproductive “rights,” services, technologies, and the law are likely to change over time and often take place in complex cultural settings where specific outcomes are difficult to predict. Thus, these papers attest to the fact that reproduction *is* political, and they show that “people everywhere actively use their local cultural logics and social relations to incorporate, revise, or resist the influence of seemingly distant political and economic forces” (Ginsburg & Rapp, 1995b, p. 1).

In the first paper, “Polygamy, disrupted reproduction, and the state: The case of Malian migrants in Paris, France,” Carolyn Sargent and Dennis Cordell show how migration from West Africa to France has disrupted widely shared understandings of marriage and reproduction. In the context of the French “host” country, Malian women face a kind of “double reproductive bind.” On the one hand, they are faced with anti-immigrant policies that encourage them to use contraception and prohibit polygamous marriage. On the other hand, they are confronted with spouses who are opposed to contraception and who may favor more fertile co-wives. Sargent shows how Malian women confronting these dilemmas strategize to enhance their reproductive careers vis-à-vis their husbands and co-wives while, at the same time, aiming to retain their immigrant status. In short, Malian women must be skilled reproductive actors, in the face of hostile social, economic, and political conditions.

In the next paper, “Antiabortion discourses and young women’s life plans in contemporary Ireland,” Laury Oaks describes changing notions of womanhood in the economically energetic environment of new “Celtic Tiger” Ireland. Whereas antiabortion advocates argue that the increasing rates of abortion among Ireland’s young women represent a kind of “reproduction gone awry” and the undermining of Irish womanhood, many young women themselves have new views of their lives which involve economic mobility and delayed childbearing (and thus the choice to have an abortion). Oaks shows how antiabortion advocates in contemporary Ireland are hoping to stave off future pro-choice legislation by encouraging earlier childbearing, a “return to motherhood,” and a revivification of “traditional” Irish culture. However, according to Oaks, such “promotherhood” campaigns have failed to adequately respond to the changing realities of young, middle-class Irish women’s lives and their desires for futures different from their mothers’.

In the final article, “Post-diagnostic abortion in Germany: Reproduction gone awry, again?”, Susan Erikson examines the routine use of prenatal diagnostic technologies (PDTs), such as ultrasound and amniocentesis, in both East and West Germany after the political reunification. Erikson effectively argues that PDTs provide a searing lens into German history and politics. Although the vast majority of German women faced with a diagnosis of fetal anomaly will choose to abort, the ongoing societal discourses about PDTs and post-diagnostic abortion resurrect Germany’s all-too-recent history of political eugenics and genocide. In the end, Erikson argues that reproductive discourses are always shaped by ideological and historical contingencies, even when women’s ultimate reproductive decisions are not.

Together, these 11 articles demonstrate the many ways that reproduction can and does “go awry” around the world. However, the articles, as a group, are also hopeful. Virtually all of them assert the agency of reproductive actors, primarily women, and the ways in which women at multiple cultural sites are redefining and resisting “awry-ness” in its various forms. Through such agency and resistance, women around the world are creating new reproductive imaginaries characterized by greater recognition of—and respect for—reproductive difference.

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