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# 'Striving for Biological and Social Completion!' Mapping Intending Mothers' Negotiation with Assisted Reproductive Technologies (ARTs)

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The experiences of the intending mothers are often overlooked in the critiques of ARTs in India. The present paper not only problematizes such overlooking, it also demonstrates that the intending mothers' experiences of negotiation with infertility and ARTs can help us rethink, beyond pre-given suppositions, the reiteration and subversion of patriarchal socio-structural prerequisites.

**Key words: Assisted reproduction, intending mothers, patriarchy, performative narratives, reiteration, subversion.**

This paper emanates from a sense of discomfort with the prevailing literature on ARTs in India where the experience of the intending mothers is not given adequate attention.[1] There is a tendency to equate ARTs to the surrogacy arrangements, which is a gross simplification of a complex enterprise. The binary opposition between the socially sanctioned reproductive labour of healthy potential mothers and the stigmatized assisted reproductive labour of surrogates in feminist literature tends overlook the assisted reproductive labour of intending mothers, comprising an array of interventions like taking follicle stimulating hormones (FSHs)[2] regularly, orally or as injections, undergoing regular trans-vaginal scans (TVS)[3] to check whether adequate eggs have been produced, waiting for hours to consult the experts for their advice, following their instructions regarding timed intercourse.[4] If there is successful conception, wait for thefirst decisive tests which confirm pregnancy.

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If there is none, wait for the change in treatment protocol, and eventually undergo at least two cycles of Intra-Uterine Insemination (IUI).[5] If they fail, then begin the In-Vitro Fertilization (IVF)[6] cycles. Such trial and error with all the possible ARTs techniques and arrangements continue until the take-home baby[7] is born. In case there is none, the experts suggest counselling for alternative infertility management measures such as adoption, sometimes of humans and often of pets.[8] Such assisted reproductive labour exerts unique psychosomatic pressure on the intending parents in general and the intending mothers in particular, their bodies being the object of social speculation and the locus of medico-technological intervention in the pursuit of personal fulfillment and biological and social completion. Given this background, the present paper critically engages the experiences of intending mothers in their negotiation with infertility as a clinical-cultural condition and the ARTs. Sarah Franklin (1997) raised such concern long back in her book Embodied Progress, although with reference to the western experience, where she observes that starting from the detection of infertility to the birth of the baby, every step or phase in assisted conception is conceptualized in 'clinical' terms.[9] The discounting of women's experience, the meanings they attribute to their condition, the challenges they encounter, and the strategies they adopt to cope with these challenges, is the key concern of Franklin's critical ethnography of IVF.[10] The emphasis on the clinical markers indeed overlooks the intending mothers' experiences and their complex negotiations with the condition. Despite this, the continuing relevance of ARTs in our society can be attributed to the efforts made by the enterprise to address intending mothers' sense of biological and psychological incompleteness – the discourse of 'hope' they nurture in the face of dual forces of poor self-esteem and social stigmatization. The legitimacy of this enterprise derives from the 'promise' it offers to the intending mothers to recover or recuperate them from the state of biological and social abjection induced by infertility.

But is not the positing of the experiential accounts of the intending mothers in their negotiation with infertility and the treatment regimen it entails, in opposition to the so-called expert and objective knowledge claims of ARTs, a reduction of the experiential accounts of intending mothers to their sexually marked bodies? I believe so, and therefore resort to Judith Butler's (1990) notion of the performative body which helps us trace the itineraries of how intending mothers' experiential accounts can facilitate rethinking the objective knowledge claims of ARTs.[11] The notion of performative body opens up the possibility of thinking the body beyond the objective medical claims of ARTs, which conceptualizes body as always already sexually marked in anatomic and hormonal terms. Thus, to think of the body beyond the fixity induced by the objective medical claims,inspired partially by Butler, is to grapple with a whole lot of (un)anticipatable moments in the gesture of knowing.

This is because, many would think, what would be left of the body if it is not understood in anatomic and hormonal terms, and as precisely sexually marked? But it is here that the challenge lies: attempting to problematize what is most taken-for-granted and considered as given – a gesture haunted by (un) anticipatability – comprising of moments which are known and expected as well as those which completely unknown and therefore not expected. Such challenge is worth taking as it opens up the field of knowledge related to ARTs to a new arena of (disturbing) possibilities, emanating from the gesture of thinking intending mothers' experiences of infertility and their complex negotiations with ARTs as performative narratives.

However, it is necessary to mention at the outset that these performative narratives are not transcendental truths pertaining to the authentic experiences of the intending parents, particularly the mothers. Field insights suggest that women are not only unable to speak about their experiences in the physical absence of men, but also without referring to men who hold pivotal positions in their lives as facilitators and hindrances. Therefore, these performative narratives, though viewed from the vantage point of the intending mothers, pertain to the day-to-day experiences of the intending fathers as much as the intending mothers.

## Experiences of the Intending Parents/Mothers: Toward (Un)anticipatable Narratives of (De)stabilization

Narrative I: Nirupama is a nurse in a government hospital and Ratan is a contractor with a private construction company. They were already in their thirties when they got married in 2005. Soon after their marriage they started trying to conceive. When they could not, they consulted a doctor.

Initially they consulted a local gynecologist. Then a family friend advised them to consult the student of a renowned infertility expert in the city. They continued their treatment under his supervision for some time without much success. Soon they began their treatment in a south Kolkata nursing home where a complication was detected in Nirupama's ovaries. She was administered hormone injections every day and underwent *trans-vaginal scans* every week but nothing worthwhile happened during this two and half year of treatment in the south Kolkata nursing home. Unhappy with the outcome, they went to consult another gynecologist, who advised them to try to conceive naturally, which did not happen. Driven to desperation, they decided to go to an infertility clinic to consider IVF.

At the infertility clinic both had to undergo thorough medical examination, after which the experts diagnosed that Nirupama was suffering from anovulation,[12] and recommended donor egg for IVF. However, they could not arrange for the donor egg. The clinic also failed to help them in this regard. Eventually they had to shift to another clinic with the hope that some way out would be suggested. Even there, the problem of arranging for the donor egg persisted. When they had just started considering adoption, Nirupama's sister advised them to consult a local gynecologist, who referred them to another gynecologist, who in turn referred them to another infertility expert. On meeting the infertility expert, they were assured that donor egg will be arranged for. In the meanwhile, Nirupama was advised to undergo thorough medical examination once again. The expert suspected that Nirupama was suffering from ovarian cancer, but the biopsy report proved him wrong. Soon they were ready for the IVF. Ratan donated his sperms on 21st March, 2012. Two fertilized embryos were implanted in Nirupama's womb on 31st March. By the beginning of the next year, they were parents of a new born.

When the interview was conducted with Nirupama and Ratan, their baby was about one month old. But the sense of frustration still persisted in Nirupama's tone. Nirupama harped on one theme over and over again, which was of 'loneliness'. She said:

> I felt extremely lonely after coming back from hospital (her place of work)! He (refers to her husband, Ratan) went to the company (refers to Ratan's place of work), met his friends, but there was a void in my life! My life had come to a standstill; I only wished I had my own child! In married life, a child is most important thing! Those who are unmarried, for them life is different! But married life is incomplete without a child! He regularly took me for shopping or outing. But nothing could calm my mind! I felt lonely; I only wanted to have a baby of my own....

There was a persistent complaint on Nirupama's part that the doctors harassed them let alone guide them in proper direction. Moreover, there was an attempt on Nirupama's part to prove that she is not incapable of giving birth. The callousness on the part of the medical establishment amounted to their suffering. This is evident from what she said:

> We could have conceived normally much before! The doctors misled us! In the south Kolkata nursing home, we were treated for two and a half years without any net result! I have the capacity to carry a baby! I have carried my baby till the end of the pregnancy! I became mother in the very first *embryo transfer!*[13] Had the doctors taken our case seriously, I could have conceived much before without IVF.... (Utters these words with a sense of anger and frustration)
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> ... We started trying from the very first month of our marriage. When we realized that it was not happening, we immediately went to the doctor! But they harassed us mentally, physically and monetarily!

Despite having a medical complication like anovulation, which made the use of donor egg in IVF unavoidable, Nirupama constantly made the point that it was medical negligence that compelled them to opt for IVF. It has to be noted that Nirupama never brought up the issue of involvement of third-party reproductive service,[14] i.e., donor egg, during the interview, although Ratan had divulged about third party involvement in IVF in Nirupama's absence. However, the repressed can be seen to have returned in her reference to the psychosomatic experience of claustrophobia. This can be noted when she said:

> Initially I was so scared that I could not even move! I had conceived after so many years, I did not want to miscarry! I could not sleep for so many nights, I felt claustrophobic! I had a strange feeling as if I was being taken to an operation theatre! I had told about this to sir (refers to the doctor). He gave me medicines and I underwent routine examinations but nothing serious was detected. This continued till the third and fourth month, may be because of excessive tension. (Smiles, but it gradually fades)... (She continues after a pause) I don't know whether this happens to others or not, but whenever I went to the bathroom, I had this strange feeling that if I pour water on my head, I will die out of suffocation! I used to sit in one corner of the bathroom out of fear! All these happened because of tension maybe! Sir asked me to take a sedative every day.... I also had high pressure! I had taken medicines for high pressure earlier, but it went beyond control during the treatment!

Narrative II: Sumita is a homemaker and Kalyan is an engineer with the public works department. They are married since 2005. Once they started trying to conceive after the first one and half year of their conjugal life, they realized that there is 'some problem'.

In 2007, they began consulting a gynecologist. Having been advised by a neighbor to see an infertility expert, they resorted to one of the leading corporate infertility clinics in Kolkata. Soon they noticed lack of transparency in their practices. Their reports were not handed over to them after consultation with the infertility expert. Sumita underwent four IUI cycles at the clinic, all of which failed, and different reasons were cited each time for the failures. Kalyan underwent semen analysis[15] eight times for the four IUI cycles. Initially, the experts said that the sperm quality is so superior that '1000s of IUIs and 100s of IVFs' can be done using the sample. After the failures they realized that something is wrong with the treatment protocol and decided to change the clinic.

In the next clinic, Sumita and Kalyan were subjected to hormonal treatment for reasons not stated clearly. They soon shifted to another clinic where Sumita was recommended investigative hysteroscopy,[16] and Kalyan was asked to undergoa fresh round of semen analysis. The experts here concluded that their case was one of unexplained infertility.[17] They soon prepared for the first IVF, during which three

fertilized embryos were transplanted in Sumita's womb, but none of them developed successfully owing to viral infection. The eggs preserved during the first ovum retrieval[18] were used for a second round of IVF-ET.[19] This time two embryos were implanted, one of which developed successfully and the couple became parents on 18th March 2013.

When the interview was conducted with the couple at their residence, Sumita recounted with horror how she was ill-treated by everybody for not being able to conceive. Even Kalyan was disgusted by the nagging speculations about their conjugal life, not only on the part of their extended family and neighborhood but also his colleagues. Here is what Sumita said about her experience:

> … We are three sister-in-laws in my father-in-law's family. My *boro ja* (refers to Kalyan's eldest brother's wife) already had a daughter, but me and *mejdi* (refers to Kalyan's middle brother's wife) did not have a child. We both had the same problem but never discussed the matter with each other. Now she has a baby. I don't know whether it happened through IVF. But as long as we both were childless, we were treated in the same manner. Relatives conveyed all the *bhalo khobor* (good news) to my *boro ja,* we were never informed. Even when we were physically present, we were ignored. I was not even invited to attend sacred ceremonies. I had deliberately stopped attending all such gatherings…. People think that all these are things of the past but this happens even today! I am the only child in my mother's family. My mother has two sisters. Both of them are childless. My *mejo mashi* (refers to her mother's middle sister) has brought me up. Some relatives said that I have a *bhagya* (fate) like my *mejo mashi*. Some even told me, *amar mayer poribarei kono osubidhe ache*! (The problem is in my mother's family)

This is what Kalyan added to what Sumita had to say:

> We were married since 2004 but we did not have a child! Everybody in our extended family was curious about our conjugal life! They frequently asked why we were not trying, why we were not completing the family! … I felt irritated! I even thought of replying back to them rudely, but…. (Stops, the sentence remains incomplete) This happened even within my friend circle. New colleagues in my office were curious whether I was married, whether I had a child. (Pauses for a while)
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> … It is really embarrassing! But the embarrassment increases when colleagues start asking questions which are too personal like why are we not trying to have a child or is it not happening or whether we are considering medical help or not!
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> … These things made me feel bad, but I realized what I was going through is only a quarter of what she (refers to his wife, Sumita) was going through. She had to face rejection from both her and my relatives and acquaintances….

The experience of social neglect associated with infertility remaining constant, it has to be noted that Sumita's response to the situation was not solely that of retreating from family and public life. She tried her best to carve out a space for own herself, in

her own terms, to negotiate with the situation. She even started posing vehement demands to the Almighty, the society and her husband, although within the limit of norms and expectations created by what Adrienne Rich (1986) calls 'institutionalized motherhood'.[20]

> From 2007 onwards I joined a Montessori teacher training course but left it half way! All trainees in that course were young married women! Most of them had children! They talked about their children, how they were managing their children and housework, and the course at the same time! I felt ill at ease in such discussions. I increasingly felt the emptiness in my life! In 2009 I joined a boutique! I decided not to divulge the actual year of my marriage to them. By then the feeling of emptiness had grown into my mind! life seemed meaningless without a child! Friends and acquaintances who had married two or three years after me had their own children by then, but I was still incomplete. I left the boutique soon. (Starts crying)
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> … 2009 was the most depressing year. I could not continue anything fruitfully. I went to many thakurbaris (places of worship), did whatever penance I was advised but nothing worked! I had lost all hope! But I told God, amai jokhon meye toiri kore pathiyecho, tomake amai sontan ditei hobe! (That you have sent me to this world as a woman, you have to give me a child)
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> … I kept insisting that I should undergo the second IVF cycle! I was desperate! After every failure I just thought tahole hoito or kothatai thik hoy jabe! (Then maybe his words will become true. Here Sumita refers to Kalyan who was no longer willing to gamble more money on the risky IUI and IVF cycles and was considering adoption in order to save some money for their future.) An adopted child is not one's own. Adoption would not change my situation, dottok nileo para-protibeshir chokhe to ami ja chilam tai roye jabe! (Even If I adopt, my status will remain unchanged in the eyes of my neighbors)

In the rest of the paper, I attempt to track the generalities which cut across the performative narratives of intending mothers having distinct social and experiential locations. From my reading of the above experiential narratives, I derive that infertility experience, motherhood and the maternal body are the three generalities which cutacross these two narratives, yet in (un)anticipatable ways which (de)stabilize the generalities themselves.

The narratives of Nirupama and Sumita explicitly contain the elements of 'loneliness' and 'meaninglessness' without a child as essential ingredients of infertility experience. But they do not hold themselves responsible for their condition. Nirupama attributes her infertility to medical negligence. That she is capable of reproducing is the most recurrent theme in Nirupama's narrative. She complaints that she could have conceived much earlier without technological assistance had the doctors acted more proactively. In Sumita's case, although there is an evident interiorization of social neglect, but the feeling of incompleteness – the experience of biological lack is coupled with the redefinition of motherhood as something to be achieved against all odds, if unavoidable, with technological assistance. Rather than blaming herself for the

condition, Sumita shifts the responsibility of recuperating herself from the 'abject' condition to her husband, the God, and the society. Her case is not only that of lamentation over her biological frailty but of actively seeking her 'biological' entitlements from her husband, God, and the society at large.

In Nirupama's narrative, the pathological condition of anovulation is completely set aside to retain the naturalness of the maternal body, yet such naturalness is haunted by the recognition of the necessity of technological assistance. Such conception of maternal body is inherently ridden with tension because Nirupama perceives her body not to be affected by any pathological condition, yet thinks it is in need of technological assistance. In Sumita's case, the narrative of achieved motherhood, the recognition of her inability to reproduce and the need to undergo IUI and IVF cycles is linked to the theme of technologically facilitated achievement of the naturalness of the maternal body.

These two troubled narratives of achieved (an achievement that is either repressed or naturalized) naturalness of the maternal body and the myriad (un)anticipatable directions they take is also evident in the conceptions which emanate from these narratives regarding adoption and third-party reproductive services. In Nirupama's narrative, the absence of reference to the involvement of the egg donor[21] and the return of the repressed in the same narrative through the psychosomatic symptom of claustrophobia and the fear of imminent miscarriage is indicative of the frustrated attempt to retain the fullness of maternal role – genetic and gestational, in the face of the schisms introduced by reproductive technology. In Sumita's narrative, there is the suggestion that a child born through IVF is always one's own whereas an adopted child is not. The lack of involvement of the maternal body in case of adoption renders it an illegitimate way of coping with infertility. It is precisely for this reason that Nirupama says with pride that she had conceived successfully in the very first embryo transfer, an instance she possibly deploys to foreground that she is not incapable. The notions of capability and incapability are thus redefined in the context of ARTs. This should not however obscure the profoundly naturalistic underpinning of such redefinition which renders adoption an impossibility as motherhood in this case defies the mediation of the maternal body.

In the narratives presented above, some obvious anticipatable elements unfailingly feed into the construction of women's subjectivities in accordance with the established heterosexual norms. But these anticipatable elements should not obscure the unanticipatable possibilities created by ARTs, possibilities which both reinstate and exceed the limit of the possible drawn by the latter. Nirupama's narrative is a quintessential instance of the anticipatable maternal grief associated with infertility, it also embodies the (un)anticipatable disavowal of biological lack, and the unanticipatable return of the repressed with psychosomatic manifestations. In a

similar vein, in Sumita's narrative, her attempt to achieve technologically facilitated motherhood is anticipatable, but she does it in opposition to her husband's decision to avoid the 'gambling' involved in the costly and uncertain IUI and IVF cycles, which is an unanticipatable moment. This is unanticipatable because in highly globalized economies, ARTs produce conditions in which the institution and ideology of motherhood may not immediately serve male interest.

## Conclusion:

The (un)anticipatable possibilities – the stabilizing and the subversive moments, built into the performative narratives of the intending mothers, with the performative body as their locus, are not reducible to anatomic and hormonal markers of the sexually marked body. The performative narratives derive their substance from the performance of heterosexual norms which unfolds in a sustained manner at the everyday level, but does not necessarily guarantee that structural imperatives such as production and reproduction of the heterosexual norms are unfailingly met. Thus, neither the everyday performance of the heterosexual norms, on the part of bodily subjects, nor the performative narratives emanating from such performances necessarily strengthen the existing structure, although structural agents are always at work to ensure such strengthening. That does not however indicate the opposite either – that the performance of heterosexual norms will inevitably weaken the structure. (Un)anticipatability is not only built into the ways in which the performative body cites or reiterates the foundational heterosexual norms, but also into the narratives emanating from the performative body. Therefore, one cannot state with certainty that the performative narratives are inherently subversive. Sensitivity to this fact necessitates going back constantly to the nuances of everyday existence – a domain embodying infinite possibilities, which human scholarship, given its finitude, cannot completely grasp. In this paper, the performative body has served as the refracting medium for grappling with the connection of infinitely subtle everyday experiences of intending mothers with the patriarchal structure of the medical establishment and the society at large.

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**Note:**

[1]Over the last decade or so, ARTs have gradually entered the public discourse and our living rooms with increasing media representation of these technologies and arrangements in movies, in television serials, in newspapers etc. It is discussed these days both for the ethical issues related to the commercialization of birth and the unprecedented developments in biomedical technologies which help to achieve pregnancy against the hindrances induced by pathological conditions in body. ARTs are becoming popular among the infertile couples in India owing to the emerging 'fertility industry' which promises to disseminate the benefits of reproductive technologies among the infertile couples and convinces them that there is nothing morally wrong in availing these services. Infertility clinics are a common sight in northern and western India, especially in Gujarat, Maharashtra and Rajasthan. The 'fertility industry' is also strengthening itself in Kolkata, which is the ethnographic site for the present study. ART clinics in Kolkata claim to be providing best fertility treatments with modern state-of-the-art reproductive technology and high success rates. But

there has emerged critical voices against this expanding ART industry, in the absence of strict ARTs law in India from the women's health movement and the feminist academia in India. SAMA, a women's health advocacy group, based in Delhi, has conducted research on ART clinics all over India, over the last few years, especially in the cities of Delhi, Mumbai and Hyderabad. SAMA researchers have attempted to grasp the functioning of the ARTs industry in India from 'pro-regulation' perspective, focusing on the rampant malpractices in this industry in the absence of strict regulation, apart from the ICMR guidelines (See Vrindah Marwah and Sarojini N, 'Reinventing Reproduction, Reconceiving Challenges: An Examination of Assisted Reproductive Technologies in India', in *Economic and Political Weekly*, October 22, 2011, Vol. XLVI, pp. 104-111). Apart from this 'pro-regulation' advocacy of SAMA, feminist academicians/researchers have specifically focused on the issue of surrogacy. They have focused on the surrogate's experience, her stigmatized labour and the legal and ethical issues in ARTs especially with regard to surrogacy arrangements. For instance, Amrita Pande's ethnography of ARTs with specific focus on surrogacy in Anand, in Gujarat, explores the everyday lives of surrogates, their negotiation with the society at large, which equates surrogacy with sex work and looks down upon it as 'dirty' [See Amrita Pande, "At Least I Am Not Sleeping With Anyone: Resisting the Stigma of Commercial Surrogacy in India", visit: claradoc.gpa.free.fr/affdoc.php?ndoc=420 (accessed on June 26, 2013)]. Similarly, Imrana Qadeer's monograph on new reproductive technologies in neoliberal India focuses on ART, as one of those 'glamour' technologies, which primarily attracts the private professional classes as clients and targets women from depressed socio-economic backgrounds, as 'guinea pigs' by portraying technological intervention as the only remedy for infertility. Qadeer's piece also discusses the rights issues associated with surrogacy, and calls for greater regulation of the privately funded ART industry in India [See Imrana Qadeer, *New Reproductive Technologies and Health Care in Neo-Liberal India: Essays*, Monograph, November, 2010, Center for Women's Development Studies, visit: www.cwds.ac.in/occasionalpapers.htm for the full text (accessed on August 12, 2012)]. Also see Nadimpally Sarojini, Vrindah Marwah, and Anjali Shenoi., 'Globalization of Birth Markets: A Case Study of Assisted Reproductive Technologies in India'. Please visit http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3169454/pdf/1744-8603-7-27.pdf for the article (accessed on 1 July 2013).

[2] Follicle Stimulating Hormones (FSHs) – Hormones which augment or increase the production of follicles.

[3] Trans-Vaginal Scan (TVS) – An ultrasonography of the female reproductive system through the vaginal opening.

[4] Timed Intercourse is the act of involving in sexual intercourse depending on the suggestion of the experts.

[5] Intra-Uterine Insemination (IUI) – A procedure in which sperms are inserted into the female reproductive tract, more specifically the uterus, through a pipe.

[6] In-Vitro Fertilization (IVF) – A procedure in which the sperms and eggs retrieved from male and female body are fertilized outside human body through technological assistance.

[7] Take Home Baby is the healthy child successfully delivered through IIUI or IVF.

[8] See Aniruddha Malpani and Anuradha Malpani, *Overcoming Infertility: How to Have a Baby* (2004). The book is available at: http://www.dr.malpani.com/book/chapter31.html. The chapter is titled-'Childfree Living'.

[9] See Franklin, *Embodied Progress*, 1997.

[10] Ibid.

[11] See Butler, *Gender Trouble,* 1990.

[12] Anovulation is a condition in women marked by the inability to ovulate or produce eggs for fertilization

[13] Embryo Transfer is a procedure where embryos fertilized outside the female body are transferred and implanted into the uterus.

[14] Third party reproductive service is provided by an unknown third party in the process of IUI or IVF, apart from the intending father or mother. Donor egg, donor sperm and gestational surrogacy are generally seen as third party services.

[15] Semen Analysis is the study of the male reproductive fluid to detect the amount of sperms present in it.

[16] Investigative hysteroscopy is a procedure used to detect abnormalities in the female reproductive system.

[17] Unexplained Infertility is a condition in which the cause of infertility cannot be explained even after thorough medical investigation.

[18] Ovum Retrieval is an invasive procedure through which ovum is retrieved from the ovaries in female body.

[19] It is expression used to refer conjointly to fertilization of embryos outside female body and its eventual transfer and implantation in female body.

[20] See Rich, *Of Woman Born*, 1986.

[21] Egg Donor is one who donates egg for IVF and is generally an unknown person.

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