**Assisted Reproductive Technologies: conundrums and challenges**

Independent Consultant-Researcher, Kolkata

B-3, Spandan Apts, Kalikapur, Kolkata 700078 | [rakhi.ghoshal@gmail.com](mailto:rakhi.ghoshal@gmail.com)

A few weeks ago, a leading multi-city IVF clinic published an advertisement in a leading news daily: the ad was almost ominous: ‘The longer you wait, the lower your chances’ – they were referring to the chances of getting pregnant. The subtext was far too easy to decipher: the ad was directed only at women, particularly the career oriented who delay their marriages and childbearing plans far too long, lowering their fertility in the process. The ad was near benevolent in its attempt to warn these erring women. It is socially accepted that women are responsible for increasing the infertility rates in the country by their poor, untimely and problematic prioritisation of life choices. While men produce sperms that are regenerative, women’s reproductive potential is perpetually on a decline; born with a fixed number of egg cells, she never produces anymore in her lifetime. Four pointers follow the warning: (a) the more years pass, the less number of eggs a woman has left, (b) the older one is at childbirth, the more difficult it is to carry a baby to term, (c) ovarian reserve starts to decline in the 30s, and, (d) if one has tried for a year to conceive without success, it is time to seek fertility treatment[[1]](#endnote-1). Seeing how the ad was designed – big font size and all in bright blood red – I wondered if women would have the heart to wait even six months after marriage.

In-vitro fertilisation or IVF is a fascinating, paradoxical space: commonly used synonymously with ART, this market sustains itself not just on the conditions of primary or acquired infertility, but significantly on the ‘irresponsibility’ of women who delay their childbearing plans. It is a market which criticizes that very constituency which helps it thrive. The paradoxes go back a longer way: Sarojini N. and Vrinda Marwah point out how the Indian state, in a rather counter-intuitive way, welcomed the advent of technologies that facilitate reproduction, viz. the ARTs, specifically in order to help the state achieve its prior-set target of stemming population growth **(1)**. The Indian state was married to the idea of family planning right from 1951, and, of the various methods it promoted and implemented, controversial and otherwise, tubal ligation was – and remains – a top choice. However, India also had a high neonatal and infant mortality rate[[2]](#endnote-2) and women were known to resist tubal ligation. Against this backdrop, the promise of the ARTs showed the state a wonderful way out of quagmire: a 1984 ICMR document observed –

If a couple is convinced that pregnancy could be achieved with certainty by the IVF-Embryo Transfer technique, in the event of their losing the existing children, they might readily accept tubal sterilization as a method of family planning. Thus, *in vitro fertilization could be of great relevance to our national welfare programme*. (Qtd. in **1**, pp-\*\*, emphasis added)

It is indeed telling that right from its days of infancy in India, the ARTs never had a linear relationship with the state-market. The state advocated for the acceptance of these technologies because of their indirect ability to make people accept sterilization. But soon the state took a backseat, allowing the private sector come to the fore, set prices, function without regulatory mechanisms, and make promises of high success rates for IVF. The ARTs promised women they could ‘enjoy’ life and only when they would want to succumb to their maternal desires, it would come to their rescue. Companies such Facebook, Apple and Google and some other global brands have offered to bear the cost if their employees or their spouses decide to freeze their eggs **(2)**. Of course the same market also took its turn to criticize these same women for delaying their childbearing plans.

The ART market is deeply gendered and that is as simplistic as it goes. The body, particularly the infertile or less-fertile female bodies are put on trial. Besides the medical concepts of primary and secondary infertility, we gave birth to a specific form of infertility that was less physiological and more social, triggered by choices and intentions. In her article in this issue, Anindita Majumdar refers to this form of infertility, viz. ‘voluntary infertility’. Such a labelling completely overlooks the working of social, economic and other cultural factors that overdetermine the choices that an individual (in this case, an adult woman) makes or chooses not to make. When women were married off at 14 or 15, and bore several children by the time they were hardly 25, voluntary infertility was no issue, but we do not even need to discuss if that was a better paradigm to inhabit. Needless to add, much of this specific form of infertility – i.e. voluntary infertility – is over-hyped: a female acquaintance of mine, at 37 years of age, decided to go for egg freezing since she was not ready to settle down right away. The doctor prescribed a battery of tests and eventually declared she had very low ovarian reserves; the lady was too traumatized to even go ahead with the procedure. She gave up; happened to meet someone and get married a year later. At close to 40 years, greatly surprising herself, she realized she had conceived naturally; she went on to give birth to a full term 2.5 kg healthy baby. Of course there is a biology which cannot be totally ignored, but the point is to not sacrifice all other coordinates to the altar of the biological.

The ART market in India grew exponentially since the turn of the millennium, and the process that was most bandied about was commercial surrogacy; it was legal in India from 2002, for couples and individuals, married or otherwise, Indians and non-Indians. However, by a decade’s time, the Indian state rethought the scenario; it cut back on these multitude of free reigns, and banned commercial surrogacy for everyone except Indian married couples. In 2016 the state sought to ban the commercial surrogate herself. The Union Cabinet passed the Surrogacy (Regulation) Bill in August 2016. It recommended only altruistic forms of gestational surrogacy provided the surrogate was a close family member of the intending couple, herself married and with at least one child.

This Bill was marked by partially explained, ambivalent and ambiguous arguments; different cohorts of stakeholders including providers, industry people, activists, academics and surrogates pointed out the nuanced nature of the ground reality and argued how a blanket ban was far from the solution **(3, 4).** Of the several gaps, the primary conceptual one was the basic premise of the Bill, viz. that a market transaction is inherently exploitative; in other words, that exploitation is a default fall-out of financial transactions. Such a conclusion is not just naïve and incomplete but also forecloses any urgency to examine the interplay of other coordinates that make a relation exploitative or otherwise. It is an extension of this fallacy that extends to spell out the recommendation that the altruistic surrogate should be a family member of the intending couple: the drafters of the Bill seem to believe that since exploitation is only stimulated by economic exchange, if surrogacy arrangements take place within the boundaries of a family, without any monetary exchange, it would be bereft of any exploitation. Consequently, it fails to take into cognizance how power operates within kinship structures, and reflect on a woman’s position especially in her marital home. Declining to take on the task of becoming a surrogate, as also insisting on stepping back after becoming pregnant, would be far more difficult for a close family member than it would be for a commercial surrogate. Previous versions of the ART Bill had talked of the anonymity of the surrogate, while the 2016 Bill fails to explain how that would be accounted for were surrogacy to take place only within families.

These and many other points, gaps and paradoxes, were taken up in a detailed manner by the Parliamentary Standing Committee who presented their Report on 10th August 2017; among various recommendations, the Committee argued that the state should forego the altruistic clause and make way for compensated surrogacy arrangements, allow non-family members to become surrogates, provide robust medical and life insurances to the surrogate, and prioritise the best interests of the child born at all costs. Against the backdrop of the ART situation in India – which is far more dynamic than desired and positioned on shifting sands, with a Bill and a PSC waiting in the wings for a final decision – this present theme issue carries five commentaries by four authors to explore specific strands of the ART discourse for its complexities, contradictions, consequences, challenges and promises primarily in the Indian context but also in the context of another southern developing country, Nigeria.

Timms examines the significance of the Surrogacy (Regulation) Bill, 2016 to ask if a country like India, marked by unequal resource distribution, non-robust legal mechanism, a profit-driven service sector and other forms of social inequity, can morally and ethically afford commercial surrogacy; in a separate piece Timms analyses the Parliamentary Standing Committee Report, 2017 to unpack the ethical, legal and social implications of the recommendations proposed by the Committee. Akintola and Egbokhare reflect on the varied dimensions and complexities of parenthood that the heightened uptake of ARTs throw up in Nigeria; the authors focus on the most important stakeholder in this entire process, the child born. Nigeria remains a context where wide availability of services combine with vague legislations. In her piece, Mitra seeks to understand how the foetus, especially in IVF pregnancies have come to eclipse the rights and autonomy of the gestating woman – surrogate or not. ONE MORE LINE ON THE MITRA PIECE. In a final commentary, Majumdar takes the discussion back to reflect how the ART industry, through the very rhetoric it deploys, plays upon the fears and anxiety of the ageing (female) body. Even as the ARTs have converted infertility from a socio-cultural to a deeply pathological issue, the idea of the biological clock has taken on a new meaning in the light of what these technologies both promise and threaten us with.

We wait to see how the government would give shape to the legislations on ART, and when at all; for a Bill that came into light almost overnight, the dilly-dallying over more than a year seems, once again, paradoxical. The ARTs are not merely a conglomeration of technology that need to be monitored and governed; it is as much about desires and aspirations, and concerns the lives of people, especially of women: the woman marginalised and stigmatised by her family/society for not being able to conceive, the woman determined to live life on her own terms and who plans to start a family a bit late in life, the woman who is economically constrained and considers becoming a surrogate, and the woman who could might coerced by her in-laws into becoming an altruistic surrogate against her will. The ARTs implicate all of them and others. It implicates bodies, desires, identities – and it is an ethical imperative of the state to realise and appreciate these coordinates, before implementing the ART Act.

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1. **NOTES**

   This was an advertisement by the NOVA Fertility Clinic, published in the *Times of India*, (Ahmedabad edition) on 28 November 2017. A website post by Malpani Infertility Clinic (MIC; <https://www.drmalpani.com/knowledge-center/articles/advertising-by-ivf-clinics>) seconds such advertisements, arguing how they create awareness – not anxiety – among infertile people, who would in some likelihood walk into NOVA, but “most patients these days are smart” and they would check for other options; this would, reasons MIC, precipitate a “trickle down effect, and all IVF clinics will benefit in the bargain, because a rising tide helps all ships”. [↑](#endnote-ref-1)
2. The under-5 mortality rate was around 250 in 1960, close to 200 in 1970, and hovered over 150 in 1980 (<http://unicef.in/CkEditor/ck_Uploaded_Images/img_1365.pdf>). Given that in 2012 the U-5 mortality rate is 56 (<https://www.unicef.org/infobycountry/india_statistics.html>), we can imagine how high our U-5 mortality rates were in the 1980s when the state thought IVF could be used to allay the fears of tubal ligation.

   **REFERENCES**

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   [↑](#endnote-ref-2)