

Introduction

Lia Lombardi* and Alice Sophie Sarcinelli**

This issue originates from the Session “The Challenges of the Assisted Reproductive Technologies: Gender, Medicalization, Inequalities” organized by the editors at the ESA Mid-Term Conference held in Lisbon in 2016. Papers offered both different disciplinary perspectives (sociology of health, medical anthropology, policies, gender studies) and different geopolitical contexts (researches conducted in European and non-European countries) on infertility and on ART (Assisted Reproductive Technologies). The aim of this issue is to provide a critical analysis of the development of ART through a comparative investigation of different empirical studies in some countries in Europe, Africa and the USA carried out by female researchers. More specifically, the authors investigate the impact of ART on social and family structures, gender relationships, parenting and parenthood, and legal and political approaches through two different perspectives: the medicalization of human reproduction and gender differences, and the politics of ART. We therefore propose a reflection on ART as a crossroad of analysis in which different disciplinary areas (sociology of health, gender studies, medical anthropology, public health and kinship studies) and geopolitical contexts (Italy, Belgium, Portugal, France, Netherlands, Algeria, Mozambique and California) interact. In addition, the critical analysis of ART is developed through three main topics: *gender, biomedicine and inequality*.

The authors investigate and reflect on both the different approaches to infertility and ART and on the impact of ART on the medicalization of human reproduction and on gender relationships (Gerrits, Benabed, Lombardi). The cross-border reproductive care and transnational aspects of biomedicine and ART are also taken into account, and related to inequalities within and among countries (Faria, Guerzoni). Policies and the public debate on the controversial issue of homo-parenthood and of surrogacy are analysed and discussed through a comparative analysis (Sarcinelli, Delaunay) and through the study of cross-border reproduction (Guerzoni). These aspects are still central in the national and international debate: reproduc-

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tive and individual rights; social inequalities that intersect with gender and health inequalities; the development of biomedicine and biotechnologies and their impact on social change affecting gender and generational relationships, family structures, law and policies; the space and time of reproduction, which is increasingly distant from physiological times and traditional private spaces. The articles show the transformation of the “right to have a child” which, from being a “no right”, has moved, in the course of time and thanks to ART, to the couple’s right to have a child (i.e. homosexual couples) and to the right of the individual (i.e. the request by single people to access ARTs), although legislation varies between European and non-European countries (Calhaz-Jorge et al., 2017).

The first four articles focus on research carried out in European and African contexts (respectively the Netherlands and Italy, and Algeria and Mozambique). The “fil rouge” that connects the four articles is the debate on gender: men, women and heterosexual couple are taken into consideration by exploring and highlighting the different approaches to infertility and the reproduction of gender stereotypes through the medicalization process of infertility.

Trudie Gerrits reports on her research in the Netherlands, arguing that infertility and fertility treatments are highly gendered: “women are more often confronted with infertility in daily life, due to the cultural meaning of motherhood, and women also bear the major (physical) burden of treatment, even when the man is the cause of the fertility problem”. An important issue investigated in this article is the methodology used to carry out joint interviews with Dutch couples undergoing fertility treatments. Gerrits discusses the advantages and disadvantages of carrying out joint interviews and argues that they provide a particularly good insight into the sensitive issues at stake in this field, which are often related to the gendered nature of infertility and its treatment.

In her article, Aicha Benabed examines the meaning and representations of some couples undergoing ART in Algeria, a completely different cultural and social context from the Netherlands. She explores the way in which these couples think and conceive the medicalization applied to human reproduction. Through the notion of social representation, the author shows that ART fulfills the desire of a child and allows women to respect their expected role. The social pressure in favour of procreation interconnected with the medical the diagnosis increases and reinforces the medicalization of reproduction, with women being central in the childbirth process. The author argues that the medicalization of human reproduction is not only

limited to the biological dimension but encompasses social values related to the central theme of gendering and of the “child’s status”.

Ines Faria uses ethnographic research to investigate ARTs in Mozambique focusing two main themes: the therapeutic pathways of Mozambican couples in Maputo and the local and transnational aspects of access, provision and use of ART. This is done through a focus on the therapeutic pathways of Mozambican couples in Maputo who resort to biomedical infertility care and ART in the quest for a child. South Africa falls within the article’s scope, since it has often been involved in the quest to access and provide ARTs that began in Mozambique. The intention of the author is to grasp the manifold institutional and social challenges that stem from such treatments. She does so by drawing on research into aspects of subjective agency among infertile women and couples undergoing infertility treatments.

Lia Lombardi’s article uses a gender approach that highlights the marginalization of men’s reproduction compared to the emphasis on women’s reproduction. Lombardi refers to a study that uses a “mixed methods” approach and debates discourses and practices related to infertility as part of the gender structure. The article analyses expert discourse, medical practices and patients’ narratives, highlighting the socially and culturally constructed experience of infertility. As a consequence, gender becomes a determining factor in the construction of reproductive and sexual pathology: while the male gender is mainly associated with sexuality, the female gender continues to be associated with reproduction. The emphasis on the medical and technological treatment of women’s bodies reinforces and reproduces gender stereotypes.

Another set of articles of this issue deals with ART policies and same-sex couples’ strategies to access reproductive healthcare and parenthood by referring to anthropological and sociological research carried out in the Euro-American area (Belgium, France, Italy, Portugal and the USA).

Catarina Delaunay’s and Alice Sophie Sarcinelli’s articles provide an overview of the legislative and juridical challenges and issues related to the access of ART by same-sex couples in Europe. Each chapter juxtaposes the legal framing of ART in two European countries: on the one hand France and Portugal (Delaunay), on the other Belgium and Italy (Sarcinelli). Delaunay decides to focus on two countries (France and Portugal) that shared similar policies until mid-2016. On the contrary, Sarcinelli opts for two countries with diametrically opposed legislations on LGBT reproductive and family rights, these being Belgium and Italy, which are respectively at the top and at the bottom of the comparative Rainbow Europe Country Map

and Index produced by the International Lesbian and Gay Association – Europe.

Delaunay’s goal is to investigate the social and legal changes that have taken place, albeit with different dynamics and outcomes, in the same period in France and Portugal. She provides a socio-political analysis of the discussion by investigating multiple categories of negotiations and debates that took place in each country. The article argues that these specific controversies rest upon two types of tensions: on the one hand, a tension between consultation mechanisms, forms of regulations and forms of activism; on the other, a tension between an approach to reproductive healthcare as a political economy of public goods, and an approach to reproductive healthcare as a social right.

Sarcinelli’s article investigates the concrete effects of different regulation in ART in different countries with regard to same-sex couples. Using an ethnographical approach, Sarcinelli points to the gap between the legislative regulation of ART in a given country and the empirical access to ARTs. Contrary to what the Rainbow Europe Country Map and Index indicates, the empirical access to ART is characterized by ambiguities and contradictions in both Italy and Belgium. The author highlights the strategies same-sex couples resort to in order to overcome institutional barriers, as well as the parental and institutional efforts to make and unmake kinship ties which are neither “bio-genetic” nor legally recognized.

The issue closes on an ethical note, at the centre of the political debate in several countries, yet highly controversial: gestational surrogacy. Corinna Sabrina Guerzoni tackles this topic in an original way thanks to an ethnographical study carried out in a fertility clinic in Southern California. The author focuses on reproductive choices by showing how each party contributes to shape them. Because of the complex fragmentation of reproduction which characterizes gestational surrogacy, reproductive choices are understood in light of their temporality (that is the different phases of the matching) and of the selection dynamics observed.

References

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