Social and cultural perspectives on reproductive technologies.
A bibliography
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Introduction to the theme: social and cultural perspectives on reproductive technologies

This bibliography on assisted reproductive technologies (ART) has been developed as part of the research project ‘Perceptions of gender, genes and reproduction,’ which was funded by the Norwegian Research Council 2002-2006. Tora Ytterland Silset (MA) has completed the bibliography in cooperation with the project group. Researchers on the project are PhD Research Fellow Kristin Spilker, Post Doctoral Fellow Malin Noem Ravn and Professor Merete Lie. We would like to thank the The Faculty of Arts, Norwegian University of Science and Technology, NTNU, for economic support to complete this work.

The bibliography focuses on the social and cultural aspects of ART. This includes ethical and legal aspects as well as societal and cultural changes, for instance in what constitutes parenthood and how families are defined in our times. Moreover, when life begins and when it ends are no longer considered facts of nature but rather negotiable conditions. Thus, ART is a field of study that cuts across, or rather reconnects, themes that science for a long time has been taking apart: life and death, public and private, cultural and natural.

The debates of ART generally have taken place within a framework of helping those who were involuntarily childless. Cloning, however, created a turning point in ethical debates of reproductive technologies. Cloning techniques spurred a heated debate following the enormous media focus on Dolly the sheep in 1997. Until this point, reproductive technologies were attacked by those who saw them as intervening in “Creation” or interfering with nature, but at the same time, they were defended by others as medical technologies restoring bodily dysfunctions. Cloning technologies lacked this ethical backing and were rather considered scientific achievement for science’s own sake. Since then scientists have highlighted the possibility of cloning for therapeutic reasons to make new organs to replace sick or damaged ones, and thus to save life rather than to make new and replicated human beings. Cloning has definitely set new agendas for ethical debates, legal issues and responsibility within science communities.

At present, families may be created in new ways, and parenthood and kinship relations may be redefined. In many parts of the world, parenthood is increasingly governed by choice since sex has been partly detached from
reproduction. Fertility and infertility are no longer regarded as fate and solely accorded to nature. Infertility appears today as a condition that may be dissolved into a variety of natural and social causes and as a condition that may be changed. Babies are being made in new ways, and the new creation processes throw light on the interplay of natural and social processes in reproduction. Whatever techniques are involved, a social production of parenthood takes place. Some infertility treatments may result in a baby even if one of the parents is not a genetic or biological parent. The couple has, at the same time, invested more in becoming parents than those who became pregnant in the traditional way. With sperm/egg donation and surrogate motherhood more than two persons are involved. Thus ART implies rethinking parenthood, and the process of re-conceptualization relates to an amalgam of science and technology, genetics and biology, cultural traditions and family patterns.

In other words, fertility clinics produce not only babies but also parents. Do ‘the new parents’ fit into the roles of traditional parenthood or will we see that the definitions of parenthood change? ART throws light on the very different aspects that are involved. What are the relationships between genetic, biological, legal, emotional and spatial aspects of the parent-child bonds and which ones will appear as most important? Which new patterns of social, legal and emotional bonds will be included in the concept of the family – and will the concept of the family survive??

The new reproductive technologies, on the one hand, seem to affect definitions of gender and parental roles by reinforcing the traditional role divisions of mother and father, especially through legal arrangements that in most countries restrict the medical services of ART to heterosexual couples. On the other hand, the new fertility techniques have also been adopted by lesbian and gay couples. Furthermore, cloning techniques have spurred questions about the technical possibility of developing homosexual reproductive techniques whereby DNA from the two partners is combined into an egg cell. The public debates concerning the availability of ART treatments for single and homosexual parents have at least increased public awareness of varying models of parenthood.

Book titles from studies of ART, such as *After nature*, *Beyond the natural body* and *Making parents*, indicate that we are beyond the idea of a purely natural body and a natural birth. Feminist researchers like Donna Haraway and the authors of the titles above have basically questioned ‘how natural nature is’. Moreover, the distinction between nature and culture is confused by the strong symbolic dimensions of nature, making it also part of the cultural. The symbolic function of nature is most visible in the way new steps in the technologies of
reproduction tend to be associated with natural processes in the terms that are given to them by legal and health professionals as well as in ordinary talk.

The new reproductive technologies provide a good basis for the study of changing perceptions of nature because the field to a large degree consists of stories of de-naturalisation and re-naturalisation. A very simple illustration is how the very term for these technologies over time has gradually shifted from artificial reproductive technologies (that is to say de-naturalisation) to assisted reproductive technologies (indicating a re-naturalisation). The latter term indicates that the intervention of medical technology is meant to restore the body to its natural state.

The trend seems to be that terms change gradually and often after the legalisation of a new technology. Normalisation and social acceptance are linked to concepts that relate to nature and natural processes. This does not mean that assisted reproductive technologies can be presented as ‘pure nature’, but there is a trend towards linking nature and culture in terms that present them as connected and not in opposition to each other.


Abstract: Can philosophers come up with persuasive reasons to allow or to ban human reproductive cloning? Yes. Can philosophers agree, locally and temporarily, which practices related to cloning should be condoned and which should be rejected? Some of them can. Can philosophers produce universally convincing arguments for or against different kinds of human cloning? No.

This paper analyses some of the main arguments presented by philosophers in the cloning debate, and some of the most important objections against them. The clashes between the schools of thought suggest that philosophers cannot be trusted to provide the public authorities, or the general public, a unified, universally applicable view of the morality of human reproductive cloning.


Abstract: The purpose of this paper is to show that arguments for and against cloning fail to make their case because of one or both of the following reasons: 1) they take for granted customary beliefs and assumptions that are far from being unquestionable; 2) they tend to ignore the context in which human cloning is developed. I will analyze some of the assumptions underlying the main arguments that have been offered for and against cloning. Once these assumptions are critically analyzed, arguments both rejecting and supporting human cloning seem to lose weight. I will first briefly present the main arguments that have been proposed against cloning and I will argue that they fail to establish their case. In the next section I will evaluate some of the positive arguments that have been offered supporting such technology. This analysis will show that the case for cloning also fails. Finally, I will maintain that because critics and especially supporters of this technology neglect the context in which human cloning is developed and might be implemented, their arguments are far from compelling.
Abstract: Human reproductive cloning came to the public's attention when Dolly, a sheep, was cloned in Scotland in 1997. This news quickly spread around the world causing both excitement at the possibilities that cloning techniques could offer, as well as apprehension about the ethical, social and legal implications should human reproductive cloning become possible. Many international organizations, such as the World Health Organization, the International Council of Nurses, and governments were concerned about the impact of human reproductive cloning on human health, dignity and human rights. To this end, many institutions have drafted resolutions, protocols and position statements outlining their concerns. This paper will outline some of the major ethical issues surrounding human reproductive cloning, the position of various international organizations and governments, and specifically the position of the International Council of Nurses.

Introduction: The birth of Dolly, the sheep cloned from the mammary cells of an adult ewe, is a turning point in ethical and social debates over the use of assisted reproductive technologies. Prior to Dolly, two sets of issues dominated ethical discussion. One set focused on the creation, storage, and discard of human embryos, and the impact of those practices on respect for human life. A second set of issues concerned the family and kinship effects of recombining genetic, gestational, and social aspects of parenthood, as occurred in gamete donation and surrogacy.

Abstract: The progress achieved during the last 25 years in the assisted reproductive technology field has been phenomenal. Many countries currently practice genetic material donation, human embryo cryopreservation, selective embryo reduction, preimplantation genetic diagnosis, and surrogacy. While embryo research and therapeutic cloning are carried out only in a few centers, thus far human cloning has been universally condemned. Nonetheless, the rapid evolution and progress of these various techniques of assisted reproduction has opened a Pandora's box of ethical issues that must be urgently addressed.

Abstract: Human cloning has been simultaneously a running joke for massive worldwide publicity of fringe groups like the Raelians, and the core issue of an international movement at the United Nations in support of a treaty to ban the use of cloning techniques to produce a child (so called reproductive cloning). Yet, even though debates on human cloning have greatly increased since the birth of Dolly, the clone sheep, in 1997, we continue to wonder whether cloning is after all any different from other methods of medically assisted reproduction, and what exactly makes cloning an 'affront to the dignity of humans.' Categories we adopt matter mightily as they inform but can also misinform and lead to mistaken and unproductive decisions. And thus bioethicists have a responsibility to ensure that the proper categories are used in the cloning debates and denounce those who try to win the ethical debate through well-crafted labels rather than well-reasoned argumentations. But it is as important for bioethicists to take a position on broad issues such as human cloning and species altering interventions. One 'natural question' would be, for example, should there be an international treaty to ban human reproductive cloning?
FERTILITY

A


B


Abstract: The paper gives account of several psychosocial aspects of infertility. Firstly, the author deals with a fact that infertility impede the desire to produce a child and the socially created need to become a parent. The M. Hunter's model of biopsychosocial aspects of reproductive problems is used as a framework for analysing the complexity of factors which influence single person's reactions to infertility and its treatment. Secondly, the authors gives a summary of feminist critique of reproductive technologies. These technologies are widely used and accepted as a way to overcome infertility, but they create some additional problems. These problems are discussed using four types of arguments: anti-biological, anti-medical, eugenic and those considering women's reactions to reproductive technologies. All of these arguments are based on feminist publications. Thirdly, the author discusses the similarities and differences in male and female reactions to infertility. It is argued that two tendencies are observed while reactions to infertility are researched: the first is see those reactions as entirely different while the second is to see them as very similar. These controversy can be explained on the ground of different research methodology, the notion of infertile persons as a homogeneous group, the lack of proper theoretical model to contain all aspects of gender differences in reactions to infertility.

C


D


Abstract: Age-related infertility that is caused by diminished reproductive potential is both medical and social problem of a great concern. Changes in modern ways of life make women postpone the decision of starting up a family, what may reduce their chances of having a healthy baby. It is also a problem of subfertile couples who after many years of insufficient treating approach the period where the age imposes on primary causes of infertility, what even more reduces the chance of pregnancy. The main reason of this is increased number of chromosomal abnormalities resulting in lower quality of oocytes. There is a lot of research being held on the reconstruction of gametes by transferring the nucleus or cytoplasm among the oocytes derived from young and older patients. However, it has not brought the expected results so far. The method of preimplantation genetic diagnosis--aneuploidy screening (PGD-AS) in patients older than 35 gives some hope for improving the efficiency of infertility treatment. Nevertheless, oocyte donation still remains the most effective and applied method of assisted reproduction in the group of older patients.

F
Abstract: Over the past generation, aging and female reproduction have been lodged within the gendered and
gendering debates regarding women's involvement in the workforce and demographic shifts toward delayed
parenting that culminate in discourses on the "biological clock". Technological solutions to the biological clock,
specifically in vitro fertilization, have led to clinical attempts to assess "ovarian reserve", or qualitative and
quantitative changes in the ovary that correlate with aging and with successful infertility treatment. Rupturing
the longstanding historical connections between menstruation and female reproductive capacity by specifically
focusing on the aging of a woman's eggs, the clinical designation of "diminished ovarian reserve" has come to
imply that a woman has "old eggs". This is associated in practitioners' and patients' minds with the eclipse of a
woman's reproductive potential and with hidden harbingers of menopause.

In an ethnographic interview study of 79 couples in the US who conceived after using donor oocytes, we found
that women voiced two different narratives that described their experience and attitudes when confronted with
an apparent age-related decline in their fertility. The "eleventh-hour mom" narrative was voiced by women who
initially tried to become pregnant with their own eggs and turned to donated oocytes as a second-choice option,
whereas the "miracle mom" narrative was expressed by women who were generally older, some of whom had
entered infertility treatment hoping to conceive with their own eggs, but some who knew from the outset that it
was not going to be possible. Through their narratives women not only embodied and made meaningful
"diminished ovarian reserve" in varying ways that connect with cultural, social, structural/organizational,
symbolic and physical aspects of aging, they reproduced the sociobiological project of the biological clock, but
rooted this social project in the metaphor of "old eggs" rather than menopause.


Abstract: In light of 30 years of below-replacement fertility in many industrialized societies, demographers are
asking whether fertility could drop even further, or whether there is a "floor" below which it will not fall. A key
unanswered question is whether there may be a variable biological component to fertility motivation which
ensures that we continue to reproduce. Drawing on evidence from evolutionary biology, ethology, quantitative
genetics, developmental psychobiology, and psychology, the article argues that our evolved biological
predisposition is toward nurturing behaviors, rather than having children per se. Humans have the unique
ability to be aware of such biological predispositions and translate them into conscious, but nevertheless
biologically based, fertility motivation. It is likely that we have already reached the limits to low fertility since
this "need to nurture," in conjunction with normative pressures, ensures that the majority of women will want to
bear at least one child. A sketch for a biosocial model of fertility motivation is outlined.

- Hirschman C., Comment: Globalization and Theories of Fertility Decline, Population and Development
(www.jstor.org)

(www.jstor.org)

Abstract: There is considerable controversy over the causes of the completed fertility transitions that occurred in
most industrial countries from 1870 to 1930 and the "new" fertility transitions that are currently underway in the
developing world. New data and empirical analyses of both historical and contemporary fertility declines have
weakened the standard theory of the demographic transition, but none of the plethora of new theories of fertility
change have emerged as hegemonic or as alternative guides to empirical research. The vast body of empirical
evidence on the origins, speed, and correlates of fertility declines in different historical and geographical
settings shows more diversity than a simple theory of fertility change would predict. The challenge for the field is
to develop a common theoretical framework that will accommodate the diversity of historical paths from high to
low fertility.

Abstract: Objective: The aim of the study was to assess differences in attitudes towards aspects of assisted reproduction technology between infertile and parous women.

Design: Case-control study.

Setting: University-based tertiary care clinic.

Population/Sample: Three hundred and ninety-two women with fertility problems and 200 parous controls.

Methods: A questionnaire was sent out to 392 members of Childless Support Association and 200 parous women who had at least three infants and had given birth at Kuopio University Hospital. The questionnaire consisted of 46 questions: demographic information, fertility history, different aspects of assisted reproduction technology and prioritisation issues.

Main outcome measures: Attitudes towards assisted reproduction technology.

Results: The overall response rate was 46%. Infertile women were highly educated (P< 0.01) and had lower parity (mean 0.83 vs 4.76, P< 0.01) than parous women. We recorded four major differences in attitudes between the two groups (OR >2 or <0.5) including provision of infertility treatment to lesbian (46.9% vs 16.7%) and homosexual couples (28.4% vs 11.4%), the opportunity for homosexual couples to use surrogate mothers (30.6% vs 15.2%) and limitations in the number of infertility treatment cycles (28.4% vs 61.4%). For 11 questions, we recorded minor, but statistically significant, differences. In the prioritisation questions, the women set the order according to their own interests, probably because the women were at fertile age and they had or would like to have a child. Maternity services and screening for cancer in women (Papanicolaou's test and mammography) were at the top of the list.

Conclusion: These results reflect a split attitude that was influenced by the wish of infertile women to help childless couples and to be able to recruit suitable sperm/oocyte donors. Parous women were motivated by their concern for children's rights.


Abstract: The choice to pursue fertility treatments is a complex one. In this paper I explore the issues of choice, agency, and gender as they relate to assisted reproductive technologies (ARTs). I argue that narrative approaches to bioethics such as those by Arthur Frank and Hilde Lindemann Nelson clarify judgments about autonomy and fertility medicine. More specifically, I propose two broad narrative categories that help capture the experience of encounters with fertility medicine: narratives of hope and narratives of resistance. This narrative typology captures the inevitable conflict that women feel when they become subjects of fertility medicine. On the one hand, they must remain hopeful; on the other, they must not surrender themselves completely. Nelson's account of counterstories as narratives of resistance helps us see how women can reconcile the experience of a strong desire to have children with the desire to remain authentic and whole.


- Kedem, P; Mikulincer, M; Nathanson, Y E; Bartoov, B., Psychological aspects of male infertility, British Journal of Medical Psychology, 63(1): 73-80, 1990 (http://biblioline.nisc.com)

Abstract: The aim of this research was to study the effect of suspected infertility on psychological functioning, comparing men who suspect that they are infertile (N = 107) with men who have no such suspicion (N = 30). Infertile men had lower self-esteem, higher anxiety and showed more somatic symptoms than fertile men. The
effects of moderating variables on the psychological functioning of the subfertile men were analysed. The findings were that causality of infertility, feelings of hopelessness and global attribution were related to sexual inadequacy. Depression was uniquely related to stress of infertility and global attribution. Global attribution, though predictive of psychological consequences, was not affected by the objective variables of infertility.


Abstract: Based on fieldwork in Ugweno, Tanzania, this research explores a case that contradicts popular understandings and representations of Muslim African women-specifically with respect to reproduction and family planning. Building on case studies of women who articulate their motivations regarding contraceptive use in general, and sterilization in particular, I argue that religious (and, in this case, Islamic) values and reasoning are fashioned pragmatically. The study was based on in-depth, unstructured and open-ended interviews with 40 women (20 of whom had been sterilized), as well as men, religious leaders and hospital workers. Women (and men) in Ugweno construct reproductive lives that challenge overly deterministic understandings of the relationship between religion and contraceptive practices. It was found that perceptions of Islamic rules about family planning are inconsistent. Individuals are able to define their own approach by manipulating the rules and resisting them.

M


Abstract: Nearly half of the world's population in 2000 lived in countries with fertility rates at or below replacement level, and nearly all countries will reach low fertility levels in the next two decades. Concerns about low fertility, fertility that is well below replacement, are widespread. But there are both persistent rationales for having children and institutional adjustments that can make the widespread intentions for two children attainable, even in increasingly individualistic and egalitarian societies.


Abstract: Using a random sample of 580 Midwestern women, we test the hypothesis that women who have experienced infertility report higher psychological distress. Approximately one third of our sample reports having experienced infertility sometime in their lives, although the majority of the infertile now have biological children. Drawing hypotheses from identity and stress theories, we examine whether roles or resources condition the effects of infertility or whether its effects are limited to childless women. Infertility combined with involuntary childlessness (including biological and social) is associated with significantly greater distress. For women in this category, the risk of distress is substantial.

O

- Oudshoorn, N., Beyond the natural body: an archaeology og sex hormones, London: Routledge, 1994


P


Abstract: This study explored the coping processes of couples experiencing infertility. Participants included 420 couples referred for advanced reproductive treatments. Couples were divided into groups based on the frequency of their use of eight coping strategies. Findings suggest that coping processes, which are beneficial to individuals, may be problematic for one’s partner. Couples where men used high amounts of distancing, while their partner used low amounts of distancing, reported higher levels of distress when compared to couples in the other groups. Conversely, couples with women who used high amounts of self-controlling coping, when paired with men who used low amounts of self-controlling coping, reported higher levels of distress. Implications of study findings are discussed, and ideas for future research are proposed.


Abstract: There has been little in-depth theoretical study in sociology of the motives of women and men who are childless by choice. This article begins to remedy this deficiency by analyzing the motives articulated by twenty-three childless women and men using Weber's typology of social action and distinction between primary and end motives. In-depth interview and focus group data reveal that, compared to men, women more often were affected by the parenting models of significant others, saw parenting as conflicting with career and leisure identities, and claimed the lack of a "maternal instinct" or disinterest in children as dominant influences. Men more explicitly than women rejected parenthood because of its perceived sacrifices, including financial expense. Both women and men were motivated by personality traits that they deemed incongruent with good parenting. Declared motives especially demonstrated instrumentally rational action in Weber's schema, although affectual and value-rational actions also were present. Respondent motives are compared to those that they, and empirical studies, have attributed to parents.


Review av D. F. Meyer: In "Frozen Dreams: Psychodynamic Dimensions of Infertility and Assisted Reproduction," Allison and Jay Rosen attempt to illuminate the personal, subjective reactions of therapists who treat the wrenching anguish of infertility. They distinguish their book from other infertility treatment guides by focusing the content on therapist countertransference and its effects on treatment process and outcome. This is not, however, simply a book of personal accounts. Nearly all of the chapters contain numerous empirical citations to support the authors' experience. The list of contributing authors is impressive: a range of psychologists, social workers, and nurses working in reproductive medicine clinics and psychoanalytic institutes are represented. The book is divided into four parts. Part I consists of an excellent chapter by Linda Hammer Burns detailing psychological changes in infertility patients, along with complicating factors such as age, remarriage, and physical illness. Her assertion, and one conveyed by most of the other contributors, is that infertility represents a narcissistic loss, and infertility counseling is a specialized form of bereavement counseling. Ultimately, the goal of therapists is to help clients 'internalize and accept the unacceptable nature of infertility,' a goal made more difficult due to the lack of a tangible object to mourn. Parts II and III make up the bulk of the volume and examine infertility patients from the therapist's perspective, along with special circumstances and treatment challenges. Part IV is a largely superficial detailing of the roles of various infertility providers. The greatest strength of this book lies in the number of riveting case studies discussed in nearly every chapter. The cases raise provocative ethical and philosophical questions to which there are no good answers; these questions will surely increase as reproductive technology continues to evolve. The authors should have included single mothers and lesbian couples, and some of the chapters are "bogged down with psychoanalytic language." The book does not provide much information on therapeutic techniques to use with this client population. Yet "psychanalytic theory is an excellent lens with which to view the dynamics involved in infertility." (LMC)

T


- Throsby, K.; Gill, R., "It's different for men": masculinity and IVF, Men and Masculinities, 6(4): pp. 330-348, April 1, 2004 (http://biblioline.nisc.com)

Abstract: Drawing on interview data with men and women who have engaged with in vitro fertilization (IVF) unsuccessfully, this article explores the ways in which men experience and make sense of the failure of treatment. Focusing on men's experiences of infertility, their perceptions of IVF as a technology, and their involvement in the IVF process, the analysis highlights the ambivalent relationship between men and IVF as a technology; the pre-dominance of hegemonic masculine culture in mediating the meaning of IVF for both men and women, particularly in relation to the association of fertility and virility in the normative construction of masculinity; and the very traditionally gendered emotional scripts that structure the experience of IVF and its failure.

U


Abstract: Contemporary demographic discourse and population policies in southern Africa tend to focus upon the positive value of low, and ever lowering, total fertility rates. In Botswana, statistics suggest a high rate of extramarital fertility and a rapidly increasing HIV infection rate. While these represent visible problems for demographers and policy makers, infertility - a significant problem for many Batswana - remains 'invisible' in much of demographic discourse. This paper suggests that while infertility may be an invisible demographic variable, it is particularly significant in the lives of the people of northern Botswana and it can be a useful lens through which to view cultural constructions of gender and health. For many women in Botswana, infertility, the apparent inability to bear children, is a serious social and physiological concern and one that is intricately tied to local perceptions of contraceptives and witchcraft, for example. In addition, with large scale migration by men to other areas of southern Africa, women find themselves confronted with various economic concerns and the necessity to negotiate childbearing in that context. It is argued that a more social and ethnographic understanding of the importance of fertility can lead to a better understanding of why some population policies are not particularly efficacious. This paper is based upon ethnographic fieldwork in northern Botswana and represents an attempt to synthesise anthropological and demographic approaches to the concept of fertility by examining the often overlooked variable of infertility.

FAMILY

A


B

Abstract: The present article reviews the empirical research regarding the parent-child relationships and the development of children in donor insemination (DI) families. Over the years, follow-up studies have appeared sporadically and, despite the varying quality of the research methods, preliminary findings have emerged. Heterosexual DI parents were psychologically well adjusted and had stable marital relationships. DI parents showed a similar or higher quality of parent-child interaction and a greater emotional involvement with their children compared with naturally conceived families. The majority of studies which investigated several aspects of child development found that, overall, DI children were doing well. Findings with regard to emotional/behavioural development, however, were divergent in that some studies identified an increase of such problems while others did not. A steadily growing group within the DI population is lesbian mother families. More recently, follow-up studies have been carried out among DI children who were raised from birth by two mothers. Despite many concerns about the well-being of these children, no adverse effects of this alternative family structure on child development could be identified. As the DI children in all investigations were still young, our knowledge about the long-term effects of DI remains incomplete.

- Brakman, S., V.; Scholz, S., J., Adoption, ART and a re-conception of the maternal body: Toward embodied maternity, Hypatia, V. 21, NO. 1, 2006; pp. 54-73 (Abstract ikke tilgjengelig), (http://biblioline.nisc.com)


Abstract: In this paper the authors, all experienced social workers with research and practice interests in assisted conception, review practices concerning access to genetic origins information in adoption, and consider to what extent these may be relevant for practice in donor-assisted conception. The paper concludes with policy and practice recommendations that take account of the views of donor offspring and their desire for increased information about their genetic heritage.


Abstract: My primary aim is to call into question an influential notion of paternal responsibility, namely, that fathers owe support to their children due to their causal responsibility for their existence. I argue that men who impregnate women unintentionally, and despite having taken preventative measures, do not owe child support to their children as a matter of justice; their children have no right against them for support. I argue for this on the basis of plausible principles of responsibility which have been used to defend abortion rights. I then consider the morally relevant differences between men and women, arguing that while in some cases these differences may justify differential treatment, their import should not be overstated — in many cases, the burden of child support will be too great to impose justly on fathers. This conclusion is not as undesirable as it may seem: I suggest feminist considerations in favour of revising the notion of paternal responsibility and consider alternative arrangements of child support.


Abstract: Unlike surrogacy and cloning, reproduction via gamete donation is widely assumed to be morally unproblematic. Recently, a number of authors have argued that this assumption is mistaken: gamete donors, they claim, have parental responsibilities that they typically treat too lightly. In this paper I argue that the 'parental neglect’ case against gamete donation fails. I begin by examining and rejecting the view that gamete donors have parental responsibilities; I claim that none of the current accounts of parenthood provides good reason for ascribing parenthood to gamete donors. I then argue that even if gamete donors do have parental responsibilities for ‘their’ children, it is not clear that they treat these responsibilities too lightly. I conclude the paper by examining the wider question of just what kind of responsibilities gamete donors might have towards the children that they have a role in creating.


Abstract: What is it that makes someone a parent? Many writers – call them 'monists'– claim that parenthood is grounded solely in one essential feature that is both necessary and sufficient for someone’s being a parent. We
reject not only monism but also 'necessity' views, in which some specific feature is necessary but not also sufficient for parenthood. Our argument supports what we call 'pluralism', the view that any one of several kinds of relationship is sufficient for parenthood. We begin by challenging monistic versions of gestationalism, the view that gestation uniquely grounds parenthood. Monistic and necessity gestationalism are implausible. First, we raise the 'paternity problem'– necessity gestationalists lack an adequate account of how men become fathers. Second, the positive arguments that necessity gestationalists give are not compelling. However, although gestation may not be a necessary condition for parenthood, there is good reason to think that it is sufficient. After further rebutting an 'intentionalist' account of parenthood, in which having and acting on intentions to procreate and rear is necessary for parenthood, we end by sketching a pluralist picture of the nature of parenthood, rooted in causation, on which gestation, direct genetic derivation, extended custody, and even, sometimes, intentions, may be individually sufficient for parenthood.

C


Abstract: The everyday concept "parent" includes a central prototype and less typical subtypes, such as stepparent, adoptive parent, and foster parent. We studied informants' concept of "parent" by constructing typical and atypical scenarios in which people become parents: planned and unplanned pregnancy, unmarried parents, abandonment, divorce, stepparent/child, adoption, pregnancies resulting from rape, and situations involving medical technology and contract motherhood. The parental role of each of the characters in the scenarios was characterized in terms of seven attributes of parenthood. Unmarried undergraduate informants rated the claim of each of the characters to be a parent of the child. Characters whose parental contribution was more similar to the prototype case were seen as having stronger claims. The most important attributes were, in order: intention to raise the child, gestation, genetic contribution, provision of nurture, and intention to create a baby. All informants appeared to make use of three principles involved in everyday, informal explanations of how a person becomes a parent. Parental consent, the predominant principle for both men and women, was given more weight by women; maternal investment in gestation was given equal weight by both sexes, and genetic contribution was given more weight by men.

G


Abstract: Growing public awareness of the use of donor insemination (DI) to enable infertile couples to become parents has been accompanied by increasing concern regarding the potentially negative consequences for family relationships and child development. Findings are presented from a prospective study of the quality of parenting and psychological adjustment of DI children at age 12. Thirty-seven DI families, 49 adoptive families, and 91 families with a naturally conceived child were compared on standardized interview and questionnaire measures administered to mothers, fathers, children, and teachers. The differences between DI families and the other family types reflected greater expressive warmth of DI mothers toward their children and less involvement in the discipline of their children by DI fathers. The DI children were well adjusted in terms of their social and emotional development. The findings are discussed with respect to the secrecy surrounding DI and the imbalance in genetic relatedness between the parents and the child.

H


Abstract: This paper presents some central findings of an exploratory qualitative study of New Zealand families with children conceived by donor insemination (DI). Drawing on social anthropological and sociological theorising about kinship and contemporary Western families, the paper explores the ways in which parents and their kin actively construct parent-child relationships and kin connections through the notions of biological and social ties, nature and nurture. The paper discusses three major themes emerging from the data: the social
construction of the ‘natural facts’ of procreation, physical resemblance, and the construction of families through choice, not biology. Whilst the primacy of biological or genetic connection is a powerful cultural theme, particularly evident in the ambiguities and uncertainties for social fathers and their kin, these families also deconstruct this notion. Drawing simultaneously on the power of social and biological connection, using biology as a metaphor for social relations, or by privileging social ties and the formation of families through choice, over time these families strategically establish themselves as the sole parents and kin of their children conceived by DI.

-Houston, H. R., Other mothers: framing the cybernetic construction(s) of the postmodern family, Consumption, Markets & Culture, 7(3), pp. 191-209; September, 2004, (http://biblioline.nisc.com)

Abstract: This study conducts a critical cultural analysis of the assisted reproductive technologies (ART) market and selected consumption that takes place within that context. Specifically, it assumes the view of markets as cultures and conceptualizes the consumption strategies of "other mothers," the unintended consumers of such body technologies, within the larger cultural context of what it means to be a family. The view of "markets as cultures" is employed to frame the ART marketplace and to address the multiple, local realities that emerge in the consumption process. The hyperreality of the ART marketplace emerges as a fluid and dynamic force that fosters the reversal of production and consumption through the creation of new forms of consumption. In this local context, marginalized ART consumers reappropriate body technologies to construct postmodern families of their own design. A conceptual framework of this cybernetic market culture is presented and discussed with implications for future research regarding bioethics, methodological approaches, family consumption, and new frontiers in postmodern consumption.

J


K


L


M


N


Abstract: Marriage is a template for domestic life and the problems that arise in it. The patterned assumptions that traditionally defined marriage gave substance to the family. These assumptions have become less compelling over the course of a century. In this paper, I suggest how and why this has happened. I focus on the meaning of parenthood and its relationship to marriage. In the course of a century, parenthood has been redefined as a rational choice governed by calculation. As a result, childbearing, pregnancy, marriage and
parenthood have been redefined. Their relationships to one another have, to varying degrees, been altered. Marriage is an institutionalized way to care for the babies that once came, inevitably, as a result of sexual intercourse. What becomes of marriage when sex no longer produces babies? The answer is that everything about marriage and the family changes. Such changes help explain the rise of professional family therapy and related fields.

P


Abstract: In this new era of Assisted Reproductive Technologies (Art), families are being created in a vast number of ways. In the past, limited methods were available as options to provide genetically linked children, one being surrogacy in which only the man is genetically linked to the child and another women provides the egg and carries the fetus. However, as these technologies have progressed, gestational surrogacy has become a popular method of creating a family, which allows a woman the opportunity to have a genetically linked child. Gestational surrogacy is a method in which a fertilized embryo is inserted in a surrogate's womb and this surrogate's sole purpose is to carry the fetus. Although research has tried to keep up with the ever-changing technologies, much of the literature on surrogacy does not distinguish between traditional surrogacy and the newer gestational surrogacy. In addition, it does not take into account the women who provide this service multiple times. This study segregates this population of surrogates, so that a more comprehensive understanding will be gained of the experience of and motivation for gestational surrogates who provide surrogacy multiple times. This in turn may help facilitate a better mental health system within the Art system. Four Caucasian women from various parts of the United States were interviewed in depth about their experience of being a gestational surrogate. Each of the women had been a gestational surrogate on two occasions and two of the women were in the process of pursuing a third surrogacy arrangement. A focused approach was used for the interviews, which were then transcribed and analyzed for common themes regarding the experience of repeating the surrogacy process. Four themes emerged from the data analysis. Primary to the surrogates experience was their attachment to the intended parents and their lack of attachment or maternal bonding to the child. A central motivator in repeating the surrogacy process was as a means to repair a prior bad surrogacy experience. Bad experiences were defined by the surrogates as ones where the relationship with the intended parent/s was terminated. This factor led to another theme of surrogates having a yearning and requirement of continued contact with intended family. Finally the use of online groups for support also emerged as a prominent theme.

S


T


Abstract: Assisted reproductive technology (ART) makes babies and parents at once. Drawing on science and technology studies, feminist theory, and historical and ethnographic analyses of ART clinics, Charis Thompson explores the intertwining of biological reproduction with the personal, political, and technological meanings of reproduction. She analyzes the "ontological choreography" at ART clinics -- the dynamics by which technical, scientific, kinship, gender, emotional, legal, political, financial, and other matters are coordinated -- using ethnographic data to address questions usually treated in the abstract. Reproductive technologies, says
Thompson, are part of the increasing tendency to turn social problems into biomedical questions and can be used as a lens through which to see the resulting changes in the relations between science and society. After giving an account of the book's disciplinary roots in science and technology studies and in feminist scholarship on reproduction, Thompson comes to the ethnographic heart of her study. She develops her concept of ontological choreography by examining ART's normalization of "miraculous" technology (including the etiquette of technological sex); gender identity in the assigned roles of mother and father and the conservative nature of gender relations in the clinic; the naturalization of technologically assisted kinship and procreative intent; and patients' pursuit of agency through objectification and technology. Finally, Thompson explores the economies of reproductive technologies, concluding with a speculative and polemical look at the "biomedical mode of reproduction" as a predictor of future relations between science and society.

FATHERHOOD AND MOTHERHOOD

B


Abstract: Objective: To examine the factors that influence women's decisions about the timing of motherhood from a life span perspective.

Design: Qualitative.

Setting: Large Western Canadian city with a high rate of infants born to women aged 35 years and older.

Participants: 45 Canadian women aged 20 to 48 years.

Results: Independence, a stable relationship, and declining fertility influenced women's decisions about the timing of motherhood. Women integrated child developmental transitions into a projected life plan as they considered the timing of motherhood. Partner readiness and family of origin influences played a lesser role. Delayed childbearing has become more socially acceptable, with subsequent negative connotations associated with younger motherhood. Parental benefits have limited influence on the timing of motherhood.

Conclusions: Recognition by nurses of the various and complex factors that influence women's decisions about the timing of motherhood may flag the importance of pregnancy-related counseling for woman across the fertility life span. Policy decision makers must be cognizant of the need for additional high-risk obstetric and neonatal health services when societal norms encourage women to delay childbearing in favor of completing education and establishing a career.

D


Abstract: This paper draws on the findings of a longitudinal ethnographic study of men's transition to fatherhood, conducted in the United Kingdom (UK). It is concerned with their encounters with the pregnant and labouring body. Until relatively recently there has been surprisingly little work, either theoretical or empirical, on the experience of pregnant embodiment. Work in the last decade has indicated that women's experience of 'being-with-child', their experience of living in and being a pregnant body, can be an ambivalent affair, as some find disconcerting the experience of simultaneously being self and yet Other. If women, who possess the embodied and therefore privileged knowledge of pregnancy, can feel ambivalence, perhaps the case for expectant men is more so. This paper draws on interviews with men making the transition to fatherhood and analyses their experiences of and relation to the pregnant and labouring body. The theoretical analysis of their
empirical accounts explores in particular the blurring, moving and broken boundaries of the pregnant and labouring body and how these changing body boundaries can challenge the taken-for-granted assumption that bodies should always be contained, strong and firm. The implications of men's encounters with this 'differently bounded' body are examined.


Abstract: Background and aims. In contrast to women's experiences of motherhood, there has been comparatively little research investigating men's experience of the transition to fatherhood and how changing cultural perspectives contribute to the contemporary experience of fathering. This paper draws on the findings of a larger ethnographic study of men's transition to fatherhood in the United Kingdom (UK) and discusses men's experiences of pregnancy confirmation.

Methods. A longitudinal ethnographic approach was chosen to investigate men's 'real life' accounts of their transition to fatherhood. A mixture of 'novice' and experienced fathers (n = 18) were recruited from antenatal classes in the north of the UK during 1998. Semi-structured interviews were conducted on three occasions, twice during their partner's pregnancy and once afterwards.

Findings. Framed by the context of the contemporary construction of involved fatherhood, the men frequently spoke of their desire to be 'involved' with their partner's pregnancy and yet reported difficulty in engaging with its reality. They nevertheless participated in a range of activities - body-mediated-moments - which brought them closer to their partner's pregnant body and therefore their unborn baby. These activities centred on pregnancy confirmation, announcement, foetal movements, the ultrasound scan, and culminated in their presence during labour and delivery. This paper discusses their involvement in the process of pregnancy confirmation.

Conclusion. The men's experiences of early pregnancy were marked forcefully by their involvement in the confirmation process. This activity gave men entry into a physical dimension, helping them forge an involvement in the pregnancy and shape their early transition to fatherhood.

Implications for practice. The study has provided insight into expectant men's experiences of pregnancy and contributed to the understanding of the changing nature of contemporary fatherhood in the UK. Recognition of men's changing roles in pregnancy, and greater insight into their experiences should be of relevance to all those supporting the transition to parenthood, including midwives, obstetricians, ultrasonographers and childbirth educators. Such increased awareness should inform the antenatal support given to men and reinforce the importance of relevant antenatal preparation that effectively meets the needs of not only expectant women, but also expectant men.

- Draper, J., 'It was a real good show': the ultrasound scan, fathers and the power of visual knowledge, Sociology of Health and Illness, (2002b) 24, 6, 771–95, (http://www.blackwell-synergy.com)

Abstract: Drawing on an ethnographic study of the transition to contemporary British fatherhood, this paper discusses men's experiences of the ultrasound scan. Seeing the baby on the screen seemed to herald an escalation of their awareness of the baby, reinforcing its reality. Visual knowledge, as opposed to other forms of knowledge, therefore became a primary means of knowing the baby. In this paper I provide a theoretical analysis of men's empirical accounts of seeing the baby during the ultrasound scan. After a description of method. I set the context by presenting data to illustrate the significance of the ultrasound within men's pregnancy experience. The paper then sets up the theoretical foundations for an analysis of these accounts by first, examining the development of the primacy of vision within medicine and secondly, discussing the illumination of the body interior, initially by dissection but now via contemporary technologies of vision including ultrasound. The final section. draws upon further data and discusses how ultrasound can be constructed as simultaneously both a medical and a social event with the potential to generate epistemological conflicts.


Abstract: This paper presents a theoretical analysis of men's experiences of pregnancy, birth and early fatherhood. It does so using a framework of ritual transition theory and argues that despite its earlier structural-functionalist roots, transition theory remains a valuable framework, illuminating contemporary transitions.
across the life course. The paper discusses the historical development of transition or ritual theory and, drawing upon data generated during longitudinal ethnographic interviews with men undergoing the transition to fatherhood, analyses its relevance in understanding contemporary experiences of fatherhood.

E


From Publishers Weekly (Bokanmeldelse): Fertility is undoubtedly the least often discussed facet of the reproductive process, in large part because scientists haven't had the tools needed to study it until recently, but also because, well, it's just not very sexy. But as Ellison, professor of anthropology and dean of the Graduate School of Arts and Sciences at Harvard, shows in this comprehensive study, fertility plays a far more important role than the sexual act in our development as a species. "It may well be... that it was an adaptation in our reproductive physiology that originally set the stage for our intellectual and cultural development," he asserts. But important aspects of female physiology aren't obvious outcomes of natural selection: the head size required for the relatively large fetal brain played a major role in the high incidence of women's death in childbirth in earlier centuries. The author tells us that scientists have discovered that there seems to be little correlation between sperm counts and male fecundity. One man can have the minimum normal sperm count of 15,000-20,000 per milliliter and another an astonishing 250 million, but both face roughly the same odds of impregnating a fertile egg. Ellison tilts perhaps a little too strongly toward female fertility; males receive only one relatively short chapter. The book is not an easy read and will probably appeal mainly to professionals in medicine and related fields. Still, any reader will be astounded not only by how much has been learned about human fertility but by how much still remains to be explored. (Mar.)
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H


Abstract: Language is a central component in our understanding of the social world. Not only is it our main form of interpersonal communication; it also constructs and reflects the wider social reality we all experience. Through examination of the language and terminology of childbirth different social meanings of language can be discovered. It is suggested that attention to the language reveals this diversity and increases our understanding of this area of social life and would be a fruitful area for research.

J


K


Abstract: Drawing on my own personal and research experience and on the research of others I consider issues of definition, identity, support, and kinship in relation to lifecourse issues and the experience of 'voluntarily' and 'involuntarily' childless women. Motherhood is still considered to be a primary role for women and women who do not mother children (either biologically or socially) are often stereotyped as desperate or selfish. However, just as the experience of motherhood is complex and varied, so is the experience of nonmotherhood. Whereas some 'voluntarily' childless women define themselves as childfree and some 'involuntarily' childless women feel desperate some of the time, others are more ambivalent. In this article I draw on empirical work that considers the significance of ages and changes to the experience of nonmotherhood and that considers the particular and potential experience of older childless women. As well as demonstrating concerns and challenges, this work also suggests the need to challenge the caricature of the childless woman (and particularly the older childless woman) as bereft. In relation to this I extend my argument to consider both the myth that women who do not mother children of their 'own' always live a childfree life and critically evaluate the view that parenthood automatically leads to kinship support in old age.


Abstract: This is one of the first books to introduce students to the key concepts and debates surrounding the relationship between bodily boundaries, abject materiality and spaces. The text includes original interview and focus group data informed by feminist theory on the body and uses case studies to illustrate the social construction of bodies. It will critically engage students in topical questions around sexuality, cultural differences and women's sub-ordination to men.


Abstract: Reproductive technologies offer the potential to break down parenthood into a number of constituent parts. These disruptive possibilities mean that the regulation of reproductive technologies holds important potential for study, providing a significant resource that has been little analysed with regard to fatherhood. This study attempts to remedy that lacuna through consideration of a range of recent developments in this area of English law. It reaches two general conclusions. First, while the law regulating reproductive technologies attributes great importance to fatherhood, this is rooted primarily (though not exclusively) in concerns for the symbolic importance of fathers, rather than in more practical considerations such as ensuring financial provision or a second hands-on carer for a child. Secondly, the Human Fertilisation and Embryology Act (1990) contains a clear attempt to protect and entrench the role of the father as completing the nuclear family. However, recent developments suggest that this legal preference for the nuclear family is subject to clear emerging cracks.

Squier opens her book with compelling present day images of what today we call "test-tube babies," images that represent conception and gestation outside of the maternal womb with the aid of technology. Tellingly, these are images in which the figure of the mother is nowhere to be found. One of the underlying purposes of Babies in Bottles is to understand the historical roots of this virtual separation of mother and child and to put, as it were, the mother back into the picture, to assert the prominence of the reciprocal relationship between the pregnant woman and the child she is carrying. In the...

Review: The "new flesh" and the "new edge," as they have been so aptly dubbed in technocriticism, constitute the two major strands of contemporary technological change, with the former referring to biomedical technologies (examples would include genetic engineering and surgical sex changes) and the latter to communications technologies (the mass media and the information highway). For the past twenty-five years cultural critics have focused almost exclusively--and unfortunately in my view--on the "new edge." Thus I especially welcome Susan Squier's richly researched and valuable study of that aspect of the "new flesh" that appears to be most troubling to us--reproductive technologies or, as she puts it in her inspired title, Babies in Bottles.

Squier opens her book with compelling present day images of what today we call "test-tube babies," images that represent conception and gestation outside of the maternal womb with the aid of technology. Tellingly, these are images in which the figure of the mother is nowhere to be found. One of the underlying purposes of Babies in Bottles is to understand the historical roots of this virtual separation of mother and child and to put, as it were, the mother back into the picture, to assert the prominence of the reciprocal relationship between the pregnant woman and the child she is carrying. In the...
nature of the claims upon which these representations are based. Further, it argues for a re-conceptualization of the maternal body.


Abstract: During the year that comprises her pregnancy, childbirth, and immediate postpartum period, a woman experiences physical, emotional, spiritual, and intellectual changes that, in their newness, complexity, and intensity, challenge anything else she may encounter within her life span. Within that twelve-month period, a woman must find ways to re-define herself, first as pregnant woman, then as new mother. This period of coming to "see" herself entails a complicated process of personal reflection and integration of far more than her changing physical appearance. She must navigate the worlds of pregnancy and motherhood, and make sense of this new territory and her place within it. Pregnant women construct and live out their pregnancies amid constraining and competing social forces that attempt to shape their identities and define their boundaries during the childbearing year. Texts, language, symbols, and images all influence a woman's pregnancy identification; discursive practices, cultural imperatives, and various definitions of pregnancy compete to influence her choices and actions. By identifying pregnancy as an arena of deliberation, debate, and contestation, this study defines pregnancy as a rhetorical event. Utilizing Kenneth Burke's theory of identification and division as an explanatory frame, this study describes and analyzes four defining models of pregnancy that function rhetorically to influence a woman's pregnancy identification; shape her perceptions of the pregnancy experience; and compel her toward attitudes and actions consistent with that model's particular ideology. Through an examination of the ways women come to answer the critical questions of pregnancy and birth, this study provides a new definition of pregnancy and a new method for analyzing the events of the childbearing year.

- Tanenbaum, L., The mommy myth: The idealization of motherhood and how it has undermined women (2004), Women's Health Activist, V. 29, NO. 4, JULY/AUGUST, 2004; p. 8 ISSN: 1547-8823 Review of: Douglas, Susan J.; Michaels, Meredith W.; The mommy myth: The idealization of motherhood and how it has undermined women (2004), (http://biblioline.nisc.com)


LESBIAN/HOMO PARENTHOOD


Abstract: Despite the impressive scientific advances in reproductive technology, one fundamental reproductive goal remains unattainable: children of gay and lesbian couples that reflect genetic characteristics of both parents. While today that is not an option, there may someday be "heterosexual free" fertilization techniques that combine the chromosomes of two same-sex partners, resulting in embryos composed genetically from both men and both women. Orly Lacham-Kaplan, a reproductive biologist at Monash University's Institute of Reproduction and Development in Melbourne, has spearheaded a study using DNA from any adult cell to fertilize a human egg. Scientists at the Reproductive Genetics Institute in Chicago reported that they successfully created mouse embryos using a similar method that removes half the chromosomes from the nucleus of an adult cell. The remaining half-complement of chromosomes is used to fertilize an egg. The results of early tests on
human eggs are to be announced at the Fourth International Symposium on Preimplantation Genetics in Cyprus. While this method requires at least one female partner, the reproduction conundrums faced by lesbian couples also apply to gay males. The added burden for gay men to find a female surrogate further complicates the process. Researchers are attempting to remove some of the scientific barriers through technologies similar to those that may eventually permit lesbian couples to conceive children. Calum MacKellar, editor of the international journal "Human Reproduction and Genetic Ethics," has suggested that the same technique could use sperm DNA. This "male egg" could then be fertilized with sperm from the other partner, resulting in sperm-sperm reproduction. Cloning is perhaps the most controversial reproductive technology being studied, says E. Scott Sills, director of oocyte donation at Georgia Reproductive Specialists in Atlanta. The ethical implications of cloning are discussed. (CWB)

B


Abstract: This article takes issues more commonly associated with women: assisted reproduction, surrogacy, artificial insemination within lesbian relationships and posthumous conception and considers what role a man may play in this domain. To this end the article commences with a short scenario of possible life events then traverses the current legal position to examine the extent that the law either facilitates or frustrates a man's desire and ability to fulfill the role of either father or parent in the above situations. The article considers the issues of assisted reproduction technology in both a regulated and an unregulated environment. (Author)


Abstract: Compared are single women, lesbian couples, and heterosexual couples receiving therapeutic donor insemination (TDI). The study showed lesbian and single women to be similar to married women demographically, in TDI outcome, and many of the concerns and questions that face anyone having donor insemination. When considering alternatives to TDI, married women were more likely to consider adoption, single women more likely to consider intercourse with a man unaware of their plan for pregnancy, and lesbians most likely to consider using a known semen donor or having intercourse with a man aware of their desire to the child.

-Bonaccorso, M., Conceiving kinship: heterosexual, lesbian and gay procreation, family and relatedness in the age of assisted conception in south europe, Berghahn, 208p. ill. bibl. index; 2006 (Abstract ikke tilgjengelig), (http://biblioline.nisc.com)

C


Abstract: The process that lesbian couples experienced in using donor insemination (DI) to become parents was examined in this study through interviews of 10 lesbians. Using a decisionmaking framework embedded in feminist theory, results identified the major decisions involved that conceptualized the transition to parenthood and describe how these decisions were experienced.

H

Abstract: Focuses on lesbian motherhood and lesbian mothers' access to reproductive technology in Canada. Canadian approach to non-discrimination; Accessibility of fertility services and assisted reproductive technologies.

L

- Littichau I., 'We are Family': The Regulation of 'Female-Only' Reproduction, Social & Legal Studies, Vol. 13, No. 1, 81-101 (2004), SAGE Publications (Artikkel tilgjengelig fra: http://sls.sagepub.com/cgi/content/refs/13/1/81 )

Abstract: In this article I seek to examine the ways in which gay and lesbian struggles are shaped by their political and national context. I have analyzed the public debate concerning assisted insemination in relation to same-sex parenting and single mothers in Denmark as it took place during the years 1997–2002, and, as such, this article offers a reading of sexual politics in a country which is often portrayed as one of the most liberal ones when it comes to gay and lesbian rights. I further show the way in which the rights agenda can prove problematic and limited, in relation to issues of family and parenting. Thus I point to the inherent problems of a universalized conception of gay and lesbian struggles and find it pertinent to consider how organizing frameworks such as gender, sexuality and nationality determine the site of resistance and the articulation of what can be deemed political.

M


S

- Sember, B., M., Gay & lesbian parenting choices: from adoptions or using a surrogate to choosing the perfect father, Career, 233p. bibl. index.; 2006 (Abstract ikke tilgjengelig), (http://biblioline.nisc.com)

POLITICS, LAW AND ETHICS

A


Abstract: The European Society for Human Reproduction and Embryology (ESHRE) has monitored Assisted Reproduction in Europe since 1997. In 2001, 579 clinics from 23 countries reported 289 690 treatment cycles with: in vitro fertilization (IVF) 120 946, intracytoplasmatic sperm injection (ICSI) 114 378, frozen embryo replacements (FER) 47 195 and egg donation (ED) 7171. Intrauterine inseminations are less consistently reported, but in 2001, 15 countries reported 67 124 cycles (IUI-H 52 949 and IUI-D 14 185). Data from 2001 showed that in 12 countries, where all clinics reported the in vitro techniques to the register, 829 treatment cycles were performed per million inhabitants. The availability was highest in the Nordic countries (range 975–1923 cycles). The proportion of infants born after ART with in vitro techniques ranged from 0.2% in Latvia to 3.9% in Denmark. In general, the impact of the in vitro techniques on the birth rate is highest in the Nordic countries (range 2.2–3.9%). Denmark is the only country with an established National ART reporting system involving all ART treatments both with the in vitro techniques and intrauterine inseminations. In the year 2002, a total of 20 837 treatment cycles were performed. The result was that 6.2% of all infants were born after assisted reproduction.
Abstract: We are at a time of unprecedented increase in knowledge of rapidly changing technology. Such biotechnology especially when it involves human subjects raises complex ethical, legal, social and religious issues. A World Health Organization expert consultation concluded that “genetics advances will only be acceptable if their application is carried out ethically, with due regard to autonomy, justice, education and the beliefs and resources of each nation and community.” Public health authorities are increasingly concerned by the high rate of births with genetic disorders especially in developing countries where Muslims are a majority. Therefore, it is imperative to scrutinize the available methods of prevention and management of genetic disorders. A minimum level of cultural awareness is a necessary prerequisite for the delivery of care that is culturally sensitive, especially in Islamic countries. Islam presents a complete moral, ethical, and medical framework, it is a religion which encompasses the secular with the spiritual, the mundane with the celestial and hence forms the basis of the ethical, moral and even juridical attitudes and laws towards any problem or situation. Islamic teachings carry a great deal of instructions for health promotion and disease prevention including hereditary and genetic disorders, therefore, we will discuss how these teachings play an important role in the diagnostic, management and preventive measures including: genomic research; population genetic screening (pre-marital screening, pre-implantation genetic diagnosis; assisted reproduction technology); stem cell therapy; genetic counseling and others.


Abstract: Addresses the often neglected nexus between the mother and the machine, specifically in relation to the notion of ectogenesis. Discussion of technologies and discourses of ectogenesis; Consideration of a maternal experience with an incubator; Evaluation of feminist writings on reproductive technologies.


Abstract: The goal of this thesis is to expose and analyze the ethical problems of the proposed use of fetal ovarian tissue as a source of donor eggs for infertility treatment, from an embodied, feminist ethical perspective. Fetal ovarian tissue is taken from an aborted fetus and used to help another woman become pregnant. An ethical analysis of this use must begin by considering the construction of pregnancy in the powerful discourses of medicine and law. Medical discourse constructs pregnant women as fetal containers. Legal regulation of pregnant women normalizes and enforces this status. Medical discourse further constructs female reproduction as wasteful. Fetal tissue, and other reproductive tissues, are medically understood as waste. This classification makes their use, which this thesis argues is akin to recycling, appear ethically acceptable. The drive to recycle fetal ovarian tissue reflects a pervasive inability to accept loss in medical technoscience and modern Western culture. Recycling fetal ovarian tissue elevates the biological building blocks of life, or “life itself” over individual lived lives. In a society which already devalues people based on social characteristics such as gender, race and class, the elevation of “life itself” will further devalue these lived lives. Recycling has further implications: it destroys the work of memory and forgetting; it provides redemption for abortion thus confirming the success of the American anti-abortion movement in establishing it as a “bad” act; and it helps medical technoscience, as a cultural system in itself, to manage the problem of death. Currently, human tissue donation is ethically acceptable only when it is given and received as a gift. This thesis argues that giving and the gift relationship do not transform the waste and recycling aspects of fetal ovarian tissue use into an ethical process; rather, they disguise this utilitarian approach to fetal ovarian tissue and women seeking abortions. Women’s ethical work in remembering, forgetting and narrating abortion stories is lost in the drive to recycle fetal ovarian tissue. The recycled fetus is an unethical gift.


Abstract: This article discusses key issues related to current reproductive technologies including contextual and personal barriers to use, complexity of decision making, limited access to technologies for poor women and women of color, and the politics and social controversy surrounding this area. New reproductive technologies
have to be put to the same test as any other product—can and will women use them correctly? We need to not only know about the technology itself; we also need to know about the individuals who intend to use the technology and about contextual factors that influence use. Accordingly, the articles in this issue focus on the multiple determinants that influence acceptability of reproductive technologies and the policy, political, and legal implications associated with their use.


Abstract: The many dimensions of the field of reproduction (clinical, scientific, social, ethical, legal) must be addressed by those with editorial responsibility for the major journals in the field. As the editorial team of the leading reproductive journal Human Reproduction, we have evolved processes that attempt to ensure a transparent but robust approach to complexities whose impact varies across international boundaries.


Abstract: Despite legislation and public education, racism and sexism are alive and well. Though pre-conceptive gender selection may enhance procreative liberty, this technology presents two disturbing questions. First, does sex selection represent underlying parental sexism? Second, by performing gender selection, do medical professionals perpetuate sexism?

It will be maintained that pre-conceptive sex selection is sexist as it reflects parental anticipation of stereotypical gender based behavior. Perhaps even more incriminating, sex selection forces parents to prefer one sex over another, to place a value on gender. This emphasis on sex conflicts with societal goals which urge, and often legally require, individuals to ignore gender. We will assert that pre-conceptive gender selection exemplifies sexism in its purest most blatant form as prior to conception, before parents can possibly know anything about their child, gender dominates the calculus of a child's worth. We will also emphasize that physicians, by facilitating sex selection, legitimize the motivations of their patients and provide de facto support of sexism. In a similar vein, arguments against pre-conceptive race selection will be made.


Abstract: Since its origin, bioethics has attracted the collaboration of few social scientists, and social scientific methods of gathering empirical data have remained unfamiliar to ethicists. Recently, however, the clouded relations between the empirical and normative perspectives on bioethics appear to be changing. Three reasons explain why there was no easy and consistent input of empirical evidence into bioethics. Firstly, interdisciplinary dialogue runs the risk of communication problems and divergent objectives. Secondly, the social sciences were absent partners since the beginning of bioethics. Thirdly, the meta-ethical distinction between 'is' and 'ought' created a 'natural' border between the disciplines. Now, bioethics tends to accommodate more empirical research. Three hypotheses explain this emergence. Firstly, dissatisfaction with a foundationalist interpretation of applied ethics created a stimulus to incorporate empirical research in bioethics. Secondly, clinical ethicists became engaged in empirical research due to their strong integration in the medical setting. Thirdly, the rise of the evidence-based paradigm had an influence on the practice of bioethics. However, a problematic relationship cannot simply and easily evolve into a perfect interaction. A new and positive climate for empirical approaches has arisen, but the original difficulties have not disappeared.


Abstract: In her pathbreaking book, Abortion and Woman's Choice," Rosalind Pollack Petchesky astutely observed that, in many societies, control over the methods and goals of reproduction is a critical site of contest, particularly between women and men. Yet the circumstances under which reproductive relations will be characterized by conflict, consensus, or some of both have seldom been systematically explored. In this paper, I
therefore offer three examples of different structural contexts in which either women or men had the preponderance of power to influence key aspects of women's reproductive activities. I argue that while structural factors, notably the distribution of economic, political, and institutional resources, are fundamental, they do not only act directly but are experienced, interpreted, and made meaningful through specific cultural processes, particularly gender ideologies, norms about morality, and beliefs about how women should behave. It is together that these structural factors and cultural processes shape the climates and contexts within which women's reproductive activities are situated and take place. [reproduction, gender politics, Latin America, Mexican Americans]


- Bender, L., Genes, parents, and assisted reproductive technologies: ARTs, mistakes, sex, race, and law, Columbia Journal of Gender and Law, 12(1): pp. 1-76; 2003 (http://biblioline.nisc.com)


Abstract: Motherhood at or beyond the edge of reproductive age is a new aspect of what clinicians previously referred to as pregnancy in the "older gravida." With the implementation of infertility treatment, the boundary between "old" and "young" no longer exists. Currently, three types of old mothers are seen in the physician's office: those who accidentally conceive, those who still have fertilizable oocytes for assisted reproduction, and those conceiving with assisted reproduction after egg donation. In the United States alone, the 2001 rates for births to women aged 35-39, 40-44, and 45-49 years rose 30, 47, and 190% compared with 1990. Specifically, there were about 5,000 births to women ≥ 45 years. Generally, the majority of the published studies have been unanimous about the special, and perhaps the super-cautious attitude required for the older mother, an approach that translates to higher rates of peripartum interventions. This is despite the fact that although some complications may occur more frequently in older mothers as a result of accumulated prior diseases, there is no direct evidence that older age per se complicates either gestation or parturition. In contrast, the risks for the fetus-neonate depend on the source of the oocytes and relate to the mode of conception. Also, older age has an advantage of better perinatal outcome of twins and triplets. Despite many unanswered questions, clinicians should exercise an unbiased approach and be prepared for the challenges and potential complications related to patients who are older than those seen in the past. The "unnatural" connotation of a pregnancy at an advanced maternal age should be accepted as a consequence of the combined effect of social changes and medical progress and not as a counter-evolutionary phenomenon.


Abstract: This paper presents an overview of the dimensions of unsafe motherhood, contrasting data from economically developed countries with some from developing countries. It addresses many common factors that shape unsafe motherhood, identifying medical, health system and societal causes, including women's powerlessness over their reproductive lives in particular as a feature of their dependent status in general. Drawing on perceptions of Jonathan Mann, it focuses on public health dimensions of maternity risks, and equates the role of bioethics in conscientious medical care to that of human rights in public health care. The microethics of medical care translate into the macroethics of public health, but the transition compels some
compromise of personal autonomy, a key feature of Western bioethics, in favour of societal analysis. Religiously-based morality is seen to have shaped laws that contribute to unsafe motherhood. Now reformed in former colonizing countries of Europe, many such laws remain in effect in countries that emerged from colonial domination. UN conferences have defined the concept of ‘reproductive health’ as one that supports women’s reproductive self-determination, but restrictive abortion laws and practices epitomize the unjust constraints to which many women remain subject, resulting in their unsafe motherhood. Pregnant women can be legally compelled to give the resources of their bodies to the support of others, while fathers are not legally compellable to provide, for instance, bone-marrow or blood donations for their children's survival. Women's unjust legal, political, economic and social powerlessness explains much unsafe motherhood and maternal mortality and morbidity.


Abstract: This article provides an overview of the social and psychological aspects surrounding the surrogacy process including attitudes about surrogacy, perceptions and problems of surrogate mothers and intended/social parents, and questions concerning children resulting from contractual parenting. Review of the literature on contractual parenting reveals a wealth of discussion about the ethical, moral, legal, and psychological implications, but limited empirical data on the psychological and social aspects. Future research can provide empirical evidence as a foundation for counseling at all phases of the surrogacy process.


Abstract: What are the consequences for a society of having chosen to develop a medically mediated form of reproduction? The fact that would-be parents, whatever their social status, are asking physicians to provide the means of accomplishing what was once an intimate act is hardly an anodyne fact. Whatever the differences in technical variants, reproductive technology appears essentially to be "emancipating" procreation from the usual conditions of heterosexual commerce. Artificial insemination has long since desexualized the act of conception. IVF has now disembodied conception, a trend that could be extended to the rest of pregnancy by creating the conditions for ectogenesis. The prospect of cloning now augurs the emancipation of procreation from what still remains the fundamental requirement of sexual reproduction, the participation of sexually differentiated beings, and introduces the possibility of using reproductive cells (embryonic stem cells) for nonreproductive therapeutic purposes. What seems to be at stake in the development of these practices is a transformation of the anthropological conditions of procreation.(1)

- Clarke, A., Arditti, R; Duelli-Klein, R; Minden, S, Subtle forms of sterilization abuse: A reproductive rights analysis, Test-tube women: what future for motherhood? pp. 188-212; In: Arditti, Rita; Duelli-Klein, Renate; Minden, Shelley [eds.]: Test-tube women: what future for motherhood?; London; Boston, Massachusetts: Pandora Press, 482 p; 1984

Abstract: Louise Brown, the first baby conceived after IVF, was born on 25 July 1978 and turned 27 last year. From one perspective, her birth can be seen as the culmination of 300 years of medical and scientific investigation aimed at understanding the fascinating process of reproduction. This essay was written as a tribute to mark the unique contribution to assisted reproductive technology (ART) which resulted from the collaboration of a scientist, Bob Edwards, and a clinician, Patrick Steptoe, who pioneered the successful clinical use of IVF. This article was not intended to be a conventional history of science, but instead has primarily focused on those early discoveries which in the author's opinion were critical to our current understanding of mammalian reproduction. There are some digressions and many omissions necessitated by attempting to cover 300 years in a relatively short essay. In particular, there is no mention of endocrinology because this area has been covered in numerous reviews and books. The main sources of historical information for this article were the authoritative books of Professor Cole (1930), Dr Elizabeth Gasking (1967), Professor John Farley (1982), Dr Fielding H. Garrison (1929) and the Philosophical Transactions of The Royal Society or Letters collated from the latter.

Abstract: This paper provides an overview of the different legal approaches that are used in various jurisdictions to determine parental rights and obligations of the parties involved in third party assisted reproduction. Additionally, the paper explores the differing legal models that are used depending on the method of surrogacy being utilized. The data demonstrates that a given method of surrogacy may well result in different procedures and outcomes regarding parental rights in different jurisdictions. This suggests the need for a uniform method to resolve parental rights where assisted reproductive technology is involved.


D


Abstract: Background: The purpose of the present study was to study the attitudes among Danish health care professionals likely to encounter ethical controversies of ART and related subjects.

Methods: Anonymous questionnaire study design. A total number of 993 were asked to participate from May-July 1994.

Results: There was a tendency towards a more liberal attitude among gynecologists than among nurses. There was a majority for legal abortion (before 12 weeks of gestation), for selective reduction in multiple pregnancies, and for donor anonymity. There was a majority against sex selection, artificial reproduction as to single women and lesbians, and against adoption by homosexuals. The multivariate analysis showed a strong correlation between attitude and background variables, especially as to religion and profession.

Conclusion: Religion and profession are determinants for the attitude towards several of the ethical controversies of ART and related subjects asked for in this study. We found a discrepancy between recommendations by the Ethical Council of Denmark and the attitudes among health care professionals.


Abstract: In this article, I will analyse the conduct of the Brazilian legislative process regarding new reproductive technologies, mainly the moral assumptions of three categories that are essential to the debate: the status of the child generated by these techniques; the number of embryos transferred in each cycle (as well as foetal reduction); and the issue of women’s eligibility for such techniques. The analysis will be a sociological study of the Brazilian legislative debate, using feminist perspectives in ethics as the theoretical reference. The focus will be the bills in progress in the Brazilian National Congress, the public and official declarations of legislators involved in the issue and the regulation of the medical class, which has influenced the legislative process. Aside from the analysis of the legislative process, I include a section on the justification of these bills, since that is where the legislator exposes what he/she believes is the moral support for the bill.


Abstract: Prominent international and national ethics commissions such as the UNESCO International Bioethics Committee rarely achieve anything remotely resembling gender equality, although local research and clinical ethics committees are somewhat more egalitarian. Under-representation of women is particularly troubling when the subject matter of modern bioethics so disproportionately concerns women’s bodies, and when such committees claim to derive ‘universal’ standards. Are women missing from many ethics committees because of relatively straightforward, if discriminatory, demographic factors? Or are the methods of analysis and styles of ethics to which these bodies are committed somehow ‘anti-female’? It has been argued, for example, that there is a ‘different voice’ in ethical reasoning, not confined to women but more representative of female experience. Similarly, some feminist writers, such as Evelyn Fox Keller and Donna Haraway, have asked difficult
epistemological questions about the dominant 'masculine paradigm' in science. Perhaps the dominant paradigm in ethics committee deliberation is similarly gendered? This article provides a preliminary survey of women's representation on ethics committees in eastern and western Europe, a critical analysis of the supposed 'masculinism' of the principlist approach, and a case example in which a 'different voice' did indeed make a difference.


Abstract: There is an urgent need for reconstructing models of property to make them more women-friendly. However, we need not start from scratch: both 'canonical' and feminist authors can sometimes provide concepts which we can refine and apply towards women's propertylessness. This paper looks in particular at women's alienation from their reproductive labour, building on Marx and Delphy. Developing an economic and political rather than a psychological reading of alienation, it then considers how the refined and revised concept can be applied to concrete examples in global justice for women: in particular, the commercialisation of embryonic and fetal tissue in the new stem cell technologies.


Abstract: The global value of the biotechnology industry is now estimated at 17 billion dollars, with over 1300 firms involved as of the year 2000. It has been said that 'What we are witnessing is nothing less than a new kind of gold rush, and the territory is the body.' As in previous gold rushes, prospectors are flooding into unexplored and 'wide open' territories from all over the world, with possible ramifications for exploitation of Third World populations. These territories are also the Wild West of bioethics insofar as the law has very little hold on them: existing medical and patent law, such as the Moore and Chakrabarty cases, exert little control over powerful economic interests in both the United States and Europe.

In the absence of a unified and consistent law on property in the body, the focus is increasingly on refining the consent approach to rights in human tissue and the human genome, with sensitive and promising developments from the Human Genetics Commission and the Department for International Development consultation on intellectual property. These developments incorporate the views of vulnerable genetic communities such as Native Americans or some Third World populations, and should be welcomed because they recognise the power imbalance between such groups and First World researchers or firms. However, they also highlight the continued tension about what is really wrong with commodifying human tissue or the human genome. Where's the injustice, and can it be solved by a more sophisticated consent procedure?


- Downing, K., K., A feminist is a person who answers "yes" to the question, "are women human?": an argument against the use of preimplantation genetic diagnosis for gender selection, DePaul Journal of Health Care Law, 8(2): pp. 431-60; 2005, (http://biblioline.nisc.com)


Abstract: The creation of embryos for research use has drawn a great deal of criticism. It is difficult to defend an ethical distinction between what one can do to "spare" embryos and what one can do to "research" embryos. The strongest ground on which to argue against the creation of embryos for research is a symbolic one, having to do with respect for human life. Ronald Dworkin’s work in Life’s Dominion on the symbolic meaning of the abortion debate throws a helpful light on this dispute. By understanding the basic question to be, Does the creation of research embryos weaken or insult our communal respect for the sanctity of human life in some way that in vitro fertilization (IVF) or the experimental use of "spare" embryos does not?, the debate can move in a more constructive direction.


Abstract: The paper reports findings from a European study on experts’ perceptions of reproductive genetics, and explores the notion of experts as 'genetic story tellers' and producers of genetic ideology. The first part provides experts’ accounts of families who are perceived as being in need of prenatal genetic screening. Here, I reflect on the types of claims experts construct as well as on the impact of these claims. The second part is a theoretical elaboration of how, in making their claims, experts employ a series of normative strategies (i.e. claiming ownership of knowledge and practices, separating the social and scientific, deploying genetic foundationalism and advocating the application of bioethics) in their genetics work. The conclusion is that, while these issues are enormously difficult and socially complex, we must be vigilant because the moral and ethical values of our society may be at stake.


Abstract: Doubtless, the technological advancements achieved in the current century in the area of young women's reproductive health care have also led to the evolution of very important ethical issues that will have to be dealt with in the coming century. Abortion, perhaps the most controversial issue of all, continues to raise a number of ethical issues related to the rights of the women versus the rights of the fetus, which, in addition to the risk of sexually transmitted diseases including the human immunodeficiency virus, emphasize the need for adequate family planning and sexual education. Genetic testing for late-onset diseases, disease susceptibilities, and carrier status may offer medical or psychological benefits; however, several complex ethical, legal, and social issues have been revealed with the advent of this new information. New family structures deviating from the traditional heterosexual couple, consisting of either single or lesbian mothers, have appeared, raising serious disputes regarding the welfare of the child. Important demographic changes are expected in the world population in the 21st century, characterized mainly by a significant increase of the older age groups.

- Furse, A., ART of Assisted Reproduction Technologies, Gender Forum: Anybody's Concerns, (6); 2003 (Abstract ikke tilgjengelig), (http://biblioline.nisc.com)


Abstract: This study, which involved older subjects of both sexes (113 women, 75 men) and variables drawn from a psychodynamic perspective, is an extension of an earlier investigation that explored parenthood motivation in young women. Though feminism was not significantly related to motivation for older subjects of either sex, in both investigations psychological variables accounted for greater variance in female motivation than did demographic variables. The uniquely significant psychological variables in this investigation were narcissism, self-esteem, and memories of father's love. However, demographic variables alone accounted for differences in male motivation. Perceived importance of having a child to the fulfillment of life values was studied as well, with
self-esteem, judged effect on one's own parents, and age as instrumental variables for women, and religious background, socioeconomic status, age, and marital status as key correlates for men.


Abstract: This paper focuses on the debate about the utilization of new reproductive technologies in Brazil, and the paths taken in the Brazilian National Congress in an attempt to draw up legislation to regulate the clinical practice of human assisted reproduction. British documents, such as the Warnock Report and Human Fertilization and Embriology Authority (HFEA) are used for thorough reference. The analysis of the Law Projects in the National Congress, the Resolution by the Federal Medicine Council, Resolution 196/96 and documents by the Ministério Público (Public Prosecution Office), supplied the bases for the discussion. The principal question involved is the observation of different technical and moral orientations that influence the conduct of the issue in the legislative process. It is possible to observe that the main focus of the projects relates to the rights and interests of the children, to those possibly benefited by the technique and to embryo reduction. Very little attention has been directed to the issues of sexual and reproductive rights and to the health of the women submitted to the new reproductive technologies.


Abstract: Infertility and reproductive genetic risk are both increasing in our societies because of lifestyle changes and possibly environmental factors. Owing to the magnitude of the problem, they have implications not only at the individual and family levels but also at the community level. This leads to an increasing demand for access to assisted reproduction technology (ART) and genetic services, especially when the cause of infertility may be genetic in origin. The increasing application of genetics in reproductive medicine and vice versa requires closer collaboration between the two disciplines. ART and genetics are rapidly evolving fields where new technologies are currently introduced without sufficient knowledge of their potential long-term effects. As for any medical procedures, there are possible unexpected effects which need to be envisaged to make sure that the balance between benefits and risks is clearly on the benefit side. The development of ART and genetics as scientific activities is creating an opportunity to understand the early stages of human development, which is leading to new and challenging findings/knowledge. However, there are opinions against investigating the early stages of development in humans who deserve respect and attention. For all these reasons, these two societies, European Society of Human Genetics (ESHG) and European Society of Human Reproduction and Embryology (ESHRE), have joined efforts to explore the issues at stake and to set up recommendations to maximize the benefit for the couples in need and for the community.


Abstract: This article discusses the emergence of the concept of 'transnational feminisms' as a differentiated notion from 'global sisterhood' within feminist postcolonial criticism. This is done in order to examine its usefulness for interrogating the globalization of reproductive technologies and women's right to self-determination over their own bodies by using these technologies. In particular, women's use of technologies for assisted conception, and the local and global transactions in reproductive body parts form a testing ground for transnational feminisms. Does the construction of individual reproductive rights still leave some ground for women's collective struggles? It is proposed that, if at all, transnational solidarity on this issue is possible, it will have to be built on the concept of universal ethical norms regarding human dignity. (Author)


Abstract: In vitro fertilisation and other assisted reproductive technologies (ART) now enable many women to have children, who would otherwise have remained childless. The most obvious application for these technologies is to help physically infertile, but otherwise healthy young women to have children. However, increasingly, other groups are seeking access to ART to conceive, raising ethical questions about who should be allowed to use these technologies to bear children. In particular, the question of access to ART by lesbian couples and single groups has roused considerable ethical, legal and public debate. This paper examines the
perhaps less often considered issue of older and postmenopausal women, who are infertile due to age, using ART to conceive. A range of objections have been made to allowing these women access to ART, including concerns about their ability to care for the child, the risk of birth defects and the 'unnaturalness' of extending childbearing capacity beyond the menopause. This paper examines these objects and provides some responses


Abstract: Gestational surrogates, implanted with the embryos of their couples fulfill the strictly 'biological' or physiological aspect of reproduction, while their couples fulfill both the 'social' and 'genetic' aspects. The fieldwork of a gestational surrogacy arrangement which shows that at the level of embodied practice these separations are not ontologically stable is discussed.


H


Abstract: Objective: To conduct a systematic review of published research to provide a synthesis of the psychosocial characteristics of donor oocyte recipient women.

Data Sources: The sample of published studies was selected from 1983 to September 2002. Retrieval of the studies used online computer searches from CINAHL, MEDLINE, PsycINFO, and Wilson's Social Science Abstracts using the terms reproduction techniques, in vitro fertilization, oocyte donation, oocyte recipients, and egg donation; citations from references and bibliographies of previously located articles; and two 60-minute retrieval sessions with a librarian specializing in health science literature.

Study Selection: The majority of studies retrieved were completed in the natural sciences. The final sample resulted in 16 studies.

Data Extraction: Each study was read and the data were extracted using a survey instrument developed by the investigator.

Data Synthesis: Multiple methodologies were used in the sample; most were exploratory, retrospective, and descriptive studies. Thus, the data were analyzed using a qualitative discursive approach. A total of 827 donor oocyte recipient women participated in the studies.

Conclusions: Published research investigating the psychosocial characteristics of donor recipient women was categorized into six focused areas: motivation; desired donor characteristics; selection of a known versus an anonymous donor; demographic, educational, and psychosocial profiles; disclosure of the method of conception to family members, friends, and the resulting child; and the relationship between the oocyte recipient and her resulting offspring. Research involving the psychosocial aspects of donor oocyte recipient women is in the infancy stage.


Abstract: This article discusses what 'global bioethics' means today and what features make bioethical research 'global'. The article provides a historical view of the development of the field of 'bioethics', from medical ethics to the wider study of bioethics in a global context. It critically examines the particular problems that 'global bioethics' research faces across cultural and political borders and suggests some solutions on how to move towards a more balanced and culturally less biased dialogue in the issues of bioethics. The main thesis is that we need to bring global and local aspects closer together, when looking for international guidelines, by paying more attention to particular cultures and local economic and social circumstances in reaching a shared understanding of the main values and principles of bioethics, and in building 'biodemocracy'.


Abstract: This article explores the social processes through which ideas about the family become translated into regulation and practice in assisted conception. Drawing on social problems literature, it is suggested that claims are made (by regulators, practitioners and others) about the desirability of certain family types and that forms of regulation occur when families transgress, in particularly obvious ways, the boundaries of those definitions. The apparently disparate examples of lesbian access to donor insemination and donor anonymity are brought together to illustrate the argument. It is also suggested that much formal regulation and clinical practice is directed towards making such transgressions less transparent, thus protecting the practice of assisted conception from unwelcome scrutiny.


Abstract: In wealthy countries such as the United States, new genetic and reproductive technologies, including human reproductive cloning, are being developed. To date, the short- and long-term consequences for women of human reproductive cloning have remained largely unexamined. This article analyses ten common misconceptions about new genetic technologies, especially human reproductive cloning, and shows that women will bear the major physical, psychological, social, moral, legal, political and economic burdens of these genetic manipulations. Despite the great diversity of women and differing feminist perspectives towards new reproductive technologies, I argue that we need a united position which opposes human reproductive cloning. This article is based on a presentation that formed part of a panel at the Association for Women's Rights and Development (AWID) 9th International Forum entitled 'The Genetic Revolution, Biotechnology and Women's Rights'.


I


Abstract: Background Young people will increasingly have the option of using new technologies for reproductive decision making but their voices are rarely heard in debates about acceptable public policy in this area. Capturing the views of young people about potentially esoteric topics, such as genetics, is difficult and methodologically challenging. Design A Citizens' Jury is a deliberative process that presents a question to a group of ordinary people, allows them to examine evidence given by expert witnesses and personal testimonies and arrive at a verdict. This Citizens' Jury explored designer babies in relation to inherited conditions, saviour siblings and sex selection with young people.

Participants Fourteen young people aged 16-19 in Wales.

Results Acceptance of designer baby technology was purpose-specific; it was perceived by participants to be acceptable for preventing inherited conditions and to create a child to save a sibling, but was not recommended for sex selection. Jurors stated that permission should not depend on parents' age, although some measure of
suitability should be assessed. Preventing potential parents from going abroad was considered impractical. These young people felt the Human Fertilisation and Embryology Authority should have members under 20 and that the term 'designer baby' was not useful.

Conclusion Perspectives on the acceptability of this technology were nuanced, and based on implicit value judgements about the extent of individual benefit derived. Young people have valuable and interesting contributions to make to the debate about genetics and reproductive decision making and a variety of innovative methods must be used to secure their involvement in decision-making processes.


Abstract: The past 20–30 years have seen major advances in our understanding of human reproduction and in our ability to manipulate it, as well as major social changes in human reproductive and sexual attitudes. Many of these advances and changes developed out of the first successful in vitro fertilisation (IVF) of the human oocyte. It is also the case that 30 years ago few foresaw what was to come, and many were at best doubtful and often were very critical of the scientific work which led to human IVF and to many of the subsequent developments. This lack of foresight provides us with a lesson about the dangers that we face in looking forward and attempting to predict the future. This review will try to convey, not comprehensively but through examples, the flavour of current activities in Assisted Reproduction clinics and research laboratories around the world and what is being talked about for the future in respect of emergent patient demands and anticipated clinical needs. This clinically driven approach will form the basis for consideration of some underlying scientific aspects of reproductive research, some of the ethicolegal issues that may arise, and the implications of this anticipated future for our current approaches to medical education. The future will be considered not simply in terms of the New Reproduction itself but also in its interaction with the opportunities and challenges presented by the New Genetics. It is perhaps in the interaction between these two fields of endeavour that some of the most difficult challenges ahead lie.


Abstract: This article challenges the assumption that their future children's welfare is a relevant consideration when deciding whether to provide a person with assisted conception services. It does not argue that infertility treatment ought to be available as of right. Rather, this article's proposal is that section 13(5) – which specifies that no-one shall receive assistance with conception unless account has first been taken of the welfare of any child who might be born – should be deleted from the Human Fertilisation and Embryology Act 1990. Extending the 'welfare principle' to decisions taken prior to a child's conception is shown to be unjust, meaningless and inconsistent with existing legal principle.


Abstract: The choice to pursue fertility treatments is a complex one. In this paper I explore the issues of choice, agency, and gender as they relate to assisted reproductive technologies (ARTs). I argue that narrative approaches to bioethics such as those by Arthur Frank and Hilde Lindemann Nelson clarify judgments about
autonomy and fertility medicine. More specifically, I propose two broad narrative categories that help capture the experience of encounters with fertility medicine: narratives of hope and narratives of resistance. This narrative typology captures the inevitable conflict that women feel when they become subjects of fertility medicine. On the one hand, they must remain hopeful; on the other, they must not surrender themselves completely. Nelson's account of counterstories as narratives of resistance helps us see how women can reconcile the experience of a strong desire to have children with the desire to remain authentic and whole.


Abstract: The article presents information on the issue of assisted reproductive technology. The rapid pace of breakthroughs in assisted reproductive technology has led to ever more complex and novel issues of law. Lawmakers, who are at the disadvantage of being a step behind evolving technologies, have responded by trying to enact laws that encompass issues as diverse as parentage, the enforceability of surrogacy contracts, insurance coverage and the controversial use of stem cells and cloning technologies. Although an individual may have a constitutional right to assisted reproductive technology, such an affirmation does not necessarily equate to having an actual right to receive funding for treatment. Whether through artificial insemination, surrogacy, in vitro fertilization, or other treatments, assisted reproductive technologies offer many individuals who would otherwise not have been able to have children the opportunity to become parents. Although the law surrounding the field of assisted reproductive technology is highly variable from state to state and, in cases like human cloning, is not well-defined, this ambiguity will likely change and evolve as technology improves.


Abstract: The practice of informed consent in biomedicine is so widely spread that it must be considered the most important principle within bioethics, and the most universally appealed to within recent legislation. There seems to be a consensus as to its value in research on autonomous persons, but also a problem concerning its application when dealing with people having a serious mental, social or even physical disability.

Within the field of artificial procreation there are even more problems. Informed written consent is often demanded from anonymous donors of gametes in order to ensure their consent to the legal and moral consequences of their anonymity. The child resulting from the artificial procreation, on the contrary, cannot consent to, nor be informed before being conceived, of the secrecy laid on the identity of its genetic parents. Some countries resolve this problem by allowing the children, when they reach their majority, to obtain some information pertaining to the health or the identity of their genetic parents.

This presents ethical problems. It can be argued that the anonymity of the parents chiefly affects the children, so that an agreement on this point among parents, doctors and others must be regarded as invalid. The paper will argue that a law ensuring the complete anonymity of the parents is disregarding the informed consent and the interests of the children resulting from artificial procreation, and is thus doing more damage to society than good.


Abstract: This paper argues for the importance of a broad sociological engagement with bioethics. It begins by considering why sociologists should be interested in bioethics and then goes on to explore the cognitive critique of bioethics developed by ethnographers. Some of these authors have also suggested that a more robust bioethics might emerge through the incorporation of the tools of ethnographic analysis. In this paper, it is argued that this is an important claim which needs to be analysed further and that Foucault's concept of discursive formations provides a useful framework for doing so. Once bioethics is redescribed as a discursive formation, the paper explores the challenges and obstacles that sociology and ethnography face in their attempt to open up a space for themselves in bioethics. The paper concludes by suggesting that sociologists and ethnographers need to
reflect on the ways in which they might democratically secure legitimacy for their own claims in the field of social ethics.


Abstract: The question of 'who owns genetic information' is increasingly a focus of ethical inquiry. Applied to predictive testing, several recent critiques suggest that persons with a genetic disorder have a moral duty to disclose that information to other family members. The justification for this obligation is that genetic information belongs to and may benefit not only a single individual, but also members of a biological kinship. This paper considers this issue from a different vantage point: How does gender intersect with the moral duty to disclose genetic information? Scholars have argued that gender is partly comprised of distinct assignments and assumptions of responsibility. Thus, there is a danger that gendered patterns of socialization will make women feel that they should take primary responsibility for disclosing genetic information to others. This article explores issues of responsibility and disclosure of risk information by drawing on an empirical study of women and men who have undergone genetic testing for hereditary breast/ovarian cancer. The research study suggests that disclosure of genetic information is a gendered activity, with both the benefits and burdens of this task falling primarily on women. It also illustrates that when disclosure is understood contextually, it is a far more complicated matter than when viewed through a theoretical lens. The article considers the relevance of these findings on ethical debate and genetic counselling practices.


Abstract: The article focuses on the issue of post-mortem sperm harvesting in Victoria. One judge in the state refused to allow a wide to gain access to the body of her deceased husband to get a semen sample for her to be able to conceive a child. In this matter, the most important issue to be considered is the issuance of an express consent of the subject. The Victorian Law Reform Commission reflects the prevailing discourse in he medical law to impose the express requirement of consent. To interpret this requirement, the silence of the male partner about having a child will deny his female partner an attempt to have a pregnancy.


Abstract: I argue that the field of bioethics is gendered feminine, but that the methods it uses to resist this gender identity pose real harm to actual women. Starting with an explanation of what I take ‘gender’ to be, I enumerate four drawbacks to being gendered feminine. I then argue that bioethics suffers from three of the same four drawbacks. I show how the field escapes the fourth disadvantage by adopting a masculine persona that inflicts damage on women, and conclude by urging bioethicists to reflect on their complicity in abusive power systems such as gender, race and class.


Abstract: Advances in biotechnology have important applications to the core demographic concerns of human reproduction and longevity, raising a number of difficult ethical issues. In the debate over those issues, however, the voices of demographers and other social scientists are nearly silent. In the United States the dominant bioethical arguments currently heard come from a conservative political and ideological position, represented,
for example, by the President's Council on Bioethics and in particular by its chairman, Leon Kass. A critical
discussion of Kass's writings identifies the philosophical roots of that position and highlights its logic and limits.
Kass's specific arguments on cloning can be challenged by applying them to an earlier and revolutionary
technology, birth control; his views on death and dying would argue for curtailing investment in life-extending
technology. Conservatism of this kind ignores social science perspectives and forecloses opportunities for social
change.

- Moazam F., Feminist Discourse on Sex Screening and Selective Abortion of Female Foetuses, Bioethics 18:3,

Abstract: Although a preference for sons is reportedly a universal phenomenon, in some Asian societies
daughters are considered financial and cultural liabilities. Increasing availability of ultrasonography and
amniocentesis has led to widespread gender screening and selective abortion of normal female foetuses in many
countries, including India. Feminists have taken widely divergent positions on the morality of this practice.
Feminists from India have strongly opposed it, considering it as a further disenfranchisement of females in their
patriarchal society, and have agitated successfully for legislative prohibitions. Libertarian feminists on the other
hand, primarily from the United States, have argued that any prohibition of the use of this technology is a
curtailment of a woman's reproductive choices and a violation of her right to make autonomous decisions
regarding procreation.

Using India as an illustrative case, this paper argues that in the context of what prevails in some societies, an
ethical argument that hinges on the principle of autonomy as understood in the West can be problematic.
Furthermore, a liberal theoretical assumption that it is always better to have more rather than fewer choices
may not hold up well against the realities of life for such women. Although feminists have little disagreement
concerning substantive matters, it is in the area of strategy that differences of opinion have arisen, their moral
reasoning and responses shaped by the culture, ethnicity, class and race to which they belong. A view that a
single 'orthodox' feminism of any variety can embody the aspiration of all women reverts to the problematic
issues in the evolution of the rationalistic, individualistic, 'male' ethics against which women have consistently
raised objections.

- McFadden E., A., RN, PhD, Moral Development and Reproductive Health Decisions, Journal of Obstetric,
synergy.com)

Abstract: This article reviews the concepts of biomedical ethics, the justice perspective, and the care perspective
of moral development and moral decision making; integrates key aspects of each to women's reproductive health
nursing practice; and gives examples of application of these models to use as a framework for the assessment of
moral development in guiding women in making reproductive health decisions. Emphasis is placed on the need
for an integrated approach to assessment of the recognition of and response to what an individual identifies as a
moral dilemma.

Discussion of two different perspectives, justice and caring, is presented with application to women's health
concerns. Nurses are encouraged to assess their moral development and appraisal of issues that constitute
moral dilemmas and their ensuing decision making processes and those of clients.

Techniques for obtaining information about moral reasoning are suggested. Rather than a traditional framework
for the assessment of moral development, the uniqueness of individual women's experiences as they pertain to
the case context is recommended to assess the client's appraisal of the circumstances of a perceived moral
situation from the client's vantage point.

- Maher, J., M.; Maher, J., M.; Lay, M., M.; Gurak, L., J.; Gravon, C.; Myntti, C.,
Body talk: rhetoric, technology, reproduction. Madison, Wisconsin: University of Wisconsin Press, xiii, 308 p.;
April, 2000, (http://biblioline.nisc.com)

Abstract: Explores the rhetoric of reproductive technology throughout the twentieth century, examining the ways
discourse about these technologies has shaped thinking about reproduction and women's bodies, framed public
policy, and empowered or marginalized points of view.
Abstract: This article explores surrogate motherhood as an instance of how women's rights of belonging to nations are repeatedly sexed and racialized. Feminist theorists have rightly critiqued the reification of women's reproductive capacities within nationalist discourse and have begun to explore how maternity operates as the grounds for women's inclusion and exclusion from the nation. I argue that surrogate motherhood vividly demonstrates how nation states police the composition of the nation through legislative powers over women's reproduction. In doing so, they situate women, on the basis of their fertility, as competing bearers of a nation that grants them symbolic worth but inequitable power on the basis of their embodiment. This paradox is then traced in the narrativization of surrogacy in feminist, theological and legal texts. In particular, the Internet-based advertisements of law firms and agencies are taken as case studies that vividly demonstrate how embodiment and belonging need to be carefully negotiated in the representation of surrogate motherhood to different participants. Racial, sexual and classed hierarchies of power are seen to be operating in these texts and the stories they tell and visually represent. From this understanding, I move to an assessment of how surrogate motherhood operates within modernity's investment in bodies as signs of truth that fallaciously hold the potential to guarantee origins and belongings. I conclude with an analysis of literary and visual texts selected because they deliberately seek to problematize this logic, which they nevertheless fail to escape. (Author)


Abstract: Discusses the implication of human reproduction for ethics, feminism and theology. Monogenetic thinking in human reproduction; Role of a mother in human reproduction based on feminism and theology; Significance of sexual difference in the reproduction of the image of God.


Abstract: The article discusses the biological existence which is no longer a neutral, unchanging substrate upon which political existence is superimposed. The author points out the notion of Michel Foucault on biopolitics in his book "The History of Sexuality," which is essentially a complement to his earlier formulation of discipline, whereby sovereign rule, the ultimate right to take life, is increasingly overlaid by a new focus on the life processes of the population. Foucault defines biopolitical processes were articulated with the demands of mass, organized industrial and commercial activity.


Abstract: The relationship between society, medicine, and the law is multi-faceted and complex. This Article examines the process of, and the influences on, the construction of fetal personhood in the legal discourses in American and Commonwealth case law and statutes. It demonstrates how the physical and visual separation of the fetus, as made possible by medical advances, has influenced the development of legal doctrine relating to the rights of the fetus.


Abstract: The primary contribution of feminism to bioethics is to note how imbalances of power in the sex-gender system play themselves out in medical practice and in the theory surrounding that practice. I trace the ten-year history of feminist approaches to bioethics, arguing that while feminists have usefully critiqued
medicine's biases in favor of men, they have unmasked sexism primarily in the arena of women's reproductive health, leaving other areas of health care sorely in need of feminist scrutiny. I note as well that feminist bioethicists have contributed very little to bioethical theory. In the second part of the paper I suggest two future directions for feminist bioethics. The first is to expand its critique of gender bias beyond reproductive medicine, devoting attention to the same issues raised by advances in biomedical technology as are taken up by mainstream bioethicists. The second is to develop bioethical theory that is more responsive than are mainstream moral theories to the social practices that subordinate women and minority groups.


P


Abstract: This Article considers whether infertile taxpayers can deduct their fertility treatment costs as medical expenses under Internal Revenue Code section 213 and whether they should be able to deduct them. Internal Revenue Code section 213 defines medical expenses as "amounts paid-for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body." This definition is interpreted by reference to a baseline of normal biological functioning, which includes reproductive functioning. Most people conceive and bear children without having to incur expenses for fertility treatment. Expenses incurred to approximate the baseline of normal reproductive health are deductible, even if the taxpayer winds up better off, with a child, after the fertility treatment. The medical profession recognizes that infertility is a disease or condition. Infertility is a loss, just as a broken leg is a loss. Fertility treatment costs are thus medical expenses under section 213. In addition, given the existence of the medical expense deduction, taxpayers should be able to deduct the cost of fertility treatments, including IVF, egg donor, and surrogate procedures, under either an "ability-to-pay" or consequentialist normative approach. Reproduction is extremely important to most people. In addition, allowing taxpayers to deduct the costs of fertility treatment will encourage infertile taxpayers to elect the most effective treatment option and reduce the rate of risky multifetal pregnancies. This Article concludes that fertility treatment costs are deductible as medical expenses under current law and should be deductible as medical expenses.


Abstract: This essay opens with an examination of US laws concerning fetal viability as they apply to induced abortion, to a mother's right to refuse medical treatment necessary to save the life of a fetus, and to the rights to file suit for the wrongful death of unborn children. The history of abortion policies in the US is traced from the common law period of the early 19th century to the restrictive post-Civil War laws and the decisions of the Supreme Court in Roe vs. Wade, which upheld the constitutionality of previability abortions; Webster vs. Reproductive Health Services, in which the Court assigned viability to the 20th week of pregnancy and acknowledged that States could have a compelling previability interest in the fetus; and the Casey decision, which provided tolerance for limits on the availability of abortion before viability as long as the limits did not create an "undue burden" on the woman seeking the abortion. Courts dealing with the issue of compelling a mother to undergo medical treatment to save her fetus have been inconsistent as they balanced the state's interest in the fetus against the mother's rights to privacy. Judges have tended to err on the side of forcing the medical interventions, but the most recent trend is against this sort of judgement. In these cases, fetal viability has also served as a dividing line. The inconsistency of the legal system is illustrated by the fact that, whereas the fetus now has a legal existence, wrongful death actions entered on behalf of a nonviable fetus have often been denied although courts have been more willing to extend protection to fetuses in wrongful death tort cases than in abortion or medical intervention cases. Criminal law has a unique set of rules for dealing with fetuses as some states have broadened their definitions of "homicide" to include fetuses, even nonviable fetuses. Courts, however, are reluctant to enlarge criminal statutes on their own. While the central position given to the role of viability in the Roe vs. Wade decision was intended to apply only to abortion (and is diminishing there), state courts have accepted viability as equating personhood and have used the concept to decide medical treatment,
wrongful death, and criminal cases. In order to resolve the inconsistencies exhibited by these decisions, states should be allowed to make all decisions regarding the treatment of fetuses.


Abstract: New technologies often give rise to previously unknown ethical problems, and it often takes many years to fully integrate them in society. We propose a new form of technology assessment that will focus on the ethical implications of new technologies; ethical technology assessment (eTA). Ethical technology assessment will serve as a tool for identifying adverse effects of new technologies at an early stage. It should be undertaken in dialogue with technology developers and have the form of a continuous dialogue rather than a single evaluation at a specific point in time. eTA can be conducted on the basis of a check-list that refers to nine crucial ethical aspects of technology; (1) Dissemination and use of information, (2) Control, influence and power, (3) Impact on social contact patterns, (4) Privacy, (5) Sustainability, (6) Human reproduction, (7) Gender, minorities and justice, (8) International relations, and (9) Impact on human values. Ethical technology assessments should not be committed to any particular moral theory. Instead they should be open to different perspectives and solutions. (c) 2005 Elsevier Inc. All rights reserved.

A widening of availability and the introduction of property rights, rules, and institutional policies would make the marketplace more sensitive to the social, medical, and ethical issues that are emerging from the science. For example: Should there be age limits on infertility treatment? Should new procedures be subject to rigorous testing? It is time for U.S. society to begin discussion of these complex questions.


Abstract: Since the mid-1990s, the Israeli medical scene has witnessed a real boom in elective prenatal testing for inherited diseases that has spread beyond risk groups to the general Jewish population, especially of Ashkenazi (European) origin. This study tried to identify key social influences involved in the growing range and prevalence of prenatal genetic tests as they emerged from women's own perspective. Twenty-seven women having blood tests for genetic mutations were interviewed at two types of genetic clinics, and re-interviewed after getting test results. The names of 23 women who chose not to have elective tests were obtained from testers, and these non-testers were interviewed for comparison. Women's accounts suggest that elective genetic testing is more acceptable, if not normative, among educated middle class Ashkenazi women, and is more often questioned and refused by lower class Mizrahi women, as well as religious women of any ethnic origin. The key forces that drive women's choice of prenatal genetic diagnosis include the fear of having a sick and/or socially unfit child in an unsupportive environment; strong endorsement of testing by gynaecologists; popular and professional discourse on the common Ashkenazi mutations causing genetic anxiety in this ethnic group (i.e. apprehension of multiple known and unknown dangers hidden in its genetic makeup); and the emerging social pressure for comprehensive prenatal screening as an indispensable part of good motherhood. Many women described the experience of testing as frustrating because of the long wait for results and difficulty of their interpretation and subsequent decision-making. Women who rejected elective tests explained their decision by moral/religious objections to abortion and/or eugenic aspects of prenatal screening, as well as by prohibitive costs and poor understanding of the tests' meaning and implications. Yet, few informants voiced objections to the excessive medicalisation of pregnancy as such; ethno-national motives of reproductive decisions were also uncommon in this group. More critical reflection is clearly needed from both providers and users of elective genetic screening before the more widespread uptake of this practice.


Abstract: This article tracks the growth of medical anthropology in the United States in the decades since the 1970s, as it has intersected the expansion of feminist activism and scholarship. I argue that feminist attention to
embodied inequalities quickly focused on reproduction as a site of investigation and intervention. Medical anthropology has benefited from feminist concern with stratified reproduction, especially its interrogation of nonnormative and stigmatized fertility and childbearing. When reproduction becomes problematic, it provides a lens through which cultural norms, struggles, and transformations can be viewed. Examples drawn from prenatal diagnosis are particularly revelatory of the diverse interests and stakes we all hold in reproduction.


Abstract: This paper has developed from an ongoing concern over the place and meaning of childbearing and children in women's and men's lives. The research and political activities have centered on the social organization of reproduction, particularly on struggles over the control of reproduction. Reproductive technologies are among the latest in a long series of processes and products which threaten reproductive freedom. The paper analyzes the differences between feminist theories in their assessments of the impact of reproductive technologies on women's lives. It argues that these differences stem from basic disagreements over the nature of patriarchy in general and the function of reproduction in particular. Recognizing these differences is an important first step in developing a unified response to the threats posed by the unchecked development of reproductive technologies. The past several decades have been characterized by a multiplication of biomedical technologies which have had an enormous impact on the health of people in contemporary societies.

S


Abstract: There is broad agreement across the western industrialised world that men who father children outside of marriage share in an obligation to support their offspring financially. Against this consensus, some men's groups have claimed that if women are accorded control over the decision to continue or to terminate a pregnancy then it is unfair to hold genetic fathers financially liable for child support. This paper assesses the merits of this claim from a feminist perspective. Having considered a number of arguments, it suggests that the currently accepted grounding of child support liability (in voluntary creation of need) provides little scope for refuting the men's groups' argument. The paper then moves on to argue that voluntary creation of need is, however, inadequate as a basis for child support liability, and that the current analysis offers compelling grounds for preferring a collective model of support obligations.


Abstract: There are many ethical aspects which derive from the application of reproduction control in women's health. Women's health can be enhanced if women are given the opportunity to make their own reproduction choices about sex, contraception, abortion and application of reproductive technologies. The main issues that raise ethical dilemmas following the development of assisted reproduction techniques are: the right to procreate or reproduce; the process of in vitro fertilization itself — is it morally acceptable to interfere in the reproduction process?; the moral status of the embryo; the involvement of a third party in the reproductive process by genetic material donation; the practice of surrogacy; cryopreservation of pre-embryos; genetic manipulation; experiments on pre-embryos, etc. Induced abortion raises ethical issues related to the rights of the woman versus the rights of the fetus. For those who consider life to begin at conception abortion always equals murder and is therefore forbidden. Those who believe in the absolute autonomy of the woman over her body take the other extreme approach. The discussion surrounding abortion usually centers on whether it should be legal or illegal. Access to safe abortion is critical to the health of women and to their autonomy. The development of new effective contraceptive methods has a profound impact on women's lives. By the use of contraception it is possible to lessen maternal, infant and child mortality and to reduce the prevalence of sexually transmitted diseases. Research and development of new effective reversible contraceptives for women and men is needed. Dissemination of information about the safety and effectiveness of contraceptive methods is of great importance. Female genital mutilation is still practiced worldwide due to customs and tradition among various ethnic groups. The procedure is considered to be medically detrimental to the physical and mental health of women and girls, and is considered by many as oppression of women. The practice has to be stopped. Recognition of the fetus as a 'patient' has a potential effect on women's right for autonomy; they have no legal obligation to
undergo invasive procedures and to risk their health for the sake of their fetuses. The woman carries ethical obligations toward her fetus. This obligation should not be enforced by the law. At present women bear most of the burden of reproductive health. All of them have a right of access to fertility regulation. Governments and society must ensure the women’s equal rights to health care just as men have in the regulation of their fertility.


Abstract: This paper briefly reviews the US case law dealing with the issue of birth control fraud and speculates on the possibility of a similar action succeeding in the UK. It then focuses on newspaper reporting of one such case. A common media reading of this case, and one which can also be detected in some academic commentary of similar cases, is to contextualise it as part of an ongoing ‘battle of the sexes’, where historic poles of inequality have become reversed and women have gained unfair (legal) advantage in procreative matters. It is argued that such an understanding is flawed and misleading, serving to distract attention from the legal structuring of these kinds of disputes. The paper concludes that the operation of the law can here be better understood as seeking to support the nuclear family in a way which can impact negatively on both individual men and individual women. The birth control fraud cases invite us to rethink the way that parental obligations are imposed and to justify more rigorously the choices which we make in this regard.


Abstract: In Re D is the most recent in a line of cases to raise problems with the determination of legal fatherhood under s.28(3) of the Human Fertilisation and Embryology Act 1990. The judgments in In Re D are interesting in particular because they demonstrate the growing currency of the idea that a child has a right to ‘genetic truth’. They also further evidence the ‘fragmentation of fatherhood’. This case is best understood as part of a complex and ongoing negotiation of men’s role in the family in the light of shifting family forms.


Review: 'Baby Drug Kills Test-Tube Mum’, ‘Black Couples Beg Me to Give Them White Babies’: these headlines, along with recent debates over ‘virgin births’ parental rights over frozen embryos and ‘gay genes’ are characteristic of nearly two decades of popular controversies generated in the wake of in vitro fertilisation (IVF), recombinant genetics and related reproduction technologies. Bodies in Glass is an extensive analysis of feminist approaches to IVF and other new techniques covered by the Human Fertilisation and Embryology Act 1990. Deborah Steinberg explores the professional and legal cultures of IVF, selective breeding ideologies and embryo ‘rights’ politics in this innovative and topical book.


Abstract: David Lykken's proposal to license married parents for child rearing, and to deny the same opportunity to single and inept parents, springs from his deep concern for millions of youngsters cruelly subjected to abusive and neglectful rearing circumstances. Children from such inadequate homes grow up to have high rates of school failure, criminality, and drug addiction. The problem is clear, but Lykken's remedies of mandated marriage and parentallicensure are unacceptable in U.S. society, where our reproductive rights are fortunately protected by our Constitution. As a devoted proponent of reproductive rights, I propose a legally and morally acceptable proposal to the same end. Increasing women's effective control of reproduction and moving toward entirely voluntary parenthood will accomplish the same goals without compromising our civil liberties.


Abstract: Many people believe that a person’s sexual orientation is genetic. Given the widespread prejudice against, and hatred of, homosexuals in many societies, it seems likely that many parents will be interested in using genetic technologies to prevent the birth of children who will not be heterosexual. This paper considers the
moral and legal implications of such procedures (whether or not they would work). It is argued that the availability of procedures to select the sexual orientation of children would contribute to discrimination and prejudice against lesbians, gay men and bisexuals and, more generally, undermine the maintenance of a just society. These effects carry significant weight in determining whether genetic technologies should be developed and whether their use is, or should be, legally permissible and morally acceptable.


Abstract: As the cost of in vitro fertilization in the West skyrockets and countries enact laws that drastically curtail access to assisted reproduction, couples are turning more and more frequently to fertility tourism. This Article examines the relationship between restrictive reproductive laws, thought to be expressions of local values, and globalization, the ongoing process of worldwide interconnectedness that makes fertility tourism possible. After a discussion of the meaning and causes of fertility tourism, this Article demonstrates how such tourism dampens organized resistance to laws that restrict the available forms of assisted reproduction and thus how globalization itself plays a part in dismantling reproductive choice at the local level.

Storrow then examines the dynamics of fertility tourism at the site of treatment delivery. He notes first how Western Europeans’ fertility travel to former Communist-bloc countries has spawned a burgeoning infertility industry promising cut-rate in vitro fertilization, high success rates, liberal reproductive policies, and little administrative oversight. The increased international demand for infertility treatment has triggered a surge in egg donation in countries like Romania, as young women discover that the market for their eggs offers greater financial rewards than they can earn from their labor alone. The resulting higher prices are now beginning to shut some of the local citizenry out of the market for infertility treatment. Fertility tourists, then, denied reproductive opportunity by their own countries, go elsewhere to colonize the reproductive resources of others. In this way, their travel transforms public oppression in one country into private oppression in another.

To place this assessment into perspective, Storrow executes a comparison of fertility tourism with both sex tourism and international adoption to make the point that the global capital generated by new markets for fertility tourism will likely thwart any concerted international response to the inequities and exploitation that
arise in this context. Storrow concludes that countries considering bans or restrictions on certain forms of assisted reproduction have an ethical obligation to consider and address the effects that those laws will have on infertile couples and gamete donors in countries that have become the destinations of fertility tourists.


Abstract: Persistent demand from people who have been denied the blessings of parenthood has created an assisted-reproduction market that stretches around the globe and encompasses hundreds of thousands of people. In the United States alone, nearly 41,000 children were born via in vitro fertilization (IVF) in 2001. Roughly 6,000 came from donated eggs, and almost 600 were carried by surrogate mothers. U.S. legislators have been reluctant to regulate this market. As a result, there are no national policies for IVF, which requires creating-and often discarding-embryos, or for many other technologies. State laws vary widely, and many states have no legislation on these subjects whatsoever.

Although fertility specialists generally seem delighted to practice in an unregulated gray area, a modicum of regulation and the establishment of agreed-upon norms could lead to substantially lower prices, wider access, and an expansion of the market to the millions who have not yet sought out assisted reproduction. Among those millions are fertile individuals seeking to ensure that they’ll be able to produce offspring in the future. For example, the technology already permits young women to freeze their eggs, thus preserving their fertility (in case, for instance, they marry late in life). The fertility trade is in some ways analogous to the markets for personal computers and DVD players, which were initially considered luxury items but migrated to the mass market, earning manufacturers the revenues to finance further innovation.


Abstract: The human body-and its parts-has long been a target for commodification within myriad cultural settings. A discussion of commodification requires that one consider, first, the significance of the body within anthropological and, second, what defines a body “part.” After exploring these initial questions, this article outlines dominant theoretical approaches to commodification within anthropology, with Mauss and Marx figuring prominently. The discussion then turns to historically well-documented forms of body commodification: These include slavery and other oppressive labor practices; female reproduction; and the realms of sorcery and endocannibalism. An analysis here uncovers dominant established approaches that continue to drive current studies. The remainder of this article concerns emergent biotechnologies, whose application in clinical and other related scientific arenas marks a paradigmatic shift in anthropological understandings of the commodified, fragmented body. The following contexts are explored with care: reproductive technologies; organ transplantation; cosmetic and transsexual surgeries; genetics and immunology; and, finally, the category of the cyborg. The article concludes with suggestions for an integrated theoretical vision, advocating greater cross-fertilization of analytical approaches and the inclusion of an ethics of body commodification within anthropology.


Abstract: Since the 1980s, the international market for commercial surrogacy has grown at a quiet but considerable pace. Each year, thousands of women agree to carry, for a fee, the child of another woman. Thousands of babies are born as a result on shaky legal legs: conceived by one set of parents yet claimed by another. Most of these children were born in the market as well as the womb, the product of desire combined with the ability to pay. The central argument of this paper is that surrogacy must be approached as a commercial relationship. There is already an active international trade in the components of baby production - wombs, sperm and eggs. There are rapidly advancing technologies that are certain to expand both the demand for surrogacy services and the supply of surrogate mothers. Yet the underpinnings of the surrogacy market - the rules, laws, rights and contracts - have been notably slower to evolve. Legislative bodies in both the United States and Europe have been loath to deal directly with the issue of surrogacy, intervening primarily in the form of prohibition. Yet because the demand function in this market can be so intense, couples are entering into surrogacy arrangements even when they suspect that the underlying contract is either illegal or unenforceable.
Fundamentally, commercial surrogacy is an issue of political economy. It involves an economic relationship that sits within a deeply political calculus, one that goes to the very heart of political economy. What, the debate over surrogacy asks, can legitimately be sold in a market transaction? Who decides? And how can any authority weigh the desires of having a child against the dangers of selling one? (Author)


Abstract: The article discusses assisted reproductive technologies. Infertility, was once thought of as a permanent barrier to having genetically linked offspring, is increasingly being countered with medical and scientific advancements. These advancements are letting more and more individuals the opportunity to become parents. Yet there are numerous physical, monetary, and emotional costs involved in pursuing alternative methods of impregnation. The legal uncertainty and the lack of regulation regarding such procedures contributes to the burdens placed on couples pursuing these methods. Assisted procreative technologies allow many people who would otherwise not be able to have children to fulfill the desire to become parents. Even though many states have been slow to adopt the Uniform Parentage Act and state laws regarding such technologies vary greatly from state to state, hopefully states will recognize these shortcomings and address them accordingly, in clarifying, and in some cases creating, such laws states may also be able to provide insurers and courts a better framework under which to make coverage decisions.


Abstract: This article critically examines the constitution of impairment in prenatal testing and screening practices and various discourses that surround these technologies. While technologies to test and screen (for impairment) prenatally are claimed to enhance women's capacity to be self-determining, make informed reproductive choices, and, in effect, wrest control of their bodies from a patriarchal medical establishment, I contend that this emerging relation between pregnant women and reproductive technologies is a new strategy of a form of power that began to emerge in the late eighteenth century. Indeed, my argument is that the constitution of prenatal impairment, by and through these practices and procedures, is a widening form of modern government that increasingly limits the field of possible conduct in response to pregnancy. Hence, the government of impairment in utero is inextricably intertwined with the government of the maternal body. (Author)


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Abstract: Marsha J. Tyson Darling reflects on the issues she explored in her plenary commentary at the AWID Forum. She brings to the fore the unprecedented challenges posed by the emergence of rapidly developing and largely unregulated new reproductive and genetic biotechnologies. (Author)


Abstract: In this paper I argue for the universality of morality as against and in spite of the plurality and inevitable relativity of human cultures. Universalisability is the litmus test of moral authenticity whereas culture
tends to impose an egocentric predicament. I argue equally for the equality of cultures qua cultures and of the importance of different cultural perspectives, given the limitations of each and every particular culture, in a balanced and wholesome appreciation of moral issues, particularly issues of cross-cultural relevance. I then try to anchor my reflections on a few topical ethical issues of cross-cultural relevance which have been the subject of controversy in recent times.


- Teman, E., The medicalization of "nature" in the "artificial body": surrogate motherhood in Israel, Medical Anthropology Quarterly, 17(1):pp. 78-98; 2003, (http://biblioline.nisc.com)

Abstract: In this article, I draw on anthropological and feminist scholarship on the body and the nature/culture divide as a framework for understanding the place of surrogate mothers in a conceptual ideology that connects motherhood with nature. I explore links between the medicalization of childbirth in Israel and the personal agency of surrogate mothers as relayed through interviews. Taking the patriarchal context of the Israeli surrogacy law of 1996 into consideration, I underscore surrogates' imaginative use of medical metaphors as tools for the subversion of surrogacy's threatening social connotations. By redefining the surrogate body as "artificial" and locating "nature" in the commissioning mother's body, surrogates adopt medical rhetoric to transform surrogacy from a transgressive act into an alternative route toward achieving normative Israeli national reproductive goals.


Abstract: Focuses on the issues of surrogate motherhood in Israel. Prohibition of the genetic connection between the surrogate and the commissioning couple; Intervention of medical technology in surrogacy arrangement; Assessment of surrogate-fetus relationship.


Abstract: The ideology of eugenics as it arose in the late nineteenth century was concerned with the perceived negative effects of differential fertility on the "quality" and composition—variously defined—of future generations. Quality was to be raised by preventing or discouraging the "less fit" from propagating themselves and by encouraging childbearing among couples seen as carriers of desirable genetic endowments. Thus, this old-fashioned eugenics was directed, at least by intent and sometimes in practice, to select among parents and influence their procreative behavior. The rules for such selection were typically decided, democratically or otherwise, on the advice of anointed "experts." By the mid-twentieth century these programs had come to be thoroughly discredited, both because they were seen to lack scientific validity and, perhaps especially, as a result of Nazi racial policies.

Modern technological developments have given rise to, or created the realistic prospect of, a different, "grassroots" eugenics: parents voluntarily choosing qualities they would prefer their offspring to possess. Their right to do so would seem to be a straightforward extension of the principle, endorsed by numerous international declarations, that "all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children." Parents might exercise that right by seeking to improve their children's chances for a healthy and successful life or merely by following their own prejudices. But the application of this principle tacitly assumes that the aggregate outcome of individual reproductive decisions is in reasonable harmony with the collective interest.

The technological means now available for parents to select preferred physical and intellectual characteristics of their children—to improve on the outcome of the natural genetic lottery—are rudimentary. Many of them are
still in the domain of science fiction. But in one major instance the technology already exists: selecting the sex of children, especially through early determination of the sex of the fetus, which then may be followed by sex-selective induced abortion. This option has become widely available in recent years. In societies in which there is strong preference for offspring of a particular sex—usually for boys—the result has been a marked deviation from the normal sex ratio at birth. The social implications of such uncoordinated individual choices are perceived as clearly deleterious, hence the practice of sex-selective abortion is commonly outlawed even when abortion is otherwise permitted. Invoking a social interest that overrides the right of voluntary parental choice of course raises the question whether other untoward effects of socially unregulated fertility might also be grounds for circumscribing parental freedom of choice in childbearing. Socially undesirable patterns of childbearing could be defined as "non-responsible."

In the United States, the President's Council on Bioethics, appointed in November 2001, is one of the many committees advising the US President on important social issues. The Council consists of 17 members, including noted scientists, physicians, ethicists, social scientists, legal experts, and theologians. It had the mandate, inter alia, to inquiere into the human and moral significance of developments in biomedical and behavioral science and technology and to explore specific ethical and policy questions related to these developments. The Council was chaired by Professor Leon R. Kass, a prominent bioethicist from the University of Chicago. Its report, under the title, Beyond Therapy: Biotechnology and the Pursuit of Happiness, was submitted to the President in October 2003. This massive document, which will also be published in book form by a commercial publishing house, is available online at: http://bioethicsprint.bioethics.gov/reports/beyondtherapy. Reproduced below is a section titled Choosing sex of children from Chapter 2 of the report (titled Better Children). It offers a penetrating analysis and commentary on issues raised by parental selection of children's sex.

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V


Abstract: The practice of screening potential users of reproductive services is of profound social and political significance. Access screening lacks a defensible rationale, is inconsistent with the principles of equality and self-determination, and violates individual and group human rights. Communities that strive to function in accord with those principles should not permit access screening, even screening that purports to be a benign exercise of professional discretion. Because reproductive choice is controversial, regulation by law may be required in most jurisdictions to provide effective protection for reproductive rights. In Canada, for example, equal access can, and should be, guaranteed by federal regulations imposing strict conditions on the licenses of fertility clinics.

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W

- Wallbank J. “The Role of Rights and Utility in Instituting a Child’s Right to Know Her Genetic History”, 2004, Social and Legal Studies 13/2: 245–64 (Artikkelen tilgjengelig fra; http://sls.sagepub.com/cgi/content/abstract/13/2/245)

Abstract: This article examines recent developments in family law which are concerned with the child’s right to know her genetic history. It specifically investigates three areas. First, the Child Support (Pensions and Social Security) Act 2000 (CSPSSA). Second, an unusual case concerning IVF at a licensed clinic where a decision failed to be made about parental responsibility ( Re D [2001]; Re R [2001]). Finally, the recent Department of Health (2002) consultation exercise on donor anonymity. Drawing upon Parker’s (1992) theoretical discussion about the significance of rights and utility to family law, the article will show that although there is evidence of a child’s right to know in private familial disputes, this right is not approached consistently across family law. In respect of the government’s recent consultation paper on donor anonymity, it will be argued that the child’s right to know is subordinated to a utility approach. The article will recommend that the government should take the radical step of reforming the law on donor anonymity to allow donor children the right to know their genetic progenitor.
Z


Abstract: Increasingly, fertility clinics are offering their services to human immunodeficiency virus (HIV)-serodiscordant couples where the woman is seropositive. In the case of HIV-seroconcordant couples, there remains a general reluctance to provide treatment. This attitude to seroconcordant couples is reminiscent of that once widely held towards serodiscordant couples when the risk of vertical transmission rates in pregnant women was greater than 1-2%. Due to recent advances in HIV clinical care and assisted reproduction technique (ART) procedures directed at reducing the risk of viral transmission during gamete transfer, where good healthcare is available, the current risk rate has fallen to 1-2%. This article deals with the ethical arguments of those who remain opposed to offering HIV-serodiscordant and HIV-seroconcordant couples access to ART. Until these arguments have been addressed, clinics providing ART to such couples cannot be assured that their practices are ethical.


Globalizing Feminist Bioethics contains many excellent and interesting articles. It is an important and exciting new book, relevant to bio ethicists, women's studies scholars, and philosophers interested in ethics or social and political philosophy.

The collection of articles is grouped very well, with clear connections between articles placed near one another. In addition to the useful introduction by Anne Donchin that points out the relationships between articles, the epilogue by Nancy M. Williams, and a helpful index, there are three sections to the book. The first section covers theoretical perspectives. The second section focuses on reproductive, genetic, and sexual health. The third and final section is about medical research and treatment.

PREGNANCY

S


Abstract: This paper draws on literature, empirical data and a range of theoretical perspectives on the maternal body to examine understandings of the relationship between a pregnant woman and her foetus, with a particular focus on the body images used by women to represent this relationship. Psychoanalytic and nursing accounts of the relationship between mother and foetus have often described a symbiotic 'oneness' or unity during pregnancy. Such accounts, however, stress the temporary nature of this unity and identify a series of 'stages' of
separation or 'polarisation' between mother and foetus during pregnancy. In contrast, many of the 25 women who participated in our interview study of new motherhood described a confusion of the boundary between self and foetus. For many women the experience of pregnancy and the relationship with the unborn baby was ambiguous and uncertain. Importantly, none of these women described her relationship with the foetus as a series of developmental stages, but rather saw it as fluctuating throughout pregnancy. These findings are more consistent with the work of feminist theorists who describe pregnancy as a dynamic and fluid merging of the inside and the outside of the body/self.

**TWINS**


Abstract: Animal work has suggested that opposite-sex fetuses can affect each other in utero. Differential hormone exposure during development may modulate brain structure and function, and thereby contribute to subsequent behavioral variation within and between sexes. The study of opposite-sex twins provides a means of investigating prenatal hormonal influences on sexually dimorphic traits in humans. The best established, and most theoretically explicable, effects are of male fetuses on female fetuses (and male twins on female cotwins), and this was my primary interest in this project. The specific objective of the present study was to identify whether females in opposite-sex pairs were more masculine or less feminine than other females on sexually dimorphic traits. Questionnaire data from the Australian Twin Registry was used. The sample included a total of 1908 complete twin pairs (980 MZ, 928 DZ), and 1085 singles. The measures examined included sexual orientation, childhood sex-typical behavior, gender identity, personality traits, interest in casual sex, attitude toward homosexuality, juvenile delinquency, and handedness. Overall results indicated that opposite-sex twins were more sex-atypical in some respects than their same-sex dizygotic counterparts. There was a general tendency for males in opposite-sex twin pairs to be more feminized on measures of childhood sex-typical behavior, gender identity, and neuroticism. Males were significantly more masculine on the measure of juvenile delinquency. Females from opposite-sex twin pairs were more masculine on the measure of childhood sex-typical behavior.

**OTHER/GENERAL**


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11. Redefining Normalcy
Abstract: Man's World was published in 1926 by the journalist Charlotte Haldane, wife of the prestigious biochemist J.B.S. Haldane. It envisages a futurist society in which female reproduction is rigorously controlled within a rigid caste system ruled and regulated by the masculine figure of the scientist. This paper traces the contradictory positions adopted by Haldane, who simultaneously critiques and upholds the dominance of the scientist. In her depiction of a love affair between Nicolette, a girl who resists the dictate that she should become a mother, and Bruce, a scientist who epitomises the ideals of this 'man's world', she allows her principal characters to enunciate a desire to rebel, whilst ultimately ensuring that they fail. The utilisation of contemporary theoretical arguments, such as Michel Foucault's theory of panopticism and Donna Haraway's cyborg theory exposes the uneasy vacillation between resistance and compliance around which the text of Man's World is constructed. (Author)


Abstract: One concern regarding developments in genetics is that, when techniques such as genetic engineering become safe and affordable, people will use them for positive eugenics: to "improve" their offspring by empowering them with exceptional qualities. Another is whether new reproductive technologies are being used to improve the condition of women or as the tools of a patriarchal system that appropriates female functions to itself and exploits women to further its own ends. Donor insemination is relevant to both of these issues. The degree to which people have used donor insemination in the past for positive eugenic purposes may give some insight into the likelihood of developing technologies being so used in the future. Donor insemination provides women with the opportunity to reproduce with only the most remote involvement of a man. To what degree do women take advantage of this to liberate themselves from male dominance? Through questionnaires and interviews, women who have used donor insemination disclosed their criteria for selecting sperm donors. The results are analyzed for the prevalence of positive eugenic criteria in the selection process and women's attitudes toward minimizing the male role in reproduction.

-Haraway, D., J., Female-man meets oncomouse: feminism and technoscience, 1997
Abstract: Donna Haraway explores the world of contemporary technoscience through the role of stories, figures, dreams, theories, advertising, scientific advances and politics.

- Nordic Council of ministers, Assisted reproduction in the Nordic countries: a comparative study, TemaNord; 2006: 505, Copenhagen


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Abstract: Contemporary academic interest in the human body is a response to fundamental changes in the relationship between body, economy, technology and society. Scientific advances, particularly new reproductive technologies and therapeutic cloning techniques, have given the human body a problematic status. Ageing, disease and death no longer appear to be immutable facts about the human condition. The emergence of the body as a topic of research in the humanities and social sciences is also a response to the women's and gay liberation movements, and environmentalism, animal rights, anti-globalism, religious fundamentalism and conservative politics. Further, the human body is now central to economic growth in various biotechnology industries, in which disease itself has become a productive factor in the global economy and the body a code or system of information from which profits can be extracted through patents. In modern social theory, the body has been studied in the contexts of advertising and consumerism, in ethical debates about cloning, in research on
HIV/AIDS, in postmodern reflections on cybernetics, cyberbodies and cyberpunk, and in the analysis of the global trade in human organs. The body is a central feature of contemporary politics, because its ambiguities, vulnerability and plasticity have been amplified by new genetic technologies. (Author)


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