



south
asia
multidisciplinary
academic
journal

South Asia Multidisciplinary Academic Journal

29 | 2022
South Asia in Covid Times

Aditya Bhardwaj. *Conceptions: Infertility and Procreative Technologies in India*

Annu Daftuar



Electronic version

URL: <https://journals.openedition.org/samaj/8017>
DOI: 10.4000/samaj.8017
ISSN: 1960-6060

Publisher

Association pour la recherche sur l'Asie du Sud (ARAS)

Electronic reference

Annu Daftuar, "Aditya Bhardwaj. *Conceptions: Infertility and Procreative Technologies in India*", *South Asia Multidisciplinary Academic Journal* [Online], 29 | 2022, Online since 20 July 2022, connection on 19 February 2023. URL: <http://journals.openedition.org/samaj/8017> ; DOI: <https://doi.org/10.4000/samaj.8017>

This text was automatically generated on 19 February 2023.



Creative Commons - Attribution-NonCommercial-NoDerivatives 4.0 International - CC BY-NC-ND 4.0
<https://creativecommons.org/licenses/by-nc-nd/4.0/>

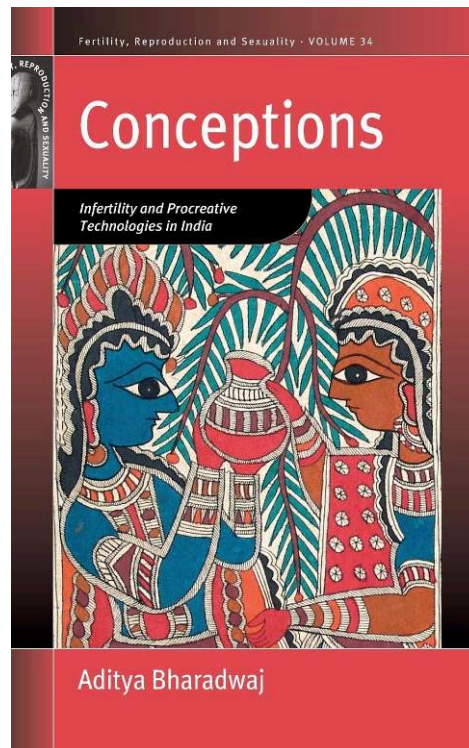
Aditya Bhardwaj. *Conceptions: Infertility and Procreative Technologies in India*

Annu Daftuar

REFERENCES

Aditya Bhardwaj. 2016. *Conceptions: Infertility and Procreative Technologies in India*. New Delhi: Orient Blackswan. 312 pages.

- 1 Aditya Bhardwaj's monograph "Conceptions: Infertility and Procreative Technologies in India" is an anthropological study of infertility and assisted conception in contemporary India. In the Preface, the reader learns about the significance of Bhardwaj's project, which is to add to the anthropological global expansion of Assisted Reproductive Technologies (ARTs) in non-western settings (Inhorn 1996; Kahn 2000; Inhorn and Balen 2002; Whittaker 2015), by providing insights into how infertile treatment seekers and clinicians make sense of the new procreative technologies in the cultural context of India. The monograph essentially highlights the "cultural conceptions" that underpin infertility and assisted reproductive technologies in India, and argues that fertility and infertility are culturally constructed. It



begins by tracing these cultural conceptions, of quasi-sacred and gendered cultural ideas about fertility in ancient Hindu Vedic texts, and then discusses how they permeate contemporary thinking about infertility and the ways in which they are challenged and accommodated, and shape the social experiences of infertility of men and women in contemporary India.

- 2 Bhardwaj uses a mixed methodology of multi-sited ethnography over a period of fifteen years in three different cities (Delhi, Mumbai, Jaipur) in northern India, and textual analysis of media (both print and electronic) as well as English translations of ancient Hindu texts. Speaking about his ethnographic journey in the introductory chapter, Bhardwaj discusses the problem of reciprocity, of whether ethnographers can meaningfully forge a relationship of reciprocity with their subjects. He claims that despite traveling to India multiple times during the course of 15 years to re-establish contact with IVF clinics, catch up with new developments and renew old ties, he had to struggle to figure out whether and how he could repay the informants or reciprocate in a meaningful way (26). It was interesting to read of the ways in which Bhardwaj's social location as a "native"-looking man and an educated researcher at a foreign university, studying a stigmatized condition of infertility, shaped how his informants interacted with him.
- 3 Infertility, the book shows, disrupts the sacred Hindu social and biological triad of mother (womb), father (semen) and child (fetus). Many treatment seekers, Bhardwaj found, therefore, "kept quiet" about their infertility treatment to their family and friends. This need to maintain secrecy around use of IVF technologies, particularly donor insemination, and more so around adoption is, according to Bhardwaj, a way to manage what he calls the "double conceptual bind" (141). This concept is a socio-cultural triad that legitimizes biological and social connection between the married

body and its offspring. Any deviance from the biological triangle of womb, semen and fetus threatens not only to make infertility publicly visible (a stigmatizing condition on its own) but also to delegitimize the institution of marriage itself. As a result, the infertile actively seek medical interventions albeit secretly and adoption is considered the last option after “everything else [medical interventions like IVF and ICSI] has failed” (162). The book raises questions about the lack of Muslim clinicians and patients as well as the pervasive use of Hindu iconography in more than twenty-three IVF clinics where Bhardwaj conducted his fieldwork. Further, in writing about the gendered nature of infertility, Bhardwaj shows that the social markers of caste, class, and elite professions do not safeguard the infertile against the stigma of infertility (78).

- 4 Yet another significant feature of the book is its conceptualization of the “modernity/tradition” dialectic to show that tradition and modernity are critical to understanding both the spread of assisted reproductive technologies (ARTs) and the social impact of infertility and childlessness in present day India. Bhardwaj argues that ARTs in India should be understood as a site where ideas of old/traditional and new/modern are “spliced” (13) or interwoven together in a way that “improvised domains of traditional and modern symbiotically sustain, contain, enable each other ... [resulting in] a relationship with the past, present and reproduced future” (13). That is to say, the new/modern is not antithetical to the old/tradition, rather the old/tradition is reconfigured in the new/modern, thereby producing contingent modernities. For instance, it becomes clear in Bhardwaj’s interviews with the infertile and the clinicians how traditional Hindu worldviews seep into daily conversations, often unconsciously shaping the acts and behaviors of people as regards procreative technologies. In the process, the clinicians and treatment seekers set in motion a new cultural imagination whereby they assume the “modern other” in the image of the “traditional self” (17). They simultaneously inhabit the traditional and the modern domains moving, extending and reconfiguring ideas from these domains to make sense, not just of the new procreative technologies, but also of how they determine the success and failure of these technologies. My most significant takeaway from this tradition-modernity dialectic is that the seemingly modern institutions of ARTs and fertility clinics in India are, in reality, more complex.
- 5 Part 1 of the book discusses cultural conceptions of fertility and infertility in the Hindu worldview. Bhardwaj reveals the importance of procreation and the centrality of women as symbols of reproduction and regeneration in Puranas/Dharmashastras (Vedic literature and law books) and the ways in which they permeate contemporary popular media such as news articles, magazines, talk shows and documentaries, including the famous state-sponsored television adaptations of Hindu epics such as Mahabharata and Ramayana, which continue to be a part of mainstream Indian television programs even today. Raised with, and exposed to these popular images while growing up, I could relate to gendered representations of “good” and “bad” woman and mother very closely. Bhardwaj is careful to assert here that he does not examine these ancient texts with an assumption that there is a “Hindu view”, but rather acknowledges the pervasiveness of such ideas and norms in everyday conversations about issues of ideal womanhood and motherhood. In fact, I learned that such traditional norms and depictions have a captive audience beyond Hindus that includes Muslims and other religious minorities as well (47).

- 6 The second part of the book walks us through the history of the rise of in-vitro fertilization (IVF) as well as the contemporary privatized market of assisted conception in India. Bhardwaj argues that the spread of assisted conception technologies in the private sector must be understood in the wider political economy of health in India. He shows how the Indian government's commitment to family planning ended up ignoring the crucial unmet health need of infertility, thereby shifting the attention of many to private sector infertility service providers. Then, neoliberal health policies from 1990s onwards such as subsidies on import duties of high-technology medical equipments, incentives to banks to provide loans for private clinic/hospital projects, and introduction of the provision of medical visas not only promoted the privatization of health care services but also set in motion cut-throat competition among private clinics themselves. These privatized healthcare services, therefore, began to routinely seek private investors and transnational and media collaborations to sustain their businesses and competition in the market. It was quite a surprise for me to learn that the Indian government in recent years has been reconsidering its role in assisted conception (132). Bhardwaj contends that the problem of infertility has become so pervasive and its medicalization so normalized that the Indian government declared management of infertility as a priority in its national program in 1997 (133). While this is clearly a significant departure from the previous population control rhetoric of the Indian state, it makes me wonder how the Indian government aims to manage its twin, very contradictory, priorities of family planning alongside infertility management.
- 7 Parts 3 and 4 of the book discuss how infertile couples deal with infertility and the stigma attached to it in India. Here, Bhardwaj goes into why the infertile place a high value on procreative technologies despite the statistics of actual IVF successes being limited to only 25–30 percent (210), and why they struggle with adoption as an alternative method. One learns here that adoption makes the condition of infertility and the disruption of sacred socio-cultural triad (discussed earlier) much more visible than secretly seeking medical treatment would. Additionally, there is a common tendency among clinics to fabricate IVF success rates and the media encourages high expectations of the effectiveness of assisted conception. As a result, after repeated and often invasive medical interventions and their high financial and emotional costs, when the results do not materialize the treatment seekers end up blaming the individual doctors and clinics for their medical failures and mismanagement. What is interesting here, however, is that even though the treatment seekers criticize and resist medical intervention, they continue to endure it (211).
- 8 The monograph is neatly organized in different parts, each with a distinct argument that ties effectively into Bhardwaj's larger contention about "multiple conceptions" (2) intersecting each other in a way that makes any coherent narrative of ARTs and procreative technologies in India impossible. However, while Bhardwaj does a great job of making visible the histories, cultural discourses, and lived experiences of assisted conception in various sites, the amount of information presented in the monograph may feel overwhelming to readers. Bhardwaj ends up accommodating a lot of threads related to infertility in one monograph when each part could easily constitute a research project on its own. This is not to suggest that this book is confusing. In fact, it is easy to read, presents a wealth of information, and offers conceptual and methodological insights that scholars in medical sociology, feminist anthropology, gender studies, and South Asian studies, as well as undergraduate and graduate

students working on issues related to new reproductive technologies in India, will find useful.

BIBLIOGRAPHY

Inhorn, Marcia and Frank Van Balen. 2002. *Infertility around the Globe: New Thinking on Childlessness, Gender and Reproductive Technologies*. Berkeley: University of California Press.

Inhorn, Marcia C. 2012. *The New Arab Man: Emergent Masculinities, Technologies, and Islam in the Middle East*. Princeton, NJ: Princeton University Press.

Kahn, Susan M. 2000. *Reproducing Jews: A Cultural Account of Assisted Reproduction in Israel*. Durham: Duke University Press.

Whittaker, Andrea. 2015. *Thai In Vitro: Gender, Culture and Assisted Reproduction*. New York: Berghahn Publishers.

AUTHORS

ANNU DAFTUAR

Women's, Gender and Sexuality Studies, The State University of New York at Stony Brook