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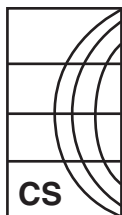
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Constructing Relatedness

Ethnicity, Gender and Third Party Assisted Conception in the UK

Lorraine Culley and Nicky Hudson

De Montfort University, Leicester, UK

abstract: This article explores how conceptual frameworks around new reproductive technologies may be influenced by religious and cultural contexts. Using data derived from an Economic and Social Research Council (ESRC) funded project on the public perceptions of gamete donation in British South Asian communities, the article discusses women's narratives of third-party assisted conception in infertility treatment, as constructed in focus group discussions. The analysis suggests a strong contrast in perceptions of egg donation and sperm donation. Embodied motherhood had the effect of naturalizing the use of donated eggs for women. Fatherhood, however, was seen as constituted by genetic relatedness in a patrilineal cultural context. Using donated eggs, then, was considered less problematic than using donated sperm. However, the embodiment of motherhood, the attachment of women to their biological material and the emotional ties of even 'detached' reproduction, meant that women simultaneously had difficulty in imagining themselves becoming egg donors.

keywords: assisted conception ♦ ethnicity ♦ gamete donation ♦ gender ♦ infertility ♦ motherhood ♦ new reproductive technologies

Background

Since the establishment of the recording system set up by the Human Fertilization and Embryology Authority (HFEA) in 1991, 25,000 children have been born by treatments using donated gametes or embryos in the UK. Between 2003 and 2004, there were 1855 in vitro fertilization (IVF) treatment cycles using donor eggs, and 1100 using donor sperm, together with 7350 non-IVF treatment cycles using donor sperm in UK clinics

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(HFEA, 2007). However, the demand for egg donors continues to be greater than the supply and there are increasing reports of sperm shortages. Gamete donation, as a technique used in new reproductive technologies (NRTs), has been described as one of the most contentious elements of assisted conception (Blyth and Landau, 2004) in that it transgresses the established boundaries of biological and genetic procreation between two individuals. However, while there is abundant research exploring experiences of infertility and infertility treatment more generally, there is relatively little research exploring third-party assisted conception. Until recently, studies of gamete donation were largely confined to donor insemination and few were based on social scientific approaches (Daniels and Haines, 1998).

More recently, work emerging from the anthropological paradigm of 'the new kinship studies' (Carsten, 2003; Franklin, 1997; Franklin and McKinnon, 2002; Franklin and Ragone, 1998; Konrad, 1998, 2005; Strathern, 1992, 2005; Thompson, 2005) has explored how applications of NRTs including third-party assisted conception and the 'new genetics' impact on forms of relatedness. In these studies, the focus on relatedness, rather than traditional concepts of kinship, allows the interrogation of the meanings people attach to transfers of 'substance' such as eggs and sperm in specific historical circumstances as well as a discussion of the ways in which social classifications of bodies and belonging are implicated into the clinic, the state and other institutions that mediate transfers of bodily substance (Weston, 2001).

This fascinating work is limited in two ways, however. First, it is concerned primarily with the experiences of those who are either users of donated gametes, or (to a lesser extent) gamete donors. There is relatively little work that examines *public* attitudes to third-party assisted conception (Hudson et al., 2008). One exception is the work of Jeanette Edwards, who analyses the beliefs of a wider public in her study of inhabitants of 'Alltown' in the northwest of England. Edwards identifies a plurality of perspectives on gamete donation and discusses a range of psychological, biological and relational 'dangers' that preoccupy her participants when they explore the implications of assisted conception (Edwards, 1998, 1999, 2002).

Second, whether considering the perspectives of consumers, donors or 'publics', most work on third-party assisted conception in developed societies is carried out with white, often middle-class, participants, reflecting a tendency within both the infertility literature generally (Greil, 1997), and the literature on 'public understandings of science' specifically, to focus on the voice of dominant ethnicities. Despite an increased willingness by social science to identify the local contexts of public engagement with science and technology (Sturgis and Allum, 2004; Wynne,

1992), there has been a noticeable absence of 'hard-to-reach' groups, including minority ethnic groups, in science research and debate in the UK (Hudson et al., 2008).¹

However, there is evidence to suggest that minority ethnic communities may differ to some degree from white British communities in the meanings attached to childlessness, and in ideas about the acceptability and appropriateness of infertility treatments (Culley et al., 2007). For example, despite a reworking of traditional expectations and reproductive and marriage patterns in the South Asian diaspora (Jayaram, 2004), our previous exploration of attitudes to infertility and access to fertility services (Culley et al., 2004) demonstrated that infertility is still highly stigmatized (especially, but not exclusively, for women) and that the inability to produce a child can fundamentally affect wider social relationships (Culley and Hudson, 2006).

Building on this earlier work, the research project from which this article is drawn was concerned, therefore, to explore the 'subaltern' voice previously largely excluded from studies of NRTs in the West.² The study was also developed in the context of an acute shortage of gamete donors, especially egg donors, from 'non-white' ethnic groups (Golombok and Murray 1999; HFEA, 2006), which means that such couples face very long waiting times for treatment. The research thus aimed to examine the public understandings of gamete donation among British South Asian communities and to explore issues regarding the willingness of South Asian women and men to consider donating or receiving gametes.³

This article presents an analysis of the perceptions of the female participants in our study. It examines key aspects of British South Asian women's perceptions of third-party assisted conception, and focuses on two main areas: women's perceptions of the possibilities and potential implications of infertile couples' use of donated gametes to conceive a child and their perceptions of the possibilities and implications of being a gamete donor.

Material and Methods

The data derive from 14 single-sex focus groups with a total of 100 participants from British Indian, Bangladeshi and Pakistani communities in three English cities. Ten of the groups were with women ($N = 63$) and four with men ($N = 37$). The groups were not chosen to be statistically representative of each UK official census category, but rather, since this study was exploratory, to provide an insight into the possibly diverse ways in which infertility and gamete donation is understood within and between different communities. Group interviews were conducted to explore 'community' understandings of gamete donation and were therefore not carried out with 'users' of NRTs or couples who were themselves infertile. This method allowed an understanding of how the 'public' or 'community' response to

gamete donation is constructed and articulated, acknowledging that the views in the focus groups were only representative of the views of a 'subset' of those in the wider communities (Chui and Knight, 1999), and that particular stances are 'developed and defined interactively' in the focus group setting (Waterton and Wynne, 1999).

A team of bilingual community facilitators were recruited to work with the core research team. The facilitators, all of whom had previous research experience and were trained interpreters, were given additional training on using the focus group method and were given information on the substantive topic before carrying out the group discussions. 'Vignettes' were used in the focus groups in order to give people some information about gamete donation, to 'depersonalize' the issue and to generate discussion through a consideration of the stories. The vignettes were developed by infertility counsellors (members of an advisory group) drawing from their practice experience. Five of the groups were conducted by facilitators in South Asian languages (two in Punjabi, two in Bengali [Sylheti dialect] and one in Urdu), and nine groups were conducted in English by two members of the core research team. The groups in English were audio-taped and transcribed in full. The groups in South Asian languages were tape-recorded, translated and transcribed into English by the facilitator who conducted the group. Framework analysis was used to develop the themes and theoretical insights from the data (Ritchie and Spencer, 1994). The code framework was developed, initially independently, by two team members. The emerging themes were discussed with the advisory group members as well as with attendees at a community engagement event, ensuring that the analysis stage was as inclusive and rigorous as possible. The study was reviewed and approved by the Faculty of Health and Life Sciences Human Research Ethics Committee at De Montfort University.

Results

The analysis that follows begins with a brief discussion of perceptions of childlessness. This is followed by an exploration of participants' perceptions of the use of donated gametes, contrasting the formation of ideas of 'genetic fatherhood' that emerge in the discussion of using donated sperm, with ideas of 'embodied motherhood' that are developed in the context of using donated eggs. The article then discusses the issue of egg donation from the perspective of potential egg donors.

Perceptions of Childlessness

When asked about the importance of children within their communities, all participants reported parenthood as culturally mandatory and childlessness as socially unacceptable. Infertility was seen to be a major social

problem, with highly significant consequences, especially for women. Women across all the ethno-religious groups related the social and cultural importance of children within their communities, the stigmatization of childlessness, the tendency to always 'blame' the woman and the serious consequences for childless women. Childlessness within marriage is highly visible and not regarded as simply a concern for the couple themselves. Childless couples are commonly subject to social scrutiny and it was felt that a woman might experience negative behaviour from her husband's family in particular. In some cases, it was suggested, the consequences for the relationship could be severe.

Having a child is very important. Without children in the marriage problems arise. Life is not as nice and pleasant in a childless marriage. Your husband may be OK with it, but your in-laws may not be so kind. They will try to get your husband to remarry in order for him to have children. (Bangladeshi woman, focus group [FG] 3)

This confirms the findings of our previous research (Culley et al., 2006). South Asian societies in the Indian subcontinent are highly pro-natalist (Bharadwaj, 2003; Reissman, 2000; Widge, 2005) and, although there is some resistance to this within the younger generation in British South Asian communities, mandatory parenthood remains a dominant discourse (Culley and Hudson, 2006).

Using Donated Gametes

Biomedical discourse tends to see infertility as a medical disease condition rather than a social disruption. Similarly, assisted reproduction is seen as a primarily technological concern with less attention to the social, political, ethical and legal implications that arise in the creation of new relationships. When discussing the possibility of a South Asian couple who might use donor gametes, our participants' accounts, however, foregrounded the social over the physical/technical. Even bodily concerns were framed in the context of wider social implications and relations. Although the use of donated sperm without IVF can in some cases be a relatively 'low-tech' procedure, egg donation for both donor and recipient involves drug preparation and invasive medical procedures that are risk-laden and prolonged. Few women reported having much prior knowledge about the processes involved in egg donation and IVF treatment. However, even when these were outlined, participants raised few concerns about the physical aspects of the procedures. 'Bodily' risks therefore were noticeable in their relative absence from the discussions, at least in the ways in which we might have expected. Instead, references were made to the 'normality' of bodily invasions in women's lives. The narratives in particular demonstrated the way in which the female (reproductive) body is commonly perceived of

as a site of medical intervention and suffering in the 'natural' processes of mothering (Oakley, 1993).

Participants were invited, via the use of vignettes, to discuss the hypothetical situation of couples who needed to use either donated sperm or donated eggs. For all groups, there was a strong contrast in perceptions of the implications of these two strategies of third-party assisted conception.

Genetic Fatherhood: The Father/Foetus/Child Connection and Donated Sperm

Despite the high emotional and social costs of infertility, using donated sperm to conceive a child was regarded as highly problematic, with many emotional and relational risks attached to the process. Creating a child using donated sperm was seen as likely to give rise to a series of problems for the emotional well-being of the social father, for the functioning of the couple in the wider community and for any potential offspring. Participants expressed the view that, whereas a woman would establish a bond with a child born as a result of sperm donation as a consequence of her genetic 'connectedness' and also through the process of gestation, this would be a more precarious process for a man. Many discussed the importance of a genetic link between father and child. Culturally, this was seen as important, as the child (especially a male child) would share the substance of the wider kin via the genetic link to the male and would therefore continue the 'family line'. A man was seen as needing to have a biological connection with the child for successful fathering to take place. Disembodied fatherhood makes the genetic connection of vital importance. This was related to what women saw as fundamental male attributes. Men were not seen as emotionally in need of a child, but as primarily fulfilling a social need for fatherhood:

Sometimes I get the feeling that – do they have children because they love, they want to have a child and they want to develop that child, or it is just the cultural thing that, let's follow the protocol here and let's have a child. (Indian woman, FG5)

Whereas women were seen as nurturing, emotionally strong and mentally adaptive to non-related children, men were seen as lacking in any instinctual parenting desires or skills (Lupton and Barclay, 1997).

It was felt that men were less able to 'father' children that were not biologically related to them, as in the case of stepchildren and adopted children, and therefore that this would apply to children conceived using a sperm donor. The only way that men could be motivated to 'father' a child was if they were unquestionably biologically connected to that child.

There was, however, some resistance to this claim. For some participants, social parenting was the most important connection that a parent

could have with a child. 'Upbringing' and social kinship networks were important for all participants, and represented an important nexus for the child to enter into, regardless of genetic connections. However, in the case of the man–foetus/child connection, fatherhood appeared to be highly geneticized. The use of third-party sperm failed to confer a relation of 'substance' to the male and was therefore unacceptable for many. Third-party sperm was threatening since it would sever family continuity.

For some participants, the need for the child to be connected to, or to physically resemble the father was perceived as a manifestation of gender inequality within South Asian communities:

Respondent: I think genetic link with the man is more . . . it's more acceptable in the community.

Interviewer: Right. Why is that?

Respondent: Because of the sexism between [them], I think. (Indian woman, FG5)

Yeah, it would probably be more acceptable as well because in some communities, you know, the male is valued more than the woman anyway. (*laughter*) Should I say that? (Indian woman, FG2)

For Muslim participants, the need for a 'biological' link was expressed by some in religious terms, since in Islam a child has the right to 'know' his father. It was, however, also reported as a matter of 'tradition':

I think, in tradition, whether a child has his mother's characteristics doesn't matter much, but it, he, the child, has to have the father's characteristics. And father's side family characteristics. (Bangladeshi woman, FG4)

This would seem to confirm the view that biological paternity is of paramount significance for male identity, authority and power (Nash, 2004). Furthermore, beliefs about inheritance are not necessarily entirely governed by contemporary biomedical understandings of procreation and inheritance (Featherstone et al., 2006). Historically, the idea that human life is transmitted through males persisted in Europe and the Middle East until the turn of the 20th century. Seed and soil procreation beliefs were dominant, whereby the spark or seed of life is transmitted in semen to the soil of the woman, which incubates but does not generate life (Inhorn, 2005; Stonehouse, 1999; van Rooij et al., 2004).

The fear that a South Asian woman's body would become inappropriately associated with a male body through the use of donated sperm was central to women's discussions about the use of third-party conception. As already mentioned, the women were not concerned with the potential side effects of the drugs or the medical intervention involved in receiving infertility treatment, but were concerned with the perception of their imagined bodily interactions – 'sexual relations' with a third party, which

would be highly socially risky. The use of third-party sperm therefore maintains a sexualized connotation even in the absence of intercourse (Edwards, 2004; Haimes, 1993; Nash, 2004).

Because there is that kind of sexual association – with sex and reproduction. I would think that's part of his that's gone into me, yet I'm not, not with him. (Indian woman, FG5)

In addition, for many participants, the introduction of non-conjugal sperm into the (married) female body was equivalent to adultery:

Not that you're actually having bodily contact with that person, but it's a form of adultery. (Bangladeshi woman, FG8)

The use of donated sperm to conceive a child was generally (though not exclusively) socially disapproved of and considered a high-risk strategy, but there was also a recognition by some women that couples with no other option might well decide to take this route. The use of third-party sperm was culturally and (especially in Islam) religiously unacceptable and it was felt that this might give rise to the man rejecting the child, especially when times were difficult. This contrasts with the views of participants in Thompson's study of assisted conception clinics (Thompson, 2005) where non-intercourse dependent reproduction is seen to displace traditional notions of adultery and miscegenation. For our South Asian participants, third-party assisted conception was reworked as nevertheless maintaining an inappropriate 'adulterous' connectivity. Haimes (1993) has argued that assumptions about gender and reproduction lead to egg donation being seen in a familial, clinical and asexual context, whereas semen donation is seen in an individualistic context of 'dubious sexual connotations'. Douglas (1992) has observed that it is frequently women's bodies that are the site of symbolic transgressions of social boundaries, and clearly the use of male donors to achieve a pregnancy in a woman's body is a transgression of how children should be conceived and a challenge to common understandings of the family and sexuality within marriage (Becker, 2002).

As Konrad (1998) argues, notions of maleness and masculinity continue to be inscribed as physiological attributes with reference to ideas that sperm are active 'heroic warriors', with a mission to penetrate the ovum. Ova, by contrast are represented in medical discourse as passive objects that are swept along the fallopian tubes. Wagner et al. (1995) also discuss how in metaphors in everyday understandings of conception, the role and behaviour of sperm are compared with the sexual and sex-role behaviour of men. They suggest that 'the coming together and merging of sperm and ovum . . . is understood in everyday life as an analogue to the attracting and meeting of men and women in social life and sexual relationships' (Wagner et al., 1995: 677). The idea of disembodied sperm as a sexual, socialized 'actor', together with the

sexualized process of collecting sperm (masturbation), may well be implicated in the articulation of donor insemination as a 'sexualized' act. Further weight is added to this thesis by the suggestion that, in the presence of an unfamiliar phenomenon, people initially anchor or link a phenomenon by reference to widely available categories; in this case, well-understood and pervasive socially 'known' sex roles (Martin, 1991; Wagner et al., 1995).

The Significance of Religion

While all women felt that the use of donated sperm would transgress cultural reproductive norms, the Muslim women in particular expressed a concern in specifically religious terms. There was much debate in both male and female groups about whether or not the use of donated sperm by a Muslim woman would be considered religiously unacceptable. Several women were of the view that third-party assisted conception was not acceptable in Islam, although there was more certainty around this in relation to the use of donated sperm than donated eggs. For some participants it was quite clearly a transgression of the marital bond and a form of *zina* (adultery). For others it was a scientific practice, which did not involve sexual intercourse and was not therefore prohibited. Most of the Muslim women felt that the religious acceptability of the practice would need to be established with religious scholars or imams before it was undertaken by a couple. It should be noted, however, that while religious identity (and indeed cultural identity more generally) is an important structure of relevance to some people's lives it does not necessarily follow that individuals will always construct their lives according to religious priorities. It is also the case that *local* interpretations and religious mores may conflict with official teachings. The findings do, however, reinforce the view that people interpret processes through their existing belief and value systems (Birke and Whitworth, 1998) and, in the case of the Bangladeshi and Pakistani Muslim women, perceived Islamic principles were of considerable importance.⁴ While the use of donated sperm was reported as being a *cultural* 'taboo' in the Indian Sikh and Indian Hindu groups, no one regarded this as having a religious sanction in Hinduism or Sikhism.

Embodied Motherhood and the Use of Donated Eggs

The emotional and relational risks seen to attach to couples using donated eggs were far fewer than those attached to using donated sperm. Egg donation was felt to be a much 'safer' option than sperm donation:

Egg donation isn't as dangerous as sperm donation. This is safer as the woman keeps the baby in her womb and develops affection for that baby during the nine months and the man knows that the baby belongs to him. It's not as harmful as the previous case [use of donated sperm]. (Indian woman, FG1)

The use of donated eggs was considered by the women to be an inclusive technique that allowed both parents to have 'ownership' over the process of conception, and for the child to be 'connected' to both parents. The woman would bond and connect with the child through gestation and birth. The father would maintain, what was viewed as, a more crucial genetic link with the child, which would ensure both his relationship to the child as well as the continuation of the family 'line' (especially with male offspring).

For most participants, using donated eggs served to include the father, and ensured that he had a bond with the child, which was at risk if he was genetically unrelated:

In fact, it's the better option, I think, the, it's a win, it could be a win-win situation. 'Cos I think that the problems would be when the sperm comes from another man where the man might feel rejected, this way, this way, they both have some sort of ownership over what's happening in the process. (Indian woman, FG2)

A very strong finding in this respect was the importance of pregnancy and birth in establishing a 'connectedness' of mother-foetus/child, irrespective of any genetic link. A mother was seen to be connected to a child through the period of gestation, during which she would 'nurture' the child, and through the process of birth. These processes psychologically and physically secured the mother-foetus/child relationship. Gestation and birth have the effect of 'naturalizing' what could be considered as an 'unnatural' technological intervention (Franklin, 1997; Thompson, 2005).

With a woman, at least she's carrying it for nine months, she's nurturing it . . . you know, in her stomach, so she's got that bond. (Indian woman, FG5)

The act of gestation and birth also was seen by some to confer a 'blood relation' to the woman and therefore to both parties in the case of using third-party eggs:

I believe the mother's blood will mix with the baby's. (Bangladeshi woman, FG3)

Embodied motherhood was seen as also encompassing bodily suffering and pain, which further seemed to cement a relationship with the foetus/child:

She will have to deliver the baby; she will feel the pain. The father does not go through any of this, so his bond will be less strong and he will know the child is not his. (Bangladeshi woman, FG 3)

The visibility, somatic nature and pain of gestation and birth is echoed in Konrad's study of 'kinship with strangers', where recipients of donated eggs make an important distinction between this pregnancy 'work' and adoption, and employ metaphors of growth, nurturance and nourishment in the description of their procreative role (Konrad, 2005).

Several women also discussed the benefits of using donated eggs in comparison to 'traditional' alternatives for the infertile woman. To be able to receive an egg, be visibly pregnant and give birth to a child was seen as preferable to facing the social consequences of childlessness. Since childlessness is not a socially acceptable option, women unable to bear a child face not only personal loss and pain, but social ostracism, difficult relationships with in-laws and the possibility of being divorced by their husband, or having a second wife introduced into the relationship. The insecurity of the infertile woman was most strongly articulated by the Bangladeshi and Pakistani Muslim women:

Because, the obvious solution for a man would be to actually divorce his wife and remarry, or remarry, keeping her. (Bangladeshi women, FG4)

Formal adoption was mentioned in several groups, but regarded as culturally difficult in South Asian communities generally, and as religiously problematic for Muslims, although informal adoption (usually within families) was regarded as a relatively common 'solution' to infertility in all groups. For many younger women, in particular, divorce or second marriages as 'solutions' to infertility were seen as archaic and sexist practices. This meant that conception via egg donation, as a solution that gave a 'natural' mothering role to the woman, while maintaining both the genetic link to the father and the conjugal bond, was seen as a more satisfactory solution. It negated the need to 'replace' the entire woman, but rather only her 'defective' eggs were substituted. This practice maintains the continuation of the male 'line' (as is intended in divorce/remarriage), which is highly culturally significant in communities with patrilineal systems of descent and inheritance (Lessor et al., 1990). Moreover, in contrast to adoption, the visibly pregnant female body was symbolic of the 'natural' process of reproduction between husband and wife and served as a reassurance to the outside world that all was as it should be:

Due to this, the women being able to give birth to the child and go through pregnancy, the community will be able to accept it. (Bangladeshi woman, FG3)

Embodied Motherhood and the Donation of Eggs

Perceptions of the process of donating gametes included a clear sense that this was a highly gendered activity. As we have seen in the case of potential gamete recipients, women saw themselves as having an increased corporeal and emotional connection with the reproductive process. This was seen to also impact on the risks attached to gamete donation. Women saw themselves as emotionally connected to their eggs, while they viewed men as relatively emotionally detached from their sperm, as they were viewed as being often detached from the process of childrearing more

generally. This was, in fact, confirmed by the male participants and both male and female participants felt that men would find it easier to become donors than women. For some of the women in this study, donating gametes was seen as an act of altruism and highly commendable:

It is very, very admirable and, you know, you're talking about it and discussing it makes me think about all those women who do, have done it for other people and that, that, I take my hat off. (Indian woman, FG5)

However, most of the women in the study had concerns about becoming donors themselves. Being an egg donor was perceived as incurring significant emotional and relational risks. Moreover, these risks were perceived as long term.

Many expressed anxiety at the emotional turmoil involved in donating biological material that would become (or for some already was) a child:

I know it's giving an egg, it's like giving your baby away – it sounds stupid, but I don't think I could. (Indian woman, FG9)

Konrad's study of actual egg donors contrasts sharply with this view. In her study, egg donors did not perceive their donated eggs as already formed halves of new genetic identities (Konrad, 2005). However, our participants (hypothetical donors) saw themselves as emotionally tied to the donated egg and as having some parental responsibility to the donated material. Women were deeply concerned at 'always wondering' about the outcome of the donation and the progress of the child.

Donating to a family member was considered more acceptable by some women. This may be related to the symbolic and cultural value placed on children in South Asian communities (Culley et al., 2004) in that relinquishing gametes to 'unknown' families or communities may equate to relinquishing related children. As we have seen, many participants made comparisons with the practice of informal adoption within families. Known donation, like informal intra-family adoption, serves to maintain familial and emotional links with the child. Women as mothering entities were seen as tied to their reproductive tissue, a tie which was enduring.

It's not as if they're going to be separated from those children. (Pakistani woman, FG8)

However, this is not to say that donation within families was not considered contentious. From the recipient viewpoint, there was concern that donors would want to intervene if they felt that 'their' child was being cared for inappropriately. This was matched by an imagined fear that a family donor might ultimately wish to 'claim' the child. These problems were seen as inevitably leading to family conflict.

Many women were very concerned about the feelings that would ensue if a donor-conceived offspring were to contact them in the future. This was

to some extent negated in the case of anonymous donation, and some women suggested that they could consider donation in this case. However, the ending of donor anonymity in the UK from 2005 means that all donors must face the possibility of being contacted by a donor conceived child or children at some point in the future. This was regarded as highly problematic. Not only would it disclose an act that transgressed established cultural boundaries of acceptable behaviour and bodily conduct, especially for unmarried women, it was also seen as emotionally difficult. Women frequently used the image of a child 'turning up on the doorstep' or 'knocking on the door', to describe what was seen as a socially and emotionally disruptive possibility:

But if, if this child turned up and they said, Oh, look, you are my mum or, and, it was true, you, you'd want to perhaps, it'll be in your head, Oh, that's my son or my daughter and some sort of feelings might come back . . . automatically some sort of maternal instinct would come sort of thing. . . . So you'd think twice if, if you know they're gonna come looking for you. (Indian woman, FG12)

It would put your life in chaos. (Indian woman, FG2)

My partner would probably divorce me. (Indian woman, FG2)

However, one or two of the younger women did express an interest in donating to alleviate the extreme suffering that most people regarded as the likely outcome of involuntary childlessness in South Asian communities.

Conclusion

This study demonstrates the validity of exploring the shared, cultural and symbolic approach (Douglas, 1992) to understanding people's perceptions of gamete donation and is a counterpoint to the individualist focus that predominates in popular accounts of why donors do or do not come forward. Views about gametes and donation are moral and political, constructed through cultural and religious frameworks of understanding, and implicated with notions of the body and procreation (Konrad, 2005).

Within British South Asian communities, infertility is widely perceived as a major personal and social catastrophe, but also as a medical problem, amenable to technological intervention. Participants in our study felt that most couples experiencing infertility would seek medical help in order to have a child and there appears to be a general acceptance of NRTs such as IVF. However, where the introduction of a third party was required, such technological intervention was considered highly problematic. The use of donated gametes in infertility treatment was considered very much as a 'last resort' treatment by participants since it transgresses many cultural and, in some cases, religious norms. The process was also seen by women as entailing a significant degree of emotional risk for potential recipient,

donor and offspring, narratives of which were inflected through broader issues of gender and ethnic identity.

The perceived difficulties facing South Asian women and men who may need or wish to engage with the process of gamete donation are not the same as those that may face white couples. While infertility in the white community is commonly regarded as a personal crisis and treatment a matter of individual choice, women in our study reported an added dimension of more explicit community pressure to complete a marriage by having a child. In addition, cultural values and norms can impinge on their engagement with the means of dealing with infertility. Women framed their discussions of gamete donation in terms of an explicit unease and uncertainty, expressed at least in part, through the particularities of culture and the place of women and men within South Asian communities. The analysis of women's perceptions confirms the value of a social constructionist perspective of risk as a sociocultural reality (Douglas, 1992), whereby different cultures and different groups within cultures may have different concepts of what is considered a risk and how acceptable it is thought to be (Lupton, 1999; Wynne, 1992).

The participants' narratives drew on established frameworks relating to biological and social relatedness in families (such as informal, intra-family adoption) in order to contextualize the 'problem' of gamete donation. In the process of this imagining, the participants drew on existing 'common knowledges' relating to ideas of relatedness and connectedness, which are seen to be inherently different for couples within these specific sociocultural contexts. Gender is also of particular relevance here, since participants perceived the risks involved in donating gametes and using donated gametes as different for men and women. Understandings of the religious teachings of Islam and the experience of being Muslim in Britain were also important for our Muslim participants.

Our participants' narratives were simultaneously informed by individual 'positionalities' (Anthias, 2002), which reflected the individual's age, religion and socioeconomic status, as well as to some degree whether they were married or were parents themselves. As well as drawing on a shared cultural knowledge, individual subject positions and biographies allowed them to enter into lively debate with the other group members, creating a diverse and fluid dialogue. The analysis suggests, then, that there are constraints on how people will act in relation to gamete donation, in response to their group membership, but also to structural factors such as age, gender and class. Some participants, for example, see themselves as having more autonomy to make decisions than others.

The significance of local cultures was also evidenced by the widespread discussion of culturally acceptable alternatives to gamete donation. Divorce, remarriage and the taking of additional 'wives' were frequently mentioned,

and the practice of informal adoption within kin groups was widely reported as a 'traditional' and to some, a more acceptable, solution for infertility. Attitudes to technological possibilities are always embedded in a specific sociocultural location and 'epistemological community' (Nelson, 1990).

Within these communities, there was a strong contrast in perceptions of egg donation and sperm donation. The emotional and relational risks attached to using donated eggs were far fewer than those attached to using donated sperm. Eggs were perceived as relatively benign objects whereas sperm was regarded by both males and females as a 'risk object' (Hilgartner, 1992), posing a potential social and cultural threat. While using donated eggs was seen as a medical treatment, using donated sperm clearly retained sexual connotations.

The naturalization of the process of using donated eggs that embodied motherhood entails (Thompson, 2005) means that to some extent gestation and birth confer shared 'substance'. The use of donated eggs enables each rearing or social parent to have a biological connection with donor-conceived offspring in contrast to sperm donation and adoption. Women were thus able to imagine themselves as potential egg recipients in a reformulated motherhood. However, the embodiment of motherhood, the attachment of women to their biological material and the emotional ties of even 'detached' reproduction, meant that women simultaneously had difficulty in imagining themselves launching their gametes into an unknown reproductive future.

Notes

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1. In contrast with the dearth of literature on minorities in the 'West', there is a growing body of work that explores the paradox of infertility in high-fertility non-western societies (Inhorn and van Balen, 2002), much of which focuses on the impact of strongly pro-natalist cultures on the experiences of women in particular.
2. ESRC Research Award RES-160-25-0044 Science in Society Programme, 'The Public Perceptions of Gamete Donation in British South Asian Communities'.
3. According to the 2001 UK national census, there are over 2.3 million people in the UK who describe their ethnic origin as Indian, Pakistani, Bangladeshi or 'Other Asian' and who are collectively commonly referred to as 'South Asian'. The majority of people of Pakistani and Bangladeshi ethnicity are of the Muslim faith, while the Indian category is more religiously diverse. Forty-five percent of Indians are Hindu, 29 percent Sikh and a further 13 percent Muslim. Although they share common geographical origins in the subcontinent, it is

recognized that the term South Asian frequently obscures the complexity of the communities it is seeking to describe (Jayaram, 2004; Ramji, 2006). However, while the data reveal differences in perceptions between individuals within the various ethnic groups, there was a broad degree of consensus between the different ethnic groups and no resistance to the idea of speaking from a particular place. The data are, however, constructed accounts of participants' views and their estimations of the views of others in a fluid and changing social space, and should not be read as an essentialized 'South Asian perspective.'

4. Several authoritative religious proclamations by esteemed religious scholars (called *fatwas*) exist in relation to gamete donation. In the Sunni Islam tradition (dominant in the UK), assisted conception using the gametes of the married couple is allowed. However, according to Inhorn (2005), the use of a third-party donor is regarded as tantamount to *zina*, or adultery, and is strictly prohibited. Third-party donation confuses issues of kinship, descent and inheritance. Islam is a religion that privileges biological inheritance; preserving the *nasab* or known biological origins of a child is a moral imperative and third-party donation destroys a child's lineage. Formal legal adoption is also not tolerated for similar reasons, although the fostering of needy children is encouraged in Islamic scriptures. The position in the Shi'a branch of Islam is less certain. The use of donated eggs and adoption as legitimate ways to 'save infertile marriages' is allowed in Iran for example, where the Shi'a tradition is dominant.

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Bibliographic Note: Lorraine Culley is Professor of Social Science and Health and Associate Director of the Mary Seacole Research Centre in the Faculty of Health and Life Sciences, De Montfort University, Leicester, UK. She has published widely in the area of ethnicity and healthcare and has recently completed two research projects exploring aspects of infertility and its treatment in British South Asian communities.

Address: Faculty of Health and Life Sciences, Hawthorn Building, De Montfort University, Leicester LE1 9BH, UK.
[email: lac@dmu.ac.uk]

Bibliographic Note: Nicky Hudson is Senior Research Fellow in the School of Applied Social Sciences and the Mary Seacole Research Centre at De Montfort University, Leicester, UK. She is a sociologist whose current research explores the ways in which British South Asian couples negotiate the experience of involuntary childlessness and its resolution with the use of new reproductive technologies.

Address: School of Applied Social Sciences, Hawthorn Building, De Montfort University, Leicester LE1 9BH, UK.
[email: nhudson@dmu.ac.uk]