Reproductive uncertainty

Understanding the regulations on assisted reproductive technologies in China

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Critical Perspectives on Social Science



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vi Acknowledgment

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Prologue

I am not a sweet flower. I am not a mighty tree. I am the little grass. I am the little grass. Even no one notices me. Even no one notices me.

——Little Grass

This was the third time in one week that I encountered this couple. A man in his 40s was holding a boy and kneeling at the center of the road outside the clinic where I conducted my PhD fieldwork. In front of him was an empty begging bowl. The woman with almost all white hair sat on top of an old van and sang a song called Little Grass into a loudspeaker. Little Grass is a famous Chinese song that borrows grass qualities to express ordinary people's optimism. A group of security guards and police officers surrounded the couple. They did not chase the couple away. Instead, they tried to prevent the couple from talking to onlookers and onlookers from talking to the couple.

Some onlookers told me that the couple came to the clinic almost every day and that sometimes their relatives came too. It was said that the couple had conducted IVF treatment, the mother giving birth to the child in the clinic. Although the clinic did not notice during pregnancy checks, the child was born with cerebra palsy. The couple demanded that the clinic take full responsibility for not identifying the child's illness before his birth, but it declined to do so. The matter was further complicated by the fact that a medical mediation board and a court in Beijing attributed only minor responsibility to the clinic.

An old man walked by and asked a security guard if the couple were swindlers. Hearing this, the couple became angry. The woman (2016) stopped singing immediately and shouted at the old man with her loudspeaker, "I am going to sue you for slander. We used up all our money treating our child," the woman cried. "We have no money anymore. We can only make money by singing. We make money using our own talents. Is it wrong?" In tears, the woman (2016) then complained about their treatment at the hands of the clinic and public officials:

We did not interfere with the business of the clinic. We just want them to respond to us. I tried appealing to higher authorities such as the Ministry of Health and a court in Beijing. They said they were not viii Prologue

responsible for the case. They sent the police to drive us away. Officials help one another (*guan guan xiang hu*).

The woman implied that her misery had been caused by irresponsibility and complicity on the part of the clinic and officials. Hearing this, the old man left in silence. The woman then continued singing Little Grass until all onlookers left.

Chapter 1

Introduction

Modern: Relating to the present or recent times as opposed to the remote past.

—Oxford English Dictionary

Power technologies

This book is based on the ethnographic research conducted as part of my PhD thesis. Its main purpose is to analyze the policy-making rationale behind regulations of assisted reproductive technologies (ARTs) in China. I also use ARTs as a lens to examine broader changes in Chinese society. In so doing, I show how reproduction and reproductive technologies are enmeshed in social, cultural, moral, and political contexts.

I have opened this book with a medical dispute I witnessed during my PhD fieldwork. I could not verify the authenticity of the couple's story, but I was intrigued by the plausibility of their claims. Thus, I read a few medical articles about the diagnosis of cerebral palsy among newborn babies. According to the study by MacLennan et al. (2015) on the causes and pathways of cerebral palsy, for example, doctors can monitor babies' overall health in order to prevent infections or preexisting conditions that lead to cerebral palsy. Still, diagnosing cerebral palsy during pregnancy is challenging if no preexisting conditions are present. Babies can be diagnosed shortly after birth due to a lack of blood flow or oxygen to their brains during labor (Cerebral Palsy org., 2021). Therefore, it is difficult for clinicians to entirely prevent cerebral palsy before birth.

The couple's claim that the clinic should take full responsibility for their child's illness underscores the high expectations patients seeking fertility treatment often harbor regarding the effectiveness of tests and treatments. Such perceptions are fomented by misleading advertising of ARTs. Indeed, since the birth of Louise Brown in July 1978 in England, ARTs have been associated with miracles in public discourse: a heartbreaking couple who were infertile for many years got the chance to hold babies of their own in their own arms with the help of Intrauterine insemination (IUI); a determined 54 years' old lady finally realized the dream of getting pregnant after a few attempts of in vitro fertilization (IVF) treatment; an open-minded single woman gave birth to

2 Chapter 1

a baby through sperm donation. These stories all contribute to the perceptions of ARTs as dream makers.

In her pioneering book studying the personal experience of the first generation of IVF users in the UK, Sarah Franklin defines IVF as a "hope technology" (1997). She argues IVF could bring hope to infertile patients who struggle to find a reproductive solution despite the possibility of treatment failure. According to her, the discourse on hope reflects a broader belief in technology development: the belief that technology can overcome adversity. Building on Franklin's argument on how technology changes people's experience of adversity, I argue that ARTs offer more than hope; they represent power technology that enshrines human agency.

On the one hand, people believe ARTs could allow them to exercise some control over reproduction outcomes. In many ancient societies worldwide, reproduction was attributed to almighty forces beyond human control. For example, ancient Egyptians prayed to Tawaret to protect women in labor (Britannica, 2022). In ancient China, married women offered prayers to the Goddess of Mercy (guan vin) in order to get pregnant and give birth to sons (Tian and Huang, 2021). Even as late as 1950, an article published in the Annals of Surgery by doctors Roger Scott and Richard Te Linde suggested that many women had to accept infertility as "God's will or fate's bidding" (1950, p.697). With the development of reproductive science, however, human reproduction is no longer perceived as solely governed by mysterious blessings and divine curses. For example, Pre-implantation Genetic Testing (PGT-M/SR) allows for the assessment of embryos for genetic diseases, enabling individuals to anticipate and potentially mitigate health conditions arising from genetic predispositions. Though misdiagnosis remains possible, compared to the era before genetic screening, when health conditions were only discovered after childbirth, genetic screening provides a degree of control over offspring health conditions. As sociologist Maren Klawiter has argued, genetic screening "transform[s] human individuality and the uncertainty, unpredictability, and openness of human reproduction into a predetermined, controlled, and regulated assembly line that churns out high-quality, genetically perfect models of human beings" (1990, p.82).

On the other hand, reproductive science removes many biological barriers to reproductive autonomy. For example, many women experience a decline in fertility starting at age 30 (ACOG, 2020), with a significant reduction in ovarian reserve by age 40 (Wallace and Kelsey, 2010) and minimal chances of live births by age 45 (Leridon, 2005). Hence, many women face pressure from this pregnancy's biological clock. For those postponing childbearing for whatever reasons, egg freezing provides the possibility of pausing their biological clock. Since a woman's fertility is affected by the age of her eggs rather than her uterus,

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