Chapter 6
Conclusion

Kinship as it is spelt out in this thesis is both an analytical concept and a social category. It is the tension between the two that generates many of our central questions. To understand kinship as an analytical category, we have brought in diverse perspectives together (Gellner 1960, Needham 1960, Schneider 1984, Parkin 1995, Carsten 2000) and in conversation¹. Through such a dialogue, we highlight the fluidity of the concept of kinship as well as the relationships linked to biology/nature and social/culture. Here, we have taken the trajectory of the feminist anthropological debates about nature, culture and gender and their parallels in the new wave of kinship studies (Yanagisako and Collier 1978, Strathern 1992 a & b, Franklin 1995, 1997, Haraway 1997).

First-person biographies form the bedrock of this thesis, and it is through them that we have come to understand kinship as a social category. These narratives are continuously being spelt out, in the patient’s medical record; in their conversation with other fellow patients; doctors, and clinical staff, or in our structured interviews with them. They provide us with an understanding of what patients go through in their journey to the infertility clinics, imbibing and assimilating the information of their incapability/abnormality; their search for egg donors/surrogates, their coming to terms with it and then relegating the donation at best as a gift, and at worst, as any other form of medical assistance. It might so appear that these narratives are incoherent, filled with inconsistencies and contradictions. For example, women and men often labeled donor gametes, especially sperm, simultaneously as obnoxious, as a medicalized object, as depersonalized, and as having implicit sexual connotations. These various and often contradictory assumptions do not necessarily flow from their misconceptions, scanty

¹ Here, we have in mind Ladislav Holy (1996) Robert Parkin (1997) and others, who asserts “all human societies have kinship” because “they all impose some privileged cultural order over the biological universals of sexual relation and continuous human reproduction through birth” (1997:3). At the same time while we found Schneiderian analysis (1984) ahead of his time in questioning the universal biological basis of kinship system, we quite evidently reject the Schneiderian axiom that “blood is thicker than water” is purely a Euro-American construct.
knowledge, and inability to comprehend highly sophisticated technical procedures. Rather, it provides a glimpse of the context and the time frame in which such narratives are situated, and, which vary from one to the other.

In the everyday practice of kinship there are no fixed categories through which the web of relationship is established and grounded. What we have found in our study is that gene, gestation and social categories alike are capable of becoming the ground for kinship ties at one point or other, depending on the specifics of the context. As the respondents undergo procedures involving a third party, their notion of what are the grounding factors of becoming a parent takes on new meanings. Thus, the notion of what makes a relative and, indeed, what is kinship all about, undergo changes as individuals or couples move through the treatment cycle over a period of time. It is then neither biogenetic substance nor social categories which can lay claim to being the sole basis of the kinship structuration. We find clear instances where individuals place biogenetic connectivity and biogenetic substance far above the social ones of nurturance and sharing. Such action, however, is conditioned by their capability to construct blood ties through the former. But at times when biogenetic substances are not invested with the capability of creating social ties then other components like social categories of nurturance, feeding, love affection, care, intention, etc., becomes important criteria.

If biological substance alone had the capability to manifest kinship relations, then donor sperms and donor eggs would have been capable of mediating relationships. However, though surrogate mother or genetic parents may create ties of substance through nurturing the embryo, or donating oocyte, or sperm, as the case may be, it does not translate into social kinship. It is not to deny that there is an underlying notion of donors being the real parents in the medico-legal manuscripts. Thus the guidelines in details talk about the right of the child to know their real parents at the age of 18 or the mechanisms through which the real parents (read donors) should relinquish all their rights. But this is a conscious effort to treat the commissioning couples as the parents and to erase all other potential connections and claims.
If social categories had been solely capable of mediating relationship then, in the first place, men and women would not have entered into the infertility clinic in the quest of a biological child. The very fact that they are in the clinic in order to normalize the digression and have a biological child through artificial means, bring in the significance of biological relatedness over purely social ones. Being related in Bengal thus is neither only about monistic social categories nor solely about complementary relationships. Unlike what Inden and Nicholas (1977) argued, there are stratified hierarchies in which biological relatedness at times are placed over and above social relatedness and there hardly exist strict dualism between monism and dualism, substance and code. The reluctance to adopt a child for a multitude of reasons also becomes a signifier of this. The fact that the blood of the adopted child becomes so much of a concern in comparison to the blood of the child born through donated gametes or rented uterus also highlights that blood is no doubt a metaphorical concept and not a medical one unlike genes which are medicalized substance of coded information. However, to claim that ART creates ‘gene’ family is to undermine the paradox and complexity that it generates. Making of parents, is then a much more complicated process, way beyond what a simplistic biological or a social model could offer.

In our analysis of a range of analytical and cultural components contributing to the making of ‘substantial-coding’ of kinship, (to use Carsten’s formulation 2000a, 2004, Franklin and McKinnon 2001) we find they are thick and dense with meanings as their negotiations are delicate and subtle. In this process we found, how profoundly Bengali cultural understanding can question, denounce and even at times match Euro-American cultural and analytical presuppositions of what constitutes kinship. In a similar fashion, by exploring the geneticization of biology and, in particular, the commodification of genetic information, we traced the complexities of the varied understandings of biological facts. Following the threads of Bengal kinship analogies, it became evident that in the late twenty-first century the substantial coding that might signify kinship include a diverse range of phenomena.
Hence, what is drawn from nature or the social world is as much a question of biology as it is of culture. In a way, this is to say that science can no longer be viewed as extracultural; neither can kinship be defined entirely in terms of ‘natural’, ‘biological’ facts (Franklin 1997). It is a dynamic process leading to constant “intersection[s] between the biological and social” (Edwards and Strathern 2000:150). In this endeavour we see that boundaries to which social and biological categories can be tampered with, goes to an extent that in any other circumstances would have been unthinkable. We do find that couple/ men / women do exercise a certain amount of choice in order to create a relationship that may not have otherwise come into existence. The couples in this scenario are no doubt invested with certain agency to choose those biological or social categories that help them to build a conception story.

Of all the ingredients capable of making a parent, intention is accorded prime importance. In this site, anyone who intends to become a parent and is ready to invest in terms of time, energy, money, health, emotional well-being is awarded the title. Based on this criterion, all parties concerned lay their hands on officially labeling the commissioning mother or father as the parent amidst the range of potential candidates. In this assistance provided to the realm of natural facts of procreation by medical and technological intervention and to the social fact by legislation, kinship becomes “doubly assisted” (Strathern 1992a: 20). ARTs in a way then subvert both the ideology of choice and family patterns based on factors other than blood. In an interesting paradox, it proclaims both genetic determinism and social choice and freedom.

However, such choice is never absolute. Here, we go with Haraway (1997) and Strathern (1992 a & b) who emphatically claim specificity of knowledge and fluidity of it, to be important in this world of technologization and commodification. Hence, meanings that are accorded, strategies that are used, and ingredients that make up kinship relations and determine “value orientation” (Parsons and Shills 1962) are context specific. In this

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2 This is not to claim that couples who have child without really intending them or investing so much of emotional and economical resources are not rewarded as parents. It is here that the genetic and biological connection supercedes the social ones. Moreover, to be a parent just by intending them, the individuals/couples have to be preferably in a heterosexual married relationship.
setting of infertility clinic the context implies not only individuals’ socio-economic positionality, their buying capacity, but also their nature of medical impairment, and their particular location in the treatment cycle at a given point in time. This is because couples can only choose from a range of ‘products’ that are being offered depending on both their socio-economic as well as medical conditions. This choice, hence, does not exist in a vacuum but is guided by a wide spectrum of normative values and ideals. These normative principles dictate what is to be desired and striven for.

The ultimate normative premise on which such engineering operates is to have a child after marriage at any cost. Involuntary childlessness is taken as a digression which has to be mended. This mending would involve tampering with both social and biological categories to the extent that the primary objective of having a child is fulfilled. But this tampering would not be at the expense of inviting ridicule or criticism or curiosity to the maxim of marriage and childbirth. Thus, visibility of pregnancy, and naturalness of childbirth, is crucial in the narratives of assisted procreation. Consequently, all facts pertaining to the use of third party conception is obliterated both from the memory of the couples and the birth story that is made public. In this men and women erase certain biological and social facts and highlight certain others through which they can build a narrative that satisfies their purpose. This reasoning, both by the users and providers alike, is based on their experience of existing relationships. Thus, as one doctor said in relation to the danger that these technologies pose for the donor, “I will not bring one life at the cost of another”. Following similar logic, the aim is thus not to have a child (a new relationship) at the cost of jeopardizing an existing one. Social parameters, thus, is stretched beyond the ordinary as long as there is an assurance that this digression can be covered up and will not jeopardize the couple’s social standing and that of child to be born.

Hence, family values and kinship ideologies get twisted in order to satisfy a particular need. This creates a space in which kinship categories are sometimes made unfamiliar, as they are fine tuned and perfected upon the givens of nature. Such digressions, however, do not exceed the set social boundaries or undo the fundamental edifice on which the
entire process of engineering is carried out. As treatment-seekers cross boundaries of
established kin relations, they are also quick to integrate this into the existing kinship
knowledge base either through moulding of facts or by suppressing them. Therefore it
can be said, ARTs may pose new situations for conventional notions of kinship, but they
are also used and perceived through these constructs. Hence, to conceptualize the
engineering of family values we do not need a set of innovative kinship idioms, but rather
need to look at the existing kinship idioms differently.

These technologies, besides assisting and fulfilling infertile couples' (read women’s in
most cases) desperation to have a child, also dictate and pen down the normative script of
desires and aspirations. It is here that technologies become a social artifact, prescribing
and creating a political statement as to which desires are normal or abnormal, and
hierarchising them. The choice of donors and surrogates, both by the medical
establishment and the couples, based on standards which are valued in society is an
indicator of this. The medical establishment in their search for donors (sperm) acts more
from their social capacity of influencing treatment-seeker’s decision rather than from
their capacity of providing ‘treatment’. Thus, the assistance that they provide is not only
to have a baby, but a baby with specific traits, deriving genetic pool from a certain class
of people.

In addition to these, the field of assisted procreation is checkered with gendered
performances (Butler 1990). In this site, couples come in terms with their new ‘gendered’
image of the self, through their ‘medical’ inadequacies. In this context, men’s deformed
semen becomes a signifier of his reduced sexuality and manhood, even in cases where he
is not medically impotent. In case of women femininity gets constructed through her
motherhood and being pregnant with a child. Hence, the role of gestation becomes the
sole signifier of motherhood irrespective of the fact whether genetic contribution has
been made or not. In order to maintain the normalcy, they play out structured gender

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3 The desire for childless couple to have a child through any available technological means becomes
obvious. However, at the same time a couple who had a first child through IVF and wants to have a second
child often feel themselves as being selfish as they are utilizing the technology in their favour quite
exhaustively whereas there are numerous others who do not have any child till date.
roles in certain contexts and certain situations, and at other times they try to bypass them. At this juncture, both performing gender and doing kinship are geared towards the same end, i.e., to maintain the normal/natural.

Patriarchal ordering of relationship surfaces in this context, as this is one of the unique medical sites in which a proxy is treated, i.e., often the woman is under medication for her infertile partner. Till date, women are socially infertile irrespective of medical impairment. This has the potential of women being drawn into clinics irrespective of their will. Though we did come across such instances, we also encountered situations where women actively took on the decisive role. However, it is difficult to ascertain as to the extent to which such decision-making is socially conditioned. When women on their own or along with their partner decide to continue treatment, they often depend on their natal home for economic, emotional as well as biological support (in the form of elder brother’s wife being egg donor).

There has also been a persistent concern that the substitution of the father’s gene with that of sperm donor should approximate to the extent possible. Such concern, however, did not arise in case of approximation of mother’s genetic traits with egg donor. This glaringly points to the gendered script of maternity and paternity (Delaney 1986). This script is not only written in case of cultural constructs which value men’s genetic contribution and women’s gestational and nurturance role, but also in scientific theorizing. The latter presupposes that the semen as the sole contributor in making of the nucleus of the cell, the core responsible for transmitting genetic information. Maternal inheritance, on the other hand, is equated with cytoplasm which provides nutrition to the cell. In these, scientific constructs are laden with gendered meanings. Here, nucleus, cytoplasm, sperm, egg, penis, clitoris all becomes prototype of man-woman relationship where the male is concrete, active, strong, achiever and women fluid, passive, weak, and nurturer (Martin 1995, Keller 1985).

In this locale, there is as much emotional investment to subvert the inevitable in terms of practicing kinship and performing gender roles, there is also an equivalent economic...
investment. The thesis therefore calls our attention towards the inherent cost-benefit analysis that individuals undertake in order to rationalize the huge cost of treatment. While the cost of the 'treatment' is huge and unending with one unsuccessful attempt followed by subsequent others; this cost is justified by the potential of what it might deliver, if successful. As a result they exhibit deep-rooted commitment in pursuing treatment irrespective of the enormous financial burden that it entails. This includes selling of assets, taking loans and loss of pay due to long absence from the office. The hidden costs of the treatment do not only include medical expenses of the procedure and the subsequent diagnostic tests and medications but also the cost of travel, stay, and food. These can amount to a lot as couples often travel from the remotest part of the State and the Country to the centres offering state-of-art facilities. It is the constant hope of having a child which makes them withstand the financial, emotional, and physical drain that they subject themselves to.

It is clear that the field of ARTs has evolved as a birth industry, as a medical market ruled by the commercial calculus of demand and supply. In this market, not only babies are sold but hopes and desires are marketed too. This is “a market in which parents choose traits, clinics woo clients, and specialized providers earn millions dollars a year. In this market, moreover, commerce often runs without any rules” (Spar 2006). Bearing the trademark of “occult economies” (Comaroff and Comaroff 2006), it also promises the poor, the economically trodden over, a market with immense possibility resembling Aesops Fables’ hen which laid golden eggs. In this moral economy, as much as the baby is a prized possession (and highly priced too), so is one’s biological capability to produce healthy sperm/egg, or to hold a child in uterus. These biological capabilities are however, not commercial products in themselves, as much as the personal attributes attached to the person who produce it or performs the labor. Thus gametes/ womb are no doubt exteriorized, reified and alienated (Sharp 1995, 2000). But, at the same time, they are also personalized since they take on the identity of the owner or the skill of the producer which makes them unique. As a consequence, while the person is reduced to her organ, or her/his gametes, the reproductive substances and processes are garnished with personal attributes.
In this schema, the notion of gift appears to be a popular phrase and a readymade solution for conceptualizing an otherwise complex issue of transfer of human capacities in procreation. This notion of gift giving definitely cannot be taken in the same sense in which it is dominant in social anthropological literature. The donors or surrogate mothers transfer their claim to the commissioning couple through the gesture of gift. Even in cases, where such transfers are driven by purely commercial interests they are worded in the language of donation and altruism. This is because there still exist an uneasiness to accept the trade in human reproductive substances and processes. This gift-giving falls more in the category of covering up the commercial transaction that has taken place for a service provided. It is an attempt to truncate the future chains of relationships and claims that could have been traced through the child’s genetic or gestational connections. Thus, the gift links the two parties and also divides them (Edwards and Strathern 2000) and the latter takes place by placing the social truth over and above biological facts. This notion of gift, which severes bonds, rather than creating them, is definitely new.

In this thesis then, we have dealt with issues which sharply point towards the fact that ARTs do not only make babies. They also re-produce relationships, bestow identities, and formulate knowledge, all of which are scripted with normative overtones. However, while we have limited our understanding to the processes of normalization and naturalization to the clinical site per se, it extends far beyond it. Though, what it means to pursue this line of inquiry remains to be worked out, we would like to mention a couple of points here.

In an urge to normalize and naturalize their life, couples/individuals walk on the silent grid of expectation and anxiety, hope and fear not only in the sites of assisted procreation but also the life that follows. In living with ‘children of assistance’ they also live with the constant worry that the pain they have taken in normalizing their life and that of their children may be jeopardized. The two major concerns for them are: the child demonstrating abnormal features/characteristics and the child’s actual artificial birth story being revealed to the outside world. The anxiety that the child may demonstrate atypical growth patterns in terms of physical and mental health is common among
parents. They often attribute even a simple non-confirmatory behaviour on part of the child to the ‘artificial’ birth process. This pushes them to subject the child to medical treatment for just not being of the ‘right’ height at a particular age or being calm, and quiet and not ready to mix 4, or for a number of other, quite frivolous, worries.

Moreover, they are always under the implicit and explicit threat that if relatives and friends happen to know that the child is a test tube baby, they would also assume that donor gametes were used. This constant fear becomes an integral part of their life. Comments like “she (the child) does not look like any one of you”, “she is completely different” are asked in order to pry out the true birth history. A couple interviewed in the ‘Baby Show’, said that these comments irritated them so much that they even answered back by saying: “Yes! She does not look like us. But she is a ‘Capsule’ baby. She looks like a capsule because of innumerable medicines that has given her life”.

In order to combat this constant dread, they at times decide to tell the child. They are apprehensive that if they do not tell the child themselves, somebody else in the family would. Often, media, directly or indirectly, influence such decision-making since they produce a knowledge system in which knowing his/her birth story often give these ART children, turned adults, an identity to live with. For example, extensive stories appeared in the media on the first test tube baby Louise Brown having a normal child or the controversial first test tube baby Durga getting married after telling her birth story to her husband. Thus, the first test tube baby’s 25th birthday, marriage and giving birth to a normal child all become open to media’s gaze. Giving birth to a normal child by a woman who was conceived differently also brings her back to the fold of normal life from where she had stood apart for all these years. This openness is also backed by the hope entrusted in scientific progress, and society’s acclimatization of it in due course of time. It is believed that with time there will be a change in the attitude of the society, and

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4 These were the concerns that parents of the IVF children articulated in the IVF Get Together. However, to accurately gauge the extent of overprotectiveness of IVF children by their ‘parents’, there is a need for future research (McWhinnie 2000).
the use of third party conception will become a standard practice neither inviting shame, guilt, secrecy nor being labeled artificial\(^5\).

At the end of the thesis, it can be said that these couples want “to be regular people ... want the most mundane of existences, and yet... [they] have to answer the most complicated of question” (Anonymous 2008: 93)\(^6\) regarding kinship, relationships, family values and gender roles. It is well evident that these negotiations have taken on an additional dimension as biology has become more visible and technologies more commonplace. This has consequences, not only for how we think about biology, biotechnology and our relations to them, but also how we construct and comprehend the notions of relatedness, gender, choice and commodification. It challenges us ever strongly to answer the age-old question of what is kinship all about and its intrinsic relationship with gender and economy.

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\(^5\) One respondent commented, “Time will come soon when information on genetic make up and the diagnosis of fertility will be exchanged during marriage in the same way ‘kusthi’ (horoscope) is exchanged today. Already testing of blood group, Thalesmia and HIV is in practice, soon it will be clearly stated that donor egg was used”.

\(^6\) This is written by an anonymous author (2008) in an article titled “Embryos: Our Gift”, who have 11 frozen embryos left after she had two children through IVF.