

Fetal monitoring technologies, such as sonograms and amniocentesis, give physicians a window into otherwise opaque wombs of pregnant women. Feminist scholars critique these technologies for reducing fertile women to fetal incubators—or pregnant bodies. Paradoxically, the aim of assisted reproductive technologies (ART) is precisely to transform infertile women into pregnant bodies. Through a content analysis of online discourses on infertility, my research will explore how infertile women understand themselves as reproductive choice-makers—embodied subjects or reproductive objects—by using ART. My research will contribute to a deeper understanding of how technology constrains choice-making, and how people contest these constraints online. My research project will take place in Evanston from June 18-August 24, 2007.

Assisted reproductive technologies include in vitro fertilization, intracytoplasmic sperm injection, gamete intrafallopian transfer, and egg, sperm, and embryo donation. Infertility is medically defined as the inability to conceive after one year of unprotected intercourse. Although ART may alleviate infertility, lengthy treatments and low success rates are common (Society for Assisted Reproductive Technology and the American Society for Reproductive Medicine, 2000). As a result, women often seek social support during infertility treatment (Becker, 2000; Epstein et al, 2002; Parry 2005). The internet not only brings infertile women together but also creates a safe space for them to discuss cultural, social, and personal experiences with infertility and ART. Because the internet “has the potential to create arenas for more voices than other previous communication mediums by putting [. . .] dissemination within the reach of the individual” (DiMaggio et al, 2001:313), the internet may create conditions for women to mount a successful challenge to a medical claim over infertility, reproduction, and female bodies.

According to marxist feminist scholarship, reproductive technologies transform procreation from a natural experience into a productive process that begins at conception and ends at childbirth. These scholars criticize the medicalization of reproduction, which breaches “organic unity of fetus and mother” (Martin, 1987: 67). This fragmentation not only objectifies pregnant women but also deprives them of natural pregnancy and childbirth—perhaps the purest forms of inalienable labor (Martin, 1987; Rothman, 1989).

Medical anthropologists, however, show how this fragmentation of reproduction enables infertile people to take control of their uncooperative bodies. Susan Martha Kahn (2000) chronicles assisted reproduction in Israel, where unmarried Jewish women take advantage of state-subsidized in vitro fertilization to become mothers. Marcia Inhorn (2003) researches infertility in Egypt, where a class divide enables wealthy infertile couples to pursue parenthood through expensive technologies but excludes the poor and most of the middle-class. Gay Becker (2000) observes how American, infertile men and women assert control over infertility by consuming reproductive technologies. If and when ART lead to feelings of disembodiment and disempowerment, infertile people reassert control by refusing technologies.

Historian Rickie Solinger’s (2001) research on reproductive choice in the US complements Becker’s anthropological research on reproduction. Solinger shows how the law, medical community, and popular press portray “good” mothers as those who are middle-class or wealthy and earn enough money to comfortably provide for their children, and “bad” mothers as those who are poor and need public assistance to care for their families. Solinger contends that reproductive “choice” not only constructs motherhood as a class privilege but also furnishes a moral discourse on good and bad choice-makers. I would like to use Solinger’s framework to

study reproductive choice and choice-making among infertile women. Unlike their fertile counterparts, infertile women who consume ART already belong to a privileged class but do not yet care for fetuses or children. I plan to expand Solinger's framework by studying whether class and subject status of infertile women create a space for a new moral discourse on infertility choice-making.

I will pursue answers to questions such as, how do women appropriate medical language and medical technologies online? Does the internet create conditions for women to gain agency and exercise choice? Do women embrace a single discourse on infertility, or do women engage with different discourses? Does the internet furnish, or perhaps stifle, conditions for women to challenge the medicalization of reproduction? What are these conditions? How do infertile women who consume ART characterize infertile women who cannot afford to use these new technologies? Finally, do infertile women's online discussions create space for other people to contest or support medicalization in general?

I will perform a content analysis of weblogs on infertility and ART using two sampling techniques to assure representativeness. See appendix 1 for sampling design table. First, I will perform a Google keyword search, and I will select the one hundred most popular, substantive blogs on infertility and ART. Second, I will choose the fifteen most popular blogs, and I will code the first the 20,000 characters of these discussions. See Appendix 2 for coding scheme. Coding 20,000 characters will allow me to study change over time and frequency of specific topics. Then I will take a random sample of fifteen blogs from the one hundred most popular infertility blogs from my original Google search. I will also code these discussions. Finally, I will compare the fifteen most popular, substantive websites with my random sample of fifteen infertility blogs to determine the salient features of online infertility discussions and to determine whether similarities and differences are statistically significant. I have submitted my eIRB forms and approval is pending.

Most women who use the internet are white, educated, and middle- to upper-class (DiMaggio et al 2001). While studying this demographic initially appears to be a research limitation, this demographic is also most likely to use assisted reproductive technologies (Nsiah-Jefferson and Hall, 1989; Solinger, 2001). The internet, therefore, enables me to study women who are most likely to consume assisted reproductive technologies. In addition, the internet allows me to analyze naturally occurring, public discussions that are unfettered by response biases, which are a shortcoming of interviews on such a morally laden topic.

Coursework in my majors, Sociology and Science in Human Culture, has prepared me to study reproduction from historical, religious, and sociological perspectives. I studied ethnographies of infertile men and women in Jewish, Christian, and Muslim communities in a comparative religion class, Feminism and Fertility. In preparation for a focused summer project on ART, I read and reflected on key feminist theories on reproduction and reproductive technologies through an independent study class with Amy Partridge. Finally, I learned to code and statistically analyze social data in two methods classes, Sociological Research Methods and Statistics for Social Data Analysis. In addition, last summer I coded and statistically analyzed HIV/AIDS knowledge surveys using SPSS software, and I contributed to background, methods, and conclusion sections of Julie Baldwin's research paper on HIV/AIDS education in rural Florida. During summer 2005, I conducted lab research on ALAS, which is an important molecule in the biosynthesis of heme.

I would like to perform a content analysis on online infertility discourses for a combined senior thesis in sociology and science in human culture. I hope to explore how infertile women understand themselves as reproductive choice-makers and discover what aspects of medical discourses infertile women find oppressive and liberating.

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