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COMMENTARY

Not a flat world: the future of cross-border reproductive care

Sarah Franklin

University of Cambridge, Cambridge, UK
E-mail address: sbf25@cam.ac.uk

Abstract Cross-border reproductive care (CBRC) raises new issues for both medicine and social science, as well as analytical and methodological challenges. On the one hand, this phenomenon extends well-established practices, such as family formation, in new ways, for example through new technologies. Similarly, CBRC could be described as a form of globalization. Yet this sector also departs from established patterns of reproductivity, for example by combining reproductive services and substances transnationally. In this way, CBRC also changes the understanding of globalization, revealing that it is not necessarily producing a newly ‘flat’ world, but instead reproducing a traditionally stratified one. These aspects of CBRC must be kept in mind in the struggle to define best practice. 

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In their important and timely attention to the emerging phenomenon of cross-border reproductive care (CBRC), the editors of a recent symposium issue in this journal (volume 23, November 2011), Marcia Inhorn and Zeynep Gurtin, focus on two key questions: how do we collect data on this phenomenon and how might it be analysed? In response to the first question, the symposium confirms that a combination of quantitative and qualitative methods must be utilized and can be productively combined to elucidate both the scope and mechanisms of CBRC. While the use of new reproductive technologies has been unevenly documented historically, with some techniques such as IVF and embryo transfer receiving less careful monitoring than has often been recommended, the symposium issue demonstrates that such documentation could be significantly improved in the future. The contributions also show the variety of forms such documentation can take, from questionnaires and surveys to in-depth qualitative interviews and ethnographic fieldwork. As the articles clearly demonstrate, the area of CBRC is one that will benefit from a combined approach using several types of data: careful qualitative

work will provide the axles by identifying the complex mechanisms for which more specifically targeted quantitative reporting can supply the wheels.

Similarly, in response to the second question posed by the symposium issue of how such data will need to be analysed, it is again a plural and inclusive approach that is showcased. Not surprisingly, a broad interdisciplinary methodology must be employed to chart the issues at stake in the rapid expansion of CBRC – self-evidently a difficult phenomena to research. In the past, similar efforts to map the ‘implications’ of new biomedical technologies have, as in the case of new genetic technologies, been dominated by attention to law, bioethics and policy, as well as by scientific and medical expertise. A strength of the symposium issue is its emphasis on the perspective that can be offered from within social science, in which technology tends to be theorized less in terms of ‘impact’ (as if it comes from outer space) and more in terms of relationality – that is, from the point of view of studying social practice.

The value of this approach is clearly demonstrated in this unique collection of articles, which illustrate how ‘new’

technologies are 'driven forward' by established practices and traditional values, such as kinship obligations, conjugal aspirations, religion, national identity and consumer activity, as well as by new technologies – which are often over-emphasized as the driving force of social change. Similarly, the decisions and choices motivating the pursuit of CBRC are not so much 'new' as entirely familiar and even ordinary. What is novel in this situation is the form this pursuit takes – the new choices, options, dilemmas and challenges posed by what the editors describe as 'the convergence of two industries – the global IVF industry and the global tourism industry'.

What the volume illustrates is that this convergence belongs to others. The convergence of two major service sectors – one addressed to reproduction and the other to travel – represents the continuation of a longstanding historical pattern of human migration, often motivated by the pursuit of new resources and frontiers, as well as the desire to escape restrictive conditions and limitations 'at home'. The same pattern can be seen in CBRC even while this is also a very distinctive 21st century practice that asks also to be situated in the context of wider socio-political changes, such as globalization, the technologization of human reproduction and the new media facilitating increased communication, such as the internet. Together, these new technological means are facilitating familiar activities, namely having children in new guises, such as CBRC. The means may be novel, but the factors at work motivating their pursuit are not.

Another important contribution that the symposium issue makes to the question of how to analyse the phenomenon of CBRC is to offer a corrective to the 'world is flat' arguments of authors such as [Thomas Friedman \(2006\)](#), whose analyses of a free-flowing world economy have been criticized for homogenizing the very processes they seek to elucidate ([Ghemawat, 2007](#)). The expansion of the reproductive technology industry may be described as a form of globalization and thus also an example of what Friedman describes as 'convergence', but as the symposium issue demonstrates, the results are neither predictable nor consistent. As [Marcia Inhorn](#) shows in her compelling account of the many reasons why people seek to return 'home' to acquire reproductive care ([Inhorn, 2011](#)), in a process she describes as 'return reproductive tourism', it will be necessary to attend to the wide variation in motivations and experiences that lead people down certain paths rather than others, precisely in response to the ways in which global 'levelling' is not occurring. Improved care and a greater appreciation of the complexity of reproductive choice will not result from a homogenized view of either globalization or technologization as axiomatic – or indeed of these phenomena themselves as 'flattening'.

The effort to improve care, however, is not the only concern in relation to CBRC that raises wider ethical and political questions, for example concerning 'eggsploitation' ([Pfeffer, 2011](#)). The prevalence of references to female genital cutting, sex selection and sex tourism in several of the articles are a reminder that CBRC intersects with many other activities and practices – some of which are rightly prohibited and others of which are grossly abusive. 'Flattening' is not the goal here. The socio-political and ethical issues raised by CBRC supersede questions of individual care

or consumer choice and must include institutionalized gender inequality, structural economic stratification, ethnic and racial discrimination and coercive practices such as illicit organ markets, sexual trafficking and 'invisible' networks of procuring, for example, 'donated' eggs. On the one hand, the effort to police abusive and exploitative practices, and to use legal tools to enforce such sanctions, runs up against a countervailing tendency for the law itself in some cases to discriminate against individuals, such as those who are seeking to create alternative family forms – what [Gurtin](#) describes in the Turkish case as 'coercive conformity' ([Gurtin, 2011](#)).

The careful attention to gender issues demonstrates that other forms of 'coercive conformity' operate equally powerfully within traditional family structures, especially insofar as they converge with both economic stratification and the gendered division of labour. CBRC is an example of how local economic stratification may be compounded by international economic imbalances, making of underprivileged women in poorer countries an especially vulnerable population, as [Michal Nahman](#) demonstrates in her account of transnational Israeli–Romanian ova traffic ([Nahman, 2011](#)). The complexity of this process is well demonstrated in [Nahman's](#) account which shows how, in response to decades of pronatalist state intervention into female reproductivity in Romania, young women may view commercial egg donation as a 'break with paternalistic control', and thus as self-empowerment, modernization or even resistance. A similar complexity is revealed in [Amrite Pande's](#) account of commercial surrogacy in India ([Pande, 2011](#)), where, as she notes, a narrative of altruism and gift-giving prevails in spite of the profit-centred nature of the surrogacy business – part of a sector that is, as [Pande](#) notes, estimated to bring in \$2.3 billion annually by 2012 in India alone. Here, the traditional female roles as wife and mother are defined by an ethic of selflessness and sacrifice that fits readily into a reproductive service model. The motivation of wealthy overseas commissioning clients to employ a gestational surrogate to reciprocate the 'gift of life' by improving the lives of impoverished Indian women, laudable though it may be, does nothing to mitigate the structural inequalities produced by the convergence of economic and sexual inequalities that defines the flow of this market choice.

What is 'flat' about this process, as [Pande](#) notes, is not the new economic open door of out-sourcing, but precisely the opposite – the fungibility of traditional cultural values. As she notes, it is the rhetorics of 'gifting', 'mission' and hope combined with traditional gender and kinship roles that cross borders more seamlessly than eggs or embryos. As all of the articles in the symposium issue confirm, the traffic in reproductive services and goods is cross-cut by sharp legal borders and prohibitions – indeed these are often the 'prime movers' of clients seeking services transnationally. This is precisely the reverse of the picture of walls falling down painted by many theorists of globalization. Indeed, walls falling down might not be so desirable in this case even if it did occur. Would the rise of reproductive outsourcing, off-shoring, supply-chaining and subcontracting associated with CBRC be an example of horizontal economic collaboration? A broad question that the symposium issue asks is what the new reproductive economy

consists of – and whether it should be analysed in the same terms as the productive economy at all.

Of the many paradoxes faced by those charged with defining best practice in the field of CBRC, such as those described by Shenfield (2011), one is that most market policies concern the productive – not reproductive – economy. This causes difficulty in the face of a rapidly expanding global market for reproductive services, as well as an equally robust consumer demand for them. As Deborah Spar points out in her insightful analysis of ‘the baby business’, ‘it’s no use being coy about the baby market or cloaking it in fairy tale prose’ (Spar, 2006, p. 233). Another paradox arises in the attempt to facilitate improved patient care while also protecting the often impoverished or underprivileged donors of reproductive goods and services, including egg donors and surrogates, from exploitation. This is not a flat world in which open-window work-flows provide win–win horizontal benefits. It is instead, like the world of assisted conception itself, a topsy-turvy shifting landscape set about with ethical landmines and criss-crossed by the national, legal, economic and religious borders. A bit more like the recent economic climate, in which volatility is the new norm, the sociological character of CBRC is best defined as equivocal, ambivalent and unresolved. In the search for best practice, however, it will be accounts such as those provided in this important collection of articles that can help to chart local, national and international protocols that can improve patient services while protecting service workers in the CBRC sector. If transparency will be one of the crucial tools necessary to ensuring best practice in this sector, the editors and contributors to the symposium issue are to be commended for their success in making available such a rich and high-quality resource despite the

inevitable and considerable difficulties of documenting and analysing CBRC. They have set a high bar for a future research agenda for this sector and they have demonstrated how it can be met.

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