

4-1-2017

## Inhorn, M.C. *Cosmopolitan Conceptions: IVF Sojourns in Global Dubai*. Durham and London: Duke University Press, 2015.

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### Recommended Citation

Kilshaw, Susie Ph.D. (2017) "Inhorn, M.C. *Cosmopolitan Conceptions: IVF Sojourns in Global Dubai*. Durham and London: Duke University Press, 2015.," *Journal of International and Global Studies*: Vol. 8 : No. 2 , Article 9.

Available at: <https://digitalcommons.lindenwood.edu/jigs/vol8/iss2/9>

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**Inhorn, M.C. *Cosmopolitan Conceptions: IVF Sojourns in Global Dubai*. Durham and London: Duke University Press, 2015.**

In *Cosmopolitan Conceptions*, Marcia Inhorn sets out to explore the “intersection of reproductive travel and the process of globalization” (p. 19). She skillfully navigates this intersection by illustrating the globalization of Assisted Reproductive Technologies (ARTs) through a deft weaving of personal stories and commentary on the history of in-vitro fertilization (IVF) in the Middle East and beyond. One of the book’s strengths is that the recent ethnographic research upon which it is based is bolstered by Inhorn’s in depth knowledge of the field after close to two decades of research into infertility and ARTs in the Gulf region, primarily in Egypt and Lebanon. In method and approach, the book positions itself as an anthropological account and one informed by discussion of globalization theories in anthropology. This well-written and powerful book can and should be read by a wide audience.

An anthropologist with extensive experience in conducting research in the Middle East, Inhorn uses her previous work to inform the ethnography under review, which includes in-depth interviews with 219 men and women conducted during six months of intensive fieldwork in 2007 at a Dubai IVF clinic called “Conceive,” with follow up visits being conducted over several subsequent years. By focusing on this one site, Inhorn is able to explore the experiences of those who travel to Conceive from far and wide while simultaneously charting what led them there, including previous journeys and attempts to conceive elsewhere. From this site, the stories travel outwards as Inhorn’s interlocutors describe their quests to produce children via IVF or ICSI,<sup>1</sup> stories that are saturated with failed attempts, heartache, personal suffering, secrecy, numerous journeys, and great financial burdens. Inhorn’s ethnographic approach allows for nuanced and detailed stories of people, which illustrates and provides evidence for her argument.

Hailing from 50 countries, Conceive’s clients represent the global flows of people in general and in repro-travel, specifically. Inhorn paints a vivid picture of Dubai as a center for travel and migration and depicts the resulting mix of citizens and cultures. Many of Inhorn’s interlocutors lived in the UAE; 14 were local citizens, either living in Dubai or having traveled to Dubai from surrounding Emirates usually in order to protect their privacy, while still others were drawn to the city from Dubai’s large migrant population. Others were “repro-travelers,” who came to Dubai specifically to seek ARTs at Conceive, revealing the “global scope of infertility as a reproductive health problem.”

Opening the book is Rahnia’s story, told through detailed interview transcripts. Eritrean Ethiopian Rahnia, who arrived into the UK as a teenage refugee, describes travelling to Egypt after frustrations with the British health system, which include restrictions and delays that thwarted her attempts at overcoming her infertility. Her quest for conception included investigations, several rounds of IVF, an ectopic pregnancy, and eventually resulted in a daughter conceived through IVF at a private clinic in the UK. A desire to produce a sibling for her daughter then took her to Italy, India, and Dubai, where Inhorn meets her. Rahnia’s story is an evocative account that establishes some of the main threads running throughout the book: the restrictions that women try to circumvent through “repro-travel” and the expense and heartache of these quests, as well as the financial and logistical difficulty of these numerous journeys.

Desperation and aspiration are threads that weave throughout the book. Like many women, Rahnia is under cultural pressure to overcome her infertility and produce children. Sadly, for Rahnia, her ninth IVF attempt fails. The impact of various national regulations and practices on the choices women make that prompt women to seek treatment elsewhere are revealed. Thus, the global networks of infertility are illustrated. Throughout the book, Inhorn shows the forces that draw people to Dubai (Chapter 1) and those that drive people from their home countries (Chapters 2, 3, and 4). Dubai's reputation as a cosmopolitan center and travel hub draws people to it, as does the fact that it is a Sunni Muslim country.<sup>2</sup> Another draw is the reputation of Dubai's Conceive clinic's Dr. Pankaj, whose expertise is praised by the infertile couples he has helped. The forces that drive infertile couples from their home countries generally involve seeking services outside their home countries due to legal and religious restrictions around ARTs in their home countries (Chapter 3) or because of poor resources, training, and facilities (Chapter 4).

Rahnia "casts herself as a "runner," a woman moving frenetically from country to country in a tortuous quest for conception" (p. 1). Importantly, Rahnia expresses that the term "reproductive tourist" does not describe her and that she finds it offensive, saying, "Tourist [is] an insensitive term, making a mockery of infertile people's heartbreak and suffering" (p. 7). The inaccuracy of this term is reflected throughout the book as we come to know Inhorn's interlocutors and their difficult journeys across borders. Like Rahnia, many of Inhorn's interlocutors bristled at the term "tourist," as it suggests travel for enjoyment, leisure, sun, and relaxation. While Dubai certainly has sun, travel to Dubai in search of assisted reproduction most certainly would not be described as enjoyable or relaxing. Most of Inhorn's interviewees indeed did not wish to travel outside of their home countries but were compelled to do so because they were unable to access safe, affordable, and reliable services at home.

Inhorn outlines and discusses a number of terms and concepts that have been developed in the scholarly work on the globalization of ARTs, a vocabulary she describes as a "Reprolexicon." Outlining the coining of the term "reproductive tourism" in 1991 by two legal scholars, Inhorn explains that the concept "reproductive tourism" was subsequently used by Belgian bioethicist, Guido Pennings, which served to establish the term in the scholarly literature. The term refers to the movement of couples seeking fertility treatments across international borders (p. 5). Meant to describe those who travel to other countries to circumvent restrictions on ARTs due to local laws and regulations, the phrase began to be used by the media in 2005. One of the main premises of the book is to problematize the concept "repro-travel" (p.19).

While the focus of the work is on globalization, the local moral world of Dubai is also considered, including how the local world might affect the practice of IVF and ICSI. This aspect of the book is reminiscent of Inhorn's previous anthropological focus on locality and the globalization of IVF and ICSI in Egypt (*Local Babies, Global Science*), which demonstrated how local factors shaped the reception of new reproductive technologies in this cultural context.

A fascinating part of the book is its historical account of ARTs in the UAE, which reveals a surprisingly liberal initial regulatory approach, followed by severe restrictions stemming from the implementation of Federal Law No. 11 drafted by the MOH and officially enacted in early 2010 and signed by all seven emirs of the confederation

(p.167). This law is both comprehensive and restrictive, outlining how clinics are to be established, licensed and run as well as which ARTs are legally allowable and which are illegal. Practices that are illegal include: freezing embryos, gamete or embryo donation, surrogacy or any kind of assisted reproduction outside of heterosexual marriage. That the UAE is a Sunni Muslim country in which sperm and egg donation were once regularly practiced (p. 164) will surprise even the Gulf scholars. Amazingly, third party reproductive assistance services were at one time offered at the main Emirati government IVF clinic. The current local constraints on the practice of IVF in Dubai (p. 187) are also discussed, providing important context for the complexity of ethical issues as they relate to the Gulf context. With her discussion about sex selection practices in the Emirates, Inhorn provides an example of “how law and religion are having very unpredictable effects in a country whose history of IVF has been marked by openings and closures, permissions and prohibitions, allegations and interrogations, resistances and evasions” (p. 197). With a discussion of sex selection in the UAE, Inhorn reveals how the “restrictive assisted reproduction law paradoxically [upholds] one of the acts most regarded with opprobrium by Islam” (p. 197) and further reveals that the local is interwoven throughout global science of IVF.

The book concludes with a discussion of “activist futures” (p. 302), and Inhorn suggests three major avenues for reproductive health activists, “all of which would help to prevent the need for costly repro-travel among the world’s infertile citizens” (p. 302): (1) infertility prevention, (2) support of the infertile, and (3) access to low cost IVF (LCIVF), a movement that constitutes Inhorn’s “biggest hope” as a “personal activist.” This section helpfully points attention to what can be done to address infertility and its impact on the lives of those it affects.

*Cosmological Conceptions* is informative and compelling. The ethnography provides powerful illustrations of the personal suffering and, at times, celebrations inherent to global flows of IVF. Inhorn’s focus on one clinical site in the UAE “takes readers into the ‘womb’ of a truly cosmopolitan IVF clinic . . . located in [an] emerging global reprohub” (p. 9), and by doing so, Inhorn shows us that despite the fact that repro-travel has been around for as long as IVF itself, the emergence of cosmopolitan clinics is relatively new. Inhorn clearly shows us not only who such clinics serve, but importantly, the forces that led to the emergence of this “unique by-product of twenty-first century reproductive mobilities” (p. 9). Inhorn expertly weaves scholarly literature and the history of IVF in Dubai (and in other parts of the world) with the personal stories of her interlocutors. Through their stories, Inhorn is able to clearly articulate the complex flows of people (“repro-flows”), body substances, and materials that can involve numerous journeys in a variety of directions to a number of different international locales. Here, I am thinking particularly of her story of those seeking fetal reduction following IVF treatment.

Though likely impossible to include due to time, logistics, and ethics constraints, a follow up summary of the infertile couples’ experiences subsequent to their involvement in Inhorn’s work would enhance the reader’s connection to the material; indeed, the reader cannot help but be curious about what happened to many of Inhorn’s interlocutors. How did their reproductive journeys end? Did they travel elsewhere? How would they reflect on the time and efforts spent on their quest to conceive a baby via IVF? *Cosmopolitan Conceptions* provides a compelling, needed, and timely account of

the globalization of ARTs. Indeed, it contributes to the scholarly literature as well as public discussions about infertility and the global flows of treatments, knowledge, and materials associated therewith. This work would be of interest to anthropologists, Gulf scholars, those interested in “medical tourism,” or the globalization of biomedicine. The book should be read by anyone interested in infertility as a global reproductive health issue. Indeed, the book touches on a variety of themes of interest to those studying medical technologies, reproduction, kinship, The Middle East, and globalization.

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<sup>1</sup> Intracytoplasmic sperm injection (ICSI) is an in vitro fertilization (IVF) procedure in which a single sperm is injected directly into an egg. It has been applied increasingly to alleviate problems of severe male infertility.

<sup>2</sup> Sunni Muslims are usually concerned about following religious mandates that prohibit third-party reproductive assistance. Thus, Sunni Muslims seeking fertility treatment will likely be drawn to countries and clinics that follow the same religious prohibitions. India, for example, is not a go-to site for Emiratis (p.15).