Reproductive Disruptions: Gender, Technology, and Biopolitics in the New Millennium


Since the 1990s global attention has been focused on women’s reproductive rights, ‘as demonstrated in the landmark 1994 United Nations International Conference on Population and Development in Cairo and in the 1995 World Congress of Woman in Beijing’ (Eager 2004, cited in Nie 2008: 5). Women’s reproductive health, as an interesting but also complicated topic, has triggered a series of academic discussions. Especially after entry into the 20th Century, with large developments of reproductive technology, reproduction cannot be thought of as a simply natural process, but as a process with artificial components. At the same time, discussion on women’s reproduction becomes more controversial and complex than before. The volume Reproductive Disruptions edited by Marcia C. Inhorn contributes to the arena of women’s reproductive health from a particular standpoint: “reproductive failures”. Although the title of reproductive disruptions seems fresh, it involves familiar topics, such as infertility, pregnancy loss, adoption, and childhood disability, among others. Most reproductive disruptions are traditionally thought of as distressing experiences for women. This book adopts a women-centred approach to comprehensively and deeply explore ‘reproductive disruptions’ and its influence on women.

This volume consists of eight chapters, divided into two parts. The first part, Chapters 1-4, mainly examines how reproductive disruption can be understood through the analyses of four forms of “abnormal reproduction”: “unnatural reproduction”, “pregnancy loss”, “prenatal disability” and “adoption”. These analyses are based on American medical theory and practice which are regarded as the medical ‘mainstream’ in the world. In Chapter 1, authors Caroline H. Bledsoe and Rachel F. Scherrer raise a general question: “how ‘natural reproduction’ and ‘reproductive normalcy’ can be defined”, given that “nature” traditionally implied “the absence of human intervention” in the popular American vision (p. 49). However, in contemporary America, natural reproduction has been largely challenged because of obstetrical support in childbearing. On the one hand, obstetricians greatly attend to reproduction and minimise various reproductive risks. On the other hand, professional support can be a kind of disruption to natural reproduction that makes women lose control over reproduction. After a general description of reproductive situations in Post-modern American society, the book offers a further discussion on how to alleviate women’s pain by a women-centred health care approach when two of the most common reproductive disruptions happen: miscarriage and stillbirth. After defining “pregnancy loss” and briefly introducing how serious the problem is in current America, Linda Layne concentrates on how to treat pregnancy loss by applying feminist principles. She advocates for four models of childbirth: prepared, natural, home and social, by which women will consider “pregnancy loss” as important and unique experiences, but not “aberrations” (p. 94). In contrast to the first two chapters, Chapters 3 and 4 offer a “non-biological standpoint” to analyse reproductive disruptions. Chapter 3 encourages people to rethink what a disabled newborn will bring to a “normal family life” (p. 99) with frequent appearance of the disabled in popular media. The disabled characters screened in mass media have a great impact on people’s attitudes towards the disabled in practice. Therefore, the meaning of reproductive disruptions has extended far beyond the biological arena, from pregnancy and delivery, to the socio-cultural one. Chapter 4 raises three main questions after deeply exploring adoption in American society, namely, who is disrupted by adoption? Why are they disrupted? And how should people rethink the traditional definition of family?

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The second part of the book tries to shift the focus from “global” to “local” and from “the West” to the “non-Western world”. Chapter 6 examines how West African migrants in Paris have been largely disrupted “in the context of French immigration policies, biomedical protocols, and religious tension” (p. 178-179). This reproductive disruption also embodies the conflict between Western and non-Western medical ethics and reproductive policies. Chapter 7 discusses two interesting questions: how infertility, as a reproductive disruption, can be understood in the Muslim context and why assisted reproductive technologies will not be “a viable solution for the world’s infertile poor...” (p.195). Furthermore, this part analyses women’s responses to reproductive disruptions by local culture and biopolitical actions. For example, Chapter 5 shows that “male authority” (p.160) causes gender inequality against women in the U.S.

Overall, the fact that the volume is not very well organised cannot be glossed over. This is probably due to the inclusion of fairly comprehensive contents. Part two in particular is a bit overloaded. It would be better if its discursive chapters had a clearer theme. However, as mentioned earlier, this volume chooses a creative title and collates several controversial topics. It achieves, to a large degree, the main aim: giving some renewed ideas on reproductive disruptions. The first part successfully explores various forms of disrupted reproduction. This text will definitely be attractive to those interested in examining the issues of women’s reproductive health and reproductive technology from a multidisciplinary perspective.

References