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SYMPOSIUM: IVF - GLOBAL HISTORIES

# Assisted reproductive technologies in Ghana: transnational undertakings, local practices and ‘more affordable’ IVF

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**Trudie Gerrits** is Assistant Professor in the Department of Anthropology at the University of Amsterdam, where she is co-director of the Masters in Medical Anthropology and Sociology (MAS). Most of her research work is related to infertility and assisted reproductive technologies, in the Netherlands as well as in Africa (Mozambique and Ghana). Her most recent research was conducted in private clinics in Ghana, as part of a comparative study examining the transfer to and local appropriation of assisted reproductive technologies in sub-Saharan Africa. Her book *Patient-Centred IVF: Bioethics and Care in a Dutch Clinic* is due to be published by Berghahn Publishers in 2016. Currently, she is project leader of a study following the introduction of ‘the Walking Egg’ IVF and the impact of fertility support organizations in Ghana and Kenya.

**Abstract** The article sketches the origins and development of IVF in Ghana as a highly transnational undertaking. Movements are from and to Africa, involving human beings (providers and users), and also refer to other entities such as technologies, skills and knowledge. None of these movements are paid for using public money, neither are they subsidized by international health organizations. Currently, ‘more affordable’ IVF is being introduced into Ghana, on initiative of the first Association of Childless Couples of Ghana (ACCOG), in collaboration with the Belgium based non-profit organization the Walking Egg (tWE), representing another form of transnational networking. The article underlines the scarcity of well-trained embryologists in Ghana, which turns the embryologists’ expertise and skills into a scarce and precious commodity and guarantees this expertise becomes a major challenge for the directors of the private clinics. Next to local Ghanaian couples, the clinics also attend to transnational reproductive travellers, including women and men from neighbouring countries and Ghanaians in the diaspora returning to their country of origin. Their manifold motivations to cross borders and visit the IVF clinics in Ghana provide insight into the structural conditions impeding or facilitating the use of assisted reproductive technologies at different local sites. Transnational movements also include the flow of new procreation practices (such as surrogacy and the use of donor material), which (re-)shape existing cultural and societal notions regarding kinship and the importance of blood/genetic ties. Finally, the article lists a number of thematic and theoretical issues which require further exploration and studies.

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**KEYWORDS:** embryologists, Ghana, ‘more affordable’ IVF, third party involvement, reproductive technology, reproductive travel

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## Introduction

Sub-Saharan Africa is generally depicted as the region with fewest IVF clinics compared to all other regions worldwide (Inhorn and Patrizio, 2015). Within the region, South Africa, Nigeria and Ghana are referred to as 'comparative regional success stories' (Inhorn and Patrizio, 2015: 6). Nigeria was the first sub-Saharan African country to open an IVF clinic, in 1984 (Giwa-Osagie, 2002). In Ghana, the country on which this article focuses, the first IVF baby was born in 1995. Since then, a growing number of IVF clinics in Ghana – all private – have been offering IVF and other high-tech assisted reproductive technologies. To date, however, the country's public health sector is not involved at all in its provision. Moreover, the field of infertility and assisted reproductive technologies functions without any form of financial support from international health or development organizations (Hörbst and Wolf, 2014; Inhorn and Patrizio, 2015).

Yet the establishment and actual functioning of IVF clinics in Ghana is far from a local enterprise. On the contrary, in many ways the Ghanaian IVF industry is a highly transnational undertaking, involving an ongoing cross-border and even cross-continental flow of people, technologies, skills, knowledge and ideas. Most explanations of transnational mobility of people in Africa have focused on economic inequalities between sending and receiving places (cf. Dilger et al., 2012). This case study of the establishment of IVF in Ghana draws attention to multiple forms and directions of transnational mobility – from and to Africa – and its focus is certainly not on the destitute or less privileged social strata (cf. Hörbst, 2010). The current article thus addresses not only the origins and development of IVF in Ghana (constituting repro-nationalism), but also sheds light on repro-transnationalism.

After Louise Brown – the world's first 'test-tube baby' – was born in England in 1978 via IVF, this reproductive technology soon spread throughout North America and Western Europe, as well as to the continent of Australia. The rapid development of IVF worldwide over the past three decades has led not only to its expansion, but also to an enormous diversification. This Symposium Issue aims to assess the global histories of IVF, analysing the rapid but very uneven global diffusion of one of the world's most important reproductive technologies. The current article aims to provide an insight into the particularities of the uptake of these technologies in Ghana, which was one of the first African countries to offer them.

The article is based mainly on ethnographic research that I carried out in 2012 and 2013 in two private clinics in Ghana offering assisted reproductive technologies (see Hörbst and Gerrits (2015) for more details about the study methodology). Ethical clearance for the study was obtained from the Noguchi Memorial Institute for Medical Research-IRB in Accra, Ghana.

The article addresses the transnational connections and networks of African assisted reproductive technology providers – and users – and their vital importance for the establishment and continuing functioning of local IVF clinics. These multiple transnational connections and interactions co-shape the local appropriation and actual supply and use of assisted reproductive technologies in Ghana to a certain extent; yet at the same time, country-specific

circumstances and values also affect the local appropriation of assisted reproductive technologies (cf. Gerrits and Hörbst, 2016; Hörbst and Gerrits, 2015) and also inform the recently heard concerns about the use of donor material and surrogacy. Recently, a new form of transnational connection and collaboration in the field of assisted reproductive technologies has been initiated in Ghana, seeking to introduce more affordable IVF to the country, an initiative that will also be discussed below.

## The origin and development of IVF in Ghana

### Training abroad and private initiatives

The first successful IVF procedure in Ghana was conducted in 1995 in a private clinic, the Pro Vita Specialist Hospital (further referred to as Pro Vita Hospital), in Tema, a harbour town close to the capital city Accra. Dr Mainoo, the founding director of the clinic, left Ghana in 1963 to study medicine in Germany, where he also specialized in gynaecology and worked for many years as a specialist. In 1982, he returned to Ghana with the plan of setting up a private gynaecology clinic, investing the money he had earned in Germany. Back in Ghana, he found himself faced with many cases of infertility and it was only then he realized that infertility was a major reproductive health problem in his country – both in terms of numbers as well as concerning the impact it had on the women and men concerned – and thus required specialized attention. As he had not previously trained in the use of IVF, he returned to Germany several times and, using his old professional network, further specialized in IVF. In 1995, he was able to carry out the first successful IVF procedure in his own clinic, giving him the status of Ghana's IVF pioneer.

Since Dr Mainoo began providing IVF in the mid-1990s, several other clinics in the country have started offering assisted reproductive technologies, mainly in the southern region, in or not far away from the capital city Accra, but more recently also in the centre of the country (in Kumasi). As of 2015, 14 clinics, all of them private, are offering assisted reproductive technologies; some solely focus on the treatment of infertility, while others provide a broader scope of medical specialties (information provided by Nana Yaw Osei, the founder of the Association of Childless Couples of Ghana – ACCOG). One of these latter clinics is Lister Hospital and Fertility Centre (further referred to as Lister Clinic), the second private clinic (in addition to Pro Vita Hospital) where I conducted my research. The founding director of this clinic, Dr Hiadzi, started his medical training in Ghana, qualifying in 1982, followed by postgraduate training in Glasgow, Scotland, qualifying in 1992. After his return to Ghana, he worked in a hospital in Accra, where in 1996 he initiated intrauterine insemination (IUI) fertility treatments. He then realized that there was a huge demand for more advanced reproductive treatments, which led him to return to the UK to do a specialization in IVF and other assisted reproductive technologies, this time at King's College Hospital, London. He went there together with an embryologist and a nurse; all three had the intention of training in assistive reproductive technologies in order to be able to offer them together as a team. Dr Hiadzi and the

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