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SYMPOSIUM: IVF — GLOBAL HISTORIES

Introduction

Sarah Franklin [a,*], Marcia C. Inhorn [b]

[a] *Reproductive Sociology Research Group (ReproSoc), University of Cambridge, UK*; [b] *Department of Anthropology, Yale University, US*

* Corresponding author. *E-mail address:* sbf25@cam.ac.uk (S. Franklin).

Professor Sarah Franklin is a Wellcome Trust Senior Investigator and Director of the Reproductive Sociology Research Group at the University of Cambridge where she holds the Chair of Sociology. She is the author of more than 150 articles, chapters and books on the social aspects of reproductive biomedicine.

Marcia C. Inhorn is the William K. Lanman, Jr. Professor of Anthropology and International Affairs at Yale University. A specialist on Middle Eastern gender, religion, and reproductive health, Inhorn has conducted research on the social impact of infertility and assisted reproductive technologies in Egypt, Lebanon, the United Arab Emirates, and Arab America over the past 30 years. She is the author of five books on the subject and is currently conducting a National Science Foundation-funded research project on oocyte cryopreservation for both medical and elective fertility preservation.

Abstract The contributions to this Symposium issue of RBMS have been prepared following a unique meeting held at Yale University in April 2015 entitled *IVF: Global Histories*. The articles gathered here present empirical histories of the development of IVF in various countries. These are not intended to be ethnographic, or to develop major new theoretical or conceptual arguments, but rather aim to be indicative case studies situating the development of IVF in specific national contexts with an emphasis on how particular societal influences in the various countries affected the development of the IVF industries there. To date, these histories have never been documented. This Symposium issue aims to begin to rectify this deficit, and to encourage further similar studies of the global development of IVF.

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Since its inception in England in 1978, IVF has proven not only to be an ever-more popular technology but also an increasingly global one. In addition to its well-established use in Europe, North America and other Western countries, the development of an IVF sector has a lengthy history in many non-Western countries including India, China, Iran, Egypt, Argentina, and Nigeria, to name just a few. In contrast to the famous account of the origin of IVF in the UK (Edwards et al., 2012), its emergence is less well-documented in Asia, the Middle East, Africa, and South America – despite the fact that these are regions where IVF has early, as well as deep, roots. The histories of the development of IVF in the USA, Australia, Scandinavia and Europe are thus only part of a much wider picture of the global development of the technique. In India, for example, scientists claimed to have perfected the IVF procedure at the same time as the British team of Robert Edwards, Jean Purdy and Patrick Steptoe succeeded in the late 1970s (Bharadwaj, this issue). Together with the spread of IVF throughout the wealthier developed nations of the global North, the history of its development in the global South reveals a great deal about processes of globalization and technological diffusion, as well as about global disparities and stratifications. In some regions of the world, particularly East Asia, the Middle East, and Latin America, IVF has flourished, while in other areas, especially in sub-Saharan Africa, the need for IVF is great, but access to this reproductive technology is very poor.

One of the reasons the world picture of IVF remains unevenly charted is because it is changing so rapidly. As of 2002, IVF services were available in only about one-quarter of the world's nations – mostly the affluent, Western nations, which accounted for 91 percent of the world's gross domestic product (Collins, 2002). By 2007, that fraction had expanded to nearly one-third of the world's nations (Jones et al., 2007). By 2010, more than half of the world's nations had developed, or were on the cusp of developing, IVF services. In that year, between 4000 and 4500 IVF clinics were estimated to exist globally (Jones et al., 2010). More than one-quarter of these clinics were located in just two countries, Japan (606 to 618 clinics) and India (more than 500 clinics). Yet, not all of the rapid post-millennial expansion in IVF provision occurred in the West or in the 'Asian tiger' nations. By the mid-2000s, both the Middle East and Latin America were home to two of the most rapidly expanding IVF sectors, with widespread regional coverage and the existence of many clinics in some countries. As of 2009, nine Middle Eastern countries could be counted among the 48 countries performing the most annual assisted reproductive technology (ART) cycles per million inhabitants, with Israel ranking ahead of all the world's nations, followed by Lebanon (6th), Jordan (8th), Tunisia (25th), Bahrain (28th), Saudi Arabia (31st), Egypt (32nd), Libya (34th), and the United Arab Emirates (UAE, 35th). Although Latin America ranked in the lowest quartile of IVF clinic development, nine Latin American countries — Argentina, Uruguay, Brazil, Chile, Peru, Mexico, Ecuador, Dominican Republic, and Guatemala — made the list of the top IVF-performing nations (Adamson, 2009). The successes of these three regions — Asia, the Middle East, and Latin America — stand in stark contrast to sub-Saharan Africa, where only one-quarter of all countries hosted an IVF clinic as of 2010 (Jones et al., 2010). Three nations — Ghana (7 clinics), Nigeria (16 to 20 clinics), and South Africa (12 to 15 clinics) — can be considered comparative regional success stories. However, as summed up by a European Society for Human Reproduction and Embryology (ESHRE) Task Force *Providing Infertility Treatment in Resource-poor Countries*, sub-Saharan Africa consists of 'islands of high-tech infertility treatment in a sea of generalized poverty and medical neglect', a situation that was deemed 'highly inappropriate' (ESHRE Task Force on Ethics and Law, 2009).

Given the rapid development of IVF services that has occurred worldwide throughout the first 15 years of the 21st century, we might expect to see more social scientific study of this remarkable technological transformation. However, despite the fact that the global development of IVF reveals both intriguing patterns of technological diffusion, as well as familiar evidence of stratification, the globalization of IVF remains relatively understudied. Indeed, the global spread of IVF — which might be considered one of the most successful examples of translational biomedicine to have emerged during the 20th century — has been traced in a very small number of journal articles (Inhorn, 2003a; Inhorn and Patrizio, 2015) and edited volumes (Hampshire and Simpson, 2015; Inhorn and van Balen, 2002). Unlike the Internet, mobile phones, the Human Genome Project or Facebook, IVF has rarely been analysed as a transformative global technology (Franklin, 2013), and thus its global history remains largely unwritten.

We emphasize 'largely unwritten' because it is hardly the case that the rapid worldwide spread of IVF has gone entirely unnoticed by scholars working in the humanities and social sciences. On the contrary, there is ample evidence of the emergence of a new interdisciplinary field of reproductive studies, in which the role of reproductive technologies – including everything from contraception to IVF – figures prominently. In sociology, history, psychology, demography, law, philosophy, economics and many other disciplines, the social implications of ART have been extensively studied. This journal, *Reproductive Biomedicine and Society* (*RBMS*), is itself a reflection of this trend. And what is timely about *RBMS* is precisely its ability to bring these fields closer together, and to facilitate the effort to draw out some of the more generalizable conclusions that emerge from their ever-closer union. To achieve this end, we need to work both within and beyond disciplines simultaneously. Within the disciplines we need to identify patterns in the findings and lessons learned over time, and thus to gain the benefit of increased scale. And to scale-up even further, we then need to work across disciplines to build a bigger and better picture of what the rapid global expansion of IVF can tell us, including how it can inform policy and practice as well as social analysis and basic science (Inhorn and Patrizio, 2015).

In this Symposium we contribute to this process from the discipline of anthropology. Generally called 'social anthropology' in Europe and 'cultural anthropology' in North America, 'socio-cultural' anthropology has also spawned a large and evolving sub-discipline called 'medical anthropology' (Inhorn and Wentzell, 2012), with which most of the contributors to this special issue would readily identify. Since the study of reproduction and kinship are two core disciplinary themes in anthropology, it is not surprising that