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## SYMPOSIUM: IVF - GLOBAL HISTORIES

# From esterilología to reproductive biology: The story of the Mexican assisted reproduction business

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**Abstract** This paper provides the first overview of how assisted reproduction emerged and developed in Mexico. In doing so it addresses two broad points: when and how treatments using assisted reproductive technology became common practice within reproductive medicine; and how the Mexican assisted reproduction industry emerged. The paper begins in 1949, when the first medical association dedicated to *esterilología* – the biomedical area focused on the study of infertility – was established, thus providing the epistemic and professional ground upon which assisted reproductive technology would later thrive. The paper then traces the way in which this biomedical industry developed, from individual doctors in their practices to networks of clinics and from a clinical practice to a reproductive industry. It also describes the different ways in which the professional community and the government have worked towards developing a regulatory frame for the practice of assisted reproduction. The paper is informed by ethnographic work conducted at clinics, conferences, online forums and websites, as well as by analysis of the contemporary national media, government documents and national medical journals from the early mid-twentieth century to the those published today.

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## Introduction

Mexico has a fairly well-established reproductive healthcare industry, with assisted reproductive technology as the main product. There are over 50 clinics operating in various

cities across the country, offering a wide range of assisted reproductive technology treatments and with a prominent profile in the national media. There is an active professional association, established in the late 1940s, with approximately 450 members and its own specialised journal. According to the

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Latin American Registry of Assisted Reproduction (RedLara), in 2013 Mexico conducted 7204 cycles to prepare women for either IVF or for intracytoplasmic sperm injection (ICSI) making it the country with the third-highest number of reported cycles within the registry (Zegers-Hochschild et al., 2016). This ranking should be considered with some caution however, because it was derived from data offered voluntarily by only 29 clinics, about half of those that exist in the country. When and how did assisted reproduction become common practice within the area of reproductive medicine? How did the Mexican assisted reproduction industry emerge and become this active? This paper explores these questions from the service providers' perspective (the perspective of the user is equally important, although it will not be discussed here). Two aspects are highlighted that are suggested were important for the establishment of the Mexican assisted reproduction industry and for its subsequent development. The first one has to do with an epistemic shift that made these technologies acceptable to the practicing medical community. The second refers to the way in which the assisted reproduction biomedical community choreographed (Thompson, 2005) the practical, technological and economic elements that are implicated in the provision of assisted reproduction services and thus established the assisted reproduction industry.

The account of Mexico's 'repro-natal history' (Franklin and Inhorn, 2016) offered in this paper is informed by the ethnographic work carried out at public and private clinics, medical and non-medical conferences, professional meetings and at online forums and websites, as well as from interviews with users and psychologists, the analysis of national journals, newspapers, magazines and legal documents. This account begins in the late 1940s and continues until the early 2000s, a period strongly marked by a shifting reproductive agenda, the growth of biomedicine, the strengthening of globalisation and neoliberal practices, and a constant yet unsuccessful struggle for democracy.

The structure of the paper traces how the practice of biomedically assisted reproduction evolved locally. Part 1 describes the epistemic shift that allowed the biomedical community concerned with infertility to make sense of and accept the new technologies of assisted reproduction that were being pioneered overseas. Part 2 looks at the emergence and establishment of the biomedical assisted reproduction industry. Due to the complexity of the Mexican healthcare systems the important points of each system are summarized in Table 1 for clarity. Likewise, in Table 2, an overview of the history of assisted reproduction in Mexico is provided, highlighting the major events that are discussed in this paper.

### The epistemic shift: from *esterilología* to reproductive biology

This account begins in the late 1940s, looking at the professional activities of a small group of physicians concerned with and dedicated to understanding and curing what they called 'conjugal sterility' (*esterilidad conyugal*). Interestingly, this group strongly opposed artificial insemination (AI), a technique that had proven successful in certain cases. This group of specialists witnessed and participated in the fundamental transformation of Mexico's reproductive agenda, a transformation that, as will be described, was

important for the development of assisted reproduction in Mexico.

### *Esterilología*: the study of conjugal sterility

According to census figures from 1910 and 1921, respectively, when the 10-year Mexican Revolution ended in 1920, the population had decreased from 15.1 million to 14.8 million (Alba-Hernandez, 1976; Mendoza García and Tapia Colocía, 2010). This situation led the state to issue two sets of laws that would help increase the population, one in 1936 and the second in 1947, which favoured reproduction by limiting the availability of contraception and by promoting healthcare practices to tackle perinatal and infectious diseases. They also stimulated immigration and the repatriation of those who left during the revolution. The effects of these policies were as expected: a decrease in mortality and an increase in the total population. By 1950, Mexico's population totalled 25.8 million; nonetheless, Mexico's official agenda continued to be pro-natalist (Mier y Terán, 1991).

It was in this context in 1949 that an all-male group of 31 physicians established the first national biomedical professional association focused on infertility, as well as one of the very first journals on this topic. They named the association The Mexican Association for the Study of Sterility (Asociación Mexicana para el Estudio de la Esterilidad, henceforth AMEE) and their quarterly journal *Sterility Studies* (Estudios en Esterilidad, henceforth EE). Among other things, they were concerned with the effects 'conjugal sterility' had on the individual, the couple and the nation. At the individual level, clinicians recognized that childlessness affected both women's and men's identity and drive in life; for a couple it meant the nullification of one of the primary purposes of pairing; and for society as a whole it represented a loss of valuable human resources that could link past and present, perpetuate cultural traditions and give the nation solidity and strength (Álvarez Bravo, 1952; Sordo Noriega, 1951).

The formation of the association and the publication of its journal confirmed the emergence of *esterilología* as 'the specialty of gynaecology, and... of andrology' (Arteaga Elizondo, 1961:60) dedicated to the interdisciplinary study of 'marital infertility' or 'conjugal sterility', involving areas such as radiology, endocrinology, psychiatry, biology, psychology and chemistry (Castelazo Ayala, 1959; Castro, 1959). As an emerging specialty, *esterilología* required a corpus of basic scientific research, for which standardized diagnostic methods and criteria were needed. Most of the research reported in EE was based on the members' clinical experience from both their private practice and their work in the publicly-funded healthcare system. In these two settings they encountered a population of patients diverse in terms of income and socio-cultural background. Within this diverse population, they found an equally diverse set of causes for infertility: from poor eating and hygiene habits, alcoholism, work-related issues (mainly in men) and lack of knowledge regarding intercourse, to the negative side effects of abortions (which were illegal), delaying marriage and the use of contraception – which they saw as causes of endometriosis (Álvarez Bravo, 1952).

As mentioned above, the association spoke of 'marital infertility' or 'conjugal sterility'. These terms suggest a

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