

Infertility in history, science and culture

Edinburgh, July 2013

What, why and where 'infertility'?

- Where does infertility (a medical concern) sit in relation to men/women's health? Contraception? Miscarriage? Stillbirth?, Abortion? Adoption? Death?
- Involuntary childlessness? Voluntary? Regulated by medicine/state? Coerced in other ways?
- Thwarted biological or social parenthood?
- What is not being reproduced? One's (selfish) genes? Normative identity? Family/Kin network (NB grandparents/children)? Heirs (property)? Population? Body politic? Other?
- What stage of life cycle (past, present or future)?
- Was 'infertility' the central theme, or a vehicle in which to explore another?

Standpoint(s)?

- Did the papers presented over past few days have a standpoint? If so, what was it (personal, political, disciplinary, methodological, policy, ethical, other)?
- Should standpoints be made explicit, or remain implicit? Or should scholars on infertility avoid standpoints?
- What is scholarship on infertility, a controversial concern, outwith a standpoint?
- Should/how might scholars contribute to wider debates on issues raised in the paper?

Stratified reproduction

The physical and social reproductive **tasks** accomplished differentially according to inequalities based on hierarchies of class, race, ethnicity, and gender (Colen, 1995).

What is relationship of physical reproductive labour and social/economic reproductive labour? Who undertakes the work? Under what conditions?

'Wasted humans'

'Excessive' or 'redundant' people cast out of classificatory schema as 'out of place', 'unfit' or 'undesirable' (Bauman, 2004).

What classification systems cast physical and social infertility into residual categories? What are these categories? Are characteristics shared? Which ones differ? What are the consequences of being cast out for reason of infertility?

Bioavailability

Bioavailability describes circumstances in which ‘wasted people’ trade their bodies/parts for cash (Cohen, 2005).

- It refers to ‘human waste’ as a potentially productive (fertile) resource.
- Where, how, why and which bodies and body parts become bioavailable , or are denied bioavailability, in ‘infertility’?
- How is bioavailability recruited?
- Is it (dis) organized and/or (un)regulated?