
Polina Vlasenko

GOVERNING THROUGH PRECARIETY: THE EXPERIENCE OF INFERTILE BODIES IN IVF TREATMENT IN UKRAINE

Despite the large amount of research accumulated on the subject of assisted reproductive technologies in different cultural and political settings, the implementation of ART in Ukraine was left without deserved attention. However, this sphere requires investigation due to the social and theoretical problems at its heart. Firstly, Ukraine's recently emerging market of commercial infertility services is rapidly developing, becoming a target of transnational fertility travel and challenging the procreative imagery of society. Secondly, there is little reporting on the local, lived experiences of how infertile women negotiate the gendered discursive practices of assisted conception in Ukraine. In this article I will examine how the subjectivities of infertile women undergoing IVF procedures are constructed in discourses about ART in Ukraine and which power rationalities are involved in production of these subjectivities.

Keywords: assisted reproductive technologies, in vitro fertilization, biopower, precarity, Ukraine

Introduction

Assisted reproductive technologies (ART) have been in the focus of feminist scholarly work for over than thirty years. According to Charis Thompson, feminist research on ART during this time has been very ambivalent. On the one hand, feminists recognized that involuntary childlessness causes suffering among women. On the other hand, they were reluctant to fully endorse infertility treatment as restricted to upper- and middle-class white married couples and reinforcing child-bearing roles for women. As such they saw it, supporting the superiority of the

Polina Vlasenko – PhD student, Department of Anthropology, Indiana University (Bloomington, USA), Researcher in the Center for Society Research, Kyiv, Ukraine. E-mail: polina.vlasenko@gmail.com

heterosexual nuclear family and contributing to stratification along the lines of class, gender, age, race and able-bodiedness (Thompson 2002).

These criticisms emerged on the basis of powerful feminist scholarship concerned with the ways in which the medicalization of reproduction reinforces the dominance of men (Martin 1987). Due to its dangerous and experimental character, low success rates and high prices in the 1970's and 1980's, many feminists argued that infertility treatment, through the increase of medical surveillance and the technologization of childbirth, subjected women's bodies to greater patriarchal control (Terry 1989). However, instead of questioning the maternal instinct of infertile women as an effect of patriarchy, feminist scholars in the 1990's turned their attention towards women's experience of motherhood and became more "curious about ways women and men work with and against mothering stereotypes" (Thompson 2002: 66). As a result, many contemporary researchers focus on how infertile women and men struggle to comply with the cultural accounts of normalcy and gender identity reproduced by ART and how their failure to do so brings about changes in existing definitions of gender and kinship (Becker 2000).

Most of these studies discuss the role of ART in the Western liberal democracies, while the number of academic inquiries that focus on the infertility and high-tech reproductive medicine in post-Soviet countries is very limited. Michele Rivkin-Fish wrote on reproductive politics in Russia (Rivkin-Fish 2013), Olga Brednikova, Nadya Nartova and Olga Tkach considered the implementation and cultural reception of ART in the country (Brednikova et al. 2009) and Tatsiana Schurko analysed ART as being incorporated into "the regime of compulsory motherhood" in Belarus (Schurko 2012). Ukraine, however, remains a blind spot on the map of academic literature, since there has been very little research acknowledging the voices of Ukrainian women as they articulate their encounter with reproductive technologies.

At the same time, the Ukrainian reproductive market and commercial fertility industry has continued to grow, with at least 28 private and 6 state-owned infertility clinics being established since 1991¹, when the first "test-tube baby" was born under the treatment of the famous Ukrainian scientist Valentin Grishenko. Moreover, Ukraine is one of the few countries in Europe that endorses commercial gestational surrogacy treatment and commodification of donor egg cells. As such, Ukraine has quickly transformed into a popular destination for couples seeking conception at a lower price and can be seen as an important location on the map of reproductive tourism or exile (Inhorn 2009; Blyth, Farrand 2005). Thus, it is necessary to examine the case of Ukraine to reveal those discrepancies that exist in the use of ART in different local contexts situated within the global politics of gender, race and class inequalities (Ginsburg, Rapp 1995; Rapp 2011; Birenbaum-Carmeli, Inhorn 2009).

¹ Ukrainian Association of Reproductive Medicine (UARM). 2014. Members of Association. Available at: <http://www.uarm.org.ua/pro-asotsiatsiyu/uchasniki-asotsiatsiji.htm>

In Ukraine, "infertility" is positioned within a wider context of the state being increasingly aware and concerned by a national demographic crisis. A large number of women in the country are problematized both by the authorities and medical professionals as infertile, while male factors of infertility are generally ignored. In 2013, the Ministry of Healthcare reported 58 277 cases of infertility, with infertile women constituting 78,2% of all cases and 0,4% in the female population between ages 15 and 49. Furthermore, the World Health Organisation has reported that the estimated prevalence of primary and secondary infertility among child-seeking women exposed to the risk of pregnancy in Ukraine in 2010 was almost two times more than the world average (Mascarenhas et al. 2012)¹.

ART are presented by the state and medical professionals as providing an efficient way to address the problem of infertility. However, the amount of the cycles conducted annually remains very small. For example, in 2012 12 511 cycles were conducted for the 11.3 million Ukrainian female population of ages 15–49. This can be explained partly by the fact that ART services are provided almost solely by private infertility clinics, where the cost of treatment is beyond the budget of women with lower or on average incomes. The only support available to them comes from the state program of ART treatment, which only assists the first attempt to use IVF for those women between 19 and 40 who lack or have obstructed fallopian tubes (Ministry of Healthcare of Ukraine 2005).

Despite all of the above, the number of infertile women whose bodies become inhabited with governmental and medical decisions during IVF procedures increases every year. As a result, the fertility industry has largely contributed to discourses on the nature of women and motherhood in relation to the national duty and population growth. In this article I interrogate how different governmental rationalities in the discourses about ART construct subjectivities of women undergoing IVF treatment in order to make them autonomously enhance their infertile bodies. To research the different modes of subjectivation provided for them, discourses of three main actors involved in the production of the phenomenon of ART are examined; those of the state, medical professionals and IVF patients.

The structure of the article is as follows. First, the main methods of data gathering are reviewed and the theoretical concepts applied to the research data are discussed. Then in the results section, the discourses of the state, medical professionals and IVF patients are analysed. The concluding discussion assesses the importance of the findings and the main questions they pose to future scholarship in the field.

¹ Prevalence of primary infertility among women exposed to the risk of pregnancy in Ukraine in 2010 was 3.3%, while the world average was 1.9%; prevalence of secondary infertility among women exposed to the risk of pregnancy, with a prior life birth, in Ukraine in 2010 was 22.1%, while the world average was 10.2% (Mascarenhas et al. 2012: Dataset S1 and S2)

Data Gathering

Governmental decrees of the Ministry of Healthcare, Cabinet of Ministers and other legal documents that regulate the use of ART in Ukraine were examined to interrogate the work of power in the discourse of the state. In order to unveil the discourse of medical professionals I conducted interviews with 4 directors of infertility clinics in Kyiv and Kharkiv and analysed articles of obstetrician-gynecologists from the "Ukrainian Medical Journal" from 2005 to 2010. I interviewed 10 infertile women who have had successful IVF treatment to reveal how they negotiated power relations and found their place in these procedures. On the preliminary stages of my research, interviews were also conducted with 6 experts (5 sociologists and 1 lawyer) who write on the politics of reproduction in Ukraine and other post-Soviet countries.

All women informants had IVF treatment between 2003 and 2010 and were between 22 and 38 years old at the time of the procedure. They shared similar backgrounds in terms of class, gender, sexuality and marital status, which was largely determined by the fact that infertility treatment in Ukraine mainly targets married heterosexual women from the middle classes. Thus, the overall sample of my research cannot be seen as representative of Ukrainian society as a whole. The use of the snowball method entailed that the researcher would only have access to members of one social network. The research does not include the experience of infertile men, lesbian women, women and men of lower classes or those who do not suffer from infertility.

Foucauldian approach to reproductive technologies

The Foucauldian concepts of "biopower" or the neo-liberal "art of government" are widely applied by feminists to reveal how manipulating life forms in the management of infertility enables the state to establish control over the population. They expose how the state exercises its power by producing knowledge about life processes of the population, strengthening the forces of its subjects and maximizing their biological lives (Sawicki 1991; Pollock 2003; Sleeboom-Faulkner 2010). Likewise, it can be fruitful to use these concepts to explore the rationalities of government that act through the discourses on reproductive technologies to produce the subjectivities of infertile women as a precarious realm for state and medical intervention.

It is necessary to examine two different rationalities of government engendered by biopower: biopolitics acting through the discourse of state legislation and "advanced liberal" governmentality that is manifested in the discourse of medical professionals. Michel Foucault defines "biopolitics" as technology that allows the state to regulate the population as a "a global mass that is affected by overall processes characteristic of birth, death, production, illness and so on" (Foucault 2003: 242–243) and seeks "to improve the condition of the population, to increase

its wealth, its longevity, and its health" (Foucault 2009: 141). Nicolas Rose departs from this concept, but claims that the current technoscientific advances, together with neoliberal changes in rationalities of government, have led to a shift away from the biopolitical mechanisms of normalization towards the technologies of responsabilization and autonomization. In the "advanced liberal" democracies the practices of government were "de-statized", detaching from the state a variety of regulatory technologies previously exercised by it (Rose, Miller 2008: 212–213). In particular, the responsibility for the human life and health was devolved away from the state and ascribed to quasi-autonomous non-governmental entities and individuals, who now are supposed "to manage their own affairs" (Rose 2007: 4) to achieve "maximization of a version of their happiness and fulfilment" (Rose, Miller 2008: 215). In Ukraine both rationalities determine the modes of subjectivation that bring infertile women to work on the biomedical optimization of their infertile lives in a continuous manner and to govern their own conduct in order to comply with the social norm of motherhood.

In its turn, the concept of "precarity" can help to analyse how biopower enacts the subjectivation of infertile women using IVF by producing the precarious conditions within which they must reproduce. Judith Butler has distinguished between precariousness and precarity in the following manner. Precariousness is "the condition of being conditioned" that "relies on a conception of the body as fundamentally dependent on, and conditioned by, a sustained and sustainable world" (Butler 2009a: 23, 34). It is shared by all people, as they all are physically vulnerable, depend on the social conditions that sustain life and must submit themselves to the social norms in order to be recognised by society and persist as subjects (Butler 2004: 45). This recognition provides them with the support of power structures and makes their lives livable and grievable. However, not all vulnerable lives are equally exposed to danger; the lives of those who are not recognised as subjects are made more precarious. Thus, precarity is the "differential allocation of recognizability" (Butler 2009b), which indicates the "politically induced condition in which certain populations suffer from failing social and economic networks of support" (Butler 2009a: 25). Likewise, infertile and childless women depend on the precarious conditions of reproduction, given that they do not fit into the frames of intelligibility provided by society, where only mothers have a legitimate position as subjects and are supported in turn.

The work of biopower in producing precarious reproduction in Ukraine

The state: the biopolitics of maternity

The state discourse about reproduction in Ukraine is strongly related to the question of national security. In the state-approved strategic framework of demographic development the encouragement of reproduction is declared to be neces-

sary for "national development and wellbeing", while the decline in the birth rate is considered to be the main "danger for national security" (Cabinet of Ministers of Ukraine 2006). As a result, women's reproductive health and sexuality have become objects of the biopolitical strategies employed by the state to achieve regulation of population.

The main biopolitical technique used by the state to regulate reproductive practices is the construction of normalcy (Foucault 1998). In particular, it is declared that high birth rates can be achieved through a restoration of "traditional family values", ensuring that the right to reproduce belongs to full heterosexual families. For example, in the state program "The Reproductive Health of the Nation" by 2015 it is claimed that one of the main causes of the decreasing birth rate and problems in reproductive health is the "lack of attention to the role of the family and failure to preserve traditional culture of relationships in the family as a basic component of society" (Cabinet of Ministers of Ukraine 2007).

According to this state discourse, responsibility for reproduction and child-bearing rests on women, and procreation is often positioned as their natural and primary mission in life and the only way they can fulfil themselves. As a result, the only intelligible mode of subjectivation provided by the authorities to women is the role of "mother", which means that infertile women's lives are made precarious or even not livable.

In this context, ART are manifested by the state as a solution to the "problem" of "demographic crisis", as it allows the state to mobilize one more demographic reserve, namely the infertile couples. Moreover, the private character of ART allows the state to pass on responsibility for reproductive health to individual women and avoid direct involvement in provision of medical treatment of infertility. Sociologists interviewed for this research have claimed that there is a discrepancy between the discourse of "traditional family values" and actual state policies in combatting infertility. This is exacerbated by a shortage of financial support, corruption and limited accessibility to state medical institutions, poor expert knowledge and a lack of attention to the socio-economic causes of infertility (Informant 7).

The regulation of ART is an example of state policies that support and legitimize certain "traditional" gender, sexual and kinship configurations, while excluding others. Although there are no explicit prohibitions in Ukraine's legal regulations on the use of IVF by fertile, single, lesbian women or unmarried couples with various sexual orientations, there is a strong implication that ART are to be used primarily by heterosexual married middle-class couples who suffer from infertility. Ukrainian legislation defines parents of a child born in the result of the application of ART as "wife" and "husband" or "married couple (man and woman)" in the case of surrogacy (Verkhovna Rada of Ukraine 2002) and states that IVF and embryo implantation should be accompanied by the "written consent of the spouses" (Verkhovna Rada of Ukraine 1993).

To sum up, the state discourse in the field of ART aims to increase the birth rate through the normalisation of motherhood and the promotion of traditional

family values. At the same time, the elevation of "advanced liberal" rationalities can be seen in the passing of responsibility for reproductive health to individual women and educating them to govern their own conduct freely. In this way biopolitics aim to shape infertile women to pursue the social norm of motherhood and optimize their bodies in compliance with it.

Medical professionals: "Advanced liberal" governmentality and construction of "biocitizens"

The discourse of professionals in private infertility clinics articulates the treatment of infertility as a matter of consumer choice that should be left to autonomous and self-governed entities. My respondents emphasize their desire to manage their activities without state control. Doctors explain the success of ART in Ukraine primarily by the fact that it was commercialised and exists independently from the public healthcare system.

We are trying to take the initiative, because if our politicians wrote the laws and instructions on the use of ART, this would mean the end of the whole field (Informant 1).

Since the main political rationality in the discourse of medical professionals about ART consists of acting on choices, I try to capture it with the concept of "advanced liberal" governmentality, which can be understood as a distinct form of rationality that enables the management of "life itself" and enhancement of citizens' "vital lives" through the individualization of responsibility (Rose 2007: 3). Doctors perceive women undergoing IVF as independent customers or clients, who are capable of making decisions freely and independently:

Our relationships with patients are contractual. She is informed about the efficacy or inefficacy of the program. The patient understands what she is paying for and what she is going to get as a result. Therefore this is her choice (Informant 2).

On the other hand, they see them as patients with "sick" mothering bodies, who can be described as "genetically defective mothers", the "mothers with poor response of ovaries" (Sudoma 2005a: 92), the mothers whose uteri are "hostile environments for the foetus" (Mozgova 2005: 102) and the prolific mothers who "create problems for obstetrics" (Sudoma 2005b: 99). By attaching infertile women to imperfect bodies in need of constant care and enhancement while making them fully responsible for their treatment, "advanced liberal" governmentality techniques also put them in a precarious position. According to this mode of subjectivation, infertile women are recognized as intelligible only if they seek constantly to improve their bodies and govern them in the caring manner. As a result they adopt a knowledgeable relation to their bodies and start to see them as something to be worked upon.

The detachment of control functions from the state and promotion of individual self-reliance in infertility treatment in Ukraine allows to compare post-

socialist practices of government with the "advanced liberal" security apparatus in the West. The discourse of medical professionals exercises its power through the construction of women as subjects that would be responsible for taking care of their own health, seeking to optimize their body for the sake of a more complete existence, insofar as this is understood in biomedical terms. This mode of subjectivation is based on self-governance and somatic ethics, and can be called biological or genetic citizenship (Rose, Novas 2005; Heath et al. 2007).

IVF patients: the restoration of normality

Both the state biopolitics and "advanced liberal" governmentality of medical professionals enact frames of recognition which render the lives of infertile women unlivable, as they do not fit into the existing subject position of a "mother". Motherhood is portrayed to be so crucial to gender identity that the majority of my informants admit feelings of depression in connection to a sense of handicap, self-hatred and unfulfilled femininity due to an inability to give birth:

Seeing young children made me understand all my inferiority. Attitudes and public opinion in our country say you have to get married and have children (Informant 5).

Women also claim that regardless of the actual reason of childlessness, their social surroundings blame them and hold them responsible for it. One informant mentioned that, after she had first ectopic pregnancy and was in a condition of extreme stress, her relatives, especially her mother-in-law, started to question why she is not planning a second pregnancy and criticised her lack of activity in this area (Informant 3). Apart from being pressured to mother, one informant admits that she "couldn't talk with anyone" about being infertile, since she encountered strong "condemnation" from her close friends and relatives who thought she was "*leading her life in the wrong way*" (Informant 6)

Infertile women are not allowed to retain intelligible subjectivity as childless, instead they are encouraged to combat infertility and undergo IVF. They adapt to the only available subjectivity, that of "mother", in order to manage their precarity, which is produced by a lack of recognition, and fit into the power structures that promise to make their lives secure and sustainable. In doing this, they exhibit exaggerated gender attributes, in particular in their acting out of the roles of responsible mothers and caring wives. They expect their uncompromising and exhausting struggle to meet social expectations to prove that they are perfect candidates for motherhood (Thompson 2002: 65).

However, even the pregnant bodies of previously infertile women continue to be made precarious both in medical institutions and outside them. Their pregnancy is perceived as more "uncertain" and "insecure" than a "natural" one. Respondents who hide the fact that they underwent IVF saw the treatment as a source of "shame and embarrassment", "prejudice and incomprehension" attached to the label of "artificial children":

We hide it from everyone, from all our relatives and friends. If you go to ordinary hospital, people start to talk. Some nurses can say that it is better to get a dog than have a child in such a way. Our society is not mature enough to accept this (Informant 6).

In addition to being treated differently with regard to IVF procedure, women report that obstetricians saw their pregnancy as "problematic" since they were in their thirties and mostly had polycyesis¹. One informant revealed that there was a complex set of norms regarding the age of the future mothers, the number of children and the means of conception that played its role in articulating her IVF pregnancy as "abnormal":

Since we have this attitude that you (the woman undergoing IVF) are like an outcast, it is very scary. IVF is everything at once: you have caesarean, you are too old for pregnancy, and you have twins. Some people say that these children are not normal (Informant 5).

As infertile women fail to live out gender norms, they are exposed to all sorts of insecurity and the social conditions on which they depend become extremely uncertain. Firstly, the fact that their bodies are not always able to conceive and gestate a child, instead they bleed, hurt, rebel and disappoint, thus questioning their ability to control their lives and rely on their bodies as healthy, normal and functional:

It was always difficult for me, each month when my menstruation started it was really hard to take. Maybe you can just let it be the way it is, or you can think if it didn't happen this time, it will happen next time. I don't know. For me it always was extremely painful (Informant 4).

When they understand the limits of their knowledge with regard to the vulnerability and opacity of their biology, they also question the existence of the normal healthy body as a full unattainable ideal and see reproduction as an interrupted and fragile process, accompanied by miscarriage, ectopic pregnancy and premature birth.

Another precarious condition is produced because of the authorities' failure to provide infertile women with support. My respondents often found themselves unable to trust the state and private medical institutions and rely on the competence and expert opinion of medical professionals. Moreover, they often showed an awareness of how the profit motive could affect doctors' judgement of their cases. As a result, turning to doctors did not allow women to absolve themselves of responsibility to gain control over their life and deal with their vulnerability:

In our country everyone wants to make money out of you. After failing (to conceive) you go to the therapist and she says, she doesn't know why it happened and that you should take these tests. By that time, after a number

¹ Multiple pregnancy.

of cycles I already understood the tests, how to see the whole picture, but the first time it happened I was sitting there like a dumb person, I understood that they were taking advantage of me but I didn't know how exactly. When pregnant, I went to an ordinary women's medical consultation at a state clinic, and they told me: "IVF? I am not going to take you as a patient here, I don't know what to do with you" (Informant 6).

When it comes to the state program, almost all women criticized it for the small amount of cycles it provided¹, its widespread corruption and numerous bureaucratic obstacles that candidates had to overcome in order to gain access to the treatment. This insufficient support from the state was crucial in context of the lack of financial resources on the part of my respondents, who were often "spending all wages on IVF" and had to borrow money or take out a bank loan to afford the procedures. Thus, the commercialization of almost the entire sphere of ART services causes stratification of reproduction along class lines, as well as increasing the role of class in defining who has the right to mother.

During IVF treatment, women manage their awareness of their bodily vulnerability, deal with uncertainty in the competence and honesty of medical professionals and face financial insecurity by adapting the responsible and self-governed subjectivity of biological citizens and establishing informed relationships with their bodies through self-knowledge and self-treatment.

In the context of my research it is important to discuss how our biology is understood in biomedical terms and how it becomes who we are and what informs our hopes and expectations, unease and discontent. For my informants, knowledge and care about their imperfect bodies became essential in rescuing their gender identity. They managed the precarity of their non-recognition through endorsing self-governance and obtaining knowledge about medicines and procedures necessary for the independent treatment of their bodies. In this way the precarious standing of infertile women facilitates the work of power in shaping their subjectivities; their precarity becomes a norm itself, through which power governs, since "precarization in neoliberalism is no longer perceived as a phenomenon of 'exception', but is instead in the midst of a process of normalization, which enables governing through insecurity" (Lorey 2011).

The majority of women I talked with were going into IVF treatment without a clear understanding of what to expect from their bodies. They had never had this kind of interaction with their bodies before and, therefore, did not know how to understand and treat it. They also were lacking knowledge about their own body map, as well as medical knowledge that would help them to figure out what was actually happening to them and why, leading to an absence of control over the situation and helpless exposure of one's body to medical staff.

¹ According to the Ministry of Healthcare of Ukraine, there were 667 cycles conducted in 2011, 580 cycles in 2012, 608 cycles in 2013.

Consequently, my interviewees were studying their own body and acquainting themselves with the details of medical treatment, sharing information with each other on the online forum, checking prescriptions and choosing between doctors and clinics. They adapt the ethics of active biological citizens and conscious consumers, educating themselves by finding all medical information on the Internet, evaluating the opinions of doctors and resisting the monopoly of the medical authority on the knowledge of their bodies (Rose 2007:22). As autonomous and self-governed individuals they adjust their prescriptions and decide which treatment is more appropriate:

I was not just sitting and listening in the consulting room, I was reading a lot on my own, I was reading dissertations, articles on the Internet, I was printing them out, buying books. When I came to see my doctor, she laughed at me: "Which dissertation are we going to discuss today?" I was controlling my estrogen, progesteron. I was going to the laboratory as if I was working there. Everyone knew me there, I was coming to control my hCG¹ every two days. Afterwards I prescribed myself a programme. I also found it somewhere on the Internet. When I showed this list of drugs to my doctor, she looked at me and asked: "Oh, my God, how do you handle it all?" (Informant 4).

Therefore, the subjectivities of my informants are produced by biopolitics and "advanced liberal" governmentality techniques to be active in their own government and overcome all obstacles on their way to self-fulfilment in responsible motherhood. Infertile women see in "motherhood" and educated care for their infertile bodies the only way to restore their status as intelligible subjects and manage the precariousness of the state discourse and medical treatment. I argue that these subjectivities of obedient biological citizens are enacted as a result of precarious reproduction and allow the state to withdraw responsibility for the health of the population, while keeping in line with its biopolitical impetus.

Concluding remarks

This article has explored the operation of power in governing the reproductive practices of the population through discursive production of women as subjects that would exercise their freedom to enhance their infertile bodies in accordance with biomedical terms and social definitions of normalcy. The study of the subjectivation of women using IVF in Ukraine is important since, as a post-socialist country, Ukraine provides scholars with the opportunity to explore the rationalities of government which condition the development of reproductive technologies in political systems different from "advanced liberal democracies". Instead of focusing on one technology of power, I have demonstrated that in the discourse of IVF patients in Ukraine both biopolitics and "advanced liberal" governmentality are combined to provide women undergoing infertility treatment with the modes of subjectivation of "mother"

¹ Human chorionic gonadotropin (hCG) – the hormone produced during pregnancy.

and "biological citizen". Moreover, I have discussed how biopower can achieve the compliance of bodies by defining the subjectivity of the infertile women as unlivable and reinforcing the precarity of their reproduction.

It would seem, however, that governance through freedom and precarity has ambiguous effects. If approached differently, it reveals its potential in helping infertile women to discover their agency in caring about themselves. Thus, it can be rewarding for future scholarship in the field to examine how IVF patients not only reinforce the social norms but also recognize their fragility. Thanks to the experience of infertility, my informants acknowledged their own inability to be accountable for their vulnerable bodies, which gave them opportunity to understand the precariousness of other women whose bodies also do not meet social expectations. In this way the precarious conditions of infertility allow women to acquire greater recognition of other people whose identities were also compromised, and build coalitions with them based on shared vulnerability. The further exploration of the possibilities of agency and coalition-building on the ground of common human vulnerability is pivotal in envisioning new living worlds and joining with others for political goals, such as the minimization of women's precarity in the realm of reproduction and public health in Ukraine.

List of interviews cited in the article

Informant 1 – man, director of private infertility clinic, obstetrician-gynecologist, MD, work experience in the field of ART – 16 years (Kharkiv, Ukraine)

Informant 2 – woman, director of private infertility clinic, obstetrician-gynecologist, MD, work experience in the field of ART – 6 years (Kyiv, Ukraine)

Informant 3 – woman, IVF patient, 40 years, teacher of economics at the university, married, started to do IVF in 2007, gave birth from IVF in 2007, 2 cycles/ 1 successful cycle, 6 transferred embryos/4 implanted embryos in successful cycle, 2 children from IVF (Poltava, Ukraine)

Informant 4 – woman, IVF patient, 40 years, secretary, married, started to do IVF in 2006, gave birth from IVF in 2012, 11 cycles/ 1 successful cycle, 6 transferred embryos/ 2 implanted embryos in successful cycle, 2 children from IVF (Kyiv, Ukraine)

Informant 5 – woman, IVF patient, 39 years, teacher of medicine at the university, married, started to do IVF in 2008, gave birth from IVF in 2008, 1 successful cycle, 2 transferred and implanted embryos, 3 children/ 2 children from IVF (Kyiv, Ukraine)

Informant 6 – woman, IVF patient, 32 years, unemployed, married, started to do IVF in 2008, gave birth from IVF in 2010, 3 cycles/1 successful cycle, 3 transferred embryos/ 1 implanted embryo in successful cycle, 1 child from IVF (Kyiv, Ukraine)

Informant 7 – woman, PhD in Sociology, lecturer at Taras Shevchenko National University of Kyiv (Kyiv, Ukraine)

References

Becker G. (2000) *The Elusive Embryo: How Women And Men Approach New Reproductive Technologies*, Berkeley, Los Angeles, London: University Of California Press.

- Birenbaum-Carmeli D., Inhorn M. C. (eds.) (2009) *Assisting Reproduction, Testing Genes: Global Encounters With New Biotechnologies*. New York, Oxford: Berghahn Books.
- Blyth E., Farrand A. (2005) Reproductive Tourism – A Price Worth Paying For Reproductive Autonomy. *Critical Social Policy*, 25: 91–114.
- Brednikova O., Nartova N., Tkach O. (2009) Assisted Reproduction In Russia: Legal Regulations And Public Debates. W. Jong, O. Tkach (eds.) *Making Bodies, Persons And Families: Normalizing Reproductive Technologies In Russia, Switzerland And Germany*. Zurich, Berlin: LIT: 43–55.
- Butler J. (2004) *Precarious Life: The Powers Of Mourning And Violence*. London, New York: Verso.
- Butler J. (2009a) *Frames Of War: When Is Life Grievable?* London, New York: Verso.
- Butler J. (2009b) Performativity, Precarity And Sexual Politics. Lecture Given At Universidad Complutense De Madrid. *Revista De Antropología Iberoamericana*. 4 (3): i-xiii.
- Cabinet Of Ministers Of Ukraine (2007) Resolution From The 27.12.2006 Of No.1849 On The Approval Of The State Program "Reproductive Health Of The Nation" by 2015. *Ofitsiyniy Visnyk Ukrainy* [The Official Bulletin Of Ukraine], 1.
- Cabinet Of Ministers Of Ukraine (2006) Resolution From 24.2006 Of No.879 On The Approval Of The Strategy Of Demographic Development For The 2005-2015. *Ofitsiyniy Visnyk Ukrainy* [The Official Bulletin Of Ukraine], 26.
- Foucault M. (1998) *The History Of Sexuality, Vol. 1: The Will To Knowledge*. London: Penguin Books.
- Foucault M. (2003) *Society Must Be Defended. Lectures At The Collège de France, 1975–1976*. New York: Picador.
- Foucault M. (2009) *Security, Territory, Population. Lectures At The Collège de France, 1977–1978*. New York: Picador.
- Ginsburg F., Rapp R. (eds.) (1995) *Conceiving The New World Order: The Global Politics Of Reproduction*. Berkeley: University Of California Press.
- Heath D., Rapp R., Taussig K. (2007) Genetic Citizenship. D. Nugent, J. Vincent (eds.) *A Companion To The Anthropology Of Politics*. Malden, Oxford, Carlton: Blackwell Publishing: 152–167.
- Inhorn M. C. (2009) Rethinking Reproductive Tourism As Reproductive Exile. *Fertility And Sterility*, 92: 904–906.
- Lorey I. (2011) Governmental Precarization. *eipcp multilingual webjournal*. Available at: <http://eipcp.net/transversal/0811/lorey/en> (accessed 2 June 2014).
- Martin E. (1987) *The Woman In The Body: A Cultural Analysis Of Reproduction*. Boston: Beacon Press.
- Mascarenhas M. N., Flaxman S. R., Boerma T., Vanderpoel S., et al. (2012) National, Regional, And Global Trends In Infertility Prevalence Since 1990: A Systematic Analysis Of 277 Health Surveys. *PLoS Med*, 9 (12): 1–12.
- Miller P., Rose, N. (2008) *Governing The Present: Administering Economic, Social And Personal Life*. Cambridge, Malden: Polity Press.
- Ministry of Healthcare of Ukraine (2005) Decree from 29.11.2004 of No. 579 on the "Procedure for Referral of Women with Absolute Indications for the First Course of Infertility Treatment with the Methods of Assisted Reproductive Technology for Budgetary Funds". *Ofitsiyniy visnyk Ukrainy* [The Official Bulletin of Ukraine], 7.

- Mozgova O. (2005) Kompleksna diahnozyka ryzyku ta poperedzhennia zahrozy pereryvannya vahitnosti u zhinko pislia ekstrakorporalnoho zapludnennia [Complex Diagnostics of Risk and Prevention of the Threatening Miscarriage in Women After in Vitro Fertilization]. *Ukrainskyi Medychnyi Chasopys [Ukrainian Medical Journal]*, 2 (46): 102–109.
- Pollock A. (2003) Complicating Power In High-Tech Reproduction: Narratives Of Anonymous Paid Egg Donors. *Journal Of Medical Humanities*, 24 (3/4): 241–263.
- Rapp R. (2011) Reproductive Entanglements: Body, State, And Culture In The Dys/Regulation Of Childbearing. *Social Research*. 78 (3): 693–719.
- Rivkin-Fish M. (2013) Feminist Strategies For Russian Reproductive Politics: Abortion, Surrogate Motherhood, And Family Support After Socialism. *Signs*. 38 (3): 569–593.
- Rose N., Novas C. (2005) Biological Citizenship. A. Ong, S. J. Collier (eds.) *Global Assemblages: Technology, Politics, And Ethics As Anthropological Problems*. Oxford, UK: Blackwell: 439–463.
- Rose N. (2007) *The Politics Of Life Itself: Biomedicine, Power, And Subjectivity In The Twenty-First Century*. Princeton, Oxford: Princeton University Press.
- Sawicki J. (1991) *Disciplining Foucault: Feminism, Power, And The Body*. London: Routledge.
- Sleeboom-Faulkner M. (2010) Reproductive Technologies And The Quality Of Offspring In Asia: Reproductive Pioneering And Moral Pragmatism? *Culture, Health & Sexuality*, 12 (2): 139–152.
- Shchurko T. (2012) Obyazatel'noe materinstvo: reproduktyvnoe telo zhenshchin kak ob'ekt gosudarstvennogo regulirovaniya [Obligatory Motherhood: Woman's Reproductive Body as an Object of State Regulation]. *Laboratorium*, 2: 69–90.
- Sudoma I. (2005a) Syndrom slabkoi vidpovidi yaiechnykyv u tsyklakh ekstrakorporalnoho zapludnennia u patsientok iz adenomiozom [Poor Ovarian Response Syndrome in in Vitro Fertilization Cycles in Patients with Adenomyosis]. *Ukrainskyi Medychnyi Chasopys [Ukrainian Medical Journal]*, 2 (46): 92–101.
- Sudoma I. (2005b) Chastota ta etiologichni faktory ektopichnoi ta heterotopichnoi vahitnosti pislia prohram ekstrakorporalnoho zapludnennia [Frequency and Etiological Factors of Ectopic and Heterotopic Pregnancies after Extracorporal Fertilization Programs] *Ukrainskyi Medychnyi Chasopys [Ukrainian Medical Journal]*, 4 (48): 99–104.
- Terry J. (1989) The Body Invaded: Medical Surveillance Of Women As Reproducers. *Socialist Review*, 19: 13–43.
- Thompson C. (2002) Fertile Ground: Feminists Theorize Infertility. M. C. Inhorn, F. V. Balen (eds.) *Infertility Around The Globe: New Thinking On Childlessness, Gender And Reproductive Technologies*. Berkeley, Los Angeles, London: University Of California Press: 52–78.
- Verkhovna Rada of Ukraine (1993) Law of Ukraine "Fundamental of the Legislation of Ukraine on Healthcare" from 19.11.1992 of No. 2801-XII. *Vidomosti Verkhovnoi Rady Ukrainy [The Official Bulletin of the Verkhovna Rada of Ukraine]*, 4.
- Verkhovna Rada of Ukraine (2002) The Family Code of Ukraine from 10.01.2002 of No. 2947-III. *Vidomosti Verkhovnoi Rady [The Official Bulletin of the Verkhovna Rada of Ukraine]*, 21–22.