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2009

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Melissa Pashigian

Bryn Mawr College, mpashigi@brynmawr.edu

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Citation

Pashigian, Melissa J. "The Womb, Infertility and the Vicissitudes of Kin-Relatedness in Vietnam." *Journal of Vietnamese Studies* 4, no. 2 (2009): 34-68.

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MELISSA J. PASHIGIAN

The Womb, Infertility, and the Vicissitudes of Kin-Relatedness in Vietnam

The relatively recent transfer of in vitro fertilization (IVF) techniques to Vietnam from France only twelve years ago and the overwhelming success of the resulting IVF program in Vietnam have provoked a range of local responses, especially now that Vietnam has become a regional leader in IVF techniques and technologies. Much of the discourse concerning IVF and its success has been celebratory, even nationalistic. On April 30, 1998, Vietnam's first three IVF babies were all delivered by scheduled cesarean sections at Tũ Dũ Hospital in Hồ Chí Minh City to great fanfare. The births were choreographed to coincide with the Liberation of South Vietnam national holiday, a veritable deliverance of the nation into the technology-intensive world of assisted reproductive medicine. However, while these precious births heralded a series of advances in Vietnam's assisted reproductive science and practice, much of the discussion of IVF and its meaning has been concerned with what sorts of assisted reproductive procedures should be permissible, as IVF has challenged existing beliefs about reproduction and its meanings in Vietnam.

This article argues that contemporary individual and collective responses to IVF bring into sharp relief a deep-seated, enduring "womb-centrism" in Vietnamese kinship and social relatedness. I use the term "womb-centrism" as a working label to discuss a cultural pattern that points to long-standing and diverse emphasis on the womb as a site of relatedness-making; to illuminate

Journal of Vietnamese Studies, Vol. 4, Issue 2, pps. 34–68. ISSN 1559-372x, electronic ISSN 1559-3738. © 2009 by the Regents of the University of California. All rights reserved. Please direct all requests for permission to photocopy or reproduce article content through the University of California Press's Rights and Permissions website, <http://www.ucpressjournals.com/reprintinfo.asp>. DOI: 10.1525/vs.2009.4.2.34

the importance of the mother-child bond for Vietnamese kinship and individual identity formation; and to highlight differentiation between social, biological, and genetic relatedness. My inquiry stems from two ethnographic and analytically provocative elements that arose during the course of my fieldwork: first, the belief that “blood” relatedness can be established through gestation even in the absence of genetic relatedness, and second, a legal mandate in the 2003 law on in vitro fertilization and reproduction supporting techniques (Decree No. 12/2003/ND-CP) that stipulates that a woman who carries a pregnancy to term, even in a case in which the gametes (ova and sperm) are from other persons and genetically unrelated to her, is the rightful and legal mother.¹ A close examination of the introduction of IVF, contemporary concerns, and historical and cultural precedents concerning solutions to infertility exposes the centrality of such gestational primacy in Vietnamese culture, often obscured by cultural practices associated with patrilineal descent and ancestor worship, which privilege links to one’s paternal relatives. While the recent regulation of IVF by the Vietnamese government is temporally located in the present as it responds to technological innovations in reproduction and gestation, it builds on a long legal and cultural precedence to expose the cultural and symbolic importance of gestation in the womb—rather than genetics—in establishing kin-relatedness in Vietnam. IVF births, subsequent advances in the use of IVF in Vietnam, the use of donor gametes, and ruminations about the use of surrogate mothers have all led to a reinforcement of mother-child relationships in Vietnam’s reproductive law, which in itself builds on strong historical, even legendary, precedents and the cultural pervasiveness of gestational links.

The womb as a site of analysis provides a means to discuss and understand both social relations and the meanings implicit in the process of producing the next generation in Vietnamese society. Further, this opens up additional ways of thinking about reproductive relationships that are explicitly linked to intimate relations, kin practices, and government policy. Womb-centrism also serves as a way to expand definitions of biological relatedness that depart from representations found in Western cultural and scientific contexts.² The intention behind my examination of womb-centrism is not to reduce women to wombs but to examine the pervasiveness of womb-centrism in Vietnamese society. This focus aims to make sense of

emerging behavior surrounding reproductive technology that reveals the boundaries of acceptable forms of social relatedness as well as the emotive links to a birth mother in Vietnam. Another goal of this article is to demonstrate the links between contemporary reinforcement of mother-child relationships in Vietnam's reproductive law and historical precedent. Indeed, the idea of reinforcing mother-child relatedness, most recently in contemporary assisted reproduction law, is not new. To this end, I trace the womb as a site of maternal relatedness in contemporary assisted reproduction law through cultural beliefs about gestation, popular legend, and contemporary and historical forms of polygamy.

Background

This article is based on fifteen and a half months of ethnographic research on social consequences of infertility and the quest for treatment, conducted in Hà Nội and surrounding areas in 1995, 1997, and 2004. The research included interviews with fifty married women, ages 21 to 55—forty who had experienced infertility and ten who had reproduced without experiencing infertility—and interviews with biomedical practitioners of infertility and traditional medicine practitioners.³ Those pursuing infertility treatment did so with traditional medicine and basic biomedical treatments (referred to in Vietnam as *thuốc tây*, or Western medicine) prior to or concurrent with the advent of IVF in Hồ Chí Minh City. Most interviews were tape-recorded. Follow-up research in 2004 included additional interviews, especially with key informants regarding their lives, treatment, and perspectives on the newly available IVF treatments, by then available in Hà Nội.⁴ A review of legal documents and media reports also supplemented this work, as did archival and ethnographic research with medical doctors in France in 2005 and 2007 regarding the transfer of IVF technology and training from France to Vietnam.

When I conducted fieldwork in 1997 on the social lives of infertile women in northern Vietnam before the arrival of IVF, I was reminded again and again by women not only of the importance of having a child to fulfill a maternal identity, but also of the added importance of providing a child, especially a son, for one's husband's family.⁵ Not unexpectedly, many women married to eldest sons felt a strong need to bear a son to continue a husband's

patriline, while other infertile women who married higher-order sons simply hoped for children of either sex. Women were keenly aware of the intricate role they played in helping their husbands fulfill expectations of filial piety. For some women, the desire to provide a son to fulfill the family needs of a husband was a way of expressing love for him, beyond their own personal and individual yearning for children. Other women felt, sometimes urgently, that they needed to bear a child in order to secure a place within their husbands' families, who were now skeptical of their ability to reproduce and questioned their membership, as outsiders, in an extended family network.

Given the importance women placed on reproducing for the patriline as recounted in their reproductive histories, I expected to see allegiance to the patriline in the ways both individuals and governing bodies made sense of IVF when it arrived in late 1997. I expected the patriline to figure at least partly in the regulations of IVF usage that I anticipated would follow the technology's introduction, as governing bodies sought to make "appropriate" to the local context the new reproductive possibilities and relations IVF might foster between different parties. I was also curious to see what might constitute culturally appropriate use of IVF in Vietnam, given the many implications for relatedness and the conundrums that have arisen in other countries in determining parentage, kinship, and social relatedness of children born of IVF.⁶

IVF is a technique long associated with wealthier countries, particularly in the West. The first IVF birth worldwide occurred in the United Kingdom in 1978. After proliferation in Western, often high-income settings, IVF has only more recently proliferated in low-income, non-Western countries.⁷ Vietnam is unique as a context for the introduction of IVF; here IVF has largely been introduced into a long-standing public health system that provides the main sites for tertiary medical care, including infertility, in contrast to countries in which IVF services have been allowed to grow rapidly in private sector clinics, such as India and Egypt.⁸ Vietnam is also a context in which organized religion has been suppressed, in contrast to other countries in which religion and religious ethics overtly enter into the delivery of IVF treatment.⁹ Moreover, the introduction of IVF and its subsequent proliferation in Vietnam have spanned a period of rapid socioeconomic development

and social change—the *Đổi Mới* period (1986–present)—unparalleled in much of the world.

Infertility in wealthy Western countries is associated with disrupted life trajectories of women and men who expect a linear progression into adulthood, which includes marriage or partnering and bearing children.¹⁰ In Vietnam, lives have not been as stable and predictable as in the United Kingdom and the United States (countries that are the focus of numerous social studies of infertility), and war and economic instability have impacted marriage and reproduction for both men and women.¹¹ Moreover, beliefs about the power of the spirit world to shape the fortunes of the living, including reproductive success, as well as Buddhist beliefs about karma and preserving life, shape the viewpoint that reproductive success is uncertain, not a guarantee.¹² As a woman who participated in the present study and experienced infertility pointed out, “From the old Vietnamese society of more than ten years ago, in their way of thinking, women who didn’t have children must be very wicked or bear debts from their previous lives.”¹³ Another woman who worked as a butcher in the market was concerned that her killing of animals had a karmic effect, resulting in her infertility, indicating that these views continue to be relevant. Still others attribute their infertility to the specifics of past medical interventions, such as surgery, infection, or abortion. In Vietnam, infertility is not so much a reproductive disruption, then, as it is a consequence of prior deeds, choices, or fate. Whether consequence, fate, or “disruption,” such interruptions are multifaceted in ways that are specific to local beliefs and practices.

The contrast between Vietnam’s emphasis on gestation-derived relatedness and the emphasis placed on genetic relationships in kinship in the United States and Europe is striking. In the United States and Western Europe, the introduction of IVF engendered a re-examination of reproduction that highlighted the cultural importance of genetic links between parents and children, especially in cases where a surrogate birthed the child. A number of US legal cases of surrogacy have been highly fraught, and the courts have frequently depended on the genetic links between a child and its (genetic) father and mother to determine who the legal parents are. In some cases the surrogate is the genetic mother, who may be accorded legal but not necessarily custodial rights.¹⁴

The movement of assisted reproductive technologies, including IVF, across borders and cultures also produces unique local effects. There is a dearth of studies on assisted reproductive technologies in low-income settings, particularly in Asia.¹⁵ The introduction of IVF into non-Western, resource-poor contexts such as Vietnam has produced an indigenization of imported IVF technology according to local interpretations.¹⁶ The ways IVF is made legally permissible and how people make sense of its possibilities and implications in light of the social values it challenges (such as creating babies that may not be genetically related to the parents who raise them) make clearer which values and practices are privileged and which are mutable.

The importance of kinship is obvious when considering the social implications of infertility, as the propagation of a subsequent generation may be threatened. Examining the constraints of imperfect treatments such as IVF reveals which kin relations count socially and legally. These constraints also reveal the kinds of practices individuals engage in to create families when successful reproduction and marriage are at risk—including the use of surrogates and donor sperm in creating families through means that deviate from expected norms.

Broadly speaking, in Western contexts there has been more latitude for women to choose to remain childfree, and consequently it is not possible to easily ascertain whether a woman without children is childfree by choice. In Vietnam, the assumption is that a childless married woman must suffer from unwanted childlessness, with negative implications for the stability of her marriage and the solidity of her relationships with her husband's relatives, particularly his mother. Examining couples' infertility exposes underlying cultural values about marriage and interpersonal marital relations not necessarily exposed when reproduction comes more easily. Infertility places Vietnamese women in a marginal social position, and therefore examining how these women construct their daily lives and family relationships can demonstrate the multiple meanings of reproduction for other women as well. Their experiences are reflected in social studies of women in Vietnam who have not experienced infertility but who also participate in daily lives from marginal social positions in which marriage plans or reproduction have been disrupted, intentionally avoided, or gone unfulfilled. The concerns of infertile women—the potential dissolution of their marriages or

abandonment by their husbands—inform and are informed by the circumstances of never-married childless women. Never-married childless women must find social networks other than marriage that provide social and financial support that will sustain them once their parents are deceased.¹⁷

While reproduction is frequently associated almost exclusively with women, the focus on maternal desire and the consequences it has for women's social lives raise questions about the importance of men, or their relative absence, in reproduction. When reproduction does not follow normalized and expected steps—as in the case of abortion, children born out of wedlock, or singlehood by choice beyond the accepted age of marriage—then socially marginalized forms of reproduction, or the absence of reproduction altogether, challenges kin relationships and gender role expectations of women in particular.¹⁸ Harriet Phinney's analysis of a particularly revealing phenomenon—single women past the acceptable age of marriage who bear children out of wedlock by soliciting sex with men whom they do not intend to involve in their child's life—hints at the disposability of men in reproduction and lends credence to the local social importance of having one's "own child" (albeit through so-called natural reproduction) rather than adopting a child.¹⁹ This parallels the sometimes secret use of donor sperm among women who suspect their husbands are infertile, generally a well-kept secret between a woman and her doctor. Secretive use of donor sperm by infertility patients differs from the deliberate actions of women past the age of marriage who bear children out of wedlock with the intention of socially eliminating the child's father. While for recipients of secret sperm the husband's genetic links to the child might in fact be disposed of, many of these women are determined to pass off their child as their husband's genetic offspring by hiding information about the circumstances of the child's conception from both husband and child.

The diversity of reproductive experiences among women in Vietnamese society, including those of reproducing, nonreproducing, and differently reproducing women, illuminates not only the cultural importance of maternal desire but the creative ways women, especially those who are marginalized because of their reproductive status, engage reproduction (seek it, accept it, or reject it) to shape their social circumstances.

The Policy on “Childbirth by Scientific Methods”

In vitro fertilization became available in Vietnam beginning in August 1997, nearly twenty years after its debut worldwide. One of a myriad of issues accompanying the introduction of IVF into Vietnam is how its use fits with and/or challenges pre-existing ideas about kinship and relatedness. The process of contemplating and integrating some reproductive possibilities presented by IVF and potentially rejecting others is part of a cultural process of evaluation that includes not only public perception and individual perspectives but also government regulation of the use of IVF. A focus on the juridical integration of IVF in Vietnam reveals not only moves by the government to regulate its use but also the multiple meanings of reproduction that are replicated in the social interpretations of this technology by individuals and their practices regarding infertility.

Initially, IVF was only available at Tù Dũ Hospital in Hồ Chí Minh City, the first hospital to pioneer the use of IVF in Vietnam. Soon after the first IVF babies were born in 1998, Tù Dũ Hospital’s IVF center made great strides in perfecting its techniques. Over the next six years, doctors in the IVF center pioneered additional assisted reproductive firsts associated with IVF—including the first birth in Vietnam from intracytoplasmic sperm injection (ICSI) in 1999, Vietnam’s first birth from a frozen embryo in 2003, and Vietnam’s first birth using both frozen sperm and frozen ova in 2004.²⁰ Gradually, IVF was made available in other select national hospitals in major cities, including the National Hospital for Obstetrics and Gynecology in Hà Nội [Bệnh Viện Phụ Sản Trung Ương].

The rapidity of the new technical achievements outpaced regulatory control, and new social conundrums arose along with the expanding applications of the medical technology.²¹ Among other challenges to existing social and regulatory cultures was one of the first surrogacy-with-IVF cases publicized in Vietnam, a case in which a woman carried a pregnancy for her sister-in-law, who was unable to do so because of uterine fibroids. In publicizing this case, the media focused on the legal complexity of determining who should be the “real,” or indeed legally recognized, mother.²² The matter emerged when it was unclear whose name should be listed on the child’s birth certificate—the sister-in-law who carried the pregnancy and birthed the child, or the woman who would raise the child with her husband.

Beyond the issue of determining maternal identity, there was also concern about how to administer social benefits for the child linked through the mother and her residence, including place of schooling, early vaccinations, and access to local activities for children, among other services. If the surrogate were made the legal mother, what would be the implications for a child who then lived with the recipient mother? With no legal mandate regarding IVF, such decisions had to be made on an ad hoc basis at the time.

In 2003, five years after the first IVF births in Vietnam, the government released its first official legislation, Decree No. 12/2003 ND-CP, designed to regulate the use of in vitro fertilization and artificial insemination.²³ The decree, which refers to these procedures and assisted reproductive technologies together as “childbirth by scientific methods,” is a comprehensive piece of legislation that applies to infertile couples and single women who wish to qualify to use assisted reproductive technology to bear a child; sperm, ovum, and embryo donors and recipients; and the medical establishments that provide services. The decree establishes the specific methods of assisted reproduction allowed and disallowed in Vietnam, and for whom. Criteria for qualifications include age limits, marital status, and the citizenship of women and men seeking IVF.²⁴ An upper age limit of 45 for gamete recipients in Vietnam has been associated with successful IVF in older women, at least anecdotally, in contrast to many other countries where IVF is restricted to younger women.²⁵ Donors and recipients alike must be disease-free, including being free from heritable diseases. While being disease-free is more likely to promote a healthy pregnancy, a safe delivery, and a healthy child, there is an element of quality control present here that suggests official concern for the production of quality citizens or a quality population.²⁶

Among the most decisive and restrictive measures in the decree is a ban on surrogacy.²⁷ Although a ban on surrogacy in and of itself is not remarkable, what is remarkable is the way in which Vietnam’s legislation reinforces the importance of the relatedness between mother and child. This ban effectively makes it impossible for a woman who cannot herself carry a pregnancy to term (due to physiological problems or other health concerns) to have a child who is genetically related to her. Such a woman would need another to carry a pregnancy for her, using an embryo formed of her (the commissioning woman’s) ovum and her husband’s sperm or that of a sperm donor. Until

the availability of IVF, there was no way for these women to have children who were genetically related to them. Now, hypothetically, although not legally, IVF with surrogacy can afford them this unique possibility.

In limiting parentage to the one who births the child, the government supports the importance of gestation—rather than genetics—as the defining means of establishing maternal relatedness between a woman and child.²⁸ Outlawing surrogacy eliminates the need to ascertain who is the “mother” and who is the surrogate or the female recipient; it reinforces the idea that the woman who bears the child is the child’s mother regardless of the genetic material involved. Indeed, outlawing surrogacy legally emphasizes the importance of carrying a pregnancy as the legitimate path to motherhood. Furthermore, in defining mothers as those women who carry the pregnancy (regardless of their genetic relatedness to the fetus), the decree eliminates the legal importance of genetic relatedness (to donors, as well as any claims to inheritance through genetic ties to donors).²⁹ Thus, a woman who achieves a pregnancy through IVF using a donor ovum or a donor embryo is legally the baby’s mother even though that baby is not genetically related to her. This link is evocative of what I suggest is the enduring and symbolic importance of the womb or uterus in Vietnamese culture, and now in contemporary regulatory policy.

The introduction of IVF and the features of its regulation in Vietnam, particularly the support of mother-child relatedness through the developmental process of pregnancy itself and *not* genetics, bring to the fore issues of kinship and maternal relatedness that normally have garnered less attention than father-child kin links. In this regulation, the definition of motherhood is treated singularly and consistently—the woman who bears the child is ultimately the child’s mother. However, such treatment is not limited to contemporary law. The legal ruminations about surrogacy and IVF, and the ultimate ban on surrogacy, also reflect a deeply felt cultural valuing of the nuanced links between a mother and child, through the womb, that fulfill an emotive connection between two uniquely related bodies.

Uterine Identity and Gestational *Tình Cảm* [Sentiment]

In Vietnam, the focus on the womb is embedded in beliefs about gestation, birth, and emotional bonds between a mother and her child. It is during gestation that a special relationship between the mother and the developing

fetus or baby is believed to begin to grow.³⁰ Conferring identity through the transfer of shared nutritive and emotive substance in the womb engenders a “uterine identity.”³¹ Uterine identity is an intrinsic belief that not only rests on what happens in the uterus between mother and child but also reflects an essential meaning of gestation in Vietnamese culture.

The concept of uterine identity in Vietnamese culture seeks to explain a salient and emotive relationship that begins before birth and continues afterward. This emotive link operates on a very personal, individual level rather than a family or collective level. Uterine identity characterizes a dyadic relationship between a child and its mother; it legitimates a child’s identity as “belonging” to its birth mother and confers a socially recognized identity upon the woman who visibly carries the pregnancy (even if the circumstances of the birth are of questionable morality).³²

The bonding or closeness that is believed to exist between a mother and fetus or baby is described as a special form of sentiment [*tình cảm*] that starts within the womb. Many women in this study expressed the desire to cultivate *tình cảm* with their husbands through the birth of a child. While having a baby is believed to foster *tình cảm* between a wife and her husband, the particular *tình cảm* involved in uterine identity is a mother-child bond that manifests itself on gestational rather than genetic preference.³³ *Tình cảm* has largely been discussed as a process of socialization and proper gender performance.³⁴ Helle Rydstrøm discusses the association of the proper enactment of *tình cảm* with morality, and the processes by which young girls are socialized to embody *tình cảm*.³⁵ In her study of a northern Vietnamese commune, the residents viewed children as “blank slates” at birth, with girls needing proper socialization more so than boys.³⁶ In Rydstrøm’s study, girls learn to demonstrate *tình cảm* by making others feel comfortable and harmonizing social situations. I suggest that *tình cảm* begins before birth, in utero. In discussing the relationship between mother and fetus and in contemplating the prospect of a pregnancy with donor gametes, women who experience infertility regard *tình cảm* as a feeling that begins in utero, is dependent on the gestation process, and can affect the relationship with one’s child after birth.³⁷ Extending analysis of *tình cảm* between mother and child to the period of gestation expands comprehension of the cultural meaning of *tình cảm* underlying the relationship between mothers and their children. The following example illustrates this.

Tuyết was 39 when she gave birth to her only child, a girl. Thirty-nine was an advanced age to be having children, compared to her peers. Before this pregnancy, Tuyết suffered multiple miscarriages and was diagnosed with secondary infertility.³⁸ She explained to me that from her perspective, because the bodies of the mother and baby were close together during gestation, an emotional bond of *tình cảm* would also grow. She said, “As time goes by, the child naturally develops feelings for [*có tình cảm*] its mother. Even [using] the wife’s ovum and the husband’s sperm, if that child is nourished by another woman [a surrogate], his feelings [toward the recipient/genetic mother] later on might not exist.”³⁹ Tuyết explained that during gestation the mother and fetus shared nutrients and blood, and it was through these shared substances, physical closeness and a mutually sympathetic relationship that *tình cảm* grew between a mother and her baby. The *tình cảm* would originate in the intimacy and closeness of the womb.⁴⁰

In reflecting on the new reproductive possibilities associated with IVF, Tuyết expressed that a woman who used a surrogate to bear a child made from her own ovum and her husband’s sperm would not be able to establish this early *tình cảm* because she did not carry the child herself, in her own body. In this case, she thought the child would feel something special for the surrogate rather than the genetic mother. This is a relationship that only the introduction of IVF could bring to light, as previously it was not possible for a woman to give birth to a child for whom she was not the genetic mother (i.e., a surrogate would have had to use her own ova and be impregnated either by artificial insemination or sexual intercourse with the resulting baby’s father). Moreover, Tuyết felt that in cases where women must use donor ova or donor embryos, where the fetus was nourished by the mother’s body and the two shared substances in utero, the process of gestating the fetus would make the baby biologically (although not genetically) related to the woman, thus making her its mother. According to Tuyết, the two would be blood related [*máu mủ*]. She believed that this gestational *tình cảm* between mother and child enables the two to be close once the child is born in ways not possible with an adopted child, or as stated, with a child carried by a surrogate.

In locating the initial development of *tình cảm* in the uterus and in gestation, Tuyết starkly exposes the importance of the development of

emotion—and in this case sentiment—believed to occur between a mother and baby during pregnancy (regardless of whether her own or donor gametes are used or whether it is a pregnancy with assisted reproduction), a sentiment that lays the groundwork for relationships after birth. Shifting what constitutes biological relatedness from being rooted in genetics to being located in the shared experience of mother-fetus gestation reveals not only how reproduction with donor gametes can be made into culturally recognizable relatedness, but also the significance of gestation in forming relatedness among those for whom relatedness is not contested, namely mothers and children who are both genetically and gestationally related.

The introduction of IVF into Vietnam's reproductive context, in which gestation itself is privileged, provides a new route to motherhood, based on the idea of gestational relatedness and in the absence of genetic relatedness (in the case of gestating donor gametes). The introduction of IVF and the concomitant reproductive possibilities it affords shed new light on the complexity of the intimate relationship between mother and child based on the shared bodily and emotional experience of gestation. It also exposes a set of social values about relatedness and ways of making kinship without genetics in which the womb is the operable factor in conferring such relatedness, and it forces a rethinking of relationships that were formerly naturalized. This “biological” or gestational kinship is a powerful and nuanced revision of relatedness, intertwining a new form of reproduction with pre-existing cultural beliefs about gestation.

Partible Wombs: Re-reading Âu Cơ Through the Lens of IVF

The intimacy of the womb is not limited to the interpretations of contemporary infertile women facing the challenge of unwanted childlessness, or women with children who acknowledge the special *tình cảm* involved in gestation. The symbolism of the womb is writ large in the public culture of Vietnam.⁴¹ In the well-known origin legend of the Kinh people, Âu Cơ, who joined Lạc Long Quân, the dragon prince, as his love, is referred to as the mother of the Vietnamese people and has come to be known as the mother of the nation.⁴² While the legend differs slightly depending upon the version, a summary of the story follows.⁴³

After *Âu Cơ* joined *Lạc Long Quân*, she became pregnant and laid an amniotic sac.⁴⁴ The sac, initially believed to be a bad omen, was abandoned in a field.⁴⁵ After six or seven days the amnion burst open to reveal one hundred eggs, out of which emerged one hundred sons. These sons were strong and needed little nourishment or breastfeeding to grow stronger.⁴⁶ Their exceptional fortitude was considered a sign of their future promise as leaders.⁴⁷ After some time, *Lạc Long Quân* was called back to his underwater kingdom by his father, and he and *Âu Cơ* parted ways—he to live in the sea; and she, on the land. They divided their children into two groups, and fifty of the sons followed *Lạc Long Quân* beneath the sea while the other fifty remained with *Âu Cơ* on the land. The most powerful son of *Âu Cơ*'s fifty became the first *Hùng king* (who ruled the first *Lạc* people).

The amniotic sac from which the Vietnamese people emerged in a fantastical birth serves as a curious element in the story. The amniotic sac figures prominently in the birth story, not only as a site of common lineage of the *Kinh* people coming from the same stuff of life, but also as an intimate and unifying space for development and growth. The contemporary reproductive events surrounding IVF are ironic in light of the legend. *Âu Cơ*'s disembodied womb, or sac of origin, safeguards the one hundred eggs of the first *Kinh* people, who trace their matri-origins to her. The excorporeal incubation and development of *Âu Cơ*'s eggs (albeit in a field) are not unlike the precious embryos that grow *ex vivo* in petri dishes in hospital embryology labs. *Âu Cơ*'s disembodied womb sac, initially abandoned in a field, also parallels the partibility of surrogate wombs in contemporary assisted reproduction—wombs that not only confer mother-linked identity between the surrogate and the children she bears but also serve as a temporary and transient space disembodied from the recipient mother. The legendary womb serves as a symbolic precursor to the seemingly partible womb in contemporary Vietnamese IVF law that on the one hand can receive an infusion of someone else's gametes, and on the other hand indelibly fixes the child to the child-bearer herself and to no other mother.⁴⁸ Thus, whether one considers the womb sac abandoned in a field, a surrogate, or a woman who carries and births a baby from donor gametes, the socially and legally recognized tie continues to be to the birthing mother. Despite the excorporeal aspect of the womb sac and its initial abandonment, *Âu Cơ* remains inextricably linked to

these baby boys and their eventual offspring over centuries. To this end, the symbolic importance of a venerated origin mother endures in contemporary public culture, including the Vietnam Women's Museum in Hà Nội, which features an enormous gilded emblem of Âu Cơ and her children, as well as contemporary temple worship, which includes mother goddesses [Đạo Mẫu].

The affiliation with the matriline, rather than the patriline, reinforces the importance of a link to the mother and maternal origin in what has become a national origin legend. The significance of one of the sons who trailed Âu Cơ becoming the first Hùng king in early historical texts, and moreover, the revision of the story in later versions depicting the first Hùng king instead as one of the sons who trailed Lạc Long Quân have been duly noted.⁴⁹ Keith Taylor suggests this latter variation of the story reflects emphasis on “patriarchal values.”⁵⁰ Yamamoto Tatsuro suggests that the revision was made, possibly, to “add prestige to the imperial line by changing the story on the assumption that it is more appropriate for a son who followed his father rather than his mother to succeed the throne,” and the practice of selecting a ruler from sons who followed their father rather than mother was not necessarily Vietnamese in origin.⁵¹ It serves as an attempt to enhance the prestige of official history to reflect the influence of “Confucian patriarchal thought imported from China” at the time of the writing of the revision.⁵²

Patrilineal links to Lạc Long Quân notwithstanding, there is then an understated symbolic importance of maternal origin in linking the first Hùng king to Âu Cơ. It is noteworthy that the origin of the Vietnamese people is traced to an earth mother and that she figures so prominently in the origin story of the Kinh people. This is remarkable (particularly now in analyzing interpretations of gestation and the creation of relatedness) when viewed through the lens of assisted conception and assisted reproduction, in which motherhood is traced to the birthing mother. Moreover, the ban on surrogacy eliminates the problem of a partible womb, and the partible womb's dissociation between the gestating mother and baby.

Ties to the mother are also reflected in overt structural kinship practices that have captured the fascination of Vietnamists interested in the tension between patrilineal and bilateral forms of kinship. Hy Văn Lương has extensively documented matrilineal ties in his studies of Vietnamese

kinship—particularly the importance of a “non-male-oriented” model of kinship in northern Vietnam—and elaborated on the social importance of bilateralism in Vietnam.⁵³ Hy Văn Lương’s 1989 analysis reveals the enduring significance of matrilineal linkages in northern Vietnam from the presocialist through the socialist period.⁵⁴ In particular, the “non-male-oriented” model of Vietnamese kinship, the counterpart to the patrilineal model and one that incorporates bilateralism, has endured over time.⁵⁵ It endures in traditions and ritual obligations that take place during wedding and death anniversaries, in the practice of a woman retaining her father’s family name, and in linguistic uses of same referential terms for paternal and maternal kin, among others.⁵⁶ Hy Văn Lương also points out the importance of village endogamy in marriages in the north, at least through the 1980s (the time of his field research), which enabled children to live in proximity to both their father’s and their mother’s kin in support of a “non-male-oriented” model of kinship. In reflecting on changes to “male-oriented” and “non-male-oriented” models of kinship between the 1960s and 1980s, Hy Văn Lương observes that “the transformation of production relations and the lack of ideological, legal, and political support by the state” has resulted in a decline of the formal dominance of the “male-oriented” model.⁵⁷ These same structural and political elements of society concomitantly sustain a matri-focus in this context.

The addition of infertility to complex kinship practices reveals women who find culturally creative and pragmatic ways to locate relatedness, using or reinterpreting existing ideas about kin-relatedness. Their persistent efforts reflect not only their resilience in spite of a marginalized status but also the porousness of the gendered kin-relatedness systems to which they respond in their attempts to move from marginal to reproductively successful, sometimes at the expense of the patri-focal tradition. For instance, Trang, a woman in her late thirties who needed donor ova for IVF because her own were aging, as well as donor sperm to compensate for deficiencies in her husband’s sperm, believed it best to seek ova from a close female family member on her side of the family, as the difficult ova retrieval process would be best endured by someone close to her. A female family member, already intertwined in family webs of obligation and reciprocity, would be better able to endure the process and potentially be more dependable because of

these prior bonds. In contrast to her belief that ova would most appropriately come from within her family, she felt sperm should come from an anonymous donor outside the family to avoid any pretense of adultery or incest, a view also embraced by medical doctors who participated in this study.⁵⁸ Ultimately her choices in a situation that has required her to make certain compromises for reproduction reinforce cultural links to the mother's side rather than the father's—through the desire for gestation and elimination of genetic material from the patriline in the reproductive process.

Relatedness is not a static category but shifts over time, much as cultural practices of patrilineal descent have not remained fixed. A focus on the womb as a site of relatedness-making is a way to expand on the binaries traditionally inherent in discussing approaches to lineage. State and individual practices emerge in a complex cultural kinship milieu that is neither strictly matrilineal nor patrilineal, nor necessarily bilateral, but in which selective agendas call upon different traditions to make sense of both sustained and emerging cultural practices in instances of disrupted reproduction and in the case of IVF.

Polygamy, Second Wives, Transactional Wombs, and Rightful Mothers

An undercurrent flowing through each of the sections above emphasizes kinship to one's mother or *matri-kin*. How that occurs—genetically, biologically, socially, mythically, in socially legitimate or illegitimate ways—challenges us to think of the ways kin-relatedness shifts, is interpreted, and endures. Although polygamy was banned in Vietnam in the 1959 Marriage and Family Law, the unofficial arrangements that constitute second wife relationships figure prominently in the lives of many infertile married women today.⁵⁹ As with the now illegal and thus hypothetical IVF with surrogacy, the child born of a second wife is ultimately considered, socially, to belong to her, not to the first wife, because she is the one who birthed the child. The child can still fulfill the practical and symbolic needs of the patriline in establishing descent, independent of the childless wife.

In this study, there were several instances of husbands seeking to have children out of wedlock, either by taking women as second wives or through adulterous relationships. Allegations of infidelity originated with their wives

or acquaintances. For instance, Trang forbade her husband to bring into their home a woman as a second wife and the woman's baby, whom he claimed to have fathered. Instead he brought gifts to the child as a way of claiming the child as his own. Another woman who came several hours by motorbike to Hà Nội to undergo infertility treatments described how her husband had urged her to participate in procuring a second wife. She said:

When he told me I had no chance of having a child, he asked me to ask this woman to be his wife. I thought she was too young. He said that we did not have to divorce. He only told me to go ask this woman to be his wife. At this time I asked my parents if I could come live with them. My husband also loved another woman a long time ago. In the past, when my husband wanted to marry another wife, I complained and resisted. I still feel the same about it, even now that I am trying to be cured. My husband's siblings say that in the countryside if you cannot have a child [then the husband can take a second wife].⁶⁰

There were also women in this study who asked their husband for permission to locate a second wife so that the husband might have a child. In each instance, these men declined the offer. I was not made aware of any men seeking second husbands, or simply other men, to father a child with their wives. However, a female doctor told me of a good-looking male doctor she knew who had received invitations from women to father their children. These women suspected their husbands were infertile. The phenomenon of second wives with which some infertile women contend is sometimes a form of polygamous marriage, but in other cases it is a form of serial marriage with the husband moving on to a new wife, leaving ambiguous his relationship to his first (supposedly infertile) wife.

The contemporary manifestation of second wives is further complicated by the matter of surrogacy. Relationships that might constitute surrogacy in contemporary Vietnam are surrounded by ambiguity. Possible surrogate relationships include a surrogate who undergoes IVF to produce a child for a recipient couple (now illegal); a woman who is impregnated by a man under an arrangement in which he hopes to claim the resulting child for himself and his wife; adultery associated with producing an heir; and polygamy, also known as the phenomenon of taking second wives [*vợ hai*].⁶¹ The ambiguity surrounding surrogacy is also raised in the recent Vietnamese

popular culture film *Để Muốn* [Surrogate Birth], in which a woman who cannot bear children contracts with a surrogate to have sex with her husband, carry a resulting pregnancy, and turn the baby over to her after the child is born.⁶² The film deals in part with the tensions this arrangement creates between the woman and her husband as she suspects the surrogate and husband of having feelings for one another akin to a love affair. She reminds her husband that the arrangement is a contract, implying that his relationship with the surrogate is not for pleasure. In a twist on art imitating life, the medical doctor responsible for establishing the IVF Center at Tù Dũ Hospital, Dr. Nguyễn Thị Ngọc Phượng, stars in the film as the mother-in-law of the infertile woman, who pressures her daughter-in-law to provide an heir for her only son. The film attests to the salient contested nature of surrogacy and the ambiguity it casts on relationships in Vietnam, simultaneously intimating adultery and polygamy.

It is important to understand that over the course of centuries polygamy has served as a socially legitimate form of de facto surrogacy in the absence of effective technological/medicinal solutions for infertility. The contemporary phenomenon of second wives and the social challenges of surrogacy that came to fore in codifying IVF regulations have roots in these pasts. Over centuries, monetary exchange or other forms of exchange in return for access to women of reproductive age have served to expand lineages. In particular, polygamy has served to expand lineages, enhance relationships between families, and provide male heirs; for men who could afford to support multiple wives, it has also addressed the problem of infertility. Discussions of forms of marriage, including polygamy and concubinage, associated with gendered legal rights have figured prominently in the rich historical studies of Vietnamese legal codes, including explanations of the role of polygamy, rights of inheritance, and recognition of the parties concerned—a brief summary of which I offer here as they inform contemporary practices of polygamy in Vietnam.⁶³

In these studies and legal codes, polygamy is a euphemism for polygyny (the marriage of a man to multiple wives), not polyandry (the marriage of a woman to multiple husbands). In the seventeenth and eighteenth centuries under the Lê Legal Code, wealthy families used polygyny to expand a lineage by increasing a man's offspring (particularly sons) through multiple

wives. These included a primary wife and secondary wives, concubines, or serfs, thereby increasing social power by creating strategic links between families through marriage to more than one wife.⁶⁴ However, polygyny was also a social and reproductive strategy in response to apparent female infertility, assuming the husband could afford to support more than one “wife.”⁶⁵

During the nineteenth century, under the Gia Long Legal Code, contractual concubinage was permissible, in particular, as a means of expanding one’s lineage through the birth of sons.⁶⁶ Strict moral distinction was made in the code between concubines, who were considered base, and wives, who were considered noble.⁶⁷ In general, the use of the term “polygamy” to refer to simultaneous unions between a man and multiple women is ambiguous in that it does not necessarily represent marriage to multiple wives at once, but also to a first wife and one or more concubines. Under the Gia Long Legal Code, concubines were prohibited from being elevated to the same legal and moral status as wives.⁶⁸ Tạ Văn Tài refers to similar circumstances during the Lê period as “*de-facto* polygamy” that included different types of unions with different categories of women such as primary wives, second rank wives, and serfs.⁶⁹

Legal distinctions have been made between wives and concubines in the Gia Long Code; however, cultural practices go beyond simple legal determinations in delineating different categories of women who in practice make up a plural union with one man simultaneously. While the first wife was the legal spouse, a wife of second rank was distinguished from a concubine by the methods by which she was selected and brought into the household. She was selected by the first wife, who initiated the marriage, and it was the first wife, rather than her husband, who retrieved the woman from her parents (along with her husband’s kin) to signify that the second wife would be received by her with good will.⁷⁰ An intimate ceremony was permitted, but it was one sponsored by the husband, rather than by the woman’s parents, with a public display typically associated with marriage celebrations. The second wife was permitted to prostrate herself before the husband’s ancestral altar. In this way there was ritual formality. In contrast, a concubine was effectively purchased, albeit with additional gifts exchanged between the husband and the family of the concubine to temper the monetary aspect; she was retrieved from her parents’ home by the man’s daughter or stepdaughter;

she was not permitted to prostrate herself in front of the man's ancestral altar; and the union was not made through ritual marriage practices.⁷¹ A second wife and concubine were further distinguished from a mistress and a prostitute. Having a mistress involved a more informal relationship, and seeing a prostitute was a temporary liaison.

Under the Gia Long Code, it was the first wife (childless or otherwise) who made important decisions about the education and potential marriage mates for the children of lower-rank wives and concubines. However, lower-ranking wives and concubines were still considered the mothers of these children. The children of lower-ranking wives and concubines were legally permitted access to inheritance.⁷² Although the sons of lower-ranking wives or concubines were legally entitled to inheritance, these women and their children could also be the victims of abandonment by the first wife upon the death of the husband.⁷³ Whether or not the motive on the part of the first wife was generally to discard these children (and their gestational mothers) so as not to reduce the family fortune through dispersal to additional parties is not entirely clear. However, such actions at least indirectly indicate that these children were identified as the offspring of the mother who gestated them rather than of the first wife, and this remains a matter ripe for future archival study.

A history of polygyny attests to the continued association of the child with the birthing mother. Polygyny in Vietnam served not only to expand lineages but also to address reproductive disruptions at times when resolution could not be found in technology. Hy Văn Lương notes the existence of polygamy in his anthropological field study of Vietnamese kinship in a northern village in 1987. He describes such unions of a man to multiple wives as "far from unique in the context of socialist northern Vietnam, despite the ideological emphasis on gender equality and the prohibition of polygamy in the 1960 legal code."⁷⁴ He also notes forty-four cases of polygamy between 1977 and 1982 in another village of the same province.⁷⁵ Other possible reasons for polygamy besides infertility or practices of wealthy landholding families include superstition, as in the acquisition of a second wife to ward off personal calamity or death.⁷⁶

The practice of forming polygamous bonds with multiple women addresses only the matter of female infertility and the culturally persistent

recognition of the maternal links between a mother and the child she birthed when there is a rank order of wives. Polygyny is not a viable solution when the causes of infertility originate with the husband. Over time, other ways to try to achieve pregnancy in couples who remain childless after several years of marriage have included what is essentially sperm donation by intercourse—arranging for another man to impregnate the wife.⁷⁷ Called “*thả cỏ*” [to graze freely in the pasture] or “*paître l’herbe (dans d’autres champs)*” [*sic*] [to graze in other fields/greener pastures], this practice required a husband to agree that his wife have sex with another man of another region for the purposes of getting pregnant.⁷⁸ The custom was reportedly morally repugnant, but families would look the other way under circumstances of apparent infertility.⁷⁹ Nghiêm-Thảm also refers to a practice used in Nam Dương Village, near Hà Nội, to address childlessness after several years of marriage.⁸⁰ In this case, a man could permit his wife to have sexual relations with another man who had many offspring, but only after he, the infertile husband, made a special ceremonial offering to the ancestors of the man with prodigious offspring to obtain their permission. During my fieldwork, doctors, acquaintances, and female research participants said they had heard of women who secretly sought out men who might impregnate them, as they believed their husband was the cause of their infertility; I have never met a woman who admitted to this. Formal sperm donation in medical institutions, as described to me by hospital doctors in the late 1990s, required keeping the identities of the donor and recipient secret. The male donor would produce a specimen in one room, it would then be transported through the hospital corridor and injected into the recipient within thirty minutes, as there were no storage facilities for sperm. One woman told me of hearing of anonymous intercourse arranged between donor and recipient at the hospital.⁸¹ In these scenarios the genetic ties to the father are sacrificed for the purposes of creating a child who is genetically related to the wife. How well secrets are kept and whether these pregnancies were challenged by neighbors or local community members are questions with implications for future study of the open acceptance of births with the use of donor gametes in which gestational relationships replace genetic ones for one or both members of a couple.

Although the goal of polygyny is to produce offspring, the birth mother of a child is socially considered to be the mother even if she is a second wife or

concubine. Of course, complex emotive relations go into polygamous unions, like any other, and polygamy remains a matter in need of further scholarship. Just as contemporary concerns with surrogacy and IVF center on positioning the identity of the mother, so too should we consider the historical practices of polygamy and sperm donation to address infertility. Indeed, our understanding of the contemporary context is made much richer by examining the historical continuities in reproductive and kinship practices, especially when reproduction is in jeopardy. The enduring importance of maternal ties in Vietnamese kinship points to a series of varying practices for achieving family over time, which differentially empower women involved in the complicated matter of difficult reproduction.

Conclusion: State Guardianship of Wombs

In restricting legitimate and legally recognized motherhood to birthing women rather than those who might receive a baby from IVF with surrogacy, the Vietnamese state safeguards the womb as a space for creating gestational bonding that privileges links to one's mother rather than one's father. In focusing on and privileging the womb as a defining means of creating relatedness, above and beyond genetics, the state is expressly protecting the relatedness between a mother and any children she bears. The state maintains regulatory control in traditional ways by determining who qualifies for IVF, and it partitions women's bodies into those fit to reproduce and those that are not. However, rather than promoting the patriline, the state enhances a matri-focal social process.⁸² In this way, state practices emerge out of a civil society, reflect and embody long-standing cultural traditions that define kinship through gestation, and recognize the deeply seated importance of maternal kinship ties. The particular guardianship emanating from the legal parameters put in place to regulate the use of IVF provides a unique opportunity to examine the nuanced ways the state functions to accommodate new forms of assisted reproduction, with tremendous implications for family formation in Vietnamese society.⁸³

Assisted reproductive technologies in Vietnam that offer opportunities to some while restricting others not only reveal new subjects but also freshly expose subjects that have otherwise gone unacknowledged—making visible relations that were formerly naturalized. The pervasiveness of the cultural

values surrounding the womb and birth mother in Vietnam spans eras, legal doctrine, social mores, cultural practices of marriage and kinship, and national legend. This pervasiveness attests to the underlying importance of the womb and birth mother in matters of reproducing the next generation in Vietnam and for organizing reproductive practices in ways not seen elsewhere. Dissecting the intersection of reproduction, kinship, relatedness, motherhood, and parentage entangled in a law that regulates the “technological” and “scientific” manipulation of reproduction reveals this overlooked, yet vital, explanation of the social meaning of reproduction. It also points to the importance of gestation as a conduit of identity, a connection to one’s mother, matriline, or simply social services administered through the state. Contested boundaries of kin-relatedness appear most at stake when reproduction itself is tenuous and new ways of reproducing must be relied upon. How individuals assemble relatedness in a context of reproductive limitations, how the state enables or limits the choices they can make, and the overall acceptability of these choices for the larger body politic is where the contemporary meaning of gestation and the womb remains most apparent. ■

MELISSA J. PASHIGIAN is Assistant Professor, Department of Anthropology, Bryn Mawr College. This research was supported by a Wenner-Gren Foundation predissertation grant, UCLA’s Department of Anthropology and International Studies and Overseas Programs (ISOP), and a Bryn Mawr College faculty grant. The research was facilitated by the Institute of Sociology and Vietnam National University in Hà Nội. The author would like to thank the anonymous referee and Tine Gammeltoft, who served as JVS reviewers, for their insightful comments, and the women who generously participated in the research.

ABSTRACT

This article explores the significance of the womb as an organizing principle for relatedness in Vietnam. It argues that contemporary individual and collective responses to in vitro fertilization bring into sharp relief the enduring importance of gestation and the mother-child bond for kinship formation. The author traces the womb as a site for determining maternal

relatedness in contemporary assisted reproduction policy through cultural beliefs about gestation, popular legend, and contemporary and historical forms of polygamy and surrogacy, drawing attention to the continuities between past and current practices surrounding infertility and indigenous solutions to the challenges infertility poses in forming kin-relatedness.

KEYWORDS: *in vitro fertilization, infertility, surrogacy, gestation, polygamy, kinship, Vietnam*

Notes

1. Official Gazette of the Socialist Republic of Vietnam, *Decree No. 12/2003/ND-CP of February 12, 2003 on Childbirth by Scientific Methods*, March 10, no. 14 (Hà Nội: Vietnam Law and Legal Forum, 2003).
2. Cf. Janet Carsten, "The Substance of Kinship and the Heat of the Hearth: Feeding, Personhood, and Relatedness among Malays in Pulau Langkawi," *American Ethnologist* 22, no. 2 (1995): 223–241, see 224–225.
3. Melissa J. Pashigian, "Conceiving the 'Happy Family': Infertility, Gender and Reproductive Experience in Northern Vietnam" (PhD dissertation, University of California, Los Angeles, 2002).
4. All names of research respondents in this article are pseudonyms.
5. Pashigian, "Conceiving the 'Happy Family.'"
6. For discussion of the cultural complexity of the rise in use of assisted reproductive technologies in the United Kingdom in the 1980s and 1990s, see Sarah Franklin, *Embodied Progress: A Cultural Account of Assisted Conception* (London: Routledge, 1997). For discussion of the legal complexities of determining parentage in United States surrogacy cases, see Susan Markens, *Surrogate Motherhood and the Politics of Reproduction* (Berkeley and Los Angeles: University of California Press, 2007).
7. The second IVF birth worldwide is believed to have occurred in India in 1978. For a discussion of the contested nature of this "test-tube first" in Asia, see Aditya Bharadwaj, "Medical Egos, Media Spotlights, and the Contest over Test-Tube Firsts in India," in *Infertility around the Globe: New Thinking on Childlessness, Gender, and Reproductive Technologies*, eds. Marcia C. Inhorn and Frank Van Balen (Berkeley and Los Angeles: University of California Press, 2002), 315–333.
8. For a discussion of the burgeoning private sector, IVF clinic services, and patient population, see Aditya Bharadwaj, "Medical Egos"; and "Why Adoption Is Not an Option in India: The Visibility of Infertility, the Secrecy of Donor Insemination, and Other Cultural Complexities," *Social Science and*

- Medicine* 56 (2003): 1867–1880. On attempts of low-income Muslim women in Egypt to become pregnant and their interactions with the private hospital system there, see Marcia C. Inhorn, *Quest for Conception: Gender, Infertility, and Egyptian Medical Traditions* (Philadelphia: University of Pennsylvania Press, 1994); and *Infertility and Patriarchy: The Cultural Politics of Gender and Family Life in Egypt* (Philadelphia: University of Pennsylvania Press, 1996).
9. For example, Elizabeth Roberts illustrates how religious imagery and prayer are incorporated into the embryology lab in Ecuador. See Elizabeth F.S. Roberts, “God’s Laboratory: Religious Rationalities and Modernity in Ecuadorian In Vitro Fertilization,” *Culture, Medicine and Psychiatry* 30, no. 4 (2006): 507–536. Susan Kahn describes ultraorthodox female *maschgichot*, or Halakhic inspectors, at a small religious hospital in Israel, whose job it was to observe each fertility procedure to make sure there were no mix-ups in combining ova and sperm in the embryology lab in compliance with Halakhic belief that only married couples should have children together. See Susan Martha Kahn, *Reproducing Jews: A Cultural Account of Assisted Conception in Israel* (Durham, NC: Duke University Press, 2000).
 10. Gay Becker, *Disrupted Lives: How People Create Meaning in a Chaotic World* (Berkeley and Los Angeles: University of California Press, 1997).
 11. Some unmarried Vietnamese women who returned from the front lines of the American War and who were considered too old to marry sought to get pregnant and raise children as single mothers. See Karen Gottschang Turner, *Even the Women Must Fight: Memories of War from North Vietnam* (New York: John Wiley and Sons, 1998); and Harriet M. Phinney, “Discursive Transformations: Maternal Desire among Older Single Women in Northern Việt Nam,” in *Le Việt Nam Au Féminin, Việt Nam: Women’s Realities*, eds. Gisèle Bousquet and Nora Taylor (Paris: Les Indes Savantes, 2005), 267–285. Daniel Goodkind suggests that gender imbalance due to war mortality and migration affected reproduction. See Daniel Goodkind, “Rising Gender Inequality in Vietnam since Reunification,” *Pacific Affairs* 68, no. 3 (1995): 342–359.
 12. Some women who undergo abortions are concerned about the consequences of killing a fetus for their future lives and its karmic impact on future reproduction in their current life. See Tine Gammeltoft, “Between ‘Science’ and ‘Superstition’: Moral Perceptions of Induced Abortion among Young Adults in Vietnam,” *Culture, Medicine and Psychiatry* 26, no. 3 (2002): 313–338.
 13. Interview with infertility patient, May 16, 1997, Hà Nội.
 14. See Susan Markens’ detailed discussion of surrogacy in the United States and Helena Ragoné’s study of the development of social roles between recipient parents and surrogates in the United States. Susan Markens, *Surrogate Motherhood and the Politics of Reproduction*; Helena Ragoné, *Surrogate Motherhood*:

- Conception in the Heart* (Boulder, CO: Westview Press, 1994); and Helena Ragoné, "Chasing the Blood Tie: Surrogate Mothers, Adoptive Mothers and Fathers," *American Ethnologist* 23, no. 2 (1996): 352–365.
15. For additional comments on the dearth of studies on assisted reproductive technologies in Asia, see Tine Gammeltoft, "Sonography and Sociality: Obstetrical Ultrasound Imaging in Urban Vietnam," *Medical Anthropology Quarterly* 21, no. 2 (2007): 133–153.
 16. See Sarah Franklin, "Origin Stories Revisited: IVF as an Anthropological Project," *Culture, Medicine, and Psychiatry* 30, no. 4 (2006): 547–555.
 17. Danièle Bélanger, "Single and Childless Women of Vietnam: Contesting and Negotiating Female Identity?" in *Gender Practices in Contemporary Vietnam*, eds. Lisa Drummond and Helle Rydstrøm (Singapore: Singapore University Press, 2004), 96–116; Danièle Bélanger and Khuất Thu Hồng, "Too Late to Marry: Failure, Fate or Fortune? Female Singlehood in Rural North Việt Nam," in *Gender, Household, State: Đổi Mới in Việt Nam*, eds. Jayne Werner and Danièle Bélanger (Ithaca, NY: Southeast Asia Program, Cornell University, 2002), 89–110.
 18. Gammeltoft, "Between 'Science' and 'Superstition'"; Phinney, "Discursive Transformations"; Bélanger and Khuất Thu Hồng, "Too Late to Marry."
 19. Phinney, "Discursive Transformations."
 20. Designed to address male factor infertility (low sperm count, mobility, and/or motility), ICSI is a procedure in which a single sperm is removed from a man and injected into an ovum with a pipette. IVF firsts were chronicled extensively on the Tù Dũ Hospital IVF Center's former website www.ivftudu.com.vn/html/tten/b/b7.htm (accessed June 13, 2007). Their redesigned website also lists many of these achievements, www.ivftudu.com.vn/articlegroup/301/ (accessed January 8, 2009).
 21. The development, introduction, and expansion of IVF in Vietnam has spanned more than a decade and coincided with global and national development initiatives that have shifted away from more narrow views of women's reproduction as a means to control population with more recent efforts that emerged from the 1994 World Population Conference in Cairo, focused on women's reproductive health and rights. The introduction of IVF in 1997 also coincided with a period in which Vietnam's population and family planning program was beginning to realize success in its efforts to reduce population growth, something that became clearer with the Vietnam Demographic Health Survey 2002 results, which showed a decline in the total fertility rate from 2.67 average births per woman in 1997 to 1.87 in 2002. See Family and Children Committee for Population, *Vietnam: Demographic and Health*

Survey 2002 (Hà Nội: General Statistical Office, 2003), 29. Under consideration since 1990, the development of IVF training for a small group of medical personnel and the subsequent first births in 1998 coincided with changes in the family planning program and the realization that parity birth rates were being achieved sooner than expected, as was personal income growth. The 2001 Population Ordinance Article 23, No. 2, notes that the state will encourage and invest in building “reproduction-supporting technology” to assist “sterile” people. See Vietnam Commission for Population, Family and Children, “Population Ordinance” (Hà Nội: 2001), www.e.vcpfc.gov.vn/web/guest/policy/Ordinance-Population (accessed March 27, 2007). Attention continues to be given, in doctrine, to those not readily bearing children, much as rights of infertile couples to reproduce have been included in previous family planning directives. See Judith Banister, *Vietnam’s Population Dynamics and Prospects* (Berkeley: Institute for East Asian Studies, University of California, 1993), 82, Article 6.6. However, these rights are now more elaborate, rather than tucked away in a brief article. An additional article (Article 22) in the 2001 Population Ordinance focuses on the quality of births in Vietnam, which appears to reflect a development trajectory seen in other countries that have experienced rapid economic development accompanied by population growth rate reduction. Subsequent to these changes, efforts once focused on reducing the growth rate have refocused on issues of population quality, as has occurred in China. See Susan Greenhalgh and Edwin A. Winckler, *Governing China’s Population: From Leninist to Neoliberal Biopolitics* (Stanford: Stanford University Press, 2005). Notwithstanding, in Vietnam there is also the added complexity of recent historical experience with defoliants and attention to birth defects attributed to their use, which is gaining increased attention. See 2001 Population Ordinance Article 23, No. 1.

22. Bernama (Malaysian News Agency), “Vietnam Surrogate Pregnancy Brings Legal Questions,” *The Vietnam News*, January 6, 2001, <http://perso.wanadoo.fr/Patrick.guenin/canθο/vnnews/surro.htm> (accessed October 18, 2004).
23. Official Gazette, *Decree No. 12/2003/ND-CP* (see note 1).
24. *Decree No. 12/2003/ND-CP* permits foreign couples to undergo assisted reproduction in Vietnam using their own gametes, but it prohibits gamete and embryo donation and reception by foreigners (Articles 5.1 and 5.2) with no mention of ethnicity. See Official Gazette, *Decree No. 12/2003/ND-CP*. The prohibitions pertaining to foreigners were clarified in *Circular No. 07/2003/TT-BYT*, dated May 28, 2003, which permitted foreigners with wives of Vietnamese descent to access Vietnamese donor gametes. See Official Gazette of the Socialist Republic of Vietnam, *Circular No. 07/2003/TT-BYT of May 28*,

- 2003, *Guiding the Implementation of the Government's Decree No. 12/2003/ND-CP of February 12, 2003 on Childbirth by Scientific Methods* (Hà Nội: Vietnam Law and Legal Forum, 2003).
25. See Official Gazette, *Decree No. 12/2003/ND-CP* (see note 1), Article 8.2. Sperm donors must be between the ages of 20 and 55 years and ovum donors between 18 and 35 years. Women who are sperm and ovum recipients must be between the ages of 20 and 45. Other stipulations in the decree specify that a donor's sperm may be used for only one recipient (Article 9.1) and a donor's ova may be used for only one recipient (Article 9.2). Single women with functioning ova may receive donor sperm (Article 9.1), but in contrast to married women, they may not receive donor ova (Article 9.2), eliminating confusion over who might be the "real" or legal mother, the ovum (genetic) donor, or the recipient woman who will carry the pregnancy and raise any resulting children.
 26. Regarding sensitivity in Vietnam to assessing the quality of a developing fetus through the use of ultrasound and pregnancy termination, see Tine Gammeltoft, "Prenatal Diagnosis in Postwar Vietnam: Power, Subjectivity, and Citizenship," *American Anthropologist* 109, no. 1 (2007): 153–163.
 27. Official Gazette, *Decree No. 12/2003/ND-CP* (see note 1), Article 6.1. A surrogate is a woman who carries a pregnancy for another woman using her own ova, ova from the recipient, or ova from a third-party donor.
 28. Many debates about surrogacy have centered around genetics versus gestation or nurture for determining motherhood. See Ragoné, *Surrogate Motherhood*; and Markens, *Surrogate Motherhood and the Politics of Reproduction*.
 29. Official Gazette, *Decree No. 12/2003/ND-CP* (see note 1), Chapter V, Articles 20.1 and 20.2; *Decree No. 12/2003/ND-CP*, Chapter V, Article 21.
 30. My reference to a "fetus or baby" distinguishes between in utero and postnatal periods of life. In Vietnam, the nine months of gestation are considered to be a year of life, such that when people refer to their age, they may include the "year" (nine months) in the womb in their calculation.
 31. Melissa J. Pashigian, "Inappropriate Relations: The Ban on Surrogacy with In Vitro Fertilization and the Limits of State Renovation in Contemporary Vietnam," in *Assisting Reproduction, Testing Genes: Global Encounters with New Biotechnologies*, eds. Daphna Birenbaum-Carmeli and Marcia C. Inhorn (New York: Berghahn Press, forthcoming).
 32. Margery Wolf coined the term "uterine family" to describe the ways daughters-in-law in Taiwan who married into a patriline could create their "own" family by bearing children in a context in which they had a limited social network through their husband and were not "blood" related to the family. A woman and her children formed a "uterine family," one in which the children were her closest relations in her new village and aided her in overcoming her status

- as an outsider both in the patriline and also among local female villagers who may have had long-standing relations (and possibly alliances) with the family of her husband. The concept of a “uterine family” addresses kin-relationships *after* birth. See Margery Wolf, *Women and the Family in Rural Taiwan* (Stanford, CA: Stanford University Press, 1972).
33. Melissa J. Pashigian, “Conceiving the Happy Family: Infertility and Marital Politics in Northern Vietnam,” in *Infertility around the Globe: New Thinking on Childlessness, Gender and Reproductive Technologies*, eds. Marcia C. Inhorn and Frank Van Balen (Berkeley and Los Angeles: University of California Press, 2002).
 34. Helle Rydstrøm, *Embodying Morality: Growing Up in Rural Northern Vietnam* (Honolulu: University of Hawai’i Press, 2003); Ann Marie Leshkovich, “Woman, Buddhist, Entrepreneur: Gender, Moral Values, and Class Anxiety in Late Socialist Vietnam,” *Journal of Vietnamese Studies* 1, no. 1–2 (2006): 277–313. Shaun Kingsley Malarney discusses *tình cảm* as a moral economy of gift exchange in association with funerals. Appropriate receipt and giving of prestations between families at funerals represents the receipt and payment of moral debts. See Shaun Kingsley Malarney, *Culture, Ritual and Revolution in Vietnam* (Honolulu: University of Hawai’i Press, 2002).
 35. Rydstrøm argues that *tình cảm* is more a practice of social competence than a psychological state. See Rydstrøm, *Embodying Morality*, 52.
 36. *Ibid.*, 54.
 37. Gestational *tình cảm* is also important to pregnant women who have reproduced naturally using their own gametes, although it is perhaps less scrutinized, as they do not face the same set of difficult social circumstances that infertile women face.
 38. “Primary infertility” is a diagnostic label for women who have never been pregnant despite cohabitation and attempts to get pregnant over the course of two years. See World Health Organization, “Infertility,” www.searo.who.int/LinkFiles/Reproductive_Health_Profile_infertility.pdf (accessed June 13, 2008). “Secondary infertility” refers to women who have been pregnant before and currently cannot get pregnant.
 39. Interview with infertility patient, June 24, 2004, Hà Nội. Cf. Pashigian, “Inappropriate Relations.”
 40. The emphasis on nourishment as a basis of kin-relatedness is evident not only in Vietnam but in Southeast Asia more generally. Janet Carsten has written extensively on the significance of feeding as the substance of kinship in Malaysia, in which kin-relatedness grows from feeding practices in the womb through childhood and adulthood, linking individuals to their mothers and their mothers’ hearth. In Carsten’s research, suckling from the same mother

- creates a relatedness based on shared breast milk, while the practice of sharing meals together establishes family kinship both symbolically and nutritively. See Carsten, “The Substance of Kinship” (see note 2); and *The Heat of the Hearth: The Process of Kinship in a Malay Fishing Community* (Oxford: Oxford University Press, 1997). Metaphors of cooking and kitchens associated with fertility can be found outside of Southeast Asia. See Pamela Feldman-Savelsberg, *Plundered Kitchens, Empty Wombs: Threatened Reproduction and Identity in the Cameroon Grassfields* (Ann Arbor: University of Michigan Press, 1999).
41. The significance of the womb and gestation is also an important focus of traditional Chinese medicine, in which the womb is a space for nourishing the fetus but also a space with the potential to pollute the fetus, requiring regulation during pregnancy. For research on reproduction, medicine, and the female body in Ch’ing Dynasty China (1644–1912), see Charlotte Furth, *A Flourishing Yin: Gender in China’s Medical History, 960–1665* (Berkeley and Los Angeles: University of California Press, 1999); and “Concepts of Pregnancy, Childbirth, and Infancy in Ch’ing Dynasty China,” *Journal of Asian Studies* 46, no. 1 (1987): 7–35.
 42. Nguyễn Linh and Hoàng Xuân Chinh have documented a similar origin tale among the Muong. See Nguyễn Linh and Hoàng Xuân Chinh, “Đất Nước Và Con Người Thời Hùng Vương” [The Country and People during the Time of the Hùng Kings], in *Hùng Vương Dựng Nước* [The Hùng Kings Nation Building], ed. Ủy ban khoa học xã hội (Hà Nội, 1973), 103, cited in Keith Weller Taylor, *The Birth of Vietnam* (Berkeley and Los Angeles: University of California Press, 1983), 303. Other origin tales, distinct from the Âu Cơ legend, have been documented among other ethnic groups in Vietnam. See, for example, Frank Proschan, “Peoples of the Gourd: Imagined Ethnicities in Highland Southeast Asia,” *The Journal of Asian Studies* 60, no. 4 (2001): 999–1032.
 43. For plot line details, see Vũ Quỳnh, *Tân Đính Lĩnh Nam Chích Quái* [Wondrous Stories of Lĩnh Nam], ed. and trans. Bùi Văn Nguyên (Hà Nội: Khoa Học Xã Hội, 1993).
 44. The earliest versions of the Lĩnh Nam Chích Quái describe the bundle Âu Cơ laid as a womb, amnion, or bladder. Personal correspondence with Keith Taylor, April 10, 2006.
 45. In other cultures, a baby born with the intact amniotic sac surrounding it or covering the head or face, an *in caul* birth, similar to the intact amnion surrounding Âu Cơ’s eggs, is considered fortuitous. At the very least it gives the child notoriety. For instance, among the Toraja in Central Celebes, Indonesia, in the late nineteenth and early twentieth centuries, a crumpled and dried caul served as a talisman to make the body invincible to physical harm from an enemy. See

Nicolaus Adriani and Albertus Christiaan Kruijt, *De Bare'e sprekende Toradjas van Midden-Celebes (de Oost-Toradjas)* [The Bare'e-Speaking Toradja of Central Celebes (the East Toradja)], 2 vols. (Amsterdam: Noord-Hollandsche Uitgevers Maatschappij, 1951): vol. 2, available in the eHRAF World Cultures database (accessed June 2, 2008). Among the Iroquois in North America, previous generations believe that a baby born with a caul over the head could develop second sight and purity and be endowed with “extraordinary” and “magical” power if kept secluded for most of its childhood. See William N. Fenton, *The Iroquois Eagle Dance an Offshoot of the Calument Dance* (Washington, DC: Smithsonian Institution, 1953); and Annemarie Shimony, *Conservatism among the Iroquois at the Six Nations Reserve* (New Haven, CT: Department of Anthropology, Yale University, 1961), both available in the eHRAF World Cultures database (accessed June 2, 2008). See also Thomas Forbes, “The Social History of the Caul,” in *The Manner Born: Birth Rites in Cross-Cultural Perspective*, ed. Lauren Dundes (Walnut Creek, CA: AltaMira Press, 2003), 119–132.

46. Vũ Quỳnh, *Tân Đính*.
47. Personal correspondence with Keith Taylor, April 10, 2006.
48. The partibility of the womb is not unlike Marilyn Strathern’s concept of partibility, in which “the parts circulate as parts of persons.” See Marilyn Strathern, *The Gender of the Gift: Problems with Women and Problems with Society in Melanesia* (Berkeley and Los Angeles: University of California Press, 1988), 192. Building on the idea of a partible body, Monica Konrad applies partibility to the circulation of ova between donors and recipients in the United Kingdom, suggesting that givers and receivers of ova locate essence of the other in these circulating excorporial bodies, not unlike Âu Cơ’s excorporial womb. See Monica Konrad, *Nameless Relations: Anonymity, Melanesia and Reproductive Gift Exchange between British Ova Donors and Recipients* (New York: Berghahn Books, 2005).
49. In *Lĩnh Nam Chíich Quái*, the first Hùng king is selected from the fifty sons who follow Âu Cơ, whereas in *Đại Việt sử ký toàn thư* [Historical Records of Great Việt], the first king is selected from among the sons who follow Lạc Long Quân. See Taylor, *The Birth of Vietnam*; and Yamamoto Tatsuro, “Myths Explaining the Vicissitudes of Political Power in Ancient Vietnam,” *Acta Asiatica (Bulletin of the Institute of Eastern Culture, Tokyo)* 18 (1970): 70–94, see 84.
50. Taylor, *The Birth of Vietnam*, 303.
51. Yamamoto Tatsuro, “Myths Explaining,” 84.
52. Ibid. Yamamoto Tatsuro also suggests that the division of one hundred sons into two groups of fifty (in *Đại Việt sử ký toàn thư*) may reflect the bilateral family system of Vietnamese culture.

53. Hy Văn Lương, "'Brother' and 'Uncle': An Analysis of Rules, Structural Contradictions and Meaning in Vietnamese Kinship," *American Anthropologist* 86, no. 2 (1984): 290–315; and Hy Văn Lương, "Vietnamese Kinship: Structural Principles and the Socialist Transformation in Northern Vietnam," *The Journal of Asian Studies* 48, no. 4 (1989): 741–756.
54. Hy Văn Lương, "Vietnamese Kinship."
55. *Ibid.*, 746–747.
56. *Ibid.*, 747.
57. *Ibid.*, 753.
58. Interview with infertility patient, June 14, 2004, Hà Nội.
59. *Luật Hôn Nhân Và Gia Đình* [Marriage and Family Law] (Hà Nội: Bản Chính Trị Quốc Gia, 1998), 14. The Marriage and Family Law of 1959 outlawed forced marriage, polygamy, and concubinage in the northern Vietnam. Similar relationships were made illegal in southern Vietnam.
60. Interview with infertility patient, October 16, 1997, Hà Nội.
61. Pashigian, "Inappropriate Relations."
62. *Đẻ Mướn* [Surrogate Birth], DVD, Hãng Phim Phước Sang, Sài Gòn, 2006.
63. Tạ Văn Tài, "The Status of Women in Traditional Vietnam: A Comparison of the Code of the Lê Dynasty (1428–1788) with the Chinese Codes," *Journal of Asian History* 15, no. 2 (1981): 97–145; David W. Haines, "Reflections of Kinship and Society under Vietnam's Lê Dynasty," *Journal of Southeast Asian Studies* 15, no. 2 (1984): 307–314; John K. Whitmore, "Social Organization and Confucian Thought in Vietnam," *Journal of Southeast Asian Studies* 15, no. 2 (1984): 296–306; Nguyễn Ngọc Huy and Tạ Văn Tài, *The Lê Code: Law in Traditional Vietnam: A Comparative Sino-Vietnamese Legal Study with Historical-Judicial Analysis and Annotations*, 3 vols. (Athens: Ohio University Press, 1987); Alexander Woodside, *Vietnam and the Chinese Model: A Comparative Study of Vietnamese and Chinese Government in the First Half of the Nineteenth Century*, reprint ed., Harvard East Asian Monographs (Cambridge, MA: Council on East Asian Studies, Harvard University, 1988 [1971]); and Yu Insun, *Law and Society in Seventeenth and Eighteenth Century Vietnam* (Seoul: Asiatic Research Center, 1990).
64. Tạ Văn Tài, "The Status of Women"; Yu Insun, *Law and Society*.
65. See also Robert Lingat, *Les régimes matrimoniaux du sud-est de l'Asie: Essai de droit comparé indochinois* [Systems of Marriage in Southeast Asia: Essay on Comparative Indochinese Law], vol. 2, (Sài Gòn: École française d'Extrême Orient, 1955). Blame for infertility was often placed on the wife. During the Lê period, infertility was grounds for divorce. See Tạ Văn Tài, "The Status of Women," 107.
66. Arthur Daguin and Alphonse Dubreuil, *Le mariage annamite en Indo-Chine: Cochinchine, Annam, Tonkin, plus spécialement dans l'empire d'Annam* [Vietnamese Marriage in Indochina: Cochinchina, Annam, Tonkin, Especially in

- the Empire of Annam] (Paris: L. Dorbon, 1906), 15; Bui-Thuong-Chieu, *La polygamie dans le droit annamite* [Polygamy in Vietnamese Law], Publications de l'Institut de droit comparé de l'Université de Paris, première série [Publications of the Institute of Comparative Law of the University of Paris, first series] (Paris: Rousseau et Cie, 1933), 50; and Woodside, *Vietnam and the Chinese Model*, 48.
67. Daguin and Dubreuil, *Le mariage annamite en Indo-Chine*; Woodside, *Vietnam and the Chinese Model*, 48.
68. Woodside, *Vietnam and the Chinese Model*, 48.
69. Tạ Văn Tài, "The Status of Women," 101.
70. Bui-Thuong-Chieu, *La polygamie*, 46–49.
71. *Ibid.*, 50–51.
72. Under the Lê Code, a second wife had to relinquish authority over her son in order for him to inherit the estate of his deceased father. See Tạ Văn Tài, "The Status of Women," 135.
73. Bui-Thuong-Chieu, *La polygamie*, 107.
74. Hy Văn Lương, "Vietnamese Kinship," 742–743.
75. Dương Thị Thanh-Mai, "Vấn Đề Hôn Nhân Qua Khảo Sát Thực Tế ở một Số Nơi" [The Question of Marriage: Empirical Research in a Number of Localities], in *Tình Yêu, Hôn Nhân, Gia Đình Trong Xã Hội Ta* [Love, Marriage, and the Family in Our Society], ed. Viện Xã Hội Học [Institute of Sociology] (Hà Nội: Khoa Học Xã Hội, 1985), 67, cited in Hy Văn Lương, "Vietnamese Kinship," 743.
76. Tất Ứng et al., *Những Chuyện Thánh Thần* [Stories of Superstition] (Vĩnh Phú: Sở Văn Hóa Và Thông Tin Vĩnh Phú, 1983), 69–73, cited in Hy Văn Lương, "Vietnamese Kinship," 743.
77. Nghiêm-Thảm, *Esquisse d'une étude sur les interdits chez les Vietnamiens* [A Study of Taboos Among the Vietnamese], Publications de l'Institut de recherches archéologiques [Publications of the Institute of Archaeological Research] (Sài Gòn: Ministère de la Culture et de l'Éducation 1965), 53. I wish to thank Hue-Tam Ho Tai for drawing my attention to this source.
78. Lương-Đức-Thiếp, *Xã Hội Việt Nam (La société vietnamienne)* [Vietnamese Society], 2nd ed. (Sài Gòn: 1950), 228, cited in Nghiêm-Thảm, *Esquisse d'une étude*, 52.
79. *Ibid.*
80. Nghiêm-Thảm, *Esquisse d'une étude*, 53.
81. Harriet Phinney similarly recollects being told a few years earlier of a hospital arranging anonymous intercourse between a recipient and sperm donor. See Harriet M. Phinney, "Asking for a Child: The Refashioning of Reproductive Space in Post-War Northern Vietnam," *Asia Pacific Journal of Anthropology* 6, no. 3 (2005): 215–230, see page 224.

82. To use an example of contrast, Geraldine Heng and Janadas Devan examine state reproductive policies in the 1980s and 1990s in Singapore, highlighting state power in the “social project of *biological* reproduction” (italics in original). See Geraldine Heng and Janadas Devan, “State Fatherhood: The Politics of Nationalism, Sexuality, and Race in Singapore,” in *Nationalisms and Sexualities*, eds. Andrew Parker et al. (New York: Routledge, 1992), 344. Heng and Devan depict the Singaporean state’s preoccupation with its female citizens’ reproduction and its focus on ethnic and racial reproductive politics in which the state privileges the reproduction of highly educated ethnic Chinese women over that of Malay or Indian women. In construing declining reproduction rates among highly educated “graduate” Chinese women as a national crisis, the state calls on these women to undertake reproduction as their patriotic duty. In this analysis, the authors suggest that enduring patriarchal and paternalistic cultural influences of Confucianism in the contemporary period embody the nation, whereas “women, and all signs of the feminine, are by definition always and already anti-national.” See Heng and Devan, “State Fatherhood: The Politics of Nationalism,” 356.
83. The matter of IVF and its introduction and regulation in Vietnam provokes some further musings about kinship in relation to state power. States that demonstrate controls or restrictions are often characterized as paternal or patriarchal in dealings with their citizenry, particularly female citizens, as has been the case, for example, with Singapore’s population policies in the 1990s mentioned in note 82. In Vietnam, the state has been associated with Hồ Chí Minh, who is referred to affectionately by some as Uncle Hồ, or Bác Hồ. Conversely, Hồ Chí Minh or Uncle Hồ can be invoked to refer to the state. “Bác,” meaning “uncle,” is an ambiguous kin descriptor for father’s or mother’s elder brother. Rather than being paternal, the state becomes avuncular in safeguarding the relationship between mothers and their children when it comes to IVF policy. This is not unlike the role of a mother’s brother in traditional matrilineal societies who invests in his sister’s offspring because these offspring perpetuate the maternal family line. In traditional matrilineal societies, the mother’s brother is a key decision maker in the lives of his sister’s children, more so than their father (who is presumably involved in the lives of the children of his own sister). These offspring will continue the maternal family line, raising the question of whether Bác Hồ, as the state, acts as father’s elder brother or, rather, the mother’s elder brother in protecting mother-child relatedness in Vietnam’s IVF policy and affords the opportunity to broaden analysis of state guardianship. I wish to thank Eric Thompson for suggesting the idea of the state as mother’s brother with regard to Vietnam’s IVF policy.