# GENDER AND GENETICS: SOCIOLOGY OF THE PRENATAL

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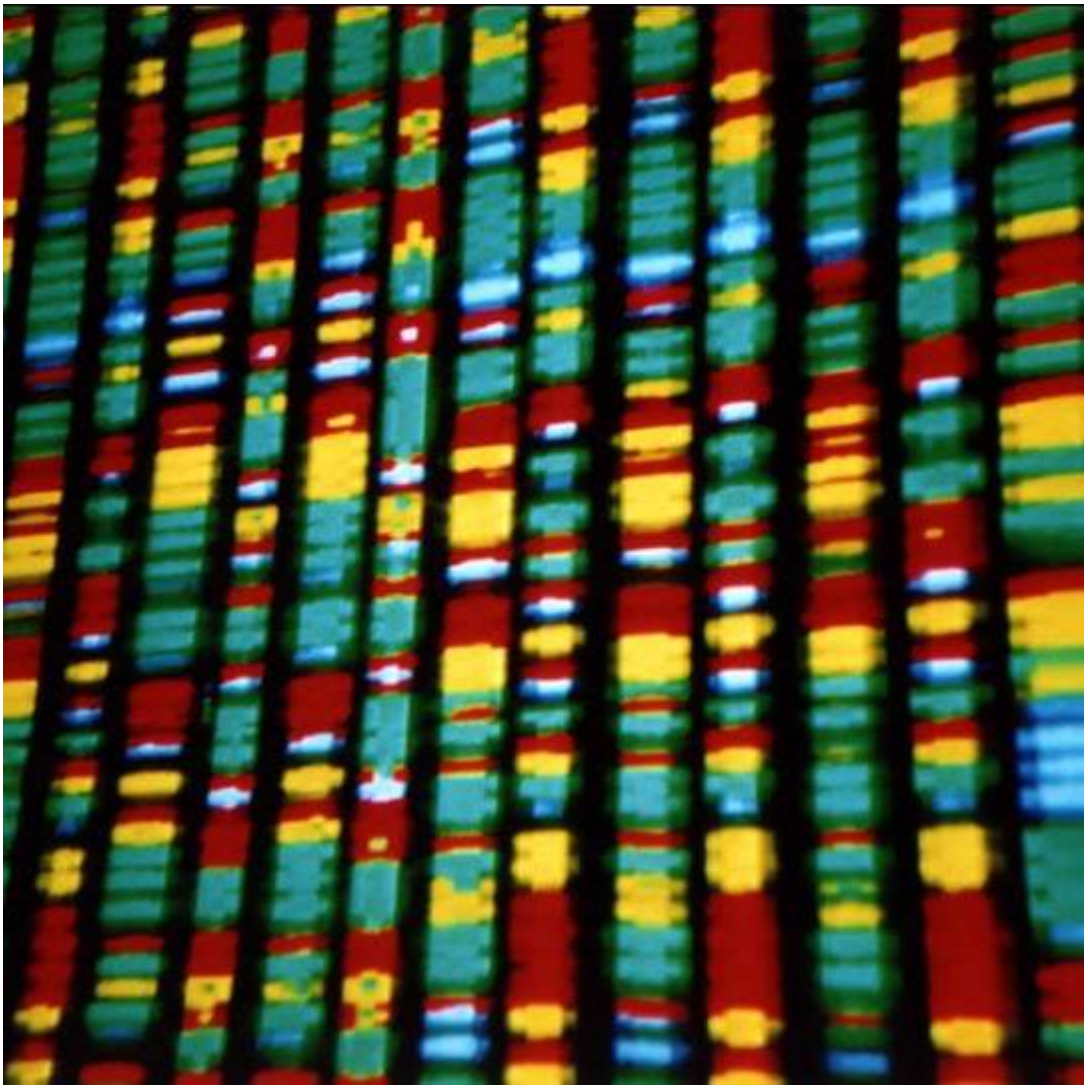
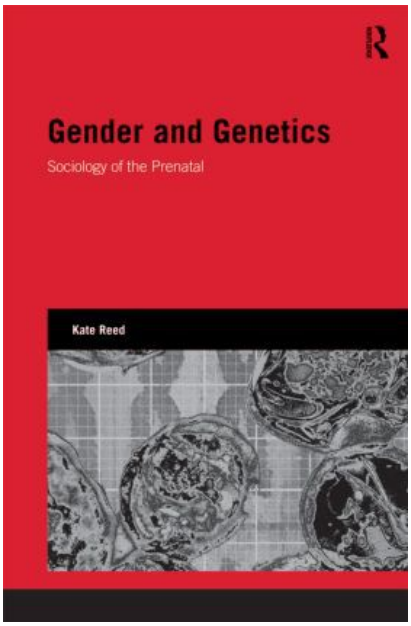


Within the past several years, prenatal testing has significantly advanced, developing numerous methods of non-invasive prenatal testing such as examining fetal cell-free DNA in maternal blood. These methods permit the identification of chromosomal disorders such as Down's syndrome as well as blood disorders such as sickle-cell and thalassemia. Advances in prenatal screening technologies have

prompted critical analysis of many facets of reproduction, pregnancy, and the interaction of human biology and culture. These advances are occurring alongside significant changes in gender ideology relating to reproduction, particularly the role of men in relationships and fatherhood. This "new fatherhood" emphasizes greater involvement in reproduction, particularly the care and nurturing of children. It serves as a complement to the new "companionate" relationship, a reimagining of partnerships and marriage as a relationship of friendship and romance (Hirsch and Wardlow 2006). It is in this context of a reimagining of reproductive gender ideology and advances in prenatal screening technology that *Gender and Genetics: Sociology of the Prenatal* demonstrates how men's more active involvement in prenatal care and screening reflects gender ideologies of reproduction, through gendered interpretations of visual and blood screening and genetic responsibility.

Dr. Kate Reed uses a sociological approach of structured interviews of 22 pregnant women and 16 of their male partners in the United Kingdom to elucidate how parents' decisions and reactions to prenatal screening both reinforce and contradict traditional gender ideology. Reed predominantly uses the model of traditional gendered reproduction presented by Rothman (1986) as the ideology that is simultaneously contradicted or reinforced.




> *This model presents the role of men in reproduction as providing a "seed" of reproduction, while women are the "soil."*

This traditional gender role ideology of reproduction therefore presents men and women with difficult challenges to conceptions of "new fatherhood" as well as

women’s bodily autonomy.

One of the predominant themes that emerge from the interviews is how this traditional gender ideology is reinforced through prenatal screening. In Chapter 1, *Information keeping/seeking*, despite men’s interest in independently seeking out information, both partners ultimately viewed women as possessing authoritative knowledge and power over the pregnancy. The institutional constraints on men’s attendance at prenatal appointments (i.e. difficulty getting time off from work) further reinforces the traditional ideology as men being uninvolved in the nurturing and developing aspects of reproduction, namely pregnancy (Chapter 2, *Gender, choice and time*). This serves to reinforce the biological deterministic ideology of men’s association with paid work and women’s association with reproduction. Men’s involvement in prenatal appointments emphasize their relationship to the fetus, as evidenced by the focus on ultrasound appointments that allow men to connect visually and aurally to their offspring, while other appointments more associated with the process of pregnancy or health of the fetus are viewed as the realm of women, such as blood screening (Chapter 3, *Imaging and imagining genetics*). The association of women with pregnancy and men with genetic contribution is further upheld through the predominant concerns of women with the health of the fetus and pregnancy and men’s concerns with the positive manifestation of their genes (Chapter 5, *Gendering ‘good’ and ‘bad’ genes*).

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The involvement of male partners in prenatal care further upholds traditional gender ideology to accommodate women's bodily autonomy, as described in Chapter 4 (*Men, masculinity and decision-making*). This necessarily upholds the biological deterministic perspective of reproduction and pregnancy as the realm of women. Throughout the interviews on prenatal care and screening decisions, men expressed their interest in involvement in the pregnancy, but also expressed their intent to defer to women's ultimate authority in decision-making. Deference to women's authority is justified with women's bodily autonomy, which serves to orient pregnancy and fetal health as the ultimate responsibility of women.

> *This delicate balance of the "new father's" involvement in prenatal care with women's bodily autonomy reinforces the secondary role of men in reproduction and child-rearing, at least during pregnancy.*

However, this traditional gender ideology, particularly men's roles in pregnancy and prenatal screening, is necessarily reimagined or discarded to fit men's ideas

of the “new fatherhood”. Men independently seeking information about prenatal care and screening through the internet exemplifies a new ideology of fatherhood continuing through pregnancy, not merely taking place after birth (Chapter 1, *Information keeping/seeking*). This is most clearly seen in men consistently expressing desire to be involved in the pregnancy of their partners and women’s encouragement of such involvement. In particular, the ultrasound appointment to visually and aurally connect to the fetus was a moment of becoming biological and social fathers for most men, permitting a break from the traditional gender ideology of fatherhood being constrained to insemination and care after birth (Chapter 3, *Imaging and imagining genetics*). This appointment was viewed as important for men to attend by both men and women, acknowledging the role it plays in constructing feelings of direct connection to the developing fetus without the woman’s interpretation and mediation. Additionally, men sought information and support from their social networks of fathers and fathers-to-be to help inform and guide them in their development as fathers during the prenatal period (Chapter 6, *Family, friends and heredity*).

Reed also explores how perceptions of race and experiences of class influence approaches to and interpretations of prenatal screening, devoting much of Chapter 7, *Transforming social divisions,* to the topic. Though conclusions are limited by the small sample size, particularly the overrepresentation of white participants, patterns of class and the racialization of blood disorders screening emerge. Social, economic, and cultural capital influence knowledge of and access to some screening procedures as well as the option for men to take time off work for attendance at prenatal appointments. Screening for blood disorders is racialized among white participants – “whiteness” is viewed as a protection against blood disorders, given the higher prevalence of disorders like sickle-cell and thalassemia in populations identified as “non-white.” This exploration of class and racialization in prenatal screening is preliminary, but raises important questions as to how prenatal screening technology can contribute to social inequality based on genetic capital.

*Gender and Genetics is an innovative analysis of the relationship between*

*gender ideology and prenatal screening.*

Dr. Reed highlights how traditional gender ideology can be reinforced by the experience of prenatal screening through an association of male genes with "good" or positive genes and through the continued association of women as the nurturers and incubators of developing fetuses. This is particularly interesting in genetic screening given the equal genetic contribution to the developing fetus. Identifying how the conception of fatherhood as nurturing can be reconciled with the biological realities of pregnancy is an ongoing theme in this study. Additionally, reconciling men's desire to be partners and companions to their significant others with the imperative of women's bodily autonomy (reinforced by medical practices as well) is a prominent area of tension in navigating gender ideology in the prenatal period.

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The research does not delve into how these ideologies are reinforced or contradicted by medical practitioners or institutional policies and practices beyond the interpretation and reports of the respondents. This will be an important area of further research, as many respondents noted a desire for men to be more involved in reproduction in the prenatal period, identifying medical information geared towards men as a means to encouragement more involvement. As such, generalizability is limited. However, this work provides a wealth of information for further exploration into how gender ideology in prenatal care, particularly genetic screening, can be shaped by factors such as medical practices and policies, national and corporate practices and policies regarding parental leave, class, ethnicity, and social networks.

## References:

Hirsch, J.S. & H. Wardlow (2006) *Modern Loves: The Anthropology of Romantic Courtship and Companionate Marriage*, Ann Arbor: University of Michigan Press.

Rothman, B.K. (1986) *The Tentative Pregnancy: How Amniocentesis Changes the Experience of Motherhood,* New York: Norton.

**Reed, K. 2012. *Gender and Genetics: Sociology of the Prenatal.* London: Routledge. 198 pp. Pb: £34.99. ISBN: 978-1-138-82289-4.**

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