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## **Life within Limits: Childlessness, Infertility and Health Care in urban areas of Ethiopia**

In December 2020, a popular Ethiopian weekly talk-show<sup>1</sup> broadcasted a program about infertility. Beside dr. Nuru, an Ethiopian reproductive endocrinologist, the show was attended by a lady called Wintana who in her late 20ies shared personal experiences with infertility and its medical treatment. The program inspired several comments below the Youtube streamed video. Some people praised Wintana by admiring her strength and courageousness for going through such a challenging process to become a mother, while others praised the TV host for dedicating the show to such a rarely discussed subject and expressed a further need for detailed information about medical treatments.

People in the comment section, on the other hand, started engaging with each other through several replies where they generously exchanged information about doctors and clinics, while at the same time discreetly initiated exchange of personal phone and email addresses so that they can continue talking about the subject in a more personalized way. Most comments however ended with giving thanks to God and sending blessings to Wintana who, as one commentator referred, just like Sara in the Old Testament, waited patiently to become a mother. While people positively perceived possibilities for treating infertility, majority of the commentators believed that medical treatment was done with a help of God. Only one commentator – and that was the only comment with slightly negative connotation – reproached Wintana for not giving a public testimony of what God has done for her.

When I later tried to look for infertility rate in Ethiopia, google search tool recognized my search as a grammar mistake and instead of infertility offered a data about a total fertility rate in Ethiopia which is 4.05 children per woman. Following NGOs and media discourses about overpopulation and family planning programs in developing countries<sup>2</sup>, this should not be really surprising. Family planning and economic development efforts as means for reducing population and consequently eradicating poverty are both global and national agendas for developing countries. Ethiopia with its national development programs is however not an exception. With overemphasized national programs for controlling overpopulation, pronatalist cultural environments contrastingly rarely problematize childlessness, although infertility is a global health issues that no society, regardless of its population growth, can really escape.<sup>3</sup>

In intersection between medical anthropology and anthropology of religion, the main focus of my research will be a question about how a devout person produces meanings from his/hers condition of childlessness and infertility. At the moment I think of childlessness and infertility as two different terms, while both, childlessness as a voluntary or involuntary state of not having children and infertility as a medical diagnosis, have personal, social and political significance. Whereas WHO defines infertility as a disease of the reproductive system<sup>4</sup>, I have not yet come across the information about Ethiopian conception of childlessness, infertility and disease, although I am aware that these terms are closely linked to a broader social, cultural and also spiritual context.

My research will primarily be based on beliefs about childlessness and infertility in interaction with government policies, religious practices and medical treatments that will highlight both biomedical and traditional infertility therapies. In the background of prevailing privatized medical market, COVID-19 pandemic, recent inflation and increased costs of living, and mostly in the background on the ongoing war in northern regions of Ethiopia, I will design my research in accordance with the following research questions.

As Ethiopian Orthodox Tewahedo Church is the largest Eastern Christianity's branch of Oriental Orthodox Churches, I am planning to conduct my research among people who identify as Ethiopian Orthodox Christians and whose teleological understanding of the world is a crucial principle of life. Since I am interested in researching infertility in intersection with Orthodox Christianity, my main focus would hence be on ethnic groups of Amhara and Tigrayan living in Addis Ababa. I would say that my research targets

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1 *Helen show* broadcasted on EBS (Ethiopian Broadcasting Services)

2 The current population of Ethiopia is 118,298,506 as of Sunday, September 5, 2021, based on Worldometer elaboration of the latest United Nations data.

3 Inhorn, M. 1994. *Local Babies, Global Science*. 2003. Routledge. New York.

4 WHO, 2013.

dominantly urban population, although I am attentive about fluid understanding of categories of an urban and a devout person, which as Diego Malara<sup>5</sup> indicates, can be modifiable in contemporary Ethiopia. In Amharic, the lingua franca of Ethiopia, “the verb ‘to heal’ (*adane*) means both ‘to cure’ and ‘to save’. Similarly, the term for medicine (*medhanít*) and for Saviour (*medhané*) stem from the same roots, suggesting that healing has long been understood in both a medical and a religious idiom and that physical and spiritual healing go hand in hand.”<sup>6</sup> As medicine and religion are tightly interwind, I am observant to learn how a devout person, who is struggling with infertility, can live meaningfully within limits of his/her own desire. Since desire to have a child is usually interconnected with hope and waiting, I am also interested in a question of continuity of a subject and a desire formation during a process of hoping and waiting. How does a person think of procreation in the time of ongoing war and politically destabilizing time would also be one of my research guidelines.

According to Assefa Balcha Negwo<sup>7</sup> traditional medicine has always been closely interconnected with Ethiopian Orthodox Church which has, with utmost care and mysteriousness, preserved manuscripts about church healing. After Italian occupation (1936-1941) and upon the return of emperor Haile Selassie from the exile in the United Kingdom, Ethiopia underwent a process of modernizing its public institutions. That was also the time when biomedical health services increasingly entered into Ethiopian medical market. However, Ethiopians have been extensively engaged in medical pluralism where church treatments have been equally important as biomedical ones. Although, as Assefa Balcha Negwo<sup>8</sup> indicates, church, traditional and indigenous medicine epistemologically slightly differ, I would like to research how they interconnect with biomedical healing and what a devout person expects and hope for when getting one or all of these treatments.

Apart from that I would like to engage with a question how does a devout individual understand advance reproductive technologies. Here I would like to focus on how the new reproductive technologies which, we can say, are globalized scientific achievement, are transferred and appropriated into Ethiopian cultural settings. Wondering weather technology brings cultural and moral decline, I am intrigued by learning how reproductive technologies affect devout person’s way of seeing and understanding the world.

For learning about historical, social and political context of infertility in Ethiopia, I will use archives and libraries of different institutions, such as Ministry of Health, Addis Ababa City Administration Health Bureau, National Library of Ethiopia, Institute for Ethiopian Studies and Department of Social Anthropology of Addis Ababa University. In order to gain contextual information, I will conduct interviews with endocrinologists, pharmacists, psychologists, state officials, decisions makers and clergy of Ethiopian Orthodox Church. Finally, as Addis Ababa has three recently inaugurated clinics for treating infertility<sup>9</sup>, which by reducing medical tourism to Thailand, India and South Africa also benefit to domestic economics, I will, while being affiliated to below mentioned clinics, conduct extensive research among both infertile individuals and infertile couples.

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5 Malara, Diego. 2018. The Alimentary Forms of Religious Life: Technologies of the Other, Lenience, and the Ethics of Ethiopian Orthodox Fasting. *Social Analysis*. 62. 21-41.

6 Hanning, Anita. 2017. *Beyond Surgery: Injury, Healing, and Religion at an Ethiopian Hospital*. Chicago and London: University of Chicago Press.

7 Balcha Assefa, Negwo. 2016. *A Century of Magico-Religious Healing*. The Red Sea Press, Inc.

8 Ibid.

9 A public IVF centre Saint Paul Center for Fertility & Reproductive Medicine and two private clinics called Alhikmah Fertility Centre and New Leaf Clinic.