

**“Child in Every Family!” – Family Planning,
Infertility, and Assisted Reproduction in Tbilisi,
Georgia**

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DEUTSCHE ZUSAMMENFASSUNG

Diese Dissertation befasst sich mit den Erfahrungen kinderloser Frauen im urbanen Georgien und damit, wie sie Unfruchtbarkeit feststellen, erklären und behandeln. Forschungsleitend waren dabei die Fragen, (1) wie assistierte Reproduktion in bestehende biologische, soziale, religiöse und rechtliche Konzepte von Reproduktion, Verwandtschaft und Deszendenz eingebettet wird, und (2) wie diese Konzepte die Bewertung von assistierten Reproduktionstechnologien (ART) beeinflussen – beziehungsweise, inwieweit mit der Nutzung von ART bestehende Konzepte von „relatedness“ bestätigt, verändert oder erweitert werden. Anhand dieser Fragen werden die Hauptthemen des Forschungsprojektes deutlich: Zum einen Konzeptionen von Kinderlosigkeit und Praktiken assistierter Reproduktion vor dem Hintergrund lokaler Kosmologien und Verwandtschaftskonzeptionen, zum anderen der Wandel, aber auch die Resilienz kultureller Konzepte biologischer, genetischer und sozialer Verwandtschaft vor dem Hintergrund der Verfügbarkeit assistierter Reproduktionstechnologien – insbesondere In-Vitro-Fertilisation, intrauterine Insemination und Leihmutterschaft. Um diese Fragen beantworten zu können, schlage ich eine weite Definition des Begriffes der „assistierten Reproduktion“ vor. So müssen assistierte Reproduktionstechnologien auf Grund ihres polarisierend Charakters und der Tatsache, dass sie in den letzten Jahren zu einer zentralen Methode zur Behandlung von Kinderlosigkeit in Georgien avanciert sind, immer berücksichtigt werden, aber auch die vielfältigen Möglichkeiten an nicht-biomedizinischen Heilungsstrategien sowie die sozialen Unterstützung durch Verwandte, Freunde, Heiler, Priester und Seelsorger dürfen bei der Beschäftigung mit assistierter Reproduktion nicht außer Acht gelassen werden.

Zum Zeitpunkt meiner Feldforschung von August 2016 bis Juli 2017 hatte sich die öffentliche Aufregung um frühere Aussagen des Katholikos-Patriarchen Ilia II., welcher die Schädlichkeit von ART für die Entwicklung von durch diese Technologien gezeugte Kinder proklamierte, weitgehend gelegt. Wenn auch nicht in allen Teilen der georgischen Gesellschaft akzeptiert und noch immer durch die Georgischen Orthodoxe Kirche (GOK) abgelehnt, so haben sich assistierte Reproduktionstechnologien mittlerweile als fester Bestandteil im Entscheidungsfindungsprozess um die Suche nach einem „Heilmittel“ etabliert. Und obwohl nicht jedes kinderlose Paar bereit ist, die Möglichkeiten von In-vitro-Fertilisation, Gametenspende (Eizellen- und Samenspende) und Leihmutterschaft zu nutzen, und der Zugang zu diesen Technologien nur jenen Paaren, welche über ausreichende finanzielle Mittel verfügen, möglich ist, beeinflusst die Potenzialität dieser Technologien die Wahrnehmung von Kinderlosigkeit sowie die Einschätzung *aller* Formen von assistierter Reproduktion, da sie eine biogenetische Verbindung wieder zum Teil der Überlegung macht. Durch die Möglichkeit, selbst bei Unfruchtbarkeit sein *eigenes* Kind zu bekommen, bieten ART auch jenen Paaren Hoffnung, welche sonst ihren sozialen

Status der Kinderlosigkeit akzeptieren müssten, und fördert so einen Diskurs der Hoffnung und des Durchhaltewillens, welcher kaum die Möglichkeit ungewollter Kinderlosigkeit akzeptiert. Dennoch wird die Nutzung von ART durch kulturspezifische Wahrnehmungen von Verwandtschaft und den dazugehörigen Praktiken sowie Erwartungen an die genetische Beschaffenheit des zukünftigen Kindes und seine damit verbundenen Eigenschaften geprägt und beschränkt. Zudem sind nicht alle Formen von assistierten Reproduktionstechnologien gleichermaßen akzeptiert, sodass Kinderwunschkliniken und Spenderzentren ihr Angebot entsprechend anpassen müssen.

Diese Dissertation stützt sich auf Daten, welche ich in elf Monaten ethnographischer Feldforschung in Georgiens Hauptstadt Tbilisi erhoben habe. Eine besondere Rolle kommt dabei den Erzählungen von fünfzehn Frauen zu, welche sich bereiterklärt haben, ihre Erfahrungen mit Kinderlosigkeit mit mir in narrativen Interviews zu teilen. Innerhalb der einzelnen Kapitel gebe ich den Erzählungen aus diesen Interviews viel Raum, da ich der Überzeugung bin, dass der Repräsentation der Erfahrungen dieser Frauen ein hoher methodologischer Wert zukommt. Die Geschichten dieser Frauen sind über die einzelnen Kapitel hinaus miteinander verbunden und zeigen unterschiedliche Facetten von Kinderlosigkeit im urbanen Georgien. Auf Grund von methodischen Überlegungen sowie praktischen Einschränkungen konzentriert sich diese Forschung jedoch auf die Erfahrungen einer bestimmte Gruppe – voranging gut ausgebildete Frauen der Tbilisier Mittelschicht, welche sich der ethnischen Mehrheit der Georgier zugehörig fühlen. So wertvoll diese Erzählungen auch sind, so können sie doch nicht für sich alleine stehen. Daher habe ich in meiner Feldforschung nicht nur mit kinderlosen Frauen gesprochen, sondern auch mit Müttern und Vätern, mit jungen unverheirateten Frauen sowie mit religiösen und medizinischen Spezialistinnen und Spezialisten. Ich habe an Pilgerfahrten und Gottesdiensten teilgenommen, Demonstrationen besucht, viele Stunden in den Wartezimmern von Kinderwunschkliniken verbracht und den Mediendiskurs zu Kinderlosigkeit, Unfruchtbarkeit und assistierten Reproduktionstechnologien verfolgt. Aber vor allem habe ich mich mit praktisch jeder Person, der ich begegnete, über die Themen Kinderwunsch und Familienplanung unterhalten. Dabei musste ich diese Themen nie sonderlich stark forcieren: Auf Grund meiner eigenen Positionalität als kinderlose unverheiratete Frau Ende zwanzig sowie der Allgegenwart dieser Themen im georgischen Alltag waren solche Gespräche an der Tagesordnung. In meiner Arbeit nehme ich an, dass die soziale Bedeutung von Kinderlosigkeit auf die Zentralität von Elternschaft zurückzuführen ist, weshalb diese informellen alltäglichen Gespräche die vielleicht wichtigste Quelle für die Einordnung von Kinderlosigkeit in Georgien darstellen.

Dieser Annahme folgend, beschäftigt sich der erste Teil dieser Dissertation „(Not) Having Children“ mit der Wahrnehmung von Kinderlosigkeit innerhalb der georgischen Gesellschaft, während sich der zweite Teil „Assisted Reproduction“ Formen assistierter Reproduktion

zuwendet. Sowohl Kapitel 2 als auch Kapitel 3 befasst sich mit der sozialen Erwartung von Elternschaft in der georgischen Gesellschaft, jedoch aus unterschiedlichen ethnographischen Blickwinkeln und mit einem anderem theoretischen Fokus. Kapitel 2 betont die soziale Erwartung gegenüber jungen Georgiern, durch das Gebären von Kindern die nationale und religiöse Gemeinschaft zu reproduzieren. Familienplanung findet hier inmitten eines pronatalistischen Klimas statt, welches sowohl die viel beschworene demographische Krise der georgischen Nation als auch die Bedrohung Georgiens durch seine geopolitische Lage an der Grenze der christlichen Welt unterstreicht. Um ein besseres Verständnis für diesen Diskurs von demographischer Krise und nationalem Untergang zu erlangen, enthält dieses Kapitel einen Exkurs zur Konzeption von „Georgisch-sein“ in seinem historischen Kontextes, insbesondere den georgischen Nationalbewegungen des späten 19. und 20. Jahrhunderts, sowie dem Widererstarben der Georgischen Orthodoxen Kirche seit dem Ende der Sowjetunion. Das so entstandene aktuelle Verständnis von georgischer Identität begründet sich nicht nur in der gemeinsamen Sprache und einem historisch besiedelten Gebiet, sondern auch in der Zugehörigkeit zur Georgischen Orthodoxen Kirche. Die georgische Kernfamilie wird dabei als zentraler Ort zur Reproduktion der nationalen sowie religiösen Gemeinschaft angesehen, wie die einleitende ethnographische Vignette dieses Kapitels verdeutlicht. Die GOK wurde zudem selbst in den letzten Jahren zu einem Hauptakteur im Diskurs um die demographische Krise der Nation: Sie interpretiert ihre vor allem symbolischen Anreize für Familien mit vielen Kindern als maßgeblich für die Erholung der Geburtenrate.

Kinder zu gebären wird in vielen Teilen der georgischen Gesellschaft erwartet und als soziale Verpflichtung gegenüber der Nation und der religiösen Gemeinschaft gerahmt. An dieser Stelle möchte ich nicht vorschlagen, dass Menschen in erster Reihe Kinder bekommen, da sie dies als ihre Pflicht ansehen. Vielmehr bekommen Menschen Kinder, weil sie einen tiefen Kinderwunsch verspüren, weil sie erwarten, dass diese ihnen Freude bringen oder weil sie hierdurch das Gefühl erfahren, sich selbst als Person zu vervollständigen. Nichtsdestotrotz wird Familienplanung in der georgischen Gesellschaft auf bestimmte Weise erzählt: Elternschaft, insbesondere Mutterschaft, wird als Pflicht oder sogar als Opfer konzipiert, während eine bewusste Entscheidung gegen Kinder als „egoistisch“ dargestellt wird, wodurch der soziale Wert von Kindern betont wird. Der letzte Teil des zweiten Kapitels beschäftigt sich eingehender mit Konzept von Pflicht und Selbstaufopferung, indem er den Blick auf (mythische) Bilder von Weiblichkeit und vor allem von Mutterschaft lenkt, welche den pronatalistischen Diskurs prägen. Durch Mutterschaft verteidigt und reproduziert die idealtypische „starke georgische Frau“ die georgische Identität. Dieses Bild findet sich in einer Vielzahl von Narrativen auf der nationalen Ebene, beeinflusst jedoch das Verständnis von Mutterschaft ebenso innerhalb der Familie.

Für viele junge georgische Frauen ist die Erwartung von Mutterschaft ein fester Bestandteil ihres Alltags. Eine Familie zu gründen ist kein rein privates Unterfangen für Paare in Tbilisi, sondern wird von ihrem sozialen Umfeld, insbesondere von einem Netzwerk von Verwandten sowie der Nachbarschaft als Erweiterung des familiären Netzwerks, beobachtet und überwacht. Besonders der Status junger Frauen ist von Interesse, da durch den Schutz ihrer moralischen sowie physischen Integrität ihre Heirats- und Gebärfähigkeit sichergestellt werden soll. Kapitel 3 verbindet das Konzept der Person in der georgischen Gesellschaft mit Elternschaft und der Integration innerhalb eines Verwandtschaftsnetzwerkes. Auf Basis von Tamara Dragadzes letztlich von Marcel Mauss inspirierten Konzepts der Personwerdung in einem sowjetisch-georgischen Dorf (Dragadze 2001 [1988]), analysiert dieses Kapitel das Verständnis vom Personsein im Verhältnis zu der jeweiligen sozialen Position – insbesondere definiert durch Alter und Gender – innerhalb eines Verwandtschaftsnetzwerkes, sowie den entsprechenden Normen und Verpflichtungen, welche an diese Position gebunden sind. Kinder zu bekommen verändert somit den sozialen Status – junge Frauen und Männer werden zu Müttern und Vätern und somit zu Erwachsenen, ihre Eltern werden zu Großeltern, Menschen werden zu „vollständigen“ Personen. Doch obwohl die Integration in ein Verwandtschaftsnetzwerk das eigene Personsein sicherstellt, löst die Idee von Verwandtschaft bei vielen meiner Interviewpartner ambivalente Gefühl aus. Wie ich anhand meines ethnographischen Materials aufzeige, wird Nähe in einer georgischen Verwandtschaftsbeziehung nicht nur durch körperliche Substanzen wie Blut, Fleisch oder Gene erzeugt – auch wenn diese die Dauerhaftigkeit und Unkündbarkeit der Beziehung gewährleisten – sondern muss zusätzlich regelmäßig durch gegenseitige Fürsorge praktiziert werden. Einerseits betonten meine Gesprächspartner die positiven Aspekte dieses gegenseitigen Interesses und der Fürsorge, andererseits kritisierten sie auch den Druck, den sie aufgrund der gegenseitigen Verpflichtungen und des umfassenden Einflusses von Verwandtschaftsbeziehungen auf das Privatleben verspürten.

Insbesondere für junge Frauen stellt diese ständige Einflussnahme durch Verwandten eine Herausforderung dar. Vor der Ehe ist es für sie von entscheidender Bedeutung, ihren Status als „gutes Mädchen“ zu bewahren, indem sie die strengen Anforderungen von Reinheit, Keuschheit und Ehre erfüllen. Nach der Hochzeit müssen sich junge Frauen an ihre Rolle als Schwiegertochter in einem neuen Haushalt anpassen, da viele junge Paare (wenn auch bei weitem nicht alle) dem Ideal der Patrilokalität folgen und mit in den Haushalt der Eltern des Ehemannes einziehen. Bereits kurz nach der Hochzeit fühlten sich viele meiner Gesprächspartnerinnen dazu verpflichtet, sobald wie möglich schwanger zu werden; viele befürchteten, dass sonst ihre reproduktiven Fähigkeiten von ihrem sozialen Umfeld in Frage gestellt worden wären. Meine Daten zeigen, dass Familienplanung in vielen Fällen relativ wenig eigentliche Planung von Seiten des Paares beinhaltet, zumindest in Bezug auf das erste Kind, da für viele Paare die Verwendung

von Verhütungsmitteln, etwa um auf eine stabilere Einkommenssituation zu warten, nicht in Frage kommt. Die Schwangerschaft auf einen späteren Zeitpunkt zu verschieben wird als nicht notwendig empfunden, denn häufig werden Kinderbetreuung, Pflege von Familienangehörigen, Wohnraum, Lebensmittel und Geld unter Verwandten und insbesondere innerhalb eines Haushalts geteilt. Haushalts- und Pflegearbeiten werden als vorrangig weibliche Tätigkeiten verstanden, obwohl Frauen durch Lohnarbeit auch zum gemeinsamen Einkommen beitragen, was zu einer Doppelbelastung von vielen Frauen führt. Auch jene meiner Gesprächspartnerinnen, welche ein gleichberechtigteres Familienmodell anstrebten oder etwa in Absprache mit ihrem Partner die Geburt des ersten Kindes auf einen späteren Zeitpunkt verschoben hatten, erzählten mir von dem Druck, der auf sie von Verwandten, Kollegen und Freunden ausgeübt wurde, so bald wie möglich nach der Hochzeit schwanger zu werden. Zwar habe ich während meiner Feldforschung keine einzige Frau getroffen, welche auf Grund ihrer Unfruchtbarkeit von ihrem Ehemann verlassen wurde, doch kursieren eben diese Geschichten unter jungen Frauen, wodurch entsprechende Ängste erzeugt werden.

Aufgrund dieser Dynamiken diagnostizieren sich einige Frauen bedeutend früher als „unfruchtbar“ als die Frist von zwölf Monaten in der Definition der Weltgesundheitsorganisation vorsieht. Kapitel 4 stellt die klinische Definition von Unfruchtbarkeit der WHO dem sozialen Prozess der Kinderloswerdung in Georgien gegenüber. Solch eine klinische Definition schafft es nicht, die soziale Dimension von Unfruchtbarkeit zu fassen, und ist deshalb für dieses Forschungsprojekt wenig aussagekräftig. Ich betrachte Unfruchtbarkeit daher nicht nur als medizinische Diagnose, sondern als sozialen Prozess, welchen kinderlose Paare durchlaufen. Wie die Fallbeispiele in diesem Kapitel aufzeigen, kann der Prozess der Auseinandersetzung mit dem Status als kinderloses/unfruchtbares Paar sehr unterschiedlich verlaufen und wird durch eine Vielzahl von medizinischen und sozialen Faktoren beeinflusst, etwa dem Alter, der Stärke des Kinderwunsches, dem sozialen Druck, aber auch dem Zugang zu medizinischer und religiöser Expertise.

Kinderlosigkeit wird in Georgien generell zum Problem erklärt und als solches adressiert, wodurch die Konzepte von Unfruchtbarkeit und Kinderlosigkeit in der öffentlichen Wahrnehmung weitestgehend zusammenfallen. Kinderlosigkeit wird in der Regel nicht als bewusste Entscheidung angesehen, sondern als unfreiwilliges Unglück und Quelle für Leid. Daher bleibt kinderlosen Paaren im Grunde keine Wahl – die bloße Existenz von Heilmethoden und Technologien zur Behandlung oder Umgehung von Unfruchtbarkeit legt die Entscheidung bereits fest: Kinderlose Paare sind dazu angehalten, nach Heilung zu suchen und stets neue Versuche zu unternehmen. In einer Gesellschaft, in der Elternschaft eine soziale Erwartung darstellt, ist Kinderlosigkeit keine neutrale Beschreibung, sondern evoziert Versagen, Unglück und Leid. Der Begriff für Kinderlosigkeit selbst trägt ein gewisses Stigma, denn er stellt die reproduktiven

Fähigkeiten insbesondere der betroffenen Frauen in Frage und damit auch ihr Personsein. Um einen Begriff zu vermeiden, welcher mit Scham, Versagen und Leid verknüpft ist, wird Kinderlosigkeit deshalb auch linguistisch zum „Problem“ reduziert. Der soziale Umgang mit Kinderlosigkeit bleibt dabei ambivalent: Zwar birgt das direkte Ansprechen von Unfruchtbarkeit die Gefahr, Grenzen von Privatsphäre zu überschreiten und mit impliziten Regeln des Anstands zu brechen, jedoch sind Gespräche über Elternschaft und Kinder integraler Teil des normalen sozialen Umgangs miteinander und daher allgegenwärtig. Somit ist Kinderlosigkeit offensichtlich, und kinderlose Paare sind häufig Zielscheibe von Klatsch und Gerüchten, welche nicht selten die Vermutung der Nutzung von ART beinhalten. Gerade wenn nach längerer Kinderlosigkeit eine Schwangerschaft auftritt, können solche Gerüchte entweder die Künstlichkeit (die Nutzung von ART) oder auch die Natürlichkeit (ein Wunder) der Zeugung betonen, und Eltern gestalten aktiv mit, welche Aspekte sie hervorheben möchten. Kinderlosigkeit selbst bleibt jedoch stets sichtbar, und wird als Grund zur Sorge und Unterstützung wahrgenommen, weshalb hier Vorstellungen von Privatsphäre auf Seiten der Paaren mit Idealen von Fürsorge und Unterstützung auf Seiten des sozialen Umfelds kollidieren. So erhalten besonders Frauen regelmäßig ungefragt Ratschläge von Verwandten, Freunden, Nachbarn und Kollegen, da die Kinderlosigkeit ihrer Meinung nach zweifelsohne unfreiwillig ist und somit eine Quelle für Leid darstellt. Ich argumentiere in diesem Kapitel, dass kinderlose Paare in Georgien gerade erst durch ihr soziales Umfeld pathologisiert und zu „unfruchtbaren“ Paaren gemacht werden. Der Fokus auf „Heilung“ perpetuiert dabei das Bild des leidenden kinderlosen Paares und lässt keine andere Wahl als die Suche nach dieser zu.

Kaum eine Frau in meiner Forschung gelang es, sich dieser sozialen Erwartung von Leid und Hoffnung entziehen. Trotzdem waren nicht alle bereit, assistierte Reproduktionstechnologien zu nutzen und einige konnten eine bereits angefangene Behandlung aus finanziellen Gründen nicht fortführen. In Kapitel 5 wende ich mich der Schnittstelle zwischen fehlgeschlagener Reproduktion und Kosmologie zu, indem ich betrachte, wie Frauen sich mit Hilfe ihres Glaubens Orientierung verschaffen und ihrer Kinderlosigkeit Sinn zuschreiben. Dadurch, dass sie die Verantwortung für ihre Kinderlosigkeit von sich selbst auf den „Willen Gottes“ übertragen, waren die in diesem Kapitel genannten Frauen in der Lage, aus der Unerklärbarkeit ihrer Situation Sinn zu ziehen. Solch ein Fokus auf göttliche Intervention erlaubte ihnen zudem, die Nutzung von ART zu normalisieren und mit ihrem orthodoxen Glauben zu vereinbaren. Darüber hinaus verweist dieses Kapitel bereits auf die Bedeutung der inhärenten Eigenschaften eines potentiellen Kindes. Mit ihren religiösen Überlegungen sprechen diese Frauen ihrer gescheiterten Reproduktion Sinnhaftigkeit zu, indem sie argumentieren, dass nicht jedes Kind geboren werden sollte – zum Wohle des Kindes, des Paares, aber auch der Gesellschaft. Ich interpretiere diese Erklärungen als eine spiegelbildliche Version jener klassischen Narrative göttlicher Intervention, in welcher Gott einem zuvor kinderlosen Paar ein Kind schenkt. Dies bedeutet nicht, dass sich die Frauen in

diesem Kapitel als eines Kindes unwürdig verstehen – vielmehr argumentieren sie, dass Gott sie vor einem schlimmeren Schicksal bewahrt hat – etwa einem schwer kranken oder auch gewalttätigen Kind. Der zweite Teil dieses Kapitel befasst sich mit eben solchen Narrativen göttlicher Intervention: Die Identifikation mit den Hagiographien unfruchtbarer Heiliger wird als distinktiv weibliche Form des Umgangs mit Kinderlosigkeit interpretiert. Die hier vorgestellten Hagiographien sind besonders für Frauen zugänglich, da sie die Unfruchtbarkeit ausschließlich auf den weiblichen Körper beziehen. Sie betonen den Fokus auf Hoffnung und Durchhaltewillen und verbinden diese Eigenschaften mit dem Glauben an und dem Vertrauen in den Willen Gottes. Andererseits unterstreichen sie auch die Bedeutung der ehelichen Gemeinschaft als zentrale Einheit der Familie, wodurch sie ein alternatives Familienkonzept bieten, welches sich auf die Treue zwischen den Ehepartnern konzentriert. Je nach Situation der Frauen können diese Hagiographien unterschiedlich interpretiert werden, wobei entweder Hoffnung oder Akzeptanz im Vordergrund stehen.

Auch das folgende Kapitel 6 legt den Fokus auf Kosmologien und vorrangig weibliche Formen des Umgangs mit Unfruchtbarkeit. Es beschäftigt sich mit den nicht-biomedizinischen, also traditionellen, religiösen, und „alternativen“ Heilmethoden für Unfruchtbarkeit auf dem georgischen Heilungsmarkt. In der Gesamtstruktur der Dissertation ist es das erste von vier Kapiteln, welche sich mit verschiedenen Formen assistierter Reproduktion und ihrer kulturellen sowie sozialen Einbettung in die georgische Gesellschaft befassen. Indem ich in diesem Kapitel zwei beliebte Pilgerorte für kinderlose Paare miteinander vergleiche und den Fokus in der Analyse auf die Bedeutung von „Wirksamkeit“ von Behandlungsmethoden lege, stelle ich zwei miteinander verbundene Argumentationsstränge vor: Erstens argumentiere ich, dass zwar viele kinderlose Paare dem Ansatz folgen, jede zugängliche Heilmethode auszuprobieren, einige dies jedoch rigoros ablehnen und stattdessen innerhalb der Möglichkeiten bleiben, welche im Bereich der orthodoxen religiösen Heilung angeboten werden, da nur hier „echte Wunder“ zu erwarten seien. Zweitens zeigt sich ein genereller Wandel auf dem georgischen Heilungsmarkt, von „alternativen“ Methoden hin zu religiös-orthodoxer Heilung, auch wenn nicht alle diese Methoden von der GOC anerkannt und zum Teil kaum geduldet werden. Ich interpretiere diesen Wandel als Konsolidierung des georgisch-orthodoxen Heilungsmarktes. Damit knüpft das Kapitel an die weitere Diskussion zum postsowjetischen „religiösen Revival“ und dem Anspruch der Georgischen Orthodoxen Kirche auf Deutungshoheit in verschiedensten Lebensbereichen an.

Kapitel 7 ergänzt das vorangegangene Kapitel, indem es die andere Seite des Heilungsmarktes beleuchtet und sich den assistierten Reproduktionstechnologien – Reproduktionsmedizin im klinischen Kontext – zuwendet. Kinderwunschkliniken in Georgien betonen in der Öffentlichkeit immer wieder, wie unkompliziert diese Technologien in Georgien angewendet werden können; sie unterstreichen die tolerante georgische Gesetzgebung in Bezug

auf ART, die Direktheit der Behandlung und die hohen Chancen, ein gesundes Kind mit nach Hause zu nehmen. Trotz der Präsentation beeindruckender Erfolgsraten ist die Unsicherheit ein ständiger Begleiter in Kinderwunschkliniken, wo das Scheitern einer Behandlung trotz aller medizinischer Möglichkeiten oft nicht zu erklären ist. ART und speziell das Verfahren der In-vitro-Fertilisation stellen so noch immer Technologien der Hoffnung und der Wundertätigkeit dar. Um die Wahrscheinlichkeit einer erfolgreichen Behandlung zu gewährleisten, liegt der Fokus auf wiederholten Behandlungszyklen. Der Erfolg des Verfahrens ist somit auf ein Paradigma von Hoffnung und Durchhaltewillen angewiesen. Dies stellt jedoch ein Problem für die in meiner Forschung genannten georgischen Paare dar, welche sich finanziell kaum mehr als ein oder zwei Zyklen leisten können, da die Kosten für Kinderwunschbehandlungen nicht von georgischen Krankenkassen übernommen werden. Selbst für einen einzelnen Behandlungszyklus mussten diese Paare zum Teil mehrere Jahre sparen oder hohe Kredite aufnehmen. Statt auf den Erfolg des nächsten Versuchs hoffen zu können, kumuliert sich all ihre Hoffnung auf eine eng begrenzte Anzahl an Behandlungszyklen, stets mit der Perspektive auf ein „Wunder“. Wenn der Erfolg sich jedoch nicht einstellt, wandelt sich Hoffnung häufig zu Desillusion über die Möglichkeiten dieser Technologien sowie zu Misstrauen gegenüber den Fähigkeiten der behandelnden Ärztinnen und Ärzte, da diese ihren Verpflichtungen innerhalb der als gegenseitig verstandenen Arzt-Patienten-Beziehung nicht nachkommen. In diesem Zusammenhang wird auch der Unzufriedenheit mit dem georgischen Gesundheitssystem Ausdruck verliehen, welches nach Meinung der enttäuschten Patientinnen seine Ärztinnen und Ärzte weder angemessen ausbildet noch ausreichend kontrolliert. Einige Paare setzen ihre Hoffnung dann auf Kliniken im Ausland, welche anscheinend höhere Erfolge versprechen.

Es ist nicht nur der Bereich der religiösen Heilmethoden, in dem der Einfluss der Georgischen Orthodoxen Kirche deutlich zu spüren ist. Nachdem die generelle Ablehnung von ART durch die GOC in dieser Dissertation mehrfach erwähnt wurde, wendet sich Kapitel 8 einer der von der Kirche vorgeschlagenen Alternativen zu – der Adoption eines elternlosen Kindes. Dieses Kapitel analysiert den öffentlichen Diskurs über sich verändernde Adoptionspraktiken – insbesondere vor dem Hintergrund der 2017 in Kraft getretenen Gesetzesänderung des Adoptions- und Pflegegesetzes in Georgien. Bisherige Adoptionspraktiken in Georgien zielten darauf ab, das adoptierte Kind gänzlich zum *eigenen* Kind zu machen, und jegliche Verbindung zu den biologischen Eltern zu negieren, um so die Adoption selbst zu verbergen. Da Konsanguinität als unkündbar verstanden wird, ist die Geheimhaltung der Adoption für viele Eltern von entscheidender Bedeutung, da sie bei Bekanntwerden dieser eine Abwertung der eigenen Beziehung zu ihrem Adoptivkind befürchten. An dieser Frage nach Geheimhaltung kollidieren mehrere Interessenlagen miteinander: Zum einen das Wohl des Kindes, wie es sowohl in internationalen Konventionen als auch in der georgischen Gesetzgebung definiert ist, zum

anderen die Vorstellung potenzieller Eltern von einer idealen Adoption, welche in Widerspruch mit einem Pflegeverhältnis oder einer offenen Adoption steht. Die Anzahl an Kindern, welche in Georgien adoptiert werden, wird somit nicht nur durch nationale und internationale Vorschriften, sondern auch durch feste Vorstellungen der potentiellen Eltern zu den Eigenschaften des Kindes – definiert durch Alter, Geschlecht, ethnische Zugehörigkeit und Gesundheitszustand – begrenzt. Dies führt zu einer gravierenden Differenz zwischen einer geringen Anzahl an Kindern, welche den Wunschvorstellungen entsprechen, und einer hohen Anzahl an potentiell adoptionswilligen Paaren, welche viele Jahre vergebens auf „ihr“ Adoptivkind warten. Da der Staat in den Augen dieser Paare ihren Interessen nicht gerecht wird, greifen einige von ihnen auf illegale Praktiken zurück, mit denen sie versuchen, das System entweder zu täuschen oder zu umgehen, und dabei ein Kind zu erhalten, welches ihren Wunschvorstellungen entspricht. Adoption wird somit zu einem entweder praktisch aussichtslosen Ideal oder aber einem höchst illegalen und sehr kostspieligen Unterfangen, ganz im Gegensatz zu der öffentlichen Wahrnehmung von Adoption als die bessere, ethisch korrekte Alternative (im Vergleich zu assistierten Reproduktionstechnologien).

Auch wenn ART kinderlosen Paaren die Möglichkeit bietet, ihr *eigenes* Kind zu bekommen, so ist die Nutzung bestimmter Technologien nicht nur durch finanzielle Zwänge, sondern auch durch religiöse und moralische Überlegungen begrenzt. Kapitel 9 verortet die Nutzung von Spendergameten innerhalb georgischer Verwandtschaftskonzeptionen und –praktiken, unter besonderer Berücksichtigung des recht umfassenden Exogamiegebots. Um sowohl Vorstellungen von Exogamie und Inzest als auch die Bedeutung von Ähnlichkeit unter engen Verwandten näher zu beleuchten, zeige ich zuerst anhand von Beispielen aus meiner Forschung Unklarheiten im Umgang mit spiritueller Verwandtschaft in Bezug auf spätere Heiratspraktiken auf und vergleiche diese mit der Konzeption von Konsanguinität. Hierbei wird deutlich: Körperliche Substanzen – Blut, Fleisch, aber auch Gene – etablieren nicht nur unkündbare Beziehungen zwischen Verwandten, sondern durch diese Substanzen werden auch Eigenschaften übertragen und Ähnlichkeiten produziert. Daher, vergleichbar mit dem Fall der Adoption, birgt die Verwendung von gespendeten Eizellen oder Spermien das Risiko, fremde und unerwünschte Eigenschaften in die eigene Familie einzubringen. Nichtsdestotrotz birgt die Nutzung von Spendergameten aus der eigenen ethnischen Gruppe ein noch höheres Risiko, denn dies könnte zu nicht mehr nachvollziehbaren inzestuösen Verbindungen zwischen Personen führen, welche eigentlich unter das Exogamiegebot fallen würden. Die geringe Bevölkerungsanzahl in Georgien scheint dabei von besonderer Sorge zu sein. In der zweiten Hälfte des Kapitels verbinde ich diese Überlegungen mit aktuellen Praktiken zur Spenderwahl in georgischen Kinderwunschkliniken und Spenderzentren. Hier zeigt sich ein generelles Unbehagen mit der Gametenspende, da befürchtet wird, dass die fehlende Verfolgbarkeit von Deszendenz zu Inzest und Verletzung des Exogamiegebots führen

könnte. Kliniken und Spenderzentren reagieren auf diese Befürchtungen, indem sie umfassende nichtanonymisierte Informationen über die Abstammung ihrer Spender offenlegen. Wie sich zeigt, erfordert die Verwendung von Eizellen- und Samenspende in Georgien ein hohes Maß an Geheimhaltung, aber ein niedriges Maß an Anonymität, denn zukünftige Eltern verlangen danach, die Abstammung, die Blutsbeziehungen, aber auch die genetischen Veranlagungen ihres potentiellen Kindes genau zu kennen.

Diese Dissertation zeigt auf, wie Menschen mit begrenzten Ressourcen versuchen, mit ungeplanter Kinderlosigkeit umzugehen. Hierbei begehen sie neue Wege, limitieren sich aber auch auf Praktiken, welche sie mit ihrer Kosmologie sowie ihren kulturellen und moralischen Konzeptionen in Einklang bringen können. Diese Überlegungen sind nicht immer widerspruchsfrei und können sich der persönlichen Situation entsprechend ändern. Sie zeigen, wie eine globale Technologie lokalen Verwandtschaftsvorstellungen entsprechend angepasst und genutzt wird, jedoch auch, wie durch die Verwendung dieser Technologien Konzeptionen von Verwandtschaft Einfluss ausüben, welche auf neuem Wissen zu den „Fakten des Lebens“ sowie der Trennung von biologischer Zeugung und kultureller Reproduktion beruhen (Strathern 2007 [1995]). Auch wenn diese Dissertation diese potentiell destabilisierenden Faktoren von ART berücksichtigt, so verweisen die Ergebnisse doch eindeutig auf die Resilienz „traditioneller“ Verwandtschaftskonzeptionen, welche Konsanguinität, die Weitergabe von Eigenschaften durch biogenetische Substanzen sowie die Kongruenz von Zeugung und Reproduktion betonen. Dabei werden die sozialen Aspekte von Verwandtschaft nicht vernachlässigt, jedoch die Bedeutung von biogenetischen Ideen für die Konzeption von Verwandtschaft betont, womit dieses Forschungsprojekt an laufende Debatten in der Verwandtschaftsethnologie zu der Natur von Verwandtschaft und der Bedeutung von biogenetischer Substanz anschließt.

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NOTE ON TRANSCRIPTION

The transcription of Georgian terms in this dissertation follows the Georgian national system of Romanization from 2002. Though it is not accurate enough for linguistic studies, it is more readable than other systems and therefore widely used. Georgian terms are transcribed in lower case letters and written in italics, with exceptions for personal names and toponyms, for which the popular English transcription is used. English translations are usually given in parantheses.

ა	a	ბ	b
ბ	b	ტ	t'
გ	g	უ	u
დ	d	გ	p
ე	e	ქ	k
ვ	v	ღ	gh
ზ	z	ყ	q'
თ	t	შ	sh
ი	i	ჩ	ch
კ	k'	ც	ts
ლ	l	ძ	dz
მ	m	წ	ts'
ნ	n	ჭ	ch'
ო	o	ხ	kh
პ	p'	ჯ	j
ჟ	zh	ჰ	h
რ	r		

Map of Georgia



Figure 1: Map of Georgia

CHAPTER 1 – INTRODUCTION

Research Focus

In January 2014, during my stay for the MA fieldwork in Tbilisi, assisted reproductive technologies (ARTs) were a highly debated topic in the Georgian media and society. ARTs had been practiced for years in the country, with the first baby born after in vitro fertilization in 1999, and the first child carried to terms by a gestational surrogate mother in 2007. For many people – doctors who specialized in the field of reproduction, but also patients and parents whose children were conceived with medical assistance in the years before – it came as a shock when they listened to their patriarch’s Christmas epistle on 7 January, 2014.¹ Ilia II, Catholicos-Patriarch of All Georgia and the spiritual leader of the Georgian Orthodox Church (GOC), who was repeatedly confirmed by polls to be the most trusted public person in the country, called children born by surrogate mothers “inherently problematic” and “condemned to a life without love” as their life is the result of their siblings’ deaths.² The epistle therefore did not only question the act of artificial conception or the moral and social implications of ARTs, but also the inherent quality of the children conceived by in vitro fertilization. Initially, the publication of the epistle led to confusion, disappointment, anger, and even a small violent outburst in front of the doors of the patriarchate building in the city centre. In the following weeks, the implications of ARTs for society were discussed in the Georgian media, with doctors defending their work, patients sharing their hopes and success stories as well as Church members explaining their position and modifying the patriarch’s statement. In the end, the GOC backpedalled. However, the damage was done and left many infertile couples and families confused and uncertain.

Dr. Salome Kvaratskhelia, embryologist and founder and director of a leading fertility clinic in Tbilisi, was one of the central figures in the media shortly after the epistle was publicized, and recalled the events of those days following the epistle while I met her for an interview in her office:

I: “Well, it was a holiday, I was at home and I received a phone call. I didn’t know what was going on, I didn’t hear the patriarch’s epistle because I’m not that much of a religious person to sit at night and listen to what he’s saying, so I had no idea what was going on. So, I received a phone call from I think ‘Rustavi 2’ or ‘Imedi’ [the two leading private Georgian television broadcasting companies], I don’t remember, telling me- asking me about my opinion about the patriarch’s epistle, I said no, I don’t know what’s going on. So, then I just found it on the web, his speech and I was on television the whole day in different places. So, this is how I spent my holidays. That was not good, I didn’t like that. Other than that, actually, I had only one patient who dropped treatment and that was it, actually.”
R: “That was it?”

¹ My own translation. The complete epistle is available online in Georgian language. Patriarchate of Georgia 2019. 2014 *sashobao e'pist'ole* [online]. <<http://patriarchate.ge/geo/2014-2/>> [accessed 25.05.2019].

² This statement refers to the disposal of unused embryos that were produced during the process of in vitro fertilization but not implanted, as they were seen unfit or were no longer needed.

I: “Yeah. Patients were furious. And parents of the children who are born through in vitro fertilization, they were furious. My friend’s daughter, who’s now 16, she heard that. She was standing in front of the TV when this epistle was announced. And I asked her mother what she did, she said she didn’t say a word. Can you imagine what was going on in her young brain?”

Two and a half years after the publication of the patriarch’s epistle, upon my arrival for PhD fieldwork, the discussion had calmed down, though many issues surrounding the practice remain unresolved, or even more complicated through changes and technological innovations.³ As an institution, the GOC is still in opposition to assisted reproductive technologies, and tries to offer alternatives to couples who struggle with conception. Some priests might be more open in their support of ARTs than their spiritual leader, and support members of their congregation if they choose this way. Potentially, childless couples are faced with a multitude of options on their quest for a child. While there are almost no legal barriers for in vitro fertilization, gamete donation, or commercial surrogacy, many childless couples struggle to afford these medical treatments. Adoption, on the other hand, can barely be seen as a feasible alternative – too long are the waiting lists for a healthy Georgian child. The 2017 Law on Adoption and Foster Care de facto ruled out direct adoption without the involvement of the Social Service Agency, though there are still illegal and expensive ways to adopt a child. Yet, hope is not only offered in the biomedical realm. Several monasteries around Georgia (Fig. 1) specialize in the treatment of childless couples – they offer prayer, pilgrimage, icons, books, oils, charms and herbal medicine for their believers. So does a wide array of healers without a formal medical training, who sell their herbal tinctures, charms and talismans, acupuncture, massages, healing hands, energy, or homeopathic medicine.

This dissertation addresses these practices of assisted reproduction in Georgia’s capital Tbilisi. I deliberately decided to employ a wide definition of assisted reproduction. Assisted reproduction, as I understand it, is not limited to medical assistance in the sense of Western biomedicine, but also incorporates the support of the family, of friends, healers, spiritual fathers or saints, and may include not only ARTs, but also recommended practices such as prayer, pilgrimage, folk medical or alternative remedies, dietary prescriptions or assistance in the search for an adoptive child. The term assisted reproduction is therefore not congruent with the assisted reproductive technologies or ARTs, but includes a wide range of practices which aim to support a couple in overcoming their childlessness.

While all of these practices of assisted reproduction exist, not all of them are utilized or neglected to the same extent or for the same reasons. I argue that the ways how people avoid,

³ This seems to be a general trend in ARTs. As Sarah Franklin puts it: “As we enter the fifth decade of human IVF, this technique presents a paradox. On the one hand, IVF has become more regular and ordinary, even a new norm of social life. On the other hand, it has arguably become, as Alice might have said, ‘curiouser and curiouser’” (Franklin 2013a: 747).

assess or treat infertility are linked to their concept of kinship and, moreover, to procreation ideas and conceptions about male and female contributions to making a child, as well as preferences in the physiological and psychological make-up of a future child. The central questions guiding this research are:

[1] How is assisted reproduction embedded in existing biological, social, religious and legal concepts of kinship, descent and reproduction?

[2] How do these concepts affect the evaluation of ARTs and how does the usage of ARTs influence concepts of relatedness?

In addressing these questions, the project examines several interlinked theoretical dimensions of social phenomena, such as conceptions of human procreation, the Georgian kinship system and related practices, the way people treat infertility, as well as the value of children in the Georgian society and the link to broader demographic patterns of fertility. This dissertation therefore focuses on questions of family planning, the handling of infertility as well as changes and constants in cultural concepts of gestational, genetic and social kinship against the background of the availability of assisted reproductive technologies, as the recent debates on assisted reproduction in the Georgian public sphere throw light upon the multi-layered negotiations concerning the moral, religious, legal and social embeddedness of ARTs, as well as the contestations and conflicts that may arise through their usage. Just like having children, becoming childless is a process which takes place within a network of social relations, especially in a country where having children is seen as an integral part of adulthood. Assisted reproduction is embedded in conceptions of relatedness, which include idioms of blood, flesh, genes, warmth and spiritual connection. Closeness (and distance) are important features of the Georgian kinship system, and multi-generational marriage proscriptions aim to avoid the ‘mixing of blood’. Consequently, not all strategies of treating infertility are judged equally, and providers of fertility services have to adapt to specific local requirements. Nevertheless, neither ARTs nor adoption are an option to everybody, for both financial and moral reasons, and religious specialists offer less contested alternatives.

In order to understand these dynamics, I draw especially on the vast corpus of anthropological literature that came into existence with the advent of the ‘new’ reproductive technologies from the 1980s onwards, as well as the rebirth of kinship studies in anthropology, which was sparked by both these advanced medical opportunities in starting a family, as well as the development of new family models beyond the heteronormative nuclear family. The following section will situate this dissertation within this literature, and will focus on key concepts which are employed throughout the individual chapters.

Assisted Reproduction in Anthropological Perspective

Assisted reproduction is not as recent a technique as one might think. Partial surrogacy occurs in the Old Testament, when Rachel is not able to conceive, so she gives her servant Bilhah to Jacob to bear them a child: “And she said, Behold my maid Bilhah, go in unto her; and she shall bear upon my knees, that I may also have children by her” (Genesis 30: 3, King James Bible). In this way, third-party reproduction, by using the sperm of another man or by letting a surrogate carry the child which will be adopted by the child’s father’s wife, either secretly, coercively, or in mutual agreement, might be as old as the desire to have children itself. Surrogacy is not recent in human experience, nor new to anthropological investigation, even though the terms have changed: Elaborating on the possible solution in case of failed natural reproduction, and therefore exemplifying the possible incongruity of genitrix and mater in practices, Meyer Fortes refers to the biblical story of Rachel, calling it “artificial or substitute replacement” (Fortes 2004 [1969]: 256f.). Accordingly, there is a vast amount of ethnographic accounts on possible combinations of pater, genitor, mater and genitrix.⁴ Surrogacy by a servant or family member, adultery, polygamy or adoption are just some of the low-tech solutions that humans have come up with in order to overcome involuntary childlessness. Herbal medicine, dietary prescription, prayer, magic, cleansing rituals, repentance, and pilgrimage are some of the direct treatments of infertility. But even when looking at biomedical developments in the clinical context, assisted reproductive technologies in its narrow definition is not as recent as it might appear: Insemination with donor sperm by a medical professional dates back as early as 1884 – at this time, without letting the prospective parents know (Richards 2004: 481), and the first ‘test tube baby’ Louise Brown celebrated already her fortieth birthday in 2018.

The term assisted reproductive technologies, in short ARTs⁵, is a collective term for a number of fertility treatments, such as fertility medication, artificial insemination, in vitro fertilization (IVF) and surrogacy. Further established techniques in ARTs include intracytoplasmic sperm injection (ICSI), where the sperm is directly injected into the egg (also with donor gametes, can additionally be used to produce an embryo for donation), gestational

⁴ Fortes, for instance, refers to Max Gluckman and studies on “the Zulu and other African people” in a footnote on the above mentioned biblical story (Fortes 2004 [1969]: 256, footnote 11). Noteworthy in this regard is the Virgin Birth Debate of the 1960s and 1970s, which was initiated by Edmund Leach’s essay “The Virgin Birth” (1966), based on Bronislaw Malinowski’s account of Trobriand procreation beliefs and their supposedly ignorance of a physiological link between father and child (Malinowski 1916: 407), as well as other examples of supernatural birth. Among others, Carol Delaney picked up on this controversy in a discussion of the social meaning of paternity (Delaney 1986).

⁵ When speaking of ARTs or assisted reproductive technologies, I refer to the established collective term for biomedical fertility treatments in a professional clinical setting. Another term which is often used synonymously is new reproductive technologies (NRTs). Additionally, the latter one can also comprise recent developments in reproductive health generally, such as contraception, as well as germinal choice technology and other techniques in the new genetics. Newer publications in anthropology tend to use the term assisted reproductive technologies.

surrogacy, in which an embryo, produced by IVF, is transferred to the uterus of a woman who will carry the child to term, as well as partial surrogacy, in which the child is genetically related to the surrogate mother, cryopreservation of semen and oocytes (the freezing of gametes), and preimplantation genetic diagnosis, to prevent genetic diseases and increase fertilization success, also used for preimplantational sex selection (see Glossary).

With the growing availability and popularity of ARTs, an extensive and heterogeneous corpus of literature in anthropology and its neighbouring disciplines, such as sociology and gender studies, evolved, which has engaged with these reproductive technologies from different angles. One of the major concerns of the anthropological investigation of ARTs are structures of inequality and power relations which are established, reinforced or changed due to the introduction of these biomedical technologies. Important themes in this stream of research are the unequal access to medical treatments – depending on a variety of financial, structural, legal or ideological reasons –, consequences of the commodification of bodies and reproductive substances, the (transnational) trade of gametes and embryos, as well as the role of science and technology in the production of knowledge (Inhorn and Birenbaum-Carmeli 2008).

Given the fact that even today, the utilization of ARTs usually results in major invasions into the female body, it is no surprise that the study of ARTs in social science was pioneered and promoted by feminist scholars. These scholars highlighted possible harms towards the bodily integrity of both patients as well as egg donors and surrogate mothers by a ‘male dominated’ technology (Thompson 2002). IVF is invasive and physically demanding of the female body, yet it is named after its one feature that takes place outside the female body, namely the combination of egg and sperm ‘in vitro’, disregarding the physical and emotional toll that it takes on the participating women (Franklin 1997: 105). As Sarah Franklin describes, IVF tends to “take over”, and becomes a “way of life” for those who attempt it, yet clinics tend to stick to a technical description of a minor and natural procedure (Franklin 1997: 101-130). Much of past debates has focussed on the embryos and gametes, while women remained invisible. Karen Throsby therefore demands a feminist approach to IVF, which starts from female experience, in order to “reflect their material-discursive centrality to the IVF-process” (Throsby 2004: 23).

Moreover, feminist scholars also expressed concerns towards a technology which does not allow for the possibility of childlessness, taking away a woman’s reproductive choice to *not* become pregnant, therefore stressing the need of motherhood (Thompson 2002), barely two decades after the introduction of the contraceptive pill offering women reproductive freedom. Indeed, the “compelling character” (Sandelowski 1991) of in vitro fertilization seems to lie in the technology itself, promising the hope for a cure, as long as the childless do not give up. As a “hope technology” (Franklin 1997: 203), ARTs live through the collective hope that is invested into them by patients and doctors alike, a hope which is reproduced by their representation in media,

mirroring society's trust in science. Hope therefore becomes a major part of the commodification of these technologies (Becker 2000), emphasizing their miracle-working properties. At the same time, uncertainty is a constant companion: Because miracles are inexplicable, failure remains inexplicable as well, and the dogma of investing hope into yet another cumulative cycle of IVF makes it hard for patients to stop treatment and accept a childless future. Rendered a "disease" (Sandelowski and Lacey 2002), infertility is supposed to be curable – or at least these technologies should allow humans to bypass their reproductive impairments. However, access to this kind of technology remains highly stratified (Inhorn and Birenbaum-Carmeli 2008), especially in countries where ARTs are not part of national healthcare programs. The usage of ARTs unveils inequalities between those who can afford treatments and those who cannot, between those who buy gametes and those who donate their eggs or sperm, between mobile and immobile patients, between sending and receiving countries of reproductive tourism (Bergmann 2011; Nahavandi 2016).

A country's promotion of ARTs and the integration of these treatments into the national health plan may also reveal nationalist interests and demographic concerns, making ARTs a prime topic of research on biopolitics. Demographic concerns due to low levels of infertility may lead to state interventions. How a pronatalist policy can influence the availability of infertility treatments is quite apparent in the case of Israel, where the state fully subsidizes an unlimited amount of IVF cycles, even for unmarried women, while restricting adoption, thus favouring the concept of the 'natural family' (Birenbaum-Carmeli 2009b). Here, a strong desire to keep demographic control in a hostile environment as well as religious adherence to God's command to "be fruitful and multiply" (Genesis 1:28) led to great acceptance of certain forms of ARTs even in many ultraorthodox communities (Birenbaum-Carmeli 2009a: 284-285; Kahn 2002).

The last decades have shown rapid advancements in the field of human genetics, rendering 'natural facts' an object of modification. The study of human reproduction touches the field of the new genetics and the forms of connections and relations that derive from the "partial" information (Franklin 2003) they produce. Franklin argues that information will always remain partial, because the connection between the domains of the natural and the social – genes and what humans make out of genetic knowledge – is always asymmetrical and incomplete. While the recent process of geneticization emphasizes the determining properties of a person's genetic build-up, "the assumption that genes make us who we are is both too true to ignore, and too partial to be enough truth by itself" (Franklin 2003: 75). This is especially visible in the realm of kinship, where the domains of the natural and the social overlap. Stimulating for a multitude of successive studies, Marilyn Strathern (Strathern 1992a; 1992b) examined how ARTs and their corresponding scientific discoveries in the realm of biology might destabilize the relationship of naturalization and knowledge: While once, "nature was [...] a condition for knowledge" (Strathern

1992a: 194), the grounding primordial facts of kinship are questioned by contemporary knowledge and practices, such as ARTs. Strathern's work therefore exemplifies a line of thought in the study of ARTs which emphasizes how existing conceptions of kinship might be challenged, destabilized or changed with the appearance of new medical possibilities (Levine 2008: 381). Others have emphasized the resilience of 'old' knowledge, despite these new discoveries and concepts. Even in countries with a highly developed supply of biomedical reproductive technologies, the idiom of blood, for example, still seems to be an important way in which relatedness is thought, despite the integration of genetic knowledge (Franklin 2013b). Different idioms of relatedness rather exist at the same time, and might be employed in order to stress different forms of kin relationships. The ambiguity of kinship allows for a variety of ways of 'strategic naturalizing' (Thompson 2001). However, as my ethnographic material will illustrate for the case of Georgia, some connections are more flexible than others, while others might have more impact and are therefore less open for interpretation. In the case of Georgian kinship, 'warmth' for instance, seems to be an important factor for a meaningful 'close' kin relation, yet it leaves more scope for interpretation than a connection established by 'blood' (see especially chapter 3 and 9).

With the possibilities in third-party reproduction, five persons could theoretically claim parenthood to a single child: The gamete donors (for sperm and egg), the surrogate mother, as well as the social mother and father. According to the perceived dominant link, either genetic, gestational or social relationships to the child could be stressed, and therefore also made legally relevant. Depending on the case, the intention to become a parent might carry more weight than biology in claiming 'natural' parentage in front of court (McKinnon 2015: 467-469). This schema does not include further persons who are part of the reproductive process, such as the medical staff who conducts the fertilization in vitro, and therefore plays a vital part in the conception of a child. Also, it focuses solely on the process of conception and gestation. Therefore, it does not include parental relationships which may occur in the later life of the child, such as milk kinship or spiritual parenthood, for instance established through baptism. The rich account on establishing postnatal kinship through certain rituals, naming, sharing substance, nurturing, living on the same ground or sharing experiences (Sahlins 2013: 9) should not be ignored when looking at assisted reproduction, since the usage of ARTs is embedded in concepts of relatedness. Moreover, (social) reproduction is not limited to the parent-child relationship, but takes place within a network of social relations (Fortes 1969 [1958]; Roberts 2012: 6). The process of making kin does not stop with the birth of a child, rather, the child needs to be continuously integrated into the kinship network – maybe even more so if the parents' connection to the child could be challenged by a missing genetic or gestational link. Accordingly, it also does not start with birth, but is embedded in a social network and ideas about not only 'having children', but having 'one's

own' offspring. This process of making kin is especially evident when parents have to invest great effort for their desired child, as it is the case with in vitro fertilization and adoption.

The increasing usage of ARTs evokes further debates on how these practices influence people's understanding of being related. Susan McKinnon argues that it was exactly the "paradoxical, domain-crossing qualities of the assisted reproductive technologies [that] have made them exceptionally productive in the 'new kinship studies'" (McKinnon 2015: 461). Again – after years of neglecting kinship as a domain of anthropological interest, partly connected to David Schneider's critique (Schneider 1984) of the study of kinship as a distinct analytical domain (Sousa 2003; Stone 2001), the question of 'what kinship is all about' regained popularity in anthropological writing in the 1990s, though with a different focus. Recent studies portray kinship not so much as a single domain recordable with genealogies and rules of marriage and descent, but rather tend to describe kin relationships as fluid and contingent in their nature; they stress practice and process (Levine 2008: 377) and the connection of kinship to gender and personhood (Schweitzer 2000; Stone 2001; Yanagisako and Collier 1987). However, ARTs brought biology back into kinship studies, though with a twist, as they aim to achieve biological relatedness, and the practices themselves are dependent on biological substance (McKinnon 2015: 467).

Nancy Levine differentiates two major lines of thought in the way anthropologists conceptualize the relationship between assisted reproductive technologies and kinship: Either ARTs are assumed to change the understanding of what constitutes relatedness fundamentally, or the usage of these techniques is thought to be shaped and limited by local ideas about being related (Levine 2008: 381). I agree that it is helpful to be aware of these 'ideal types', though most anthropologists will encounter a hybrid of some sort. However, I locate this research predominantly in the second strand, as it focuses on the resilience of local concept of relatedness – both biological and social – in the face of the new availability of these technologies.

Kinship, Cosmologies, and Shared Substance

Ideas about human procreation as well as practices related to childbirth are topics that anthropologists have been interested in since the founding of the discipline (Loizos and Heady 1999). Especially in the context of presumed knowledge of the 'biological facts' of reproduction, the persistence of divergent procreation narratives seems to emphasize their link to cosmology and practices of social organization. The ways people avoid, assess or treat infertility are linked to their conceptions about procreation and ideas about male and female contributions to making a child. This becomes evident when looking at how the usage of ARTs is discussed within religious communities, banning, shaping or supporting their application for a variety of reasons, often with

considerations about incest taboos and adultery, but also conceptions of natural/artificial and the question of the beginning of life.

Compared to Christian teaching, Islam generally appears to be more open towards the usage of (non-donor) ARTs, as this does not raise issues of adultery or incest (Clarke 2009; Garmaroudi Naef 2012; Inhorn, Patrizio, and Serour 2012). The comparison between Sunni and Shia perspectives (Inhorn and Tremayne 2012) shows the engagement of religious leaders in the ART debate, and the different conclusions they come to. While Sunni Islam bans third-party IVF altogether, Shia thought is more open towards the idea of donor insemination and surrogacy. Christian Orthodoxy remains rather sceptical due to the artificial intervention into the divine realm of human conception and the destruction of embryos, as the examples in this dissertation show, while Catholicism condemns in vitro fertilization altogether, since Catholic teaching stresses the inseparability of the conjugal act and the conception of life, as well as the human dignity of unborn life from the moment of conception (Congregation for the Doctrine of the Faith 1987). One can observe a paradox here: ARTs help couples to adhere to the traditional family picture that is proclaimed by many religious institutions, yet they are not allowed to meet these claims using non-traditional methods. Couples employ multiple, sometimes conflicting approaches on their way to conception, conciliating the usage of ARTs and religious beliefs, not seldom deviating from religious institutions' official standpoints (Panayotova and Todorova 2009; Paxson 2003; Radkowska-Walkowicz 2014; Roberts 2012).

As a growing number of studies exemplify, the notion of (bodily) substance as a link for relatedness plays an important role in the acceptance or refusal of ARTs by (not only) religious communities (Garmaroudi Naef 2012; Kahn 2004). Though shared substance seems to be an important idiom for expressing kin relations in a large variety of local contexts, and encompasses a wide set of meanings and attributions (Carsten 2001; 2011), it is still contested to which extent biological connection is a necessary condition to kinship, with some claiming shared substance not to be a universal concept to kinship at all (Sahlins 2013: 28). Indeed, there seems to be a paradox: "Kinship is generally felt to be a matter of biology, but at the individual level biology does not always decide which people are considered kin. How can kinship be both biological and non-biological at the same time?" (Heady 2014: 8).

As an analytical category in kinship studies, substance underwent a change, from David Schneider's immutability of assumed 'biological facts' to such notions of bodily substance as they were employed in Marilyn Strathern's work (Strathern 1999), emphasizing flow, fungibility, and the partibility of a person (Carsten 2011: 22). As Janet Carsten states in her review on the anthropological employment of substance, Schneider was one of the first anthropologists who used the term analytically in the study of kinship (Carsten 2001: 30), though not the first who discussed the nature of kinship. More than two decades prior to Schneider's argument advocating

for the end of kinship studies, a debate unfolded involving Gellner on one side, and Needham and Barnes on the opposing side. This discourse centered around the question of whether kinship should solely be examined through the lens of the biological aspects of reproduction, emphasizing the physical relationships as the foundation of kinship (Gellner 1960) or if kinship was predominantly a cultural construct which should be analysed within a culture's own categories to avoid an ethnocentric bias (Needham 1960, Barnes 1961).

Building on Needham's perspective, Schneider (Schneider 1984) famously criticized the ethnocentric paradigm in the anthropological study of kinship, which he sees as grounded in the assumption that kinship is based, on the one hand, on biogenetic substance/blood/nature and, on the other hand, on code for conduct/law/culture, therefore assuming 'natural facts' on which the system is built on (Schneider 1980: 23-29). For Schneider, these distinctions, which he associates with the American kinship system he studied, have no universal validity (Schneider 1984: 194), but reflect Western thinking of the nature-culture divide, which overlooks that biogenetic substance/blood/nature is as much constructed as code for conduct (Sahlins 2013: 4). Consequently, Schneider denies the existence of 'kinship' as a distinct sociocultural phenomenon, since he is not able to detect features which are inherent and unique to what anthropologists understand when they talk about this domain.

The new kinship studies focus stronger on emic conception of kinship, taking it as far as Janet Carsten does (Carsten 2000; 2004). She explores emic idioms of relatedness by looking at local ideas and practices of being related without privileging the natural facts of reproduction from the outset: "The authors in this volume use the term 'relatedness' in opposition to, or alongside, 'kinship' in order to signal an openness to indigenous idioms of being related rather than reliance on pre-given definitions or previous versions [...] I use 'relatedness' to convey, however unsatisfactorily, a move away from a pre-given analytical opposition between the biological and the social on which much anthropological study of kinship has rested" (Carsten 2000: 4). When referring to substance, they assume transferability, flexibility and a link to personhood (Carsten 2011: 21). While such inclusive approaches allow for a huge variety of phenomena to be analysed and emphasize the constructed quality of kinship, up to the notion of 'choice' (Weston 1997), as in Kath Weston's account of gay and lesbian persons' kinship practices in the American context, it does not really answer 'what kinship is' and where its limits are. A too inclusive approach might render an analytical concept useless. Weston herself notes that not all of the people she spoke to would identify their lovers or network of friends as family and that such identifications are not always mutual. It becomes apparent how the lines between community, friends and kin can get blurred in the application of the term 'family' (Weston 1997: 103-136), so it is worth to note that kin idioms sometimes are rather used in a metaphorical sense, without including the persons as actual kin, with all its implications and obligations.

Sahlins suggests a similar approach to ‘what kinship is’ – for him it is “mutuality of being”, and therefore “culture, all culture” (Sahlins 2013: 89). Biology, the ‘natural facts’, such as women giving birth to children and hence having a natural bond between mother and child, do not determine kinship in Sahlins’ view. Since birth is usually preceded by marriage, birth does take place in an existing kinship system – thus, the relations at birth, between a child and its parents, are already determined by this system. Substance is not important because of the physiological link to parents, but because it positions the child in a network of ancestors who are known to share such substances (Sahlins 2013: 65). A child’s position is already prescribed through its parents’ position and their relationship to each other. Thus, the mother-child bond cannot be the original point for a kinship system: “If anything, birth is a metaphor of kinship relations” (Sahlins 2013: ix). For Sahlins, this definition of kinship includes all the different ways in which it can be constituted locally, and goes well beyond the notion of ‘shared substance’. In Sahlins’ work, there is almost no mentioning of new family structures or assisted reproductive technologies. However, in her response to Sahlins, Jeanette Edwards (2013) shows how donor-siblinghood can be thought in the paradigm of mutuality of being – her account exemplifies how the volatility of relatedness in ARTs can be understood from a notion of “participating in each other’s existence” – in which genetic connection can, but do not have to be used in order to establish relatedness. Not following the cultural determinism of Marshall Sahlins’ approach, but also not rejecting the search for generalizations in the anthropological study of kinship, Patrick Heady suggests that the connectedness in kin relations is constituted by both reproductive biology and spatial proximity. Therefore, kinship is simultaneously biological and non-biological (Heady 2014).

The study of ARTs and therefore the issues discussed in this dissertation lie exactly at the intersection of conceptions of nature/culture, since the unprecedented combinatory possibilities of genetic, gestational and social parenthood allow on the one hand for different ways of constituting relatedness, on the other hand, they can reemphasize the importance of what is considered to be natural/scientific facts. In this regard, being related in the context of ARTs is always measured against the availability of a biogenetic connection between parents and their children and the ‘medically proofed’ knowledge of these ‘reproductive facts’. Having said that, biogenetic connections in the context of ARTs can hardly be considered ‘natural’, as they are subject to human manipulation and reinterpretation. There is a variety of biological assumptions which can be used to ‘make’ kinship, may they be related to gestation, shared blood or genetic connections. However, though people can be creative in the way they constitute relatedness, these connections are not limitless. As my research suggests, the kinship idioms that people work with are not arbitrary, but are rooted in the local understanding of kinship. Some connections carry more weight than others. This is especially evident when looking not only at the making of kinship, but also at the potential for the unmaking of kinship. While they can be neglected, blood relations

cannot be severed in Georgia. Even with increasing geneticization, blood seems to be rather resilient. Because of this, certain children cannot be made fully 'one's own', regardless of what ARTs promise. Certain biogenetic substances therefore carry a meaning which cannot be neglected, even within the volatile kin relations which the multiple ways of assisted reproduction promise.

The concept of shared substance therefore allows for a fruitful investigation of being related in the context of ARTs, since it acknowledges both social and biological conceptions of being related, and allows for an analysis of ideas about reproduction and descent in regard to the usage or rejection of certain ways of assisted reproduction. Idioms of shared bodily substance are essential to the way kinship in Georgia is thought, and therefore influence how childless couples approach the treatment of childlessness, rendering having 'one's own' child a central aspiration. Just as having children, being childless in Georgia takes place in a kinship network, making childlessness/infertility as much a social as a medical category. Notions of hope, faith, perseverance, but also failure guide couples in their quest for a child, revealing much about the social negotiation that take place when faced with involuntary childlessness.

This dissertation takes a look at the actual articulation of these negation processes within a certain geography, contributing comparative ethnographic material from the Caucasus region to the anthropological literature on kinship and assisted reproduction. Centrally located within the historically interconnected Eurasian continent (Hann 2016), Georgian kinship represents a variety of what has been described as Eurasian patterns of modes of inheritance (Goody 1969), though with a strong focus on exogamy.⁶ Cultural proximity and a shared Soviet heritage suggest analogous debates with the neighbouring Caucasian countries of Armenia and Azerbaijan, where a similar cultural emphasis on marriage and childbearing exists, and some lifecycle events are observed in a likewise manner. Different religious traditions, however, may lead to contrasting interpretations. Yet, since I did not do fieldwork in these countries, my knowledge here is too limited for deeper comparisons with these countries' local negotiations of assisted reproduction and childlessness, and I can only contribute in-depth ethnographic details about the Georgian case.

Georgia: Historical and Ethnographic Background

The country of Georgia is located in the mountainous Caucasus region to the south of Russia. In the west it borders the Black Sea and Turkey, in the south Armenia and in the East Azerbaijan. Georgia, together with the countries of Armenia and Azerbaijan, constitutes the geo-

⁶ Jack Goody suggests bilateral inheritance (a dowry system), the establishment of a conjugal fund upon marriage, and in-marriage as common elements within Eurasia (Goody 1969).

cultural region of the South Caucasus, with the five North Caucasian Republics in Russia as their northern counterpart. For a long time, the Caucasus was known for its inaccessibility and “unknowability” (Grant and Yalçın-Heckmann 2007) – surrounded by an almost mystical but also romanticized aura promoted by stories of ‘exotic’ languages, cuisine, music, and dance but also conflict and violence, constituting a somewhat “terra incognita” (Darieva and Kaschuba 2007) to the western observer. As Thomas de Waal puts it, “The countries of the Caucasus have always been the ‘lands in-between’. In between the Black and Caspian Seas, Europe and Asia, Russia and the Middle East, Christianity and Islam and, more recently, democracy and dictatorship” (de Waal 2010: 1).

In this sense, Georgia is very much located in the centre of Eurasia, not only geographically, but also culturally, while at the same time always being on the margins of empires in different historical periods. The country is located on the crossroads, either just a part of Eastern Europe or just at the western outskirts of Asia. This location but also its inaccessibility in the Caucasus mountain range lead to a curious tension between both resistance to and occupation by stronger neighbours and larger empires: As the legend of Jason and the Argonauts suggests, already the ancient Greeks travelled to the kingdom of Colchis. Colchis and Iberia, the two ancient kingdoms located at what constitutes today’s Georgia, as well as succeeding smaller kingdoms, were playground to Iranian and Graeco-Macedonian invasions, to Byzantine-Persian rivalries, Arab occupation, and invasions by Seljuk Turks, until the kingdom was reunified and the Georgian Bagrationi royal dynasty was restored under King George the Builder, heralding the still glorified ‘Golden Age’ in the 12th and 13th century (Fährnich 1993). With re-occurring Mongolian invasions, the kingdom declined, and again became caught between the powerful Ottoman Empire and Safavid Iran. In the beginning of the 19th century, several Georgian regions were incorporated into the Russian Empire, with only a short-lived but important independence from 1918 to 1921 before the Red Army invasion, at which end Georgia became part of the Soviet Union as the Georgian Soviet Socialist Republic, until independence in 1990. Since independence, Georgia experienced a civil war, as well as ethnic conflict and war with the two break-away regions Abkhazia and South Ossetia, whose self-proclaimed independence is backed by Russia, with the last major incident happening only in August 2008 with the Russo-Georgian war (Hewitt 2013). This short historical survey does not claim completeness in any way, but aims to express how the Georgian history is coined by both oppression and resistance. With a population of only about 3.7 million, a distinct language and script, and an autocephalous Orthodox Church, Georgian nationalism cultivates a narrative of survival in adverse conditions, always at the threat of decline. With the Georgian-Russian conflict still continuing, the situation of the two de-facto independent regions still being unresolved, and about 180.000 IDPs waiting to return to their home regions (Dunn 2014), experience of war is still acute for most of the population.

The relationship to Europe is an ambivalent one, characterized both by ‘inferiority complexes’ – due to an alleged ‘backwardness’ and the feeling of not quite being there, on the one hand, and a discourse of being the cradle of European culture and civilization (Tskhadadze 2018). With respect to their role in the development of modern medicine, Georgians like to remind of the myth of Jason and the Argonauts. As the national narrative stresses, it was Medea, a Georgian woman, who astonished the Argonauts with her advanced medical skills, which excelled those known to the Greek population at that time by far. Notably to this dissertation, Euripides’ *Medea* gave fertility-inducing medicine to Aegeus, the King of Athens, to cure him from his sterility, acting as both bearer and destroyer of (male) reproductive potential (Griffiths 2006: 49-50). Georgians pride themselves on a long medical tradition, which dates back to antiquity and was promoted in well-connected monasteries, combining both Western and Eastern healing approaches (Shengelia 2000). *Khalkhuri meditsina*, Georgian folk medicine, still plays an important role within the Georgian healing market. The word medicine itself is said to be derived from the name of Medea (Shengelia 2018: 56). The mythological figure of Medea is only one representation of narratives that convey Georgia’s connection to Europe, but also locates the country at the centre of European civilization (Khalvashi 2018). As Erin Koch emphasizes, it is less important if these claims are all historically correct, but they illustrate Georgian consciousness in their relation to the origin and development of medical knowledge, as well as the sense of being situated at the crossroads (Koch 2013: 44).

The debate on Georgia’s political aspirations towards the European Union discloses fissions within the society, with an urban youth celebrating the visa liberalization within the association agreements with the EU on the streets, political parties antagonizing over an orientation towards either the EU or Russia, and the Georgian Orthodox Church warning from dangerous ‘sinful’ Western influences. Despite a growing number of young urban people who chose an alternative way of life, the GOC is (still) the most influential institution within the Georgian society. In Georgian, the affiliation with the GOC is not only an expression of personal faith, but an integral part of national identity.⁷ This can only be explained in the context of Georgia’s geopolitical position as well as its nation building process, in which the common faith – next to shared language – constituted an essential element of group building (Fuchslocher 2010).

Much has been written on the unexpected religious revival in many postsocialist countries (Hann 2006; Khalid 2007; Pelkmans 2009; Stephan 2010). Georgia was no exception. Despite

⁷ For a detailed ethnographic analysis of the post-Soviet religious revival as well as interconnection between national and religious identity in Georgia, see Mathijs Pelkmans (Pelkmans 2006). As he shows in his ethnography on conversion processes in the Georgian region Adjara, pre-Soviet customs and traditions, including Orthodox Christianity, did not re-emerge unchanged after 70 years of socialism. Rather, they were subject to ongoing political interferences, manipulations and usages, and were appropriated in Soviet as well as post-Soviet times.

Soviet antireligious campaigns, religion was never fully abolished, but rather “domesticated” (Dragadze 1993, 2001 [1988]) and practiced privately within Georgian Soviet households. The direct aftermath of the breakdown of the USSR was often described as a period of a ‘moral vacuum’ without a binding moral order. And indeed, many of my interview partners who are now in their forties and tell about dark times⁸ of uncertainty and chaos, with no political and economic stability, but civil war, a collapsed infrastructure, and a lack of moral orientation. Those who were not familiarized with Christianity in their families during childhood found their faith during these times. However, the religious revival should not be simply interpreted as the filling of a moral void, neither as the ‘unfreezing’ or ‘awakening’ of the pre-Soviet religious tradition. Rather, it must be assumed that processes taking place during the Soviet Union changed the understanding and role of religion (Pelkmans 2009). In the construction of their newly independent political systems, political and social actors employed the connection of the religious revival and the collective national identity in a multitude of ways (Hann 2006). Being Orthodox in Georgia is no longer a private matter. The interpretation of post-religious transformation processes emphasizes the role of the private/public dichotomy.

As a consequence of the close ties between the nation and Christian orthodoxy that were established by the two nationalist movements of the late 19th and early 20th centuries, as well as the general religious revival in the Georgian population, religion played a major role in the newly formed Georgian state. Georgia’s political leaders have continued to pledge allegiance to the GOC. The strong position of the Church and its ability to mobilize the population are seen by many politicians as an opportunity to increase their own popular acceptance if they work closely enough with the Church (Zviadadze 2014b). Georgia's new ethno-religious nationalism also has anti-Western and anti-global tendencies. The GOC itself, as an institution, has been increasingly perceived as the defender of national identity, even more so as the Georgian government has turned to international politics, aiming for globalization and westernization. Orthodoxy is presented as pivotal to Georgian identity and must therefore be protected from the dangers of globalization (Gavashelishvili 2012; Sabanadze 2010: 104-106). Today, about 83.4 per cent of Georgia’s population belongs to the Georgian Orthodox Church.⁹ Almost all of those who identify themselves as ethnic Georgians (86,8%) count as Georgian Orthodox Christians as well (National Statistics Office of Georgia 2016a).

Most of what has been written within the past 20 years in social sciences about Georgia and the South Caucasus focuses on postsocialist transformation processes. Nation-building (Suny

⁸ Literally, due to a crashed power supply system.

⁹ 10.7 per cent are Muslims, 2.9 per cent Armenian Apostolic, and respectively less than 1 per cent belong to other religious communities such as Catholics, Jehovah’s Witnesses, Yazidis, Protestants and Judaists (National Statistics Office of Georgia 2016a).

1993) and the connection of religion and state (Fuchslocher 2010; Zviadadze 2014b), the political formation of the state and democratic practices, the country's position within the international community as well as ongoing ethnic conflicts with the breakaway regions have been at the forefront, especially with historians and political scientists. Anthropologists tended to focus more on social changes brought forward by the dissolution of the Soviet Union and the following period of transformation with which not only a political and economic system disappeared, but a way of life, with severe implications to people's everyday life, their future aspirations, and the way they relate to others and the world. Such literature discusses topics such as citizenship and identity (Mühlfried 2007; 2014), cultures of masculinity and violence (Frederiksen 2012; Koehler 2000), absence and nostalgia in times of transformation and displacement (Dunn 2014; Dunn and Frederiksen 2014) and urbanity in postsocialism (Darieva, Kaschuba, and Krebs 2011). Erin Koch and Elisabeth Dunn have both analysed the connection of the high infection rate with certain diseases (tuberculosis and botulism respectively) with changes in the organization of public health and disease control within these times of transformation (Dunn 2008; Koch 2013). Others have focused on how so-called traditions are negotiated within the modern Georgian state and society, focussing on law (Voell and Kaliszewska 2015) and religion, with regards to the postsocialist religious revival (Pelkmans 2006), but also syncretic traditions within the country's mountainous regions (Darieva, Mühlfried, and Tuite 2018).

So far, there has only been little research on the market of assisted reproductive technologies in Georgia (Gavashelishvili 2018), and none which relates practices in assisted reproduction to the Georgian kinship system. I situate this dissertation within the work on kinship and social organization in Georgia. Here, the main focus in the English and German language literature have been forms of ritual and spiritual kinship, which provide important insight into concepts of relatedness (Dadunashvili and Korn 2014; Manning 2007; Parkes 2004; Tuite 2000) as well as comparative studies in Kartvelian kinship terminology (Stigler 2011). Only Tamara Dragadze's ethnography of a village in Racha gives detailed insight into practices of marriage, family planning, and social relations between kindred in Soviet rural Georgia (Dragadze 1990; 2001 [1988]). Especially valuable for this project is her discussion on substance within different forms of kin relations and the connection of kinship to personhood. There are several Georgian language publications which focus on 'traditional' forms of marriage and family organization, partly originating in the academic tradition of Soviet folklore studies or sociology of the family (Bekaia 1980; Ivelashvili and Melikishvili 2010; Mekvabishvili 2011; Melikishvili 1986; Topchishvili 2010). In addition, there is a growing number of international publications on the role of women in Georgian society, both historical with a focus on female positions in society (Vashalomidze 2007), as well as contemporary studies of honour and gendered sexuality (Kamm 2012; 2015), sex-selective abortion and strategies of family planning in a patriarchal society

(Hohmann, Levèvre, and Garenne 2014), representation of the female in urban architecture (Pilz 2012), gendered aspects of celebrating (Lindermann 2011) as well as a very insightful recently published edited volume with feminist perspectives on gender in Georgia (Barkaia and Waterston 2018). This dissertation aims to incorporate such female perspectives on gender roles, sexuality, and family planning into the discussion of assisted reproduction within the Georgian kinship system. The discussions of a local understanding of kinship complement older studies, as they extend the field to the current urban context. It contributes to the above cited literature by offering ethnographic insight into the experience of involuntary childlessness from a female perspective. The voices in this dissertation belong to women who are predominantly members of the urban middle class of Tbilisi, and are therefore major actors in the topical debates about gender norms and family planning. Saying this, the presented frictions and negotiations of integrating international biomedical technologies into a local market of assisted reproduction exemplify Georgia's coming to terms with being part of a globalized world, while simultaneously aiming for and resisting westernization.

Fieldwork Setting and Methodology

Fieldwork Setting

For this research, I conducted 11 months of fieldwork in Georgia's capital Tbilisi from August 2016 to July 2017. With a population of about 1.11 million inhabitants (National Statistics Office of Georgia 2016a), Tbilisi is home to almost one third of the country's population. Historically, the city was known for its multi-ethnic build-up. Today, almost 90 per cent of the inhabitants are ethnic Georgians, and most of them affiliate themselves with the Georgian Orthodox Church. Significant minorities in Tbilisi are Armenians, Azeris and Russians. For my fieldwork, I moved into an apartment on the fourth floor of a typical multi-story Soviet apartment block in the district of Saburtalo, northwest of Tbilisi's Old Town. The neighbourhood's appearance is shaped by post-war Soviet mass-housing along with several universities and numerous grocery stores and smaller shops, as well as a number of more prominent shopping streets with chain stores and restaurants. The area is known to be inhabited by middle class families as well as students of the surrounding universities. There are no sights or other noteworthy landmarks in this district, and therefore the area seldom attracts any tourists. I chose this neighbourhood for its central location in Tbilisi, its good connection through major bus routes and metro lines, and its demographic build-up, which suited my research well. Additionally, several of my contacts from my earlier fieldwork lived in this area, which helped me to settle in and get known to the area. As a young female living by herself, I became quickly acquainted to the middle aged and elderly women in my apartment block, who were both curious and concerned

with my status as a girl *up'at'rono* – without any (male) guardianship or family relations. Soon, I was under constant surveillance by my well-meaning neighbours, and could not leave or enter the house without being questioned about my whereabouts and intentions, assuring themselves but also ensuring I was a *k'argi gogo*, a good girl.

While almost one third of Georgia's population resides in Tbilisi, many of the city's inhabitants have their roots in the regions (*mkhare*), as the administrative subdivisions of Georgia are called, which roughly relate to cultural and historic borders of different provinces. While I conducted my fieldwork in the city, the regions played into my fieldwork on a daily basis. Many residents of Tbilisi commute regularly to their towns and villages in other parts of the country. They visit relatives, take care of their crops and livestock or other businesses, and take part in lifecycle events or seasonal celebrations and holidays. Certain physical and well as psychological characteristics are connected to 'being a Svan' or 'being from Mingrelia', even if the person in question was born in Tbilisi. These traits are often discussed, proudly displayed or joked upon. Moreover, a touristic interest in the regions exists. People visit churches and monasteries in the countryside, and often these tours are organized as group activities, for example as a weekend trip with the church congregation. Some tours have very specific destinations and purposes, such as certain churches on special holidays or trips to places that are known for their healing powers. During my research, I visited several of these places that are known for healing infertility and blessing couples with a child. I argue that these places are an important feature of assisted reproduction in Tbilisi, as couples living in Tbilisi will still go on pilgrimages into the regions and take part in church services in places that are known for their healing powers. Therefore, even though my fieldwork was very much structured by the urban setting, and I am sure that the outcome would have been different in a more rural place, the regional was never excluded.

Methodology: Access to the Field, Network, Key Informants and Interview Partners

My 'field' was not a given self-conscious social group – in fact, some infertile couples have never even talked to couples with a similar diagnosis - nor limited to a distinct geographical boundary within the urban context such as a street or a neighbourhood. Rather, the field had to be constituted by me as the researcher and the questions I posed, and I needed to create the context in which the significance of my interlocutors' experiences was embedded (Melhuus 2002: 84-85). Therefore, I tried to connect people's homes, public (religious) places, fertility clinics, legislative processes and media discourse. This network of people, places, processes, and ideas constituted the field of my research.

Nor was this research a classical clinic study: In contrast to many ethnographic studies in the field of assisted reproductive technologies, which started fieldwork from the fertility clinic and recruited their participants through the medical institutions (Bonaccorso 2009; Inhorn 2003;

Kahn 2006), none of the infertile couples I spoke to were selected through the clinics. Finding couples who were willing to share their story of infertility with me was the main challenge of this project. Apart from conversations about the general topic of family and kinship that I more or less had with any person I met, I asked my friends and acquaintances to refer me to any childless couples they know of. First, this approach was only partly successful, but after other strategies failed, it emerged to be the most feasible method of gaining access to childless couples. As expected, access to childless couples was difficult and required a high level of patience and trust from all sides. Childlessness in itself is a sensitive topic, and some couples want to conceal the use of ARTs even from their closest family members and friends. The protection of my interlocutors' privacy and anonymity therefore was of utmost importance, which is why I anonymized all of my interlocutors' names by making use of the most popular first names in Georgia. I also changed the names of all the fertility clinics which I visited.

In the first weeks of my research I was confronted with a dilemma: Almost every person I spoke to told me about at least one childless woman in their circle of acquaintances. Yet, often they did not hear about this woman's "problem" from the person directly. Rather, it was a general piece of gossip that was going around, and they shared it with me as well. As a social activity, gossip reflects and reinforces values and functions as a form of social control in a community (Gluckman 1963), and I treated it as data that revealed more about the values of the person sharing the gossip than about the actual events. However, this dynamic also led to a major limitation of my work: Since my interlocutors did not know these stories from the persons concerned directly, they could not contact them for me regarding this issue. Consequently, in the beginning, I collected many second-hand stories *about* people, but not people's first-hand experience. It took months of persistent inquiry until my friends and acquaintances agreed to vouch for my trustworthiness and to establish these contacts with people they felt close with. More often than not, their friends declined, especially when they had a history of adoption or in vitro fertilization with donor gametes. Things became easier when I had established a number of trustful relationships with women who were more open about their experience with childlessness. They referred me to their friends who made similar experiences, and in the end, I collected the infertility stories of 15 women in repeated interviews and several sessions. However, as it is often the case with such sensible topics, my interview partners self-selected, with all the implications that such a methodological approach entails – lower levels of representativeness and a tendency of featuring the voices of those who are already more inclined to share their experience, for whatever individual reasons.

While I depended on networks and therefore snowball sampling to get into contact with couples, I tried to assure a level of representativeness. Therefore, I sought to talk to families from different economic and educational backgrounds which have now or had in the past troubles with

natural conception. However, due to my own specific network, most of the people I spoke to had a university degree and were regularly employed, though not all of them were working in their trained profession. They differed in their age, their income level, their residence in Tbilisi as well as their home region, and their religious adherence, though I limited my research to inhabitants of Tbilisi who consider themselves as ethnic Georgians. Some of them use the service of fertility clinics, ask for help in reproductive health centres or talk to their gynaecologist. Others refrain from medical advice, but talk to their families, their friends or their spiritual advisers. Most of the couples follow multiple approaches in order to assess, explain or treat their infertility, either successively or simultaneously.

The primary methods of fieldwork were classical ethnographic methods, mainly different kinds of qualitative interviews and participant observation. The possibility of learning through participant observation in this field was limited and my place as an ethnographer in the continuous spectrum of participation often limited to a lower degree of involvement (Spradley 1980: 58), even though religious festivals, political rallies and demonstrations as well as pilgrimages allowed for a higher level of participation and the embodied learning of the “tacit aspects of culture” (DeWalt and DeWalt 2011: 1). Taking part in social gatherings between women, chatting with them over tea as well as spending time in waiting rooms of fertility clinics and surrogacy and donation centres provided important insights.

Additionally to these informal conversations, I conducted unstructured narrative interviews with women who experienced childlessness at one point in their life. Almost all of the interviews were done in Georgian language and recorded with a voice recorder.¹⁰ Some of these women I met in their homes, others preferred to visit me or to meet in cafés and other public places in Tbilisi. In these interviews, I recorded their family life, their reproductive history and their experience with childlessness. The initial questions were usually kept quite open and gave my interview partners room for an impromptu narrative without interruption, which they could use to tell their story (Küsters 2006). And while I had a set of general questions in my mind which I wanted to learn answers to and which I could use to guide the interviews if needed, this planned structure did not always work out. Some women were barely interested in my questions, but needed to tell their stories in their own pace and structure. I consider these recorded infertility stories as the main body of my research data, and I strongly draw on them during my analysis. I value them for their narrative form and biographical character – as “self-examined lives” (McBeth 1993) they gave my interview partners the freedom to show me how they make sense out of their

¹⁰ In two cases, the interviews were conducted in English. The respective women studied in English-speaking countries for several years and our main communication took place in English. However, I suspect that certain aspects got lost due to their communication in a foreign language, and I had to make sure to ask for the Georgian terms of certain cultural concepts.

own situation, to speak in their own concepts and to decide what parts of their story they consider important and want to emphasize.

A second group I conducted more formal interviews with were young mothers. These conversations provided important insights into kinship practices, lifecycle events, notions of motherhood, pregnancy, and birth as well as gender relations. Moreover, in contrast to women with an experience of infertility, mothers were easy to recruit as interview partners, and kept me busy in times when I felt that nobody was willing to talk to me about infertility from first-hand experience. The third group I conducted more formalized and structured interviews with were experts of different fields: embryologists and gynaecologists, activists, social scientists, and religious experts. Some of them became key informants, as they supported me repeatedly and provided me access and information that I would not have been able to gather without their help. One good friend introduced me to the realm of magic, and she gave me a lot of information on fortune telling, folk healers and curses.

Apart from these formal and informal conversations, I went on pilgrimages to religious places that are linked to childlessness, as they are known for their healing powers. I visited the St. Nino monastery of Bodbe in Kakheti, the Dirbis Dedata monastery in Inner Kartli, and the Tsachkhuru monastery in Martvili district in Samegrelo during the Tsachkhuru festival. At these places I joined the pilgrimage, attended prayers, lit candles, and talked to pilgrims, nuns, and vendors. Furthermore, I collected data on the public discourse on both assisted reproductive technologies and adoption. Therefore, I followed the local news, screened online publications for these topics and gathered TV shows that deal with ARTs, childlessness and adoption. During the time of my fieldwork, the Law on Adoption and Foster Care was changed by the parliament, and I observed this process in the media and interviewed a representative of an organization which was involved in the preparation of this draft.

Finally, I also had to consider my own positionality in the field. As a childless woman in my late twenties, I felt that many childless women related easily to me. In some cases, these women were very relieved that they could talk to someone outside their family about the topic and the interviews were often accompanied by tears. I realized only later that some of the people that I talk to must have assumed that I am suffering from infertility myself. I wonder if I should have made clear from the beginning that I have no personal experience with ARTs, as this seemed to be beyond question for many interview partners. Yet, when directly asked about my family status, I always answered honestly, and especially in the case of women in their forties and fifties, I received well-meant advice and warnings about marriage and family planning, which constitutes interesting data in itself.

While conversations about topics such as family planning, pregnancy, and infertility happened naturally with women of my age or older at some point, I was not able to integrate male

voices into my research as I had wished. Before leaving for fieldwork, I criticized the marginalization of the male experience of infertility in most of the ethnographic literature on the topic, and emphasized the important work that had been done by researchers such as Marcia Inhorn (Inhorn 2012). Giving my own dispositions and gender role, I expected to have the easiest access to women my age or older, but I wanted to include male voices into my study whenever it was possible. Unfortunately, access was even more difficult than I had thought. I talked to men about childlessness on many occasions, but the conversations were quite superficial. Usually, they told me stories about couples in their circle of acquaintances. When I wanted to get more detailed information, they called for their wives, as they would know better. Women referred me to women, and in many cases, I never met the husband. Often, the women would not want their husbands and parents-in-law to know that they spoke to me, and we met in a public place outside of their neighbourhood. So, while I this research addresses a couple's experience, I only can speak about female perspective with confidence.

Outline of the Dissertation

My dissertation is an attempt to converge the multi-layered and conflicting relations between practices and conceptions of relatedness, people's cosmologies, and old and new practices in assisted reproduction through the lens of Georgian women's experience with infertility. The focus lies in these women's imaginations as well as their practices in the face of failed reproduction, and the chapters draw on their narrations of hope, faith, and uncertainty, following along their experience of being childless in urban middle-class Georgia. The main body of this dissertation is split into two parts with four chapters each. Part I, "(Not) Having Children", considers the social embeddedness of childlessness, and elaborates on the social process of becoming childless.

In chapter 2, I discuss the social expectation to have children in Georgia. In the context of re-emerging religiosity, nationalist sentiments and a perceived threat to the national and religious community, having children is framed as a duty to society, which will ensure the continuation of a Georgian Orthodox nation. The nuclear family itself is considered to be the central element for the preservation and transmission of Georgian-ness. The chapter links this discourse on threatened continuity of the group to the historical significance of motherhood as a sacrifice and sign of both national and religious dedication. However, the discussion also integrates more recent motives in parents' desire to have children, such as the changing value of children and childbearing as individual self-fulfilment, and tries to contrast the societal ideal of parenthood with recent trends such as declining birth rates and high abortion rates.

Chapter 3 dives deeper into the social consequences of this expectation to have children. The marital and reproductive status of a woman is never private, but constantly questioned by her social environment. For both men and women, having children is an integral part of becoming a ‘full human being’, emphasizing the connection to personhood. The chapter asks, ‘What does it mean in Georgia to start a family?’, and links the ethnographic material to theoretical discussions on the core of kinship studies, namely the practices and material connections which make people relatives. With this, the chapter lays out the foundation for more detailed discussions on substance and relatedness in subsequent chapters.

While there seems to be a strong desire to have children, reproduction can fail. The beginning of Chapter 4 situates infertility in Georgia within global patterns of failed reproduction. However, I argue in this chapter that a medical definition of infertility falls short of the complexities of ‘becoming childless’ in Georgia. Having children is a central social phenomenon – and so is childlessness. Being childless in Georgia is treated as a ‘problem’, and connected to shame, secrecy, and gossip. Nevertheless, becoming childless takes place in social networks, which can help women to access and share information on reproductive specialists and treatments, disrupting discourses of shame and secrecy and reclaiming reproductive agency.

Regardless of the chosen treatment, success in assisted reproduction is uncertain, and for many, their desire to have a child will remain unfulfilled, often without a clear diagnosis or explanation. Chapter 5 looks at women’s ways to cope with their inability to conceive, with a special focus on the juncture to religion. The women whose experience I discuss in this chapter try to make sense out of the inexplicability of their situation by shifting the responsibility to ‘God’s will’. Not only the success of a treatment is attributed to divine intervention – therefore legitimizing the choice of treatment –, but the lack of success as well, taking pressure from these women in the face of failure. Since ‘barrenness’ is a re-occurring feature in female hagiographies, these stories can offer orientation, showing a distinct female religious path of coping. Depending on the individual woman’s situation, they might either stress the importance of hope and perseverance, or allow her to stop her quest for a child, hence accepting a childless future.

Part II of the dissertation’s main body, ‘Assisted Reproduction’, scrutinizes the different ways how Georgian childless couples attempt to overcome their childlessness, and links them to concepts of relatedness in the Georgian kinship system.

Chapter 6 explores the broad spectrum of non-biomedical remedies for infertility in the Georgian healing market, emphasizing the importance of efficacy. Not every healer is trusted to work real miracles, and the years since national independence have shown a shift towards religious healing in the non-biomedical healing landscape, with a strong focus on prayer and pilgrimage. The chapter compares two popular pilgrimage sites for childless couples, one at the

fringes of Georgian Orthodoxy, one at its centre. Both cases show how couples operate in ‘multiple medical realities’, and link their choice of treatment to their cosmologies.

The following chapter 7 shifts the focus to biomedical healing, namely the market of assisted reproductive technologies in Georgia. Drawing on the concept of stratified reproduction, the chapter teases out both inequalities and mutual obligations which occur between doctors and patients in this highly commodified realm. The distinct nature of IVF-treatments emphasizes hope, both as the major selling point of ARTs, and as essential quality of those infertile couples who succeed in their quest for a child, rendering trust and mistrust central categories in the doctor-patient relationship. However, stakes are high for couples who can only afford a very limited number of treatments, and difficulties in assessing the trustworthiness of medical specialists contribute to high levels of uncertainty.

Chapter 8 differs from its two predecessors, because it does not focus on the medical treatment of infertility, but on adoption as an alternative way of starting a family. Recent changes in the legal framework for adoption and foster care shed light on the adoption practices in Georgian society. While adoption is presented as the ‘better option’ (compared to ARTs) by the Georgian Orthodox Church, it is neither a feasible alternative nor desired by many Georgian couples. Georgian adoption practices are characterized by high levels of secrecy, as they aim to make the child fully ‘one’s own’. If circumstances do not allow for such an unnoticeable adoption, it is likely that couples decide against it. The chapter suggests a dissonance between the institutional framework for adoption and childless couples’ expectations towards the state, which cannot easily be resolved, as they depart from different notions of ideal family-making.

Chapter 9 picks up on these issues and engages deeper with the theoretical discussions from the previous chapter. It deals especially with the link between the exogamous marriage system, fear of incest and the evaluation of donor conception. Bodily substances, especially blood and genes, carry meaning and ensure continuity. Similar to adoption, gamete donation is therefore perceived as introducing alien elements into the family, and therewith endangering the clear-cut traditional kinship system. Consequently, anonymity is undesirable in the process of gamete donation, and the clinics and donation centres have adapted to the specificities of the Georgian market.

Chapter 10 provides a comprehensive summary of the main findings presented in all preceding chapters, and offers a critical evaluation of their relevance to the overall research question of this thesis. This chapter is especially attuned to the potential limitations posed by the relatively small group of interlocutors, while also emphasizing the strengths of the qualitative approach taken. Moreover, the conclusion of this thesis is forward-looking, and seeks to draw connections to adjacent questions in social and cultural anthropology as well as to broader societal issues, thereby offering valuable insights beyond the immediate scope of the study.

PART I – (NOT) BECOMING A PARENT

CHAPTER 2 – FOR THE FUTURE, FOR THE NATION: WHY EVERYBODY SHOULD HAVE CHILDREN

Introduction: Commemorating the Traditional Family

erti shvili – ara shvili
ori shvili – vitom shvili
sami shvili – kargi shvili
otkhi shvili – martla shvili

One child is no child
Two children are only just like children
three children are good children
Four children are really children

This little poem was given to me during my language course in August 2016 as an example of ellipses in Georgian language, even though my teacher did not know that I was in Georgia to do research on childlessness at that point. He presented it as a well-known folk poem that bears some truth in it – as a father of four, he told me he knows what he is talking about. Having only one child is often belittled in Georgia, and portrayed as harmful to the country’s demographic situation. Moreover, most people are amazed by families with many children. And though strictly Orthodox families may aim to popularize families with six, eight or even twelve children, the ideal seems to be three to four children.

On May 17 in 2017, several thousand people met at the Rose Square in Tbilisi to take part in a rally organized by the Georgian Orthodox Church to commemorate “Family Purity Day” (*ojakhis sits’mindis dghe*). The chosen date carries meaning. Since 2004, May 17 has been celebrated in many countries worldwide as the International Day against Homophobia, Transphobia and Biphobia (IDHTB). In 2013, during the IDHTB rally in Tbilisi, a small group of LGBT¹¹ rights activists was physically attacked by members of the clergy and other counter protesters in the city centre. The activists were protesting against discrimination and violence experienced by the those who do not conform to the country’s dominant sexuality and gender norms.¹² They had to be brought to safety by the attending police force. The violence of May 17 was excessively discussed in the Georgian media and is still an important reference point when talking about discrimination of homosexual and transgender persons in Georgia. Following the events of 2013, the Georgian Orthodox Church declared May 17 “Family Purity Day” and has encouraged marches to commemorate the importance of the ‘traditional family’ in Georgia. The marches for family purity are mass events, not comparable in size to the small number of activists

¹¹ Initials for Lesbian, Gay, Bisexual, and Transgender/Transsexual.

¹² For a comprehensive history of LGBT rights activism in post-Soviet Georgia, including the attacks on May 17, see Rekhviashvili (2018) and Gvianishvili (2018).

who take part in the LGBT rallies. 2017 was the first time since 2013 that the IDHTB was openly celebrated with a rally in Tbilisi again. For security reasons, the LGBT rally's time and location were not publicly announced on social media in advance and special security measures were taken by the police in order to avoid clashes between the two groups. In the end, the protest was held in front of the government chancellery building, while the Orthodox believers gathered at the central Rose Square and marched down Shota Rustaveli Avenue to Freedom Square, occupying Tbilisi's most important and prestigious street. A small group of about 50 radical Orthodox counter protesters tried to disturb the LGBT rally in front of the chancellery, but was stopped by the police.

The Family Purity Day procession was announced several days in advance. Three days before the event, I found an invitation to the procession at the front door of my apartment in Saburtalo. The leaflets, which were pasted on all doors in my apartment building, invited the reader to escort the Atskuri Virgin Mary icon¹³ during the Family Purity Day procession from Rose Square through the city centre towards Sameba Church. One day before the procession, the Youth Movement of the Patriarchate cruised around the city in a van equipped with loudspeakers to mobilize people for the upcoming event. The next day at Rose Square, I could observe that many followed this invitation, dressed in traditional costumes, equipped with national flags, banners and pennants representing their *gvare*, their surname group (Fig. 2). Main roads in the city centre were blocked by the police, and the two-hour procession was framed by several cultural activities such as choir performances and poem recitations, organized by the Orthodox Parents' Union. The procession climaxed at the recently constructed Holy Trinity Cathedral of Tbilisi (commonly known as Sameba, which means Trinity) – a symbol of national unity¹⁴ (Pipia 2012; Zviadadze 2014b) and seat of the Catholicos-Patriarch of All Georgia Ilia II – where a service was held. During this service, families with more than six children were awarded the “Motherland's Devoted

¹³ According to the legend, the Atskuri Virgin Mary icon (called in Georgian icon of the Mother of God: *ats'q'uris ghvtsmshoblis khat'i*) was presented to the Apostle Saint Andrew by the Virgin Mary previous to his visit to Georgia, where he tried to spread the Christian faith. He left the icon of the Virgin Mary in the town of Atskuri in western Georgia, where the Temple of the Virgin Mary was built (Licheli 1998).

¹⁴ The cathedral's importance as a religious centre is mirrored by its dominance in the cityscape and its architectural concept, as it is a composition of traditional church building styles from the different regions of Georgia. There are many stories narrated around the construction of the Holy Trinity Cathedral, which took place from 1996 until the opening in 2004. People often say that all Georgians contributed to its funding, giving what they could spare – even if it were only one or two GEL or a pair of earrings – making the constructing of the cathedral a true symbol of national cohesion and the rebirth of the Georgian Orthodox faith. The GOC recorded all these donations and reported about them in the newspaper *Sakartvelos Respublika*. However, it is commonly known that the construction project was almost entirely funded by one anonymous donor, who is said to be the billionaire Bidzina Ivanishvili, a businessmen and politician (Pipia 2012: 118). Sameba as the new religious centre does not stand uncontested: As 16-year-old Gio, a student of a Christian school linked to the Patriarchate of Georgia told me when I visited his school during my MA research in 2013/14, “Sioni Church [the old religious centre and former residence church of the patriarch in Tbilisi] shines from faith, while Sameba shines from light bulbs”, referring to the excessive illumination of the cathedral at night; and its artificiality as the centre of the Georgian Orthodox faith.

Parent” certificate (*mamulistvis taviddebuli mshoblebis sigeli*). In total, 100 families received this title, as was reported by several media outlets.¹⁵ During the procession, the streets were decorated with banners and posters. One read “family – truest and most devoted friend” (*q’velaze realuri da ertguli megobari*), showing a pictogram of a family, the trade mark of the Family Purity Day: a father and mother, joining hands with their three children, two boys and one girl. Other posters read: “Strong family, strong state” (*dzlieri ojakhi, dzlieri sakhelmts’ipo*), or “Facilitating in success, standing by [your] side in sorrowful times. Family, our hope” (*ts’armat’ebashi khelshemts’q’obi mts’ukharebis dros gverdshi mdgomi. ojakhi, chveni imedi*).



Figure 2: Family Purity Day in Tbilisi (photo by author, 2017).

This chapter explores the strong expectation to have children in Georgian society as it is framed in the reproduction of Georgian-ness, and therefore simultaneously the continuation of the nation and the religious community. As a foundation, a rather historical section will tease out the importance of the Georgian Orthodox Church for the Georgian national identity. Religion gained momentum in Georgia after the dissolution of the Soviet Union, just like in almost all

¹⁵ Tabula, 16.05.2017. *sap’at’riarko 6-ze met’ shvilian ojakebs taviddebuli mshoblis t’it’uls mianichebs* [online]. <<http://www.tabula.ge/ge/story/120196-sapatrarko-6-ze-met-shvilian-oxakebs-taviddebuli-mshoblis-tituls-mianich'eb>> [accessed 28.01.2019].

former Soviet Republics. I will especially focus on the utilization of religion in the Georgian nationalist movements for independence, since their arguments are still put forth today. The following part will dwell on the puzzle of Georgia's perceived 'demographic crisis' and the countermeasures that are taken by the Georgian Orthodox Church, especially mass baptisms. For the analysis of my ethnographic material, I include mainly two streams of theoretical work, one focussing on the emergence of the priceless child, the other one on the social obligation to have children for the society. The next sections connect these strands of analysis: First, I show how the Georgian society's natalist climate is maintained by framing childbearing as 'obligation' towards the national and religious community, before the final section explores the two main concepts of womanhood in Georgian culture – the woman as mother and the woman as martyr, therefore relating womanhood, motherhood and sacrifice for nation and faith to each other.

Being Georgian, Being Orthodox

In Georgian, the affiliation with the Georgian Orthodox Church is not only an expression of personal faith, but an integral part of national identity (Pelkmans 2006). Today, about 83.4 per cent of Georgia's population belong to the Georgian Orthodox Church. Therefore, almost all of those who identify as ethnic Georgians (86.8%) identify also as Georgian Orthodox Christians (National Statistics Office of Georgia 2016a).¹⁶ As one of my interlocutors put it:

"Georgians are Christians. I am Georgian, this means I am Christian. I am Christian, this means I am Georgian. Georgian-ness and Christianity, this has always belonged together. [...] Tradition is faith. And, in a moral sense, Orthodoxy shows its strengths and its principles, as this is a traditional country. Morality plays an important role. In Soviet times and today." (Father Giorgi, 54 years old)

Father Giorgi, a priest and religious education teacher, belongs to a minority of strictly Orthodox Christians who practice their faith on a daily basis. Compared to church affiliation, the actual religious practice, as measured by church attendance, regular prayer and fasting, seems to be comparatively low in most parts of society (Charles 2010; Reisner 2015). Small gestures which declare one's faith in public are on the other hand very common, such as wearing a necklace with a cross pendant, stopping in front of a church or an icon and cross oneself,¹⁷ or publicly presenting and sharing one's faith on social media (Zviadadze 2014a). Only a few people would publicly announce that they are atheists, even though they personally do not believe in God or do not

¹⁶ There is a minority of ethnic Georgians who identify as Muslims in Georgia, especially in the south-western region of Ajara. After being conquered by the Ottoman Empire in the beginning of the 17th century, the population of Ajara gradually converted to Islam. With dissolution of the Soviet Union, many Ajarians felt less accepted as Muslim Georgians, and converted 'back' to Georgian Orthodoxy in order to reconcile their religious and national identity (Pelkmans 2006).

¹⁷ For new everyday religious practices in urban Tbilisi, see Pipia (2012) as well as Zviadadze (2014a).

practice their faith, since performing the religious identity is a cultural expression, and considered to be synonymous with performing the national identity.

This connection of Georgian Orthodoxy and nationalism must be explained in the context of Georgia's geopolitical position as well as its nation building process. Since independence, Georgia has experienced a civil war between backers of the first authoritarian government under Zviad Gamsakhurdia and his opponents, the South-Ossetian and the Abkhazian wars with the subsequent break-away of the two regions, as well the Russo-Georgian war in 2008 (Hewitt 2013; Zürcher 2009). Especially the early 90s were marked by ethnic conflict, political turmoil, and severe economic hardship. For many Georgians, the experience of war is not just a distant memory, but still shaping their conception of the nation.

Georgians have been known as inhabitants of the Caucasus region for over 2000 years as an identifiable group with their own language, with the arrival of Christianity in the first century and its adoption as state religion in the fourth century, a religion that distinguished them from their neighbours, and, soon afterwards, their own alphabet. They share such a past with their Armenian neighbours, who officially adopted Christianity a few years earlier, and developed their own alphabet during in the beginning of the fifth century as well. Both countries pride themselves to be the first and second Christian country in history respectively, and one can observe a certain competition between them about who are the 'better' Christians. Despite such early identity markers, one cannot speak of a modern nation since they were not as "politicized, mobilized, and 'territorialized' [...] as nations in the modern sense are" (Suny 1993: 59). Due to localized politics and the fragmentation in several feudal regions, religion had a much stronger integrative role than the abstract idea of a political community. Thus, Georgians saw themselves as Georgians because they belonged to the Georgian Orthodox Church and faith represented an important link between the small states (Suny 1993: 58-59). An exception to the small-scale organization is the era from the late eleventh to the early thirteenth centuries, known and remembered as the "most important stage of [...] history" in Georgia as the 'Golden Age' (Metreveli 2010), in which the eastern and western Georgian kingdoms Kartli and Imereti united into one kingdom that became a major power in the region. From this time dates the country's Georgian toponym *sakartvelo*, "the place where the Kartvelians live" (Gerber 1997: 17-18). The Georgian Orthodox Church received its autocephaly during this time, which it lost in 1811 with the Russian annexation and only regained in the Soviet Union (Gerber 1997: 102). Within Georgian historiography, Georgian nation-building is understood as a process of millennia-old ethnogenesis, and integration into the sacralised community has been based on Georgian Orthodox culture (Reisner 2012).

The modern Georgian nation state is a result of the nationalist movements of the late 19th and early 20th centuries, whose national intelligentsia still poses as an important reference point today (Halbach and Kappeler 1995: 9). The beginnings of Georgian national emancipation date

back to a time when Georgia was not a sovereign state, but a Russian province that was divided in administrative regions. At this time, in the mid-19th century, a small group of noble intellectuals formed in Georgia's urban centre Tbilisi. The *tergdaleulebi* (those who drank the waters of the Terek, a river on the border with Russia), had received their higher education in Russia. They discussed especially cultural questions and the promotion of the Georgian language in literature, and connected to this also questions of ethnic identity (Suny 1996). The most well-known personality of the *tergdaleulebi* is Ilia Chavchavadze, who advocated the propagation of the Georgian language and the literacy of the population with the troika of *mamuli, ena, sarts'munoeba* - fatherland, language, and faith (Fuchslocher 2010; Gerber 1997: 2).¹⁸ Ilia Chavchavadze is still considered to be the founding father of the modern Georgian nation.

For the self-image as a Georgian at that time, the idea of the continuity of the Georgian nation was extremely important (Suny 1993: 58), and traced both via the Christianization of Georgia by Saint Nino in the 4th century and the 'lost Golden Age', which was glorified in romantic poems as a period of independence and close connection of state and church (Fuchslocher 2010: 131; Suny 1996: 121). As the second oldest Christian country in the world, religion was the main differentiator from the surrounding Muslim neighbours, but also to the Russian north. The abolishment of the Georgian Orthodox Church's autocephaly by the Russian empire in 1811 was considered to be an act of forceful russification.¹⁹ As late as the 19th century, religion was an important marker of national identity, probably more important than ethnicity. Georgian was equated with Orthodoxy. Muslim Georgians, on the other hand, were not called Georgians but Tatars (Sabanadze 2010: 76). To what extent Chavchavadze can be seen as a defender of Christian Orthodoxy remains a topic of debate (Fuchslocher 2010: 133-136). However, his early publications show a close connection between national identity and religion:

“Christianity, in addition to the teaching of Christ, means among us the entire Georgian territory; it means k'art'veloba ['Georgian-ness']. Today, as well, in all of Transcaucasia, Georgian and Christian mean one and the same thing. To convert to Christianity – is to become Georgian” (Ilia Chavchavadze, cited in Crego 1994: 3).

One can clearly see how Father Giorgi from the beginning of this subsection relates to the ideas put forward by Chavchavadze. The new nationalism of the late 20th century, on the other hand, which developed during the Soviet Union, was very different from the nineteenth-century nationalism. While the latter was mostly culturally motivated and focused on moderate democratic reforms, this later movement was much more radical. It can be assumed that the first well-organized groups of the dissident movement formed at the beginning of the 1970s as

¹⁸ Though this postulate had to be relativized in favour of shared customs and history in order to integrate the ethnic Georgian but Muslim population of the region of Adjara into the national-building project (Pelkmans 2006; Reisner 2000: 213).

¹⁹ In 1917, the Georgian Orthodox Church declared independence from the Russian Orthodox Church, but its autocephaly was only recognized by the Patriarchy of Moscow in 1943.

resistance to the exacerbations in national and cultural policy. Glasnost and perestroika formed the basis for the expansion of nationalist political movements in the Soviet Union. In Georgia, a politicization of the rather folkloristic nationalism that was rooted in the Soviet organizational structure took place relatively quickly (Gerber 1997: 61; Sabanadze 2010: 81-82). The 1970s also offered space for the beginning of a religious revival, after the destruction of churches and persecution of clerics in the 1930s had “domesticated” (Dragadze 1993) religion and banned it to the private sphere. Throughout the 1980s, many churches were reopened and, following an initiative by Ilia II, who was elected Catholicos-Patriarch in 1977, the old Georgian language liturgy was re-established (Zviadadze 2014b: 35).

The nationalist movement drew its strength also from its connection to the pre-Soviet intelligentsia, to which they claimed succession, and pursued both anti-Soviet and nationalist aims (Derluguian 2005: 108). Ideologically, the national liberation movement of the 1980s drew on Chavchavadze's postulate of “fatherland, language, faith”. The leading figure of the first national awakening was an important symbol for this new nationalist movement, as exemplified by the fact that one of the first informal groups of that time called themselves “Ilia Chavchavadze society - fourth troop”. Only shortly before the formation of this group, on his 150th birthday in 1987, Chavchavadze was canonized by the Georgian Catholicos-Patriarch (Gerber 1997: 163).

Closely linked to this myth of the millennia-old continuity of the nation is the idea of the Georgian Orthodox faith as the strongest integration factor for the Georgian nation. Zviad Gamsakhurdia himself, ultranationalist leading dissident who later became the first president of independent Georgia, declared his commitment to the GOC, and announced that an attack on the Church posed an attack on Georgian culture itself, since Christianity was the highest achievement of Georgian culture²⁰ (Jones 1989: 193). Gamsakhurdia rejected the notion of a political citizenship, but defined Georgian nationality on a purely ethnic basis, therefore excluding large numbers of Georgia's population from the nation-building project (Gerber 1997: 205; Reisner 2009). Despite this commitment to an Orthodox identity, the relationship between the nationalist movement and Patriarch Ilia II has been ambiguous, as Church leaders did not want to jeopardize the further expansion of their authority, while the new government around Gamsakhurdia was preparing to install a new patriarch (Gerber 1997: 203-204; Zviadadze 2014b: 65). Since the late 1980s, the nationalist movement had utilized religion more and more. Georgia was depicted as the last Christian bastion within a Muslim encirclement (Smith et al. 1998: 58), a re-occurring picture within Georgia's earlier historiography, which stresses the position of being surrounded by “aggressive states” (Meskhia 1968: 26), several of them Muslim. The GOC is depicted as the “cultural saviour” within a threatening regional setting. At the same time, Christianity is promoted

²⁰ Gamsakhurdia approached the question of Georgian-ness with a strong ethno-nationalist focus, excluding ethnic minorities from the Georgian nation-building project by reducing them to guests within the country.

as a marker of European-ness (Jones 2015: 227-228). In the first attempts to plan for the new Georgian state, the Georgian nationalist movement did not resort to role models from the West, but went “with the past into the future” (Gerber 1997: 200). The main reference point were therefore neither democratic models of the present nor the Democratic Republic of Georgia of the early 20th century, but the monarchy of the ‘Golden Age’, though its implementation failed due to the lack of a suitable candidate. The restoration of the authority of the Georgian Orthodox Church, in an analogous matter, promised stability and moral orientation (Gerber 1997: 200-204).

The government of the second president, Eduard Shevardnadze, reinforced the myth of Georgia's continuity as a nation when it celebrated the 3000th anniversary of statehood and the 2000th anniversary of Christianity in the year 2000. He was baptized by Ilia II shortly after his return to Georgia. Mikheil Saakashvili, leader of the peaceful Rose Revolution in 2003 and third president of Georgia, was blessed by the patriarch before his inauguration and then visited the grave of the former Georgian King Davit IV, who is also called Davit the Builder (*aghmashenebeli*) (Fuchslocher 2010: 158-160). Saakashvili's slogan “Forward to Davit Aghmashenebeli” showed continuity with former idealizations of the past, since it refers back to one of the great kings of the ‘Golden Age’ (Maisuradze 2009). The importance of Christianity is also evident in the choice of the new flag under Saakashvili's government. This flag depicts five red crosses on a white background and was first used in mediaeval times. The ensign was an important element of Saakashvili's domestic campaign for patriotism (while following a pro-Western course in its foreign affairs). With architectural re-modelling, national symbols all over the city, a ‘patriotic’ youth movement including large-scale summer camps²¹ and a strong nationalist rhetoric, the new government aimed to express their respect to traditional Georgian-ness (Mühlfried 2007: 294). The current president during my fieldwork, Giorgi Margvelashvili, continued this close and mutual respecting relationship with the Church.

Orthodoxy in Georgia does not only fulfil a symbolic function, but the GOC has become a powerful actor on its own, with real political power that should not be underestimated. No other Georgian institution received that much popular support after the collapse of the Soviet Union. The strength of the GOC as a public institution and political actor is linked to low levels of trust towards political parties and civil institutions such as NGOs (Reisner 2015). According to recent polls, the Georgian Orthodox Church is perceived as one of the best-performing institutions of the country (NDI National Democratic Institute 2017). Especially the Patriarch Ilia II is rated as one of the most popular and most trusted persons of the country (Zviadadze 2014a: 180). While I cannot verify these survey results, I can attest that indeed the Catholicos-Patriarch Ilia II is very much beloved by the Georgian population. And even those who do not agree with his recent

²¹ I took part in such a ‘patriot camp’ during a volunteer service in Georgia in summer 2011.

statements acknowledge his role in Georgian independence and attribute wrong decisions to the patriarch's old age, bad advice by his advisers and power struggles regarding the patriarch's succession among different fractions in the GOC.²²

The above shown connection between religion and politics has become institutionalized. The Constitution of Georgia, which, despite religious freedom and the official separation of Church and state, acknowledges in Article IX the special role of the Georgian Orthodox Church in the nation's history and declares its independence from the state. In addition, in 2002 the GOC and the state decided on an agreement (concordat) "which de facto declared Orthodoxy to be the state religion" (Fuchslocher 2010: 169, own translation). The concordat regulates not only property relations regarding church buildings, monasteries and religious art treasures and the liberation of the GOC from certain taxes, but also grants the Church a consulting role in creating school curricula. Though individual politicians might be discontent with the ultra-conservative attitudes of the Church, it is unlikely that they would challenge the GOC as an institution publicly. While advocating a separation of state and religion, many politicians agree to a consultative role of the Patriarchate especially in questions of religion and religious minorities within the country (Sulkhanishvili 2012). Expressing one's allegiance to Georgian Orthodoxy publicly is a common ritual, especially prior to elections (Zviadadze 2014b: 137-139). As an institutional marker of socio-cultural identity, the GOC enjoys public respect, and it grants legitimacy to the government in times of turmoil or war (Jones 2015: 230). Indeed, it might be especially the constant feeling of threat, the imminent danger that one's family might be involved in war, or that the nation itself is ceasing to exist, which grants legitimacy to the Church itself.

The 'Demographic Crisis' and Georgian Natalism

Talking about childlessness (*ushviloba*) in Georgia is strongly connected to what people conceive as the country's demographic crisis. During Soviet times, the population of Georgia was continuously growing, up to 5.4 million in 1989. In 2014, the National Statistics Office of Georgia conducted the first countrywide census since 2002 (National Statistics Office of Georgia 2016c). In comparison to 2002, the country's population decreased from 4.3715 to 3.7137 million. This trend in population loss started with the dissolution of the Soviet Union and is connected to out-migration, the breakaway of the two Russian-occupied regions of Abkhazia and South Ossetia, as well as low birth rates (Rowland 2006). Labour migration has affected the country's demographic

²² During my fieldwork, such rumours were only strengthened by the alleged assassination plot against Ilia II in February 2017. High-ranking priest Giorgi Mamaladze was charged for conspiracy to murder after cyanide was found in his baggage while being on his way to visit the patriarch in a German hospital. Later it was announced that he had aimed to kill the patriarch's secretary.

structure significantly, especially since it is mostly young adults in their fertile years who leave for work abroad (State Commission on Migration Issues 2017). The country's total fertility rate (TFR)²³ declined steadily since the seventies, and dropped sharply during the collapse of the Soviet Union and its aftermath, similar to other countries of the former Soviet Union, from 2.68 in 1970-71 to only 1.39 on its lowest in 2005 (Fig. 3). Official statistics suggest an increase again since 2006.²⁴ According to a most recent population census by the National Statistics Office of Georgia, the fertility rate recovered to slightly over replacement level²⁵ in 2014 with 2.2 birth per woman, and continued to increase to 2.3 in 2015 (National Statistics Office of Georgia 2016c).

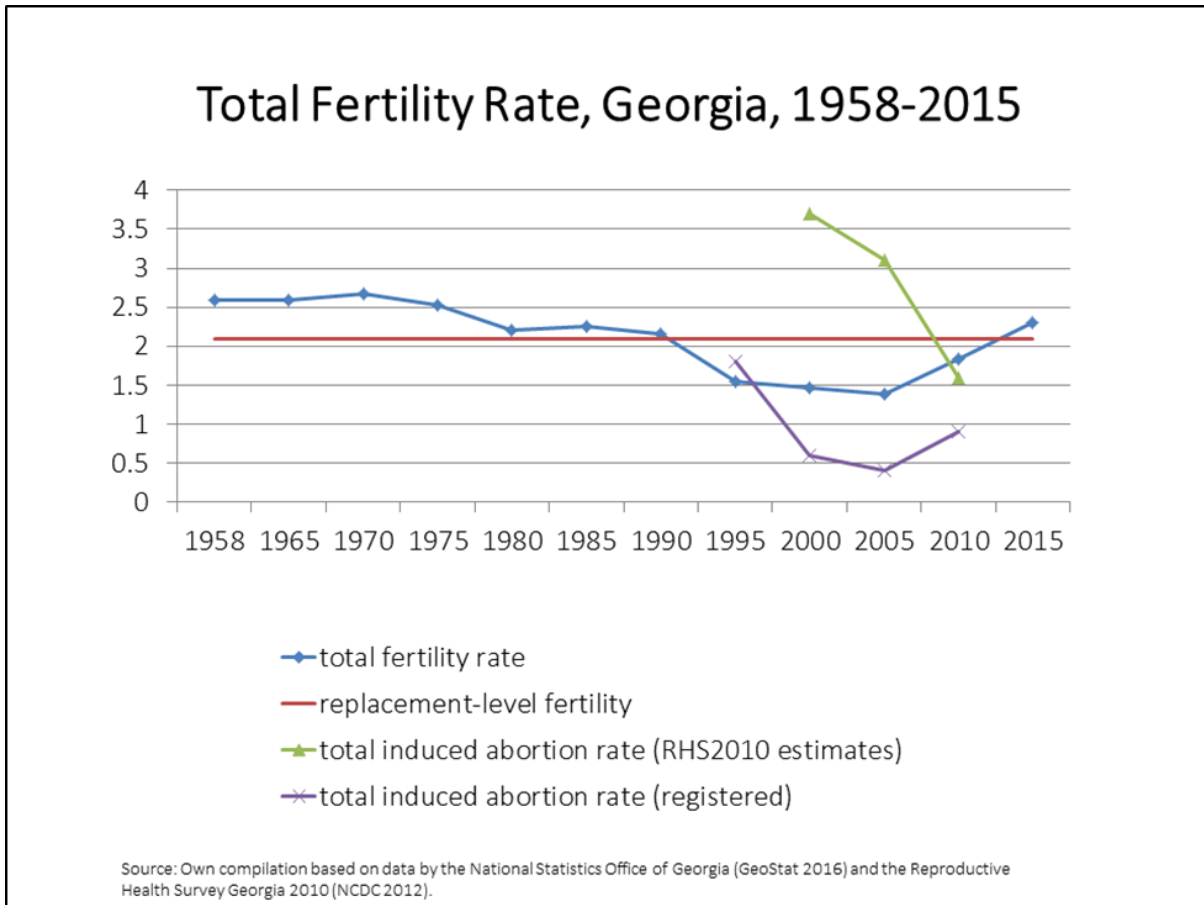


Figure 3: Total Fertility Rate, Georgia, 1958-2015

²³ The total fertility rate (TFR) is defined as “the average number of children that would be born to a woman by the time she ended childbearing if she were to pass through all her childbearing years conforming to the age-specific fertility rates of a given year” (Haupt, Kane, and Haub 2011 [1978]: 10).

²⁴ The Reproductive Health Survey Georgia 2010 estimates slightly higher TFRs (NCDC 2012: 39). Discrepancies could be rooted in the method of data collection. Government data are based on vital registration figures. Underestimations can be explained by inaccurate census projections which underestimate women’s childbearing age or do not adjust to out-migration (NCDC 2012: 38f.).

²⁵ Demographers speak of replacement-level fertility as “the level of fertility at which women in the same cohort have exactly enough daughters (on average) to ‘replace’ themselves in the population” (Haupt, Kane, and Haub 2011 [1978]: 12). For developed country, a total fertility rate of 2.1 is considered to be replacement level, taking into account the higher number of male births.

The demographic figures are quite puzzling at first glance, with a now quite suddenly recovering birth rate but still quite high number of abortions, despite a deep appreciation for children and the social expectation to start childbearing at a young age (see chapter 3). However, this needs to be put into context: A dropping fertility rate is in line with the second demographic transition happening all over Europe and in other parts of the world, where fertility rates have declined since the 1970s and stayed below replacement level. The phenomenon is often explained by changing values concerning individual's lifecycle and the family as an social institution (Douglass 2005: 12-16).

My own interviews with married women confirm the findings of published surveys on reproductive health²⁶ in Georgia, which suggest that a considerable number of couples rely on 'traditional' practices in planning their family, even though awareness and usage of modern contraceptives is rapidly increasing, especially among the younger population (Centers for Disease Control and Prevention CDC 2003; NCDC 2012). Yet, hormonal contraceptives such as 'the pill' are not only frowned upon by the GOC, and equated in its sinfulness to abortion, but are also commonly said to cause infertility in women. In my conversations with women, the difference between birth control pills and the morning-after-pill were not always clear, though young women were quite well informed. Yet, in spite of its social stigma, 'abortion as birth control' is generally practiced, as well as sex selection with a strong tendency of favouring male over female offspring (sex ratio in Georgia: 109 boys to every 100 girls²⁷). In 1999, Georgia had the highest reported abortion rate in the world with 3.7 abortions per woman (125 per 1000 per year, aged between 15-44). In 2010, still about 1.6 abortions per woman (56 per thousand) were reported (NCDC 2012).²⁸ During my research, I met women from the older generation who had up to twelve

²⁶ The following data was collected by the Reproductive Health Survey Georgia in 2010. This survey was conducted by the National Center for Disease Control and Public Health in Tbilisi (NCDC), a national agency under the Georgian Ministry of Labor, Health, and Social Affairs, funded by international donors (UNICEF, USAID, UNFPA), and supported by the Center for Disease Control and Prevention (CDC) in Atlanta. For the Reproductive Health Survey, 13,363 households were visited and interviews were conducted with 6,292 women aged between 15 to 44. With indicators aiming to collect data about fertility, family planning, pregnancy, and woman's health, this survey allows for a quantitative assessment of my qualitative data (NCDC 2012).

²⁷ The sex ratio was even higher in the late 90s, when it increased rapidly from an average of 106 boys for 100 girls before 1990 to 119 boys for 100 girls in 1999. The other two South Caucasian countries show similar tendencies in sex-selective abortion, with a sex ratio of 114 to 100 in Armenia and 116 to 100 in Azerbaijan (Hohmann, Levèvre, and Garenne 2014: 893).

²⁸ To put this figures into perspective: The abortion rate for Germany in 2010 was 5.9 per thousand per year, aged 15-50 (Statistisches Bundesamt 2016: 42). In practice, both countries' legal frameworks resemble each other, with a mandatory counselling and a three day period of waiting as preconditions for an abortion in the first trimester (§§ 218ff. StGB, Law of Georgia on Health Care Article 139-140). In Georgia, this counselling has to be performed by a licensed physician within a licensed medical institution. After twelve weeks, a medical or criminological (in Georgia also a social) indication is necessary. The counselling should give priority to the life of the unborn foetus. It is stated in the Georgian legislation that the "reduction of abortion is a priority task of the state" (Law of Georgia on Health Care, Article 139). However, these numbers do not show the percentage of women who decide to have their pregnancy terminated in a neighbouring country. Most likely, figures reflect

abortions in their life, despite having two to three ‘planned’ children. This does not mean that abortions are not frowned upon or even condemned. I witnessed a woman being publicly called out and shamed by her (female) neighbour in their shared yard. Her pregnancy had already been showing, and her neighbour assumed she had quite late abortion “just because her husband did not want to afford another child”. On social media, abortions are often equated with killing the child, and a similar rhetoric is employed by the Georgian Orthodox Church. Despite these considerations, abortion is often resorted to as the only familiar way of family planning, even in marriage. Also, sex-selective abortion is considered to be a mean of achieving gender balance among one’s children. The heavy reliance on and implicit tolerance of abortion as a means of family planning shows a continuation of to the USSR’s approach to abortion, which legalized it as primary means to prevent unwanted births in the 1950s and did not offer sufficient contraceptive alternatives. Nevertheless, the prevalence of (sex-selective) abortions is by no means exclusively connected to Soviet reproductive health policies.²⁹ The survey suggests a causal connection between economic well-being and the fertility rate: General fertility recovery due to economic growth (NCDC 2012: 50), but also the existence of earlier first births, higher fertility, difficulty in access to modern contraceptives and increased number of abortions among poor, rural, and uneducated women (NCDC 2012: 74-75). People in Georgia seem to be alarmed by these demographic trends, and I was regularly confronted with statements that express concern about Georgia’s demography, usually linked to both experience of war or displacement and the economic situation:

“There is a terrible demographic situation in Georgia, especially after the war in Abkhazia, where many young people died, but also because of the difficult economic position, most people only have two children, and there are so many childless couples.” (Tamta, university professor in her fifties)

When I told people that I do research on *ushviloba* (childlessness), many assumed that I would investigate the ‘demographic crisis’ in Georgia. As I learned, there are not only too many infertile couples, but also too many families who do not have enough children, making the nation *ushvilo* (childless) in the long run. And while the demographic situation does indeed seem dire, many of those I talked to failed to see the fault in factors other than low birth rates, but made a clear connection between childlessness and the demographic challenges the country faces. The failure to reproduce – expressed by a certain number of children per woman – becomes the main

the accessibility as well as the social acceptance of abortion in the respective countries. Furthermore, they mirror the accessibility and affordability of contraceptives.

²⁹ For a detailed framework for analysing sex-selective abortion in the South Caucasus, see Hohmann et. al. 2014. It is noteworthy that the Central Asian countries, equally affected by the collapse of the USSR, do not practice sex-selective abortion significantly, neither do countries in the Middle East, nor Russia and Ukraine. A simple explanation for this practice, such as a “patriarchal framework” or aftereffects of Soviet reproductive health policy, therefore does not seem plausible (Hohmann, Levèvre, and Garenne 2014).

culprit for this situation. In 2011, former president Saakashvili proclaimed optimistically that the Georgian population will grow to the number of 5 million until 2015, thanks to a flourishing economy.³⁰ Instead, the population has fallen below the 4 million mark. This became publicly known with the publishing of the 2014 census data, which gave a clear indication of Georgia's declining population (National Statistics Office of Georgia 2016c). Additional concerns were raised by the United Nations world population prospects, which were received with shock. Until 2050, the report predicts a decline of the population by 12.9 per cent (United Nations 2015). This discussion is also connected to ethno-nationalist concerns. Claiming that the birth rates of minority groups are much higher than those of ethnic Georgians, some fear the demise of the 'nation', meaning the ethno-religious group of Orthodox Georgians. Such public concerns are by no means specific to Georgia, but have a long history in other parts of Europe and other postsocialist countries as well. One has to note that the fear of population decline is always related to a certain group, often in relation to another group (Douglass 2005: 6). As the case of Ukraine shows, an "intensive connection between national and demographic discourse" (Strelnyk 2017: 67) may place (parts of) the responsibility for the nation's future in the hands of parents, politicizing parenthood and especially motherhood, while charging the demographic discourse with moral arguments about national and family values as well as images of an ideal family (Strelnyk 2017). In Olena Strelnyk's case study, parents' organizations emerge as core actors in this discourse. Such mobilizations tend to be quite conservative and excluding towards those who do not fit this idealized images, as also exemplified by the ethnographic vignette in the beginning of this chapter.

Even before the census of 2014, the government had started to implement a number of reforms to boost the country's birth rate, such as the inclusion of pregnancy care and child birth into the public health care plan, free public kindergartens, and financial support for the third and any subsequent child in certain regions. A Demographic Development Fund was established in 2013, and, as a part of the country's constitutional changes in 2017, the demographic development of the country was added as a major goal to the constitution (Art. 5). Yet, in spite of public concerns, the Georgian government did not adopt an explicit natalist program suggesting direct counter-measures to the "low birth rates" – such as strong incentives for childbearing or even financial coverage for the treatment of infertility – as we can find in some other countries with a strong natalist climate and a discourse of a nation in (demographic) distress. The most well-known case would be the full coverage of treatment within the national IVF program of Israel, but other post-communist countries with a declining birth rate, such as Bulgaria, have started to integrate fertility treatment into public health care as well, since the birth of additional children

³⁰ Georgian News Agency, 11.02.2011. *mikheil saak'ashvili: 2015 ts'els sakartvelos mosakheloba 5-milionian nishnuls daubrundeba* [online]. <<http://www.ghn.ge/com/news/view/34354>> [accessed 22.03.2019].

is considered to be in the national interest, especially considering the high birth rates among minority groups. ARTs are here presented as countermeasures towards a national demographic crisis (Balabanova and Simonstein 2010; Dimitrova 2017). In Georgia, however, fertility treatment is not covered by any insurance, nor are there concrete plans for a national IVF program. At this point, there is no general state support for families, except for a financial aid program implemented in certain regions which grants financial aid to low-income families with three or more children. However, several usually Church-related NGOs are currently working to support families with many children. During the parliamentary election in 2016, political parties voiced the general aim of improving economic and social conditions in order to help with the demographic situation. Here again, with the recovery of the fertility rate to replacement level, politicians likely do not feel the urgency to address birth rates but rather the topic of out-migration, therefore differing from the public discourse of ‘not enough children’ as main culprit for the concerning demographic situation.

While the government is only slowly implementing policies to incentivise couples to have more children, the Georgian Orthodox Church intervened early on. The above mentioned “Motherland’s Devoted Parent” award is one of several attempts to increase the country’s birth rate. Since 2008, the Patriarchate of Georgia has organized a significant number of mass baptisms, in which Patriarch Ilia II became the godfather of more than 33,000 children. The 50th event of this kind took place in September 2017 in Sameba Cathedral, when he baptized more than 600 children, according to information distributed by the Patriarchate of Georgia.³¹ Every third and following child of a Georgian Orthodox family is entitled to become the patriarch’s godchild, with the GOC claiming that this initiative influenced the parents’ decision of having another child, therefore working against the population’s demographic decline. This campaign mirrors the cultural emphasis on a ‘real’ family having three or more children, just as the folk poem and the ethnographic vignette at the beginning of this chapter illustrated. Instead of targeting childless couples and incentivising them to have their first or second child, the ideal of a large family is reproduced. Only one year after starting the initiative of the mass baptisms, religious news outlets reported that “according to unofficial statistics”, the birth rate experienced a boost by 18 per cent, an increase that was claimed to be directly related to the Church’s efforts.³² Despite such positive acclaims, critical statistical analysis suggests that the recovering birth rate is unconnected to the patriarchate’s initiative. Since the birth rate recovered also among other ethnic and religious

³¹ Patriarchate of Georgia, 22.09.2017. *samebis sakat’edro t’adzarshi 50-e saq’ovelt’ao nat’loba chatarda* [online]. <<http://patriarchate.ge/geo/samebis-sakatedro-tadzarshi-50-e/>> [accessed 11.10.2018].

³² Nozadze, Teona 2009. *sheidzleba pat’riark’is natlulebis daojaxeba?* In: Ambioni, 24.06.2009 [online]. <<http://www.ambioni.ge/seizleba-patriarqis-natlulebis-daojaxeba>> [accessed 11.10.2018].

groups within Georgia, and because especially the number of first- and second-order births increased, a “baptism effect” is unlikely (Hakkert 2017).

However, the mass baptisms by the Patriarchate might have led to unintended consequences, with some Orthodox Christians criticizing the practice, which could lead to either immoral behaviour or further demographic problems, if this kind of baptism is accepted as genuine. According to the patriarch’s critics, spiritual kinship established through baptism is considered to be not different to kinship established through blood. Therefore, in theory it is followed by the same marriage proscriptions regarding the proximity of relatedness between prospective spouses: A taboo on intermarriage for seven or even fourteen generations. This would lead to a lack of suitable marriage partners. I will focus more on the effects of these exogamous marriage rules in assisted reproduction in a later chapter (chapter 9). In regard to the mass baptisms by the Patriarchate of Georgia, it seems that concerns about unintended relatedness of these baptized children and their respective families remain largely unheard or are disregarded, because people enthusiastically register their children for the baptism, and are proud to announce the patriarch’s godparenthood to their child. However, it is mostly a symbolic act, as this baptism does not entail the same ongoing relationship that is usually established in this ritual, nor does it imply reciprocal obligations of hosting and gift-giving.³³ Also, the family should bring one or two further persons to become the godparents of the child alongside the patriarch. A member of the Youth Centre of the Patriarchate addressed these rumours regarding the alleged relatedness of these children and announced publicly that it does not constitute a demographical problem, “as the baptized children did not become relatives and accordingly will not meet obstacles in starting a family in the future”.³⁴ While it is unlikely that couples decided to have a third or fourth child based on the incentive of the patriarch’s godparenthood alone, such initiatives and the positive media coverage about them may contribute to a natalist climate within the society, which positively evaluates a couple’s choice to have (more) children.

I only encountered the idea of having ‘too many children’ a couple of times in my fieldwork, but I want to mention it here as well, as it offers a counter-narrative to the current Orthodox postulate, and also repeats the ideal of three to four children from the initial poem. Once, a young woman with five siblings told me she was embarrassed that her mother was pregnant again. Furthermore, some people expressed concern that mothers with too many children might not be able to take care of all children appropriately. In an ethnography from the mountainous region of

³³ Depending on their social situation and their need for assistance, families of these baptized children can receive support by the Church, such as medical assistance and food, and there are certain activities such as choir singing or prayers where the children are again invited to the Holy Trinity Cathedral or the Patriarchate residence complex.

³⁴ Nozadze, Teona 2009. *sheidzleba pat’riark’is natlulebis daojaxeba?* In: Ambioni, 24.06.2009 [online]. <<http://www.ambioni.ge/seizleba-patriarqis-natlulebis-daojaxeba>> [accessed 11.10.2018].

Khevsureti from the 1930s, it was stated that having more than three to four children is considered shameful (*3-4 shvilze met'is sirtskhvilia*), which is why people space their children's birth: If the previous child cannot stand up from its cradle, they will not have the next child yet (Makalatia 1984: 180). Similarly, the mother of the embarrassed young woman proudly told me that she managed to space all six births (without using contraceptives), with at least a gap of two years between the children.

Parenthood as a Duty to God, to the Future, and to the Nation

Why do people want to have child? And why do people want other people to have children? Social scientists have followed a variety of approaches in order to answer these questions. From an economic perspective, raising children costs time, money and energy. In parts of the world, children's labour contributions are no longer necessary for the household's income. Rather, the costs for raising and educating children increased. And while societies need a fertility rate at least at replacement level (and some countries fail to do so for several reasons), state-funded elderly care rendered having one's own children unnecessary in countries with sufficient welfare services. Yet, there seems to be an expectation to have children.

Building on these observations and drawing on a multitude of ethnographic studies on pregnancy, birth, and child-rearing, David Lancy (Lancy 2008) explores the way societies see children, and classifies these perspectives rather broadly into "changelings, chattel and cherubs", therefore as unwanted, as wanted but commodity with economic value or as beloved and priceless, complementing the parents' own value. As anthropologists, we owe this focus on childhood and the discovery of the diverse ways how children are raised to the pioneers of the 'culture and personality studies' in the early 20th century, and especially the work done by Margaret Mead (Mead 1963 [1930]; 1966 [1928]). By now, anthropologists have provided a multitude of studies on childhood and child-rearing (LeVine and New 2008), which Lancy was drawing on in this comparative approach. Of course these ideal types he proposes may vary widely depending on time and situation – possibly even within one family –, yet they allow for a general assessment on the value of children in a given time and space.

Though, as anthropologists have pointed out, women always controlled the number of their children through various methods (Douglass 2005: 3), modern contraceptives allow those who can access and afford them to easily plan their family: Having children becomes a choice. With prenatal screening and abortion, having or not having *certain* children becomes a choice as well. The rise of ARTs has often been connected to the idea of children who are inherently valuable or even priceless. One might say, children conceived by IVF were especially wanted by their parents. However, the decision to have children takes place within a society, and might be guided by a

certain discourse – a political system which encourages or discourages having children, and a society which might or might not attribute a high social value towards children. Lancy uses the term “neontocracy” (in contrast with gerontocracy, a society which values the elders) for a society which centres on children and their wellbeing, and describes the phenomenon for the US-American context (Lancy 2008: 11). This argument was already brought up by Viviana Zelizer in her work “Pricing the priceless child”, in which she analyses the transformation of the value of children in the USA, both economical and emotional, which she dates in the period between the 1870s and the 1930s (Zelizer 1994). Her work builds upon the assumption that today, children in the US (and implicit, also in Europe) are “economically worthless” to their parents due to their exclusion from the labour market – they are even extraordinary expensive – yet, they are “emotionally priceless”, sacralised as non-commercial in an otherwise very commercialized world, and attributed with a high social and sentimental value. With this, she builds upon earlier work such as the research by historian Philippe Ariès (Ariès 1962), who reconstructs the genesis of the concept of childhood in Europe, and the consequences of the changing emotional attachment towards children for family life and educational systems.

Although I find the argument that there is a trend towards the sacred or priceless cherub with no immediate economic value somewhat persuasive, it is important to differentiate between the economic value as it translates into child labour and the economic value associated with care work in later stages of life. Obviously, a solely emotional attachment on a family level to children can only be argued for societies with a fully functioning welfare state, which provides its citizens with sufficient healthcare and pension. And even in these places, the state may rely on close kin to some extent, especially in terms of elderly care, and the functioning of the welfare state is based on a reciprocity between generations, at least at state level (Wintersberger 2005). Therefore, the existence of beloved cherubs does not exclude the importance of emotional and physical care in a later stage of one’s lifetime, even though the financial expenses spent on the child may never be counterbalanced directly. The same way, it is likely that children were in no time and no society ever fully unwanted or perceived only in regards to their labour, but always provided social capital and emotional merit as well. Yet, the desire to have children does neither have to be directly connected to economic strategies, nor to individual self-fulfilment in a consumerist framework.

Beyond economical and emotional considerations focussed on the individual family, the contemplation on the desire to have children always takes place within a society. Patrick Heady explores fertility and the obligation to have children in the framework of gift-exchange, in which children – as prospective marriage partners for other children of the group – are interpreted as gifts to the society: “parents have children, in part at least, for the sake of other people” (Heady 2007: 466). Having children therefore is seen as one’s contribution to the reproduction of society.

Under certain conditions, the marriage of one's child within the community can create social capital for parents, therefore incentivizing childbearing. Heady explores this framework for changes in fertility based on a case study from the eastern Italian Alps, a society which fails to fulfil its reproductive aim, since the incentives for having children – approval by the community for the perpetuation of the group – do not satisfy young adults anymore, who are increasingly involved in a modern economy outside the village (Heady 2007). I find this work interesting, as it links social obligations within the community to broader demographical patterns.

Most societies either cherish the birth of children or aim to lower the birth rate. Both natalist and anti-natalist societies may provide economic, political, religious or social reasons for their position, and often these are linked with public policies that reward or penalize childbearing. As shown above, the Georgian Orthodox Church actively engages in discussions concerning family planning, traditional family values and the demographic situation in Georgia. During the past years, the Patriarchate of Georgia published several Christmas and Easter epistles, which concerned topics such as family, marriage, traditional Georgian values, as well as the duty to defend one's homeland.³⁵ Often these statements address directly the perceived endangerment of Georgian tradition and mentality, as the country's long term ambition towards EU integration might lead to a deterioration of Georgian traditional values, especially in terms of gender roles, family life and sexuality. Many Orthodox Christians have the feeling that their 'morality' is under attack; that their traditional ways of life and their values are threatened by Western (im)morality, which is continuously spread in Georgian media as well as the internet (Körner 2017). Accordingly, the GOC is not shy about expressing anti-western and anti-globalist attitudes (Gavashelishvili 2012).

Family, on the other hand, as the main locus for moral education and the transmission of values, is perceived to be the stronghold of the traditional Georgian morality. Moral and religious education has been a much debated topic in the recent years, with no clear program and varying degrees of denominational religious education in schools, both private and public. In addition, there is no strong tradition of Christian youth education similar to Sunday schools in the Georgian Orthodox Church (Schröder 2005: 171). Therefore, to keep the Georgian morality intact and to ensure the future of the country, fathers and mothers, who raise their children to become good Georgians and ultimately, good parents to their own children, are pivotal. When being asked about the hopes that he has for his students' future life, a priest working as religious education teacher in a Christian school highlighted the importance of the 'moral family'.

“That they become good men and women, this is the most important, and secondly, that they become good family fathers, that they have moral families, that they raise their children, then, that they have a good academic career, and if they decide to become priests

³⁵ Patriarchate of Georgia 2019. *p'at'riarkis ep'ist'oleebi* [online]. <<http://patriarchate.ge/geo/patriarqi/ilia-ii/epistoleebi-illia-ii/>> [accessed 28.01.2019].

and live a religious life, why not? But generally, that they just become good patriots and citizens of their homeland.” (Father Gabrieli, 33 years old)

In this quotation, the connection between being a good patriot and having a family is already to some extent implied. Davit, a father of six children, directly mentioned the Georgian writer, poet and national hero Ilia Chavchavadze when he talked about what is most important to him in his life, and referred to Chavchavadze’s famous postulate of fatherland, language and faith. Then he continued:

“First, there is the homeland (*samshoblo*). This is why I have six children, because I love my country. Doing this service [to the country] also means that I don’t overstep God’s law, no abortion and so on. And also I have faith in God that he will provide all means for these six children, God gives my children all what they need. [...] this is how I live. First God, than *samshoblo*, than family and children.” (Davit, accountant, 51-years old)

The concepts of *samshobolo*, *kveq’ana*, *eri* (homeland, country, nation) are frequently employed when people talk about why they have children. When I met Nona, a 37-year-old shop-manager, for the first time, it was just in the beginning of her IVF treatment, and she was still full of hope that she would be a mother soon. She has had a history of miscarriages, stillbirth, and medical malpractice, but had not given up on having her own child in the fifteen years of her marriage. Despite her deep personal emotional involvement, she framed her desire for a child in a rather patriotic way:

“A child is very important, first one needs to think about the country (*kveq’ana*) and the nation (*eri*). So, when you are the nation which bears such a great history and heritage, then, if you have the chance to have a child, as you have your genes and your opportunity to raise and to care for a child which is needed for the country, you have to fight for it, you struggle and work, and you are not – I am sorry – an egoist who only thinks about oneself. You want this for someone, you want this for the future, you should leave this future [to someone]. Therefore, you should fight for this.”

It is interesting how the interconnections between the desire for a child, the societal expectation to have children and the perceived egoism of those who stay childless are drawn in Nona’s statement. In the way that Lancy lays out his concept of the new neontocracy, children are part of a neoliberal lifestyle, in which they play their part in individual self-fulfilment. Parents invest huge amounts of money in their children, “with no expectation of any material or tangible return aside from the child’s love and affection” (Lancy 2008: 78). Therefore, having children itself is related to consumerist activities – in the most extreme case, thousands of dollars are spent just for the process of conception, in order to fulfil an individual desire. Doing fieldwork with mothers of young children, one cannot ignore that having children in Georgia is very much related to consumption as well. Apart from costs spent on private kindergartens and schools, as well as private tuition, musical lessons, sport and dance classes, as it is common and expected in Tbilisian middle class families, there are a lot of ‘extras’ that parents, grandparents as well as uncles, aunts

and godparents can spend their money on. Especially small children are often dressed up and treated like little princes and princesses. The shopping streets, bazaars and shopping malls are full of stores for children's clothes, toys, and books, and there are several commercial indoor playgrounds and places dedicated to cater children's birthdays around the city. Parents often enjoy pampering their (young) children, and obviously this developed into its own business sector during the last years. In this regard, children very much became a way of self-fulfilment, to complement their parents as persons and to express their status as a family. Yet, in the Georgian case, childbearing is often rather framed as a selfless act. Egoism and selfishness are the main allegations that people pose towards childless couples, those who "want to enjoy themselves" or "only think about themselves". Having children, on the other hand, is seen as a duty, an obligation towards the nation's future, but also to future generations and the children themselves, and thus becomes self-sacrifice, not self-fulfilment in this regard.

Even when the nation is not directly mentioned, children are understood to be important for a general future. As Tako told me:

"For a family to be completed it is necessary that the family is with children. I consider this to be necessary, because they [children] are hope, are the future. I think, for example, I have a friend who also does not have children. She is married to a Dutchman and they don't want to have a child at all. And they think that it is enough, what they have. For their happiness their life is enough. But I think this is a little bit of selfishness. I don't know. But I'm not the Lord for judging them, their life. But I think they have a nice life. Why can't they share this wonderful life with their own children?" (Tako, journalist, 42 years old)

She continued later that day:

"Not only the present is important, yes, it is correct, life is very momentary, but if you want something proper, something good to happen, this will not happen if you selfishly keep your happiness only to yourself."

As Tako shows here, a person is not supposed to live her life only for herself, but to share the happiness by having children, and therefore, to bring this happiness into the future and to create hope. I do not want to propose that Davit, Nona and Tako first and foremost have children because they perceive it as their duty to bear children for their country. Davit loves his six children very much and was thrilled when his wife became pregnant for a seventh time, even though his family literally eats up all his income. Nona would not be as passionate, as enduring and as hopeful as she was if it was not for her deep personal desire to become a mother one day. All of them enjoy children on an individual level, they connect to the idea of strong emotional attachment, of giving and receiving love, and to the experience of parenthood. However, there seems to be an expectation on how the desire for having children should be framed and narrated in Georgia, both by parents of many children as well as by childless couples. Whenever speaking about having children, this should not be framed as individual self-fulfilment. Despite the strong sentimental

value attached to children, having children is not supposed to be an ‘egoistic’ act, but a sacrifice for the community. This does not mean that these aspects cannot blend together: In her case study on a Russian public awareness campaign which aims to incentivize motherhood, Elenea Rakhimova-Sommers shows how patriotism and self-fulfilment can complement each other in a notion of motherhood which focuses on motherhood as social adequacy and success (Rakhimova-Sommers 2019). In this regard, due to a strong natalist discourse within the society, children not only have a high emotional, but also a high social value for their parents. In order to explore the topic of self-sacrifice and duty towards the nation further, the next section will focus on various trajectories of celebrated motherhood in Georgia.

Celebrating Motherhood, Celebrating Sacrifice

While parenthood is an important goal in life that young Georgian couples strive for (for more on the connection of childbearing and personhood see chapter 3), motherhood is glorified in Georgian society on a national level. Each year, the country observes both Mother’s Day (April 3) and International Women’s Day (March 8) as public holidays, on which families honour women and especially their mothers and present them flowers and gift cards. Pregnancy is very much appreciated and congratulated, and mothers of many children are admired for their strength.

In this section, I will talk about mythical imageries of womanhood which are valid for Georgian society today, as they are revitalized in the public discourse and influence the natalist climate within the country. Nevertheless, there are dissident voices which challenge traditional gender roles in Georgia (Barkaia and Waterston 2018). Especially young female students engage in the feminist discourse which is played out not only in everyday life, but also in demonstrations, small protests, art exhibitions, and journalism. There is also a growing number of non-governmental organizations that focus on gender issues, yet they primarily address the most pressing issues, such as violence against women, maternal health care and sexuality as well as underage marriage. Curiously, many of those who take a feminist stance in Georgia use such imageries of womanhood as well, focussing on the narrative of the strong emancipated Georgian woman. This only shows how adaptable these imageries are, depending on the narrative they are supposed to support.

Those who visit Tbilisi for the first time will recognize the massive female monumental statue that towers on Sololaki hill in the west of the city. The statue is called *kartlis deda* – Mother of Kartli³⁶/Georgia. Attributed with a sword and a bowl of wine, the statue is supposed to represent the Georgian national character: to greet guests with wine and to defend the country

³⁶ A historical region in central Georgia. The Georgian self-designation *sakartvelo* – the place where the Kartvelians (Georgians) live – is based on this toponym.

from its enemies. It was erected in 1958 for the 1500-year anniversary of the foundation of Tbilisi.³⁷ *Kartlis deda* is a national landmark and one of the spots that is frequented by tourists but also by Tbilisian families. And while many do interpret the statue as a symbol that mirrors the importance of motherhood in Georgia, we should not overlook that the construction of the monument has to be interpreted in the context of Soviet monumental architecture. The statue was a Soviet project, and it was only the first of a variety of further national mother statues in other republics, even though those were mostly contextualized in complexes that commemorated the Great Patriotic War, while *kartlis deda* stands for itself as it clearly bears national characteristics. Its aesthetic is obviously Soviet, and it can be located in a context of Soviet propaganda that placed the mother in the centre of society but also herewith reproduced and reified the position of the family (Pilz 2012).

Female figures and especially mothers were a major theme in Soviet propaganda, both to boost patriotism and to reemphasize the connection of the (nuclear) family and the state, even though the Soviet state was very much suspicious of extended kinship networks. The relationship between state and family life remained contradictory and until the end unsolved – considering the importance of women in production processes, the efforts to integrate women into the workforce, aspirations towards gender equality as well as ideologically driven attempts to weaken the family as a social institution (Hooper 2006; Lapidus 1979). Clearly, Soviet family politics left its mark on the conception of motherhood in Georgia, just one example being the strong participation of young mothers and women in general in the labour market.

There is a variety of ways in which concepts of motherhood in contemporary Georgian society can be traced historically. The Christian conception of women and mothers in particular has great influence on what is supposed to be a traditional family. However, certain elements of today's image of a woman can be traced back to pre-Christian times. In her analysis of the women's social status in the territory of today's Georgia during Sassanid times (224-651 AD), Sophia Vashalomidze (Vashalomidze 2007) argues against the perception of the pre-Christian Georgian woman as a strictly marginalized person, who was basically treated as a slave in a patriarchal society.

Previous works³⁸ on early Christian female hagiographies argue that the life story of Saint Nino, the woman who preached Christianity in fourth century Georgia and ultimately provoked the formerly pagan King Mirian II of Iberia to adopt Christianity as state religion, was written down and published only 500 years after her death, because the fact that the Christianisation of

³⁷ The statue was renewed and slightly changed and modernized in 1994 (Pilz 2012).

³⁸ Vashalomidze argues especially against the arguments put forward by Michael Tarkhishvili (1940) and Eva Synek (1994), and claims that they ignored differences between Sassanid-influences of nobility and the common population, and do not take into account evidence from pre-Christian times.

the country was accomplished by a woman was unthinkable at that time. Vashalomidze, on the other hand, states that we can find a cult of the mother goddess³⁹ in pre-Christian Georgia, which had established patterns of thinking about women that allowed Saint Nino's story to be orally passed down for several centuries in the rural population. That a woman converted the country to Christianity was therefore not an outrageous novelty which needed to be concealed, but an "old code" that was well received by the Georgian population (Vashalomidze 2007: 282). Remains of these ancient mother cults can still be found today, in contemporary Georgian language, in toponyms, and archaeological discoveries of places of worship and artefacts, such as female figurines (Lordkipanidze 1991; Vashalomidze 2007: 260, 212). Words like *dedamits'a* ('mother earth', earth), *dedasamshoblo* (motherland, native land), *dedaena* (mother tongue) and *dedakalaki* ("mother town", capital) focus on the connection of home and mother. Furthermore, there are still several places of worship that are dedicated to an *adgilis deda* (mother of a place), a local mother goddess or patroness. Many of these places were transformed into places of worship for Saint Mariam (Mary) but the ritual practices remind of pre-Christian times. In some mountainous regions, the Mother of God was perceived as (just another) goddess, and integrated into the local ritual practices and belief system (Fähnrich 2009: 82).

It is noteworthy that in Georgia, Saint Mariam is predominantly called upon as Mother of God (*dedaghvitismshobeli*, *ghvismshobeli*) – and less so as Virgin Mary (*kalts'uli mariami*) – stressing her reproductive capacity and role as a mother, as it is common in Orthodox Christianity (Paxson 2006: 486). Saint Mariam is arguably the most important saint in Georgia. In the ritualized toasting during a Georgian *supra*, she is commonly addressed, and in the region of Svanti the final toast is always drunk to the Mother of God (Mühlfried 2006: 91). In fact, Georgians claim that their country is the country of the Mother of God, as Mariam chose Georgia as the place where she wanted to spread Christianity. According to the legend, she was already too frail to travel to Georgia herself, so she decided to send the Apostle Andrew instead. But still, Georgians claim a special relationship to the Mother of God. The general historical narrative in Georgia claims a "cult surrounding motherhood", a growing importance of women due to Christianization and their role in this process, and a tendency towards gender equality as shown in literature and historical documents (Alasania 2006).

Again, I would like to follow Vashalomidze's more nuanced argument that the cult surrounding Saint Mariam was easy to spread, as it met a population that was already used to the

³⁹ Despite a long scholarly history of the concept of the ancient 'mother goddess' and archaeological artefacts such as female figurines which seem to support these claims, we need to be cautious to assume fertility cults or even a (by now debunked) pre-historical matriarchate. Though female goddesses were known in many parts of the world, especially in the Middle East and Ancient Eastern Mediterranean, their existence proves the veneration of a mother goddess, nor a fertility cult. Moreover, such claims may undermine the complexity and range of power of female goddesses in the respective pantheon (Stuckey 2005).

idea of a mother goddess. I will not lay out Vashalomidze’s full argument here, but according to her, women’s social position decreased from a middle position in pre-Christian times to a very low status during Christianisation and the influence of Sassanid nobility, as it is exemplified in the legend of the martyrdom of Saint Shushanik (see below). Only later, with a rising national identity and the popularization of the Saint Nino narrative, women’s social position reached its maximum⁴⁰ in the ‘Golden Age’ during the reign of Queen Tamar, the first female ruling monarch of Georgia (12th century), still a reference point for many Georgians to point out the high esteem of women in Georgian history.

Vashalomidze identifies several common topoi in the portrayal of women in Georgian folk tales, the two most dominant being the woman as the “defender of the homeland” and the “woman in the family”, with several sub-genres (Vashalomidze 2007: 259). These tales were systematically collected relatively late, the earliest collection dating back to the 17th century. Yet, according to Vashalomidze, they entail elements that can be traced back to pre-Christian cults surrounding the mother, and certain elements can be found even today. These narratives show a clear distinction of male and female labour, but also mutual respect. This is a concept which was also popular with my interlocutors. A friend whose family I often visited cited these quite common metaphors of marriage:

“My wife and I are like two oxen in front of a plough – one needs the other. But we are also like ministers of foreign and inner affairs. She is the minister of inner affairs, she decides everything that happens in the family. I am the minister of foreign affairs, I represent our family to the outside.” (Davit, 51 years old, accountant and father of six children)

The “woman in the family” and the “defender of the homeland” are two narratives that are still deeply engraved in Georgian culture. Again it was the Georgian poet and national hero Ilia Chavchavadze, who described women’s most important role as the raising sons for the country in his poem “Lines to a Georgian mother”:

It is our duty to prepare
The future for the people, and —
Ah here, O mother, is thy task,
Thy sacred duty to thy land:
Endow thy sons with spirits strong,
With strength of heart and honour bright,
Inspire them with fraternal love,
To strive for freedom and for right;
Infuse in them God's Gospel wise,
Give them true courage for the fight,
And thus enrich our land with sons
Who'll change this darkness into light.

⁴⁰ Vashalomidze stresses that women’s social positions can only be analysed in regard to men’s position. Therefore, even the highest status during Queen Tamar’s reign must be understood as only nearly equal to men.

O mother! hear thy country's plea:
Nurture thy sons with spirits strong
Led by the torch of truth whose flame
Will banish ignorance and wrong.
(Translated by Urushadze (1958) in the Anthology of Georgian Poetry)

More than a hundred years later, this image is still very topical. Especially in the context of Soviet occupation, the civil war of the early 90s, the war in Abkhazia from 1992 to 1993, the Georgian-Ossetian conflict and the recent war with Russia in 2008, the Georgian population is very much aware of the horrors of war and several generations are still traumatized by these events. Having children that might have to fight for the country is therefore not a thought of the past or a hypothetical future, nor are invalids, war widows, and refugees. In the finale of the popular TV show *nich'ieri* ('Georgia's got talent') in 2012 the audience was moved to tears by the artwork of Nona Giunashvili. Her performances that lead to her winning this show depicted not only certain national art treasures, but also scenes of previous wars and times of oppression, as well as the image of a mother and her child crying at the grave of her deceased husband who was shot during the Stalinists repressions of 1937-38.

The discourse surrounding the statue *kartlis deda* exemplifies the multiple roles of the 'Georgian woman'. Madlen Pilz states that it is the hybridity of the monument that allows for a variety of re-interpretations by the local community: mother or defender of the nation, symbol of a socialist past, symbol of Georgian culture, and surface for the critical assessment of gender roles in today's Georgia (Pilz 2012). And indeed, the Mother of Georgia provokes the association with a second type of stereotypical Georgian woman, not the mother, but the defender of her country or her faith.

Typical narratives include the martyr Shushanik, a Christian Armenian, who lived in the Georgian town of Tsurtavi. She was tormented by her husband because she refused to abandon her Christian faith and convert to Zoroastrianism. Her martyrdom is remembered in the oldest preserved book of Georgian literature⁴¹ (Rayfield 1994), and she is venerated by both the Georgian Orthodox Church and the Armenian Apostolic Church. In an analogous manner in the 17th century, Ketevan the Martyr, queen of Kakheti, was tortured and killed because she kept her Christian faith and refused to convert to Islam. The already mentioned Queen Tamar, who bears the title *mep'e* 'King' for being the first female ruling monarch of Georgia, is still glorified for her reign of a country that was permanently at war with its neighbours. All of these women were canonized by the Georgian Orthodox Church, and the names Nino, Ketevan, Tamar and Mariam are among the most popular female names for Georgian children. As is Barbara, the name of a Nicomedian saint, who, according to the hagiographies, was tortured and beheaded by her own

⁴¹ The Martyrdom of the Holy Queen Shushanik.

father for her Christian faith. In Georgia, the celebration of Barbaroba (Saint Barbara's Day) is especially popular with children, and some families will skip school in order to visit the church service on this day. Most of the Georgian women I met carry the name of one of these great martyrs or queens. Their personal sacrifice for the Orthodox faith and for the Georgian nation is glorified and commemorated, and should be a guideline to their namesakes.

Conclusion

The discussion in this chapter aimed to show that religious and national identity in Georgia build a unity of such an extent that it often cannot be disentangled. Therefore, obligations to and sacrifice for the nation are simultaneously towards the religious community, and vice versa. The strong expectation of reproducing both the nation and the religious community, as well as cultural trajectories that celebrate (female) religious and national dedication and glorify motherhood let people frame their desire for having children accordingly, even though children became very much part of emotional self-fulfilment as well. The natalist discourse in Georgia is tightly tied to the fear of the demise of the nation as ethno-religious group. The strong position of the Georgian Orthodox Church allows this institution to actively engage in the discourse surrounding family planning, and to promote its concept of a traditional Georgian family. While I cannot judge if the recent and sudden recovery of the fertility rate is directly related to the Church's initiatives, or rather a symptom of generally improved living conditions, I argue that people at least partly have children for the sake of the country in order to pass on their cultural and religious heritage – and even if these factors did not play any role, they would likely frame their wish for children in such terms of duty and sacrifice. While this chapter focussed on the demographic discourse and images of motherhood within the national discourse, the following chapter will examine the connection between reproductive status and personhood, and will analyse 'having children' within the social setting of the kinship network.

CHAPTER 3 – A CHILD, RIGHT NOW: STARTING FAMILY LIFE

Introduction: Being under Close Scrutiny

After an hour's ride by Marshrutka from Tbilisi to Gori on a hot summer day in June 2017, I took a bus from Gori to Kareli, a small town in the region Shida Kartli, about 90 kilometres from Tbilisi. There, in the dusty town centre, I went to the single taxi that was waiting on the main square for its next customer. The driver Giorgi, a man in his early thirties, was astonished that a foreigner would want a ride to one of the small villages to the north, but he was glad to not only drive me there for a reasonable price, but also proudly pointed out the several sites of touristic interest in the municipality of Kareli. Shortly after we took off, Giorgi started to ask the usual questions that I have heard many times by many of the taxi drivers I chatted with during my research. They usually first questioned me about my reason for visiting Georgia, my name and my age. After hearing that I would turn thirty in a few months, I saw concern on Giorgi's face, and he wanted to know if I had any children. At this stage of the conversation, I was usually asked to explain my reasons for not having children yet. In this case, the reaction was different. After several minutes of silence, my driver asked me about the exact address where I wanted to go. I told him I would like to see the Dirbis Dedata Monastery (see chapter 6), since I knew that this was a popular pilgrimage site and I was interested in the ways how people in Georgia deal with childlessness. He seemed relieved about this answer. Obviously, it was not the case that I did not want to have children, but that I could not have them. There must be a problem, and problems can be solved. Having already experience in this field due to a formerly childless second cousin who, after 15 unsuccessful years, conceived a miracle-baby right after her visit to this monastery, Giorgi felt he knew of a way to solve my problem. He showed me around the monastery and introduced me to one of the nuns there, to whom he also explained my situation and assured her that I was a *k'argi gogo*, a "good girl" (also *k'ai gogo*). Apparently, Giorgi was touched by my case and felt responsible to make sure that I received the help that I needed, even though I did not ask for this and had explained my solely academic interest in this matter.

What I perceived as an awkward intrusion in my personal life, even after months of being asked this kind of questions in a variety of social situations, is something that many young Georgian women experience on a daily basis. It was not the exoticism of giving a ride to an *utskhoeli gogo*, a foreign girl, in this rural area of Shida Kartli where not many tourists visit the numerous but small monasteries, which provoked this interest in my family planning. As soon as Georgian women marry or turn a certain age, they are faced with this kind of interest on a regular basis, from their family, their relatives, colleagues and neighbours. In my case, it was often assumed that my European upbringing and therefore lack of traditional and family values resulted in my childlessness – after all, Europeans are in the first place interested in their career, and forget

about the importance of family and parenthood. However, I witnessed many occasions in which my female friends and interlocutors were subject to the examination of their marital and reproductive status, often even by strangers they had just met, such as taxi drivers or other persons providing a service, and were under the suspicion of either being influenced by this European lack of values or suffering from a medical condition.

For many young Tbilisians, starting a family is not only a private endeavour. Rather, young couples are subject to close scrutiny. A young woman's marital and reproductive status is constantly under question by her social environment – first to safeguard her physical and moral integrity up to marriage, than to ensure her ability to bear children. This chapter connects this 'supervised' family planning to the consequences of being integrated into a network of relatives as a young woman in Tbilisi. Therefore, it also provides a closer look of what it means to be part of a kinship network in Tbilisi, and how kinship is linked to personhood. Moreover, this chapter connects figures on marriage and family planning from different public surveys with my own ethnographic material, attempting to situate my interlocutors' experience within Georgian society. It therefore provides the basis for later discussions on the handling of infertility.

Starting a Family, Becoming a Person

Manana (33) has been married to her husband Vano (33) for eleven years. They live together with her parents-in-law in the outskirts of Tbilisi. Manana and her husband have tried to conceive a child since the day of their wedding – without success. This is what Manana refers to as her "problem" (see chapter 4). The fact that she most likely will not be able to conceive a child without medical assistance was known to Manana and her husband prior to their wedding, and while the couple told Manana's parents about her infertility, Vano's parents were kept in the dark prior to their wedding. Despite knowing about her medical condition, Vano decided to marry Manana, as they were in love from eighth grade on, and they kept their now shared problem a secret for almost one year. This was a stressful time for both of them, but especially for Manana, who was faced with inquiries about their family planning on a regular basis:

"In Georgia it is a very hard situation, when your relatives start to interfere in such a problem. I do not even talk about family members, but relatives. Neighbours, colleagues, absolutely everybody. Apart from questions, they give advice. In other words, here, in Georgia – shortly, I will start from here, that getting married [*gatkhoveba*, term refers only to women] is a very bad topic, very bad in the sense that you already start to think and worry about what if you will not have a child. Therefore, after getting married, already customarily, as a rule, it is associated with reproduction. In other words, as if a wife's purpose is conceiving. And the questions start: Are you pregnant? Are you pregnant? Pregnant? Everybody will ask you this question." (Manana, 29 years old, shop assistant)

When I met Manana, I was impressed with her focus on her career at a renowned international fashion company in the centre of Tbilisi. Moreover, she was very content with her equal relationship with her husband, who valued her for who she was. Despite her appearance as a self-confident modern woman, Manana feels that society reduced her to her female potential of reproduction and care, an expectation that she cannot live up to. In Manana's experience, the act of getting married is directly linked to the expectation of becoming pregnant soon, an expectation which was constantly verbalized by the people in her social environment. In Georgian language, the male-specific expression for "starting a family" (*tsol-shvilis mok'ideba*) already implies getting both a wife (*tsoli*) and a child (*shvili*), signifying both marriage and having children, according to the ideal of creating a family (*ojakhis shekmna*) as the aim of marriage (Mekvabishvili 2011: 23). For many people, a deliberate choice to stay childless is hardly conceivable, because marriage and parenthood are perceived as necessary steps for reaching adulthood and becoming a complete person; they are intrinsically connected, and marriage is not only the prerequisite for childbearing, but also the impetus for trying to conceive.

Tamara Dragadze describes in her ethnography of a Soviet Georgian village in Ratcha province: To become a real person, a *namdvili adamiani*, one needs to marry, have children, and be part of a kinship network (Dragadze 2001 [1988]: 48, 100). This is not only true for women, but also men. Moreover, becoming a grandparent is an important step as well. It indicates success in raising one's children, and is seen as a reward for those years (Dragadze 2001 [1988]: 146). On the other hand, death before one experienced grandparenthood is considered premature (Dragadze 2001 [1988]: 58). I want to stress this point here, because it has consequences for a young married couple. Not having children is not the couple's private decision, but affects the whole household of the extended family. It denies the couple's parents an important relationship, the experience of grandparenthood, as well as the connected social position. This is one explanation for parents' interference with the young couples' family planning. The birth of a child changes the status of all close kin involved, it transforms people into mothers, fathers, grandfathers, grandmothers, older brothers or sisters, uncles and aunts, or, as Eirini Papadaki phrases it for her Greek case – through creating their own families, sons and daughter can "relate" their parents in a "narrative of social genealogy", making them part of their family's but also society's history (Papadaki et al. 2019). This transformation into grandparents cannot be achieved by the parents on their own, but can only be carried out by young people getting married and having children, and I argue that this is one reason why parents keep interfering in their daughters' and sons' family planning.

It becomes quite clear that Dragadze was inspired by Meyer Fortes' Maussian take on personhood, especially the achievement of personhood through marriage, parenthood, and certain social relations as a gradual process (Fortes 1987). For Marcel Mauss, the notion of a

“person” (*personne*) is a social and not a psychological category, which has taken different forms in history according to a society’s cosmology, institutions, and social organization, and transformed from the idea of personhood as a relatively fixed social position to a notion of personhood as individual consciousness, the “self” (*moi*), as he suggests it for contemporary Western Europe (Mauss 1985 [1938]). With reference to the West African Tallensi, Fortes describes how the idea of personhood is related to the adherence towards rules and social obligations according to one’s position within society:

“We can put it this way: observance of prohibitions and injunctions relating to the killing and eating of animals, to distinctions of dress, to speech and etiquette, to a wide range of ritual norms, to the jural regulations concerning marriage, property, office, inheritance and succession, play a key part in the identification of persons. Persons are kept aware of who they are and where they fit into society by criteria of age, sex, and descent, and by other indices of status, through acting in accordance with these norms. By these actions and forms of conduct they, at the same time, show to others who they are and where they fit into society” (Fortes 1987: 282).

Without a legitimate position within a kinship network, a Tallensi would be rendered a “non-person”, lacking both rights and obligations (Fortes 1987: 127). Moreover, personhood is acquired over the course of one’s life (Fortes 1987: 271), by fulfilling one’s obligations according to norms fit to one’s social position. Personhood can therefore be understood also as a moral category.

Studies of the concept of personhood have clearly influenced the revival of the anthropology of kinship from the 1980s onwards, providing not only new perspectives, but also linking it back to classical themes of anthropology – Janet Carsten here mentions especially kinship, property and procreation (Carsten 2004: 84-85). Rather than following the artificial opposition of the “non-Western joined-up person” and the Western individual, it seems to be fruitful to acknowledge aspects of connectedness and individuality in different ethnographic contexts (Carsten 2004: 87-88). This chapter therefore focuses on how social relationships, especially kin relations, are part of the constitution of a person, and how the concept of a person in contemporary Georgia relates to societal norms and expectations. From what I have observed during my fieldwork, the concept of a person in Georgia is related to one’s position (defined by age and gender) within a family network and the fulfilment of norms and obligations attached to this positions. Because it is vital for my discussion of childlessness, I focus here on expectations towards young women, which are strongly linked to their reproductive potential.

Parenthood is not only a change of status, but is said to change a person’s personality as well (Dragadze 2001 [1988]: 144). According to Dragadze, motherhood might bring the most fundamental change to a young Georgian woman’s life. Becoming a mother is considered to be an integral part of womanhood, and is supposed to be the aim in life for Georgian women. A woman’s graduation to adult status is linked to her married and maternal status. In this notion of adulthood,

the person achieves both the ability to judge and make decisions in her own right as well as full physical capacity (Dragadze 1990). Not yet a mother, a woman is not a complete person yet – she will not be included in important decisions, and does not perform hard physical work, as this might jeopardize her fertility. This changes when she becomes a mother:

“Once she has children, however, and as they grow, so her own physical strength visibly increases. She is no longer fearful of impairing her fertility and can now undertake heavier physical tasks. As far as chronological age is concerned, it is usually around her early or mid thirties that the transition takes place, depending on her age at marriage” (Dragadze 1990: 49).

Though written about women in rural Soviet Racha, Dragadze’s villagers’ concept of achieving full personhood can be observed in urban Tbilisi today. Young girls are encouraged from early childhood on to prepare for their role as mothers. They are supposed to be caring, first for their dolls, then for their younger siblings, and are complemented as *k'ai gogo* (good girl) if they do so. Often, they are asked how many children they want in their future and how they imagine their family life. Later, teenage girls’ bodies are kept intact for pregnancy and childbirth. Girls and young women are reprimanded by strangers on the streets for smoking cigarettes, not seldom with the words, “Don’t you want to have children?” Correspondingly, girls are frequently reminded not to sit on walls or stairs without placing at least a jacket or a piece of cardboard underneath, in order to avoid urinary tract infection that that are thought to lead to infertility.

A (young) woman is not supposed to be *up'at'rono* – without a patron, meaning (male) guidance and protection. Being *up'at'rono* does not so much relate to an actual situation of being without a male relative or husband. Women go to work, go shopping, meet with friends and relatives or travel without male supervision all the time. It rather connects to belonging, to being integrated into a network of kin, and therefore being assignable for others. Because of this relationality, a woman’s behaviour always reflects back to her family. Being classified by others as a *k'ai gogo* is therefore important for a woman and her family. The social status of a “good girl” is linked to the way she expresses herself and relates to others, and is ascribed abundantly regardless of the woman’s age as direct gratification for appropriate behaviour, ensuring her of her personhood.

Blood, Flesh, Genes, and Warmth: What Makes People Relatives

Kin relations are an important part of Georgian everyday life. The Georgian language distinguishes between family (*ojakhi*) and relatives (*natesavi, natesaoba*). In her village ethnography on Racha, Tamara Dragadze describes the Georgian kinship system as a “patrilineal system with concessions to cognatic descent” in which the ideal of cognatic descent is limited through virilocality and therefore ideas of loyalty and identity (Dragadze 2001 [1988]: 100-101),

since identity, residence and locality are defined patrilineal. Her threefold division of forms of kinship distinguishes between blood kin (*siskhlis natesavi*), affines (*moq'vare*, build from the word *moq'vana* 'to bring'⁴²), and spiritual kinship (*sulieri natesavi*). Spiritual kinship exists on a continuum from 'natural' to 'spiritual': milk brotherhood, sworn brotherhood, and godparenthood. Kinship emphasizes shared substance, physical as well as non-physical. This is also suggested by the Georgian term for 'relative' itself. *natesavi* derives from the word *tesa* (seed, also semen) and *tesa* (to sow), and translates into "sown field" (Dragadze 2001 [1988]: 100-115).⁴³

Forms of spiritual kinship in Georgia are described by Kevin Tuite and Paul Manning, who both address the past⁴⁴ practice of sworn brother/sisterhood⁴⁵ of the north-eastern provinces Pshavi and Khevsureti, as structural "anti-marriage", a strong intimate relationship between young people (especially close relatives), which would be considered as incestuous if it resulted in childbirth or marriage and therefore needed to stay *uteslo* (without seed) (Tuite 2000). This practice could also be seen as a (romanticized) ethnographic paradigm and imagination of the mountainous Georgian past, that became part of the ethnographic writings on traditional love stories but also exotic sexuality in the (Khevsur) mountains, as we can find it for example in Georgian movies and novels (Manning 2007; 2014). Tuite also refers to ancient customs of ritual adoption as well as oaths of loyalty through the suckling of one's breast (Tuite 2000: 17). These are mentioned by Peter Parkes in his comparative work on fosterage and milk kinship (Parkes 2004), in which he analyses the symbolic and social meaning of milk kinship in early twentieth century Abkhazia in the Caucasus, where it was thought to be fully equivalent to kinship through blood (Parkes 2004: 590). More recent work on spiritual kinship in the Caucasus has been done by Elguja Dadunashvili and Agnes Korn in their study of the Islamic circumcision ritual and its practice in Georgia, in which the 'blood relatedness' between a boy and a formerly unrelated godparent is forged in order to extend family networks in a multi-cultural environment (Dadunashvili and Korn 2014). Interreligious godparenthood as a practice to strengthen ties

⁴² Traditionally, wives are brought into the village from outside (Dragadze 2001 [1988]: 106). The word is also related to friendship, being on friendly terms, and has the same root as *siq'varuli* (love).

⁴³ Carol Delaney prominently relates the metaphors of seed and soil in theories about procreation to gender relations in the cosmologies of monotheistic religions, and connects it with social organization in an Anatolian village (Delaney 1991).

⁴⁴ According to Tuite, the practice of sworn brother/sisterhood has been extinct for more than 50 years, but was still widely common in the 1920s and 30s (Tuite 2000). Dragadze describes the general form of sworn brotherhood (*dzmadnapitsoba*) for establishing a trustful, intimate relationship with non-kin or even outsiders in Ratcha (Dragadze 2001 [1988]: 119-122).

⁴⁵ Tuite uses the terms *ts'ats'loba* (Pshavi) and *sts'orproba* (peer/equal-ness, Khevsureti, also used by Manning 2007) when referring to this temporary and egalitarian intimate relationship (spending the night together) between relatives for whom marriage is unthinkable, and follows Baliauri's (1991) typology of *sts'orpoba*, who distinguishes ordinary *sts'orproba* from the more enduring sworn brother/sisterhood (*zmobiloba*) (Tuite 2000: 8-11).

between groups is also described by Florian Mühlfried for the Tushetians and their Kist neighbours in the Pankisi valley (Mühlfried 2014: 30-36) (for more on the differences between and ramifications of blood and spiritual kinship, see chapter 9).

In my fieldwork in urban Tbilisi, family and kinship played a central role as well. When talking about their *ojakhi*, people usually refer to the nuclear family: either the family they grew up in, their parents and siblings, or to their spouse and children, depending on if they already have children. In contrast to *ojakhi*, which often evokes associations of warmth, peacefulness, and closeness, *natesavi* (relative) provokes ambiguous feelings. In the beginning of this chapter, I introduced Manana. She emphasized that it was not only her close family who were interested in her reproductive status, but also relatives, people who she perceives as more distant, which is why she felt more shamed by their interference. Nevertheless, this type of interference is still considered to be ‘normal’, because they are relatives. Generally, a network of relatives is seen to be very important, as they are there to support each other in times of hardship and crisis. However, as Teona told me,

“For me, personally, there are two forms of relatives. One is distant, just *genatesaveba*, and the second are close ones. Supposedly, your *bidzashvili* (parent’s brother’s child), your *mamidashvili* (father’s sister’s child), these are close relationships. But generally speaking, if it is a relative or not, what always has importance is warmth. If you grew up together, often spend time together, actively visit each other, it is possible that you love that relative more than someone you have a closer kin connection to. This is what we say, it is important because you rely on your relative (*imedi gakvs sheni natesavis*), on our close one (*akhlobeli*), this is why it is very important.” (Teona, 28 years old, historian, mother of two children)

The connection between relatives is described as being through blood (*siskhlis*), or, in certain cases a person being “your blood and flesh” (*is sheni siskhli da khortsia*), as “genetic” (*geni*) or as “spiritual” (*sulieri*) in the sense of being connected in one’s heart and mind. In the optimal case, the connection is both spiritual and by substance – one is not only related by blood, but also “close”. Being close to one’s relatives is not only a feeling, it has to be performed on a regular basis, through frequent calls, visits, greetings, and showing interest in each other’s lives. In addition, if a relative asks for support or a favour, it is very difficult to deny the request. This multitude of obligations, of care, giving shelter, and providing money for relatives was often described to me as huge pressure and daily factor for stress.

“We really love them and the relationship with them, the relatives. This- I don’t know, my *bidzashvilebi*, *deidashvilebi* (mother’s sister’s children), this is very solid in Georgia, sometimes it is frustrating, because it also holds obligations, because you are still relatives – and maybe you are closer to your friends and you love them more than your relatives, but for the reason that he is your blood and flesh and you are somehow physically connected, genetically, this still means something different. It is very good if this genetic closeness goes over to spiritual closeness and you are emotionally connected with this person.” (Tako, 42 years old, journalist)

As these quotations show, kinship is ‘somehow’ more than feeling close or loving somebody, it is related to a shared substance – blood, flesh, and more recently genes. This physical connection creates a bond that cannot be ignored. However, kinship is also not reduced to substance. There are those that are ‘just’ your relatives, that you are not ‘close’ with, that you don’t feel the ‘warmth’ of.

Marshall Sahlins suggests a fully culturist solution to the ambiguity of the substance/kinship relation and the question of “what kinship is”. For him, it is “mutuality of being”, and therefore all culture, not the ‘natural facts’ of biology (Sahlins 2013: 19-31). In Sahlins’ perspective, “mutuality of being” constitutes the essential quality of kinship: “[K]insmen are people who live each other’s lives and die each other’s deaths. To the extent they lead common lives, they partake in each other’s sufferings and joys, sharing one another’s experiences even as they take responsibility for and feel the effects of each other’s acts” (Sahlins 2013: 28). Such a definition of kinship goes far beyond the notion of ‘shared substance’, and aims to include local concepts of kinship without favouring biological links. Yet, in the Georgian case, substance, a physical, material connection seems to radiate a power which is difficult to dismiss. As I will show in later chapters, it is the perceived physical connection which cannot be severed, and connects people in a network of mutual support as well as age- and gender-specific obligations. Nevertheless, it is the “mutuality of being”, the “taking part in each other’s life” what creates “warmth” between people, and lets them fully realize their position within a network of kin.

Getting Married

Some of the women I spoke to made very clear that they were not childless due to a medical condition, they just “married too late”, and their infertility is caused by their age. Most women I spoke to knew very well that the chances for a healthy pregnancy decrease from the age of 30 onwards and even stronger from the age of 35. They told me that ideally, the family planning should be already completed at this point. Here, the urgency of finding a partner and having children becomes evident. Starting a family entails both marriage and having children without a major delay between both steps.

Age is acknowledged to have an important influence on conception, and since marital status and childbearing are closely linked, fertility is also connected to the age at marriage. Georgians are often said and say about themselves that they tend to marry rather young, with women entering marriage several years younger than their male counterparts. It is not uncommon to marry before finishing university or starting to work. In 2015, 33.8 per cent of brides in Georgia were between 19 to 24 years old, while 13.4 per cent were between 16 and 19 and 23.4 per cent between 25 and 29 years old at their first marriage. These numbers also indicate

that a not insignificant number of 29.4 per cent of the women in 2015 married at 30 years or older (National Statistics Office of Georgia 2016b: 74). The 2010 Georgia Reproductive Health Survey (GERHS10) reported for the year 2010 50.2 per cent of Tbilisian women to be in a registered marriage, and only 1.4 per cent living in consensual partnership (NCDC 2012: 53). The median age of women in Tbilisi for the first union is reported to be 23.7, for the age of first life birth 25.3 for those between 15-44 years in 2010. These numbers differ significantly from the nationwide median age of first union and first birth, which is reported to be 21.9 years for the first union and 23.6 years for the first birth respectively. As the comparison of the different regions indicates, nowhere else in the country do women marry as late as in Tbilisi.⁴⁶ Late marriage and first birth also correlate positively with education. Women with education on the university/post-graduate level marry on average 4.5 years later than women who did not complete their secondary education (NCDC 2012: 55).

Recently, there have been several English language online newspaper articles about “child brides” and underage marriage in Georgia, often citing a 2014 study by the United Nations Population Fund (UNFPA) which indicates that about 17 per cent of Georgian women marry before the age of 17 (UNFPA 2014). National Geographic published the photo story “Inside the Lives of Georgia’s Child Brides”⁴⁷, and a similar piece was published by the New Yorker⁴⁸. Both articles only feature pictures and stories from different ethnic and religious minorities of Georgia. And while I have heard of marriages between underage ethnic Georgians in Tbilisi, most of the reported cases happen in ethnic or religious minorities, such Georgian Muslims in Adjara and the Azeri and Kist communities of the country. The minimum legal age for marriage in Georgia is 18. On November 16, 2015, the Georgian parliament voted to abolish a law that allowed marriage at the age of 16 with parental consent. Thus, underage marriage needed a court’s approval. Since the January 2017, it is illegal to marry under the age of 18.

Until they are married, young Georgians and especially women are supposed to live with their parents,⁴⁹ and cohabitation with a partner is rather unusual nowadays, though couples do not have to be wed officially in order to be socially considered married, and unregistered marriages are not uncommon. I often heard the argument that couples marry so early because they want to move out from their parents as quickly as possible. However, many young married

⁴⁶ Though the mountainous region of Racha-Svaneti, the place of Tamara Dragadze’s fieldwork, comes close.

⁴⁷ Rowell, Melody and Daro Sulakauri 2016. Inside the lives of Georgia’s child brides. In: National Geographic, 02.12.2016 [online]. <<https://www.nationalgeographic.com/photography/proof/2016/12/georgia-child-marriage/>> [accessed 22.02.2019].

⁴⁸ Pinkham, Sophie 2016. The teen-age brides of Georgia. In: The New Yorker, 15.10.2016 [online]. <<https://www.newyorker.com/culture/photo-booth/the-teen-age-brides-of-georgia>> [accessed 22.02.2019].

⁴⁹ This is not to say that there are no shared apartments or dorm. Especially when moving to a different city for attending university, some students decide to share an apartment. These are usually segregated by gender. Yet it is preferred that students live with their parents or relatives, both for financial reasons and supervision.

couples do not have the financial means to rent or buy their own apartment. Traditionally, the husband's parents are responsible for providing living space for the newlywed couple, though other arrangements can be made. In many cases, this living space will not be a separate apartment, but a room in the parents' apartment. Such a shared household is not only owed to the lack of space or financial means, but represents the still relevant ideal of patrilocal residence in an extended family (Durglishvili 1997: 16; Gudushauri 2010; Mekvabishvili 2011: 12). Marriage is therefore not always a way to achieve spatial independence from one's parents. However, it does provide young couples with more freedom in their relationship with each other. Sexual relationships are socially approved of only after marriage. Only marriage allows the couple to spend time with each other privately at home. Before marriage, young couples are allowed to meet and spend time with each other away from home, but these meetings usually happen in public places or among a group of friends.

This social control of sexuality is highly gendered. While men are supposed to gather 'experience' before marriage (often using the services of prostitutes), women are expected to enter their marriage as virgins.⁵⁰ Some years back, "virgin inspections", performed by gynaecologists prior to the wedding and commissioned by the husband's family, as well as a boom in surgeries for hymen reconstructions granted Georgia some international media attention.⁵¹ In 2015, a case of severe domestic violence arising around the question of the virginity of a newlywed young woman led to a public debate on the demand for virginity in the country, but also criticism about how the media handled the case.⁵² According to the GERHS10, only 27.5 per cent of Tbilisian women aged 15 to 24 reported that they ever had sexual intercourse, and only 2.5 per cent in the same age group indicated that they had sexual experience prior to their marriage. 91.1 per cent of sexually experienced women between 15 and 24 in Tbilisi reported that they were married to their partner at first sexual intercourse. This is the lowest percentage in Georgia, where the nationwide percentage of women who were married to their partner at first sexual intercourse is 94.6 (NCDC 2012: 265-268). In light of the strict normative social expectation towards women to enter their marriage as virgins, one can question the trustworthiness of such surveys. However, these figures very much reflect the societal expectation of virgin marriage.

⁵⁰ In a striking personal account of her experience as a foreign woman in Tbilisi, Rebecca Gould shows the gendered access to premarital sex and relates it to the discourse of being a 'good Georgian woman' (Gould 2010).

⁵¹ BBC News, 25.07.2013. Georgia: Brides 'undergo virginity inspections' [online]. <<https://www.bbc.com/news/blogs-news-from-elsewhere-23454707>> [accessed 22.03.2019].

⁵² Democracy & Freedom Watch, 29.07.2005. Exposé about young bride's virginity causes outrage in Georgia [online]. <<http://dfwatch.net/virginity-debate-causes-outrage-in-georgia-37449>> [accessed 22.03.2019].

Television program: *imedis kvira*, Imedi TV, 26.07.2015.

Even though these numbers suggest that most of the young women enter marriage as virgins, it is important to note that despite the discussion about hymen reconstruction and virgin inspections, the “institution of virginity” (*kalishvilobis inst'it'ut'i*) in this regard is not so much about a biological condition but mostly concerns a social status that is linked to certain expectations about how a *k'argi gogo* is supposed to behave. Many young women experience some form of sexual contact with their boyfriends or fiancés, but they make sure to keep these experiences private. As their relationships are bound for marriage, exchanging intimacies becomes less problematic. However, if these relationships do not end in marriage, prior intimacies may harm the girl's reputation and bring shame to her family. Women are expected to be pure, and only women who fulfil the strict expectations about purity, chastity and honour are considered to be marriageable. Elke Kamm's recent publication on virginity in the rural region of Kvemo Kartli shows the strong connection of female virginity to perceptions of honour and shame. Kamm argues that virginity in Georgia has three distinctive aspects: only those women who adhere to strict norms of physical, sexual, and behavioural virginity are considered to be honourable, and thus marriageable. In presenting a case of involuntary bride kidnapping, she exemplifies how rumours about losing one's behavioural virginity may harm a girl's reputation to such an extent that she is forced to agree in a marriage to her abductor, as there is no possible way to prove her virginity (Kamm 2012; 2015).

Ana, one of my interlocutors, is a highly educated Tbilisian woman in her late twenties. She had been in a relationship with her fiancé for several years. As she expected to marry him soon, she entered into a sexual relationship with him. After some time, she became aware of his frequent visits to prostitutes and his intimate encounters with other women. After a disappointing conversation in which he admitted these relationships but did not see any fault with them, she called off the wedding and ended their relationship. Her parents, relatives and friends were shocked. Everybody in their circle of acquaintances knew that they were already having an intimate relationship, as he had boasted about this with his friends. Main concerns were posed about her age and the prospect of finding another husband, as “everybody knows this story”. Two years later, her friends and family are still urging her to take back her former fiancé, who proposed to her again – if not for the sake of her own relationship to him, than at least for their prospective children. After all, it is not desirable to stay childless, and since she is an only child, her parents would never experience grandparenthood. For Ana's family, a future divorce will be manageable, and, with the growing number of divorces, less problematic than a future of a childless spinster who is known for premarital intimacies.

The number of divorces in Georgia for the year 2015 is almost five times higher than in 2005, while the number of marriages slightly decreased in the same period. The number of divorces in the urban context doubled during this period (National Statistics Office of Georgia

2016b: 87), showing that while their number increased, the major increase took part in the rural areas of the country. However, the average duration of marriage at the point of divorce (10.4 years in 2015) seems to be quite stable and only slightly changed over the years. While in 2005 the majority of divorces was registered for childless couples, in 2015, only 18.4 per cent of all the divorces were childless (National Statistics Office of Georgia 2016b: 90). These numbers indicate that divorces became more common in recent years, also for couples with children and among the rural population. However, these numbers must be interpreted within the historical context. In 1990, the number of divorces was almost as high as in 2013: 7796 cases, 90.4 per cent of them in the urban areas (National Statistics Office of Georgia 2016b: 87). In addition, there are many cases of women who live separately from their husband, but never officially divorced, just as there were and still are many cases of unregistered union, whose dissolution remains unregistered as well.

According to the census of the Soviet Union, the divorce rate continuously increased, especially after the procedure for filing divorce was simplified in the middle of the 1960s. Apparently, alcoholism, incompatibility, and infidelity were reported to be the main causes of divorce. However, the Central Asian republics and to some extent also the republics of the Caucasus are attested a higher stability of the family systems, as traditional values are predominant in these more rural settings where the effects of industrialization and urbanization did not yet gain ground (Lapidus 1979: 247-263). For the mountainous region of Ratcha in the eighties, Dragadze describes divorce to be “rare”, even though divorce rates in the urban areas of Georgia were increasing. Dragadze’s villagers interpreted this urban trend as an “erosion of women’s favourable position in society”, as divorce is seen to leave women in a vulnerable position. Generally, living together with her in-laws was supposed to protect a woman from harmful behaviour by her husband (Dragadze 2001 [1988]: 108, 198). Dragadze does not further go into detail concerning the few divorces taking place in Ratcha, except for a short statement on the possible annulment in case of a childless marriage, therefore emphasizing the difference between affinal relations on the one hand and blood or spiritual kinship on the other hand. According to Dragadze, affinal ties can be cut, blood and spiritual ties cannot be severed⁵³ (Dragadze 2001 [1988]: 108). Mzia Bekaia presents a historical account of divorce in Georgia and investigates current sociological developments of and causes for divorce in the Georgian SSR, especially in the urban centres (Bekaia 1980). Bekaia describes young couple’s inexperience as one of the main causes for divorce in Georgia in that time and laments that there are not enough places where young couples would be able to meet and come to know each other better prior to their wedding. Next to disputes linked to alcoholism and drunkenness, falling out with one’s in-laws is among the top reasons given by couples for their divorce, despite the fact that most people

⁵³ I argue in this dissertation that though spiritual kinship is ideally stronger than kinship by blood, in practice it is interpreted more flexible (see chapter 8 and 9).

value living together in an extended family. Unfortunately, Bekaia did not code her cases for infertility as a cause for divorce, and does not mention childlessness in her work at all. Despite her findings, Bekaia calls the Soviet family law ‘excellent’ and mentions the Georgian SSR’s divorce rate to be one of the lowest in the Soviet Union, due to strong traditions of family life.

Having Children

Despite its population of 1.1 million inhabitants, Tbilisians often describe their city as a village. This is not due to the city’s actual size and only in part to its perceived provinciality, but mostly to the observation that “here, everybody knows everybody”. And indeed, many people who I met independently from each other are connected in some way – they are either distant relatives, know each other from work or have common acquaintances or friends. Moreover, there is another element which adds to the perception of Tbilisi as a village. Though the capital is without question an urban environment, people do not attribute the level of anonymity one would expect from a city this size. Tbilisian neighbourhoods (*ubani*) and especially the romanticized *italiuri ezo* (Italian courtyard) of Old Tbilisi are famous for their “communality”, a strong network of neighbours granting mutual support, which is said to have slowly degraded in the past years and therefore its loss is often lamented (Sparsbrod 2018). The flip side of such neighbourly communality is the level of social control it entails. People are observant in Tbilisi’s neighbourhoods, and news as well as gossip travel fast in these networks. Many stories I heard from my friends and interlocutors feature the ‘nosy neighbour’, the old lady who observes and doorsteps her neighbours any time of the day, is famous for sharing the neighbourhood news and miraculously knows more about one’s life than one would prefer. Therefore, especially young women are very careful about how they behave and with whom they are seen in the public, as not to question their status as a *k’argi gogo*. In her article on “Gender and *mahalle* (neighbourhood) space in Istanbul”, Amy Mills examines the neighbourhood as an extension of the family, in which borders between private and public are fluid, as neighbouring practices are marked both by intimate relations and belonging and the reinforcement of gender norms. More “modern” notions of privacy and individuality may clash with the “traditional” concepts of neighbourhood space, while people still long for the intimacy and mutuality of neighbourhood practices (Mills 2007).

Neighbourhood and the ‘street’ in urban Georgia have been repeatedly analysed as a distinctively male social institution – a liminal space situated between the order of family life and the entrance to adult life, where young men negotiate their prestige and access to resources in a coordinate system of honour and shame (Koehler 2003). The phenomenon of *birzha*, a peer-group of young men socialising in the streets of their neighbourhood, can be interpreted as a way of appropriating public space, beyond socialist regulations of the ‘public’ and state interventions into

urban living and architecture. This form of socializing, often associated with violence and the beginning of a criminal career, reproduces a certain form of manliness, and is exclusively reserved to men (Curro 2015). However, regardless of gender, local identity in Tbilisi is strongly related to one's *ubani*, and though the *birzha* culture and neighbourhood identity have decreased in importance during the past decade, the question of which neighbourhood one belongs to (*ra ubneli khar?*) is still commonly asked among young people (Zakharova 2015: 71). Though women are not directly part of *birzha* culture, for them the neighbourhood is still a transitional space between family life and the public. The "management of marriageability" – keeping the appearance of chastity and purity – asks women to keep spaces that relate to the family and spaces in which she might violate certain values separate from each other. The neighbourhood is a space of scrutiny and surveillance, where the compliance with gender norms is controlled (Scalco 2016). Many of my friends were cautious about not to be seen in public when breaking with these norms - through drinking, smoking in public, or associating with friends in clubs and bars. Gossip or even public shaming are practices by which deviations may be sanctioned in Tbilisian neighbourhoods. In this context, being a good girl is ultimately measured by values related to a woman's reproductive capabilities: before marriage she is supposed to keep herself "marriageable" through the appearance of virginity, after marriage by fulfilling her duty as mother by having children and taking care of her family.

One October evening, I invited Ketí and Marina to my apartment, two women who are both in their forties and have known each other for several years through their church congregation. While Ketí is a mother of six children and was at that time pregnant with her seventh child, Marina never had any children, despite being married to her husband since the age of 25. Both women are connected through their strong religious faith and their belief in traditional Georgian values, as they put it. On this occasion, we mostly talked about Marina's story, and her ways of dealing with her unfulfilled wish for a child. After some time, Ketí contributed her own experience with being childless. She and her husband were not able to conceive for ten months after their wedding. The couple married at the same time as one of Ketí's friends and classmates, who was 21 years old at the time of her wedding. Her friend became pregnant almost directly after the wedding, and Ketí soon worried about not conceiving during the first couple of months of her marriage. She felt particularly pressured by questions from relatives and neighbours. One older lady living upstairs of her apartment cornered her regularly and questioned her if she was already pregnant. When Ketí finally became pregnant ten months after her wedding, she decided not speak to this "nosy" neighbour anymore.

People are genuinely interested in their relatives' and neighbours' life, and the topic of weddings, family planning and children is of particular interest. At this point I want to stress that this phenomenon should not only be seen in the context of social pressure, but also that it conveys

the central position of children in Georgian society and the joy that having young children brings to people. Being childless is not only difficult for the young couple; many times, their parents suffer as well, because they would like to become grandparents, and because they see how their own children suffer. As Sahlins says about what makes people relatives, “they partake of each other’s sufferings and joys” (Sahlins 2013, 28). However, even the slightest interest in their reproductive status makes young women aware of the expectations towards them and their vulnerable position. Both Marina and Keti talked about the shame they felt when they had to answer daily inquiries about a possible pregnancy, the pressure they felt from their surroundings, and how they used to cry every time they started their period again, because it indicated their ‘failure’ to conceive.

Marina: “As if you are obliged, like a duty, when you marry, you should give birth to children right now, and if you don’t –”

Keti: “And as a rule, the blame will be put on the woman.”

Marina: “On the woman, at once.”

Both women emphasized that this might be a problem of their generation and that times may have changed. And indeed, while most of the people I talked to equated marriage with trying to conceive, there are younger women who try to challenge this notion and take their time to complete their education or to come to know their partner better, such as Natia (32), who married her husband at the age of 25. Natia told me that she and her partner did not want to have children for the first four years of their marriage, they “just wanted to enjoy themselves” and accordingly used contraceptives during this time. Still, she felt pressured, because “neighbours and friends of friends” would ask her why she was not having a child, and she felt frustrated of having to explain to strangers that she was using a condom – something that she sees as her private business. Using contraceptives for several years in their marriage before they even attempted to conceive is still an exception and limited to the well-educated urban population.

Statistical data of increasing median age at marriage and first birth suggests that there is a trend to postpone these lifecycle events (National Statistics Office of Georgia 2016b: 75), with noticeable later fertility in the group of higher educated women, especially in correspondence to later marriage in this group (NCDC 2012: 55). But for most people, marriage is not only a prerequisite for having children, it is also the impetus for childbearing, as also the data of the final report of the GERHS10 indicates. Of all Tbilisian women aged 15 to 44, 51.9 per cent have never used any contraceptive methods (NCDC 2012, 153). Especially during the first years of marriage, sexual intercourse is often understood to be equated with trying to conceive a child. Of those young women between 15 and 25 years who are married, only 36 per cent used contraception during their last intercourse. 25.2 per cent used modern methods (condom 11.0%, IUD 8.5%, oral contraceptives 4.2%), while 1.7 per cent relied on the traditional methods of withdrawal and

calendar method. As reason why they abstained from using any contraceptive methods during their first intercourse, the majority of women (66%) indicated that they “wanted to get pregnant” (NCDC 2012: 269-270).

Most women I spoke to were bemused by my naïve question if they decided to have children directly after marriage, because there was not much of a deliberate decision process taking place. Usually, family planning was not even debated by the couple at first, but waiting was out of question. Several women told me that they never really talked to their husbands about their family planning. This usually changed after the birth of the first child, when discussions about the timing of a second or third child started. In the beginning, they just assumed that they both would want to have children right away. Many young married couples do not see a need to wait. As I was advised by women of different age, “If you wait until you have a stable income, you will wait forever and will be too old to have children.” Moreover, young couples are not expected to be able to support their own family by the time of marriage and the birth of their first child. Rather, they are part of a network of relatives in which child care, care for the elderly, accommodation, food and money are transferred and shared.

Some women reported that their newlywed husbands encouraged them to have children right away. Talking about this, one woman chuckled, and added wearily, “In the end, they are not the ones who will have to take care of the child”. And indeed, child care is perceived as a deeply female duty. In many families, fathers do not get involved in the day-to-day childrearing activities. Many mothers told me that they do not expect their husband to take part in these: Rather, fathers are “there to play”, as they are neither willing nor able to seriously take care of their children. In 2016/2017 several bus stops in the centre of Tbilisi featured a publicity campaign by the UN Joint Program for Gender Equality and the WeCare initiative called *k'acebi zrunaven* (men care). These posters picture young, modern fathers engaging in activities with their children, mostly daughters. Each poster comes with a statement by the child, “Dad, you are the best builder”, “-rugby player”, “-painter”, “*tamada* (host)” (Fig. 4).

While the campaign aims to encourage men to participate in childrearing and wants to advocate for an equal share of family and household responsibilities, it fails to represent these aims in its campaign. Pictured are still the ‘fun activities’, such as playing catch, baking a cake or celebrating the child’s birthday. It is quite telling that this campaign was mainly featured near places which committed fathers visit with their children – such as the zoo or the Vake park. Here, during the weekend, one can often see young fathers with their small children. Yet, the representations of fatherhood are still in line with society’s quite low expectations towards fathers. A father who regularly plays and engages in other fun activities with his children is already considered to be a good father, while the majority of care work is shouldered by his wife, his mother and other female relatives. Here, one has to note that most of the mothers I spoke to did

not work less hours than their spouses. On the contrary, they were heavily loaded by a double burden of child care and professional work, which they were only able to organize due to female multi-generational support, and in some cases, also paid domestic help. In her article on fatherhood in contemporary Russia, Rebecca Kay shows how low expectations towards fathers regarding child care are perpetuated by the assumption that, while women ‘naturally’ know how to take care of children, fathers are incapable of looking after young children (Kay 2007). Kay mentions how her female interlocutors often described their husbands as infantile. This reminded me a lot of my experience in Georgia, where I was faced with similar statements: men need to be taken care of by women, they are “like babies”, incapable of leading a household or being trusted with looking after and caring for small children.



Figure 4: “Men Care” Poster Campaign (photo by author, 2017).

As mentioned above, starting one’s own family is not necessarily preceded by moving out and buying or renting a house or apartment. Many of the young couples I spent time with lived with the husband’s family, though I also know cases in which the couple moved to the wife’s parents’ or grandparents’ house, usually for pragmatic reasons such as more space and free child care. As it is often the case in the urban centre of Tbilisi, many families do not own a detached house in the city (though they often do own houses in the villages of the regions), but only an

apartment. Therefore, young couples move into their own bedroom in the apartment, and share kitchen and bathroom with the husband's parents, his siblings and sometimes grandparents, so living conditions can become quite cramped. For the *rdzali* (daughter-in-law) the new surroundings, obligations and the constant surveillance by her parents-in-law may come as a shock. Stories about the *rdzali-dedamtli* (mother-in-law) relationship are one of the top conversation topics among young married women, and often, their stories characterize their mother-in-law as especially demanding or difficult. However, most women agreed that having a good relationship with your mother-in-law is fundamental for a working relationship with your husband, as he will most likely always listen to and side with his mother. Some of my friends regretted the erosion of clear guidelines for communication among the family members. As one friend told me, "Earlier, in the mountainous regions, women were not allowed to address their *mamamtli* (father-in-law) directly, they always had to communicate through their husband." She explained that when people live this close together, they need rules, otherwise, they will argue. "Now, everybody just argues and shouts."

There is detailed ethnographic material for the respective Georgian regions about communication practices and terms of addressing within extended families, which restricted communication based on gender and age (Gudushauri 2010). Some of the older material (gathered in 1933) also speaks about a time of probation which a young daughter-in-law would have to face until the birth of her first child. In this time, the husband's family was allowed to reject her in case she did not fulfil her assignments to their satisfaction. For this reason, a daughter-in-law in Khevsureti was not supposed to become pregnant within the first three years of her marriage. After three years, however, the couple should take care of having children, because a heirless family was considered "unfortunate" (Makalatia 1984: 179-180). According to the same ethnography, infertility alone was not a valid reason to divorce a wife, and taking a second wife was seen a great offense towards the first wife's relatives, who has to be paid a fine of five cows. "This, of course, is a heavy tax for a Khevsur, which is why a childless Khevsur, or someone who has no son, marries a second wife with the first wife's council and permission, and lives with both wives together" (Makalatia 1984: 178, own translation).

But also in contemporary urban Georgia, the time until the birth of the first child, and in many cases, the first son, is characterized as a challenging time for the daughter-in-law. As the cases of Medea and Keti have shown, women are very anxious to become pregnant and give birth to their first child as early in their marriage as possible. Even Ana, who agreed with her husband about not having children in the first few years, felt pressured by relatives and neighbours. These women differ in their age, their career, as well as their adherence to Orthodox faith and 'traditional Georgian values'. Nevertheless, they all experienced the same social pressure in the first months and years of their marriage. Often shared among friends and family are those stories about women

who are divorced by their husband because they could not become pregnant in due time, though I did not witness any case like this during my fieldwork, and did not meet a woman who was divorced due to her inability to conceive. Nevertheless, such stories circulated among the women I talked to, and they fuel fears of not becoming pregnant soon enough. In many of these stories, again the *dedamtili* plays a central role. In these narratives, she is the one who would convince her son to divorce his infertile wife and to find a new mother for his future children, since men are so dependent on their mothers. Being blamed for not having children is a central fear of young married women, and one of the reasons why they try to become pregnant with their first child as early as possible.

Conclusion

I constructed this chapter around Dragadze's description of personhood in Soviet Racha, because I believe that this notion is still relevant in urban Georgia today. To become a full person, one has to marry, have children, and be integrated into a network of kin. Though kinship is thought to be established by shared substance, shared substance is not enough to be fully integrated into a network of kin, but to feel the warmth, one must perform the relationship as well. In contrast to the family, relatives evoke ambiguous feelings – their involvement is both appreciated and dreaded. Fortes writes that “[p]ersons are kept aware of who they are and where they fit into society by criteria of age, sex, and descent, and by other indices of status, through acting in accordance with these norms” (Fortes 1987: 282). In Tbilisi, a young woman is kept aware by her relatives, neighbours, or even strangers on the street, making sure that she behaves according to the values of a “good girl”. These values are strongly connected to her reproductive capabilities, and her obligations as a woman within a network of kin and a woman within the Georgian society. Through marriage and childbirth, women achieve their position within society, which is why many fear the possibility of being infertile and are anxious to become pregnant as early as possible within their marriage. Moreover, there is no need to wait for young couples, because the integration within a network of kin allows for starting a family without having to provide all necessary resources on their own. Yet, patrilocal residence reinforces the feeling of supervision for daughters-in-law. Children are an integral part of starting a family and are perceived as an obligation to one's relatives, the future, and to the nation, as young women are reminded by their relatives on a daily basis. Having children is not only related to a personal desire, but children are central to womanhood, which is why childlessness should be analysed not only as a medical condition, but a social phenomenon.

CHAPTER 4 – THE “PROBLEM”: FAILED REPRODUCTION AND THE SOCIAL PROCESS OF BECOMING CHILDLESS

Introduction: Failed Reproduction

Whether the desire to have children is linked to societal and cultural expectations, to the need to reproduce the lineage, the religious group or the nation, to fulfilling oneself as an individual person or to achieving full personhood in the community – reproduction can fail. Globally, about 10-15 per cent of couples will face reproductive impairment in their life, through primary or secondary infertility, though there are stark variations depending on the country and region (Vayena, Rowe and Griffin 2002). Especially in the countries of the Central and Southern African “infertility belt” (Balen and Inhorn 2002), but also in other countries with low healthcare standards, the percentage of infertile couples can be significantly higher, due to (untreated) reproductive tract infections, which can be caused by unsafe abortions, postpartum complications, or sexually transmitted diseases such as gonorrhoea and chlamydia. More than half of the cases are related to male factor infertility (Inhorn and Birenbaum-Carmeli 2008; WHO 2010).

The World Health Organization defines infertility as “a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse” (Zegers-Hochschild et al. 2009). This decidedly clinical definition draws a clear distinction to voluntarily childless couples who decided against having their own children due to a variety of social or medical reasons, and includes both primary and secondary infertility⁵⁴. Furthermore, it indicates a clear timeframe of twelve months, after which unsuccessful reproduction turns from inconspicuous to pathological. Infertility in this definition is a disease that a couple jointly suffers from, with “failure to achieve a clinical pregnancy” as the symptom. The symptom’s cause, however, is not defined, nor is a medical condition assigned to the male or female party, taking into account the often combined cause of male and female factors.

It is quite challenging to estimate the percentage of infertile couples in Georgia, due to a lack of reliable data, varying definitions and over- as well as underreporting of cases. The Georgia Reproductive Health Survey 2010⁵⁵ asked survey participants in their representative sample of sexually active women between the ages of 15-44 if they had ever received any infertility services and been diagnosed with “impaired fecundity” (NCDC 2012: 49-50, 59-60). In addition, women could indicate their diagnosis in case of “diagnosed infertility problems”. In this survey, 5.8 per cent out of 943 participating Tbilisian women reported current fertility problems, while 12.9 per cent reported fertility problems at some point in their life. In 117 cases, women indicated a

⁵⁴ The inability to conceive after having already at least one child.

⁵⁵ For more information on GERHS10, see Chapter 2, footnote 26.

medical diagnosis, mostly ovulation problems (36.2%), blocked tubes (14.8%), endometriosis (10.4%), inflammation (7.1%), viral infection (4.7%), and cyst (3.9%). A comparably low percentage of women indicated that their partner was diagnosed with semen or sperm problems (15.3%). 14.7 per cent of women stated an infertility problem other than these categories. Taking into account that from a statistical perspective, worldwide about half of the cases of infertility can be linked to male factor infertility, there seems to be a strong tendency to either overlook, misdiagnose or underreport male factor infertility in Georgia. As men did not take part in the GERHS10, we do not know if men would have reported a higher percentage of male factor infertility. However, the experience from my research tells me that women were quicker to consult a doctor about their reproductive health, which would explain why they would be more likely to receive a diagnosis.

Couples may consider themselves to be infertile and seek medical help way earlier than the threshold of twelve months that the WHO definition suggests. In terms of a clinical diagnosis, they are not considered to be infertile. Yet, they suffer from their perceived infertility and might even receive medical treatment. Then again, couples may engage in unprotected sexual intercourse without conceiving for a longer period before they start to worry, especially when a child would not fit their current living conditions. Feeling that ‘something might be wrong’ is a very individual experience that can differ greatly from the clinical definitions of infertility. Some couples might become anxious after only three months of trying to conceive, and therefore suffer from their perceived infertility, as the case of Keti in the previous chapter suggests. Keti felt pressured by her social environment to conceive directly after her wedding. Lacking the medical knowledge that even for healthy couples it can take up to a year to achieve a pregnancy, she perceived each new menstrual cycle as her personal failure. For others, it may take two or three years until they start to worry and reach out to their friends and relatives or seek medical help.

With the advent of assisted reproductive technologies, the mushrooming of fertility clinics and especially the growing acceptance of in vitro fertilization in the society, there is something additional that couples can actively do after months or even years of unsuccessfully trying to conceive – given that they possess the necessary financial resources. Rather than allowing couples to contemplate and accept the social condition of being (and staying) childless, ARTs led to the invention of “infertility as a disease”, with medical science promising the hope for a ‘cure’,⁵⁶ as long as one shows persistence and diligence (Sandelowski 1991: 36; Sandelowski and Lacey 2002), creating pressure to use all available options (Beck-Gernsheim 1989). According to Sandelowski and de Lacey, infertility as a term could only be “discursively created” (2002: 34) with the invention of IVF. In contrast to barrenness and sterility, infertility connotes the potential

⁵⁶ For more on the discourse of hope in ARTs, see chapter 7.

for future conception. With the prospect of a cure (or at least a bypass to reproductive impairments), it keeps those who suffer from this medical condition in a liminal state, ever hoping to become parents one day (2002: 34-35). Actual trying to conceive therefore requires more than unprotected intercourse. Trying to conceive in the context of ARTs asks for an active commitment from the couple’s side, with a tremendous financial and emotional investment, as well as physical demands on their bodies.

In this dissertation, I emphasize that ARTs are only one part of assisted reproduction, next to folk medical and spiritual assistance, but also in addition to the support of friends and family. Even without access to ARTs, there is much that childless couples can do in order to achieve parenthood. Prayer, pilgrimage, folk remedies or the ongoing search for an adoptive child can offer just as much hope as a new cycle of IVF, as the following chapters will show. And just as with assisted reproductive technologies, they demand considerable work from those who seek their services. Yet first of all, these methods require the realization that one is no longer just in the process of trying to conceive, but suffers from childlessness, or, to remain for a moment in the above described rhetoric, from the ‘disease’ of infertility. Moreover, awareness and usage of these methods requires a knowledge that can only be accessed by consultation with experts and specialists. Even then, knowledge remains limited, creating an ambivalent tension between knowledge and hope.

This chapter introduces the cases of Tamara, Medea and Tekla to illustrate the process of becoming *ushvilo* (childless), from being a woman who tries to conceive to a woman who fails at conception. I argue that becoming childless is a social process in Georgian society that goes beyond the above cited clinical WHO definition. After presenting the cases, I focus especially on two elements of this process that will emphasize the social aspect of ‘becoming childless’: Firstly, I demonstrate how childlessness is problematized, and how being childless is connected to shame, which leads to secrecy and rumours. Secondly, I contrast the discourse of secrecy and shame with the practices of sharing of knowledge with others in the case of childlessness. The section shows how women acquire knowledge of various methods of treating childlessness, and how this knowledge is embedded and shared in certain social networks. Sharing of knowledge is related to the social aspect of childlessness. Because childlessness is a matter of solicitude, it calls for support, transgressing boundaries of privacy.

Becoming Childless: The Cases of Tamara, Medea and Tekla

Tamara

Tamara and her husband Zurab met each other as students at Tbilisi State University, where they attended the same class. She aimed to become a historian, he took classes in sinology and history. They married in 1988. Zurab’s mother had passed away recently at a quite young age of 56 years, so they decided to keep their autumn wedding rather small and just invited a couple of close friends. As of now, Tamara and Zurab are 51 years old, and they have been married for 29 years. Their daughter Elene was born in 2012, 24 years after Tamara’s and Zurab’s wedding. Back then, family planning was not a big question for the young couple, but having children was something they assumed would happen naturally. When Tamara did not become pregnant even after two or three years, they started to notice that something might be wrong. But the couple led an active and busy life and often met with their friends, so they did not worry too much about it. Reflecting about this time in her life, Tamara remarked that this was quite unusual – and likely connected to her mother-in-law’s untimely death. She told me that in many families the mother-in-law starts to interfere in the couple’s family planning, and relatives from both sides will recommend all kinds of home remedies and treatments to the woman, as she might “have a problem”. Since this form of interference did not happen in their case, Tamara told me she would consider her experience atypical for Georgia.

Even though they were not particularly worried, the couple decided to “check what was going on” and visited a doctor. However, the cause for their infertility could not be specified (*daudgeneli ushviloba*). Both were declared healthy by their doctor, so there was no plan that they could follow to treat their infertility. As they were both young, the doctors did not advise them any treatment, just told them to be patient. Also, this were the 1990s in Georgia, and in times of economic collapse and civil war in their city, the couple had other priorities than to think of their family planning. The person who suffered the most and kept asking about a child was Tamara’s mother, but even she did not put too much pressure on the couple at that time.

Tamara’s first encounter with in vitro fertilization was when she heard the story of an infertile couple that her friends were acquainted with. This couple had the resources to visit a clinic abroad, because the husband was a diplomat in Turkey, and they were gifted with two sons in the course of their treatment. Otherwise, this was not the time in which one heard much about in vitro fertilization in Georgia. Moreover, Tamara did not feel the need to have a family at all costs, or that her life would be incomplete without a child. As motherhood was not that important to her at that time, she did not put any effort in finding ways of achieving it. It was only in 2005, after the death of her father-in-law, when she suddenly felt lonely in her home, that Tamara started to think about motherhood again, at the age of 39. She started to look into the topic of adoption, but decided against it for several reasons. However, her brother-in-law (*mazli*, husband’s brother)

was friends with a leading fertility doctor at that time. The confrontation with her father-in-law's death gave Tamara strength, and she decided to consult this doctor. In 2011 at the age of 45, after several unsuccessful IVF cycles, Tamara became pregnant with her daughter Elene, who is now a healthy child of five years.

Medea

Medea, a 33-year old hotel receptionist, lives in what she calls an ordinary, traditional Georgian family – together with her husband, her parents-in-law and her husband's brother, sharing one yard with their relatives. She met her husband ten years ago, and they have been married for eight years. Living in this family gives her strength, and having a family around her that she can rely on means everything to Medea, who told me: “A woman cannot be strong, cannot be standing up, if she does not have a family, she will never be of full value (*srulpasovani*).”

According to her beliefs, having a child is essential to her. Since she met her husband, they “naturally” spoke about having children and imagined their future as parents. From 2009 onwards, Medea had several health problems, which led to the removal of her right ovary and fallopian tube. Shortly after the surgery, she married her husband. They hoped that with the removal of her ovary, her health problems were over, but even after three years, she was not able to become pregnant. Since 2009, Medea has been in medical treatment with various doctors. As she said, she visited every doctor in the field of reproductive medicine in Georgia, and followed every recommendation that friends gave her on who might be a good expert in this field. But whenever one problem was solved, another problem occurred. While she followed the recommendations concerning pilgrimages and church visits that her priest and fellow parishioners gave to her, she only half-heartedly trusted tinctures and herbal treatments. With a diagnosis of hydrosalpinx (blocked fallopian tube filled with fluids), which she received about one and a half years ago, Medea now has no other option than in vitro fertilization. When I met Medea, she was planning to visit a clinic in Turkey soon, as she had lost trust in Georgian doctors. Her husband is supportive of her plans, but it is Medea who takes the initiative. Going to Turkey and receiving treatment was the only plan in life that she had at this point, and everything else was very dependent on the success of her treatment there. She freely talked about in vitro fertilization with her friends and colleagues, even though she received very mixed reactions to her plans – from those who do not understand why she chose to take action so late up to those who talk behind her back, either to pity her or to judge her actions.

Tekla

When I met Tekla (30 years old) for the first time, she was 19 weeks pregnant with her first child. She is a well-educated woman who studied at different universities in Europe and the

USA, and worked at a NGO in Tbilisi at that time. As she works in the field of early childhood education, young children have been a great part of her life for the past years. As she said, “having a child was always what I imagined my life would be.” Unfortunately, having her own child turned out to be more difficult than she had imagined. Tekla and her husband were not officially married until recently, though they have been living together for six years. He moved into her apartment quite soon after they started dating, and she did not take any contraceptives, which was fine with her partner, even though he did not see the urgency in having a child. When she did not become pregnant after three years of unprotected intercourse, it became an issue of concern for Tekla. Both Tekla and her now husband visited a doctor and were treated for some minor issues as she calls it, such as an infection. Despite these treatments, Tekla did not become pregnant, so she started to take her fertility impairment more serious and began to see another doctor, which led to a couple of more invasive treatments, artificial insemination and finally one unsuccessful cycle of in vitro fertilization.

Tekla was not shy to talk about her medical treatment, but she did not share any of her medical information with her parents-in-law, and neither did her husband, even though they asked them at different occasions. Furthermore, none of them talked to their friends about their experience. Tekla’s colleagues took an interest in her treatment, but they refrained from advising non-biomedical methods to her, as they knew that Tekla is not a religious person and was not interested in alternative approaches. Both of Tekla’s parents, on the other hand, are both working in the medical field. She shared her medical information with her parents, and they assessed her chances and gave recommendations regarding doctors they trust and treatments. Her father specializes in diagnostic sonography, so he would even check the status of her menstrual cycle in order to find out what the best time for conception and treatments was. Her mother, on the other hand, recommended certain alternative approaches to her after the in vitro fertilization turned out to be unsuccessful: she took her to massages that were supposed to increase the blood circulation in her inner organs, and recommended yoga to her. Only a few weeks after the failed in vitro attempt and after about six of these massages, Tekla discovered that she was pregnant while on a business trip abroad.

I presented the infertility stories of Tamara, Medea and Tekla in order to illustrate my argument that we should understand infertility not only as a medical diagnosis, but as a social progress that couples go through. The path of realizing and coming to terms with the status of being childless can be quite different, depending on a variety of medical as well as social factors. Even though all three women share the experience of childlessness, their paths differ not only regarding their age, diagnosis, and treatment, but also in terms of the time that it took them to change from a couple who is trying to conceive to a couple who actively deals with the diagnosis

of infertility. Moreover, they differ in their perception of motherhood, their approach to family planning, and their integration into a social network that allows them to access knowledge related to the treatment of infertility.

Whereas Medea already had medical issues related to her reproductive health prior to her wedding, Tamara and Tekla realized their impaired fertility only in the course of their (conjugal) partnerships. Therefore, Medea was well aware of the chance of further reproductive problems. Tamara and Tekla, on the other hand, needed a certain amount of time in order to worry about their reproductive health. In both cases, this realization took longer than the WHO would suggest. Both couples were already infertile in the sense of the WHO definition before they even started to worry and decided to visit a doctor. Age, life course, involvement of relatives, as well as the intensity of the couple's desire to have a child will influence how soon a couple starts to feel concerned. Living in an extended family, for Medea a life without children is inconceivable, as is it for her husband. She connects a woman's fulfilment as a person to achieving motherhood and her place within a family. Tekla is almost the same age as Medea, but she leads quite a different life. Medea liked to stress her traditional Georgian life, her Orthodox faith. Tekla, on the other hand, is, as she puts it “quite sceptical about religion” to the point that she already knows that she will refuse to baptize her child. She belongs to young middle class that challenges traditional notions of the family and religion – young independent people who buy their own apartments separate from their parents, start a family without official marriage and might experiment with forms of spirituality that are not related to Orthodox Christianity or refuse religion altogether. Despite these differences, both women emphasize their desire for a child as ‘natural’. Tamara, on the other hand, is about twenty years older than the other two women. In her interpretation, she did not feel social pressure to conceive because nobody interfered, as her mother-in-law had already passed away. Also, because this was a period of severe economic hardship, she did not have the resources to act upon a diagnosis of infertility anyway.

It is one aspect of discursive construction of infertility that childless couples are represented as being “desperate” for a child – either grounded in social or biological reasons - intensifying the stigma of being childless (Franklin 1990). Because their situation is portrayed as suffering, and because there are ways to either treat or circumvent infertility, having children becomes a matter of choice, rendering not acting upon one's childlessness a choice as well, or rather, already “prescribing the choice” for a child (Strathern 1992b: 37). In a context where not having children is not considered to be a valid option, the choice itself is perceived to be evident, and can be taken for granted by others. Though their childlessness itself is public, their diagnosis coping strategy is not, and many women tend to keep this aspect private. Yet, people tend to assume that childlessness is involuntary, and should be treated. Thus, recommendations were not always something these three women had to actively seek for. Rather, people in their social

environment offered advice and support on different levels according to the social context – spiritual, biomedical as well as folk medical or alternative.

In both Tamara’s and Medea’s cases, contact to doctors was managed through personal connection. Tamara was lucky enough to have a relative with close connections to one of the country’s most experienced specialists in the field of reproductive health, something that she later shared with other women as well, as I will describe later in this chapter. Tekla received recommendations predominantly within her church congregation. In this context, Christian Orthodox healing methods are easier to talk about, though she herself tends to trust more into biomedical healing. Tekla keeps her medical problems completely private and only shared them with her own parents, who were well connected to specialists both in biomedicine and alternative healing. All three women struggled to find the cause of their childlessness and at no point received a clear diagnosis and a straightforward treatment plan. Yet, as women in their relationship they were the most active about finding treatment. In all three cases, ‘becoming childless’ was a social process, which was related to their own understanding of motherhood as well as their integration within social networks.

The “Problem”: Shame, Secrecy, and Rumour

Even though the Georgian translation of the English word infertile is *unaq’opo*, meaning “without fruit”, or “barren”, the people I talked to rather used the term *ushvilo*, which can be directly translated into “childless”. Therefore, the analytical distinction of childlessness as a social condition and infertility as a medical disease that I addressed in the introduction of this chapter cannot be found in my ethnographic material, nor does the term *ushvilo* suggest voluntary childlessness. Because the term relates to infertility, it is not easily applied: when couples spoke about their own infertility, they often just referred to it as their “problem”, without specifying what exactly this problem was about. The childless couples I met with would ask me if I would like to know more about their “problem”, and friends referred me to their friends who had “such a problem that you are interested in”. It was only once that I heard that the notion of a problem was rejected: One of my friends told me that she asked her friend about her problem in order to put us in contact later on. The friend reacted with laughter, and told her that her childlessness was not a problem at all, but just the way she was living her life. However, when the same woman became pregnant a few months after this conversation, she decided against talking to me, as our conversation would remind her of this difficult time in her life, and she was scared that recalling this stress could endanger her pregnancy.

Except for this ambiguous last case, childlessness was literally ‘problematized’ by the people I talked to. At the same time, referring to their *p’roblema* allowed people to address the

topic without using the terms infertility or childlessness. Neither infertility nor childlessness are terms that are easily applied, as they carry a certain gravity and stigma. In a society where having children is a social norm, being childless does not carry a neutral meaning of a couple without children, but it already indicates misfortune and failure (instead of choice⁵⁷). Consequently, not every woman without children would call herself *ushvilo*. Several women I talked to told me in the beginning of our conversation that they were not considering themselves as having the problem of childlessness – *ushvilobis p'roblema*, but they had married quite late and their problem was related to their age rather than their reproductive capabilities. To them, *ushvilobis p'roblema* equated with infertility, and they wanted to emphasize that they were not infertile woman in the sense that they had never been able to bear a child, but unfortunately married too late to have children without the help of reproductive technologies. Their inability to conceive was natural, not pathological. For them, not being able to conceive and carry a child to term at this age is not the same as being infertile:

“In principle, childlessness (*ushviloba*) – this term is a bit like – biologically speaking, I am personally not childless, because I just married late, at high age. From the standpoint of childbearing, I was very old (*dzalian didi*), forty-three. Although I first became pregnant, by age – because of my age I could not keep [the pregnancy]. Later I suffered a lot. In vitro fertilization once, twice, three times, but it could not be managed.” (Nana, 53-year-old housewife, mother of one daughter).

The term *ushviloba* questions the woman’s reproductive capabilities, and those who avoid the term might want to stress their body’s potentiality of bearing a child. There is another reason why the term might not be applicable: Other women as well told me that they were indeed not childless, but suffered miscarriages at different stages of their pregnancy. These women consider themselves to be mothers, but sadly their children died before they could carry them to term. Likewise, a male friend of mine mentioned not only his living children during the ritual toasting when he hosts a *supra* (Georgian feast), but also the two children that he and his wife lost at a late stage of pregnancy. I only heard him mention these two children during the toast that blesses the children of those that are participating in the feast and ritual drinking.⁵⁸ On other occasions, the couple usually only speaks of their living children.

That childlessness and infertility are linguistically reduced to a problem can be attributed to the discomfort and shame that is felt around this topic. Infertility as a shameful topic has a long history in anthropological research, and is certainly not unique to the Georgian context. Ethnographic research on infertility from different parts of the world suggests that failed

⁵⁷ In the context of available contraceptives, childlessness could just as well evoke notions of choice (to delay or avoid childbirth) in the first place (Allison 2011: 8; Dow 2013).

⁵⁸ Toasts to children are obligatory in the Georgian *supra* and part of a structured order of toasts (Manning 2003). For more on the Georgian *supra* and especially the ritual dynamic of toasting, see also Mühlfried (2006).

reproduction is to some extent stereotyped and stigmatized, and childless couples often feel marginalized through this discourse in many societies (Bellér-Hann 1999; Feldman-Savelsberg 1994; Göknar 2015; Inhorn 1994; Kahn 2006; Neff 1994). It is especially strong in societies with a natalist culture that emphasizes family and celebrates reproductive capabilities, connect personhood with the achievement of parenthood and stress descent and the reproduction of the lineage in the perception of kinship. In many of these cases, the burden of the couple’s ‘failure’ is carried by the woman, therefore ignoring the biomedical realities of shared causes – it is the woman who is not pregnant, who fails to conceive, and it is the woman’s body that is subject to most infertility treatments (Balen and Inhorn 2002; Greil 2002: 19). Nonetheless, infertility can be a painful experience for men as well. Especially the work of Marcia Inhorn on infertility of Middle Eastern men addresses the strong stigmatization of male infertility, which is often equated with sexual dysfunction and impotence (Inhorn 2004). The stigmatization of infertility can have different consequences for the social interaction with respective couples. Jill Allison points out that, while in many societies childless couples are subject to gossip and direct confrontation, in her own fieldwork with infertile couples in Ireland she rather found a “discourse of silence and secrecy” (Allison 2011: 6), rooted in a long tradition of silencing all matters related to sexuality and reproduction, and the social norm of fertility, which centres around the ideal of the nuclear family.

In Georgia, certain elements of infertility – its connection to health, but also to failing to reproduce the family and to achieve the favourable status of parenthood – are considered to be shameful, and render infertility a sensitive topic, which is rather kept private. Shame is a central regulatory element in social interaction in Georgian society, and both female and male social positions are mapped within a coordinate system of honour and shame (Kamm 2015; Koehler 2000). ‘*sirts’khilia!*’ (it is shameful/a disgrace) is a phrase that I heard many times from my friends and interlocutors, on many different occasions and usually as an explanation why something is not talked about or done. Even if everybody involved was aware of a certain situation, nobody was supposed to mention it, as shaming somebody would endanger social networks that were carefully established and maintained. A friend of mine who also works in the field of social science told me in the first weeks of my fieldwork that my project was set up for failure. She said:

“Nobody will talk to you about this [assisted reproductive technologies]. I know many couples who did in vitro fertilization, many children that were conceived that way. But I don’t know it from them and they don’t know that I know. The mother told me, some other relative. So I cannot ask them if they would talk to you, it would shame them. This could destroy the whole relationship system.”

A closer look at her argument reveals that to her, it is not necessarily the usage of assisted reproductive technologies that is shameful, but addressing the topic of infertility as a person that should not be informed about this matter, and therefore crossing boundaries of privacy and

violating implicit rules of propriety (Manderson et al. 2015). There is a “social knowledge of knowing what not to know” that allows for the emergence of “public secrets” (Mookherjee 2006: 444). While people seldom wanted to refer me to the childless couples in their networks so that I could not personally talk to them about their experiences, I often was told *about* them by other people. People freely shared other couples’ infertility stories, usually in confidence and without telling me any names, but sometimes giving very obvious hints about the person’s identity. Everybody could point out several infertile couples in their circle of acquaintances, could name IVF children in their children’s kindergarten and schools and report freely about these people’s medical history. In the context of assisted reproductive technologies, identical twins or triplets already raise suspicion of artificial fertilization as opposed to natural conception.

In cases where I met both the childless couple and people they were acquainted with, stories could differ drastically. For instance, acquaintances told me about a “miracle baby” in their congregation, that was conceived naturally more than ten years after the couple’s wedding, thanks to the couple’s patience and faith in God. Later I had an interview with the mother of this miracle baby, and she told me about all the different practices and approaches she followed. The couple did indeed pray for a child and undertook several pilgrimages, but they also visited fertility clinics and went through medication and in vitro fertilization in order to conceive their child. Yet, this latter part they did not share with their fellow parishioners. While IVF conception itself has some “miraculous” attributes (Franklin 2006: 548), this was surely not what the congregation members had in mind – and even if they suspected the involvement of ARTs, my acquaintances did not voice this in our conversations. I can only assume that they believe such a suspicion would reflect badly on the entire congregation, as they clearly voiced their opposition to IVF treatment.

In a different case, rumours did not exaggerate the naturalness, but rather the artificiality of the child’s conception: I was put into contact with Nana by a common acquaintance. Nana told me about the many obstacles that she had to overcome and the long process of suffering until she could finally hold her newborn daughter, who was carried to term by a surrogate mother abroad. While Nana’s case was already quite exceptional due to her age, the involvement of a foreign surrogate mother, and financial concessions from the clinic’s side, it was still ordinary compared to the story that I was later told by our common acquaintance. This woman wanted to talk about Nana, and even though I would not share any information about our conversations, she happily started to chat about this extraordinary case that she brought me, which did not only involve surrogacy, but gamete donation from abroad, financial involvement of an American couple and in the end the splitting of the resulting twins between the Georgian and the American couple. According to this woman, the lacking genetic relationship to their child lead to severe problems with Nana’s mother-in-law, and they do not mention the involved gamete donation to anyone. Nana did not tell me anything about donated gametes, or that her daughter had a twin in the USA.

The story that I heard from our common acquaintance, on the other hand, could not have contained more ‘exotic’ elements.

While I cannot verify any of the information that I received from these women, these two examples illustrate a common theme. Cases of assisted reproduction are often surrounded by mystery and gossip. Following Georg Simmel’s definition of a secret as “consciously willed concealment” (Simmel 1906: 449), couples actively decide not to tell about certain elements of their treatment, depending on the relationship in which this knowledge is shared or withheld. In many cases, couples do not like to share details regarding their medical treatments, especially when anything ‘artificial’ – on the scope from in vitro fertilization to the usage of donor gametes – was involved. Anything unusual, such as conception after many unsuccessful years or a multiple birth can lead to suspicion. Paired with inadequate knowledge on the topic of ARTs, the shared rumours can be quite embellished and might exaggerate either the naturalness or the artificiality of the conception.

It does not come as a surprise that couples like to keep their experiences private and preserve the semblance of natural conception by downplaying or denying the involvement of assisted reproductive technologies. In this sense, their silence can be a form of self-protection (Allison 2011: 4). Violating rules of propriety by addressing a couple’s childlessness directly can put stress on social relations. However, there is an inherent contradiction here: Having children is a daily conversation topic between relatives, friends, neighbours and colleagues. Asking about one’s children or the children of one’s relatives’ children is an integral part of basic conversation, almost as common as asking a polite ‘how are you?’ As a consequence, *not* having children becomes a conversation topic as well. Moreover, assuming that childlessness cannot be voluntary, couples will receive advice by friends, neighbours, fellow congregants and relatives. These people will recommend herbs, prayers, and pilgrimages to certain monasteries, as well as doctors, healers and clinics. Compared to the rather invisible usage of ARTs, childlessness by itself is obvious, and a matter of solicitousness and concern, which clashes with many couples’ preference to keep their infertility private.

Making the Childless Couple: Acquiring and Sharing Information

The notion of infertility as a shameful topic that no one likes to address is challenged by those who openly discuss their experience with infertility, both in the media as well as with their family, friends and colleagues. As I noted in the introduction, the sample of my research is biased. All the women I talked to volunteered to share their experiences with me. As one would expect, several of these women followed their own political agenda – they openly address the topic in order to spark off a wider discussion about childlessness in the Georgian society, to de-stigmatize

assisted reproduction or to share information with likewise affected couples. One of my interview partners opened up about her experience on her online blog. Another woman appeared in a TV talk show which featured her experience with ARTs and the thriving work of the doctor who treated her.

This is one of the contradictions in the discourse surrounding childlessness in Georgia – whereas people tend to keep quiet about their personal experiences, there is regular media coverage regarding *ushviloba* in Georgian TV.⁵⁹ Television is one of the main information sources for many Georgians, with one public and several private broadcasters, which receive varying levels of trust from the Georgian public. Infertility in its different facets is addressed in a variety of formats. TV formats that deal with ARTs can be split in those discussing social implications for the families and Georgian society in general and those that want to inform potential patients about medical treatments. Talk shows and documentaries which focus on the social aspects of childlessness discuss issues such as surrogacy and surrogate mothers, in vitro fertilization, adoption, and religious festivals and pilgrimage. Often, these formats feature the experience of one or two families, and focus on the more extraordinary cases. Furthermore, there are religious programs that address the topic of infertility from a Christian Orthodox perspective. Television programs on the social aspects peaked after the Georgian Patriarch’s epistle in 2014, while today the discussion on ARTs seems to focus more on educating infertile couples about their medical options.

Doctors from the most popular fertility clinics make sure to appear in the information-oriented formats regularly. All of the doctors I talked to are frequent guests in this kind of program, and feature these appearances on their clinics’ websites as well. The market for ARTs is highly competitive, and clinics need to present themselves as competent and as trustworthy as possible – features that are often not easily applied to doctors in Georgia. Generally, there is a lot of mistrust towards doctors, especially in the field of reproductive medicine, and generally a perceived lack of information regarding the diagnosis and treatment⁶⁰ (for more on this, see chapter 7). Not only finding a good doctor but also receiving an appointment is often described as impossible without the recommendation of relatives and friends. As Tekla told me:

“So, he [Tekla’s father] knows a lot of doctors, he would also suggest to who would be the best one to go to and stuff, but in Georgia it is like very difficult to find good doctors. It is like in many cases their training is out-dated so to speak, so many of them have learned what they have learned quite long ago and the new ones are not really well trained, because of the poor educational system and poor quality education in our medical institutes and the ones who are better, they usually go abroad. It is really hard to get a

⁵⁹ For my research, I analysed 37 TV shows and news programs which specifically addressed the topic of childlessness and were broadcasted between 2011 and 2017, both on public (mostly First Channel) and private TV (mostly Rustavi 2 and Imedi).

⁶⁰ Yulia Panayotova and Irina L. G. Todovora report a similar frustration in the case of infertile woman in Bulgaria (Panayotova and Todorova 2009).

good doctor. Even if you go to, for example, to three doctors, you know, within one week, they might give you very different suggestions and recommendations how to go and what kind of treatment to get. So, it is like- usually we are making fun of it, you have to visit five or six doctors to find out the average answer. It is really a problem.”

Access to medical information, hierarchies in patient-doctor relationships, the commodification of assisted reproductive technologies and the tensions between medical treatments/service as well as patient/consumer have been addressed in the research of ARTs in different disciplines of the social sciences (Greil 2002; Madeira 2015; Nahar 2015). The understanding of knowledge itself has become a major focus in the theoretical discussions since the establishment of ARTs as a common part of human reproduction, both in relation to kinship and technology and science itself (Franklin 1997; 2003; Klotz 2013; Strathern 1992b), as the ‘natural facts’ of reproduction became both more complicated and regained importance at the same time. Infertile couples often become experts in their own case, acquiring as much medical knowledge as possible, in order to assess or even suggest treatments and discuss them with their doctors, or they organize in self-help groups to stress community and reclaim reproductive agency (Becker 2000: 104; Greil 2002: 110-113). Here, I want to focus on the social networks that, through sharing their information, take part in the production of the problematized childless couple, since not having children voluntarily is socially not acceptable. In fact, none of the childless couples I talked to was childless out of choice.

Because many women feel exploited and uninformed by their doctors and do not trust their medical skills, they organize informally. This way they can provide their peers with information and will receive help concerning their own issues. Apart from internet forums and open social media groups in which people discuss clinics, monasteries, healers and herbs anonymously, there are more privately organized groups as well. For example, one mother told me about a closed online group that she is part of. In this group, mothers with an academic career who gave birth quite late in their life share their experiences. Several of them conceived their children with the help of in vitro fertilization, and apart from exchanging information on how to juggle their family and their career at the same time, they also talk about clinics, doctors and treatments in the field of ARTs. However, sharing information online can have detrimental effects: Jill Allison describes in her work with infertile couples in Ireland how anonymity in bulletin boards can reproduce the stigmata and silence surrounding infertility, both in the couples’ own cases and in Irish society, instead of challenging the norm of fertility (Allison 2011). In many cases the act of sharing information is even less organized than an online group, but rather takes place in a social setting of face-to-face interaction: a group of friends, colleagues or relatives who draw on each other’s experiences and contacts. Keeping Simmel’s “sociology of secrecy” (1906) in mind: In this context of community and mutuality, information, which under different circumstances

would have been kept secret, is shared. Moreover, sharing the secrets of one’s own reproductive success and failure may stress the notion of social cohesion within these relationships. However, the focus on shared experience and knowledge within such groups could also increase the pressure to conform with the expectation of being a childless woman in search for treatment.

In contrast to the politicized self-help organization described by Gay Becker (Becker 2000: 102-115), the groups I encountered within my fieldwork were not organized, but loose associations of friends and colleagues, often affiliated with a certain clinic or doctor, as the example of Tamara and her colleagues will show. Tamara is a pioneer in her group of friends. Her long history of childlessness and successful IVF treatment in arguably one of the best fertility clinics of Georgia with a well-known doctor provides her with the confidence to spread her knowledge to other women who might benefit from her experience and contacts. I spent some time with her and her colleagues in their shared office, chatting with this group of women who are all in their forties, working at university. The group of female co-workers talked openly about their family planning and the way their children were conceived. This small group of colleagues experienced childlessness and assisted reproduction for a variety of reasons, and they share their experience willingly with those who might need some advice on this topic, though they would not speak about this topic in public. For them, infertility remains a topic of silence, and sharing is limited to certain social circles.

One of their colleagues, Lika, married quite late at the age of 36. Her husband already “has a family with a son” as she phrased it, but Lika would love to have her own child as well. Yet, she described herself as very passive in this matter. Up to this point, she did not inquire a doctor about her medical options and claimed that any treatment would be too expensive anyhow. Indeed, ARTs can be extraordinarily expensive and fertility treatment is not covered by insurances. Non-biomedical healing could be a cheaper alternative (see chapter 6 and 7). But whereas her sister became pregnant after visiting a priest and taking the herbal medicine he prepared, Lika cannot imagine herself following a strict regime of taking herbs regularly. Her colleague who listened to Lika’s hesitation encouraged her (obviously not for the first time) to visit a doctor before it is too late. “Time runs” (*dro gadis*) is a reoccurring phrase in all these conversations, and thanks to her colleagues, Lika receives a lot of information about potential medical options, as well as about competent doctors and clinics. As a childless woman in a group of female colleagues, Lika cannot escape the stream of recommendations that she receives on a regular basis. The assistance she receives from her colleagues is unasked for, and being the centre of attention makes her visibly uncomfortable, as she herself is unsure if she is willing to take the next step. However, her colleagues attend to Lika’s “problem” regardless of her own doubts and hesitation, and therefore engage in her transformation into a pathologically childless woman. Lika is no longer just a woman who somewhat unsuccessfully tries to conceive a child together with her husband, but she suffers

from the problem of childlessness and is in need of assistance. At this point, the choice of not trying for a child is socially not accepted.

Conclusion

The previous two chapters of this Part I “(Not) Becoming a Parent” addressed the expectation to have a children in the framework of the reproduction of Georgian-ness, both continuing the religious group and the nation, as well as the ‘supervised family planning’ that takes place in a network of relatives and ideally should start directly after the couple’s wedding. This chapter connects to its predecessors, as it links the social expectation of having children to the experience of failed reproduction. I explored childlessness/infertility not only as a medical condition, but as a social process that is embedded in a social environment, in which relatives, friends, colleagues and neighbours actively take part in the ‘making’ of the childless couple, especially the childless woman. In a society where having children is a central social phenomenon, childlessness is social as well. Moreover, actual knowledge of how to treat childlessness is embedded in social networks, and this is also the place where it is accessed and shared. Through the visibility of assisted reproduction and engagement with other infertile couples, not having children becomes less of an option. There is always something that couples can do, a method that they can try (again). I attempted to highlight an inherent contradiction here: While childlessness is perceived by many couples as a sensitive topic and is often surrounded by shame, secrecy, and rumour, it is also a matter of concern that provokes people to interfere and offer advice and recommendations. As the cases of Tamara, Medea and Tekla have shown, access to both information and treatment is often mediated through relatives, friends, or colleagues.

CHAPTER 5 – TRUSTING IN GOD’S WILL, JUST LIKE ST. ANNA

Introduction: Between Hope and Acceptance

I was serving tea and cake to three women in my living room – Keti and Marina, who are in their early forties and know each other from church, and Keti’s oldest daughter, a friend of mine. Keti told us about one of her sister’s friends, a young educated woman who does not speak at all about her “problem” – years and years of a childless marriage. Keti was sure that such a withdrawn approach was not helpful; the girl should rather talk to people, and she would realize that her situation is not as problematic as she thinks. Marina, on the other hand, never had any children of her own, and she remembered the time when she herself had still been full of hope and actively trying to conceive a child, and how she did not want to speak too much about her situation to others, so she would not get even more hurt in case of failure. At times, speaking about it was just too painful. But now, she said, she has come to terms with not having children; she left it all behind, and was finally able to perceive the “reality” of her situation. Keti complimented Marina’s healthy attitude, as everything else would lead to depression, but Marina was not ready to accept the praise, and replied, “No, no, such is God’s will (*egets ghmertis nebaa*), so what can I do about it?” The two friends continued their conversation⁶¹ about how Marina managed to overcome her “depression”:

Marina: “It is very difficult, I felt so bad, I was very depressed (*dzalian dep’resiebshi viq’avi*), there were years- but it went away as it turns out, I do not know if it is the result of age, or experience, or God and prayer – this is how it is.”

Keti: “But the best is, that you are still full of hope.”

Marina: “Yes, it is strange, all feels like laughing”

[...]

Marina: “Let’s see what will happen, *nosmotrim* (Russ.: We’ll see) what will happen. That is the story. Now, I do not know. You know what kind of moments I usually do not like? But there are these pragmatic and realistic moments: Imagining, the child will take care of me in old age (*sibereshi mokhedavs*).”

Keti: “No, this is a selfish attitude.”

Marina: “Is it though, Keti? In reality, yes, it is a selfish moment [...].”

Marina feels she has reached a point in her life where she does not want to keep trying to conceive, and distances herself from childlessness as a problem that she needs to overcome. She frames her childlessness as “God’s will”. While she fears she might be alone and without care in old age, both Marina and Keti agree that this fear should not be the reason why people decide to have children. Rather than keeping up her hope for a miracle, Marina decided to seek a meaningful life without having children, though her friends and relatives have not given up hoping for her yet, as the conversation between Marina and Keti exemplifies. Though Marina is already in her forties,

⁶¹ This exchange took place after my interview with Marina, and I was able to record the conversation.

there is still the social expectation of perseverance, of being an optimist and not giving up. Keti emphasizes how important it is not to lose hope, and to persevere, irrespective of how hopeless the situation seems to be. Though she herself was once victim of the intruding questions about her reproductive abilities by a nosy neighbour (see chapter 3), Keti thinks the young childless woman they were talking about should share her worries with her family and friends, in order to lighten the burden and avoid serious depression. Other than Marina, most of the women who I met during my research were still hoping for a child by the time I left the field, though some of them were only a few years younger than Marina. They were still in treatment, were saving up for a new cycle of IVF or were hoping for a miracle. However, with advancing age, their chances of having their own child were decreasing. Especially for those who could not afford any (further) treatment or whose treatments had failed repeatedly, the situation often felt unbearable, and the women spoke about the depression they felt.

In this chapter, I want to look at how women deal with these years of unsuccessful trials of conceiving, with a special focus on the role of religion. As many publications on the juncture of faith and ARTs have shown, the two realms of religion and science do not have to oppose each other, but can engage in quite a “productive” relationship (Thompson 2006: 557). As a medical treatment, ARTs are especially prone to a connection with the divine – the outcome is highly uncertain, often without an explanation for failure (and success), and the treatment touches the core of the divine – the creation of life itself (Rapp 2006: 421). For many women, faith in God is one of the main drivers to persevere and not lose hope. However, trusting God not only provides strength to continue with one’s quest for a child, but also offers an explanation of why a couple fails to conceive, and accommodates couples in finding alternative ways of family life – not as parents, but as husband and wife. Moreover, the life stories of female saints offer comfort to women who are not able to conceive, and can be understood as a distinct female way of coping with childlessness. In several life stories of female saints, barrenness is a central element. These stories emphasize the trust in God, their perseverance in prayer, but also acceptance of whatever God may decide, and can set an example for involuntarily childless women in Georgia.

Dealing with the Inexplicable: The Scope for Failure in Assisted Reproduction

Talking about the struggle of trying to conceive, Manana (33 years old) was visibly shaken during our meeting. We had to interrupt our conversation several times, because Manana started to cry. Knowing that she and her family had exhausted all their resources and would not be able to afford any further treatment, she tried to come to terms with the prospect of staying childless, as well as with the constant inquiries from neighbours, co-workers, and her in-laws. Still, beyond

the suffering, there was silent hope that one day, she would be able to afford continuing her treatment. But for the moment, she tried to focus more on her work and her career, and not to think too much about the fact that her marriage might remain childless forever. Rather, Manana planned to build on the relationship with her husband, who was very understanding and caring. She told me that she had realized that she was not alone, and that her life still had a purpose. Yet, even in our conversations, she kept circling back to the sorrow and depression that she felt in eleven years of unsuccessful treatment, and the stress of keeping her medical condition hidden from her in-laws (see chapter 3). Though she counts herself lucky with her parents-in-law, because they did not try to interfere with their son’s childless marriage, her situation has created conflicts in the family, because her depression made it difficult for her to keep up with social interactions that are expected from her in daily life,

“Because depression – you are already full of conflicts, when you are depressed. [...] And I had times when I did not want anyone around me at all, I just wanted to be alone. I had this phase when I wanted to go to church, to the monastery, I did not want any people, I was fed up, I did not want anything, I had depression. I did not want anybody, neither friends nor husband, I needed nobody. I do not know, I went through so many phases with my personality. As I said, this is so important for me, this is such a huge cross [to bear], such a huge punishment to me (*imkhela sasjelia chemtvis*), that I do not know, if I am too passive here that I do not keep looking out any longer. I lead my life, I live in the moment, go along, this is how I live, because at such a young age I experienced so much trauma and so much stress. [...] When I heard that someone was pregnant, I found it very hurtful, do you understand what I am implying? Later, I was afraid of myself, because this is horrifying. Well, this was not spite, just ‘why not me?’ [It was] very bad, this was already psychological, I could not think straight anymore. [...] I told you, in this phase now I already completely freeze at this topic. I cannot talk- as soon as someone starts talking about it, my whole day is black. I will be devastated when someone starts with this. I try to – as the years pass by, what the years brought me, I get worked up by problems – I try not to focus too hard on it, but I discovered, that, well, it has a huge effect, it devastates me, in this second I will not show it, but the whole day, two days or three days I will be like this, depressed. I don’t know, it really crushes me. This is why this topic is forgotten until I will start to take any concrete steps concerning this, like going to the doctor. I have neither given up nor do I intend to say that I will never have [a child], I really don’t think about it.” (Manana, 33 years old, shop assistant)

Even though Manana tries to focus less on her childlessness, it is hard for her to concentrate on other aspects of her life. It is important to emphasize that for many women having children is not only a social expectation that they need to comply with, but a deep desire that is connected to fulfilling oneself as a person, and the expectation that they have of their own life. They are not able to experience a bond that is supposed to be the closest and “warmest” of all relationships, and they perceive this as a serious deprivation in their life – a loss of an imagined future as a ‘normal’ family, which is deeply grieved. Not only the child is lost, but the future as a mother, as a father, as a grandparent, therefore deviating from individual and societal expectations towards one’s own biography (Hiemäe 2017: 31). Loss and grief have been

determined as central elements in narratives of infertility, and are employed as analytical categories in research on involuntary childlessness. However, they are hard to grasp, as couples mourn a child that has never been born, or even never been conceived, and societies usually do not offer appropriate rituals to mark or process the loss that childless couples are experiencing, as the normal ways of grieving are connected to losing an individual (Becker 2000: 193; Hiimäe 2017: 42). Culturally accepted ways of grieving for a stillbirth are often already limited, though parents tend to present and remember the personhood of their miscarried children (Layne 2000). Grieving the loss of a potentiality is even less culturally structured. Nevertheless, involuntary childlessness can be framed as a form of crisis, a liminal stage in the sense of Arnold van Gennep (1999 [1909]), in which the social order (family life with children) is turned upside down, leaving the couple with uncertainty. Order is re-established by either becoming a parent or by accepting the childlessness and adapting to an alternative form of living (Hiimäe 2017: 32).

Manana’s infertility was diagnosed even prior to her wedding. She knew that due to her medical condition, she would not be able to conceive without medical assistance, and she feels guilty, as it is her body which keeps the couple from having children. Since the couple cannot afford any further treatment, her hope is almost gone. Yet, stopping treatment and giving up one’s quest is a difficult step, and often a longer process. In many cases, it is not done voluntarily, but out of necessity, because the couple does not have the financial, social or psychological resources to continue the treatment (Throsby 2004: 16). Still, stopping treatment transgresses the social expectation of hope and perseverance. Unlike Manana, Tako, another interlocutor, does not have any medical explanation for her childlessness. Both she and her husband were examined and declared healthy by their doctors. Not knowing the cause for the couple’s infertility makes it difficult for Tako, but it also allows her to shift responsibility:

“Still, everything is depending on God (*maints q’velaperi ghmertzea damok’idebuli*), this is what I think. I should try my best, but – see, imagine such a situation: completely normal woman, completely normal man, but still there is no child. What are you supposed to think? Then you keep going, psychologically, this is very difficult, very difficult, I don’t know. I feel that I am very much missing something. It is possible that in Japan they do not suffer from this, because there they don’t have such warm relationships, but to me personally, because my mother loved me and I know my mother’s warmth (*dedachemis sitbo*) I also want to have my own child and I want to feel this maternal warmth towards my child. I also want to be a mother.” (Tako, 42 years old, journalist)

Tako acknowledges that it might have been easier if the couple had married at a younger age, if they had detected the “problem” earlier in their life. Now time is almost up, and they are still repaying a loan from an earlier cycle of in vitro fertilization. However, because they do not know the cause of their infertility, Tako can attribute her childlessness to the will of God. She and her husband are “completely normal”, so they can only try, but they cannot influence the outcome, there has to be some form of supernatural intervention. Even with her own pursuit of in vitro

fertilization, the final decision is still in God’s hand – as there is such a huge scope for failure in these medical procedures (see chapter 7). Tako told me, that when she “went artificial”, she could see two tiny dots (*ts’ert’ili*) on the screen, two (potential) children. And only if they attached to the uterus, they would grow and develop into a child (*gaizrdeba da gakhdeba bavshvi*). And if they would not attach, it would be over. Her two dots did not attach (*ar daemagra*). “If the surgery fails, it is God’s will (*ghmertis nebaa*), and if it is God’s will that [the embryo] does not attach, the doctor for sure cannot attach it. God has to want it”, she told me. For many of the women I spoke to, invoking God in the context of their treatment is more than a rhetorical tool, more than a simple ‘thank God’ or ‘God willing’, but actual attributions of power and shifts in agency. These kind of supernatural explanations are not limited to the Orthodox context, or even to the realm of religion. The notion of an “inevitable destiny” is employed by many couples in IVF treatment, sometimes called “God”, “fate”, or “nature” (Throsby 2004: 168), accounting for those factors that cannot be grasped, and outcomes that cannot be explained.

Framing success and failure in in vitro fertilization as the will of God has several ramifications, both for the acceptance of ARTs by religious couples and for the process coming to terms with life-long childlessness. First of all, framing all forms of conception, even those by in vitro fertilization, as the will of God integrates ARTs into a Georgian Orthodox belief system. In the eyes of many Georgian Orthodox IVF patients, ARTs do not oppose God’s will, because in many cases, the procedures are successful, and only those humans who are wanted by God are born. In this reasoning, the Church’s opposition to in vitro fertilization as it was expressed in the patriarch’s Christmas epistle in 2014 is understood as being rooted in misinformation on the side of church officials, who did not properly explain the techniques to the patriarch, or did not understand them themselves. These rumours of an uninformed patriarch were vehemently denied by the church subsequently to the publication of the epistle.⁶²

Nevertheless, many Georgian Orthodox couples argue that because the actual conception – attachment to the uterus – does not take place in vitro, but in the woman’s body, it is not fully dependent on the doctor, but is still in God’s hands. Such an interpretation also questions the attribution of natural and artificial. Though the Georgian term for in vitro fertilization – *khelovnuri ganaq’opiereba* (artificial fertilization/conception) stresses the artificial aspect, this argument separates the combination of egg and sperm in vitro from the actual conception within the woman’s body, which is beyond medical intervention. Similar arguments have been brought forward by Heather Paxson’s interlocutors in urban Greece in the middle 1990s (Paxson 2006). Moreover, these Greek Orthodox believers embrace the Orthodox doctrine of *ikonomia* – committing a smaller sin in order to avoid a larger sin (Paxson 2003: 1856). The sin of IVF can

⁶² TV program: “*sashobao ep’ist’oles, surogat’i dedebis shesakheb*” [Christmas epistle, about surrogate mothers], *moambe*, First Channel, 11.01.2014.

therefore be justified, compared to a childless marriage or even divorce, as the couple is fulfilling God’s expectation of parenthood. Though not following this Orthodox doctrine, Catholic IVF practitioners in Ecuador find ways of legitimizing their medical practice and integrating it in their faith (Roberts 2006; 2012), performing acts of devotion and prayer during their work in the operating room and laboratories, by calling for God’s intervention. Roberts strikingly describes how her interlocutors strive for modernity (including advancements in biomedicine) without feeling the need to become “secular objects” (Roberts 2006: 511). Their self-representation differs from the practitioners I met in Georgian IVF clinics, who liked to stress their distance to religion, and repeatedly told me that “this is medicine, not religion”. Yet, for many of their patients, these medical treatments will remain unsuccessful without divine intervention. Despite happening in a laboratory context, human conception is still under God’s dominion.

Playing down the artificiality of ARTs is a characteristic element of normalizing the practice and is not limited to the religious context. Both fashioning IVF as “giving nature a helping hand” (Franklin 1997: 103) and as fulfilling ‘God’s will’ naturalize and normalize the practice towards those who criticize its artificiality. However, the Georgian Orthodox Church’s opposition towards ARTs is less grounded in its artificiality, but in the “murder” of embryos in the process, which is equated with abortion and the destruction of life, as well as the emotional detachment of not only conception, but also gestation in the case of surrogacy, which may lead to serious consequences for the respective children and their families. Such criticism was largely ignored by my interlocutors, though one woman mentioned that they had the surplus embryos frozen, so they would not be disposed, which would be a sin. Several of my interlocutors would draw a strict line between “just IVF” and surrogacy, with a strong focus on the emotional importance of the gestational period. With IVF, the connection of warmth between mother and child is not threatened, while surrogates – as they are not the “real mothers” might not connect to the foetus in the same way. In addition to normalizing and legitimating their IVF treatment and integrating it in their own belief system, attributing the power of human conception to God allows women to explain the inexplicable to themselves, to give meaning to the fact that they will remain childless. I will focus on this aspect of attributing meaning to the failure in conception in the second part of this chapter.

Attributing Meaning to Childlessness

In the context of pregnancy loss, Linda Layne (1992; 2006) has demonstrated how God is portrayed as the “supreme agent in reproduction – he is the purveyor (or withholder) of children, giver or withholder of gifts” (Layne 2006: 538). In my research, I encountered powerful narratives by women explaining to me that God decided not to give them a child, mirroring the biblical idea

of barrenness, of God ‘closing their womb’. Two of these narratives will be presented in this section. Trying to make sense out of their situation, these women accentuate the personhood of their potential child. Just as attributing personhood allows American couples to grieve for their miscarried child (Layne 2000), imagining their child as an individual allows these women to legitimize God’s decision not to have the child born. On the one hand, trusting that God made the right decision in not giving a child to a family is quite important in accepting one’s fate as a childless woman. On the other hand, framing childlessness as a ‘trial by God’ may push women to continue their treatment. Therefore, interpreting childlessness as God’s will can foster both acceptance of their situation or perseverance of their treatment, and the individual conclusions that women draw may be depending on their individual situation – their age, their financial resources, and their physical and psychological condition.

Growing up under socialism, trust in God has been a foreign concept to Nona, something that older people would talk about behind closed doors, but that had no meaning to her everyday life. Only after experiencing severe hardship and learning more about religion did the idea of being saved by God become meaningful to her. After the birth of her stillborn son, Nona was grieving, and she became severely depressed, to an extent that she even contemplated suicide. At this time, she did not feel close to the Church at all. The situation became so dangerous that her family decided to take her to a dacha in the countryside, where she was supposed to find peace and come to terms with her loss. On the liturgical feast of “the Entry of the Most Holy Theotokos into the Temple”⁶³, Nona decided that she wanted to go to a nearby church. Her friends perceived this as a level of fanaticism, as she had never been to church before, but they decided to accompany her anyway. At the church there was a young priest of Nona’s age whose marriage has remained childless, just as Nona’s. In retrospect, Nona interprets their encounter as God’s will, and she is still thankful for the conversation she had with this priest. They talked for a long time and the young man told her,

“You do not know what [the child] would have grown up into [...] Maybe he would have grown up and he would have made other mothers suffer, killed other’s children, ruining, burning, would have shown such a bad behaviour towards you that you would beg, ‘I wish I had not given birth to him, God’. God knows best, this child should not have been born and now God has taken him to himself as an angel.”

Nona told me that with these words he raised her spirits, so that she would not be as out of her mind anymore, not thinking about killing herself anymore. Later she asked the priest why her child should grow up as a criminal and get in in trouble, because she would have raised him well. And he replied to her, “God gave humans a free will. You raise [your child] for 15 years, then

⁶³ *ghvtismshoblis t’adzrad miq’vaneba*, celebrated on December 4, following the Julian calendar. The day is known in the Catholic Church as “the Presentation of the Blessed Virgin Mary”.

he would have already become a teenager, he would have got a free will, and nobody could break him anymore.” And even now, Nona is still convinced by the words that this young priest spoke to her. While she still tries to do her best, as she says, ultimately, it is the “Lord’s will” (*uplis neba*). In this framework, everything happens for a reason, though these reasons might stay hidden to humans,

“If the Lord wishes, I will have a child and that it will be healthy, normal young person and not *p’atologi*, such a ragtag (*nadzirala*), who will cause problems for other people. Such a child really nobody wants to have. And God knows all this very well. If God wants to send me a healthy child, it will be his will and I will have it.”

Like many Orthodox believers, Marina, the childless woman who was introduced in the beginning of this chapter, and her husband have a close relationship to their spiritual father⁶⁴, and of course they also discussed their childlessness with him. His advice was similar to the one that the young priest gave to Nona. Maybe, their child was not meant to be conceived, because of the qualities it would have. “Do not worry because of this hardship (*gansatsdeli*). And what do you know, maybe God does not give you a child because you would have a sick child.” And Marina told me:

“I do not know, this is an additional horror. A child who is sick. [*pause*] For example an *invalidi* (*person with disabilities*) or so, this is very difficult and I fully beg to God, that if I have a child, I will have a healthy child.”

This is quite a common trope in the interpretation of childlessness. God decided not to give a child to a couple, because of certain qualities the child would have, and the suffering the child would either cause (in Nona’s case) or experience – and therefore cause suffering to the own family (in Marina’s case). Participants in a study about the understanding of miscarriage in Qatar find similar explanations to their miscarriage. They, too, ascribe it as God’s will, as their child might have become disabled, or even kill his parents. In their interpretation, Allah wants to avoid suffering, so the child is never born (Kilshaw et al. 2017: 5). Having a sick child is by many Georgians perceived to be worse than having no child. This is also mirrored by the high numbers of children with special needs who are waiting to be adopted, and the very low numbers of couples who decide to adopt such a child, even though the waiting lists for adoptions are so long (see chapter 8) – though couples who come forward to take care of a child with special needs are highly praised. While the stigma of having a child with disabilities is slowly decreasing, raising a child

⁶⁴ A spiritual father and confessor (*sulieri modzghvari*) in Orthodox Christianity is supposed to take confessions and give spiritual guidance to a person. In practice, this advice can pertain all spheres of life. Ideally, husband and wife should have the same spiritual adviser, but I have met couples who stayed with their spiritual adviser from before marriage, because of their trustful and intimate relationship. Having a spiritual father has become increasingly popular among young people, which can be interpreted as both a marker and means of the rising power of the GOC, because this is a very intimate relationship that asks for strict obedience (Köksal, Aydingün, and Gürsoy 2019: 331-332).

with special needs is still considered as a heavy burden for the family, because medical care, specialized education institutions and support in daily care are limited and difficult to access, especially in rural areas and for families with low income. Similar stigmatization of disability in children has been described for Greece. With reference to Gail Landsman (Landsman 2000), Paxson attests how “real” motherhood in Greece is linked to making a healthy, normal child, with some people fearing that their child conceived by IVF might be somehow “different” (Paxson 2003: 1861). Most people in my research emphasized how normal IVF children grow up to be. However, if these children develop disabilities or any other medical conditions, they will likely attribute them to the artificiality of their conception. In the trope of the unborn ‘different’ child, not having a child at all is the lesser evil, and this thought gives comfort to many childless couples. Not their own moral, religious or biological failure led to their childlessness, but God might have prevented worse misery. Knowing this, Marina was able to perceive “the reality of her situation”, as she called it – she managed to come to terms with her childless future, to sketch a life plan that does not include a child anymore, but is still equally meaningful.

Childless Saints

For those who trust in God’s will, biblical narratives about barren women or the life stories of childless saints may offer comfort. However, they also often play with the notion of hope and perseverance, and therefore might work against the acceptance of childlessness. Barren women – whose “womb was closed by God” – are a reoccurring trope in the Hebrew bible (Koepf-Taylor 2013). Barrenness applies only to women, and it stresses the metaphor of women as fields or soil in human procreation within Abrahamic religions (Delaney 1986). This link to gender is twofold: It reproduces the narrative of women to be blamed for a childless marriage, but it also allows for a distinct female form of coping, because it makes these narratives especially accessible for women. Perhaps this is also one of the reasons why pilgrimage to places affiliated to the healing of childlessness attracts especially women (see chapter 6).

It is quite common in the Christian context that their stories are taken as an example for the way involuntarily childless women should cope with their infertility. The possibly best known biblical story of a childless women is Jacob’s wife Rachel. When Rachel is not able to conceive, she gives her servant Bilhah to Jacob to bear them a child (Genesis 30: 3). In popular as well as academic literature, the story is taken in order to demonstrate that ARTs are not necessarily a new ‘high tech’ phenomenon, but were known throughout history and even in biblical times – just as I indicated in the introduction of this dissertation, and as others did before me (Fortes 2004 [1969]: 256; Richards 2004). While Rachel’s story seems to be dominant in the discussion of ARTs because of the practice of partial surrogacy, her story also focuses on faithfulness to her husband

as well as devotion and trust in God, and may be used as guidance for religious childless couples. Moreover, because of her long years of barrenness, she is perceived as especially sympathetic to women who suffer from infertility in the Jewish tradition, and her shrine in Israel is especially popular with those Jewish women who are seeking assistance in matters of pregnancy and childbirth, just as shrines dedicated to Mary, which are visited by Christian believers (Sered 1986; Stadler 2015).

Similar to Rachel, Sara and Abraham’s marriage remained childless for many years, and she, too, gave her maid to her husband to bear him a child. Sara only became pregnant at the age of 90 years (Genesis 11:29-23:19). Though pregnancies at old age are still considered rather curious and are deemed as irresponsible and often illegal by reproductive doctors and legislators, today’s medical and technological progress in in vitro fertilization allows for quite advanced maternal age pregnancies, especially with egg donation and cryopreservation. The oldest woman at the time of giving birth in my sample was 46 years old, and she conceived her daughter 24 years after her wedding, thanks to in vitro fertilization. With this age, she is still a young mother compared to the extreme examples that appear in tabloid newspapers every now and then. Though still statistically unlikely without ARTs, pregnancy far beyond the age of 40 became quite attainable. While ARTs offer a chance for women to suspend the ticking of their biological clock, the extension of their reproductive life span also extent the time that the women spend in uncertainty, fostering their hopes of a late child instead of coming to terms with a childless future. Though stories from the Old Testament are well known, none of my Georgian interview partners referred to the biblical stories of Rachel or Sara when speaking about their own situation (though they came up in other conversations). They searched for guidance in other narratives, and addressed their prayers to saints they felt especially close to.

One of them is St. Hannah the Prophetess (*ts’mindana ts’inasts’armet’q’veli*). According to the bible (1 Samuel 1:2-2:21), she was married to Elkanah, but the marriage stayed childless, as the Lord had decided to close her womb. For this, Elkanah’s second wife, Penninah reproached her. Though Elkanah favoured Hannah, she was troubled by her childlessness. The devoted family would regularly pilgrimage to the holy site of Shiloh. Here, Hannah prayed for a son, and vowed that she would give her child to serve God if she would be granted her wish. Eli, the priest of Shiloh heard her mumbling. First he thought she was drunk, but then she explained herself and he blessed her. Subsequently, Hannah gave birth to Samuel, a biblical prophet. After the child was weaned, she brought him to Eli to serve in the temple. After this, she was blessed with three more sons and three more daughters. Hannah’s hagiography emphasizes devotion to God, hope, and continuous prayer, but also the love and faithfulness of a husband despite his wife’s barrenness.

The women I spoke to are especially drawn to those saints that they encounter regularly on their church visits through the representations in icons. To Orthodox believers, icons are not

simply images, but “presences of holy persons” (Eller 2015: 199) manifestations of the saints they represent, and connections or “doors” to the realm of God (Herzfeld 1990: 111). They are seen “as ‘person-like agents’ with whom the human agent can engage in a social exchange” (Nielsen 2011: 299), thus, they allow for a communication through prayer, connecting with the divine. Saints are not perceived as super-humans, but it is their humanity, their human imperfections and their suffering which makes them especially approachable and inspiring (McDowell 2011: 134).

Arguably the most influential religious narration for childless women in Georgia is the story of Joachim and Anna. Joachim and Anna (*ts’minda ioak’ime da ts’minda ana*) are the parents of Mariam (Mary), Mother of God, according to the apocryphal Christian tradition. Their names appear in the New Testament Apocrypha, but not in the canonical books of the bible. They are well known in the Eastern Orthodox and in the Catholic tradition. The couple desired a child, but stayed childless for 20 years. Joachim’s generous offerings at the temple were refused by the priests, because he had no descendants in Israel, and this was interpreted as a sign of godly disfavour. Without telling his wife, Joachim went to the desert to pray, and kept a fast of forty days. Anna was bemoaning her fate as both a widow and a barren woman. Then an angel appeared to both Joachim and to Anna. The angel announced the birth of their child, which would be known to everybody. Nine months later, their daughter was born. They named her Mary. At the age of three, they brought Mary to the temple, just as Anna had promised after the birth was announced to her. This day is commemorated as “the Entry of the Most Holy Theotokos into the Temple” - the same conspicuous holiday that my interview partner Nona chose to go to a nearby church, when she met the young priest who gave her new hope and maybe even saved her life. Joachim and Anna became parents to the central female figure in Christianity, who, moreover, is worshipped for her act of giving birth to God. In Orthodox Christianity, Mary is emphasized to be the Bearer of Christ (Theotokos), less so the Virgin Mary (Paxson 2006: 486). Not a childless woman herself, Mary is still called upon by many childless couples due to her wonder-working capacities and her relation to childbearing (see chapter 6), and being ubiquitously present in the Orthodox world, she may be the main receiver of prayers by female Orthodox believers.

St. Anna’s narrative shows strong parallels to the story of Hannah in the Old Testament – the similarity in name is presumably not a coincidence. The life stories of these women are focussed on their barrenness and later ability to bear important children, and emphasize the significance of devotion and perseverance. Both Hannah and Anna stayed childless for a long time, but then, their children were chosen by God, destined for great deeds. In this sense, Keti’s and Nona’s explanations for their own childlessness are inversions of these biblical stories. They are childless not only because they do *not* bear chosen children, but because they would bear children who are not at all chosen by God: God did not want these children to be born, because they would create (additional) suffering.

I would like to add another element here: Even when the hope for a child is mostly gone, the hagiography of saints can offer orientation, as they emphasize faithfulness to the spouse and devotion to God, even in times of hardship. In order to both illustrate the hardship that some women have to endure over the course of their life and to exemplify a childless but still meaningful life, Marina, the woman from the beginning of this chapter, told me the life story of a female Russian Orthodox saint: She said,

“Life is very difficult, you can’t understand. This is how it is. Now there was such a saint, every Christian knows this, Elizabeth Feodorovna, Nicholas’ *rdzali* (sister-in-law), and she lived six years with her husband. Then she was canonized, she died in martyrdom. She was the Russian empress’ sister. And she did not have [children]. Imagine, she did not have children for six years and then her husband died, [yet] this woman died in martyrdom and finally she was canonized by the Russian Church. See, such oddities happen, this woman was canonized and she did not have children, six years she lived like that. Yes, such things happen, they happen [*pause*] Yes, a child is a great happiness, that goes without saying, but still more important is the married couple (*tsol-kmari*), this is what I think. The wife’s and husband’s relationship. These children, they go their way, and the wife and husband are the most important, in either case the actual family (*maints upro ojakhi es aris*). Yes, of course, not having children is a great pain for childless families, but I know many families with five or six children. I don’t mean these families, with properly raised children, but how many do I know who left their parents alone. Although they have three or four [children], the married couple lives alone, and this is how they grow old.”

For Marina, the most important family unit is the conjugal unit of husband and wife. Though she is scared of the implications of staying childless in old age, she is aware that having children does not automatically convert into being cared for as an elderly person. Rather, she stressed several times during our interview how unreliable children can be, and how often she witnessed adult daughters and sons who abandoned their parents. In her perspective, not having children is not a reason for divorce, but rather a trial for a successful marriage, one that is devoted to a life for God. From a Georgian Orthodox perspective, a childless couple is not supposed to divorce, but to continue their marriage in devotion to God. Catholicos-Patriarch Ilia II advises parents who are not able to conceive to “lead their life together in preparation for their settlement in the Kingdom of Heaven”, and not to consider their childlessness as a tragedy.⁶⁵ Similarly, he emphasizes joint endurance in times of hardship as an important element of family life, and grounds this in the spiritual and corporal unity of a woman and a man (*kalisa da mamak’atsis tanatskhovreba sulieri da khortsieli ertobistvis*).⁶⁶ Many childless couples stress the conjugal couple as the most important element of the family, as the family’s most basic unit. Honouring the conjugal unit is considered to be the duty of a devoted Christian, more so than striving for a child.

⁶⁵ My own translation. The complete epistle is available online in Georgian. Patriarchate of Georgia 2014. 2014 *sashobao e’pist’ole* [online]. <<http://patriarchate.ge/geo/2014-2/>> [accessed 25.05.2019].

⁶⁶ My own translation. The complete epistle is available online in Georgian language. Patriarchate of Georgia 2016. 2016 *sashobao e’pist’ole* [online]. <<http://patriarchate.ge/geo/patriarqis-sashobao-epistole-2016-w/>> [accessed 25.05.2019].

Perhaps this is another reason why the hagiographies of Hannah and Anna are so much more inspirational to Georgian women than the surrogate case of Rachel and her maid Bilhah, because it better relates to these Georgian women’s idea of joint perseverance and faithfulness.

Conclusion

This chapter aimed to look at the way how women cope with their inability to conceive, with a special focus on the juncture to Orthodox Christianity. It centers around the question: What happens, if the responsibility for their childlessness is shifted away from the couple and towards God? When I asked Lika, a childless woman of 42 years about the process of family planning in her marriage, she reacted a bit shy. Her colleagues are all quite active about pursuing assisted reproductive technologies, and she knows that at her age, medical intervention might be her only chance to become pregnant (see chapter 4). Still, she told me, “Well, of course we have this great desire to have our own child. Everything is the Lord’s will (*uplis nebaa q’velaperi*). I am a bit passive, as I told you, so let’s see.” Lika places her reproductive future in the hands of God. If everything is God’s will, she might not become pregnant anyhow, or she will. Not all of the women I spoke to were as passive as Lika. Most of them attributed the final outcome of their efforts to God’s will, but they still felt that they needed to get active in order to express hope, perseverance, and trust in God. The four women that I presented in this chapter all perceived their involuntary childlessness as a time of crisis, and some of them experienced severe depression due to the feeling of uncertainty and loss. Apart from Manana, they all attributed their childlessness to God’s will, therefore shifting responsibility for their situation towards God. This shift not only allows them to legitimize their treatment and to integrate ARTs in their own Orthodox belief system, but also accounts for success or failure in their treatment, explaining the inexplicable. Utilizing ARTs in this sense does not always oppose God’s will, but rather can be interpreted as a modern form of performing hope and perseverance, just as the barren female saints they know from biblical stories. IVF is not successful in spite of God’s will, but because of God’s will. For some, IVF has never been an option, but still hagiographies of childless saints may stress hope, perseverance, but also faithfulness and faith in the conjugal unit. Depending on the woman’s situation, trust in God may be an important driver not to lose hope, or a legitimate vehicle to accept one’s situation and find an alternative way of family life.

PART II – ASSISTED REPRODUCTION

CHAPTER 6 – NON-BIOMEDICAL ASSISTED REPRODUCTION: HEALERS, PRAYERS, AND PILGRIMAGE

Introduction: Efficacy and the Healing Market

Tamara, the 51-year old historian introduced in chapter 4, received many different suggestions and recommendations from the women around her on how she should try to heal her infertility. When she was still a young woman, an elderly lady in her neighbourhood told her that she should try the binding of her waist (*ts'elis shek'vra*) in order to cure her infertility, a folk custom (*khalkhuri chveuleba*), she said, that consists of a strict regime of compression on certain days of her menstrual cycle, but this was a recommendation that Tamara never followed up on, as it struck her as foolish. Others suggested certain herbs (*balakhebi*), told her how long to boil them and how much to drink of them every day. Then there was a popular fortune teller (*mk'itkhavi*) in Marneuli.⁶⁷ People recommended him to her, as he really helped those who needed assistance. Moreover, many of her friends suggested the “more Christian way” of going on pilgrimages, and Tamara remembered especially this one monastery where they had fish in a pond. In our conversation, she attempted to summarize all these “non-medical” recommendations that she had received:

“In short: herbs, binding of the waist, this fortune-teller or sorcerer (*jadosani*) or whatever, this and also that monastery, the Christian direction. There was even this very religious acquaintance – not a friend but comparatively close – who gave me this prayer book, especially for childbearing. Somebody gave me an icon of the pregnant Mary. There were many of these non-medical instances [...] but folk healer (*ekimbashi*), I remember one where you went and then he would do something with vaginal suppositories (“candles”), and then everything would be good. But I have not tested it. A friend told me, but I remember that I was afraid because I did not know what vaginal suppositories would be, so I declined.”

This short quotation illustrates the broad spectrum of non-biomedical treatments – defined in opposition to biomedicine, a clinical practice based on biological and physiological principles - that Tamara could have utilized to treat her infertility. This multitude of advice and recommendations is certainly not limited to Tamara’s experience, nor is the case of Georgia exceptional in this regard. Several ethnographic studies from different places of the world have shown how resourceful people can be in the way they cope with involuntary childlessness. The

⁶⁷ Several of my interview partners told me about this once very popular folk healer, who even appeared on television. The city of Marneuli is known to be predominantly populated by Muslim Azeris.

ways that people avoid, assess, or treat infertility are linked to people's cosmologies, their procreation beliefs and ideas about conception, as studies such as from Greece (Paradellis 1999), Mozambique (Gerrits 2002), Turkey (Strasser 1995), Cameroon (Feldman-Savelsberg 1994) and Macedonia (Thiessen 1999) describe. Adultery, polygamy and adoption are only some forms of low-tech options in the case of involuntary childlessness. Direct treatment of infertility may include herbal medicine, prayer, and magic, cleansing rituals, repentance, pilgrimage, or biomedical procedures, the involvement of healers, gynaecologists, midwives, reproductive doctors, or religious specialists. The different approaches do not have to exclude each other, but can be combined at the same time or used successively, even though they depend on different explanatory frameworks (Johannessen 2006: 2), and therefore represent "multiple medical realities" (Johannessen and Lázár 2006) related to a variety of cosmologies. The notion of medical pluralism has been used in the field of medical anthropology for several decades, with Charles Leslie (Leslie 1976) being the first to present a detailed account and classification. Others followed, analysing medical systems in different ethnographic contexts that comprise several sub-systems, such as biomedicine, often presented as the dominating practice in a hierarchical order, and several streams of folk and alternative medicine. Especially influential was the three sector-model by Arthur Kleinman that examines medical systems as cultural systems. According to Kleinman, the majority of medical systems around the globe are constituted by three sectors: A popular sector (patients and their direct social environment), a folk sector (illegal and lay healers) and a professional sector (biomedicine but also professionalized alternative and traditional medicine) (Kleinman 1978: 86). Again, these sectors are not clearly distinguished, but overlap (Baer 2011).

This short account already insinuates that patients do not perceive the different medical sectors or fields as equivalent, but rather categorize and sort them by their level of professionalization (as is the case in Kleinman's model), their acceptance in a legal and bureaucratic system, and especially their efficacy, as experienced by oneself or by trusted others. Galina Lindquist's ethnographic account of a Muscovite family's search for a treatment for their chronically sick daughter impressively shows how the perceived charisma of a healer grants legitimacy and produces trust, regardless of a certain biomedical or religious background (Lindquist 2002). Efficacy is an important criterion for the search of a treatment, as are hope and desperation. The desperate search for treatment leads people to medical fields distant to their own cosmologies and religious backgrounds – the decision to search for remedies outside one's own apparent understanding of what could plausibly work can be quite pragmatic. The question of the efficacy of rituals has a long history in anthropological research (Quack and Sax 2010), dating back to Malinowski's distinction between magic and religion, a dichotomy which should be overcome in order to understand ritual efficacy (Hardenberg 2010). Due to its rather practical,

“instrumental” aims (Quack and Sax 2010: 6), the efficacy of a healing ritual appears to be easily attested, but faced with a multitude of healing offers and recommendations, finding the right treatment can be overbearing. In her ethnography of health-seekers experience in postsocialist Bosnia and Herzegovina, Larisa Jašarević describes how a socialist science-based understanding of medicine has accused both traditional and alternative forms of healing to be irrational and backward, yet “since the 1990s war and peace, the field of plausible efficacy is more widely open to exploration and speculation, the field that [...] is intricately related to home medical trials and lessons learned from personal bodily experience” (Jašarević 2017: 150). Driven by advice, recommendations and their personal experiences, her interlocutors search for treatments and “real” healers between explanations, evaluations, and speculations, and the uncertainties both in alternative treatments and biomedicine (Jašarević 2017: 150-151, 236). Indeed, people’s search for the “real” poses questions of how authenticity, legitimacy, and efficacy relate to each other. Despite all pragmatism, in order to grant some legitimacy and not to label the potential healer as a fraud, there needs to be some way to relate, a way to construct efficacy, some hope that certain treatments might work, even if they do not always seem coherent or easily reconcilable. As “manifest perceptions of the world as they inhere in the context of action and experience” (Comaroff 1980: 643), cosmology relates directly to one’s sense of causality in illness and healing, though these cosmologies do not need to be fully rationalized, but may remain rather implicit or expressed through idioms and metaphors (Comaroff 1980).

Cosmological uncertainty can open up the market for treatments based on a variety of explanations, while the consolidation of a certain cosmological framework may limit the understanding of what can be “real”, as this chapter will show. The interrelation between religious beliefs and assisted reproductive technologies lies at the core of anthropological studies of ARTs (Garmaroudi Naef 2012; Inhorn, Patrizio, and Serour 2012; Kahn 2006; Paxson 2006; Roberts 2012), and the limitations in utilizing these technologies that are set by certain beliefs, religious prescriptions and procreation beliefs pervade this dissertation. However, non-biomedical approaches that are simultaneously or successively utilized by infertile couples are seldom addressed in ethnographies that focus on the biomedical, clinical context of ARTs. Elene Gavashelishvili for instance describes the Georgian childless women in her research as “bricoleurs”, who avail themselves of a variety of options (she focuses on ARTs and popular religion) according to their resources and the opportunities offered to them, emphasizing these women’s flexibility in decision-making (Gavashelishvili 2018).

This chapter deals with non-biomedical approaches to healing childlessness in the Georgian context, and will focus on the importance of pilgrimage, a practice which is very common among childless couples and especially women in Georgia. The first section of this chapter presents a brief account of the non-biomedical healing system in Georgia. I deliberately use the

term healing system instead of medical system, as the term ‘medical’ might obscure the reality of the market of non-biomedical assisted reproduction, which has very much shifted to religious healing in the past two decades. The notion of ‘trying everything’ – every healing method that the market offers to the childless – is challenged by Marina’s narrative, who, as a doctor but also as an Orthodox believer, did not seek medical assistance that would interfere with her religious convictions, nor did she visit healers who operate outside the realm of mainstream biomedicine. For her, miracles are limited to a “pure” Georgian Orthodox faith and practice. However, miracles do happen, and are often ascribed to sacred sites around the country. The main body of this chapter provides accounts of two pilgrimage sites that are especially popular with childless couples, yet they differ significantly in their character. They not only exemplify forms of assistance in human reproduction in Georgia, but also offer insight into the current religious landscape of Georgian Orthodoxy, and do illustrate current changes, not only in practice of pilgrimage.

From Fortune-Tellers to Priests

The field of assisted reproduction in Georgia offers a variety of options to childless couples, and those options are usually related to specialists in the treatment of infertility. For many, university-trained doctors in the field of gynaecology, endocrinology and reproductive medicine might be the obvious choice. Others might prefer the assistance of spiritual leaders, who address their suffering from a religious perspective. Yet others might prefer the assistance of a specialist who works with alternative medicine, either backed by traditional local knowledge or more recent findings that the new age market offers. In Georgia as well, childless couples encounter medical doctors (*ekimi*), folk healers (*ekimbashi*), and clergyman (*sasuliero p’iri*) who specialize in the treatment of childless couples.

The importance of the *ekimbashi* in the system of Georgian healthcare is something that I fathomed rather late during my research. I was aware that many of my interlocutors preferred traditional medicine when it was about minor problems, such as a common cold, and used knowledge of medical plants that was transmitted within the family by mothers and grandmothers – this is what Kleinman refers to as “popular sector”. My host mother kept certain herbs and homemade pastes at home, which she used to cure the minor ailments which occur in a family with six children. As she herself did not consult anyone except for doctors educated in conventional biomedicine, she did not tell me about other forms of healing that exist in Georgian society. Similar to the Georgian term for doctor, *ekimi*, the word *ekimbashi* derives from Arabic origins (*hakim*, wise, also doctor). *Ekimbashi* can be translated into folk healer or even quack, but it can also mean a wise person or sorcerer, which already indicates that they operate at the border between natural medicine, folk medicine and magic. Generally, people understand them to be

doctors without the education of a biomedical doctor, someone without formal medical qualifications who practices some sort of healing. Most of them have either certain traditional knowledge of local healing plants and mushrooms – this would be considered folk medicine⁶⁸ (*khalkhuri meditsina*) – or practice some form of alternative new age medicine, such as laying-on of hands, acupuncture, special massages or other forms of medicine are related to the alignment of energies. Here, the boundaries between magic and medicine can be fluid, and depend very much on the perception of the patient. For many, *ekimbashi* carries an aura of fraudulence or incompetence, but also of mysterious knowledge and unknown power. As one friend told me when I asked her if her family visits the *ekimbashi*: “It is okay to go there for a cold or some muscle pain or when you have a small wound or scar. He will give you some herbs or mushrooms, something you would also learn from your grandmother about. But to go there with cancer or hepatitis, that is dangerous.” However, a moment later she admitted that she knows about a famous healer who can even cure cancer, just with the laying-on of hands, by which he guides certain energies.

Depending on the trust that is placed into the professional’s ability to heal one’s childlessness and the perceived efficacy of this treatment, a medical specialist might be sorted as a doctor, a cleric, or an *ekimbashi*. My interlocutor Eka told me about the many recommendations that she received from her friends, relatives and neighbours in twenty years of childlessness. One of her colleagues has a cousin who worked as a doctor, a “reproductologist⁶⁹-homoeopath”. This woman was highly renowned, and “there real miracles happened”, which is why Eka went there for two years of treatment. The doctor was very talented, and even went to Germany from where she brought the best medicine – all natural and homoeopathic.

“Miracles happened in front of my eyes, because some had no tube, had no ovary and they became pregnant. One had her uterus completely removed and she had a child and the doctors were completely stupefied, how a child could develop in such an uterus [...] They were totally surprised and said that this was a great miracle, and this was my colleague, she herself took me to her relative, she said: ‘*vaime*, Eka, I want so much that you have a child’ – well, this is how my close ones acted. Then others, well, later I also went to the folk healers (*ekimbashi*), nothing came out of it. And pilgrimage, I always go on pilgrimage, I like it so much that I generally go on pilgrimage, to close-by churches.” (Eka, 46 years old, psychologist)

Then she proceeded to tell me about the churches she has visited, especially Sarke St. Giorgi monastery and the monastery of St. Nino at Bode. Obviously, Eka does not consider her

⁶⁸ The notion of Georgian folk medicine comprises a variety of practices such as healing with plants and mushrooms but also prayers and forms of magic and religious healing, related to the respective region’s ecological environment as well as the local cosmology (Burduli 2010; Gagulashvili 1998; Mindadze 1981).

⁶⁹ This occupational title is not common in English-speaking countries as far as I am aware (and neither in German), but frequently used in Georgia and in other post-Soviet countries as well. This is most likely a direct translation from the Russian ‘reproduktolog’, meaning a medical specialist in reproductive health, and a reference to reproductive medicine as a distinct field of expertise. As the term is commonly used in Georgia both in English and Georgian communication (*ekimi rep’rodukt’ologi*), I will use it here as well.

former reproductologist-homeopath to be an *ekimbashi*, even though her treatments were all natural, alternative, and produce miracles. Rather, to her this woman is a ‘real’ doctor, because of the success of her treatments. Here, efficacy – though not experienced by herself – produced trust in the abilities of this professional healer.

In contrast, when someone suggested that my friend Keti should visit an acupuncturist to treat her childlessness – a healer who could be categorized in the same realm of alternative medicine and on the same level of proficiency as a homoeopath – she refused to visit “this *ekimbashi*”. She later told me about a relative of hers who went to an *ekimbashi* in Marneuli, some 20 years earlier. The healer was of Azerbaijani origin, as many of the folk healers in Georgia are. Keti’s relative was not able to have children, so she went there in the hope to be healed of her *ushviloba*. The healer told her that she was pregnant, but she should not go for an ultrasound at a clinic, because it would upset the child. As it turned out later, Keti’s relative was not pregnant, “it was just water”, as Keti phrased it. As a very religious person, Keti is sceptical of non-canonical promises of miracles:

“There are also those who are even less serious [than the *ekimbashi*]: *shelotsva*, they will cast a spell or do some incantation, and also *mk’itkhavi*, who will tell the future. We have them in both our villages, too. There was a café in our village where women met for coffee reading, and they will tell your future or pray with some candles, with some water. But this is no real prayer (*lotsva*).”

For Keti, these are at best stupid, at worst even dangerous and sinful superstitions. For some of my less religious friends, interpreting the coffee ground and palm reading as a method of fortune-telling was a common pastime and amusement among female friends – with a special focus on the number of children we would have, the quality of our marriage and the relationship to our mother-in-law. One good friend was also interested in card reading and other forms of divination, and she took classes with a neighbour from her street and even consulted with “a gypsy woman”, as they are supposed to be especially knowledgeable in the field of divination. This friend was also the one who introduced me to the concept of *jado*. *jado* can be translated as witchcraft or sorcery, and it is usually referred to in the context of somebody being bewitched. Jealousy and other kinds of resentments may lead a person to being bewitched by their relatives or neighbours. Ongoing misfortune can be a sign of *jado*, and the spells need to be lifted by a professional, a *jadosani*. Childlessness can be the result of such a spell, as could being left by one’s husband. The spell can be broken by finding and removing the source, which can have an actual material form, but can also be warded off by certain amulets. In her ethnography of gender relations and female bodily crises in a Black Sea village in Turkey, Sabine Strasser describes how certain illnesses (such as fainting, infertility, and anxiety, among others) are perceived as demon possessions or spells cast out of jealousy. Because there is no medical cause, these afflictions do not fall in the responsibility of medical doctors, but religious teachers and healers. Strasser interprets these

bodily crises as counteractions to social expectations in a male-dominated society and expressions of their longing for social change (Strasser 1995; 2000). At this point I have to say that none of my interlocutors stated that a spell was the reason for their infertility. However, people reported stories of their friends and relatives being bewitched. Such gossip about alleged magic seems to be the main form of evidence of such beliefs in Georgia, considering that the modernity discourse of both Soviet times and today connects the belief in magic with superstition, backwardness, and the rural – a position which is also common to the Orthodox Church. Thus, claiming publicly that one has been bewitched would be perceived as rather embarrassing (Jašarević 2017: 150; Lindquist 2002: 352-353; Valtchinova 2007: 13).

There are several cases of *ekimbashi* who reached a certain level of popularity and were celebrated by their followers as miracle healers. Most of the *ekimbashi* I was told about belonged to the Azeri minority, which might also explain the usage of a Ottoman Turkish derived term – but it also relates to the attributed “backwardness” of this part of the Georgian society. As people told me, the heyday of *ekimbashi* and miracle healers were during the chaotic times after the dissolution of the Soviet Union, especially in the 1990s and also in the early 2000s, possibly as much related to feeling of disorientation and lack of common values as the shortfall of the Soviet healthcare system, which was officially exclusively focussed on biomedicine. Just as the end of socialism opened the religious market for religious groups foreign to the local context who offered hope and orientation (Pelkmans 2009), it opened the healing market in the formerly socialist countries to all sorts of local as well as foreign spiritual traditions and new age practices (Cotofana and Nyce 2017). As others have argued before, the proliferation of magical practices seems to be directed related to the experience of uncertainty and crisis (Lindquist 2003: 58). Here, such “occult economies” are not simple resurgences of traditional local practices, but rather expressions of discontent with aspects of globalization, as well as modes of engagement with the uncertainties of modernity (Comaroff and Comaroff 1999: 7-8). Unfortunately, I can only reconstruct the situation of that time through the memories of some of my interview partners, who are very much part of the healing system in Georgia as it is today. However, it has to be noted that despite the official focus on biomedicine under socialism, health-seekers resorted to visiting spiritual healers in socialist times as well, attesting the medical pluralism at these times. Some of the most popular and charismatic spiritual figures of the early 1990s gained their popularity during socialism, and scientists of the Soviet Union did research on paranormal medicine. In this sense, the pluralistic postsocialist market for healing and magic arise from both traditional practices kept alive and new forms of alternative healing (Lindquist 2003: 53; Valtchinova 2007).

Nowadays, many of the problems for which one would have visited a folk healer, sorcerer or fortune-teller in the 1990s became part of the responsibility of the many religious specialists, monastic persons and priests in churches and monasteries around Georgia, who are just as

capable of working miracles. Priests, spiritual lay people, monks and nuns around the country are known for their ability utilize folk medical knowledge and to prepare herbal tinctures, but also to break spells or heal in any other fashion, just as the “cleric, who made 32 childless couples happy” after he prayed with them and gave them an icon he wrote – though he claims it is not him who helps them, but only God.⁷⁰ Consultation with a spiritual father – an Orthodox priest that the parishioner trusts with all sorts of questions and personal concerns – is an integral part of Orthodox religious practice (see chapter 5). Touching certain relics will cure all sorts of ailments, and a multitude of sacred sites are visited by pilgrims who hope for a miracle. Several of these practices are non-canonical and are regarded by Church officials as folk religion or even ‘pagan survivals’, yet, by the believers, they are understood to be part of their Orthodox faith, framed in Christian terms and practiced in churches and monasteries, as the case studies in this chapter will show. The shift to prayer and pilgrimage can be interpreted as a consolidation of the post-Soviet religious market in Georgia (and therefore, also the market for non-biomedical healing), in which the Georgian Orthodox Church dominates and attempts to regulate religious practices, supported by a growing number of Orthodox believers as well as concessions by the post-Soviet Georgian government.

Keeping It Pure: The Case of Marina

Marina married her husband Jaba at the age of 25. They met at university, where they both studied medicine and attended the same courses. As of today, Marina is working as a general practitioner, and her husband is a gynaecologist. The couple is now in their early forties, and Marina has never been pregnant, despite her strong desire to have a child. Given their professional background in medicine, Marina and her husband got checked for medical causes of their childlessness about four years into their marriage, but the results were inconclusive and the couple was not open for any advanced medical interventions:

“As it turned out, there is no problem. I was examined, also my husband and there is no problem and – I do not know, this is how it is. Later there was talk about this artificial fertilization, from this I refrain, I did not do this. Not only because, well, apart from religious considerations, it is that I reckoned this was no problem and something would happen. I thought, how it always would be, and this is what I think now as well, that I have hope in God.”

⁷⁰ Video: Info9, 17.07.2015. “*sasuliero p’iri, romelmats 32 ushvilo ts’qvili gaabedniera – ‘me araper shuashi var’*” [online]. <<http://www.info9.ge/sazogadoeba/videoreportazhi/125220-sasuliero-piri-romelmats-32-usvilo-wyvili-gaabedniera-me-arafer-suasi-var-.html?year=2016&month=8>> [accessed 25.05.2019].

Marina stood by her decision, and even though her spiritual father did not oppose in vitro fertilization, the couple never tried.⁷¹ They also never decided to adopt, even though Jaba's mother begged them to adopt a child – to Jaba's mother, it did not matter if the child was not their own. However, it was never suggested by Marina's spiritual father during their many consultations, and she herself wanted to have her own child and did not consider adoption at any point:

“In the meantime, time went on, years, as it can probably be said, and – what can I say – years and what I will do now I honestly don't know, but this is how I was, young, and probably because I had the hope that I would have my own [child]. I do not know, maybe this appears strange, but I still have this hope now, I do not know. This is how it is.”

Marina's inability to have children stands very much in opposition to her personal convictions. As she told me, a woman has to start a family (*kalma ojakhi unda shekmnas*), it is her assignment (*danishnuleba*) in life. Marina told me that having many children was a desire she already had as a young child, but unfortunately, her life turned out differently. Despite their rejection of both assisted reproductive technologies and adoption, Marina and Jaba did not remain idle. Apart from medical examinations, they actively engaged in religious endeavours in order to receive God's grace. Marina often thought about why this happened to her, and she went to church and had consultations with her spiritual father, and they talked, but the problem stayed.

Marina has been on pilgrimage (*molotsva*) to several sacred sites in Georgia many times. Four or five times she has visited the monastery of St. Nino at Bode in East Georgia, about two hours by car from Tbilisi. Here, pilgrims visit not only the church and the garden of the nunnery, but also the St. Nino spring, which is attributed with healing powers.⁷² The monastery complex has recently been renovated, and the place is usually crowded with tourists, both foreigners and Georgians, who walk down the steep path to the spring, immerse themselves into the water and take the water in containers and bottles from there. Drinking and bathing in the water of healing springs located at sacred sites is a common practice in Orthodox Christianity, and not necessarily related to a prevailing illness, but often directed towards a general spiritual and physical well-being (Lubanska 2017). In addition to the St. Nino monastery, Marina has also visited the Berta monastery near the town of Tsalka several times. At this monastery complex pilgrims bath in a spring where “healing trout” live (*mk'urnali k'almakhebi*). Once touched by the fish, people are supposed to be healed, and the monks there remember many such miracles. Visitors report that they can deduct much from the reaction of the trout, and people observe precisely how the fish move once a person has entered the stone basin.⁷³ Once, Marina and her husband also went to

⁷¹ I looked more into Marina's motives and her conception of 'God's will' in chapter 5.

⁷² Less religious interlocutors told me that prior to the recent renovation of the monastery, the spring was considered to be “just water”, without wonder-working properties.

⁷³ I wanted to visit Berta monastery, and I registered twice for tours that were offered by travel agencies, promising “one day at Tsalka monastery with the healing trout”. Unfortunately, both tours were cancelled on short notice because not enough people registered in advance. Tours from Tbilisi usually cost about 30-40 GEL

Sarke St. Giorgi monastery, which is located on a mountain close to Kareli, about 120 km from Tbilisi. Even though the distance is somewhat the same as to the previous places, Marina remembers this place to be very far and high on the mountain, and they had to take a jeep, and the abbot read a special prayer for the pilgrims. Moreover, Marina went to consultations with a priest who specialized in childlessness at the Holy Trinity Cathedral in Tbilisi, and she attended public prayers for the childless (*ushvilobis p'arak'lesebi*) there. Her practice also includes the veneration of certain relics (remains of saints and pieces of objects associated with them), which are said to have healing powers (*gank'urnebisa da k'urnebis dzala*). Some of these tiny remains were brought to her from Jerusalem by friends or relatives who travelled there. Up to this day, she still reads special prayers for the childless, but she does not go on pilgrimages anymore. As discussed in the previous chapter, her focus has shifted from hoping and searching for a cure to acceptance.

The case of Marina and Jaba exemplifies the limits of the 'trying everything' paradigm – the couple did not exhaust the multitude of potential options that the healing market in Georgia offers, though they could have had access to the needed medical expertise. Rather, they limit themselves to a set of options, guided by an understanding of what constitutes real medicine as well as religious healing in the realm of pure Georgian Orthodox Christianity. Practices outside this realm are labelled as either unnatural or sinful, and they will most certainly not produce real miracles. I must add that Marina considers herself to be part of a minority of very strict Orthodox believers in Georgian society who distance themselves from those that are Orthodox “just out of fashion”. Marina’s active engagement with her childlessness was especially performed through the numerous pilgrimages that she undertook. In order to discuss this very popular option on the Georgian healing market, the following section will introduce and compare two of the most popular pilgrimage sites for childless couples in Georgia.

Two Pilgrimage Sites

Tsachkhuroba

I arrived at the road between the villages Salkhino and Tsachkhuri early morning on the first Thursday following Easter in 2017. It was supposed to be a warm and sunny day, but the morning air was still crisp with no clouds in the blue sky, and the snow-covered tips of the massive North Caucasus were visible in the far distance. Tsachkhuri is a tiny village in Martvili municipality, in western Georgia’s Samegrelo region, about 300 km from the capital Tbilisi, and about 60 km from Georgia’s second biggest city Kutaisi. To tourists, the region offers historical churches and beautiful canyons to visit, but most visitors will take day-trips from Kutaisi, and will

(about 11-15 EUR at that time). The agency informs that one should bring a towel and some bread and boiled eggs for the trout.

not be seen in any of the small villages beyond the beaten tracks and tourist spots. Not so on every first Thursday after Easter: I entered the village via taxi from the south. The long, narrow and the only surfaced road that runs through the village and connects it to the regional centres in the south was crammed with cars and minibuses which were parked and left by its owners on both sides, all of them facing north. Groups of people were walking in both directions, and it was difficult for my taxi driver to navigate through the crowd. At one point, he had to give up. The police blocked the traffic that went north, and only allowed cars to leave to the south. My taxi driver apologized, gave me his phone number in case of trouble, and advised me to walk down the road, “until there is a way uphill to the right, where everybody goes. Also, take your water bottle.” I got out of the car and put on my headscarf, as it is customary for such religious endeavours. Then I joined the groups of people on the street and started my pilgrimage to the Tsachkhuru Archangel Church (*ts'achkhuru mtavarangelozis sakhelobis ek'lesia*). As I learned later, some of the first pilgrims start their walk even before sunrise from the centre of the village Salkhino, therefore adding several kilometres to their hike.

Once a year, the Tsachkhuru Archangel Church hosts a religious mass event, despite of being a rather small and on the first glance unremarkable church. The place is known for its miraculous powers. Pilgrims believe that after three years of devoted pilgrimage and prayer on the day of Tsachkhuroba, their pleas will be heard and with God's mercy, they will be gifted with a child. Therefore, several hundred if not thousands⁷⁴ of Orthodox believers visit the church each year for a mass pilgrimage, many of them childless couples themselves, but relatives and locals join in as well. I had walked for about two kilometres between parked cars and minibuses and followed along the other pilgrims until I arrived at a crossing. A blue sign with a pictogram of a church and the name “Tsachkhuru” pointed uphill. This is where the steep three-kilometre path to the church starts. Most pilgrims conquer the climb on foot, but many take an off-road vehicle to drive up the hill, rendering the path on several spots muddy and slippery – some say that it always rains the day previous to the event. Soon the crispness of the morning was gone, and the sun burned down on the pilgrims. Locals were well-prepared: The path was lined with stalls, where vendors sold cold water and soft drinks, ice cream, snacks and children's toys.

The groups of pilgrims were very mixed. They came from different parts of Georgia, but most were from the wider region of Samegrelo. There were many families, often with small children, but also younger and older couples as well as older women who walked as a group or took the climb on their own. Most people were dressed as they would dress for church – men

⁷⁴ It is difficult to estimate the exact number of pilgrims each year, as people come and go throughout the day. Television and online media reports have indicated different numbers, starting from seven hundred up to ten thousand pilgrims on one day, often emphasizing the “countless” quantity of pilgrims. Some call it the biggest religious festival in Samegrelo.

casually in jeans and shirts while the women wore headscarves and skirts or dresses, often in black or dark colours, but there were also young women dressed in jeans and T-shirts. Some of the pilgrims were walking bare-foot, their feet dirty with the mud of the path: the harder the ascend, the pilgrims say, the more likely their wish will be granted.⁷⁵



Figure 5: Carrying Cradles Uphill, Tsachkhuroba (photo by author, 2017).

Several of the pilgrims carried toy cradles with them [Fig. 5]. These cradles (*ak'vani*) were mostly made out of wood and decorated with ribbons and padded with cushions, with the textiles often in the colours light blue or pink. The cradles were of different sizes and in different styles – some of them were obviously store-bought children toys made out of colourful plastic, but most of them were approximately 30-50 cm long, and carefully hand-made and adorned with carvings

⁷⁵ Even though pilgrimage in the Eastern Orthodox tradition is less focussed on strenuous walks as for example in the Catholic tradition, there can be elements of the “embodiment of a vow”, such as walking barefoot, wearing black clothes or approaching the church on one’s knees (Dubisch 1990: 120). According to Sonja Luehrmann, the spiritual merit of walking during pilgrimage is a recent phenomenon in the post-Soviet space, as pilgrimages had to be a clandestine endeavour during Soviet times, for which no transportation could be hired (Luehrmann 2017: 177). Despite the closure and destruction of religious buildings, people would still pilgrimage to sacred sites in the Soviet period, though they had to be careful about hiding their religious practice or disguising their trips as touristic excursions to cultural sites (Aivazishvili-Gehne 2018: 120-121).

and beribboned with lace or crocheted work. Many but not all of the cradles contained a carefully placed doll. These dolls were often typical children's toys: plastic baby dolls, dressed in baby clothes and covered with small blankets. Some of the pilgrims put less efforts in the decoration of their cradles. I saw plastic cradles without any embellishment which accommodated both a blond Barbie doll and a Ken doll next to each other, and some dolls looked less human and more like a stuffed animal. Most of the people, however, had decided to bring the more traditional wooden cradle.

For those who had no time to prepare a cradle, some vendors sold them right at the path that led up to the church. Later this day on my way home to Tbilisi, I passed by the vendors on the side of the road who sell goods to those that take the highway that connects Kutaisi and Tbilisi in Likhi mountain range. The vendors there specialize in certain crafts, and some sell woodworks. This day, they were selling cradles as well. Later, I found such wooden cradles on craft markets in Tbilisi, too, where they were sold for about 35 GEL (about 13 EUR at the time of fieldwork). However, some of the carpenters living around Martvili have produced several hundred wooden cradles over the past years, which they do not sell for a set price, but for as much as the childless couple is able to give, even for free if the couple cannot afford to buy one, as a the news program *kviris moambe* reported in 2016. The featured carpenter in the report has produced about 300 cradles since the dissolution of the Soviet Union, and was proud to support people in need this way. As I will explain later on, the cradles are re-distributed during the event, but due to the growing popularity as well as roughness of the ritual, there is a constant need for new cradles.

The closer we came to the church, the more crowded the path became. Many pilgrims decided to escape the heat and crowd of people and made the climb in the very early morning hours. They were already on their way back when I ascended. Here, on the sunny hillside, people often stopped for short breaks. Some older women, who likely undertook the pilgrimage for their childless daughters, sons, or grandchildren, seemed exhausted, but determined to reach the church by foot. So close to the church, vendors sold more religious items, such as icons, bracelets, necklaces, charms, candles and prayer books. Some of them were the common trinkets one can find all over Georgia, others were straightforwardly directed towards infertile couples. At the front gate of the church, people were pressing in and out from both directions and it was difficult to enter. The courtyard was crowded with people, many of them gathered wherever they could find a spot in the shade, waiting for their turn. Others circled around the church three times, as the tradition asks them to do, which was difficult as the courtyard was so crowded. Afterwards, they proceeded to get their cradle blessed by one of the priests of the church. People tried to enter the actual church building from all possible directions, often without success. During the last years the festival became so crowded that most pilgrims are not able to take part in the service inside the church. Only those who arrived very early would be able to enter the church building, while

others had to make do with the courtyard. In the courtyard, people prayed, lit candles and attached them to the church's outer wall. Here, the walls were obscured by the smoke of hundreds of candles that were burning there that day and the thousands that had burnt there in the years before.

Apart from the individual prayers of petition that people engaged inside and outside the church building, they especially came here to sacrifice their cradles and have them blessed. At one spot, a crowd of people shoved so much in the direction of one of the priest that he vanished from the observers' eye [Fig. 6]. People held their cradles over their heads and tried to pass them to the front so they would eventually be blessed by the priest. The cradles are collected, blessed and later redistributed to the pilgrims. Highly coveted are cradles that were formerly owned by couples whose pilgrimage was successfully blessed with a child. These couples are supposed to return to the church and express their gratitude and thankfulness for God's gift, but also to return the cradle to this place, so it can be redistributed to another childless couple.



Figure 6: Blessing Cradles, Tsachkhuroba (photo by author, 2017).

I engaged in a chat with a vendor from whom I bought a bunch of candles of different sizes. Her small stall was located right next to the church entrance. She was fascinated that I “came all

the way from Germany to their church” and introduced me to some of her fellow vendors. I asked them how long they already had been coming there and if it had always been that crowded. As they told me, there have always been people coming for Tsachkhuroba, but it became more during the last years, maybe because there had been some countrywide broadcasts regarding the festival. And indeed, shortly after our chat, they introduced me to a television crew which was there to shoot a short documentary about the festival. The festival of Tsachkhuroba is known to childless couples in Tbilisi as well, and several of those that I met with had visited the place before. It is quite a distance to cover from the capital, and there are many closer options for Tbilisi residents. Nevertheless, I saw many pilgrims from Tbilisi as well.

On my way back, I met Maia, a woman in her thirties who walked down the hill together with her young daughter, who was about four years old. We walked down the hill for some time together, and I asked her if she visits Tsachkhuroba regularly. She told me this was the third consecutive time, but she had been here many times before. I asked her why she came here, and she pointed at her maybe six-year-old daughter who was walking a few metres next to us. Then she looked at her with a loving smile and said, “For her, I come here for her. So she will never be childless.” Maia told me that she was from the region, from a village about 40 kilometres from the church. She likes the communal character of the festival: One year, she was invited to a *supra* by some locals, and together with many pilgrims from other parts of Georgia she joined the feast. Her description of Tsachkhuroba reminds of the classical anthropological notion of the sense of *communitas* and the liminality created among pilgrims (Turner and Turner 1996 [1978]). People are brought together by the same purpose, feeling unity and sharing and exchanging experience but also assuring each other of the path they have taken, while stepping out of their daily lives.

Just as Maia, many visitors do not make the pilgrimage for their own sake. There were many groups of women in their forties and fifties carrying as many as two cradles per person. Then again, I saw couples in their sixties who brought one carefully adorned cradle with them. It is obvious that in these cases, people made the pilgrimage for their loved ones, most likely their children, grandchildren or other close relatives, such as a niece or nephew, or even several people, thus needing several cradles. The remedy is therefore extended within a network of kin, and people assist each other through undertaking a pilgrimage. Many couples came with their “Tsachkhuru gifts” or “miracles”, small children who were born to formerly childless couples after their parents undertook the pilgrimage. They brought them here to pray and to express their gratitude. Tsachkhuru Archangel Church is a place where desperate couples come to after many childless years. But it is also a festival site, a place where locals engage with non-locals, and where people pilgrimage pre-emptively in order to save their loved ones from a childless future – even if this future might be twenty years away, such as in the case of Maia and her daughter. In these cases, the miracle will happen quietly and undetected, initialized by the mother years ago.

During my participation in Tsachkhuroba, I could not find one person who could tell me more about the origins of this cradle cult or the legends behind it. Many visitors heard about the festival from relatives, friends or neighbours. In the media, Tsachkhuroba receives more attention than other places of pilgrimage for childless couples, certainly due to the growing popularity, but also the syncretic character of the festival. In the television show that I analysed as well as in online articles, Tsachkhuroba was introduced with different emphases, depending on the broadcasting company and format. The more religious formats emphasize religious devotion, the aspect of pleading, mercy and gratitude, and the pilgrims' strong belief in God.⁷⁶ Other formats rather lay stress on the ethnographic peculiarities and the 'pagan' aspects of the ritual, such as the cradles and dolls, and former rituals of bathing in a nearby river and drinking of the wine from an ancient variety. Most of these reports mention the pagan roots of the tradition: legends suggest that at the location where now the church stands was once a shrine dedicated to a pagan deity that was worshipped by a fertility cult.⁷⁷ Therefore the miraculous fertility granting powers of this place seem to predate the construction of the church complex. Cradles were introduced to the tradition on a much later point, most likely in the 20th century, according to this information.

As in many pilgrimage sites around Georgia, the Georgian Orthodox Church reluctantly tolerates the non-canonical aspects of the tradition, as long as the pilgrims visit the church for the right reasons and "with God in their heart". Moreover, the GOC displays its presence and power here, as the festival gets also visited by high-ranking clergy of the eparchy – a sign for pilgrims that the cradle pilgrimage of Tsachkhuroba is not per se opposed by the Church. In its syncretic build-up, Tsachkhuroba is not an exceptional case, but must be considered in the context of numerous pilgrimage sites all over Georgia and especially in the mountain communities, where large festivals such as Kvirikoba in Svaneti, Alaverdoba in Kakheti, and Lomisoba in the east Georgian mountains are celebrated by local communities, pilgrims and tourists every year. While on the one hand the Georgian Orthodox Church prides itself with practicing an early and therefore purer form of Christianity, everyday religious practice in Georgia is also known for its syncretism, which includes elements of Christian, Muslim, Turkic, Iranian and pre-Christian (or pagan) Caucasian origins, especially in the mountainous areas (Tuite 1996a; 1996b). For those who follow such a syncretic tradition, the 'pagan' elements do not contradict their Orthodox faith,

⁷⁶ TV program: "*ts'achkhuroba*" – *k'viria'kes siuzheti*" [Tsachkhuroba – Sunday's Theme], Ertulovneba, 12.05.2013.

⁷⁷ TV program: "*ushvilo ts'qilebis rituali ts'achkhurus salocavshi – ,moambis' rep'ort'azhi mart'vilidan*" [childless couples' ritual at Tsachkhuru shrine – 'Moambe' reportage from Martvili] – *moambe*, First Channel, 08.05.2016.

TV program: "*ak'vani ushvilota' da leloburti – kartuli t'raditsiebi*" [Cradle of the Childless and Leloburti – Georgian traditions], *k'omunik'at'ori/C st'udia*, First Channel, 27.04.2015.

TV program: "*giorgi manjavidzis saavt'oro report'aji – ushviloba ak'vani*" [Giorgi Manjavidze's reportage – childlessness cradle] – 2030, GDS TV, 06.05.2016.

though disapproval of such ‘un-Georgian’ religious practice has called Georgian Orthodox clergy into action (Mühlfried 2014: 72, 141-146). There have been several attempts to purify traditional religious festivals from their non-canonical, ‘folk-religious’ or ‘pagan’ elements. In the introduction to the recent edited volume, Tsypylma Darieva, Florian Mühlfried and Kevin Tuite describe how the festival Alaverdoba has changed between 1997 and 2006. The formerly very popular procession of sacrificial animals has been banned from the courtyard by the cathedral’s new bishop and the Muslim aspects of the festival were denied (Darieva, Mühlfried, and Tuite 2018). Meat sacrifice of animals takes place during most of these folk religious festivals, also during Tsachkhuroba, and the Church reprimands participants to keep the slaughtering of animals outside the church walls. During the last years and especially since 2014, there has been some protests by animal rights activists against the “mindless slaughter” of huge numbers of animals during the Lomisoba festival, which is known to be especially bloody. The activists also support the disapproval of animal sacrifice by the Georgian Orthodox Church, therefore presenting these types of sacrifice as non-Christian or even non-Georgian. However, the Church’s attempts to make the festivals more Orthodox remain only partly successful, even though they ban certain practices outside the church walls. Festivals like Tsachkhuroba draw large numbers of believers to these churches, and priests and other spiritual personnel are often locals who grew up with the respective traditions, and might lack formal theological education.

Dirbis Dedata Monastery

In its quality as a syncretic pilgrimage site, Tsachkhuru differs very much from the place that I visited just about three months later, on 23rd July 2017. The Dirbi Temple of the Dormition of the Mother of God, as it is officially called (*dirbis ghvtismshoblis midzinebis sakhelobis t’adzari*), was built in the village of Dirbi in the 10th century, with wall-paintings dating back to the 14th century (Gagoshidze 2006). It is located not far from the small town Kareli in the region Shida Kartli, about 110km to the northwest from Tbilisi. Today, it is kept by a small nunnery. Just as the Tsachkhuru Archangel Church, this place is known for its power to heal couples from their childlessness. The road to the monastery is bumpy, but with a car easily accessible, and much closer to Tbilisi than Tsachkhuru. Dirbis Dedata Monastery, as the nunnery is popularly called, was last renovated and the paintings restored in 2003 (Chikhladze 2006), and it is a small, quiet and very well-kept place. My taxi driver Giorgi⁷⁸ and I parked in front of the complex and went through the gate which leads into a small courtyard that corners around the outer wall of the church. From there, stairs lead to the religious souvenir shop, where visitors can purchase

⁷⁸ I have already described my arrival at the Dirbis Dedata Monastery in chapter 3. Giorgi, a local taxi driver who took me to the monastery complex introduced me to one of the nuns there, as he was worried by my childlessness.

different religious supplies and souvenirs, such as candles, incense, oil, books, icons and hand-crafted gifts – decorative beeswax candles, coffee mugs, paintings and crocheted bracelets. The small courtyard is surrounded by high stone walls, where paintings of affiliated artists are exhibited. Rosebushes are planted along the walls, and there are several benches where visitors can rest and enjoy the peaceful setting.

I was introduced to Mother Natalia inside the souvenir shop. Mother Natalia is a delicate young woman with a friendly face who was dressed in the traditional all-black robes of a nun, and she warmly smiled when Giorgi told her of my interest. Though she was a little bit disappointed when she heard that I was not an Orthodox believer – “the only true religion which one has to acknowledge when he or she knows about Georgian history” – she kindly offered to guide me around the church and to tell me how she and her fellow nuns treat childless couples. As Mother Natalia told me, praying in front of the pregnant *ghvtismshobeli* will help with fertility issues. But there is more one can do. She pointed at a set of items on the glass counter in front of her, which were wrapped in clear plastic foil and ready to sell. This set, on the nunnery’s Facebook page advertised as “Dirbis miracle-working Mother of God’s set for the sick” (*dirbis sasts’aulmokmedi ghvtismshoblis k’omp’lekt’i sneultatvis*) and “set for the childless” (*k’omp’lekt’i ushvilotatvis*). Then she began to explain the different items to me. There were some beeswax candles, a small booklet, and also some oil from the icon lamp (*k’andeli*) of the Mother of God in a small glass bottle. She told me to put a small amount of this oil in my food every day and also to apply some of the oil to my belly – Mother Natalia drew a cross in the air with her right hand. The wrapped set on the counter also included a framed icon of the pregnant Mother of God, but Mother Natalia told me she would not sell it to me, as I am not Georgian Orthodox and therefore not able to properly venerate the icon. Then she explained the booklet to me: It comprised a prayer of petition (*p’arak’lisi*), that one should recite regularly and incorporate them into the daily praying practice. Finally, she gave me two booklets which contained a crocheted thin girdle (*sart’q’eli*), one in blue and one in purple. She told me that wife and husband should wear these around their waist. The accompanying booklet “Dirbis Mother of God’s girdle” suggest a troparion (a short hymn) that one should chant when applying the oil.⁷⁹

⁷⁹ The booklet contained a small leaflet, which introduces the buyer to the correct usage. Here I cite, “The girdle is intended for people who are hopeful in the Mother of God, for the childless and for the pregnant, and also arbitrary physical and spiritual illness and sufferings. The girdle has to be worn with a prayer – either Dirbis Mother of God’s prayer of petition or during Akathistos [a certain type of hymn]. In the case of childlessness, it is desirable that both spouses wear the girdle and pray together. In case of pregnancy, the pregnant woman should wear the girdle during the whole pregnancy. Girdle and oil represent sanctity! It is not possible to utilize them during menstruation (*dedata tsesi*). The girdle has to be kept clean and only during the day – recite the Dirbis Mother of God troparion when tying and untying. For washing the girdle rinse under water and store at a clean place. The oil can be applied to the forehead, belly and other clean places of the body. Recite the Dirbis Mother of God troparion when applying” (my own translation).

I proceeded to buy all of the items that Mother Natalia had suggested for me, and she told me the price of 30 GEL for the complete set (about 11 EUR at the time of my research). After I paid, Mother Natalia guided me and Giorgi outside and we crossed the yard and entered the church. Inside, there was already one couple and a single woman who leaned at the wall and silently read from a prayer book. Mother Natalia showed the different icons to me and explained the hagiography of the respective saints. She especially emphasized the hagiography of Sarah, wife of Abraham (*abraami & sarai*), and of Joachim and Anne (*ts'minda ioak'ime & tsminda ana*), the parents of the Mother of God (see chapter 5). Afterwards, she proceeded to present the heart of this church, the fragments of a fresco at the ceiling that depicts the Pregnant Mother of God (*midgomili ghvtismshobeli*). The church's wall-paintings date back as early as the 14th century, they are solely dedicated to the representation of scenes from the life of the Mother of God (Chikhladze 2006). The frescos are partly destroyed, yet, at one spot the depiction of an apparently pregnant young woman with a halo dressed in dark red and light blue robes is clearly visible. It is especially this painting which singles out this church as a pilgrimage site for the childless, as it connects to the wonder-working healing powers of this place, and therefore draws visitors to this otherwise rather small and marginal church. The depiction of the pregnant mother of God became somewhat a trademark for this place, as the case of the above described healing set shows.

While Giorgi and I waited in the shade of some grapevines for the prayer to start, two minibuses arrived. Soon the yard was filled with hushed chatters, as women started to exchange their experience: "My husband and I have been waiting for a child for seven years", "I have waited for three years for God to give me a child", "My aunt became pregnant after she visited this monastery". Women went in and out of the church to pray there individually, then they gathered in the monastery's yard to wait for the common prayer service that was announced for 3pm. During the time that we waited, about ten women entered the church shop, and almost all of them left the shop with a bag of items similar to those that I had purchased half an hour earlier, including a framed reproduction of the miraculous fresco. The healing sets appeared to be rather popular with the women who visit the monastery. All the items in the set are visually connected to the Dirbis Dedata Monastery. The booklets' covers all have the same dark red colour and depict the fresco of the pregnant Mother of God as well as in white letters: Dirbis Dedata Monastery – Urbnisi and Ruisi Eparchy (Fig. 7).



Figure 7: Items from the Healing Set for the Childless (photo by author, 2017).

The ‘branding’ of the monastery as a place that can heal childlessness is actively fostered by the monastery. Apart from its ready-made healing sets for the childless, visitors can purchase hand-painted and decorated coffee mugs that depict, among other motifs, a stork holding a bundle with a baby, or angels carrying babies. The Facebook site of the monastery is a very active place where childless couples⁸⁰ can report their experiences and ask questions to the nuns, who will advise them according to their specific situation and invite them to the monastery for consultations. The nuns regularly post pictures of the monastery, of events such as an art exhibition, or certain annual celebrations, and of the hand-made gifts that they sell at the shop. Yet especially, they post pictures of babies that were born to their parents after they prayed at the monastery – in May 2019, there was a folder of 85 pictures of *dirbis pat’arebi* (Dirbis’ small ones) and of more than 100 letters that were sent to them by formerly childless women who thanked God, the Mother of God and the nuns at the monastery for their blessings. A multitude of online reviews praises the work of the nunnery. Through this, the legitimacy, the trust in the healing efficacy and the publicity of the monastery are all actively fostered.

⁸⁰ In practice, the participants are almost exclusively women.

At this point I want briefly to stress the financial aspect of such pilgrimages, because next to efficacy, prices of treatments and limited financial means are an important factor for people's choices within the healing market. As mentioned before, participation in these organized joint pilgrimages with a minivan are rather inexpensive, as are the services and goods one can buy at the monasteries. Apart from costs for transportations, religious supplies, and donations to the churches and monasteries, spiritual healing in the realm of Georgian Orthodoxy is free of charge, and therefore the most affordable option for most Georgian couples, especially compared to the extremely high prices of assisted reproductive technologies (see chapter 7), but also compared to popular alternative healers. Therefore, pilgrimage and prayer offer hope to those who are willing to express their devotion and trust in God, either combined with other forms of non-biomedical and biomedical medicine, or, due to a deliberate decision or financial restraints, as their only method of assisted reproduction.

At the time of the prayer service, the small church was completely crowded with people, mostly women in their twenties and thirties, but also some couples. Most of the people who took part in the prayers arrived with the two minibuses. These tours were announced to the monastery in advance. Mother Natalia told me that she was expecting two groups for the prayer. These kind of excursions via minibus are very popular in Georgia, and pilgrimages as a group via minibus are a common practice among believers. Groups of friends, colleagues or relatives as well as full congregations hire minibuses in order to visit sites of historical and religious interest all over Georgia and express their devotion at these places. Online posts by travel companies advertise excursions to sacred sites in different parts of the country. The boundaries between pilgrimage and excursion, between pilgrim and tourists are blurred. Most of the places of touristic interest in Georgia are religious sites as well, and most religious sites are said to contain certain wonder-working powers, that affect those that touch the respective relics and icons and pray at these places. Turner and Turner describe sites of pilgrimages as having one thing in common: "they are believed to be places where miracles once happened, still happen, and may happen again" (Turner and Turner 1996 [1978]: 6).

However, not everybody who visits a site of pilgrimage is a pilgrim, and the connection of tourism and pilgrimage gets complicated by the socialist past of disguising pilgrimages as excursions (Aivazishvili-Gehne 2018: 120-121). Mirel Banica attempts to tease out the relation of tourism and pilgrimage in the context of "coach pilgrimage" in postsocialist Romania. The described pilgrimage via minibus is very much similar to the Georgian case I observed. Other than in the Catholic context, pilgrimage does not so much focus on the activity of a strenuous walk, but rather on visiting a place which is said to have wonder-working properties. Banica suggests this to be a "new type of pilgrimage, one based on miracle and emotion" (Banica 2016: 79), that is, a pilgrimage which is organized with the aim of engaging with a wonder-working icon or relic, or

meeting a charismatic spiritual experts “at the very edge of the tolerance of the official Church” (Banica 2016: 84), in opposition to classic destinations of pilgrimage which focus on religious practice and obligations. The organizer of the described tour is proud to present her knowledge of a hidden miraculous place, one that is not known to many. Just as the many childless women who visit the sacred sites of Georgia, Banica’s pilgrims are faced with a multitude of souvenirs, and even with some branded napkins. Banica highlights the complex motivations of visitors to such places, which are not always solely of spiritual nature, but visitors might be driven by the desire of sociality. In her account of Muslim pilgrimage of the Georgian-speaking Ingiloy at the Azerbaijani-Georgian border, Nino Aivazishvili-Gehne describes the joint pilgrimage with friends, colleagues, or neighbours can appear to be more of a “classic ‘trip to the countryside’” than the participation in a religious endeavour. However, she also emphasizes the social importance of such joint pilgrimages and their clear connection to certain motives (Aivazishvili-Gehne 2018). In the case of pilgrimage in Georgia, places that are difficult to reach, that are far out of Tbilisi (even though people travel by car and very often even by jeep), seem to radiate a certain kind of power, just as if the marginality of the place would increase its wonder-working power. The knowledge concerning these places is transmitted and shared by word of mouth between relatives, friends and colleagues, and often, the historical and religious knowledge about these sacred sites is rather limited and shallow.

Conclusion

This chapter started out by showing the pluralistic spectrum of non-biomedical healing which is potentiality available to involuntarily childless couples in the Georgian healing system, and are frequently recommended to couples – and especially to women – by friends, relatives, colleagues or spiritual advisers. Pilgrimages are a very popular form of seeking healing, not only for the childless, but also for curing all sorts of ailments and sicknesses. They were popular with most of my interlocutors, but they are especially attractive for couples who refrain from practices and treatments which are less compatible with their Orthodox faith, and also for those who cannot afford the extraordinary high expenses for assisted reproductive technologies. In the chapter, I introduced two pilgrimage sites which are especially popular with childless couples, one at the margins of Georgian Orthodox healing, one at its very centre. Comparing the busy atmosphere of Tsachkhuroba with a regular day at the Dirbis Dedata Monastery is perhaps somewhat misleading – there are regular prayer services held at the Tsachkuru Archangel Church, too, and during certain holidays such as the Dormition of the Mother of God, the monastery’s courtyard will be crowded with visitors – this is an issue of the dates that I chose to visit these places. Tsachkhuroba is a folk religious festival, and the attributed wonder-working properties of the site date back to

pre-Christian times. Some of the main practices of the pilgrimage are not canonized and are located at the margins of official Georgian Orthodoxy. Dirbis Dedata Monastery, on the other hand, is officially advertised and branded by the local eparchy as pilgrimage place for the childless, and offers fully sanctioned remedies and consultations. I interpret this expansion of the Church into the healing market as a form of religious consolidation, in which the Church tries to incorporate and purify religious (healing) practices.

After the proliferation of all kinds of alternative healing practices in the early 1990s, the narratives of my informants suggest that there is a shift towards religious healing within the realm of Orthodox Christianity, a shift that is actively fostered by the GOC. I emphasize this shift because I argue that people's choices for treatments are directly linked to their cosmologies – not only through moral limitations, but through their belief in the legitimacy of the healer and the efficacy of the treatment. My interlocutors made distinctions between real prayers and spells, between real healers and charlatans, between real miracles and fraud. Such links can be rather fuzzy; Eka attributed a real miracle to the treatment of a homeopath specialized in reproduction, but she also frequently goes on pilgrimages. Marina, on the other hand, emphasized that real miracles only can happen through certain 'pure' forms of Orthodox healing, and refuses all other forms. Both women, however, link their perceptions of certain treatments to ideas of what could be efficacious.

CHAPTER 7 – GOING ARTIFICIAL: HOPE, DISILLUSION, MISTRUST, AND THE ASSISTED REPRODUCTIVE TECHNOLOGY MARKET

Introduction: Clinics and Agencies

On a small road in one of Tbilisi's most prestigious central districts, somewhere between the city's main boulevard and the Tbilisi State University: I am standing in front of a narrow white multi-storey building. Written in huge black and blue letters, the signboard on top of the entrance identifies the building as "clinic for in vitro fertilization". As some previous investigation has shown, it is one of the leading fertility clinics in Georgia. I have a meeting with the clinic's director – an embryologist, educated in the United States, with more than twenty years of experience in the field of reproductive medicine, and credited with facilitating the birth of the first ICSI-baby in Georgia in 2004. Dr. Salome Kvaratskhelia is a busy person, and this meeting was not easy to achieve, impossible without the right contacts. Fortunately, a friend's son's private teacher's wife formerly worked in this clinic, and she promised to introduce me to the director. She kept her promise, and we were invited into Salome's office, where she took some time off to meet her old colleague and friend. We exchanged some polite words – I introduced myself and Salome immediately started to express her displeasure with the German embassy's policy towards children born to German couples by Georgian surrogate mothers. After a brief conversation, Salome needed to continue working, but she agreed to a longer meeting a couple of days later.

This time, I had to wait for my appointment in the clinic's waiting room. When entering through the front door of the building, the visitor stands directly in the clinic's small waiting area. The room is kept in white, with a modern artistic light installation. To the right, there is a counter where two young women register the patients, plan appointments and answer the phone. The walls are covered with shelves that carry huge numbers of folders. Patients fill in their documents while sitting on one of the plastic chairs in front of the counter. To the left, the white sofas and chairs in the sitting area are mostly taken by women, but there are some couples waiting together as well. When I entered, all seats were taken except one. I sat down, so close to the counter that I could hear every word that was exchanged between the patient and nurse at the counter. Otherwise, it was quiet in the room, so everybody could hear the conversation taking place, there was no privacy. After some time, the nurse called my name and asked me to proceed to my appointment. I climbed up the narrow staircase to the top floor, where Salome waited for me in her spacious and well-furnished office. She told me that they had decided to establish this clinic in 2012, because the work in a multidisciplinary medical centre was not suitable for the kind of treatment they offer:

"It needs a very particular environment, patients who come here, they do not want to be in a place where there is big space, lots of people are coming and they all can be, kind of, seen everywhere. It is still a new thing in Georgia and people sometimes- they are very

private, they do not want anybody to know about it.” (Salome, embryologist and director of GeoRepro)

The Georgian Center for Reproductive Medicine GeoRepro⁸¹ is arguably one of the most successful fertility clinics in Georgia, as will be discussed later in this chapter, with about 400 patients per year, and overall 70 employees in the three branches located in the three most populous cities in Georgia: Tbilisi, Kutaisi and Batumi. The clinic offers “all kinds of treatment for men and women who suffer from infertility” – in vitro fertilization, endocrinological screening and treatments, as well as intra-cytoplasmic sperm injection, with or without donor gametes. However, what the clinic does not offer to their patients are the gametes, embryos or surrogates, as Salome clarifies, “We only do the medical stuff.”

For the ‘non-medical stuff’, patients have to contact one of the donation and surrogacy centres in the city. GeoRepro for example partners with Tbilisi IVF Tours, an agency that is conveniently located on the same street, but there are several such places all over Tbilisi. These centres function less so as clinics but more like service agencies, which keep databases of donors and surrogates, facilitate the connection between the respective parties and take care of administrative and legal aspects of the process. One of the agencies I visited is located in a similar neighbourhood as the GeoRepro clinic. I will call the agency here Tbilisi Surrogacy Centre (TSC). In contrast to GeoRepro, no sign indicates its location. In fact, I had passed by the non-descript multi-purpose building at least a hundred times in my life, without taking notice the offices inside. Even after I was invited to TSC (again thanks to a number of contacts, each of them vouching to the other for my trustworthiness), the place’s location remained somewhat opaque. Three different addresses on their website and an uninviting basement door that I thought could not possibly lead to an internationally operating service agency made me late on my first visit. Finally, after walking through some dark corridors and staircases, I arrived in front of a door that at least showed the acronyms of the agency I was searching for. Inside a small office space furnished with desks and sofas, a cheerful young woman waited for me. Rusudan, the TSC’s manager, was happy to explain the agency to me. She even let me look into her database of donors and surrogates – a folder on her computer, filled with word documents that showed photos and descriptions of young women, both Georgians and foreigners – as Rusudan told me, about 500 potential surrogates are signed with the agency. In one year, the centre handles about 60 cases of surrogacy or egg donation (for more on the process of donor selection, see chapter 9). It is one of Rusudan’s responsibilities to preselect potential donors for intended parents. Rusudan’s colleagues entered and left during my time there, and she had to interrupt our conversation several times to take phone calls and also to talk to one of her clients who came by.

⁸¹ To keep my interlocutors’ identities private, I changed the names of all clinics and agencies mentioned in this chapter.

Who are the people who visit places like these two? If you trust the accounts of those working at the clinics and agencies, they are all kinds of people, from the “lower than middle class beautician”, whose whole family saved money for one year to afford the treatment, to the “extremely wealthy foreigner”. About 30 per cent of the patients treated in the clinics are foreigners, many from neighbouring countries, from Turkey, Azerbaijan, Armenia, but also from Israel and EU countries, and even the USA. In the agencies, the percentage of foreigners is higher, 50 up to 70 per cent of all patients – they chose to come to Georgia not only due to the lower prices, but to receive medical services that would be illegal in their home country, such as egg donation and surrogacy, but also preimplantation genetic diagnosis (PGD).

The first visit to the clinic is usually initiated by the woman. In some cases, the couple will bring along their parents or other family members, but many keep their visits to the clinic private. Some years back, it was usually older couples who visited the clinics. For them, in vitro fertilization was their last hope, the final resort after all other forms of assisted reproduction had failed. Nowadays, with rising awareness and easier available information, as doctors told me, younger couples started to come, a favourable trend, as the chances for a successful treatment decrease significantly with age, while the costs for the treatment will rise. The woman’s age is the key factor for the success of fertility treatment. Accordingly, success rates are usually given by age group. The older the (female) patient, the less hope there is, and the higher the pressure to be successful soon. Fertility begins to decline from the age 30, with a significant decline from 35 onwards. This is mostly related to aging eggs. The older the patient, the more inevitable are expensive high tech treatments, such as egg donation. Success rates are a central aspect in the process of fertility treatment. They are discussed by patients and doctors, and they give hope to childless couples in their quest for a child. Even a low success rate still offers some hope. At the same time, success rates are key for “selling hope” (Becker 2000: 116-122). Fertility clinics’ main advertisement are their success rates – here the technical standard of their treatments, the medical skills of the staff, and the quality of the offered donor gametes and surrogate mothers cumulate.

This chapter deals with hope but also mistrust in the context of the assisted reproductive technology market in Georgia. The first section focuses on aspects and outcomes of commodification of assisted reproductive technologies. With the rise of ARTs, not only these medical treatments but also female bodies and donor gametes became commodities traded in a market of assisted reproductive technologies. Here, the inherent quality of the technologies themselves influences its demand. I will especially introduce the notion of ‘hope’ and ‘perseverance’ in the context of the “never-enough quality” (Sandelowski 1991) of ARTs. As this is the first chapter of this thesis that deals with these technologies in detail, the second section aims to provide a sketch of the assisted reproductive technology market in Georgia, focussing on

clinics, treatments, prices, and issues regarding the legal framework. The third section will focus on the tension between hope in technologies and mistrust of doctors. Drawing on the concept of stratified reproduction, I will tease out mutual obligations that arise from transactions in the ART market, and how unfulfilled expectations and disillusion may harm these mutual relationships. The section therefore links the issue of hope and mistrust both to inherent hope-creating qualities of ARTs and the functioning of the (reproductive) health market in Georgia.

Commodification of Assisted Reproduction and a Technology of Hope

The investigation of assisted reproductive technologies (ARTs) in social sciences not only questions how family relations and kinship practices change and are changed with these new technologies, but also tries to shed light on power relations, focusing on unequal access to medical treatments (due to financial, structural or ideological reasons) and the commodification of bodies and transnational trade of gametes. Commodification of assisted reproduction is not exactly a new phenomenon, nor is it exclusively related to the rise of ARTs. My usage of the term commodification is based on a Marxist (Marx 1969) understanding of the term commodity, describing the process of attributing an exchange value to goods or services, transforming it into an object of market exchange. In this sense, the commodification of assisted reproduction has happened for a long time already, because childless couples have paid religious and medical specialists also before ARTs entered the market of assisted reproduction. However, with IVF and surrogacy, the acts of conception and gestation themselves are commodified, as are the essential bodily substances and the female body which carries and bears the child. As Lesley Sharp notes, commodification here also means objectification, “transforming persons and their bodies from a human category into objects of economic desire” (Sharp 2000: 293). Especially the power imbalance and relationship of dependency between wealthy commissioning couples and poverty-stricken surrogate mothers and egg donors has been subject to scrutiny and criticism. The international market of assisted reproductive technologies is characterized by medical tourism towards countries with low costs and/or permissive legal frameworks (Nahavandi 2016: 132). Internationally operating agencies are dedicated to finding the best deal for wealthy childless couples. Especially India (Bharadwaj 2000; Pande 2014), but also countries such as Thailand and Ukraine, emerged as the most popular destinations for couples in their quest for a child. Exploitation of local women as surrogate mothers and egg donors is a major concern, especially when regulations regarding recruitment and compensation are missing. Nonetheless, medical tourism and the spending capacity of foreign couples may facilitate the supply of treatments which would otherwise not be offered in these countries. Equipment might be bought with foreign money, and made accessible to the local population as well. Still, access remains a question of

affordability, and usually only the wealthy, members of the elites and upper middle class, will profit from these technologies (Gerrits 2015). As Marcia Inhorn and Daphna Birenbaum-Carmeli remark, “ARTs provide a prime example of stratified reproduction” (Inhorn and Birenbaum-Carmeli 2008: 179). The concept of stratified reproduction, as introduced by Shellee Colen (Colen 2007 [1995]) and developed and applied by Faye D. Ginsburg and Raya Rapp (Ginsburg and Rapp 2007 [1995]), describes inequalities in empowerment to reproduction and nurture, depending on socioeconomic background. Originally developed as a framework to address (any) unequal participation in reproductive labor depending on socioeconomic hierarchies constructed to factors such as race, gender, class or migratory status, (Colen looks at issues such as the hiring of West Indian childcare workers in New York), the concept of stratified reproduction also helps to shed light on power imbalances in the highly commodified field of assisted reproduction, in which 1) reproductive labor is assisted and shared by professionals (such as medical and spiritual personnel) or third parties (such as gamete donors or surrogates) and 2) access to this professional assistance is limited by economic factors.

The commodification of assisted reproductive technologies raises questions as to the nature of the relationship between those who seek and those who offer remedy. Are we speaking of patients or consumers, of medical treatments or services? What role does choice play in the treatment of infertility? Marilyn Strathern emphasizes how assisted reproductive technologies introduced choice into human procreation in a way that was unprecedented. However, in the public debate surrounding the Glover Report⁸², the element of choice provokes market analogies, turning patients into customers, and kinship into an enterprise. In a rather exaggerated account, Strathern discusses the absurdity of thinking procreation in the “Enterprise Culture” (Strathern 1992b: 34-36). Jody Lyneé Madeira suggests that we should look beyond those dichotomies of patient/consumer – most users of ARTs would see themselves as patients anyhow – but rather observe the quality of the provided care relationships and the (self-)perception of the participating actors. The health sector is already inherently commodified, as a closer look at structures of patient recruitment but also payment for medical services reveals. However, market forces can lead to severely unfair outcomes, especially when the demand is hard to control: how would childless couples assess a reasonable price for their treatment when there is hope for a ‘priceless’ child? (Madeira 2015).

Apart from criticism of (unregulated) commodification of human procreation, the advent of medically assisted reproduction provoked feminist criticism of the potentially harmful invasion of a male-dominated technology into the female body⁸³, controlling female reproduction

⁸² Glover Report on Reproductive Technologies to the European Commission, London 1989.

⁸³ Especially in the early phase of in vitro fertilization, ARTs were criticized as a means for exercising patriarchal control over female reproduction, experimenting with women’s bodies despite low success rates and medical

(Thompson 2002) while taking an ubiquitous desire for children for granted. Especially the “never-enough quality” (Sandelowski 1991) inherent in ARTs, which does not accept the possibility of life-long (social) childlessness, is criticized. Trying to expand the argument of feminist authors, Sandelowski argues that the “compelling character” of ARTs is not only related to patriarchal control, but lies in the technology itself. This notion of “never enough” might need further explanation: From a medical perspective, consecutive cycles of IVF increase the chances of conception, since they may rectify causes which hindered conception in earlier attempts. Moreover, rather than accepting the social condition of being childless, Sandelowski and others argue that the birth of the first test-tube baby in 1978 has led to the invention of infertility as a disease, with medical science promising the hope for a ‘cure’, as long as the infertile show perseverance: Unlike barrenness or sterility, infertility suggests not a permanent fate, but a gleam of hope that one can act upon (Sandelowski 1991: 36; Sandelowski and Lacey 2002). Failure therefore becomes a matter of lacking persistence, effort, faith, and hope in the eyes of many patients, but also their social environment (see chapter 4), while the belief in technology holds strong. IVF as a “hope technology” was early on pointed out by Sarah Franklin. Here, the notion of hope is not only linked to the individual success of a childless couple, but refers to “a collective hope invested in the power of science and technology” (Franklin 1997: 203). In this sense, hope in ARTs and especially in the miracles they produce takes religious traits as Franklin describes it: patients and reproductive specialists alike devote themselves to the wonder-working possibilities of these technologies, and may express their devotion through suffering (in the course of treatment).

Gay Becker illustrates how in the US-American ART market, “hope has become part of the process of commodification, a marketing tool” (Becker 2000: 117). In the face of hope, commodification is justified by patients, as doctors perform their ‘magic’ and produce ‘miracles’ (Becker 2000: 123). As I mentioned before, this is not a new phenomenon: childless couples have paid for their miracles for a long time already (see chapter 6). However, I argue that seemingly objective success rates play an important role in the construction and guidance of hope. Yet, advertising with success rates and fostering a patient’s hope is a slippery slope: Overt commodification of medical services and disillusion in the face of failure can raise suspicion of false promises and dishonest pricing, especially because of large costs and insufficient insurance

risks (Thompson 2002: 54-56). Up to this point, there is no viable treatment for male factor infertility. Thus, the treatments for compensating male infertility still need to be executed in the female body. To overcome problems of low sperm count or decreased sperm mobility, sperm is retrieved for use in assisted reproduction. For the fertilization in vitro, the retrieval of female eggs and the later transfer of the embryo is necessary, which goes along with medical induced hormonal stimulation. Many women experience this procedure as very hard on their body, even though the treatment became less invasive thanks to ultrasound retrieval.

coverage. Patients might have put all their resources at stake, and might face serious economic hardship in addition to the social suffering of being childless.

Repeated transactions are a common feature of fertility treatments. Patients will be treated at least over several months, if not years, by the same doctors, and the treatments will include transactions of extensive services and significant payments. In Georgia, this economic relationship is accompanied by expectations and obligations from both sides. Patients will feel the obligation to visit the same physicians, to recommend them to their friends, or even to ask them to become godparent to the child resulting from the treatment. Simultaneously, they expect their doctors to cure their infertility, to provide them with a 'take home baby'. This hope is promoted by the technology itself, as well as by the way the services are advertised. However, there is much uncertainty involved, both medical as well as systemic. The doctor's credibility is the key point in this care relationship. Disillusion when obligations are not fulfilled may lead to mistrust in doctors. In the case of Georgia, mistrust is fostered by uncertainties in a medical system that seems to lack sufficient regulations and monitoring.

As Gay Becker points out for the couples in her case study, even when disillusioned with the possibilities of IVF and losing their trust in doctors, many patients go on with their treatment, because the cultural expectation of perseverance and hope is so strong (Becker 2000: 132). Moreover, the "seductive maybe-next-time promise" (Throsby 2004: 8) inherent to the technology of IVF makes it hard for people to stop their treatment. While the mantra of hope and perseverance is recited by Georgian couples as well, the fluctuation seems to be higher. Patients search for a second or third opinion or even decide to go abroad, often guided by the positive experience of their friends and family. Working in a very different ethnographic context, Viola Hörbst describes how over the course of an unsuccessful treatment, the trust of Malian patients in their doctors' skills deteriorated. When a service was not provided, many of her interlocutors expected that there should be a refund. When treatment failed, the comparatively lower costs in Mali would also be linked to poor medical services in the country, and hope was projected to treatment abroad, especially in the EU (Hörbst 2015). Some of the patients Hörbst worked with managed to go abroad for further treatment, therefore challenging the common understanding of international reproductive mobilities as wealthy couples travelling to less-developed countries in order to receive cheaper services. However, as she remarks, these options are limited only to the wealthiest.

The Market of Assisted Reproductive Technologies in Tbilisi, Georgia

Advanced research in the field of reproductive medicine has a long tradition in Georgia: The famous I.Zhordania Institute of Human Reproduction was founded in the year 1958 by Professor Ioseb Zhordania in Tbilisi. The institute conducted research especially in the field of contraception, assisted reproductive technologies, prevention of sexually transmitted diseases and pioneered in establishing reproductive medicine as a distinct field in the Soviet Union. In 1988, the Zhordania Institute became the residence clinic for the WHO Collaborating Centre for Research in Human Reproduction, promoting research but also preventive measures and treatment in the field of reproductive medicine. In the year 1997, reproductive health was recognized as an independent medical field in Georgia, and no longer just as a part of gynaecology and obstetrics. In the opinion of the centre's director, this was pioneering work, as reproductive health concerns men as well.⁸⁴ Some years later, Zhordania Institute was privatized as part of the Vivo Medical Group and is now a clinic for gynaecology and reproductive medicine, which offers a variety of services to its patients. Several doctors I spoke to have been formerly employed at Zhordania Institute, and several clinics throughout Tbilisi can be linked in one way or another to this place.

Despite this history, assisted reproductive technologies are a relatively new phenomenon in Georgian society, which is only recently widely used by the Georgian population. In Georgia, the first IVF-baby was born only in 1999, twenty-one years after the birth of Louise Brown in Oldham, England, the first human born after in vitro fertilization. In 2007, the first gestational surrogacy program baby was successfully delivered in Georgia; again, more than twenty years later than the first case worldwide. However, during the past years, assisted reproductive technologies have boomed in Georgia. Fertility clinics and surrogacy and donation centres are mushrooming all over Tbilisi, some with branches in other regional capitals, such as Kutaisi and Batumi. From the clinics and agencies which are functioning today, three were established in the year 2000 or earlier. Most were founded between 2008 and 2012. Many patients claim that the stigma related to in vitro fertilization (even without donor gametes) that existed just a few years ago now dwindles in importance, because "children come out just as normal as those conceived the natural way". While there were a lot of rumours and mistrust regarding the morality as well as the safety of assisted reproductive technologies, the practice has become more and more accepted, and those who can afford the treatment will usually not hesitate for too long:

"Many children are already conceived artificially. Many, all twins and so on, they are totally normal, good children. This changed the attitude of the people. That is why, for example, some of my friends, who were a little bit late, they try for one year, and if there is nothing,

⁸⁴ Rukhadze, Nugzar 2010. *The WHO Collaborating Center in Georgia*. In: *Georgian Journal*, 07.10.2010 [online]. <<https://www.georgianjournal.ge/health/369-the-who-collaborating-center-in-georgia.html>> [accessed 23.03.2018].

they are going artificial. They do not start anymore like me: This medicine, that healer, these prayers. They do not do that. They go straight to artificial [...] Whoever has the money, they will do it immediately.” (Tako, 42 years old, journalist)

At the time of my research in 2016/2017, there were about seven fertility clinics, which focused exclusively on the treatment of childlessness, in Tbilisi, a city with a population of 1.1 million inhabitants. In addition, there were several multidisciplinary clinics that offer a variety of medical services, which include reproductive health services as well. Most of these places offer medical infertility treatments, in vitro fertilization and insemination with or without donor gametes, reproductive medicine in terms of endocrine-gynaecological treatments, surgery, treatment of sexually transmitted diseases, and well as obstetrics-gynaecology. Moreover, several clinics offer gestational surrogacy: some have their own surrogacy and donation program, others work together with respective agencies, as with the above mentioned GeoRepro clinic. Some of the clinics specialize in what we call assisted reproductive technologies – mainly fertility medication, insemination, in vitro fertilization (IVF), intracytoplasmic sperm injection (ICSI), and gestational surrogacy, but also cryopreservation and preimplantation genetic diagnosis (PGD). Others offer a broad spectrum of treatments in reproductive health, including obstetrics. Sometimes the boundaries between clinics and agencies are blurred, and it is not always obvious which services are offered by the clinics and where external agencies will have to be brought in. These agencies are called surrogacy and donation centres. During my time in Tbilisi, I identified five centres which focussed mainly on surrogacy and donation. Some of them are plainly agencies that facilitate the cooperation between patients and surrogates or donors. They will take care of matching donors and patients, will facilitate the contract, and care for the commissioning couple’s accommodations and travels. In some cases, the clinics cooperate directly with certain agencies. In other cases, patients have to communicate with the agencies first. The employees at the donation centres are usually doctors with a specialization in reproductive medicine – they call themselves obstetrician-gynaecologist, embryologists, endocrinologist and/or doctor-reproductologists. In some cases, they will directly assume the medical care during the surrogate mother’s pregnancy, and will assist delivering the baby.

As doctors told me from their experience, the competition between clinics is strong, and not all of them succeed. This impression is also given by the amount of advertisement in TV shows and social media. Clinics open, move to different locations, change their name, merge or close down. Doctors change clinics frequently or work in several places at the same time. Expectedly in a market with strong competition, clinics do not like to share details on patient numbers – though they do advertise their success rates. As Salome told me in 2017, when I asked her about cooperation and competition between the clinics:

Salome: “Most of them [*know about us*] from other patients. Patients tell patients. But yes, we advertise. I don’t like medical advertisement but as long as everybody advertises then you have to do it.”

A.K.: “Yes, I was wondering because there are so many fertility clinics in Tbilisi and-“

Salome: “But actually only three of them work, really. Well, when you have only forty patients per year it is not a successful clinic. Right? Or ten patients.”

[...]

Salome: “There is mostly competition [*laughs*], I can tell you. Yes, as everywhere. But the funny thing is that most of the clinics who are now in the market, we all started in Zhordania Institute. All of us. And then we separated. We [GeoRepro] had better luck. Because I was in the United States, there is another embryologist from United States as well, doctors had trainings in United States and in Israel. Israel I find, it is very- the medicine there is not as they advertise. They can advertise but it is not as well developed as Europe or United States, it is far behind, I can tell. But they are very smart in advertising. So, we were lucky.” (Salome, embryologist and director of GeoRepro)

While I cannot verify the numbers given by Salome, I can say that I have seen both during my fieldwork: clinics which were buzzing with patients and others which seemed to be quite deserted. Also, it is usually the same three clinics that appear regularly on TV shows, whose advertisement is shared over online media, and which are mentioned by the childless women I spoke with. Salome says that GeoRepro was lucky to survive in this competitive market. However, she also trusts in the quality of the treatment they offer, and her own training, which she received in the USA. These clinics’ websites look very professional, and they use a variety of channels to advertise their work. Several of the clinics offer free first consultations or give discounts during certain time periods. They actively foster their Facebook pages, upload pictures of newborns that were sent to them by parents, thank-you notes by parents, as well as updates on their newest equipment and treatments. Moreover, many doctors are frequent guests in talk shows and informational television programs. The clinics’ websites offer their services in at least three languages (Georgian, English, Russian), but often also in Turkish, Spanish, German or French, several of them with the clear intention to attract foreign couples to Georgia. Advertisements on the websites are mostly directed at commissioning parents. They praise the low costs of treatment, the permissive legal framework, the country’s amenities such as landscape and local cuisine, and, most importantly, the clinics’ high success rates, smooth services, such as the need to only travel once to the country, or the fast issuing of birth certificates to intended parents in case of surrogacy (‘within one day!’). Usually, the clinics present uncommented translations of the Georgian legislation regarding ARTs. In some cases, the legal framework is described as “advantageous” or “liberal” for commissioning couples, and the Georgian legal approach as “pioneering” compared to other countries.

The Georgian state's legislation on Health Care in the Chapter on Family Planning⁸⁵ allows for all the common forms of assisted reproductive technologies, such as in vitro fertilization (including ICSI), both sperm and egg donation as well as gestational surrogacy. Commercial gamete donation as well as commercial surrogacy have been permitted since the year 1997. More precisely, there are three articles which deal specifically with assisted reproductive technologies. Article 141 permits the insemination with donor sperm (*ganaq'opiereba donoris sp'ermit*) in the cases of childlessness (*ushviloba*), the risk of transmission of genetic diseases from the side of the husband, or in case a single woman wishes for fertilization. There is the need for written consent by the childless couples (*ushvilo ts'q'vili*) or single woman. Article 143 permits extra corporeal fertilization in the following cases: the aim of healing childlessness (*ushvilobis mk'urnalobis miznit*), the risk of transmission of genetic diseases from the side of the wife or the husband, with the use of the couple's or a donor's gametes or embryo, if there is written consent by the couple. Also, if a woman has no uterus, for the purpose of transfer and growth of the embryo, obtained as a result of fertilization, into the uterus of another woman (surrogate mother) (*surogatulis deda*). The couple's written consent is mandatory. Article 144 states that for the purpose of artificial fertilization it is possible to use female and male gametes or an embryo conserved by the method of freezing. The time of conservation is determined according to the couple's wish by a prescribed procedure.

Several of my interlocutors remarked that in their opinion the law is not clear about the intended parents, as it only speaks of couples.⁸⁶ Yet, the Georgian law only accepts man and woman as a couple. Therefore, the intended parents need to be either single women or legally married in a heterosexual relationship. Clinics are not allowed to cater to same-sex couples and single men. In 2010, the addition was made that only licensed and properly trained medical specialists and institutions are permitted to perform the procedures. Both article 141 and 143 declare that neither donors nor surrogate mothers have any right to be recognized as parents. The law favours the contractual agreement between intended parents and donor/surrogate mother over the genetic link (of the donor) or the process of gestation (that the surrogate mother went through) as the basis for the recognition of legal parenthood. The birth certificate will be directly issued to the commissioning couple, without the need of consent from the side of the surrogate mother or donor.

⁸⁵ Legislative Herald of Georgia 2018. *sakartvelos k'anoni janmrtelobis datsvis shesakheb*, Chpt. XXIII (*ojakhis dagegmva*), Art. 136-145, 1997 [online]. <<https://matsne.gov.ge/ka/document/view/29980>> [accessed 23.03.2018].

⁸⁶ There have been charges of human trafficking against the director of one surrogacy centre in Tbilisi. The charges were led by the director of a competing surrogacy centre. The accusations were based on the suspicion that the clinic was facilitating contracts between same-sex couples and surrogate mothers, therefore selling babies illegally.

Worldwide, there are very different models regarding the recognition of legal parenthood in cases of gamete donation and surrogacy. As a result, these certificates are not by default acknowledged by the commissioning couples' respective embassies. German law, for example, only recognizes the birth mother – in this case, the surrogate mother, and not the intended mother – as the rightful parent. The genetic relationship between intended parents (“Wunscheltern”) and the child does not automatically constitute legal parenthood. In 2014, Germany's Federal Court of Justice ruled that the government can recognize children born by surrogate mothers as the legal offspring of the German intended parents if at least one of them is genetically related to the child and the surrogate is not genetically related to the child, even though surrogacy is illegal in Germany.⁸⁷ Still, the German embassy in Georgia warns that the intended parents' citizenship is not transmitted to the child. Neither a contractual agreement nor the consent of the surrogate mother are recognized under German law. The child therefore has no right to a German passport and cannot be taken to Germany by the intended parents.⁸⁸ Salome told me of several such cases where the intended parents were not allowed to take the child with them to Germany. At the same time, the Georgian law only recognizes parental rights of the intended parents – if they cannot take care of the child, the surrogate mother is obliged to transfer the child to the authorities. In the cases that Salome witnessed, parents have to travel back and forth, move to Georgia or leave their then orphaned child behind. The situation is difficult, with catastrophic consequences for the child and the intended parents, and several doctors in the clinics told me that they do not offer surrogacy to German couples anymore. Therefore, while the Georgian legal framework seems to be very permissive, and Georgian clinics try to attract solvent foreign couples by pointing out the advantages of the Georgian system, the process can be complicated or even made impossible for foreign couples by their country of origin.

These minimal regulations and limitations for ARTs set by the Georgian legal framework do not remain uncontested. There have been several discussions to change the law since its implementation in 1997. In February 2014, the Georgian government considered a tightening of the law. The National Council on Bioethics recommended to ban commercial surrogacy (*komertsiuli surogatsia*), and to ease the access to adoption (see chapter 8). Further suggested amendments concerned the marital status and the age of the intended parents, confirmation of their infertility as well as licensing of the clinics that offer treatments.⁸⁹ However, the proposed changes were considered to be discriminating against all involved parties, and doctors criticized

⁸⁷ BGH, Beschluss vom 10. Dezember 2014, Az. XII ZB 463/13

⁸⁸ Botschaft der Bundesrepublik Deutschland, Tiflis 2017. *Leihmutterschaft in Georgien* [online]. <http://www.tiflis.diplo.de/contentblob/3815204/Daten/7948398/DD_MB_Leihmutterschaft.pdf> [accessed 23.03.2018].

⁸⁹ Ellena, Monica 2014. Georgia considers ending fee-based surrogacy. In: Eurasianet, 25.03.2014 [online]. <https://eurasianet.org/s/georgia-considers-ending-fee-based-surrogacy> [accessed 23.03.2018].

mistakes in the presentation of the medical procedures. They claimed that the suggested amendments would confuse surrogacy with other, less problematic forms of assisted reproductive technologies. In the end, the proposal was not brought forward. However, several doctors told me that they would embrace an open discussion and reconsideration of the current law, in order to facilitate legal certainty for both clinics and patients:

“[The law] is just nothing. We do not have anything. It is just a few written words which mean nothing. [...] It [ARTs] is not regulated. It just says you can do this, but how, when, it does not mention. And it is bad, it is bad for us. It is very bad, I am afraid of it. [...] I wish for regulations which will defend all of our work. I wish for regulations which will defend patients. I wish for regulations which will defend our donors and surrogates. Why are regulations done, actually, just to tell us what to do and tell us- and we have to be defended by those regulations. All of us. All parties involved. I think this is a regulation. [...] It is not just for the punishment, it should not be punishment. This is the mistake of our parliament, they think that they have to punish us. No, you should not punish me, you have to tell me what to do and how to do it.” (Salome, embryologist and director of GeoRepro)

For Salome, the minimal regulations lead to a potentially dangerous situation, with no limitations regarding for instance the age of patients, donors and surrogates, or the number of transferred embryos. Salome considers herself to be a responsible doctor, who is not only after the patient’s money, but wants to offer adequate and safe treatments with a successful outcome. However, she doubts the intentions of some other providers who offer services on the ART market. For the surrogacy and donation centres, on the other hand, the straightforwardness of the current legal framework favours their business, as it focuses on the rights of the intended parents, and therefore the agencies’ clients. Moreover, the lack of regulations regarding donor anonymity or disclosure assures perfect service for the commissioning couple. If they wish to learn more about the donor’s family background and their characteristics, as it is the case with many Georgian couples (see chapter 9), the agencies offer this information, but there is no liability regarding storage of data or future disclosure to children. Access to donor information is currently completely unregulated. It is unclear if a donor-conceived person will ever have access to this kind of information. The staff at these agencies could not find any fault with the current legal situation:

“By our legislation the main thing is that the couple has to be a woman and a man and after this there is no problem, you can hire a surrogate mother and have a donor, and by a notarial contract you can start the process.” (Rusudan, office manager at a surrogacy agency)

Most of the childless women that I spoke to were not aware of the details of the current legal situation concerning assisted reproductive technologies in Georgia. Some of those that utilized in vitro fertilization (without donor gametes) were under the impression that surrogacy was illegal in Georgia. My questions regarding the legal framework were often directly connected to frustration about the lack of support and subsidies by the state, especially in these times of ‘demographic crisis’ (see chapter 2). Childless couples were well aware of respective programs in

other countries and were often under the impression that there, treatments were completely covered by the state or by health insurances.⁹⁰ Accordingly, Tako and Manana, similar to many fellow childless women and men, have the feeling of being left alone by both the government and the Georgian Orthodox Church.

“This is terrible in our country, reproduction is not funded by the state, nor by anyone else, not even by the insurance. I earn a lot of money. I am completely insured, not by the state insurance, but by my private insurance. They do not pay anything that has to do with female reproduction.” (Tako, 42 years old, journalist)

“I do not go, I cannot go [for in vitro fertilization]. I exhausted all financial resources, really drained them all. I exhausted them so much that up to this day I still pay the loans back. I drained my budget that much that I needed subvention. But physically it is not possible for me to start this again and go to the doctor, because it is related to such high expenses. Yes there is health care insurance, but the insurance does not cover this specific problem, it does not cover childlessness, unfortunately, and this is a very big problem, very big – you will probably know the statistics of how many couples are childless, in Georgia this quota is very high, and the state and the Church always preach about this, that we have demographic problems – children, children, children – but neither the one nor the other takes any practical steps.” (Manana, 33 years old, shop assistant).

In the Georgian health insurance system no costs that occur in the course of infertility treatment are covered. As one woman told me, “Your doctor should phrase it differently. If the word childlessness occurs, the health insurance will not pay.” Over the last years, health insurance has undergone several significant changes, as did the whole healthcare sector. In 2007, the entire healthcare system underwent privatization to facilitate hospitals modernization and reduce the government’s centralized healthcare responsibilities. Although first privatization efforts started during the Shevardnadze period, which resulted in a combination of state-funded healthcare and private healthcare providers for those who could afford it, the 2007’s government introduced a radical reform with an insurance-based, privatized system (Rukhadze 2013; Schechter 2011).

In her ethnography on tuberculosis control and the transformation of the post-Soviet Georgian health system, Erin Koch emphasizes contradictory notions of the Soviet medical system, which on the one hand is perceived as “chaotic” and “irrational”, as well as hierarchical despite the promise of free universal healthcare, and therefore needed to be modernized and marketised, on the other hand nostalgic pride in the medical expertise and success of the Soviet programs,

⁹⁰ Indeed, there are several countries that partly or fully cover the cost for fertility treatment. Israel is well known for providing its citizens with free unlimited IVF-cycles for up to two successful pregnancies, regardless of their marital status (Kahn 2006). Most EU countries offer at least partial coverage of IVF-treatment through health insurance, with varying regulations regarding number of covered cycles, age limits, marital status and medical indication (Berg Brigham, Cadier, and Chevreur 2013). In Germany, for instance, public insurance covers the fertility treatment for up to three IVF or ICSI cycles (without donor sperm). Several public insurances cover up to 100 per cent voluntarily within a framework of regulations regarding the age and marital status of the couple. A state initiative by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth covers additionally up to 25 per cent of the remaining costs, depending on the federal state the couple is registered in.

(Koch 2007; 2013: 53), as well as the dedication of doctors towards their patients, with the notion that “medicine is a moral commitment to society” (Koch 2016). Such appreciation also note towards pride in the millennia-long tradition of Georgian medicine (Koch 2013: 41-46). The dedication towards the patients might get lost with privatization and transformation of the healthcare sector, as several of Koch’s interlocutors feared. Introduced gradually from 2007 onwards, public healthcare is now available not only for the neediest, but also to citizens with higher income (Kukava 2012). Prior to this gradual transformation, the government tried to push private health insurance. As a consequence, many citizens are still insured with private insurances, often offered by their employer, but none of these cover assisted reproductive technologies.

Without any insurance coverage, treatment of childlessness has to be paid privately and is therefore often barely affordable, even for better-off couples. Of course, the total costs of treatment are very individual and depend very much on the respective medical problem. Correspondingly, doctors are hesitant to give general statements on average prices. Costs of surrogacy and donation programs are usually given on the clinics’ websites, as they are less related to the commissioning couple’s health status, and are clearly stated in the contract. I will try to give a short overview of costs according to the prices that are advertised by the clinics and compare them to my interview partners’ experiences.

In some cases, a simple ovulation induction with fertility medication might be enough, at the costs will be only a about 600 GEL (246 USD) or even less, but depending on what the patients need, costs might add up to 12,000 GEL (5,000 USD), Salome told me. These are costs for medical treatments, excluding compensations for donors and surrogates, or agency service fees. At one clinic that also caters to international patients, the costs for in vitro fertilization with ICSI are 3500 USD, and 3750 USD for the same treatment when the embryo is transferred to a surrogate (excluding compensation and further medical costs during the pregnancy). The text on the agency’s website states that these prices are adapted to foreign patients, and will be slightly lower for locals. This already indicates that Georgian childless couples might profit from the reproductive tourism to Georgia. The clinics’ high-tech equipment is paid for by wealthy foreign patients, and would possibly not even be available if there was no flow of foreign money. One surrogacy and donation centre advertises that their prices are 30-50 per cent of the costs that couples would pay in other countries. Another clinic even states that their prices are 70-80 per cent less than a couple would pay for surrogacy in North America or the EU. They also offer different packages that include several surrogate mothers to increase chances, all for a guaranteed baby. A third centre is more concrete in their advertisement: they advertise “surrogacy with guarantee” for only 25,000 USD, including an “unlimited number of eggs”. Surrogacy with guarantee means exactly what it promises – the process will only stop when a child is born. On a

second page, they give a clear itemization of the separate costs (see Fig. 8). Pregnancy and childbirth in the case of surrogacy will add up to 19,000 USD, with a compensation for the surrogate mother of 12,500 USD after the birth of the child. Together with the costs for IVF, one attempt will cost the intended parents about 29,000 USD or up to 32,850 USD including egg donation. Another clinic offers “egg donation all inclusive” for only 6,900 USD. These prices are comparable to prices in Ukraine, but significantly cheaper than in the USA, where the costs for surrogacy easily adds up to 100,000 USD and more.

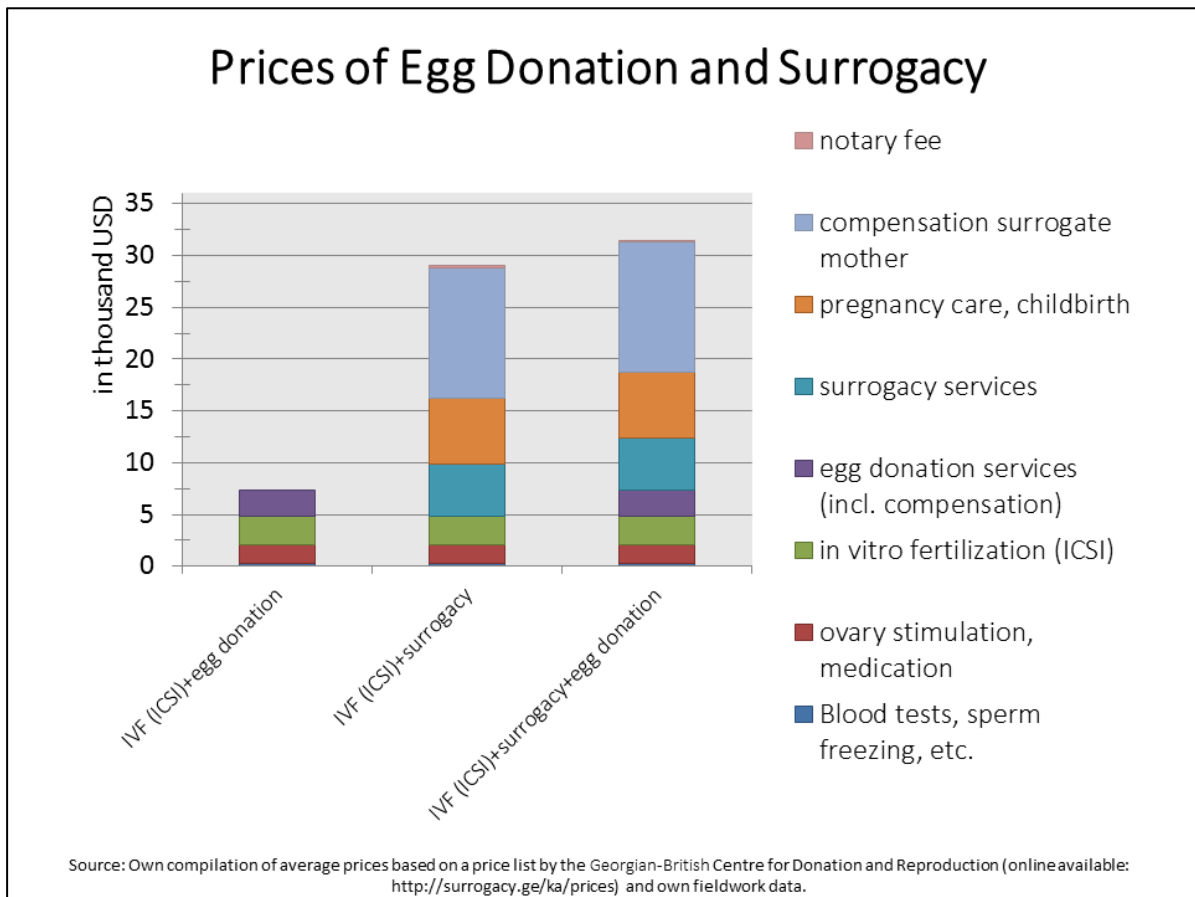


Figure 8: Prices of Egg Donation and Surrogacy in Georgia

Compensation for egg donors and surrogates is comparably low. This negative aspect of the cheap surrogacy services has been featured prominently in the discussions about surrogacy in the Georgian media, where the exploitation of young and desperate women from the rural areas has been highlighted. Nevertheless, in their recruitment of new donors and surrogate mothers, agencies emphasize the altruistic facet along with the financial benefits. One advertisement by the New Life Georgia surrogacy centre in the metro invites women to “Discover compassion (*guliskhmiereba*), help childless couples. Become a surrogate mother and receive a compensation of 15,200 USD.” Rusudan, the office manager at TSC, explained that her agency pays egg donors about 2000 GEL (820 USD), “1,500 GEL for the first time, and when they are very good, genetically

tested donors, their compensation might be 1,000 to 1,200 GEL higher [for the next time].” Sperm donors receive about 100 GEL. The compensation for surrogate mothers is age related. The agency pays surrogates 15,000 USD when they are younger than 30 years, while surrogate mothers between 30 and 36 years receive only about 10,000 USD. Here, she mentions one factor why treatments for Georgian couples can be done at lower costs: These older surrogates and donors are preferred by Georgian couples, because of the lower compensations. Therefore, Georgian couples will pay less, but at the costs of lower success rates, as these decrease already between the ages of 30 to 36.

I asked all my interview partners about the costs of their treatment. Needless to say, costs are very much related to the individual causes. Often, couples lost oversight over the treatment costs that were paid out-of-pocket over the course of several years. For stimulation and egg retrieval alone Tamuna paid 3,000 GEL (1,230 USD), way more than she expected. In the end, the retrieved eggs could not be fertilized, because of their low quality. Still, the money was gone. Nona will pay about 10,000 GEL (4,100 USD) for her in vitro fertilization including all the other costs. Lia paid 8,000 GEL (3,300 USD) for her first in vitro cycle. For the second one, there was a discount, but it was still 6,000 GEL. Her health insurance covered some blood tests of 100 GEL in the whole process. For Nana, the costs for surrogacy would have been 30,000 USD – a catastrophe, she said, if her doctor would not have exempted her from a large part of the costs. This was an act of compassion (and advertisement), which the director of the surrogacy centre offers to one couple once a year. Tamara did not recall how much she paid for her treatment, which included several IVF cycles. About 20,000 GEL (8,200 USD), she estimated, but it was hard for her to tell, as the costs spread over six years – here 600 GEL, there 200 GEL, as she said. She, too, would have paid more if her doctor, who became a close friend, would not have exempted some of the costs for medicine and treatment. Medea would have to pay 7,000 to 8,000 GEL for in vitro fertilization in Georgia. Yet, she preferred to go to Turkey, where she expected to pay about 7,000 USD, more than double the price. Her experiences and motivations will be discussed in the next section.

It becomes obvious that most treatments will cost several thousand GEL, also for Georgians. The average monthly income in 2016 was about 940 GEL (386 USD) in Georgia.⁹¹ For most childless couples, these treatment costs are extraordinary high expenses, even for couples with middle-class income.⁹² Often, people need to take out loans in order to afford the treatment.

⁹¹ GeoStat 2018. *National Statistics Office of Georgia. Wages* [online].

<http://www.geostat.ge/index.php?action=page&p_id=149&lang=eng> [accessed 23.03.2018].

Of course, this number only reflects the state statistics, and does not offer any information about informal income or household strategies, where individual earnings are shared and redistributed among family members and relatives, especially for medical treatments, and even more so in times of emergency.

⁹² Most of my interview partners would define themselves as members of the (lower) middle class, or rather “layer” (*pena*), as it is more commonly used in Georgian language. This self-ascription is less related to their monthly income, but to certain status symbols such as owning an apartment or owning a car, and their

However, the Georgian loan system is notorious for its high interest rates and information shortage on credit conditions and the risks related to taking out loans issued in USD, as it has been common practice until recently – since 2017, the issuing of loans under 100,000 GEL in foreign currency is prohibited by law as a part of the governments de-dollarization campaign by the Georgian government and the National Bank of Georgia (Babych, Grigolia, and Keshelava 2018: 15). Clinics advise their patients to rather save up money beforehand and not to take out loans – so they would not be reminded of the failure in case of unsuccessful treatment. However, postponing their treatment might reduce their chances of success. Some clinics offer payment plans, or they cooperate with credit institutes. In these cases, the clinic takes on the interest rates for the bank loan, so the patients will not bear these additional costs. Nonetheless, for several of the childless couples I spoke to, they had to make the decision of going for infertility treatment or moving out from their parents' place. In the end, they had to abstain from buying their own house, because all their own and often also their parents' resources went into their quest for a child. This is especially crushing when the treatments fail. None of my interview partners was in the fortunate position to be wealthy enough to purchase a treatment package 'with guarantee', with unlimited cycles of treatment and therefore unlimited hope.

Hope, Disillusion, and Mistrust in Georgian Fertility Clinics

One of the surrogacy centres in Tbilisi proclaims on its website, "*qvela ojaxhshi bavshvi!*" ("child in every family"),⁹³ emphasizing the ideal of a family with at least one child, but also claiming their ability to implement this ideal. Yet, for most of the childless women I talked to, one or two cycles of in vitro fertilization are already a huge financial investment. Though the most common ARTs for international couples, egg donation and surrogacy are often out of question for Georgian childless couples, both for financial and moral reasons (see chapter 9). For them, the centre's guarantee for a child – as it is promised in the advertisement – hardly holds. Georgian couples have to believe in the promise based on pregnancy success rates, and they hope that they will, after one, two, or even three cycles, belong to the successful 40, 50 or 60 per cent who will take a child home. With low success rates, precarious medical funding and ambiguous quality of the medical treatment, uncertainty is a constant companion to many childless couples in Georgia. As Florian Mühlfried (Mühlfried 2018) points out, both trust and mistrust originate in situations

academic education. However, in his analysis of trends in the formation of Georgia's middle class, Alexi Gugushvili cautions from using real estate ownership or ownership of a car as indicators in the Georgian case, where home ownership is common even in low-income households. He also states that a growing number of households self-identify as middle class, even though their income level might suggest otherwise (Gugushvili 2017: 7).

⁹³ Georgian-British Centre for Donation and Reproduction 2019 [online]. ><http://surrogacy.ge/ka/>> [accessed 25.05.2019].

of uncertainty, and constitute each other. In situations of certainty, neither trust nor mistrust are necessary. He also argues that trust and mistrust are not opposites which exclude each other, but both are “modes of relating to human beings and the world as a whole” (Mühlfried 2018: 11), and the one can linger on while the other prevails, depending on the situation. This is also visible in many of my interlocutors’ infertility stories, where they alternate between trust and mistrust, between hope and disillusion, continuing with their treatment even when disillusioned by the outcome of previous treatments.

During the 15 years of her marriage, Nona, a 37-year-old shop manager, experienced ectopic pregnancy, miscarriage, and stillbirth. After her ectopic pregnancy, she was told that she would be a candidate for in vitro fertilization. Nona is still angry when she talks about her experiences in the clinic – she sees the fault for her miscarriages with her doctors. Her story exemplifies the tension between hope and disillusion that that many childless couples experience in their fertility treatment. Nona has experienced a history of medical malpractice, but still she is full of hope that with her planned cycle of in vitro fertilization, she will have a child. Yet, she tries to calm herself. “Being a candidate for in vitro does not mean that there is hope for you to have a child. No one can give you any guarantees”, she said. After many disappointments with doctors over the past 11 years, Nona has saved up the amount of 10,000 GEL, enough money for one IVF cycle. She is nervous, but also confident in the abilities of her doctor, who has spent some time in his career working at Zhordania Institute, and who provided her with a positive experience when she visited the clinic:

“We met, we talked, and his attitude towards patients in his clinic is very good. They behave so well and they care for you so well that the hope appears that you will not go this way in vain. I do not have one per cent in me that thinks it is not possible. I think I will make it. Because there is such a good aura, such a good atmosphere there, that you will do it, that you are full of hope. They are very considerate, it is all very hygienic. Just now when I went there for tests and hysteroscopy and so on, everything was absolutely, from the sanitation to the doctor, everybody is mobilized. They themselves have the great desire that every woman there has a [positive] result.”

Tako, another interlocutor, has not yet lost hope in her quest for her own child either. If she had more money, she would spend it on her treatment. However, even though she does earn comparatively well, she has to repay a loan that she took three years ago for in vitro fertilization. She had to pay 6000 USD for a “big in vitro” (ICSI), after already three failed attempts with what she called ‘small in vitro’, that costs her altogether almost 4000 USD. She will have paid back the loan in ten months. In future, she does not want to take out another loan, as the conditions of repayment are just too hard. Also, there are many additional problems. Her husband is a refugee from Abkhazia, and the couple does not own a house, but lives with relatives. Tako has not given up hope, but she does not want to be treated in Georgia again. She told me of a woman who went to Barcelona to be treated there. This woman had to pay 20,000 EUR, but at least the success rate

there is one hundred per cent. Then Tako corrected herself – “Is this even possible, a one hundred per cent chance of becoming pregnant?” Tako was not sure. But she told me many stories of those who went abroad and came back with a healthy child. The success rates just seem to be higher abroad.

The medical specialists in Tbilisi’s fertility clinics do not agree that their success rates are lower than in Europe or North America.⁹⁴ Indeed, they advertise rates that are similar or even higher to clinics in other parts of the world. For younger women under the age of 35, they promise a success rate of 60 to 70 per cent during the first cycle, and even for older women, with the usage of preimplantation genetic diagnosis, up to 50 per cent. “Cumulative will be higher of course”, they told me, again referring to increasing chances of multiple IVF cycles and invoking its “never-enough quality”. But then again, age is the most important factor. From the age of 40, without further diagnostics and donor gametes, the chances of becoming pregnant during the first cycle can be as low as 1-5 per cent. As it is usually the case, couples prefer to have ‘their own’ children and not utilize donor gametes, but with absence of success, they will become more agreeable with the idea of using donor gametes, doctors told me.

“I always explain the indication to the patients. When we have a strict medical indication for egg donation and they have a wish to become pregnant and to have a child, they always agree to do such kind of treatment, for example to use egg donors. And if they have no medical indication, we always try [in vitro fertilization without donor gametes]. If they have a small chance we always try to use these small chances to do in vitro fertilization, for example many cycles to achieve pregnancy. So, if they have the psychological condition and economic status and a great wish to do it, we will do just in vitro fertilization. And we always tell the woman the pregnancy rate if she will do it with her own eggs and the pregnancy rate if she will do by donation, by using an egg donor” (Tamara, reproductive endocrinologist and obstetrician-gynaecologist).

Treatment in the fertility clinics is not only an economic transaction of services and payments, but generates expectations and obligations for both patients and doctors. The doctor’s credibility is an important factor in this relationship. An unsuccessful in vitro cycle can be interpreted in the way that the doctors fail to fulfil their obligation, even though the agreed service – an attempted in vitro fertilization – was provided. Disillusion and mistrust are related to unsuccessful treatment, but also in uncertainties rooted in the medical system. It becomes problematic when patients do not trust their doctors’ diagnosis of the cause of infertility and therefore their assessment of the situation anymore. Generally, there is a very high percentage of

⁹⁴ In the USA, fertility clinics are required to report their treatments and outcomes to the CDC. According to the most recent report, in 2015 about 29.3 per cent of the IVF cycles using fresh embryos from frozen non-donor eggs resulted in a pregnancy, and 22.3 per cent in a living birth. The percentages are higher for donor eggs (47.2/38.6 per cent). Again, success rates depend very much on the age of woman. Until the age of 30, the success rate is about 40 per cent for a living birth, and decreases sharply from the age of 35 (Centers for Disease Control and Prevention. American Society for Reproductive Medicine. Society for Assisted Reproductive Technology CDC 2017: 12).

physicians per capita in Georgia (but a shortage of nurses) (Isabekova 2018; Rukhadze 2013), with many patients questioning the medical training doctors receive. This is one reason why medical specialists like to advertise that they received training abroad. Similarly, many clinics carry international sounding names: Georgian-American, Georgian-British, Scandinavian centre, emphasizing the high-level training and equipment as well as the cooperation with specialist from the respective countries. Many patients consider reproductive health and especially assisted reproductive technologies an easy medical field that requires less medical skills and knowledge, and they are well aware of the amount of money that is made in the clinics. One of my interview partners clearly expressed her frustration with doctors in the field of reproductive medicine and gave a somewhat unfair assessment of their medical skills, “Everybody goes into in vitro fertilization (*khelovnuri ganaq’opiereba*), because it is so easy. They just have to mix eggs and sperm and put it back in, anybody could do it. They are not real specialists.” Not as harsh, but still revealing was Nona’s assessment of this medical field, “This is the easiest field”, she told me, “It is not neurosurgery, not such a difficult sphere, right? Endocrinology and reproductology are the easiest. Very many doctors work in this sphere, because they feel confident, this is nothing, this is easy, this is easy and they make the biggest mistakes. There should be very strict monitoring in this sphere.” Ultimately, this medical field does not seem to be as unproblematic as Nona first indicated, and she wishes for more regulations in order to avoid malpractice. Trust in medical specialists is low in Georgia, especially with those who experienced ‘mistakes’ or were otherwise not successful in their treatment. When treatments fail and hope is replaced with disillusion, the trust in the wonder-working skills of their doctors is fading. Some even suspect wilful deception in order to make money on the health and hopes of their patients.

Medea, a 33-year old hotel receptionist who has already been married for eight years, was sure that she would be going for in vitro fertilization in the summer of 2017,

“But not in Georgia. For sure, not in Georgia, because I do not trust any doctor in Georgia, because all the doctors that do in vitro fertilization were my doctors at some point, and I was deceived by all of them. Because they gave me so much hope – I was not that knowledgeable on a high level about all this. They treated me in one direction, but this direction was not at all necessary for my healing, I had totally different problems, but this, I do not know whose fault it is, education, negligence, no professionalism, the equipment, I do not know, all of this probably. Generally in Georgia we have a big problem in this regard, in terms of medicine, because effectively, we do not have real professionals who you can entrust yourself to, your health to. This story is another topic [...] I will never [again] put myself at risk in Georgia in this situation, as I have eight years of practice at this. Every doctor, of any clinic in Georgia, Zhordania, Chachava, this In Vitro and I do not know, if you name me five of the best doctors, you can be sure that I was treated by these five. I do not trust one of them at all. This is why I decided to go to İzmit. In İzmit, Turkey, there is a very good clinic, and my friend was very successful there, very good, and I intend to go exactly that way, just not in Georgia. Everybody told me ‘why do you stop, why do you give up, it will be just like here’. I am already tired of these questions. I completely shut everything out. I know where to go. After a long time, after a lot of violations and after erroneous treatments, I finally realized what I really need and from which direction I need

help. I have not been to this clinic [in Turkey]. Effectively, I am in this situation: I have been diagnosed by Georgian doctors once again that I should definitely get that [fallopian] tube removed and have in vitro fertilization, but I do not trust one of them with this, I will go in July, I will leave for İzmit. The doctor tells me to have it removed, or not. Because the surgery is 3000 GEL and I am convinced, I believe that they do not have that attitude there [in Turkey]. Here they will deceive you to extort money, even more so when they see that you are paying. So I prefer to go there and I will do what they tell me to do, and that is it. I will go this summer for sure.” (Medea, 33 years old, hotel receptionist)

Medea lost trust in her doctors when her treatments failed. She feels that she exhausted her options in Georgia, and even suspects that doctors will perform unnecessary treatments (removing her fallopian tube) in order to make money. Still, she has hope in the medical skills and the trustworthiness of specialists in Turkey. She has not visited this clinic yet nor has she spoken with any of the medical specialists there. The crucial point for her trust in treatment is therefore the positive and successful experience of her friend, not necessarily a positive perception of Turkish medicine or the charismatic appearance of the doctors. To put it differently: Her friend’s transactional history with these doctors is extended to Medea.

Not all women I talked to were as disillusioned with their former treatments and doctors as Tako and Medea. Nana married at the age of 43, so she did not expect to become pregnant without the help of fertility treatment. Unfortunately, her three cycles of in vitro fertilization failed. She told me how close she became to one doctor who is the founder and director of a surrogacy centre. Thanks to their ongoing friendship, the centre covered a large amount of the costs for the surrogacy. This is a common practice for this centre, which ‘gifts a child’ once a year to a childless couple in one of their branches around the world. Nana was lucky: because they were so close, the director felt obliged to choose her. Nana’s child was carried to term by a surrogate mother in India, where the centre keeps a branch office. In India, the costs for surrogate programs are lower, due to lower compensations for surrogate mothers and lower costs for medicine. In compensation alone she saved more than 5000 USD, because Indian surrogate mothers receive only 7000 USD in compensation. The case of Nana shows how Georgia is not only a destination of medical tourism, but certain services might be outsourced to lower-cost countries as well.

Just like Nana, some of the patients speak very fondly of their doctors, especially when the treatment was successful. In cases of success, the occurring pregnancy is often described as a miracle (*sasts’auli*). Not seldom the happy parents ask their doctors to become godparents to the children that were conceived by in vitro fertilization. For Nana, it was beyond question that her reproductologist would become godmother to her daughter. Moreover, former patients will recommend their doctors to their friends, and will assure the wonder-working skills of these specialists (see chapter 4). They will send thank-you cards and pictures of their newborns. These are obligations that arise from their transactional history. Clinics are aware that trust is a key factor in their treatment of patients. Practitioners told me that they aim to establish trustful and

honest relationships with their patients, and try to explain medical procedures to them in detail, though they cannot promise a certain outcome:

“They have been through many different tragic treatment cases, because some of them had fifteen IVFs failed. Can you imagine what their state of mind at that point is? And when you see their eyes full of sadness and then eventually when they get pregnant these eyes are all sparkly and it is just- it pays for us because it is such a difficult job what we have, because every failure is worse than ten successful cases. If you weigh them, this failure is really heavy for us, so it is really difficult, but when you see these beautiful happy faces then somehow you can overcome that, sadness of failure. But it is- this is how it works and [...] yeah. I have this joke that I tell everybody, it is an old joke, a guy disappeared and after a while a friend met him in the street and said, ‘Where have you been?’ and he answered, ‘I was in jail,’ ‘Why?’ he said, ‘I opened the window at work,’ ‘And where did you work?’ ‘In a submarine.’ [laughs] So, the same thing with us, we cannot open the window, we have to be very strict, we have to be very consistent in everything that we do, this is why quality control is very important in our case.” (Salome, embryologist and director of GeoRepro)

In many cases, it is exactly the perceived lack of quality control of treatments which fosters patients’ mistrust. Many of the women I spoke to experienced medical malpractice – doctor’s mistakes – at one point in their treatment. They told me of unnecessary ovary removal, of undetected tubal pregnancies and miscarriages inflicted by wrong treatments. Others made similar problematic experiences with treatments in other medical fields, and translate these experiences to their fertility treatment. Because it is such a field of miracles and of wonder-working, where hope is expressed through pregnancy and ‘take home baby’ success rates, uncertainty is high. Often doctors cannot say why exactly the treatment was not successful in the patient’s particular case, but can only suggest continuation of the treatment. Disillusion with the possibilities of assisted reproductive technologies concur with mistrust in their relationship with their doctor, who then is not seldom considered to be a fraud. Therefore, when they feel that that, in the words of Carrier, their counterpart failed to fulfil their obligation, the relationship with the doctor is ended. It is not uncommon that instead of giving up their quest for a child altogether, couples move from doctor to doctor, from clinic to clinic, and in some cases, even abroad – as long as their financial resources allow them to do so, just as the expectation of hope and persistence tells them to do.

Conclusion

Patients’ ideas of assisted reproductive technologies oscillate somewhere on the spectrum between miracle-work and overpriced fraud. It is a fine line between hope and disillusion, between trust and mistrust in a medical context of uncertain outcomes. The perception of these technologies is very much related to the patients’ experience, their failure or success. Even though ARTs in Georgia are highly commodified, they are not free of social expectations. Rather, mutual obligations arise from the economic exchange, especially when treatments happen repeatedly

over a longer course of time. The inherent logic of these technologies demands a leap of faith from patients, towards their practitioners and the technologies themselves. Hope is expressed through pregnancy success rates, which promise patients a chance to have their own child. Even if success rates are low, there is still the chance of a “miracle baby”, as it is told in so many stories narrated by doctors and patients alike.

However, in the Georgian healthcare system, false hopes can have disastrous consequences for couples, who stake all their financial resources, without any insurance coverage. Needing assistance in the act of reproduction reinforces inequalities: Many Georgian couples do not know how to assess the skills of their doctors, because the clinics lack public monitoring. Therefore, patients rely on testimonials and recommendations by their friends and families. The minimal regulations in the market for assisted reproductive technologies in Georgia contribute to the sense of insecurity, as do transformations in the Georgian health sector. Mistrust is a reoccurring feature in the ART stories of childless couples. Doctors are suspected to make money on the hopes of their patients. Unlike wealthy foreign couples, most Georgian couples are not in a position to purchase a guarantee of a child, and therefore experience a higher level of uncertainty. Nonetheless, increasing success rates with consecutive in vitro cycles compel couples to continue trying: Giving up is seldom an option in the cosmos of ARTs. If their financial situation allows them to do so, many decide to go abroad, where they expect higher chances of success. In that sense, Georgia is not only a destination of ART tourism, but sends childless couples abroad as well.

CHAPTER 8 – ADOPTION, THE LONG WAIT

Introduction: Finding Parents

For a long time, adoption seemed to be the most reasonable way to start a family when faced with infertility. Adoption appears to be an integral element of the discussion of assisted reproduction (conversations about infertility will usually touch on the issue of adoption at one point), and can be interpreted as “social phenomena that belong to the same order and should therefore be examined together as mutually implicated forms of assisted procreation” (Melhuus and Howell 2009: 146), though Marit Melhuus and Signe Howell also point out that this has been seldom done by anthropologists so far. I find their approach to compare the different legal discourses and legislations surrounding these practices very fruitful, as it indicates the dynamics of state interventions into the family as well as shifts in the legal conception of relatedness. However, I would also like to point out the danger of presenting adoption as the counterpart to assisted reproductive technologies. Writing a self-contained chapter about adoption that is arranged in a section about assisted reproduction, along with chapters on cradle pilgrimages and in vitro fertilization, may lead to the conclusion that adoption is just another form of ‘treatment’ to overcome childlessness. Indeed, as Elizabeth Raleigh tells us in her sociological study on private transracial adoption in the United States, some of the adoption agencies she observed tended to present adoption as a safe solution, a process with certainty, which guarantees a child, in contrast to the language of success rates and the rollercoaster of hope and disillusion that many childless couples experience during their IVF treatment, as I presented in the previous chapter (Raleigh 2018: 96-101). Moreover, compared to the bad reputation that foster care has with many people who seek to adopt, private adoption entails the promise of finding the type of child the couple is looking for – suggesting that children in foster care are somehow problematic or “damaged goods” (Raleigh 2018: 27-28).

While children are not always adopted by infertile couples – couples with biological children adopt out of compassion and their own moral convictions as well, just as couples who decide to adopt a child without ever trying to have their own biological children – many adoptive parents do have a history of infertility. Despite this link between infertility and adoption, there is a major difference between the practices of assisted reproductive technologies and adoption as a solution to overcome childlessness: in adoption, the child is already there, born to the biological mother, who either is not capable or does not want to take care of this child. Therefore, ideally adoption should not be about finding a suitable child for those who desire to become parents, but about finding capable parents for children who are in need of care. This point may be obvious for many, but it often gets lost in the longing that childless couples in their quest for a child feel, and

it is also often forgotten by those who suggest adoption as the 'better' alternative to assisted reproductive technologies. When taking a step back, most will agree that adoption should be about the best interests of the child. However, the meaning of this term is not uncontested, nor easily assessed. Moreover, in the context of (international) adoption, the notion of the best interests of the child, as it is defined in international conventions, has justified the transfer of children from poorer countries to childless couples in the rich West. Guided by a Western moral framework, "[g]lobal law about children (in the form of international conventions) seeks to ensure the 'best interest of the child' by transferring authority not only from the family to the state, but also from the state to the international level" (Howell 2014: 140), without much consideration for the sending countries' conceptions of childhood, childcare, and adoption. Though not a major player in the market of international adoption, the Georgian legal framework of adoption is very much influenced by this global moral framework, but also the Soviet legal system, which still informs people's understanding of the social meaning of adoption, as the following sections will illustrate. Yet, it does not remain uncontested. As the ethnographic material in this chapter will show, adoption practices are guided by a multitude of interests. Often, couples feel entitled to adopt a child – and when this process does not work out, the state and the respective agencies are perceived to have failed to fulfil their duty.

In Georgia, adoption is often suggested by organizations such as the Georgian Orthodox Church or the Georgian Bioethic Council as the 'better' choice for involuntary childless couples, compared to the morally questionable overtly commodified practices in assisted reproductive technologies, and especially surrogacy (see chapter 7). Praising adoption as a less selfish, even merciful practice, the discourse tends to overlook similar morally questionable and highly commodified elements of adoption. Also, in contrast to the promises that are made by adoption agencies in Raleigh's above mentioned case study, adoption in Georgia is not a process with a guarantee. Rather, adoption is characterized by a high level of uncertainty and long years of waiting. This chapter discusses how Georgian childless couples evaluate adoption as a potential option to overcome their childlessness. The focus hereby lies on deliberations concerning the practice of adoption which appear in the face of the changes made to the Law on Adoption and Foster Care, and expose conflicting ideas about the morality of adoption and care, about the best interests of the child and the desire of childless parents, between ideal and practice. As Tatjana Thelen and Erdmute Alber have pointed out, states have always been interested in classifying "appropriate" forms of kinship and the family in order to control the reproduction of "proper" citizens (Thelen and Alber 2018: 12). This chapter picks up on this idea by showing how the Georgian state tries to regulate adoption practices in accordance with what it classifies as valid kinship ties and correct practices of family-making. These regulations clash with people's

conceptions of how to adopt as well as their expectations towards the state in its support towards childless couples.

As the following sections will show, adoption practices in Georgia are very much focussed on ‘making the child one’s own’, both by keeping the adoption secret and by limiting the pool of children who are considered to be suitable. I argue that the importance of making the child their own is closely related to the importance of biogenetic substance in Georgian kinship, and the fear that adopted children would always prioritize their ‘blood’ relatives. These concerns influence adoption practices in Georgia: Couples reduce their chances of adoption by refusing children that do not fit their narrow criteria, resort to illegal practices in private adoption, and do not consider foster care, even though it could provide them with the experience of family life, and would respond to the morality of helping a child in need.

Adoption, the ‘Better’ Option

When the Catholicos-Patriarch of the Georgian Orthodox Church, Ilia II, criticized ARTs as harmful for both society and the emotional development of the resulting children in his Christmas epistle in 2014, he did not forget about the suffering of those couples who wish to have a child, but to seek assistance. Rather than following the path of ARTs, the church advocates adoption as the more ethical alternative for infertile couples who cannot accept a childless fate. In the Church’s opinion, this path should be limited to heterosexual couples. In regard to adoption by same-sex couples, the patriarch warns that such a law would distort the whole idea of marriage and turn the child into an object, which can be owned by anyone. This objectification seems to be less of a problem with heterosexual couples, as the patriarch did not raise such concerns later in his speech, when he declared,

“It should also be emphasized that spouses who do not have their own children, should not consider this a tragedy; the main thing is that they lead their life together in preparation for their settlement in the Kingdom of Heaven. Desirable is also the adoption of a child. This is a great mercy and in this case they should speak a special prayer in church.”⁹⁵

According to a Georgian Orthodox information brochure⁹⁶, which refers to an unpublished Georgian manuscript from around 1785, adoption is one of the five types of kinship: kinship established through *aq’vana* – taking. As a form of kinship, *shvilis aq’vana* (taking of a child - adoption) is supposed to implicate the same rules and prohibitions as kinship by blood. In her

⁹⁵ My own translation. The complete epistle is available online in Georgian language. Patriarchate of Georgia 2014. *2014 sashobao e’pist’ole* [online] <<http://patriarchate.ge/geo/2014-2/>> [accessed 31.05.2019].

⁹⁶ *znobebi natesavebs shoris korts’inebis shesakheb* [Information about the marriage between relatives]. Tbilisi 1995. <<http://www.Orthodoxy.ge/skhva/kortsineba.htm#sthash.EpAem4zV.dpuf>> [accessed 16.04.2019], see chapter 9, footnote 121.

ethnography of a village in rural Soviet Georgia, Tamara Dragadze describes that in the case of infertility, adopting a child from a close relative would ensure the continuation of the household. An illegitimate birth would be concealed in the same way. The child would be brought up by a close family member as their own. She also mentions the low number of children in orphanages in Georgia at that time, as relatives would feel compelled by the notion of shared substance to adopt the child, “using any number of ‘fictions’ in the presence of the child who will only learn later that he had been adopted since he is fully incorporated into the adopters’ household” (Dragadze 2001 [1988]: 66). It must be noted that all these deliberations were hypothetical, as there were no childless couples in the village during her fieldwork, nor did she witness an illegitimate birth (Dragadze 2001 [1988]: 60, 65-66). The nonexistence of such cases might indicate a working system of secret arrangements of kin to kin adoption that Dragadze might not have been aware of. In these ‘traditional’ arrangements, finding a child for parents that can be brought up as their ‘own’ is essential, and keeping a child within the kinship network seems to favour both the child and the adoptive parents, stressing the importance of biological ties, of ‘blood and flesh’, regardless of the emotional quality of this relationship. To my knowledge, the adoption of a nephew or niece in order to conceal infertility and continue the family is rather uncommon among ethnic Georgians in Tbilisi today. The Georgians I spoke to located this practice predominantly within the Muslim communities of the country. Bringing up a relative’s child in one’s own household due to illness, death of a parent, or migration, on the other hand, is common and often arranged informally, but this practice of fosterage is different from full adoption and bringing up a child as one’s own, or even claiming that the child has been one’s own all along.

Adoption practices in Georgia should not only be discussed within the framework of Georgian (Orthodox) traditions, but also according to path-dependency from the Soviet Union. While the Bolshevik initially outlawed adoption due to the exploitative character of a predominantly economic arrangement, adoption was legalized again in 1926. The official emphasis on the child’s best interests was eroded by the payment of incentives to adoptive parents. Following the Second World War, the adoption practice in the Soviet Union changed. With hundred thousands of displaced and orphaned children in the need of care, the Soviet government tried to push adoption, emphasizing both the patriotic and the humanitarian act of taking care of a war orphan as well as the equivalence of adoptive and biological kinship (Faircloth Green 2017). However, even with a significant rise of adoptions, “the idea that strangers could become kin” (Faircloth Green 2017: 163) was still discomfiting to the Soviet public, as litigation processes between biological and adoptive parents as well as the perceived need to hide the adoption show. The USSR Supreme Court tended to give priority to the rights of biological kin (Faircloth Green 2017: 166), arguing with the best interests of the child and the child’s needs for maternal love, despite earlier communist ideas of raising children in the social collective (Bernstein 2001: 844).

These judicial decisions clearly demonstrate the importance of biogenetic thinking, both for the understanding of kin relations, but also for the establishment of a good, stable family, without giving much consideration to the notion of an alternative communist upbringing (Bernstein 2001: 846).

The Georgian National Council on Bioethics is another institution which was involved in the debate on infertility and adoption and was featured prominently in the discussions regarding the legal changes of the law on ARTs. In reaction to an inquiry concerning a draft law, the council not only suggested a ban on commercial surrogacy, but presented adoption as an alternative in its statement. The council recommended, “it is important that adoption should be, as far as it is possible, simplified for childless couples, and that such families should not face unjustified bureaucracy or other barriers” (National Council on Bioethics of Georgia 2014, own translation). I interpret this kind of statement in the following way: it seems to imply that childless couples resort to less ethical practices such as surrogacy because they face too many legal barriers when attempting to adopt a child. It also seems to suggest that childless couples should have some sort of priority in the adoption process, compared to couples who already have biological children, or couples who would prefer to adopt rather than to bear biological children. It therefore acknowledges also the rights of parents to a child, rather than solely focussing on finding the most capable parents for a child in need. With this focus on couples’ access to an abandoned child, both the recommendation by the Georgian Orthodox Church and the Georgian National Council on Bioethics disregard the reality of adoption processes in Georgia. These are characterized by a great mismatch between the numbers of willing to-be adoptive parents and ‘adoptable’ children, and also strategies that could very much be regarded as commodification of the child, something that both the Church and the National Council on Bioethics actually aim to avoid with their dismissal of surrogacy and recommendation of adoption. For infertile couples, such recommendations foster false hopes, since adoption is not a viable options for many couples in Georgia at all, as this chapter will show.

Searching for an Opportunity: Tako

Tako told me that she and her husband considered adoption some time ago, but then the official procedures just seemed too difficult and the outcome too uncertain, so they never registered with the Social Service Agency as potential adoptive parents. The contingency of waiting for ten or even fifteen years in vain seemed to be just too emotionally challenging. They registered for private intercountry adoption with an agency that places children from Ukraine, and looked into adoption from Hungary. But after some deeper research into the subject of intercountry adoption, Tako and her husband found out that the whole process might cost them

up to 25.000 EUR. She laughed, “It is hard to believe that today somebody in Georgia can pay such money.” When our conversation moved on, we entered into some darker practices in adoption in Georgia:

“I heard about it in Hungary, I have a friend there and she told me that there are these gypsy women there. And it is really easy to take children from them, from gypsies in Hungary. But, you know, gypsies have very different genetics and- the first thing is that this is very expensive, too, not less than 25,000 EUR. I do not have that much. And the genetics of gypsies are very special and they are thieves (*kurdebi*), you know, all of them. And I do not know, I have been trying to find another woman. I heard about that in the occupied parts of Georgia, especially in Abkhazia, there are pleasure girls who are [chuckles] playing around- but some of them are pregnant. And they do not know from whom. And it was possible for some people who we knew that they [the girls] came here, they gave birth to children and gave them away. We are trying to find them, but unfortunately we could not.” (Tako, journalist, 42 years old)

Not only Tako, but also her friends ask around in the regions they are from to find a mother who wants to give away her baby, because they know how difficult Tako’s situation as a childless woman is. At one point, she was almost sure that she would be successful: The couple found a family who already had five children at the time they came into contact. The husband was an *invalidi* – he had difficulties walking and could not work to support his family, and so they had many problems, as Tako recalled. In their desperation, the couple resorted to giving their newborn children up for adoption. Tako told me, “The girl did not have abortions and she already gave birth to two children that she gave up for adoption afterwards. She was a good girl. I was so happy, we rushed there at once and wanted, that if she became pregnant again, she would give us the child.” Unfortunately for Tako and her husband, it did not work out, because the woman reconsidered the morality of her actions. “No, she [the woman] said, ‘I have now started to go to church and I will not do these things anymore. I became religious and that is why I stopped doing it.’ Okay, what can I say. So, no one helps us, not the Church, not the government, not the people, no one.”

Tako’s account reads as an ordeal through different forms of adoption – from domestic indirect adoption via a state agency, through intercountry private adoption, to most likely illegal forms of private adoption, both international and within the country. Though talking about practices of very different legal and ethical make-up, Tako did not draw much distinction or showed ethical consideration concerning these practices. The couple dismissed official indirect adoption via the Social Service Agency, due to long waiting times and uncertain outcome. International adoption was never a viable option, because they would never be able to afford the adoption process. Possibly slightly cheaper, yet most certainly illegal practices the couple objected due to uncertainties regarding the child’s genetic heritage and characteristics – an important factor which will be discussed in detail in the following. The only option that is left to them is direct adoption within Georgia, from a Georgian woman who either gave birth out of wedlock or cannot afford to take care of the child due to economic hardship. Tako did not want to tell me if

they discussed payment with the above mentioned couple – the transfer of money between the adoptive and the biological parents would render the process highly illegal. Tako also did not seem to question the power relations that such a private direct adoption entails, though she was obviously aware that both the women in Abkhazia and the mother of the five children were experiencing severe hardship. It is one of the moral dilemmas of adoption that the adoptive couples can only adopt due to hardship, poverty or tragedy experienced by the biological parents. However, their fate seems to be seldom discussed by potential adoptive parents in Georgia. Giving away a child is inconceivable to many Georgians, and similar to the Euro-American context, motherhood is very much connected to both birthing and raising a child (Fonseca 2011: 311), rendering the ‘de-kinning’ in the adoption process an act of “everyday violence” (Fonseca 2011: 307-309).

Strikingly, Tako called the mother who was not able to take care of her children and repeatedly has given them up for adoption a “good girl” (*k’argi gogo*), because she did not resolve to the option of abortion, revealing much about the morality of both abortion and adoption in Georgia. This is a common argument in the discussion of abortion in Georgia. Rather than terminating an unwanted pregnancy, which is often framed as murder of a helpless child, women should carry the child to term and give it up for adoption, so it could be raised by an infertile couple as their own. All three parties would profit – the childless couple in search for a child, the child in need of caring parents, the birth-mother who cannot support her child. Eirini Papadaki describes how social workers in a maternity hospital in Greece make decisions about the suitability of birth mothers for motherhood. In one case, the Greek social worker classified a Georgian migrant woman’s decision to give her child into Greek state care as proper and ethical, because she located this decision in a local code of honour, which protected her and her child from the consequences of having a child from a man who is not her husband. In such cases, giving the child away is interpreted by the social worker as the decision of both a “good Georgian woman” and a “good mother” (Papadaki 2018). Similarly, my interlocutor Tako frames the act of giving away your children in good care as an act of compassion, both to the child and to the adoptive parents. However, when looking at the still quite high numbers of abortion (chapter 2) and very low numbers of adoptions (at least within the framework of the Social Service Agency), this ideal seems not to be played out in reality. Moreover, this woman reconsidered her previous practice of giving her children away when she started going to church regularly. It is possible that she joined a congregation which supports families with many children, and therefore experienced some economic relief, or she was advised to rather entrust her children to a church facility, though I can only speculate about this.

The Matching Child

While the early 2000s showed a peak in intercountry adoption, the reoccurring scandals of corruption, 'baby-buying', ethical misconduct of adoptive parents or even kidnapping that occurred within traditional sending countries such as Romania, Vietnam, Cambodia, and Guatemala (Smith Rotabi 2012) provoked many countries to suspend international adoption. Public scandals, moratoriums and increasingly difficult procedures ended the boom of international adoption by the late 2000s (Selman 2009). The Hague Convention of 29 May 1993 on Protection of Children and Co-operation in Respect of Intercountry Adoption⁹⁷ aimed to protect children from trafficking and poorly prepared international adoption, to harmonize international practices in adoption, but especially emphasized international adoption as last resort when care in the home-country cannot be provided, arguing for the best interests of the child and its protection from exploitive practices in international adoption (also UN Convention on the Rights of the Child⁹⁸, Art. 20, 21). During my research, I was told that Georgia has never been an important sending country – with the exceptions in the adoption of children with special needs –, but found itself on the receiving end, especially of children from Russia and Ukraine. Today, these channels of adoption have mostly closed down, with the sending countries suspending or reducing international adoption, and no relevant bi-national adoption program between Georgia and another country.

At the time of fieldwork, there were discussions regarding a memorandum on bi-national adoption with sending countries, but they did not come into existence so far. However, as Tako's concern regarding the adoption of a "Gypsy child" from Hungary shows, many Georgian couples feel uneasiness with international adoption. Generally with adoption, there is a certain concern regarding the heritage of the child, which are linked to stereotypes about the population of the sending countries: One does not know its genetics, or how the mother behaved during the pregnancy. Especially with children from Russia, adoptive parents were concerned that the biological parents might have been alcoholics or drug abusers, and might have transferred these traits to the child. Yet, children from Russia fulfil the requirements towards the outer appearance that many couples have. Light-haired, blue-eyed children are considered to be the most beautiful babies, and despite the fact that many Georgians themselves have rather dark hair and eyes, these children are favoured in adoption, which is why international adoption from Slavic countries was dominant during Soviet times.

⁹⁷ Hague Conference on Private International Law 1993. The Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption, May 29 1993, 32 I.L.M. 1134-46.

⁹⁸ UN General Assembly 1989. Convention on the Rights of the Child, 20 November 1989. In: United Nations Treaty Series, vol. 1577, 3.

But even now, many Georgians would prefer not to adopt a child who does not fit their criteria about appearance. Children with darker complexions are less likely adopted. These children are considered to be *shavi* (“black”), a concept which is related to notions of having non-Georgian ancestry, to the ethnic minorities within the country, but also to their Caucasian neighbouring countries. This notion of “blackness” in Georgian can be related to Soviet discourse on race. Though the Soviet Union rather focussed on the classification of nationalities according to ethnic markers rather than a racist ideology of biological determinism, these politically of course very relevant classifications were at least partly related to the idea of biological differences between genetic groups, solidifying popular concepts of race (Bauer 2014; Hirsch 2002). As Susanne Bauer suggests, contemporary Russians referring to Caucasians in a derogative way as “blacks” can be understood as a practice of boundary-making against an Asian other, which is informed by these concepts (Bauer 2014: 526). Georgians, on the other hand, do not collectively refer to themselves as “blacks”, but they do use this term to denote that somebody is “too dark” to look fully Georgian. Most of my interview partners smiled at me politely when I asked them about their opinion on interracial adoption. Few complained about the xenophobic or even racist sentiments of their fellow Georgians. As Levan, an NGO worker and expert on foster care, who will be introduced later in this chapter, told me, “Ideal for Georgian adoptive parents is a baby boy out of wedlock by Georgian parents. Again, if you have money you can make it happen, even now.” In his long years of experience with adoption in Georgia, he did not witness one case where a Georgian couple was open to interracial adoption. I want to interject that the preference of a certain type of children is not only rooted in xenophobic or racist dispositions, but very much related to the process of making the child ‘their own’. Adoption should not be visible, but rather undetectable, and is kept secret whenever possible. With interracial adoption, the fact that the child is not ‘their own’ would be obvious. Georgian couples seem to be more comfortable with adopting within their own community, possibly because this way the child is already closer and better known to them.⁹⁹

Matching a child with its adoptive parents on the grounds of racial and cultural characteristics is not uncommon in adoption agencies worldwide. Adoption practice in the United States is very much racialized and adoption is played out along a moving “color line” (Raleigh 2018). One of the main arguments against both interracial and international adoption is that it would deprive the child of its cultural heritage. Apart from outward appearance, resemblance also comes in with international adoption: Agencies try to match children and parents according to birthdates, interests or facial expressions, and parents often describe a matching event or a notion of resemblance when explaining how they found their specific child (Marre and Bestard 2009).

⁹⁹ However, unaccounted adoption within the own ethnic community might bear its own risks regarding the confusion of kinship ties. This will be further discussed in chapter 9.

However, the rigidity in which certain traits are desired makes the Georgian case very different to cases of international and often interracial adoption, where active ‘kinning’ has to take place, in order to make the children part of the family, as the fact of the adoption cannot be hidden (Howell 2006). Signe Howell illustrates in her study of international adoption to Norway how children are made members of their adoptive parents’ family and cultural background (Howell 2003). This process of “kinning” involves for instance the wearing of national dresses or participation in local traditions. Rather similar to the Georgian case though, the child is expected to be fully integrated into the parents’ network, and therefore needs to be treated as a “tabula rasa”, “de-biologizing” the child’s origin to the extreme, in order to change its “social essence” (Howell 2003: 471). While there are limits imposed by biogenetic make-up in the Norwegian case, and there are moments of emphasizing the child’s non-Norwegian heritage, Georgian couples are not willing to acknowledge the child’s pre-adoption origins. Ideally, the child needs to be integrated to the extent that the biological kin’s existence is completely denied. Thus, childless couples have to resort to domestic adoption. However, set ideas about how the child has to be, about age, sex, and outward appearance of the child render adoption a futile endeavour, at least for those without the financial means to pursue direct adoption. It seems that asking for a healthy infant, preferably a boy, preferably with lighter hair, will make couples wait in line for years and years, because the demand for these children outmatches their number significantly, as the next section will show.

The Changing Child Care System: The Child’s and the Parents’ Best Interests

Many childless couples share the fear that in the process of adoption, the state can “take the child back” after a couple of months. This erroneous notion seems to be based on a misconception or rather the confusion of foster care with adoption. Still, these accusations are telling. They express the couples’ deep disappointment with the Georgian adoption system, which “makes you wait for seven years and more and then they can still take the child away any time”. Many couples perceive it in the way that the state fails to ‘provide’ them with a child. As this chapter demonstrates, there are several ways of adopting a child in Georgia. The above mentioned concerns and disappointments are expressed towards the state-led agency adoption via the Social Service Agency (*sotsialuri momsakhurebis saagent’o*), a state agency that administers not only foster care and adoption, but also health programs, social programs, and state disbursements such as pensions. Couples and single persons who aim to adopt a child can register with this agency, which will transfer them to a waiting list and notify them as soon as a child that fits their requirements is available for adoption. This form of adoption has been basically free of charge, and is therefore accessible for less well-off couples (who might not be able to pursue ARTs) as well.

Public discussions surrounding the reform of the Law on Adoption and Foster Care show the different perceptions of adoption and the responsibility of the state. In regard to the planned changes, many couples felt insecure about the state adhering to their perceived right to adopt, but also hoped for a faster process and less waiting time. Correspondingly, many television talk shows felt the need to address the planned changes and to invite social workers and prospective adoptive parents alike. In the talk show *skhva shuadghe*¹⁰⁰ the host introduced the topic with grave words. According to her, this was an important day for those who wish to adopt a child, as they would discuss the legal changes that were planned concerning the procedures. Immediately, the other participants of the round expressed their hope that the changes would simplify the adoption process for childless couples. Similarly, in *dghis shou*,¹⁰¹ one of the hosts introduced the show with much pathos. Georgia was a generous country which she admired, she told the audience, but still, there were about 3000 couples waiting in line to adopt a child, and might wait for the rest of their life without being able to adopt. Later in the show, one of the guests who was representing the Social Service Agency stated that she did not want to mislead people; the new law would not make it easier to adopt a child. The host was astonished: “Then why change it?”, she asked. As many other shows in this time, the main concern of these formats was a change in the law that would speed up the process for childless couples, and the invited social workers needed to constantly remind them that adoption is “about the child”, and the low number of adoptable children a blessing rather than a curse.

At the time of my fieldwork in 2016, there were 3273 couples registered with the Social Service Agency waiting to adopt a child, with 317 of them waiting for eight years and longer.¹⁰² Only 93 qualified as adoptive parents in this time.¹⁰³ At the same time, the Law of Foster Care and Adoption was under reform, with a new draft being discussed in the Parliament of Georgia, and eventually adopted in May 2017.¹⁰⁴ These changes were necessary to bring the Georgian legal framework for adoption in line with the Hague Convention and the UN Convention of the Rights of the Child. However, to the dismay of many prospective adoptive parents waiting in line, the changes focused solely on child care and children’s rights, and were neither speeding up procedures nor simplifying the process of adoption. Just like many of her colleagues, Eka Sanebldize, the Head of the Guardianship, Child Care and Social Programs Department at the

¹⁰⁰ TV program: “*ra sirtulebs ats’q’debian adamianebi, visats shvilis aq’vana surs*” [What difficulties encounter people who wish to adopt a child], *skhva shuadghe*, Rustavi2, 01.10.2014.

¹⁰¹ TV program: “*rogor unda moiktset tu bavshvis shvilad aq’vana gsurs*” [How should you behave if you wish to adopt a child], *dghis shou*, Imedi TV, 28.04.2015.

¹⁰² Social Service Agency 2019. *mshvileblebi 2016 ts’eli. mshvileblebis raodenoba motsdis p’eriodis mikhedvit* [online]. <http://ssa.gov.ge/index.php?lang_id=GEO&sec_id=1204> [accessed 25.05.2019].

¹⁰³ Social Service Agency 2019. *mshvileblebi 2016 ts’eli. dak’maq’opilebuli mshvileblebis raodenoba motsdis p’eriodis mikhedvit* [online]. <http://ssa.gov.ge/index.php?lang_id=GEO&sec_id=1204> [accessed 25.05.2019].

¹⁰⁴ Legislative Herald of Georgia 2018. *sakartvelos k’anoni. shvilad aq’vanisa da mindobit aghzrdis shesakheb*, 04.05.2017 [online]. <<https://matsne.gov.ge/ka/document/view/3665080>> [accessed 25.05.2018].

Social Service Agency of Georgia, repeatedly announced that adoption is not a solution to the problem of infertility in Georgia.¹⁰⁵ Her message was clear: With its adoption program, the state is offering prospective parents a chance, but no guarantee of getting a child. The myth that there are many children waiting for adoption was just not true, she clarified.¹⁰⁶ Considering the date of these statements, they have to be seen as a direct reaction to the patriarch's epistle, which suggested adoption as an alternative to ARTs, diminishing hope that might have come up with the public discussion surrounding the epistle. Similarly, the NGO worker Levan told me, "There are not enough children to be adopted in Georgia", ruling out adoption as a viable alternative for family building for infertile couples. Changes in the law are directed towards ensuring matching families for children. One of the major concerns in the adoption system in Georgia is finding adoptive parents for children with disabilities. The changes to the law include a maximum age difference between the child and the adoptive parents of 49 years, mandatory child care training prior to adoption and foster care, a background check on the social but also the economic situation of the couple as well as the ban on direct private adoption. Also, couples can only twice turn down an offered child before they are crossed off the waiting list.¹⁰⁷

At the time of fieldwork, there were about 3000 children in state care – either living in foster families, group homes, or one of the remaining orphanages. Of these 3000 children, about 150 children had the status as "adoptable child" (*gasashvilebeli bavshvi*), waiting to be adopted as soon as a matching family is found.¹⁰⁸ With more than 3000 potential families waiting in line for 'their' child, these children do not match the characteristics that were indicated by the families upon registration. Usually, they are either too old for the liking of many couples, have the status of a child with special needs (*ganskhvavebuli sach'iroebis mkone bavshvi*), or are siblings¹⁰⁹ to a child with special needs. The likelihood of a child with disabilities being adopted by a Georgian family is very low, as Levan explained to me. According to the numbers indicated by the Social Service Agency, all of the 31 adopted children in 2016 were "healthy" (*janmrteli*).¹¹⁰ The only hope for children with special needs is to be adopted internationally by a foreign couple,¹¹¹ yet there

¹⁰⁵ TV program: "*rogor unda moiktset tu bavshvis shvilad aq'vana gsurs*" [How should you behave if you wish to adopt a child], *dghis shou*, Imedi TV, 28.04.2015.

¹⁰⁶ TV program: "*ushvilobisa da shvilad aq'vanis p'roblema sakartveloshi*" [Problems of childlessness and adoption in Georgia], *moambe*, First Channel, 09.01.2014.

¹⁰⁷ Legislative Herald of Georgia 2018. *sakartvelos k'anoni. shvilad aq'vanisa da mindobit aghzrdis shesakheb*, 04.05.2017 [online]. <<https://matsne.gov.ge/ka/document/view/3665080>> [accessed 25.05.2018].

¹⁰⁸ I received these figures on the numbers of children in the state care system from Levan during our interview.

¹⁰⁹ The law prohibits the separation of siblings, except for when it is in the child's best interests.

¹¹⁰ Social Service Agency 2019. *gashvilebuli, gasashvilebeli da gasashvileblad shetavazebuli bavshvebi 2016 ts'eli. gashvilebuli bavshvebis raodenoba skesobriv ch'rilshi janmrtelobis mdgobareobis mikhedvit* [online]. <http://ssa.gov.ge/index.php?lang_id=GEO&sec_id=1203> [accessed 25.05.2019].

¹¹¹ Several US-American adoption websites point out that there is no option to adopt a "healthy" child from Georgia.

were only a handful of such cases in the past years, with only 9 cases of intercountry adoption from Georgia between 2009 and 2013, all of them children with special needs who were mostly adopted by US-American citizens (Kukhianidze 2014: 175).

To obtain the status of adoptable child, the child must either be orphaned, abandoned by its biological parents, or the victim of severe physical or sexual abuse. Otherwise neglected children might be taken out of their biological family and placed in foster families or small group homes. When a child is placed into the state care system and the parent does not contact the child for six months – in the new law, this time period is reduced to three months – the process for withdrawing parental rights can be started. Only when the parental rights are withdrawn, the child obtains the status of an adoptable child. Due to the low number of children with an adoptable status, less than 50 adoptions had taken place within the adoption scheme of the National Service Agency in 2015, four of them children with special needs.¹¹² The coming years will show if the recent changes to the law will increase the number of agency adoptions, since the time period for receiving adoptable status has been shortened and the alternative of direct adoption banned. With the introduction of mandatory child care courses for couples who want to register for adoption as well as a maximum age difference, the long waiting list might thin out as well, expelling couples from the list who have been waiting for years already, and have surpassed the maximum age in the waiting process.

Foster Care as a Way to Experience Family Life?

To shed light on the complex issue of state intervention and to better understand the motivations of adoptive parents, this section will focus on foster care as an alternative to adoption. For some couples, foster care could mean a perspective to adopt child, or at least provide them with the experience of parenthood and living with a child. But as this section will show, foster care is rarely seen as an alternative to adoption, and the demography of foster parents differs from those who wait in line to adopt a child. The rise of foster care is related to the breakdown of international adoption, as well as the harmonization of the state care system with the UN convention, which advocates raising children in a family context and keeping up the relationship to the biological parents whenever possible. While the state as well as NGOs emphasize foster care as being in the best interest of the child, Georgian childless couples are less interested in this form of family-making. I was able to meet with one of the leading experts on foster care in Georgia. Levan represents an organization that was invited by UNICEF to pilot

¹¹² Social Service Agency 2019. *gashvilebuli, gasashvilebeli da gasashvileblad shetavazebuli bavshvebi 2015 ts'eli. gashvilebuli bavshvebis raodenoba skesobriv ch'rilshi janmrtelobismdgobareobis mikhedvit* [online]. <http://ssa.gov.ge/index.php?lang_id=GEO&sec_id=1141> [accessed 25.05.2019].

family-based forms of child care in Georgia, especially foster care. As an expert organization, it advises the government on matters of family based care for children, child protection and support services for foster care, with the aim of protecting interests of children in line with the respective UN convention.

From 2005 to 2013, the Georgian government managed to largely deinstitutionalize childcare. In 2010, the Georgian Ministry of Labour Health and Social Affairs (MoLHSA) started a campaign that emphasized the reintegration of children into their families, the establishment of small group homes, and especially the importance of foster care (Greenberg and Partskhaladze 2014). Many of the small group homes that Levan's organization had ran as a service provider were later closed down as well, because the organization believes in the importance of foster care and day care centres for children from families in need. Before the deinstitutionalization process started, thousands of abandoned or neglected children lived in large orphanages. Nearly all of these "large Soviet warehouse types of institutions", as Levan called them, are closed down by now. However, even for experts in this field, it is hard to track exactly what kind of facilities are still running, and some complained that during the process some of these allegedly closed orphanages disappeared from the central government funding books, yet they reappeared in local government funding.

At the time of my research, there were still two state-run orphanages which specialized in children with disabilities. Some abandoned children also live long-term in boarding schools which are run by local governments. In addition, the Georgian Orthodox Church runs two places which accept children who were abandoned or neglected by their parents. Children who are placed in these church institutions cannot be adopted. The religious institutions argue that these children were entrusted to them by their parents, and so they feel responsible to raise these children as good Christians. Often, mothers were persuaded by spiritual advisers not to terminate the pregnancy but rather carry the child to term and give it into the hands of the Church, where the child would be raised, but also could be taken back by the mother at any time. Similarly, abandoned Muslim children might be entrusted to madrasas, a practice that is so far unregulated by the state. NGOs try to bring about small changes in this system by working together with some of these religious institutions. While they emphasize that the relationship between biological parent and spiritual father needs to be respected, often it is in the best interest of the child to push for adoption and release the child from large-scale institutions. One solution can be adoption within the religious community of the priest's congregation, by couples who are trusted by their spiritual fathers.

Foster care is usually an immediate reaction to an emergency, when the child is no longer safe in its family environment. As an emergency measure, it might be transformed in long term foster care or even adoption, but this does not have to be the case. Parents who decide to foster

children will receive a foster allowance of 450 GEL (183 USD) per month. For children with a disability status, the allowance is raised to 600 GEL. For emergency foster care, a per day allowance of 20 GEL is paid for up to three month. At the time of my research, there were about 1200 children living with about 800-900 foster families.¹¹³ About 150 children lived in specialized foster care. In cooperation with the Church, the organization managed to find a great number of families who agreed to foster children. Other than the couples waiting for adoption, many foster families do not conform with the image of the typical childless couple. Rather, the majority of them are single women in their late forties or mid-fifties, who have already raised their children. Some of them never had children on their own, and view foster care as a way to experience a child in the family. However, they are too old to integrate an adopted infant as ‘their own’ into the family, so there is no need to aspire for this ideal. While many people I talked to admire the courage to foster children, foster parents are also met with suspicion for their motives of raising other people’s children. Enikő Demény describes how foster families in Hungarian SOS Children’s villages are considered to be deviant, unnatural, and incomplete, because they do not represent the ideal of the nuclear family, and SOS mothers receive money for taking care of the children (Demény 2009). In Georgia, many foster families reside in the rural areas, where there is often a shortage of cash. Therefore, the foster care allowance also adds to the income, although this might not be the main reason for fostering a child. Therefore, Levan’s organization would wish for more foster parents in Tbilisi, where he sees a higher “intellectual capacity”, as he calls it. In Tbilisi, foster families are considered to be more prone to see fosterage as a social or moral responsibility, and provide foster children with the aspiration for higher education.

However, for those couples who wish to adopt, foster children usually do not fit the idea of the child they are waiting for: A child that does not only match the desired characteristics, but is also detached from its past, from its biological family, and can be fully integrated into the adoptive family. In addition, foster parents’ transition to adoption has been discouraged by the government. Because of this, foster care is less attractive for couples who seek to adopt in the long term. There are mainly two reasons why the government is not interested in foster parents becoming adoptive parents, and therefore discourages them from adoption. First of all, they want the queue where thousands of childless couples are waiting for to move. As this is such a highly debated topic, it is important to show progress in this matter. Giving priority to foster parents – as it is required by the new law – slows the progress at the waiting line. Secondly, capable foster parents are hard to find, but essential to the system. Therefore, letting them adopt might reduce their willingness to continue fostering other children. This is not an official regulation, but I was

¹¹³ These figures on foster care were indicated to me by Levan during our interview.

told that in practice, foster parents who also register adoptive parents might never get a placement.

The establishment of foster care has helped many children to escape large state-run institutions and experience family life. However, the payment of foster allowances has opened the system for manipulations, which would allow families an added income of sort. Reoccurring cases of mothers seemingly abandoning their children, who were then taken in by family members in order to collect the foster allowance led the state refrain from such kinship arrangements. With the new law, family members will have priority to take care of adoptable children, with an emphasis on guardianship. This way, they will not collect foster allowance, but are the legal representatives of the child and can access parental rights. However, relatives will need to undergo the same training as non-related adoptive and foster parents, in order to prove that they are motivated and capable to take care of the child. This way, the new regulations aim to prioritize the best interests of the child, without disregarding the importance of biological relatives.

Keeping It Secret

Adoption is a delicate topic in Georgia. Upon my arrival in Tbilisi, I tried for months to talk to couples who had adopted a child – without success. Not that adoption does not take place in Georgia. Rather, people do not like to talk about it, for various reasons. In many cases, it is an open secret when a family has adopted a child. It is open in the sense that friends, families and neighbours know that the woman has never been pregnant, and thus, the child has to be adopted. On the other hand, it is secret, because talking to the couple about their adoption would be shameful for all parties involved. In addition, the adoption is often very much a secret to the adoptees themselves. Many adoptive parents fear that telling the children would break up the family, so they avoid letting them know. Open adoption schemes, where the contact to the biological parents is maintained for the sake of the child's wellbeing, as became increasingly popular in the United States from the 1990s onward (Yngvesson 1997), do not exist in the Georgian context. However, such a secret can be hard to keep forever when virtually everybody besides the adoptee knows. One of my friends was adopted within her family after the death of her mother, when she was still a young child. For years she did not know that her mother was not her biological mother, but her aunt. Only at the age of sixteen she found out about the biological relationship to her parents. However, she was not told by her family, but by a neighbour in the heat of an argument. When I talked to other people about how adoptees find out about their adoption, they told me this would be the 'usual way' in Georgia. This was also affirmed by Levan, who was very much involved in the reform of the law, and is also an advocate of disclosing the adoption to the child:

Levan: “Everyone around them knows, everyone knows and that is something we did not succeed at, with this law. There is a must, a child should know and that should be communicated to the child, in ways that are appropriate, of course, that the child is not biological. They have to know about their origins. But we did not succeed at that, we are not ready. Let’s see how this goes, now the training of adoptive parents is becoming mandatory, so we will only approve those who agree to tell. But not make it mandatory, there are lots of arguments, I do not buy any of that, I think a child should know, because I have come across some anecdotal evidence of people finding out at the age of 50 and trying to commit suicide.”

A.K.: “Exactly what I have heard.”

Levan: “Yeah, and it is like every neighbour knows and the child does not and they have a fight with the neighbour’s child and he says you are adopted, bastard or something like that. The risk of something terrible happening is so much higher. It used to be that that kind of action was criminally punishable. If I told you that you were adopted, I could go to prison. That was written, but I have never seen anyone go to prison because of that. But there was a provision in the law. So, I think this new law will also give some leverage not to approve some of the parents that want the adoption for wrong reasons.”

Adoption for the wrong reasons, in Levan’s perspective, is adoption on economic grounds, to have someone who will take care of you in old age, since there is not much of a social security net apart from their family that old people can rely on. In Georgian, there is a saying for this: *ts’qlis momts’odebeli geq’oleba* – “you will have someone to give you water”. According to Levan’s estimation, 90 per cent of the adoptions take place as such an investment into the future, or this is at least the main driver. Letting the child know that it was adopted might endanger the relationship, as the child might start looking for its biological parents, and will not take care of his or her adoptive parents in old age. The fear of being abandoned by their adopted child is why a lot of adoptive parents decide not to tell the child about the adoption. As the above quote from the interview with Levan shows, his NGO failed at making disclosure on this kind of information mandatory by law, even though they argue with a person’s right to know one’s origin. Moreover, sharing information on the child’s origin without consent by both the adoptive and the biological parents used to be punishable. For reasons of confidentiality, adoptive parents may change the child’s name, surname, identification number, place of birth and date of birth. Without this information, finding a birth mother becomes virtually impossible. Again, these regulations have precedents in the Soviet Union. Here, the belief was that it would be the best for the child’s wellbeing and their relationship to the adoptive parents if the adoption stayed hidden from them. For this reason, often adopters required children of certain characteristics, so they would blend in with their family (Faircloth Green 2017: 174). Adoptees were subject to teasing by neighbours and other children alike, and parents believed it would be best to shelter their child from the stigma of adoption. A law from 1960 permitted a considerable change of birth data in order to conceal the child’s origin. From 1968, the disclosure of any adoptive data became punishable by law, rendering it a criminal offence (Faircloth Green 2017: 186).

The compulsory training that this NGO offers to prospective foster and adoptive parents aims to sensitize for the importance as disclosure, as they assume a ‘right to know one’s origin’, an argument that comes up in different parts of the world in debates regarding donor-conceived children and donor anonymity as well (Edwards 2015; Klotz 2016), as I will discuss in the next chapter. Here, I want to allude to Jeanette Edwards’ argument that in the British debate, both arguments for disclosure and against it are presented in concepts of autonomy, choice, and rights, one emphasizing the individual, the other the collective unit of the family and its right to privacy and autonomous decisions without state intervention (Edwards 2018: 158). While activists such as Levan argue with a child’s individual right to know one’s origin, most adoptive families in Georgia want to exclude the state from such private decisions, out of fear of destabilizing adoptive families. The global discourse of individual rights and the autonomy of the person is not easily reconcilable with a conception of personhood that is grounded in one’s position within a network of kin. So far, the Georgian state has sided with the adoptive parents’ interest for autonomous family decisions, and even provided parents with a number of means to keep the adoption secret.

Of course, Levan’s estimation of the majority of adoptions being mainly driven by ‘the wrong reasons’ can hardly be verified. Moreover, it should be taken with a grain of salt: Many of the infertile couples that I spoke to were very well integrated into a kinship network beyond the nuclear family, and taking care of childless aunts or uncles at a certain age is a common practice. Mutual care between parents and children is a central norm in Georgian kinship, and adult children are expected to take care of their elderly parents. These responsibilities might get messy when adoptees find out about their biological parents, and are met with obligations towards those who took care of them, but also their own ‘blood and flesh’, as blood relations create obligations which cannot be ignored. As Strathern points out about the particularity of the biological tie compared to nurture: “It has the character of a constitutive finality that cannot be modified, that once known cannot be laid aside” (Strathern 1999: 79). Even though the legal status of adoptive parenthood is equal to parenthood established by blood ties, these notions of shared substance, especially blood, carry importance in Georgian kinship, and the fear that the child might not consider itself as their own anymore lets adoptive parents keep the adoption a secret. Thus, their deliberations bring into mind the classic anthropological notion of adoption as ‘fictive’ kinship, somewhat less substantial than kinship by blood, as it is ‘only’ socially constructed. However, the practice of open adoption might challenge that notion, as research in other cultural settings has shown (Logan 2012).

Secrecy in adoption not only stems from the fear of disrupting family ties and expected care relationships, but is also related to certain adoption practices. In order to explain the topic of illicit forms of adoption in Georgia, I would like to dwell on the case of Sopo for a moment, because her story illustrates the secrecy around adoption in Georgia. Through a close friend, I received

Sopo's mobile number. Before I called her, I only knew that she adopted her child. My friend told me, "She and her husband adopted a child, I do not know how she did it, but she has a young son who is adopted, and she agreed to talk to you." When I called Sopo the same day, I was very glad that this meeting worked out, as many others were cancelled because the women decided last minute that they did not want to talk about the adoption of their child.

Sopo married very late, at the age of 45. She fell in love with her future husband already in school, but he got married to another woman. Only years later, when his marriage broke up, they met again. Today, she is 52 years old, and works as a nephrologist in a private clinic. She and her husband live together with their two and a half year old son in Tbilisi. Before they got married, they did not talk about having children, and when they started to plan a family, it was mostly her husband's initiative. Today, she regrets that she was not that motivated, she said. After some time of living together, they decided to check their reproductive capabilities, and due to the couple's age, they knew that they should not wait any longer if they wanted to have children. From the beginning, assisted reproductive technologies were no alternative for Sopo. "There was directly this possibility to have a child that was refused by its mother, and I have [such a] child."

At the beginning of our conversation, I chatted with Sopo for some time about family life. We talked about the family she grew up in, her expectations towards a family and relatives, the importance of kin relations. Somehow, the topic of adoption did not come up (though Sopo knew for sure that this was the reason I wanted to meet with her). So, after some time, I asked her about the process of child adoption in Georgia. So she told me it was an easy process. They went to social services and she signed a contract declaring that she agrees to raise this child. This was the first time that I did not hear about long years of waiting and impossible obstacles, so I asked her how long the couple had to wait for their son. Her reaction came prompt: "No, we did not wait in line, no, no! I would have been in line if I had the possibility, but this was through my husband. In other words: This is my husband's child." I was stupefied by this revelation. My friend did not mention that Sopo's husband was the biological father of this child. Though I was excited and would have liked to hear more, Sopo did not want to go into detail about the adoption process. "It was all very normal", she told me, emphasizing the ordinariness of the process. Soon afterwards, Sopo had to end our conversation, because she needed to go on with her work. It was obvious that she did not want to continue with this topic. The whole topic of adoption seemed to be awkward, and the whole time she downplayed the actual process of finding and adopting her son, making it sound as natural and easy as possible.

I can only guess how exactly the process of adoption worked out in Sopo's case, as my information is so limited: This child is her husband's biological son, and they went to social services to register Sopo as mother. At this point, the couple was already married for four years. It was her husband's initiative and suggestion, and of course she did not refuse. This is what Sopo

told me. She did not tell me if her husband cheated on her, and if the child was the result of an affair her husband had. She did not tell me about the child's biological mother. Maybe she did not tell me because she was ashamed that her husband had an affair while they were married.¹¹⁴ Maybe she did not trust me enough to share information about the birth mother. Both explanations are very likely, yet in order to interpret Sopo's story, it is important to consider another common alternative, namely, practices of direct adoption in Georgia.

Generally, there are three major schemes of direct adoption in Georgia. Direct adoption in this context describes an immediate arrangement between biological and adoptive parents, without the involvement of the Social Service Agency as a mediator. In a first scheme, biological parents directly name the adoptive parents they wish for their child. The adoption takes place between biological and adoptive parents and is legalized in court without going through the evaluation process of the Social Service Agency. While the involvement of money would render this practice highly illegal, the authorities were seldom able to trace the transfer of money. Due to the high risk of corruption and the danger of child trafficking, this practice was banned with the recent changes in the law 2017. Prior to the new law, the majority of adoptions in Georgia took place in this way. However, uncounted are the cases of illegal adoption in which infants are traded against money, and birth certificates are directly issued to the adoptive parents in the maternity ward, as it is the case with the second scheme. Here, the maternity ward is part of the practice. The staff will not register a woman who gave birth out of wedlock, but will issue the birth certificate directly to the adoptive mother – as if she gave birth to the child. In a third scheme, a woman gives birth out of wedlock to a child and names a man as a father. The father will recognize the child as his own, even though he is married to another woman. The father will take the child home, and soon the biological mother will abandon the child officially. This way, the actual wife of the father can legally adopt the child. Of course, neither the father nor the mother are biologically related to the child. This could have been the case in Sopo's story, though I can only speculate. Similar practices can for example be observed in countries where adoption might be illegal or connected with high bureaucratic obstacles due to the prohibition of adoption in Islamic Law. Morgan Clarke, for instance, describes how Lebanese Muslims are "fooling" bureaucracy by faking pregnancies or claiming unrelated children as their own (Clarke 2009: 72-82).

The second and third scheme have been illegal even before the new law was adopted. In all cases, the transfer of money is a severe criminal offense and strictly punishable, yet hard to trace. Even before the ban, social services used to refer cases of direct adoption to the prosecutor's office, where the lawfulness of the process was examined. However, due to high costs, the court does not order paternity tests, so the usage of the third scheme was hardly ever exposed.

¹¹⁴ Though it is more socially accepted for married man to have affairs than it is for women.

Whenever talking about this kind of practice, people usually refer to the ‘regions’, indicating that these are problems of the rural areas. Yet, often it is the childless couples from Tbilisi who “ask around in the regions”, if there might a poor pregnant woman who would be willing to give her child away, just as Tako in the initial story of this chapter. I want to emphasize that Tako’s story is not an extraordinary case, but letting one’s social network search in their respective regions for parents who are willing to give up their newborns is a practice that was described to me by several of my interlocutors, without questioning either the legality or the morality of this practice, while taking advantage of the stark economic inequalities of the urban/rural division. As Tako’s case showed, many Tbilisians tend to present the population in the rural areas as a ‘backward other’, therefore legitimizing such practices of ‘taking care’ of these children in need. With the ban of direct adoption, biological parents can no longer choose the adoptive parents or make private arrangements. The same way, it is prohibited to actively seek out pregnant women in order to adopt the child. There are exceptions for severe cases, for example in the case of terminal illnesses. In these cases, the system might refer guardianship to a person that was chosen by the biological parents, such as a close friend or relative. The legal institution of guardianship will ensure that the guardian may act in the child’s best interests, without initiating a full parent-child relationship, which would include the right to inheritance.

Conclusion

Even though the public discourse frames adoption as the ‘better’ alternative to assisted reproductive technologies, adoption is not a viable solution to overcome involuntary childlessness for most childless couples in Georgia. While some childless couples expect the state to be responsible for providing them with an adoptive child, they fail to see that the system cannot cater to their interests for a variety of reasons. The numbers of would-be adoptive parents and adoptable children are greatly mismatched, and few children fit the vision that couples have about their future child concerning age, outward appearance and health status. Many prospective adoptive parents wish for a child that is completely de-kinned from its birthmother, so it can be fully made their own.

The recently reworked legal framework for adoption as well as foster care seems to be located in between international regulations adhering to a particular notion of ‘the best interests of the child’ and Georgian adoption practices that emphasize anonymity and secrecy, and are therefore grounded in a very different understanding of ideal family-making. As the state cannot provide its childless citizens with the children they desire, couples resort to practices of direct adoption that bypass the system. Such practices are justified with the morality of providing care for a child in need. However, such moral considerations often do not extend to children that cannot

be fully incorporated into the family as their own, such as older children, children with special needs or foster children. The following chapter will continue these discussions, as it focuses on the importance of substance in the Georgian kinship system and the transmission of characteristics and traits between generations, and how gamete donation (analogous to adoption) might confuse kinship ties in such a way as to limit their acceptance.

CHAPTER 9 – EXOGAMY, ANONYMITY, AND DONOR CONCEPTION

Introduction: The Ramifications of Spiritual Kinship

In late November 2016, Tiko and I had planned to meet two of her friends to visit the biannual Giorgoba (St. George's Day) celebrations that took place all over the city centre. Like Tiko and me, her friends were women in their late twenties with a background in social science. We were waiting in front of the metro station for the other two women to join, and Tiko told me excitedly that Teona would bring her oldest daughter Ruso, a pre-schooler of five years, who is also Tiko's godchild (*natluli*). When Teona arrived, Tiko was eager to introduce her goddaughter to me, and even though the girl was a little bit shy, Tiko kept her close-by and showed her around at the street fair we were visiting. When she introduced Ruso to me, she kneeled down next to her, holding her own face close to Ruso's, "Don't you think she resembles me? I think she looks like me." This was meant as a half-joke, and we all laughed. As her godmother, Tiko is not biologically related to Ruso, though she became part of her kinship network. Still, the question Tiko posed was not only a joke, but is also telling in regards to how kinship in Georgia is thought. Finding resemblance between persons is an important way of expressing a close relationship. As Ruso's godmother, Tiko is supposed to be a close confidant for the girl, and becomes part of the kinship network. Asking about their resemblance is a common way to express their relatedness to the outsider. This chapter deals with rules of exogamy in Georgian kinship and the way they influence the perception of donor conception. In starting out this chapter with one form of spiritual kinship¹¹⁵, I aim to illustrate how deeply rooted such ideas of closeness and distance of kin in Georgian society are, and that the uneasiness with donor conception is not just related to health concerns grounded in biological explanations for incest taboos.

Though often described by Georgians as closer than consanguinity, the godparent/godchild relationship remains ambivalent. Since godparenthood (*natlioba*) is traditionally a (strategic) way to extend one's kinship network, it is not very common to choose relatives as godparents – though not unheard-of. Ideally, a godparent (*natlia*) should be a close friend of the parents, and traditionally the witnesses to their marriage (*mejvare*) are chosen as godparents to the first-born child. Yet, this does not always work out, and making a person one's child's godparent can also be a favour or even an obligation. A few months after our first meeting, Teona, Ruso's mother, told me about Ruso's baptism a few years ago. At that time, she had everything planned. Naturally, her two closest friends were supposed to become the godmothers.

¹¹⁵ The Georgian kinship system knows several forms of kinship ties which are neither based on consanguinity or marriage, and classified as "spiritual" or "artificial" (Dragadze 2001 [1988]: 115; Gotsiridze 2010), such as adoption, milk kinship and different forms of sworn brotherhood (see chapter 3).

Additionally, they would choose her husband's *mejvare* as godfather, so Ruso would have three godparents. However, there was a "ridiculous" element to this whole process, as she told me.

"The institution¹¹⁶ of neighbourhood (*mezoblobis inst'it'ut'i*) is quite curious. There is this one neighbour who always snoops around in everything, always needs to know everything that happened, wants to come in, wants to see what you are doing, how you are doing, and when I got ready for the baptism she came in and asked me, if she could also baptize my child, and well, now everything was already planned, but since she asked us if she could also become godmother, we could not refuse her and this is how I chose the fourth *natlia* for Ruso." (Teona, mother of two, 30 years old)

Turning down such a request would have been considered rude. The kind of obligation that people feel to either close friends or when they are directly approached by acquaintances may lead to the fact that many of my interlocutors have five or six godchildren, and others have up to eight godparents. Obviously, not all of these relationships are similarly close, and some godparents I spoke to regret that they were not able to establish a close relationship to their godchild, as it would be expected. Ideally, godparents guide their *natluli* in religious questions, raise them spiritually (*sulierad unda aghzardo*), and act as their spiritual mothers and fathers.¹¹⁷ They are responsible to take them to church services and to show them the right path. This responsibility is also expressed through the first present they give to the child, which is supposed to be a golden cross pendant. In another case, the mother described her daughter's baptism as a "hilarious" story: She chose the doctor who helped her to conceive the child, some close friends, and, urged by her mother-in-law, also the child's *bidza* (uncle). When the ceremony started, they realised that there was not one religious person among the godparents-to-be. An embryologist, a microbiologist, an atheist philosopher, but no one who could educate the child in spiritual matters. In order to prevent the cancellation of the ceremony, one friend volunteered as additional godparent. This way, the child ended up with seven godparents, only one fit for the original purpose of the position.

Through the baptism, godparents become part of the *natluli's* kinship network, as the term *mironit natesaoba* (kinship through chrism, baptismal bond) already indicates. Ideally, a kin relation forged through godparenthood should be as strong or even stronger (*upro dzlieri*) than a kin relation by blood. In Georgia, this early Christian tradition¹¹⁸ is still very much alive.

¹¹⁶ The term *inst'it'ut'i* does not only refer to a facility or an organizational body, but is also used to describe norms which regulate social relations, such as expected forms of sociability related to neighbourhood, or the ideal of virginity prior to marriage (see Chapter 3).

¹¹⁷ However, as Patrick Heady points out, negligence of patronage and spiritual guidance in godparent/godchild relationships seems to be quite universal, at least in Catholic Europe. He interprets godparenthood therefore as a tie between the individual and the local and religious collective rather than a dyadic connection between individuals (Heady 2018).

¹¹⁸ In early Christianity, baptism started out as a form of sponsorship between a new candidate and his or her witness to the faith. Children were first sponsored by their parents. It is unclear when sponsorship moved to a different person, but the civil statutes of Justinian prohibited marriage between sponsor and godchild in 530, which would have been only necessary if the sponsor was not a parent. The statutes were codified into canon

Accordingly, these relationships are accompanied by the same or even stricter marriage prohibitions than blood relationships, and marriage between their descendants is perceived as incestuous for several following generations. Teona remembers such a case from one of her own first romantic experiences:

“Marrying your godparent’s child? *vaime!* This is yet another thing. The priest will say no to this, I know that for sure, but it depends, I myself do not see anything alarming. I for example, when I recall my first boyfriend, he was not anybody’s relative yet, right? Now this was the situation: My first boyfriend’s uncle (*bidza*) was my cousin’s (*bidzashvili*) godparent. And my family members did not interfere. [But] this one guy went crazy, his uncle, ‘They are kin (*natesavebi*), how is this possible’, and in this time, there was no [blood] connection at all, that is to say, his uncle was my cousin’s godfather, on this they make such a story and with a godparent’s child they make this story even worse. So, in my opinion, in principle, if you think about it, he does become your relative.”

Just as Teona is quite unsure about the ramifications of baptism for the kinship network, I heard a variety of opinions on this kind of cases, and various evaluations about the quality of the baptismal relationship, as well as the consequences for descendants. A slightly different case from Teona’s was discussed in the subsection of “woman and man” in a popular Tbilisian online forum¹¹⁹, where a person wanted to know if they were related to their cousin’s (mother’s brother’s child’s) godparent’s child. After some discussion, it was concluded that they were most likely not related, because only the godparent’s and godchild’s respective *sht’o* are concerned (“*natesaoba midis mkholod natlisa da natlulis sht’oze*”), with *sht’o* meaning the patrilineal “branch” which refers back to a common male ancestor about seven generation back (Dragadze 2001 [1988]: 101-103). Since the blood relationship involved here is even ‘closer’ than in Teona’s case, this evaluation would contradict Teona’s hesitant assessment that the person might somehow become a relative. Still, there is a lot of confusion and contradiction regarding this topic in Georgian society. Medea, for instance, told me that she does not think that a godparent is a relative, even though earlier in our conversation she had just told me about her close relationship to her *natluli* and the responsibility she feels towards this child. However, godparenthood is something else to her, a more spiritual connection, while kinship is related to ‘blood and flesh’. From others, I heard that godparenthood is an especially pure (*supta*) kin relation, which is why blood must not be mixed (*ar sheidzleba siskhlis aghreva*).

law by the Council in Trullo in 692, where the marriage prohibitions were also extended to all blood relatives of the godchild (Gudeman 1971). Impediments to marriage between spiritual kin especially flourished in Eastern Orthodoxy, where the spiritual kinship was treated just as consanguinity, with prohibitions for up to seven degrees (Alfani and Gourdon 2012; Lynch 1986). As the case of Russian Orthodox Christianity shows, Orthodox canonical interpretation of the nature of godparenthood has been complicated and at times contradictory, with local customs regarding impediments of marriage differing from the Church’s official attitudes (Muravyeva 2012).

¹¹⁹ *tbilisis porumi* 2019. *chemi deidashvilis natliis shvili natesavia?* [online]. <<https://forum.ge/?f=20&showtopic=34536391&st=15>> [accessed 10.04.2019].

Regardless of the quality of the relationship, suggesting marriageability between people related through godparenthood makes most Georgians uneasy, and was often met with harsh rejection. People agree that there are rules of marriageability, but the rules themselves are not always clear. What they do agree on is: marrying a relative – blood or spiritual – is unthinkable. However, clear cut kinship ties might get confused by practices such as assisted reproductive technologies or adoption, where biological descent is not always traceable. In times of gamete donation, kinship is not always easily understood, especially when sharing the same substances of ‘blood and flesh’ matters significantly. For many Georgians, anonymity in these practices contains the danger of unknowingly sinful relationship between future offspring. In this chapter, I want to explore their uneasiness with gamete donation, and explain it with rules of exogamy and fears of transgressing incest taboos. As the following sections will show, insecurities are rooted in the incompatibility of certain aspects of these techniques with the conception of a kin relation, and their usage gets adapted in accordance with rules of exogamy.

Substance and Assisted Reproductive Technologies

Studying kinship in the context of assisted reproductive technologies allows for the following observation. On the one hand, genetic, gestational and social parenthood can be combined in an unprecedented way, granting creative potential for the construction of relatedness when founding a family. On the other hand, these technologies may reemphasize the importance of substance – of blood or genes: As they promise a child that is ‘one’s own’ (either through genes or birth), they may incite people to privilege connections grounded in ‘reproductive facts’. There is a reason why many childless couples will favour in vitro fertilization over adoption (even without taking into account the legal and organizational obstacles of adoption, see chapter 8), and why the need to use donated gametes is considered to be calamitous by many. However, the facts are less definite than one might think, as a variety of biological assumptions related to a shared substance can be used to ‘make’ kin relations, such as gestation, shared blood or flesh, breastfeeding, or genetic connection. Nevertheless, concepts of shared substance for making kin are not arbitrary, but grounded in the cultural context of those who make relatives. Much can be gained by looking at idioms of kinship and ideas of transmission of traits between related persons. Using the concept of shared substance as an analytical tool in the investigation of relatedness in the context of ARTs can reveal how ideas about reproduction and descent influence the usage or rejection of certain reproductive technologies, as it takes into account both social and biological conceptions of relatedness.

A multitude of ethnographic accounts show how (bodily) substance, especially blood, but also sperm, eggs, milk, and flesh, can play a major role in the way kinship is constructed (see

Fortier 2007; Garmaroudi Naef 2012; 2017 for Sunni and Shia perspectives). Islamic scholars often refrain from the idea of donor insemination, first for the fear of blurred genealogies and future incestuous relationships between unknowingly related offspring (for this reason, also anonymous adoption is often dismissed), and second for the idea that insemination with sperm of another man is adultery (Clarke 2009). Yet while Sunni Islam bans all forms of third-party reproduction, fertility clinics in Sunni countries, such as Egypt, specialize in the technique of intracytoplasmic sperm injection (ICSI) in order to circumvent male factor in infertility (Inhorn 2009). Shia interpretations are somewhat more open towards donor insemination, because they tend to stress the dual contribution of male and female parts to the offspring. Accordingly, fertility clinics in Iran, and especially in Lebanon, offer donor insemination and surrogacy as well (Garmaroudi Naef 2012; Inhorn, Patrizio, and Serour 2012; Tremayne 2009). Susan Kahn describes in her research on ARTs in Israel the solution that many ultraorthodox Jews found to the problem of descent, adultery, and the prohibition of male masturbation: While the insemination with Jewish donor sperm is considered as adulterous, non-Jewish donor sperm is assumed to be less problematic in the interpretation of many Rabbis, since adultery is defined as the sexual intercourse with another Jewish man. Also, 'Jewishness' is traditionally believed to be transmitted via the mother, so the offspring could still be considered Jewish (Kahn 2004; 2006).

All of the above mentioned studies show how substance can transmit identity and belonging and creates relatedness between persons. Monica Konrad explores the history of Western thought on procreation and bodily fluids in the context of egg donation and the current "fetishizing" of cell and genes "as though they have a claim to personhood" (Konrad 1998: 643). In her view, female extracorporeal body parts are transformed, for instance through ova donation, but also in fertility medication, where they are directed into "multi-directional flows of relatedness, flows which [she has] elsewhere referred to as 'ova pathways'" (Konrad 1998: 660). Such a continuation between persons through bodily substance can also be seen in the case of organ donations, when family members of the deceased feel that the donor 'lives on' within the recipient, or that a form of kinship is felt by the recipient towards the donor's family. Or, even simpler, remarks about the resemblance in both appearance and character between close relatives may indicate such thinking of continuity of personhood (Carsten 2004: 101-107), passed on through the combination of female and male substances which rearranged in a unique individual "make-up" (Edwards 2005). Yet, while shared substance is one way in which relatedness is locally thought and the term was employed in a multitude of studies – though "neither a universal nor an essential condition to kinship", as Marshall Sahlins points out (Sahlins 2013: 28), the term substance itself stays ambiguous, evoking a vast complex of meaning (Carsten 2001; 2011; 2013). In reference to kinship, it suggests its transferability, its connection to personhood and the flexibility in which nature is thought (Carsten 2011: 21). However, Janet

Carsten emphasizes that substance as an analytical concept in anthropological investigation underwent a change. According to David Schneider, (biogenetic) substance in American kinship thinking was equalized with immutability, with the ‘facts’ of a distinct contribution of parents’ substance to a child’s biogenetic make-up (Schneider 1980), while in Marilyn Strathern’s work (Strathern 1999), substance signifies flow and fungibility, and the partibility of a person (Carsten 2011: 22). The substance of ‘blood’ seems to have a particular comprehensive meaning, as it is deployed in several contexts (Carsten 2011), and does not even lose its significance in the context of genetic technologies and biomedical knowledge about heredity (Franklin 2013c). This seems to be the case in Georgia as well. As the following section will show, substance plays an important role in Georgia, both in constituting relatedness and in expressing transmission of traits between generations. Though the Georgian kinship system does know a variety of forms of ‘spiritual’ kinship ties which are neither based on consanguinity nor affinity, these are always measured against the ideal of ‘blood’. It is therefore worthwhile to dwell a moment on how substance is deployed in the making of Georgian kinship.

Rules of Exogamy in Georgian Kinship

According to a Georgian Orthodox information brochure¹²⁰, which refers to an unpublished Georgian manuscript¹²¹ from around 1785, there are five different types of kinship in Orthodox Christianity, which are established through different kinds of connections: (1) relatives connected through blood (*siskhlis*), (2) affines (also, more specific: one’s daughter’s or son’s in-laws) (*mdzakhlobis*), (3) affines of third degree¹²² (*samnatesaobis*), (4) baptism (*ts’minda natlisghrebis*) and (5) adoption (*aq’vanis*). Therefore, the concepts expressed in this brochure shows similarities to the threefold division that Tamara Dragadze (Dragadze 2001 [1988]: 99-131) suggests - blood kin, ‘brought-in’ affines, and spiritual kinship, built through substance (milk kinship) or a spiritual connection (sworn brotherhood, godparenthood).

As I described in chapter 3, bodily substance plays an important role in Georgian kinship, and kinship is expressed in idioms of blood, flesh, and nowadays also genes. Blood is the most

¹²⁰ The brochure was published by the GOC in 1995, and can be found on the website [orthodoxy.ge](http://www.orthodoxy.ge), which aim to inform about Georgian Orthodox Christianity. *znobebi natesavebs shoris korts’inebis shesakheb* [Information about the marriage between relatives]. Tbilisi 1995. <<http://www.orthodoxy.ge/skhva/kortsineba.htm#sthash.EpAem4zV.dpuf>> [accessed 16.04.2019].

¹²¹ Dragadze refers to a Georgian manuscript from the 18th century, called “Tables of Affinity and Prohibited Marriage” (Wardrop Collection), and states that the Georgian Church “presumably [built] on already existing patterns” (Dragadze 2001 [1988]: 106). Giorgi Gotsiridze also proposes the same five categories of kinship as known by the Georgian Church (Gotsiridze 2010: 296).

¹²² This might need some illustration. *samnatesaoba* describes for instance the following connection: A person’s wife’s brother’s wife. Three sets of affines are connected. According to the brochure, a man can marry his wife’s brother’s wife’s sister, in case his wife is deceased.

common metaphor of expressing kinship, also in a wider sense: Florian Mühlfried shows how wine – thought to be originated in Georgia – is considered to be the blood of Georgians, and those sharing the wine during ritual feasting are said to become kin. Similarly, the popular plum sauce *tq'emali* is considered to be the “third blood of Georgians”, and a connection to one’s homeland and national identity for those within the Georgian diaspora (Mühlfried 2007: 286, 292-293). ‘Blood and flesh’ (*siskhli da khortsi*) is especially used in expressing belonging and bodily connections, such as explaining that someone is ‘one’s own’, for example a child or a very close relative, who are “from each other’s flesh”, or “part of one’s flesh”. Metaphors of genes (*geni*), on the other hand, are especially used when explaining the transmission of qualities between generations or within a certain group, and are often related to the health of offspring, but also its characteristics: someone can have good or bad genetics, someone’s genetics can be unknown, or one should know one’s genetics. Therefore, the language of genetics is very much related to the scientific discourse, and popular knowledge of genetics found its way into the Georgian conception of kinship. It is therefore not all too different from what Schneider already declared for the social construction of reproductive facts in American kinship, “In American cultural conception, kinship is defined as biogenetic. This definition says that kinship is whatever the biogenetic relationship is. If science discovers new facts about biogenetic relationship, then that is what kinship is and was all along, although it might not have been known at the time” (Schneider 1980: 23). However, even as more and more of the mystery of genetics is unravelled, blood seems to be especially resilient in kinship thinking, as people will continue to speak of their blood relatives (Franklin 2013b). In Georgia, calling someone only a genetic mother or father, on the other hand, can already imply social distance, as if stressing the genetic connection rules out a close social bond: These people are genitrix and genitor, but not mater and pater. There is a genetic connection, but not the ‘warmth’ or ‘closeness’ which is expected between relatives. Therefore, blood kinship and genetic kinship should not be understood to be used interchangeably, as they can carry different meanings, at least in the Georgian context, even though they both stress the biological bond and work with metaphors of transmitted substance.

While there are important patrilineal elements in Georgian kinship, which will link a person’s identity and loyalty to the group, and residence patterns are traditionally formed by virilocality, there is also an emphasis on cognatic descent (Dragadze 2001 [1988]: 100f.). In everyday life, maternal kin relations can be as important as paternal ones, and many people are in close touch with maternal aunts, uncles, and cousins, as well as with their wife’s family. In Georgia, just as in many places in the world, family resemblance is an important aspect of expressing relatedness between kin, and a topic that people often evoke and joke about. It is one of the first topics that people talk about when they introduce their children, or – jokingly – even their godchildren, as the first vignette of this chapter illustrated. Apart from being a conversation

starter and a (seemingly) innocuous topic for a chat, I interpret the expression of family resemblance of both an acknowledgement and a reification of belonging. While there are similar expressions of belonging on the national scale – someone looks Georgian, for example has a “Georgian nose”, on the family level, traits are usually allocated to a certain family member or side (father’s or mother’s) from which the transmission took place. These kind of traits can be features of outward appearance or character and behaviour. Also, they can be transmitted bilaterally: children ‘take after’ their fathers or mothers, their maternal or paternal grandmother or grandfather, though statements about the transmission of traits can illustrate the limits of the ideal of cognatic descent, as they tend to emphasize patrilineal identity. A child might be proudly praised for showing the traits of its *gvare* (meaning surname or “clan”, which is patrilineal). “She is a real Gelashvili”, because she inherited the facial features, the temperament, or other characteristics that are said to be predominant in this group of kin. Especially in Tbilisi, where most people claim their origin in the regions, people link these traits to regional characteristics. In a Tbilisian family of mixed regional descent, the children’s traits were often discussed within the family. A daughter’s strength and independence was related to her mother’s Svanetian heritage, while another daughter’s short-temperedness was credited to her Mingrelian descent. All of them were showing the father’s family’s facial features, as the father proudly claimed – much to the dismay of some of the children. As none of these children were born or grew up any place other than Tbilisi, nor had frequent contact to the regions, as even their grandparents had left Svaneti and Mingrelia a long time ago, these characteristics were not a result of socialisation in these regions, but were transmitted by ‘blood’. Hence, a child could be a “true *megreli*” without having ever visited *samegrelo* – the place where the Mingrelians live.

Apart from claiming belonging, knowing a child’s origins, or, as I was sometimes told, knowing your child’s ‘genetics’, has practical implications as well. In my conversations, knowing one’s genetics was both connected to health issues but also to certain characteristics that the child might show. Teona told me how her grandmother went to the polyclinic when her uncle – her grandmother’s son – wanted to get married. There, she demanded to see the prospective wife’s patient record, to check which diseases she might have carried as a child, and see if she was fit to become a wife and a mother, who would potentially transmit her health issues to her child. Wanting to know your child’s or grandchild’s genetics in order to learn about health risks is surely not uncommon. Knowing a person’s genetics, in this sense, refers less so to the deciphering of the human genome and genetic testing for certain disease, but rather knowing the genetic endowment by looking at the parents’ medical history. In addition, knowing your child’s genetics can also be understood more widely as knowing the biological parents’ characteristics. According to this perspective, an adopted child will be more difficult to handle, because the adoptive parents do not know the biological parents’ character (*khiasiati*), they are not “in touch with their child’s

genetics”. Similarly, an adopted child from abroad will be more difficult to raise, because of different character, mentality, or tradition. These traits are therefore something that is engraved in a person’s genetic material.

Taking into account the importance of both transmitting one’s own substance and thereby characteristics to a child, as well as knowing the child’s origins, it is no surprise that couples prefer to raise their own “fruit” (*naq’opi*) and chose in vitro fertilization over adoption. The importance of knowing a child’s origin in Georgia reminds of the recent European discussion on a person’s right to know his or her origins – as a turnaround version of the same argument. In the European discussion, a person’s origins, meaning the knowledge about his or her biological parents’ identity, are presented as an inherent component of the constitution of personhood and self-understanding. Here again, genetics and personhood get tightly intertwined. Especially in the context of anonymous birth¹²³ (Margaria 2014) and donor-conceived children (Klotz 2014), a variety of court decisions has strengthened the child’s right to know his or her origins against the biological parent’s right to anonymity. In contrast, while Georgian parents acknowledge the importance for parents to know the child’s origins for raising the child adequately, the Georgian legal framework on adoption denies children the right to know about their biological parents, and does not support disclosure to the child in adoption cases, nor in cases of gamete donation. Children are not supposed to learn about their genetic connection to biological parents or gamete donors, because the general importance of blood and flesh for personal belonging could disrupt a family which is predominantly built on nurture and care (see chapter 8).

The initially described brochure aims to educate Orthodox believers about marriage prohibitions in Georgian Orthodoxy, especially the marriageability between distant kin. The text goes very much into detail, and comprehensive charts illustrate a multitude of prohibited and permitted pairings. Here, I will only focus on the marriage between cousins, as the incest taboo within the nuclear family has been discussed by anthropologists as very much a human universal (Wolf 2005), though explanations differ, and the definition and analysis have not always been clear. Bronislaw Malinowski interprets the incest taboo as a way to cope with sexual attraction within the family, prohibiting heterosexual sexual intercourse between close kin, with exogamy as an extension of this “most important taboo” (Malinowski 2003 [1927]: 156). As Jack Goody rightfully criticizes, anthropological studies have often related incest taboo (prohibition sexual intercourse with close kin) and exogamy (marriage prohibition with members of the same group) to each other, without paying close attention to the fact that these concepts relate to groups that

¹²³ The mother’s identity is either not registered or remains undisclosed. Institutionalized anonymous birth offers medical care for both mother and newborn in case of unwanted and hidden pregnancies and is part of a system which aims to prevent neonaticide and infant abandonment.

may be differently constituted, either unilateral or bilateral (Goody 1956).¹²⁴ What constitutes ‘closeness’ also varies depending on the cultural setting. In the context of ARTs and especially IVF with donor eggs or sperm, incest is detached from sexual intercourse, but rather related to conception and the mixing of substances (Edwards 2004: 757).

According to the information given in the brochure on Orthodox marriage prohibitions, marriage between cousins is prohibited for “seven heads” (*tavi*) or concerned persons in both lines, counting from a common ancestor but not including the ancestor in this count, so only third cousins (*mesame bidzashvili*) would be allowed to marry (Fig. 9). The rules of marriage proscription between kin are more or less in line with the general impediments to marriage in Eastern Orthodox Canon Law, derived from the Council in Trullo 692, canons 53 and 54 (Heith-Stade 2010). These rules in Orthodox Christianity are less strict than the ones which Georgian tradition imposes. My interlocutors spoke of a distance of seven (blood relation) or even up to eleven (baptism) generations, indicating that this was a Georgian custom. Dragadze’s informants spoke of seven generations, which were doubled to fourteen in the case of spiritual kinship through baptism (Dragadze 2001 [1988]: 126). However, exogamy is an important topic in Georgian ethnography, and there are detailed accounts of traditional marriage proscriptions in the various regions of Georgia, indicating the number of generations for which intermarriage is prohibited to be between seven and twelve. Apart from limits of marriageability given by closeness or distance of generation, people will also not marry if they are suspected to have a common ancestor, as for example when they share a common surname (*gvvari*, also meaning “clan” also traced patrilineally) (Gotsiridze 2010; Gujejiani 2010; Mekvabishvili 2011: 20). People sharing the same surname are thought to be originating from the same root, and therefore sharing the same ancestors. Additionally, marriage is restricted by residential exogamy, as people sharing a village are often related by either belonging to the same patrilineal branch of close relatives (*sht’o*) sharing a residential area within a village or are connected by godparenthood (Dragadze 2001 [1988]: 101-103, 106; Manning 2007: 6).

Though Georgia is the most ethnically diverse country in the South Caucasus, and despite extensive rules of exogamy, Georgians generally tend to marry within their own ethnic and religious group. When intermarriage occurs, it usually happens within the Christian community, as either Georgian-Russian or Georgian-Armenian marriages. Orthodox Christianity generally discourages intermarriage, unless the prospective spouse converts (Oganessian 2014). Of course not everybody adheres to these rules, and especially in the context of (labour) migration, but also international travel and studies, people get married to non-Georgians as well. However, within

¹²⁴ He therefore suggests a close analysis with other sexual offenses, such as adultery or fornication, to allow for a cross-cultural comparison and avoid a Eurocentric lens.

the national discourse, intermarriage can be seen as impedimental to the continuation of the nation as ethnically Georgian and Orthodox (see chapter 2).

Regardless of the ideal of being stronger than consanguinity, spiritual kinship seems to be more flexible and open to interpretation. When Catholicos-Patriarch of All Georgia Ilia II started to baptize ten thousands of children from all over Georgia, some people were already concerned of either thousands of sinful relations or strict limitations on the marriage market for this and the following generations of children. However, the patriarchate reacted to these concerns, denying a kin relationship between all the patriarch's *natlulebi*, a statement that was treated as a precedent (see chapter 2). It seems that in certain contexts, spiritual kinship is more fluid and is subject to interpretation and negotiation because there is no substantial connection, while substance – blood and flesh – leaves less scope in Georgian kinship.

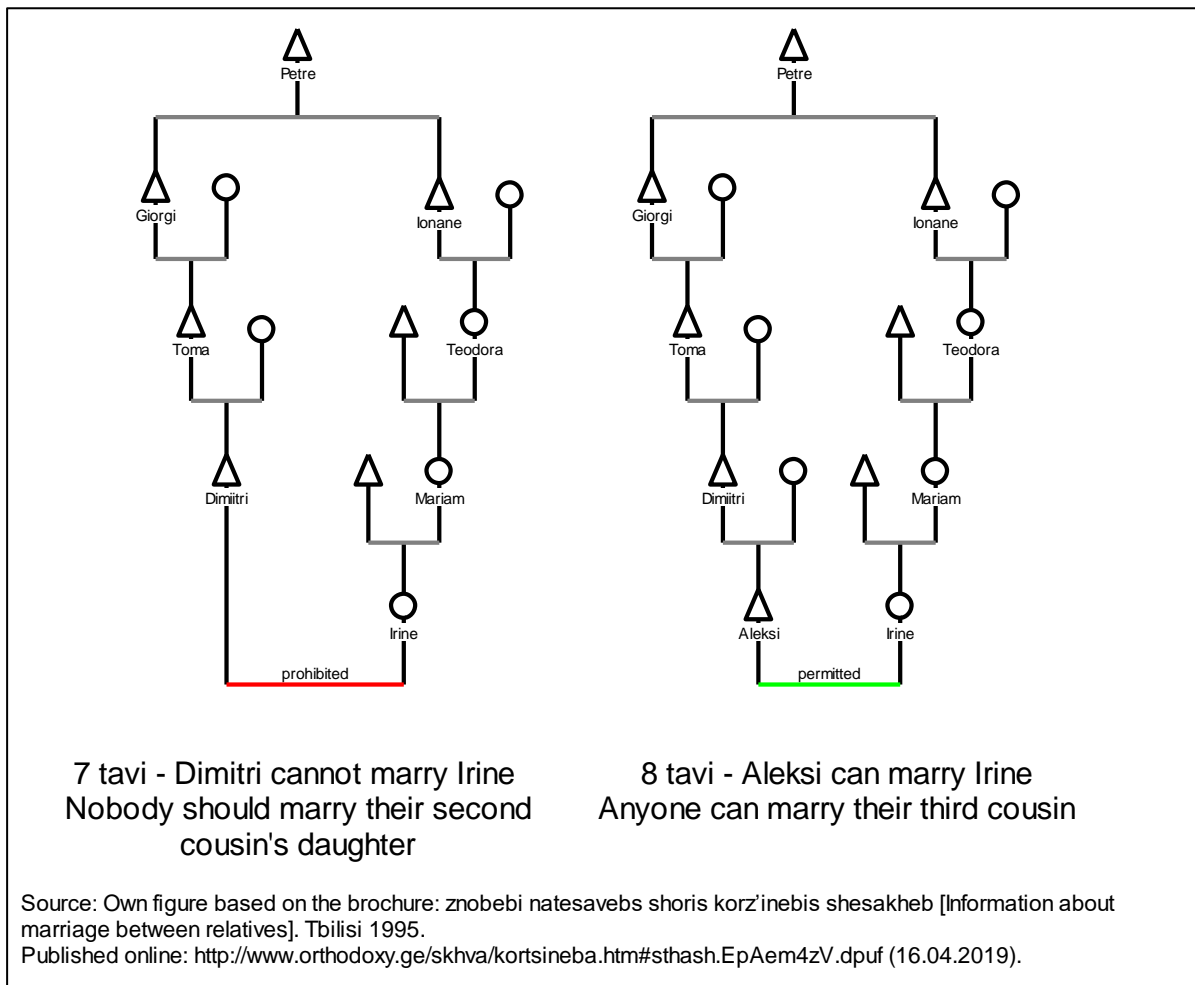


Figure 9: Marriage Proscriptions Among Close Kin

Certainly residential exogamy is limited in the urban context and most people will not be able to trace genealogical relations up to seven generations on both maternal and paternal side.

Especially younger people tend to care less about knowing the details of their kinship network, and may only be able to recall those relatives they are in frequent contact with. Despite their lack of interest in such matters, exogamy is still relevant when choosing a spouse. Most families are able to trace their ancestors back for several generations, and usually there is one member in the family – very often the grandmother or grandfather, who knows the kin relations very well. During my conversations on this topic, many people would refer to the rule that you should not marry your cousin for seven generations. Exogamy was not necessarily understood as a religious rule, but explained to me as a Georgian tradition. This is why the adherence to exogamy is not limited to people who are living strictly Orthodox, but was indisputable to anyone I spoke to. Both maternal and paternal cousins are often perceived as “being like brothers or sisters”, but even if the bond is not that close, they are still blood relatives. In practice people might not be able to remember their kin relations for the ideal number of seven generations, so violations of such strict marriage prescriptions may happen more frequently than people assume, but they would still not break with rules of exogamy if there is a known blood relation. I do not want to imply that there is anything going on such as a structural “social amnesia” which allows for a higher level of endogamy than actual exogamy rules would allow for (Dumont 1981), but on a practical level, most people simply do not have the kinship knowledge to adhere to an ideal of seven generations. Therefore, these rules ask for less calculation and are rather applied by rule of thumb: if there is any known kin relation or people are believed to have a common maternal or paternal ancestor, they are “too close” for marriage, which would be perceived as “mixing of blood” (*siskhlis aghreva/shereva*), and therefore a sinful incestuous relation.

Again, marriage has to be considered in the light of procreation. This becomes especially evident with a look at the ancient and out-dated but still romanticized practice of sworn brother-sisterhood in some mountainous regions in Georgia, an intimate relationship between close relatives which can only be tolerated as long as it remains childless – otherwise it would be considered incestuous and shameful (Tuite 2000). In this case, not the intimate relationship is incestuous, but the conception of a child. It could be suggested that the mixing of blood refers to the birth of a child who was endowed with substances from related persons. Because kinship is reckoned bilaterally, impediments to marriage become extensions of the incest taboo. In present Georgian society, the moral and social expectation of female virginity prior to marriage places sexual intercourse only in the realm of married life, with a close connection to procreation (see chapter 3). Keeping Goody’s warning in mind, incest taboos and exogamy in Georgia can therefore be understood as sides of the same coin, as they both are related to the image of relatives stemming from the same root and sharing the same blood, which must not be mixed. In the next section, I will show how these conceptions of kinship and marriageability have practical implications in the field of assisted reproductive technologies, and how certain practices

surrounding these technologies are negotiated and adapted according to these moral and medical considerations.

The Fear of the Unknown: Anonymity and Gamete Donation

As shown, in the Georgian kinship system, ‘closeness’ of relatedness is measured by generational distance and marriageability is determined by rules of exogamy. Kinship is reckoned bilaterally and established through different factors – not only birth and marriage, but also godparenthood and adoption. This exogamous kinship system influences how certain fertility treatments are perceived. Fear of disrupting this clear-cut kinship system causes people to refrain from using ARTs and limits the choice of treatment. Especially gamete donation – using the donated eggs or sperm in assisted reproduction treatment – is looked at with scepticism by many. First of all, women emphasize that they would like to have their own child, their own ‘blood and flesh’, as they feel that the substantial bond makes them closer, and also deepens their knowledge of the child. When people generally talk about what makes relatives, they evoke tropes of blood, flesh or genes, and how they produce a special bond. Having one’s own children is an important factor when choosing a way to cope with involuntary childlessness and often causes people to choose ARTs over adoption. However, not all forms of assisted reproductive technologies are similarly accepted. While in vitro fertilization with the parents’ own genetic material is less problematic, using donated eggs or sperm endangers the ideal of having one’s own. Moreover, it introduces something alien and unknown, first to the woman’s body, and then to the kinship network. In blurring the lines of clear-cut descent through substance and ‘blood’-relatedness, both gamete donation and adoption raise concern about future incest between unknowingly related siblings in “such a small country” where the pool of potential spouses is limited.

I will introduce the ethnographic material with some longish quotations from an interview that I conducted with Nona, a 37-year old shop manager. Nona is quite an outspoken and confident person, and at the time we had this conversation, she was waiting for in vitro fertilization, for which she had saved up money over the course of many years. Despite her own commitment to in vitro fertilization, she strongly opposes gamete donation, not only for her personal treatment, but on a societal level. For Nona, fear of incest between unknowingly related offspring appears to be her core argument against sperm and egg donation:

“It is known that there are such things, egg donor or sperm donor catalogues, where they look at and choose the person, the child’s mother or father, it gives me the chills. How is this possible when your sperm’s owner appealed to ten women and ten women did this, gave birth to this man’s children and it is possible that they do not know about these children, nor about genetics, and these children meet each other and Georgia is small, Annabell, very small. So they meet with one another to create serious sins and problems. If not for religion, why are we healthy?”

What Nona describes here is one of the common arguments against gamete donation that I heard many times during my fieldwork. The mixing of blood is not only terribly sinful in a religious sense, but also health wise very dangerous, because inbreeding will endanger the health of the offspring. Nona visits church regularly, and for her, religious marriage proscriptions help to sustain a healthy population in a country as small as Georgia with a limited gene pool. Nona brings forward one of the core arguments in the popular discussions of the origin of the incest taboo, relating it to the necessity to ban inbreeding, and therefore collapsing the realms of nature and culture in her deliberations (Wolf 2005). Moreover, her reasoning relates to the idea of Georgia as an exceptional case among nations, and the obligation of all Georgians to perpetuate both the nation and the religious community (see chapter 2). Nona adds a third dimension to her reasoning, when she questions the ethics of choosing a child from a catalogue:

“If people from the same blood and surname (*erti da igive siskhlis da gvaris adamiani*) merge with each other and procreate, it always, as a rule, in most of the cases, appears to be a pathological (*p’atologi*), sick (*avadmq’opo*) child. And are you not opposing God by all means, by choosing a child from a catalogue? This is not a pair of shoes. This is a human, a living being, and in the future there are these risks that he will meet is father’s or mother’s child somewhere. You have to meet your father as he is. How can this be separated from religion? Not in any circumstances. I strongly oppose this donation and surrogacy, but I am worried. This is done in Europe. Europe is big, very big. Also, in Europe there are other values. In Europe it is possible not to have a child at all, the country gets depopulated, and nobody cares.”

Nona warns me that the mixing of blood in the practice of “cousin marriage” (which she connects with Georgian Yazidis) may lead to the birth of children with mental disabilities. She also tells me about a childhood friend of hers who moved to England, and at the age of 37, she is still a “careerist”, who does not even have a husband yet, even though Nona reminds her repeatedly that this is now the time to think about having a child, if necessary without a husband. The attitude seems to be different to Georgia in her opinion, where having a child is obligatory, rather than focused on fun and self-fulfilment. Because of the country’s size and the strong social expectation to have children, gamete donation is too dangerous for Georgia in Nona’s opinion.

“Georgia is so small. And you expose them to the risk of meeting their sibling? I don’t know, I really don’t know, this is a very big sin. This will become uncontrollable, this is not to control. Maybe it can be controlled in this generation, in the next one it cannot be controlled anymore. In this generation it can maybe be controlled, but when it goes into the next and scales up, it cannot be controlled anymore and it will remember of Sodom and Gomorrah. It will be an abomination.”

Hence, gamete donation does not only concern a couple’s individual decision regarding their procreation, but potentially endangers the nation as a whole. While Nona worded her aversion to sperm donation rather strongly, the argument itself was quite common throughout my interviews, even with women who were open towards in vitro fertilization. Tamara, who

herself conceived her daughter by IVF treatment abroad, told me how she criticized a friend and called her crazy when this woman wanted to donate her eggs and earn some additional money. “These are her children”, Tamara declared, “with a different man, but still her children. And what if the siblings will meet in future?” Both Nona and Tamara are supporters and users of in vitro fertilization, are even to some extent sympathetic to the idea of surrogacy, but they draw the line at gamete donation. Similarly, one embryologist at a fertility clinic expressed her slight uneasiness with gamete donation, though without any religious reasoning. She only agrees to gamete donation because they are now able to check the genome for genetic connections. With the progress in science, she is more ready to accept the uncertain ramifications of gamete donation. However, in practice this would ask for genetic testing prior to marriage, something people would only resort to when they suspect an unclear genetic history. Starting from two very different ideological viewpoints, both Nona and the embryologist share their concern of unknown future incestuous relations, arguing with the assumed danger of mixing biological substances that are too close. While Nona backs her point with religious considerations, arguing that these practices are both sinful and dangerous and should therefore be banned, the medical expert limits her argument to medical concerns, and offers a medical solution – genetic testing – to the problem.

Gamete donation entails an unknown danger – while parents or even informed grandparents will make sure that their child will not accidentally marry a relative, future generations might not be able to keep track anymore, especially when children do not even know that they are donor-conceived. Blood would be mixed, and the situations could become uncontrollable. This argument already suggests an additional concern with gamete donation, which is very much related to knowing your child’s genetics and the fear of the unknown. Just as Patriarch Ilia II suggested, a child conceived by a donor might miss out on certain emotional warmth, which could lead to unhappiness, or other emotional damage. For Nona, choosing a donor from a catalogue does not include any feelings, it is a humiliating practice. Without meeting the father, experiencing his warmth (*sitbo*), the child will not be born as a complete person, it will for sure have something lacking inside, and will possibly be socially deprived. The child will develop complexes from having such a mother who was not able to interact with the man, but rather chose him from a catalogue, she told me. Another interlocutor, Tako, is hoping for a consecutive IFV cycle, too, even though she already had several failed attempts. Yet, after she made the experience herself once, she would not try sperm donation again.

“[Donation] was really difficult and dangerous for me. Because in my belly there was a child and I don not know where it was from. It’s really dangerous. I understand, before I decide to do it, or before I did it, I didn’t imagine that it was so strange and so difficult for me. And after this I think, adoption is much better than this donation. I don’t know.” (Tako, 42 years old, journalist)

Tako's husband had come to terms with the thought that he would not be the biological father of the child. Tako agreed to the couple using donated sperm, but regretted the decision later. She felt alienated by the practice, even though the child she carried for a short amount of time could not have been more 'hers', because it was endowed with her own genetic material and nurtured by her own body. Nevertheless, she felt that the child was alien to her, because she did not know the sperm donor personally. To her, this made the whole process dangerous. An adopted child might be similarly unknown and even less blood-related, but also poses less danger, as she would not carry it herself in her own body. Most of my interview partners were shocked by the patriarch's suggestion that there could be something wrong with the children conceived by in vitro fertilization or born by a surrogate mother. They assured me that they were totally normal children, healthy and acting just like any other child. Nevertheless, parents tend to keep at least the gamete donation, if not the in vitro fertilization private, out of fear for stigmatization. Few of my conversation partners indicated their fear of unintended consequences from these medical interventions, such as a higher risk of cancer due to the hormonal treatment, but also physical and mental disabilities in a child. I did not encounter images of a Frankensteinian "monster child" as it was brought up in the Polish debate on in vitro fertilization (Maciejewska-Mroczek and Radkowska-Walkowicz 2018). Rather, those who opposed in vitro fertilization altogether emphasized the *emotional* damage that was done to innocent children by their selfish parents.

Gamete Donation in Practice

Despite these cautious and warning voices in the discussion of ARTs and especially gamete donation in Georgia, more and more children are donor-conceived. With the mushrooming of both fertility clinics and surrogacy and donation centres (chapter 7), couples can choose their donor deliberately, and will use the services of donation centres that offer the type of gametes the couple is looking for. By choosing a certain donor, at least some of the above mentioned concerns can be ruled out. Several studies on ARTs from other ethnographic contexts describe the way couples try to have children who are as closely related as possible to them, even when donors or surrogates are involved – for example by choosing a donor or surrogate from their own family, for instance the intended mother's sister, or by choosing a donor from the same ethnic background or with similar facial and bodily features (Edwards 2009; Thompson 2001). With this, parents often try to adhere to the norm that children should resemble their parents. Parents "strategically naturalize" (Thompson 2001) the involvement of third parties in reproduction – by stressing either genetic relatedness, gestation or nurture. Depending on the context, one can observe a "resilience of biogenetic thinking about kinship" (Levine 2008: 380) – for example, when feeling

connected through using the same donor sperm, or by feeling related to one's donor siblings (Edwards 2013).

Though resemblance is an important aspect of being related, many couples in Georgia are very cautious about picking a donor from their own ethnic group. As several interview partners told me, couples tend to choose sperm donors from abroad, in order to minimize the risk of picking a donor they might be related to, and also in order to avoid the possibility that their offspring might be unknowingly related to his or her prospective spouse. And while one clinic had two cases of egg donation within families (over the course of five years), they vehemently rejected inquiries from Azeri families about sperm donation within the family, not only because the couple's parents wanted the doctors to use the donated sperm without the couple's knowledge, but also because sperm donation within the family seems to be "less ethical" than egg donation. Reflecting on their refusal, one doctor told me that this seems to be the case all over the world. Why this is a universal¹²⁵ in their opinion, she could not explain to me, but all of the doctors I spoke to felt appalled by the idea of using the husband's brother's sperm. In the Euro-American context, using a sister's ova donation for IVF is generally accepted or even appreciated as an altruistic act, while using the husband's brother's sperm is perceived as being repulsive. Sperm donation is often connected to illegitimacy and sexual acts, such as masturbation, adultery, and pride in virility. This differentiation shows how highly gendered assumptions about gamete donations and their motivations are, even though sperm and ova donation are often claimed to be the male or female counterpart of each other (Haimes 1993; Strathern 2011). Jeanette Edwards suggests that it is the nature of bodily fluid itself that leads to the aversion and makes sperm donation within the family 'more incestuous' than egg donation (Edwards 2004: 763-764). Georgian doctors told me they never received such inquiries by Georgian couples, and none of the people I talked to suggested donation within the family as a viable or ethical solution. Only when I suggested egg donation among sisters or cousins, this was acknowledged as less problematic than sperm donation among brothers. The perception of incest in the case of gamete donation is uncoupled from the sexual act, but related to the mixing of substances from persons who are considered to be 'too close' (Edwards 2004).

Fertility clinics are not involved in the recruitment of donors. Couples have to directly contact the surrogacy and donation centres. After the couple chooses a donor, the clinic will check the donor's suitability and finally conduct the medical part of the process. With many couples, Central and Northern European donors are especially popular, because they look for donors of a certain phenotype – fair skin and light-coloured hair. Apart from the assurance of non-relatedness,

¹²⁵ It is not a human universal. In societies with a history of polyandry, sperm donation within the family, especially among brothers, appears to be appropriate choice in case of male factor infertility, though clinics tend to dismiss such requests on ethical grounds (Simpson 2013: S88-S89).

the choice of a gamete donor has also a racial component. In the previous chapter on adoption (chapter 8), I discussed how a child's external appearance influences his or her likeliness of being adopted, with a significant preference for light hair and eye colour. Using the reproductive substance of a donor with such characteristics will increase the probability of having a child that is not "too dark". Despite her own negative experience with gamete donation due to the fear of not knowing what was inside her, Tako recognized gamete donation as a normal process in a couple's quest for a child nowadays, and those who can afford the treatment will not hesitate to do so.

"We too tried donor insemination. Nothing came out of it. Slowly they address this [donor insemination]. Of course everybody prefers to have their own child, but no, donation happens, too, it's normal. Everybody wants Europeans, Germans [laughs], or Dutch, or Poles, that is who they want, I know now of girls, I know my friends, all want those [laughs], Europeans." (Tako, 42 years old, journalist)

Fertility clinics and donation centres of course know about their patients' preferences and fears, and they organize their donation programs accordingly. Agencies need to offer a variety of donors if they want to cater to both foreigners and Georgians alike. Just as donation agencies offer donor eggs from Jewish donors for Jewish couples, and they advertise their "Caucasian donors" (playing with the double meaning of the term) on their English-speaking website for visitors from Europe, they know about the necessity of ensuring non-relatedness to Georgian couples according to Georgian exogamy rules. In order to allow for the tracking of generational distance, most gamete donation programs are semi- or non-anonymous and the prospective parents can ask for detailed information about the donors. Tako told me about her experience of choosing a European sperm donor from an international sperm bank.

"There was a list and we were choosing and we were checking [...] We took a number and if you want you can take out the research on it, find this man, photos, of course the name is anonymous. If you want, you can search this man and find him, it is not impossible, because he has a number, well you can have it checked, this information is very reliable. And do you know why I did not want a Georgian? Georgia is such a small country and really everybody is each other's relative (*martla qvela ertmanetis natesavi*). Later the child – supposing your child and this person's child meet each other. Yes, they meet, and then siblings come together (*gamodian*). And this is very dangerous (*sashishia*) and this is why in Georgia they don't want Georgians to be [donors], but Europeans, because finding someone from there, from far away, well, meeting someone there is very – it can be an exception. Nothing is impossible, there is this danger, but still this is less likely to be expected than with a Georgian."

In her case, she was given a number with which she would have been able to identify the donor later on. In the local donation centre I visited, choosing a donor was even more personalized. Here, most of the egg donors and all of the sperm donors were Georgians, and couples will learn the donor's full name. Of course, both doctors and patients alike emphasize that the donor's health is the most important issue. While the fertility clinic does not recruit donors and is not involved in the initial choice of a donor, they will test the medical eligibility of the donor

the couple picked. Some doctors told me that they prefer and recommend gametes from international donation banks as well, since they can be sure about the donors' health status and them being checked for genetic diseases. Couples choose their donors according to their appearance, their profession or their education.

In one of the donation centres, the office manager Rusudan showed the agency's donation database to me. The database comprises about 500 surrogates, and about the same number of egg donors. After potential surrogate mothers and egg donors introduce themselves to the centre and are accepted there, they have to get their health and reproductive capabilities checked in the clinic. After a positive result, they are added to the database. For patients, the database is also accessible online, as it is the case with many other agencies as well, but since the database changes so often, couples should rather come to the office to select their donor together with Rusudan. Some wish to meet the surrogate mother, and if this is the case, the agency will arrange for it. Meetings between intended parents and egg donors are uncommon. Rusudan will sit down with the couple, ask them for their preferences and suggest donors from their database. Rusudan suggests the couples to choose two to three potential egg donors, who they will send again to the clinic for a reproductive check-up. The couple will usually choose the donor with the best test results. Then the process will get started.

I sat down next to Rusudan, too, and she let me have look at the egg donor database – a folder on her computer, with one word document and a variety of photographs for each donor. She opened one of the documents, and the screen showed some pictures of a woman with light brown hair in her late twenties, both portraits and full body photographs. In a table, the most important data was collected: Her age, height, weight, eye and hair colour, her education and profession, the number of pregnancies and miscarriages, further medical information, if she is a smoker or drinks alcohol. Apart from this non-identifying information, the table also included the woman's full name, and information about her family – her parents, grandparents, and siblings. Rusudan told me that foreigners are usually not interested in names and surnames, but they have this type of information for the Georgian couples, who ask for identifying information, such as the donor's grandparents' surname. As Rusudan told me, in her agency, couples always know the donor's full name. This was confirmed by another doctor at a fertility clinic, who told me, "We don't have laws of anonymity for donors in Georgia, so they have to sign a contract and everybody knows each other."

Taking into account the lack of regulation according disclosure towards donor-conceived children, the Georgian gamete donation system is characterized by high levels of secrecy, but low levels of anonymity.¹²⁶ Following Monica Konrad's definition (Konrad 2005: 173), anonymity

¹²⁶ I owe this thought to Amelie Baumann, who indicated this difference to me in a conversation during the ZIF (Center for Interdisciplinary Research) summer school on kinship and politics at Bielefeld University in 2017.

must be understood as the lack of information about the donor's identity, while secrecy means the concealment of the nature of the child's conception. In its handling of anonymity and secrecy in donor conception, Georgia is an interesting case, since this configuration is different to the common practice of sperm donation in many European countries, where anonymity in gamete donation has been a norm for many years (Daniels and Taylor 1993), while secrecy was gradually weakened by parents, who chose early disclosure, and donor-conceived children, who started to organize in interest groups and have fought for their right to information about the donor or are trying to circumvent legal barriers by using digital media in order to find the donor. There seems to be a general trend in Europe towards (early) disclosure – both in telling the child about his or her conception and in acknowledging their right to identifying information about their donor. Disclosure is sometimes framed as a moral obligation towards the child, a central value of raising a child in honesty (Klotz 2013: 947), and a marker of a non-hierarchical well-functioning family, which honors the individual rights of the child (Edwards 2018: 157). Despite this trend, donor regimes can still be quite different within Europe: While in Britain information on gamete donors is centrally organized and stored by a public organization, clinics in Germany have stored information individually and interpretation of the loose regulations¹²⁷ on data collection and anonymity were depending on the doctor or clinic (Klotz 2013: 942-946). In contrast to Georgia, the debate in Germany has been influenced by the argument of privacy (of the donor) and a person's right to know his or her origin, not fear of incestuous relationships between donor-conceived persons.

Conclusion

Traditional kinship in Georgia is characterized by rules of exogamy. Since marriage, sexual intercourse and procreation are conceptually linked, they all revolve around the idea of the avoidance of 'mixing blood' – close relatives marrying and conceiving a child together. And while there seems to be a consensus that incestuous relationships must be avoided, the rules guiding these prohibitions are not always clear. In the urban context of contemporary Tbilisi, residential exogamy can be hardly practiced, nor are kinship relations remembered to an extent that would secure exogamy according to the ideal of at least seven generations. The people I spoke to were not always sure about the appropriate generational distance or about the quality of spiritual kinship compared to consanguinity. However, any perceived 'closeness' might already be 'too

¹²⁷ The regulations were changed recently. Starting from 1st July 2018, donor-conceived children in Germany who were born after 1st of July 2018 will be able to access data about their donor in a central registry (Gesetz zur Regelung des Rechts auf Kenntnis der Abstammung bei heterologer Verwendung von Samen vom 17. Juli 2017, BGBl 2017 I 2513).

close'. Substance, especially blood and flesh, but also genes, carry a severity which can hardly be denied, and are less open to interpretation than spiritual kinship. Bodily substances transmit characteristics and traits, creating "continuity between bodies and persons" (Carsten 2004: 102). People enjoy pointing out resemblance between relatives and especially to their own children. This way, they express belonging and relatedness. In the international debate about a person's right to know his or her origins, the link between genetic endowment and personhood becomes obvious. The importance of having one's own child becomes especially evident when the transmission is inhibited. In cases of gamete donation or adoption, the child is rendered 'unknown', his or her origins unclear. The uncertainty of the child's substantial endowment becomes particularly problematic in the context of exogamic kinship rules. Since not only nurture, but also nature matters, donor-conceived children are in danger of unknowingly entering sinful incestuous relationships with their half-siblings or cousins. Since Georgia is indeed "such a small country", parents try to prevent such accidents by adapting the practices surrounding IVF with donated egg or sperm by either choosing donors from abroad or by checking the donor's ancestry. Therefore, there is no room for donor anonymity, even though many parents decide to keep gamete donation secret, out of fear of stigmatization or of destabilizing the family. The ethnographic data suggests a resilience of substance in kinship thinking, especially of blood, and an extension by the concept of genes, which are used to convey a slightly different meaning. Despite the Orthodox ideal that spiritual kinship is supposed to be stronger than consanguinity, it turns out to be interpreted more flexibly, as it is less rooted in the 'biogenetic realities' of blood, flesh, and genes.

CHAPTER 10 – CONCLUSION

“At this point, my future plans are – see, as I told you, I have this desire, to adopt a child, except I need to know that it is healthy. It is genetics [*genetik'a*], it is ancestry [*ts'armomavloba*]. I have little idea of this, but still this genetics are something that will be transmitted, maybe it will not in this generation, but it will show up in the ninth generation, in the seventh.” (Eka, 46 years old, psychologist, married for 20 years)

This dissertation focused on the experience of childless women in urban contemporary Georgia and their ways of assessing, explaining, and treating infertility. I was especially interested in (1) how assisted reproduction is embedded in existing biological, social, religious and legal concepts of kinship, descent and reproduction and (2) how these concepts affect the evaluation of ARTs and how the usage of ARTs might influence concepts of relatedness. In addressing these questions, I established the main themes of this dissertation, which are the conception of childlessness and assisted reproduction in relation to people's cosmologies and especially their understanding of kin relations, as well as changes and constants in cultural concepts of gestational, genetic and social kinship against the background of the availability of assisted reproductive technologies. For this purpose, this dissertation approached assisted reproduction from a wider perspective. Assisted reproductive technologies featured prominently in this research because they became a major element of assisted reproduction in Georgia during past decades, but I did not ignore multiple ways non-biomedical remedies or social support from relatives, friends, healers and spiritual fathers.

At the time of my research from August 2016 to July 2017, the heat from earlier debates sparked by statements from the Catholicos-Patriarch Ilia II regarding the harm of ARTs had cooled down. While not fully accepted by all parts of society and still opposed by the Georgian Orthodox Church, ARTs became an integral part of couples' decisions in their search for remedies against childlessness. Though not every childless couple is willing to utilize in vitro fertilization, gamete donation, or surrogacy, and access to these technologies is limited by the couples' financial means, the potentiality of these technologies influences the perception of childlessness, as well as the assessment of all forms of assisted reproduction, because it brings biology back into the equation: with the potential of having one's own child even in the face of infertility, ARTs offer hope to those who might otherwise accept their social status of being childless, fostering a discourse of hope and perseverance, which does not accept the possibility of involuntary childlessness. Nevertheless, the usage of certain technologies is shaped and limited by culture-specific perceptions of kinship and related practices, as well as expectations about the future child's genetic make-up and related qualities. Moreover, not all forms of assisted reproduction are

equally accepted, and fertility clinics and donation agencies have to adapt aspects of their programs accordingly.

This dissertation draws heavily on the experience of the 15 women who shared their experience of childlessness in narrative interviews with me, and allowed me to record their stories. In the chapters, considerable space is given to quotations from these interviews, and I believe in the methodological value of presenting their experience in these women's own voices. Their stories connect throughout the chapters, and present multiple facets of being childless in urban middle class Georgia. Due to practical constraints during fieldwork, this research focussed on the female experience within a certain group of people – mostly well-educated women of Georgian ethnicity residing in Tbilisi. Of course, valuable as they are, their narratives cannot stand alone without context. In eleven months of fieldwork, I not only talked to childless women, but to parents, young unmarried women, and religious as well as medical specialists. I went on pilgrimages, participated in rallies, spent hours in the waiting rooms of fertility clinics, and I followed the media discourse on childlessness and ARTs. Most of all, I talked to basically everybody I met about the topic of having children. Given my own positionality as an unmarried woman in her late twenties as well as the ubiquity of the topic in Georgia, these conversations occurred naturally on a daily basis. I assume that the social significance of 'not having children' is based on the importance of 'having children', which is why these informal everyday chats provided the main data for situating childlessness in Georgia.

Following this assumption, Part I of this dissertation addressed the perception of '(not) having children' within Georgian society, before the discussion turned towards assisted reproduction in Part II. Both chapter 2 and chapter 3 were concerned with the social expectation of having children in Georgian society, yet from different ethnographic angles and with different theoretical focus. Chapter 2 emphasized the expectation to reproduce both the national and the religious community by having children. Family planning in Georgia takes place within a natalist climate which stresses both the perceived demographic crisis and the Georgian nation as a nation under threat due to its geopolitical position at the 'frontier' of Christendom. In order to understand this discourse of crisis and demographic decline, the chapter examined the understanding of 'Georgian-ness' within its historical context, especially the emergence of nationalism since the end of the 19th century and under socialism, and its connection to the religious revival since the collapse of the Soviet Union. Being Georgian is connected not only to language and territory, but also to affiliation with the Georgian Orthodox Church. The Georgian nuclear family is considered as the locus of reproduction for both the national and the religious community, as the initial ethnographic vignette of this chapter exemplified. The GOC recently became a protagonist in the discourse about the demographic crisis by offering rather symbolic incentives for families with many children, then claiming responsibility for recovering birth rates.

Having children is expected within most parts of Georgian society, and is framed as a social obligation towards nation and religious community. I did not propose that people first and foremost have children because they perceive it as their duty. People have children because it brings them happiness, because they feel a deep desire for a child, or because it provides them with a feeling of completion as a person. Nevertheless, there is a certain way how family planning is narrated within Georgian society: parenthood, especially motherhood is framed as duty, or even as sacrifice, while a deliberate decision for childlessness is considered to be 'selfish', stressing the social value of children. The final section of the chapter explored the notion of duty and self-sacrifice even further by taking a look at (mythical) imageries of womanhood and especially motherhood, which inform the natalist discourse. While some imageries are challenged by the feminist movement within Georgian society, multiple facets of the 'strong Georgian woman' may be employed by them as well. Through motherhood, the idealized Georgian woman both defends and reproduces Georgian-ness, and her image is found in a multitude of narratives on the national level today; it also influences the notion of motherhood within a network of kin and on the individual level.

For many young Georgian women, the expectation of motherhood is a regular aspect of their everyday life. Starting a family is not a private endeavour for young couples in Tbilisi, but observed and supervised by their social surroundings, especially a network of kin and the neighbourhood as an extension of this network. In particular the marital and reproductive status of young women is scrutinized, to ensure her physical and moral integrity and therefore her marriageability and her ability to bear children. From a theoretical perspective, chapter 3 connected the notion of personhood within Georgian society to having children and a person's integration into a network of kin. Following Tamara Dragadze's take on personhood in a Soviet Georgian village (Dragadze 2001 [1988]), the chapter analysed the notion of 'becoming a person' in Georgian society as related to one's social position – defined by age and gender – within a kinship network and the fulfilment of norms and obligations attached to this positions. Having children in this sense changes one's status – it transforms young women and men into mothers and fathers and thus into adults, as well as parents into grandparents, rendering them 'complete' persons. Though being integrated into a network of kin is essential to ensure one's personhood, the notion of kinship provokes ambiguous feelings. As the ethnographic material has shown, the 'closeness' of a kin relation is not only produced by blood, flesh, or genes – though these substantial connections assure the permanence of a kin relationship, but closeness needs to be performed on a regular basis. And while my interlocutors emphasized the positive aspect of taking interest and caring for each other, they also criticized the social pressure they felt due to mutual obligations and the pervasiveness of kin relations into one's private life.

Especially for young women, intrusions from relatives can be challenging. Before marriage, keeping their status as a ‘good girl’ by fulfilling strict expectations of purity, chastity and honour is pivotal. After their weddings, young women have to adapt to their roles as daughters-in-law within a new household, as many (though not all) follow the ideal of patrilocal residence and move in with their in-laws. Once they were married, many of my interlocutors felt obliged to become pregnant as soon as possible, and feared that staying childless for too long may put their reproductive capabilities into question. As my data showed, family planning did not involve much actual planning for young couples, at least regarding their first child. Rather, waiting - for instance for a stable income – was out of question, and so was the usage of contraceptives. Among relatives and especially within the household, child care, care for the elderly, accommodation, food and money are transferred and shared. However, this often leads to a double burden for women, who are expected to take care of children and household, but participate in the labour market as well. Even those of my interlocutors who strive for less traditional family models and who agreed with their husband to wait until having their first child, felt pressured by their relatives, colleagues and friends to conceive as soon as possible. Though I did not encounter any woman who was divorced by their husbands due to infertility, these stories circulate among young married women, and they instil fear of not being able to become pregnant soon enough.

Because of this dynamic, women might consider themselves ‘infertile’ way earlier than the threshold of twelve months defined by the WHO suggests. Chapter 4 juxtaposes the clinical WHO definition of infertility with the social process of becoming *ushvilo* (“childless”) in Georgia. Such a clinical definition of infertility falls short in the analysis of infertility as a social phenomenon. Infertility should be understood not only as a medical diagnosis, but as a social process that couples go through. As the cases presented in this chapter showed, the paths of realizing and coming to terms with the status of being childless can be quite different, depending on a variety of medical as well as social factors, especially on how concerned couples are with not conceiving within a given time, as well as their access to medical and spiritual expertise. The couples’ age, their life course, their perception of and desire for parenthood as well as the involvement of their relatives will influence how soon a couple starts to feel concerned about not conceiving.

Nevertheless, childlessness in Georgia is generally problematized, and being childless is usually not considered to be a wilful decision, but involuntary and a source of suffering. Thus, often there is no choice in childlessness at all – the existence of remedies and technologies to treat or circumvent infertility already dictate the choice of ‘trying’, of searching for a cure. Childlessness itself is rendered a ‘problem’ and addressed as such. In a society where having children is a social expectation, being childless is not a neutral description of a couple without children, but it already indicates failure, misfortune and suffering. The term *ushviloba* itself carries a certain stigma, because it questions especially the woman’s (and not the man’s) reproductive capabilities, and

therefore her personhood. By linguistically reducing infertility to a 'problem', people avoid using a sensitive term that is connected to failure, suffering, and shame. Addressing the topic of infertility directly may cross boundaries of privacy and could violate implicit rules of propriety. However, talking about 'having children' is a norm of sociability, and therefore an ubiquitous conversation topic. In such a context, childlessness is very obvious and attracts rumour and gossip, as does the alleged usage of ARTs. Depending on the case, such rumours may exaggerate either the artificiality or the naturalness of a child's conception, and parents actively decide not to tell or to stress certain aspects of their treatment, depending on their conversation partner. However, while such concealment is possible when a child has been invisibly conceived by IVF, childlessness by itself is very visible, and a matter of solicitousness and concern. Here, people's preferences to keep their infertility private clash with the notion of assistance and support within networks of kin, but also among neighbours and colleagues. Though often unasked for, childless couples receive a multitude of recommendations from relatives, friends, colleagues and neighbours on how to cure their infertility, all assuming that the couple's childlessness is unwanted and a source of suffering. The chapter argued that in providing such assistance, the pathologically childless couple is socially 'made'. Networks of support among childless women may appear to challenge the discourse of shame and secrecy. However, with their focus on remedies and treatments, they perpetuate the image of the suffering childless couple, leaving no choice but to search for a 'cure'.

Not many women in my research managed to escape the social expectations of suffering, hope, and perseverance. However, not all of them were willing to resort to ARTs, and some of those who did were simply not able to afford the continuation of their treatment. Chapter 5 examined the juncture of failed reproduction and people's cosmologies, by providing a closer look at how their Orthodox faith provided women with orientation and explanation in the face of childlessness. By shifting the responsibility of their inability to conceive to 'God's will', the women in this chapter were able to make sense out of the inexplicability of their situation, and it also allowed them to normalize and reconcile the use of ARTs with their Orthodox faith. Moreover, this chapter already hinted towards the importance of the potential child's inherent qualities. The women's religious reasoning attributes meaning to their failed conception by showing that not 'any' child should be conceived, for their own and for society's sake. I interpreted this explanation as inversions of the common narratives of divine intervention in which God grants a child to a deserving couple. This does not mean that my interlocutors considered themselves undeserving, rather they were spared a fate which would have been worse than childlessness. The second part of this chapter engaged with such narratives of divine intervention by interpreting the identification with hagiographies of 'barren' saints as a distinct female way of coping with infertility. These hagiographies are especially accessible to women, because they link 'barrenness'

exclusively to the female body. These stories stress the notion of hope and perseverance, linking them to devotion and faith in God's will, but also the importance of the conjugal unit, offering an alternative concept of family life which focuses on fidelity in marriage. Depending on the women's situation, they can be interpreted rather differently, emphasizing either hope or acceptance.

The following chapter 6 continued with the focus on cosmologies and predominantly female ways of coping with childlessness by focussing on non-biomedical remedies for infertility on the Georgian healing market. This is the first of four chapters which dealt with different forms of assisted reproduction in Georgia, including non-biomedical healing, ARTs, and adoption practices. By focussing on the perception of 'efficacy' and by comparing two popular pilgrimage sites for childless couples in Georgia, the chapter made two interlinked arguments: First, while many couples employ a rather pragmatic approach of trying every accessible healing method, others reject the notion of 'trying everything', but stay within the options offered within the realm of Orthodox spiritual healing, as only here 'real miracles' will be produced. Second, it showed a shift towards healing methods sanctioned by the Georgian Orthodox Church, especially pilgrimage to places with wonder-working properties, which I interpreted as a consolidation of the Georgian Orthodox healing market. With this, the chapter ties into wider discussions concerning the post-Soviet 'religious revival' in Georgia and the Church's claims to (interpretative) authority within different spheres of life.

Chapter 7 complemented the previous chapter from an ethnographic perspective, because it shed light on the other side of the 'trying everything' paradigm, namely assisted reproductive technologies – biomedical assisted reproduction within the clinical context. Fertility clinics like to stress the simplicity of the process in Georgia: the permissive legal framework, the straightforwardness of the treatment, and the high chances of taking home a healthy baby. Despite the presentation of impressive success rates, uncertainty is a constant companion in fertility clinics and failure often remains inexplicable, rendering ARTs a technology of hope and wonder-working. In order to assure success, the emphasis lies on perseverance, on not giving up hope, and continuing with consecutive cycles of in vitro fertilization, which allow for higher chances of a positive outcome. Yet, despite the very positive advertisement of high success rates and programs with 'guarantee', for many Georgian couples several consecutive IVF cycles are out of question, who cannot afford treatments because of the lack of health insurance coverage. Rather, they have to put all their hope in a very limited number of attempts, hoping for the 'miracle'. However, if these attempts do not work out, hope is often turned into disillusion with the technologies and mistrust in their doctors, who fail to fulfil their obligation within the doctor-patient relationship, and with the Georgian health system, which in their opinion neither trains nor controls doctors appropriately. Such reactions are explicable by a general mistrust of the health system, as well as

by a perceived lack of regulations. Some patients shift their hope to clinics abroad, which appear to have higher success-rates.

It is not only the realm of spiritual healing in which the Georgian Orthodox Church's influence is felt. While the GOC's general rejection of ARTs has been explicitly discussed throughout this dissertation, chapter 8 turned towards one of the promoted alternatives – namely the adoption of a parentless child. With this chapter, I examined the discourse about changing adoption practices within Georgian society, especially in the light of a recent change of the law on adoption and foster care. Popular adoption practices in Georgia aim to make the child fully one's own, completely de-kinning them from their biological parents, without leaving a trace of the taint of adoption. Because blood relations cannot be severed, secrecy in adoption is key for many parents, who fear a devaluation of their own relationship with the child once the adoption becomes known. Here, the child's best interest as defined by both international conventions and the Georgian state collides with prospective parents' idea of an ideal adoption, which is detrimental to practices such as foster care or open adoption. Thus, both national and international regulations as well as couples' fixed notions about the child's qualities as defined by age, gender, ethnicity and health limit the pool of 'adoptable' children, leading to a severe mismatch between numbers of children and couples who register for adoption. As the institutional framework fails to cater to the parents' interest in the eyes of many, some childless couples resort to (illegal) practices which try to circumvent the system, rendering adoption an either illegal and very costly or mostly idealistic but fruitless endeavour, contrary to the public depiction of adoption as the 'better' or 'more ethical' alternative (compared to ARTs).

Though ARTs offer couples the potentiality of having one's own child, the usage of certain technologies is not only limited by financial constraints, but also by religious as well as moral considerations. Chapter 9 situated the usage of donor gametes for in vitro fertilization and insemination within Georgian kinship practices and cultural concepts of relatedness, especially rules of exogamy within the Georgian kinship system. In order to present notions of exogamy and incest, as well as the social significance of resemblance between close kin, the chapter discussed the at times uncertain ramification of spiritual kinship, in particular godparenthood, in comparison to consanguinity. Then it described (traditional) perceptions of exogamy within the Georgian kinship system and related them to the importance of bodily substance for establishing relatedness between kin. These bodily connections not only establish relatedness, they also transmit characteristics. Similar to adoption, using donor gametes thus bears the risk of introducing alien and unwanted properties to one's family. However, using gametes from one's own ethnic group might bear even higher risks, as it could potentially violate rules of exogamy. In the second half of this chapter, these considerations were connected with today's practices of choosing donor gametes for in vitro fertilization or donor insemination. The analysis elaborated

on two aspects of these technologies' integration within Georgian society. First, it showed a general uneasiness with gamete donation, because the lack of traceability might lead to future unknown incestuous relations among Georgians. Therefore, clinics try to adapt to their patients concerns: they offer comprehensive and non-anonymized information about their donors' background and ancestry. The chapter thus shows how gamete donation in the context of Georgian kinship demands for high levels of secrecy (similar to adoption), but low levels of anonymity, because the future child, its ancestry, its blood relations, but also its genetic make-up and 'health' need to be known, just as the quotation at the beginning of this conclusion indicates.

Broader Links and Further Directions

The chapters in this dissertation showed how people with limited resources try to cope with involuntary childlessness, opening up new paths but also limiting themselves to practices which are reconcilable with their own cosmologies, their own cultural and moral considerations. These considerations are not always consistent with each other, and they may depend on people's social situations. They also show how a new global technology, which depends on a certain explanatory model of 'what kinship is', is integrated within a local context, where it is appropriated and shaped according to local considerations, but it may also to some extent provoke and shape new ideas of relatedness, with the potential "separation of procreation from reproduction", and the introduction of new knowledge about the "facts of life" (Strathern 2007 [1995]). Though I am aware of such destabilizing tendencies of ART for 'old' knowledge, the ethnography in this thesis exemplifies the resilience of 'traditional' kinship thinking, which emphasizes ties of blood and flesh, and the transmission of qualities between blood relatives within a network of kin, stressing the congruence of reproduction and procreation of the person. Despite the potentiality for 'new' forms of relatedness, I argue that both the focus on biogenetic substance and the possibility of having one's own child reinforce the focus on substantial, material connections. This does not ignore the importance of the social aspect of kinship – after all, 'warmth' seems to be an important aspect of 'closeness' in Georgian kinship, and is even used as an argument against surrogacy – but it stresses the importance of biogenetic thinking, reminding us of the debates about the nature of kinship and the question of biogenetic substance in the anthropology of kinship (Gellner 1960; Sahlins 2013; Schneider 1984).

The popular media discourse on the 'new' reproductive technologies tends to emphasize the unpredictable changes that these unprecedented possibilities will have on our bodies, health, but also social lives. At the same time, the traditional family has repeatedly said to become less relevant, not only in the 'West' but also in countries like Georgia, where family values are feared to get lost, when people start to 'choose' their families, building them just as they like. Yet, as this

dissertation suggests, even when using these technologies, people try to downplay or eradicate traces of their family being ‘different’, but tend to mimic the normal, the traditional. Georgian parents of children conceived by IVF were exasperated by the patriarch’s suggestion that these children were somewhat different – and so were the readers of a German newspaper which titled an article about potential health concerns of IVF children with “These children are different, after all”, so that the headline later had to be changed into “not so healthy” instead of “different”.¹²⁸ We have to ask the question: Who exactly do people want to reproduce, and how do they achieve to do so? What is at stake for people when reproduction and procreation diverge? Quite a lot, considering the significance of the biogenetic connection to one’s offspring. When the child is supposed to be one’s own – in the sense of biogenetic relatedness – it not only has relevance for reproducing one’s own personhood, but has direct implication for a society’s political, legal, and social organization. People wonder who they are actually reproducing when using donor gametes. They also wonder about the child’s loyalty and their willingness to take care of them in old age, when their ‘blood’ connects them to other people as well. This is the old nature/nurture debate, but it becomes very relevant when people resort to illegal adoption practices, when they refuse to disclose the biological parents’ identity, or when children are left parentless because the legal definitions of parenthood differ between countries. The resilience of biogenetic thinking therefore touches questions of inheritance, of a person’s right to know their origins, of alimony and social benefits.

I see this research as a contribution to the ongoing discussion within kinship studies which examines the juncture between kinship, assisted reproduction, and religion, contributing to the existing corpus of literature by offering fresh ethnographic material from an Eastern Orthodox country at both the centre and the periphery of Eurasian connectivity. With a permissive legal framework regarding ARTs, a popular Orthodox Church, a tradition of exogamous marriage proscriptions, and a strong natalist and national discourse, the Georgian context illustrates the dynamics and contradictions of assisted reproduction. While I tried to make references to a variety of issues in this dissertation, I embedded the ethnographic material on assisted reproduction mostly within two theoretical strands of discussion. First, the inherent ‘never-enough’ quality of ARTs and related notions of suffering, hope, and perseverance (Becker 2000; Franklin 1997; Sandelowski 1991) in an environment where people do not have unlimited access to these technologies, and second the meaning of having ‘one’s own’ child, related to kinship ideas and conceptions of biogenetic substance for relatedness and transmission of qualities to a child (Carsten 2000; Edwards 2005).

¹²⁸ Simmank, Jakob. *Diese Kinder sind doch anders*. In: Zeit Online 10.09.2018 [online]. <https://www.zeit.de/wissen/gesundheit/2018-09/kuenstliche-befruchtung-zeugung-kinderwunsch-fortpflanzung-kinder-gesundheit> [accessed 14.06.2019].

There are many aspects to these dynamics which I touched only partly during the discussion or which I could not follow up on at all. First of all, this research is limited by the exclusive focus on urban middle class Georgian women. While the resources of these women are severely restricted compared to involuntarily childless couples in countries where IVF is fully or partially funded by the state, their context allows for some access to fertility treatment in a clinical context, just through the sheer spatial proximity within the city, but also through social circles which share both expertise and social connections related to ARTs. I can only assume that this research would have a different outcome if I had conducted it within a more rural context in Georgia, or with people with fewer financial resources. Presumably, non-biomedical healing would have taken up more space, both through its easier accessibility and through its connections to the rural. Moreover, this would have highlighted the connections and channels people maintain between the urban and the rural space, as well as the boundaries they establish within their own community. Especially for the research of wider patterns of exogamy/endogamy, a comparison with the rural would be fruitful. Moreover, research on assisted reproduction among the non-Orthodox ethnic minorities living in Georgia would offer interesting comparative material from communities that have potential access to ARTs within the same infrastructure of clinics and legal framework, but draw upon a different background of cosmologies and kinship practices.

This research examined rules of exogamy and related concerns when practicing adoption and gamete donation. Neither for me nor for my interlocutors was it fully comprehensible where the strong emphasis on exogamy in Georgian kinship stems from, as it is both said to be rooted in Eastern Orthodox canon law and considered to be an ‘ancient’ Georgian tradition, as Georgian rules of exogamy exceed Eastern Orthodox impediments to marriage. Therefore, it would be interesting to relate the Georgian ‘tradition’ to practices in other Eastern Orthodox local contexts. Unfortunately, in the English and German literature which is accessible to me, not much research on kinship practices or assisted reproduction in relation to the Eastern Orthodoxy has been done, especially not in postsocialist space, as most of the recent research on ARTs and religion focuses either on the other streams of Christianity or on Islamic practices. This corresponds with a general neglect of Eastern Christianity within the anthropological study of Christianity, and the tendency to treat it not as one main stream of Christianity, but as the oriental “other” (Hann and Goltz 2010). The themes in this dissertation would profit from deeper comparisons with other Eastern Orthodox countries, but also beyond the Eastern Orthodox realm: The connection between religious and national identity, the consolidation of the Orthodox healing market, the authority of the Catholicos-Patriarch in questions of family planning (and other issues), and the close and relatively independent relationship between spiritual advisers and laymen connect to questions of power relations, of authority, and of institutionalized hierarchies within Eastern Christian theology and Orthodox Churches as institutions. Such an approach would allow for the addressing

of wider questions concerning religion and patterns of economic and political organization and transformation within postsocialist space (Hann and Goltz 2010).

While actual kinship practices surely differ from the extensive rules that people explained to me – exemplifying the contrast known to every social scientist between what people say they do, what people think they do, and what people actually do, the discussion of exogamy carries political meaning, relating to the wider nationalist discourse about the ‘demography crisis’. Exogamy as a concept is of course always relative to the boundaries of a certain group. Within Georgian society, it refers to those who are thought to be kin, while the national and religious community of ‘Georgians’ needs to be endogamous in order to reproduce itself. Exogamy/endogamy is therefore also connected not only to the imperative of having children, but to having ‘certain’ children, aiming to reproduce a certain group of people while drawing and maintaining boundaries to the other, assuring one’s own collective identity. Going deeper into the analysis of demographic nationalism would point to research on politics of reproduction and the politicization of demography in relation to assisted reproduction (Ginsburg and Rapp 2007 [1995]), as well as to local debates about demographic change within postsocialist countries and changing fertility patterns in the context of neoliberal reforms (Rivkin-Fish 2003). While I could only marginally integrate these aspects into my dissertation, I assume that the discussion on the ‘demographic crisis’ will gain even more momentum in Georgia in the future, linking emigration, natalist policies, fear of in-migration and high fertility among ethnic minorities, and welfare within an aging community. Perhaps future policies will support state-sponsored fertility programs as we can observe from states with similar nationalist discourses of ethnic demise, such as Israel and Bulgaria. The childless couples from my fieldwork would surely appreciate such a support – yet with other people at the same time struggling to pay for medical treatments of potentially life-threatening diseases, such programs could raise questions of distributive justice, especially as there are still debates about banning certain practices, especially surrogacy. However, looking back on the impressive developments in science and technology just within the past 40 years, we cannot even fathom the medical innovations which are yet to come, and the new debates these will spark.

In this context, I would also like to stress the rapid development of the feminist movement especially within the urban context of Tbilisi within the past decades (Barkaia and Waterston 2018). This dissertation might have painted a picture of a very traditional society based on what are considered to be Orthodox family values. And while at the moment this is the dominant discourse within Georgian society, we should not overlook changing concepts of the family within certain groups of Georgian society, especially among a highly-educated young leftist middle class. Some of my interlocutors already indicated their commitment to such changes in our conversations. This also involves the market of assisted reproductive technologies: at the

moment, ARTs in Georgia are predominantly accessed by heterosexual couples, as the access is legally restricted for gay men, and gay women are virtually invisible within Georgian society, though as ‘single women’ they could potentially access donor insemination in Georgian fertility clinics without disclosing their sexual orientation. At the moment, the topic of same-sex families is still taboo and credited to harmful ‘Western’ trends, but it remains to be seen how certain technologies may be appropriated by same-sex couples as they strive for new or adopt old forms of building families and expressing belonging, as we could observe within other ethnographic contexts (Lustenberger 2014). Many women (as well as some men) aim to re-invent their role within society, speak up against domestic violence, against double burdens of market labour and household work, for LGBT rights, and for sexual emancipation of Georgian women, trying to situate gender and family within discourses about backwardness and modernity, about secularism and the need for a strong Orthodox Church, about a socialist heritage and orientation towards Russia, about the dangers of globalization for traditional values, and about the benefits of European integration.

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GLOSSARY

Artificial insemination (AI)

The sperm is directly inserted into the woman's uterus, cervix or fallopian tube for the purpose of achieving a pregnancy.

Assisted reproductive technologies (ARTs)

Established collective term for fertility treatments in a professional medical context. Another term which is often used synonymously is new reproductive technologies (NRTs). Additionally, the latter one can also comprise recent developments in reproductive health generally, such as contraception, as well as germinal choice technology and other techniques in the new genetics. Newer publications in anthropology tend to use the term assisted reproductive technologies.

Cryopreservation (in ARTs)

Freezing and storage of oocytes (immature ovum), sperm, or embryos for the purpose of later in vitro fertilization or transfer, either to postpone conception, for the usage in later cycles of in vitro fertilization, or for donation.

Gamete

A reproductive cell. In humans, male gametes are called a sperm and female gamete are called ova or egg cells.

Gestational surrogacy

A process in which a surrogate carries a child for a another person or persons (intended parents). The embryo, created by in vitro fertilization, is transferred to the uterus of a surrogate mother who will carry the child to term. Either the intended parents' gametes or donor gametes or a donated embryo are used. The surrogate mother is not genetically related to the embryo. If the surrogate does not receive any compensation, the process is called altruistic surrogacy. If the surrogate carries the baby for a fee, the process is called commercial surrogacy.

In vitro fertilization (IVF)

Sperm and egg are combined outside the body in a laboratory setting "in vitro" for the purpose of fertilization. Either the intended parents' gametes or donor gametes are used. The fertilized egg (zygote) will be allowed to develop into an embryo for two to six days until it will be transferred into the uterus of a woman.

Glossary

Intracytoplasmic sperm injection (ICSI)	A form of in vitro fertilization in which a single sperm is directly injected into the egg. It is especially used in cases of male factor infertility, such as low sperm count or poor sperm quality.
Partial or traditional surrogacy	The surrogate carries a child for another person or persons (intended parents). The surrogate mother is artificially inseminated with the sperm of the intended father or donor sperm. The surrogate mother is genetically related to the child, because her egg was fertilized.
Preimplantation genetic diagnosis (PGD)	Method to select embryos produced by in vitro fertilization before transferring them to the uterus. Used to prevent genetic diseases and to increase fertilization success. PGD can also be used for preimplantational sex selection.