

Assigned Gender *Before* Birth

A Critical Discourse Analysis of Desires, Identities, and Ideologies in
Online Discussions of Non-medical Sex Selection

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Human reproduction is increasingly commodified, which paves the way for reproductive enhancement rather than just assistance. Non-medical gender/sex selection is one of the reproductive enhancement services that is offered on the fertility market, and it is a practice that raises severe concerns regarding the social and political impact of biotechnologies. Through Critical Discourse Analysis and Biomedicalization theory, I analyse how non-medical gender/sex selection is legitimised in online forum discussions. I argue that gender/sex selection is legitimized through gender- and family-conservative and neoliberal ideologies, and that gender/sex selection can be understood as a tool to enhance the family, increase privilege, and attain hypernormativity.

Keywords: Reproductive technologies, family balancing, sex selection, biomedicalization, hypernormativity, gender assignment, enhancement technologies

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1 Introduction

Human reproduction has been increasingly commodified through the development and normalisation of assisted reproductive technologies (ARTs), which has made both technology and consumption central to our production and understanding of family and kinship (Franklin, 2013). According to Speier (2016), neoliberal health care policies have shifted people's values concerning their health in line with neoliberal notions of individual responsibility. As reproductive services have become commodified, patients are positioned as consumers (Speier, 2016). While the central role of ARTs has been to assist or enable "natural" conception, there is an increasing tendency for *enhancement* of reproductive processes through technology (Franklin & Roberts, 2006). Reproduction can now be directed towards and adjusted to our desires, dreams and needs by preventing "nature" from taking undesirable roads. Reproductive technologies thereby form a vital toolbox for the construction of identities and families.

Reproductive enhancement technologies were developed to target hereditary diseases that would cause early death or severe suffering for the child (Franklin & Roberts, 2006), but the fertility market now offers another kind of enhancement: sex selection. By selecting X- or Y bearing sperm prior to conception, or by testing in vitro-made embryos for their chromosomal make-up through preimplantation genetic diagnosis (PGD), parents have the possibility to choose the gender/sex of their offspring (Whittaker, 2012). *Gender* and *sex* are used interchangeably among consumers and clinics, which is why I will use *gender/sex* selection throughout the thesis. The most popular sperm sorting technique is called MicroSort, and after the technologies' successful use in the livestock industry, the private Genetics and IVF Institute (GIVF) started trials for the technology's human application in 1993 (Bhatia, 2018). The clinical trials were initially approved for the detection of sex-linked disease, but the indication of *family balancing* was approved just two years after the trials first started. The argument made by GIVF was that the market for medical gender/sex selection just was not profitable enough (Bhatia, 2018). PGD was similarly meant to prevent serious sex-linked but also genetic hereditary diseases, and the technique can detect a large number of genetic and chromosomal conditions. Therefore, PGD has become increasingly important for the ART's market not just as a sex selective technology, but as a technique to screen embryos for abnormalities that might affect the likelihood of a completed pregnancy. PGD thus becomes a vital tool to improve IVF

success rates, and success rates are crucial for the reputation of fertility clinics (Bhatia, 2018, Thompson, 2005).

ARTs have opened up the possibility to expand our understanding of gender/sex, family, kinship and sexuality, for example by enabling LGBTQ and heterosexual infertile people to conceive. Critics have however argued that ARTs are infused with eugenic logics that reinforce the white, heterosexual, nuclear family as desirable (Goodrow, 2019), and gender/sex selection is undoubtedly a reproductive practice with a certain kind of family in mind. A policy established by GIVF identified “appropriate recipients of MicroSort on the basis of current family status, for example, married, heterosexual couples with an uneven ratio of sex among their offspring” (Bhatia, 2018, p. 81). The introduction of family balancing was the start of what scholars call lifestyle, elective, social, or non-medical gender/sex selection, which is considered a small, niche part of the wider reproductive industry (Whittaker, Inhorn & Shenfield, 2019). Social gender/sex selection is however thought to have a wider impact on society as it reinforces gender/sex stereotypes (Monson & Donaghue, 2015) and reinstates the notion of gender/sex as a biologically determined destiny.

1.1 Aim & Research Questions

The purpose of this thesis is to analyse how gender/sex selection is legitimised through online forum discussions. Considering the ethical ambiguity of gender/sex selection, I want to examine how prospective gender/sex selector’s choices and desires are enabled through the discursive and ideological practices that permeate the fertility market, and how this contributes to the construction of gender/sex selection as a legitimate consumer choice. This thesis further aims to contribute to knowledge production regarding gender/sex selection by providing insight to the Swedish consumer group, which has not yet been studied. To fulfil the purpose of the thesis, the analysis will be guided by the following questions:

- 1) Which are the main identities and desires produced through online gender/sex selection communities?
- 2) What is the function of those identities and desires?
- 3) How does gender/sex selection relate to ideologies of gender/sex, family and consumption?

2 Previous Research

This thesis contributes to feminist studies of cross-border reproduction and assisted reproductive technologies, the field in which the studies of elective gender/sex selection are mainly located. The field consists of scholars from medical anthropology, law, cultural studies, science and technology studies, and bioethics, just to name a few. The research on non-medical gender/sex selection has situated the phenomenon as a part of the global reproductive industry, which is why this chapter will account for some central concepts in studies of cross-border reproduction in general as well as non-medical gender/sex selection in particular. I will also present research on motives to pursue gender/sex selection, feminist critique of gender/sex selection, and studies of online gender/sex selection communities.

2.1 Cross-border Reproduction

Commercial assisted reproduction has become an increasingly transnational phenomenon because of countries' disparate regulations, medical expertise, and availability of technologies (Whittaker, Inhorn & Shenfield, 2019), and it is evident that people travel out of country to access not just infertility treatment, but also “niche” services such as sex selective technology (Whittaker, 2012). Unfortunately, there is little data on the extent of cross-border assisted reproduction in general and cross-border gender/sex selection in particular. A European study estimated that a minimum of 24,000-30,000 cycles of cross-border assisted reproduction is carried out in Europe yearly (Shenfield et al., 2010), but with a largely private unmonitored industry it is hard to know how accurate that estimation is. The available studies as well as statistics provided by the industry rarely differ between medical and social use of embryo diagnostic technologies, making it even harder to estimate the extent of cross-border nonmedical gender/sex selection. In the above-mentioned study, fertility clinics reported that 3.2 % of cross-border customers sought PGD treatment (Shenfield et al., 2010), but the reasons for treatment are not stated in the study. The difficulties in the governance of reproductive technologies have been attributed to the organisation of the fertility market, which consists of multinational networks of private fertility clinics and laboratories, resulting in decentring of state authority (Bhatia, 2018).

The global reproductive industry consists of many actors and is constructed by a web of material technologies, medical professionals, patients and consumers, fertility agencies and clinics, hotels, laboratories, surrogates and donors, websites and internet forums, local and international

ethical bodies, body parts and cells, legal frameworks, ideologies, discourses and the dreams and desires made possible through this assemblage (Kroløkke & Kotsi, 2019). Kroløkke & Kotsi (2019) found that the specific legal context of The United Arab Emirates, the tourist friendly “cosmopolitan” infrastructure of Dubai and rhetorics of enhancement and family balancing assembles Dubai as a reproductive hotspot for sex selection. They further concluded that this assemblage produced an understanding of sex selection as an individualized reproductive journey, and as an optimization of the family unit.

Like Dubai, locations often become popular due to the availability of certain reproductive services: the US has become a popular destination due to high IVF success rates, but also due to the availability of commercial surrogates, commercial egg donation, and lack of regulation of sex selective technologies (Whittaker, Inhorn & Shenfield, 2019). Czech Republic, Estonia and Latvia have a highly racialized reproductive profile since their popularity has been connected to the availability of white egg donors, attracting white Europeans (Payne, 2015; Speier, 2016), while Denmark is one of the world’s biggest sperm suppliers (Adrian & Kroløkke, 2018). Scholars have identified the US (California in particular), North Cyprus (Whittaker & Speier, 2010; Mutlu, 2017) and the United Arab Emirates (Kroløkke & Kotsi, 2019) as some of the main reproductive hubs for Europeans seeking elective gender/sex selection.

2.2 Vulnerability and Agency of Cross-border Procreators

Cross-border procreators have been understood through terms like *reproductive tourists* (Speier, 2016), *reproductive exiles*, and *reproductive travellers* (Inhorn, 2015). Gender/sex selectors have further been called *reproductive opportunists* due to their alleged exploitation of the discrepancies in laws and regulations between countries (Whittaker, 2011). These conceptualizations of cross-border procreators highlight different attributions of agency, privilege, and vulnerability: the agentic reproductive tourist can choose to conceive abroad, while the reproductive exile is forced across borders.

Within the feminist research field of cross-border reproduction, economic, political, and physical vulnerability has often been attributed primarily to the women selling or donating their reproductive parts or capacities (Pande, 2015; Deveaux, 2016), while intended parents have been found to be constructed as emotionally and reproductively vulnerable in media and cultural productions (Riggs & Due, 2013; Andersen, 2013; Gondouin, Thapar-Björkert &

Ryberg, 2018). In their analysis of media representations of Australians travelling to India for surrogacy, Riggs & Due (2013) found that *reproductive vulnerability* was highlighted but later dismissed in favour of constructions of the parents as agentic reproductive citizens. They argue that reproductive travel is driven by the desire to overcome one's reproductive vulnerability, and to reinstate yourself as an accomplished *reproductive citizen*: displaying vulnerability thus becomes a tool to overcome vulnerability. The concept of reproductive citizenship highlights how reproduction is included in citizenship obligations, and how reproductive capacity is a key marker of citizenship (Riggs & Due, 2013). Riggs & Due (2013) also emphasize that the institutionalised, normative mode of reproducing is through heterosex, which is accorded high cultural capital. Those who are not able to reproduce normatively are positioned as vulnerable, since the high value granted heterosexual reproduction diminishes the value of those who cannot conceive according to convention.

To depict someone as vulnerable often equals depicting them as a subject without agency (Butler, Gambetti & Sabsay, 2016). Butler, Gambetti & Sabsay (2016) describe vulnerability and invulnerability as politically produced and unequally distributed through power operations. They further consider both the dismissal and the exacerbation of vulnerability as possible tools to achieve power. In an analysis of the tv-series *Top of the Lake: China girl*, Gondouin, Thapar-Björkert & Ryberg (2018) concludes that vulnerability plays a crucial role in the debates of transnational commercial surrogacy. They found that emotional vulnerability of white intended parents was represented as extreme and overpowering, and the perspective of vulnerable white intended parents was privileged over the vulnerability of surrogates from the Global South. Andersen (2013) similarly found that Norwegian intended parents took a position as victims in relation to the state in Norwegian media debates on surrogacy, while surrogates were not understood through the same victimization discourse. A discourse of vulnerability can thus be taken on by privileged groups to increase their own privilege, and to “rationalize the subjugation of minorities” (Butler, Gambetti & Sabsay, 2016, p. 4).

2.3 Desire in Cross-border Reproduction and Gender/sex selection

Desire plays a crucial role in the cross-border reproductive market. The desires of different reproductive subjects, for example intended parents or egg donors, “operates as a force for linking differently positioned women” (Nahman, 2012, p. 67), creating *nodes of desire*. In the case of gender/sex selection there are rarely donors involved, which means that the nodes

consist of the desires of parents and those of commercial businesses. Since kinship commonly is perceived as sameness, and health is considered crucial for the chance of leading a good life, phenotypical similarity and absence of inheritable diseases are the main biologically desirable traits in gamete donors (Payne, 2015). What is considered *biodesirable* is determined by cultural and political understandings of kinship, heritability, race and gender/sex, understandings that provide frames for what kind of families and persons society prefers to reproduce (Payne, 2015).

The motives for pursuing gender/sex selection seem to be made up by a combined set of desires. In interviews with US couples pursuing gender/sex selection, Sharp et al. (2010) identifies both motives of self-interest such as desires for a same-gendered parenting experience, and family centred interests such as enhancement of the family dynamic through limitation of family size and creation of an equal gender/sex representation. One conclusion was that parents desired an “idealized nuclear family of a mother, a father and children of both sexes” (Sharp et al., 2010, p. 845). Sharp et al. (2010) found a son preference among their interviewees, but other US studies have found the gender preference to be equally distributed. According to a recent literature review on PGD for aneuploidy and gender/sex selection, the main factor behind parent’s desire to have a boy or a girl is the gender/sex of their existing children (Bracewell et al., 2021).

The desire for a gender balanced family has been legitimized through ethical debates in scientific journals, marketing of gender/sex selective services, journalistic articles, and online forums, and a family balancing discourse has come to dominate the gender/sex selection industry (Bhatia, 2018; Whittaker, 2012). Family balancing was coined by the clinic that first applied MicroSort on humans, and Bhatia (2018) argues that the concept was created to “produce meaning in relation to what it was not. It was *not* son preference, *not* gender bias, *not* abortion, *not* Eastern, and *not* even *sex selection* inasmuch as *sex selection* was associated with son preference, gender bias, or abortion” (p. 97). Bhatia (2018) suggests that “western” gender/sex selection for family balancing purposes was legitimized through orientalism. By distancing family balance from sex selective practices in for example China and India, which have been understood as producing skewed sex ratios in the population due to the preference for sons, gender balance has taken shape as the less “backward” and less sexist motive. Bhatia (2018) further argues that the condemnation of sex selective abortion (often connected to

“backward” non-western gender/sex selection) has been crucial for the successful commercialisation and normalisation of MicroSort and PGD technology.

A medical need for sex selection is usually considered ethical, while the desire for non-medical sex selection is ethically ambivalent (Browne, 2017). The medical/non-medical division is however not necessarily obvious. Bhatia (2018) found that clinics often combine PGD for medical and non-medical reasons: thus, both the ethically accepted medical need and the less ethically accepted non-medical desire can co-exist. A non-medical motive can also be discursively framed as a psychiatric, and therefore medically treatable, condition rather than personal wish, further blurring the medical/non-medical line. By highlighting depression, anxiety and sometimes even suicidal feelings, the disappointment some may feel when the gender/sex of their baby does not match their desires is conceptualized as *gender disappointment* or *extreme gender disappointment* (Hendl & Browne, 2020). According to Whittaker (2012), these chronic illness-identities are taken on to make social motives for gender/sex selection appear medical, and therefore ethical: the only way to relieve extreme gender disappointment, is to have a child of the desired gender/sex. PGD and MicroSort are thus positioned as “sources of redemptory hope” (Whittaker, 2012, p. 152). Hendl & Browne (2020) investigated if extreme gender disappointment could be considered a mental illness and concluded that it cannot: gender disappointment is grounded in “socially reinforced gender ideologies” (p. 292), which locate the root of gender disappointment in society instead of in the mental health of individuals.

Feminist scholars have argued that gender/sex selection is infused with heteronormativity, which causes gender/sex selection to exhibit sexism, homophobia, and transphobia (Shahvisi, 2018). Gender/sex selection has also been argued to constrain reproductive anatomy of both the child and the parents due to gender essentialism (Browne, 2017). According to Hendl (2017), societies where gender/sex is of “such significance as to warrant sex selection are societies with gender stereotypical views” (p. 431). Gender essentialism is understood as the notion that humans come in two biologically and psychologically disparate, opposite versions: men and women (Hendl, 2017). Gender and sex are further considered to operate in a causal relationship, where biology (hormones, chromosomes, reproductive abilities, genitalia) is thought to determine a certain set of psychological characteristics, personality traits and preferences. Gender essentialism therefore produces gender stereotypes, which many have argued is what is

actually selected through sex selective technology (Browne, 2017): a stereotypical, gender biased fantasy that can enforce harmful norms onto the child.

2.4 Online Communities and Gender/sex selection

The internet plays a crucial part in the cross-border fertility market. Shenfield et al. (2010) found that internet was the main source of information for Swedish reproductive travellers when choosing country and clinic. Reproductive travellers have described the internet as enabling, and according to Speier (2016) the use of internet in the reproductive industry is underpinned by “global neoliberal ideologies about responsibility for one’s own health” (p. 43). Cybercommunities that connect users based on their desire to choose the gender/sex of their child, such as the internet forum that I will analyse in this thesis, have been found to normalise the use of gender/sex selective technologies, provide support, facilitate exchange of experiences and information, and contribute to the construction of individual and collective identities (Whittaker, 2012; Bhatia, 2018).

In their studies of gender/sex selection cybercommunities, Whittaker (2012) and Monson & Donaghue (2015) found that the communities appear to almost exclusively consist of women, and gender disappointment mainly was constructed as a condition of women. This is in line with Speier’s (2016) description of online fertility support groups, where infertility is understood as a woman’s problem, and few to no men participate (p. 46). In a study of Turkish women’s online moral negotiations regarding gender/sex selection, Mutlu (2017) found that internet forums provided anonymous moral spaces where participants could discuss their reproductive goals, and that women with a desire to select for gender/sex compared their situation with infertility. This result resonates with Whittaker’s (2012) conclusion that legitimizing illness identities are constructed through online communities. Whittaker (2012) also found that gender/sex selection forums reinforce traditional beliefs about sexual difference, but she further noticed “gendered ideals of how a woman should feel about her pregnancy” (p. 154) since the women in the forums described gender/sex selection as a transgression of motherhood norms. Monson & Donaghue (2015) identified the “intensely emotional nature of the unfulfilled desire for a child of a particular sex” (p. 311) in the analysed gender/sex selection forums, and concluded that the desire was underpinned by a traditional gender discourse. Members of online gender/sex selection communities have found a common language that both provides meaning to their experiences and offers possibilities of reaching their reproductive goals (Bhatia, 2018).

3 Theoretical frameworks

3.1 Biomedicalization Theory

Clarke, Mamo, Fosket, Fishman & Shim (2010) have suggested the framework of biomedicalization theory to conceptualize the turn towards technoscientific transformation, rather than mere control over medical phenomena, within U.S medicine. Biomedicalization theory describes biomedicalization as the second major turn in medicine, while the first major turn is understood as medicalization. Medicalization is “the processes through which aspects of life previously outside the jurisdiction of medicine come to be construed as medical problems” (Clarke et al., 2010, p. 47), while biomedicalization is signified by an intensification in medicalization in new and complex (often technoscientific) ways. Biomedicalization is constituted by five broader interwoven processes: (1) the dynamics of the biopolitical economy, for example the privatization of health care, (2) the intensifying focus on health, with an emphasis on enhancement and surveillance of risk through technoscientific means, (3) the increased reliance on technology and sciences in treatment and enhancement interventions, (4) transformations in the production, distribution and consumption of biomedical knowledges, for example through the internet, and (5) the transformation of bodies and production of technoscientific identities (Clarke et al., 2010, p. 2).

Within biomedicalization theory, biomedical markets such as the fertility market is considered to offer technological choices that produce “future projects”: reproductive projects based on the desire for health and healthy offspring (Mamo, 2010, p. 182). The market appeals to the notion of consumer free choice, and offers a route towards the desired future. Through the needs, desires and demands as well as technologies available in biomedical culture, subjectivities are created and both individual and collective identities are formed (Clarke et al., 2010). Reproductive technology can enable identities like “mother” and “father”, but when pursued through reproductive technology, they are accomplished through a number of other subjectivities. For example, to gain access to a parent identity through reproductive technology (for example, IVF) one needs take on other identities such as “infertile”, “patient” and sometimes “consumer”. Technoscientific identities might be used strategically, meaning that they might be adopted in order to access a certain technology.

3.2 The Theoretical Foundation of Critical Discourse Analysis

Critical discourse analysis (CDA) aims to analyse the relationship between discursive practices and wider social structures, and to investigate how discursive practices are ideologically shaped by power relations (Fairclough, 2010). Fairclough (2010) describes CDA as *critical* because of its aim to uncover the opaque relationship between language use, ideology, and power. He further suggests that the links between discourse, ideology and power relations may not be clear to those involved in certain social practices and argues that it is CDA's mission to uncover those links.

Within CDA, discourse is understood as *language use*, which is considered a social practice in a dialectic relationship with other social practices. Social practices and other facets of reality may be located inside or outside of discourse, which differs from for example Laclau & Mouffe's understanding of all social practices as discursive (Winther Jørgensen, Phillips & Torell, 2000). Every instance of language use is considered a *discursive event*, which often constitutes the empirical base for CDA. A discursive event has three facets: it is a spoken or written text, it is a discursive practice, and a social practice. CDA should attend to all three dimensions, which I will return to in the next chapter. Fairclough (2010) conceptualizes the conventions that underlie discursive events as *orders of discourse*. This refers to the conventional way of combining discourses and genres within a social domain, exemplified by Fairclough (2010) through the example of a school, where the order of discourse includes the discursive practices of a classroom, of exams, of the playground and of the staff room (p. 93). The order of discourse is thus made up by the totality of discursive practices within a social domain, and the relationship between these practices.

CDA consider discourse as both socially shaping and socially shaped, and language use is considered "constitutive of (i) social identities, (ii) social relations and (iii) systems of knowledge and belief" (Fairclough, 2010, p. 92). Fairclough (2010) also suggests that discourse can be constitutive in conventional and/or transformative ways, meaning that discursive practices can both reinforce current power relations and transform them. This further means that discursive practices have *ideological* underpinnings and effects: discursive practices can create and sustain unequal relations between groups or contribute to transformation of power relations, depending on how social relations, social subjects and systems of knowledge are represented. Ideologies can furthermore become naturalised, which means that certain

representations come to be seen as common sense and “based in the nature of things or people, rather than in the interests of classes or other groupings” (Fairclough, 2010, p. 37).

The naturalisation of ideologies happens through hegemonic processes. *Hegemony* is understood as a tool of political power, and can be described as “cultural and ethical engineering, the reshaping of subjectivities or ‘selves’” (Fairclough, 2010, P. 128). Hegemony constitutes a dominant understanding of society, power, subjects and social relations, reflecting the interests of the ruling classes. Discursive practice constitutes a site for hegemonic practice and struggle, which means that the reproduction of and struggle over power relations are negotiated through spoken and written language (Fairclough, 2010).

4 Methodology and Empirical Material

4.1 Fairclough’s Three-dimensional Analysis of Discursive Events

Fairclough’s (2010) three-dimensional model includes analysis of the three dimensions of discursive events: *text*, *discourse practice* and *social practice*. The analysis of text, in this case in the form of forum posts, deals with the textual form and meaning, including structure and style of the text, vocabulary, grammar, representations, and the constitution of identities and social relations. When analysing discourse practice, the focus shifts to the production and interpretation of texts. This includes analysis of the relationship between the discursive event and the order of discourse, and analysis of which discursive practices can be found in the text and how they interact with each other. The last level of analysis deals more explicitly with power, ideology and hegemony, and shifts the analytical focus from the specific text to the wider social context that the discursive event is a part of (Winther Jørgensen, Phillips & Torell, 2000). In my analysis of social practice, I will apply biomedicalization theory to connect the material to the wider phenomenon of the biomedicalization of reproduction.

4.2 Choosing Empirical Material

As the research presented above shows, online communities are places where prospective reproductive travellers gather information and construct collective and individual identities. Online forums therefore represent a corner stone in the gender/sex selection market, and they constitute a data source that not only is convenient for, and easily accessible to, researchers, but it also provides unique insight in the discursive field of gender/sex selection. Since the

discussions have been produced without interference of the researcher, the data can be considered relatively natural and authentic (Holtz, Kronberger & Wagner, 2012). However, as a researcher, I still hold a privileged position as the person who holds the power of interpretation (Ramazanoglu & Holland, 2002). The objective of this thesis is critical, and my interest in gender/sex selection stems from my own feminist standpoint as critical of commercial reproductive markets in general. My interpretation of gender/sex selection is likely to differ profoundly from the online community members perspectives. It is therefore important to highlight that my analytical objective is not to moralise individual decisions or desires, but to put these individual feelings in the context of a wider social practice and to gain knowledge of how individual choices are enabled through discourse and ideology.

Since the community of prospective gender/sex selectors experience vulnerability and fear of judgement (as will become visible in the analysis) and in general post anonymously, I have had to proceed with ethical caution to make sure this thesis does not inflict harm on vulnerable individuals or communities (Markham & Buchanan, 2012). Some forums are designed to create a semi-private sphere even when they are public (Holtz, Kronberger & Wagner, 2012). My intention has therefore been to preserve anonymity by not disclosing usernames, by not including extracts of the untranslated material, and by not revealing the name of the website where the forum can be found. The forum posts are all in Swedish but were translated by me post-analysis, which provides an extra layer of anonymity for the users, since I will not be displaying intact quotes that might make the forum post easy to find through an online search.

4.3 Non-medical Gender/sex Selection Forum Discussions

The empirical material of this thesis consists of two online forum threads about nonmedical gender/sex selection. Since I am interested in the yet unresearched prospective Swedish gender/sex selection customers, I searched for material in one of Sweden's biggest online forums for family, children and parenting related discussions, henceforth referred to as *the family forum*. The family forum contains both public and private forums, but due to the ethical concerns raised in the previous section I decided to only include open online forums threads where the forum content is accessible to non-members.

To find relevant posts, I searched the forum for "Microsort", "PGD" "gender selection", "sex selection", "könsval" (gender/sex selection), "könsbestämning" (gender/sex determination) and

“välja kön” (select sex/gender). In the initial phase of research, I identified 17 relevant forum threads, and skimmed through all of them to get a sense of the general tone and content of the forum discussions. The forum threads were close to identical regarding the purpose of the discussion, described motives for pursuing gender/sex selection, and interaction between forum users. I narrowed my material down to two forum threads based on the number of posts, 91 and 134 respectively. There were discussions with both more and fewer posts, but I assessed the relatively high number of posts (in comparison to the majority of forum threads on the same topic) as indicative of a higher number of participants and a more developed discourse (Holtz, Kronberger & Wagner, 2012). Thereafter I selected 94 posts based on two content criteria: a described desire to go through with non-medical gender/sex selection and/or representations of identities and social relations. The selected posts were written by 54 different forum users that all appeared to be women. The number of posts included in the material might sound like a sizeable amount for a Master’s thesis, however, most forum posts are short, sometimes just one or two sentences. The forum discussions were initiated between 2011 and 2018 with the latest posts made in 2021, and I accessed the material on the 16th of April, 2021. Posts made after that date have not been included in the analysis.

A forum thread is comprised of many instances of language use, i.e. several discursive events. In order to make the analysis more feasible and at the same time to be able to draw conclusions based on more than a few individual forum post, I have chosen to treat my material as two discursive events (two forum threads). This choice allows me to include more material and gives me an increased opportunity to spot patterns, commonalities and differences among the forum users. However, it means that the textual analysis will not be carried out with the same depth as if I would have analysed a handful of forum posts.

5 Analysis

Following Fairclough’s (2010) three-dimensional CDA model, the analysis will be presented in accordance with the three analytical levels: analysis of text, discourse practice and social practice.

5.1 Textual Representations

In the analysis of the discursive event as *text* I have focused my analysis on representations of the desires that underpin the choice to go through with gender/sex selection and representations of identities. Before continuing to the analysis, I would like to share some general observations that are important for my analysis and for the reader's interpretation. All analysed posts are written by seemingly heterosexual women with a husband or co-habiting boyfriend, and most indicate that they have two or more children of the same gender/sex. A few users share their successful stories of gender/sex selection and provide information about the process, but most forum users participate in the forum to gather information and share experiences with other likeminded people.

5.1.1 Sharing Experiences, Exchanging Information

The explicit purpose of both forum threads is for the original poster (OP) to come into contact with others that want to pursue gender/sex selection abroad, or people who already did this, primarily to collect information on how to proceed in the process. In addition to describing the purpose of the thread, the OPs clearly describe what the purpose is not: it is not a place for *discussion* about gender/selection, it is a place for *sharing* experiences and information.

Extract 1 (Original post)	Hi, I wish to create a thread for those of us who are thinking about going through with IVF and PGD with gender selection and/or for those who already did it. The question is sensitive for many and therefore I ask that you don't comment in the thread if you're not open for it. Go to other posts instead. I will not be answering comments that question this. [..]
Extract 2 (Original post)	[..] Can we dedicate this thread to those of us who want to go through IVF to select gender. I understand that this upsets many and that you should be happy just to be able to get such a beautiful gift as a child [..] Will be incredibly thankful for answers in this extremely sensitive discussion.

Both OPs state that gender/sex selection *is sensitive* and *upsetting* for some, and they deny those critical of gender/sex selection permission to post by declaring that they will not answer critical comments. What makes gender/sex selection sensitive and upsetting is however left out. By giving permission for likeminded people to post, and by denying permission for those who are not open for it, two disparate identities are construed: *those of us* who have the desire to select for gender/sex and therefore understand it, and those who do not. The OPs do, however, articulate this permission with some insecurity: critics are *asked* not to comment, ascribing

critics the possibility to allow or deny permission for the OPs to create the desired the kind of forum thread.



The concern of facing critics is shared by many other forum users, and some are uncomfortable with participating in the discussion in an open forum. Some even ask for secret Facebook-groups or closed forum groups on Familjeliv.se, where they can be sure that their messages cannot be read by possible critics, and experiences can be shared more openly. Throughout the discussion, a shared understanding of gender/sex selection as taboo appears.

Extract 3	[..] feels so hard to find information, it is after all a little taboo.
Extract 4	My daughter has 2 sons and always wished for a girl. It has been so hard with everyone who reacted and attacked her with comments that hurt her feelings. I don't know why you have to have this reaction and not have understanding for how important some things can be for others. [..]
Extract 5	If you do PGD abroad you still have to start at home, with blood tests etc. What do you think the regular maternity care would think? Will you be accepted and get the help you need through the public system? What do you do about information to others, family members? "We went for a couple of weeks of vacation, OH how nice, I happened to get pregnant on the trip :)". Or is it better to be honest and hope for understanding?
Extract 6	Also thinking that we wouldn't tell anybody. Don't think anybody would understand or accept.

The taboo of gender/sex selection is understood as the reason why information is hard to find, and why others cannot understand the forum user's wishes. They worry that family members might be critical or judgemental, and the taboo might deny them access to the medical pre-testing needed to go abroad for gender/sex selection. In relation to the possible critics, assumed to be most people they know or might come into contact with during the gender/sex selection process, the forum users are construed as vulnerable. Even if the collective experience of a taboo is evident, the background of the taboo is left out of the discussion. The fear of being judged or being denied acceptance creates feelings of loneliness, and users feel forced to anonymously seek support from likeminded people.

As presented in the literature review, online communities have been found to be constructive of collective identities based on shared desire for a child of a certain gender/sex, and a collective identity formation can be found in the Swedish family forum threads as well. Through their participation in the forum thread, forum users together create a collective identity based on

similarities, shared dreams, and shared concerns regarding the gender/sex selection process. This shared, collective identity is expressed through pronouns like *we* and *us*: “we seem very similar”, “there are more of us that share the same dream”, and by expressing identification with each other’s family situation, desires, questions, and as described above, fear of judgement. The collective “we” constitutes a platform where intimate desires can be shared, and the shared identity seems to have a therapeutic function. Forum users validate both their own and others experiences by expressions of recognition and by sharing their own, often very similar, thoughts and feelings. They alternate between being *supportive* and *supported*, between *asking* for information and *providing* information, between *expressing* emotions and desires and *receiving* validation.

Extract 7	Hi! How ”nice” to find a Swedish thread about this. Or, how sad cause it means that there are more like me that carry a deep desire for a child of the gender/sex you don’t already have. [...] The price going to the USA is enormous. In the renowned clinics in California you have to pay between 12000 and 15000 dollars and that is a large amount [...] What are you all thinking aaahh I’m so happy I found you!
Extract 8	[..] I’m the mother of 2 fantastic boys myself but I can’t let go of the thought of having a daughter. The last two years I’ve been thinking about Pgd and I’m feeling that time is ticking and soon we won’t have any more chances to make our dream come true. Have any of you gone through treatment? Was it hard to get help, did you have to wait for a long time? A thousand questions.. I would be so grateful to get all the info and help to answer my questions.
Extract 9	Oh how exciting! It will be a wonderful vacation with the best memory you could imagine  We were also thinking about Cyprus for a while. The North part? How come you chose Cyprus? Oh I feel like I have a thousand questions I want to ask! 

The collective sharing of information and the positive practice of affirmation appear crucial for the gender/sex selection process, and many forum users express a desperate need for information, almost demanding answers about what countries and clinics are reliable or have the best success rates.

In this information-seeking process, the forum users are construed as prospective patients and consumers at the same time. This interpretation is based on the forum user’s tendency to combine questions and information about the IVF/PGD/MicroSort processes from a medical and economic, consumerist perspective, which contributes to the interwoven representation of

a more conventional, passive patient and a consumer enacting choice, a subjectivity Speier (2016) named the *patient-consumer*.

Extract 10	The prices I have received upon request vary between 5500-7000 euros. In some cases it's like an all-inclusive package, transport and medicines are included, hotel (for two) and so on, in other cases it's only the ivf+pgd themselves that are included. The question is how hopeful you can be regarding the result if you do one treatment. Even if we have become pregnant easily before that it doesn't mean that this particular embryo would stick or want to stay. How do you others feel about that, if you could turn your ideas into reality. Go for one treatment and see if it works, or be prepared to go there several times until it sticks? It's a lot of money, a lot of trips and quite a few hormonal treatments for the body to cope with.
Extract 11	[..] I called different clinics close to me but when I told them I was going to do IVF abroad they refused to help, one clinic thought it was ok but said that the medicine then wouldn't be covered by public health insurance. Then I called private doctors working with IVF that do all the ultrasounds and testing and then send you to the clinic for egg retrieval. [..]
Extract 12	[..] you must go through the same steps as with a regular IVF, medicines, hormone shots etc (you are put in false menopause and then shock the body with hormones to get a lot of eggs). [..] Unfortunately you are charged for all tries. Even those that fail. But there is a possibility of placing embryos in the freezer, transferring an embryo is cheaper (+then your husband won't have to go there again).

Questions about health risks and risks regarding the treatment are coupled with economic-rational reasoning and evaluations of options. In the examples above, it becomes clear that the gender dream is not easily achieved. It requires negotiations of economic risk, health risks, reliability of clinics, chances of successful treatments, and the realization of their dreams. As patient-consumers, the forum users are construed partly as psychically, emotionally and economically vulnerable, but they also have the possibility of overcoming that vulnerability through informed decisions. The forum discussions thus function as a tool for increasing agency by supporting prospective gender/sex selectors to make consumer choices.

The patient-consumer can negotiate risk and expect positive health outcomes, but does not conform to a conventional doctor-patient hierarchical relationship. Most of the encounters with Swedish health care for pre-testing and prescription of medicine described by forum users are characterized by a fear of being judged due to the gender/sex selection taboo, and Swedish health care professionals are given the role of gatekeepers with the power to decide the outcome

of patient-consumers reproductive journey. Extract 11 however shows how prospective gender/sex selectors increase their agency by engaging with private Swedish fertility industry for pre-testing. The medical society, partly represented by Swedish health care system but also private, foreign fertility clinics, is assigned less agency relative to the patient-consumer: it is the desire and choice of the patient-consumer that is privileged. Agency can thus be attained through consumption, which in the case of gender/sex selection equals consumption of medical treatment.

5.1.2 Family Balance

There are two main motivational features salient in the material: (1) a gender dream, signified by an overwhelming desire, dream, longing or wish for a child of a certain gender/sex, and (2) a desire to accomplish family balance. I do not consider these features as two separate motives since the forum users tend to express a gender dream and desire for gender balance in different combinations. It is important to note that 47 users state that they have two or more children of the same gender/sex, three users state that they have one child and want to select for the “opposite” gender/sex, and four users do not specify their current family situation. The majority of forum users thus have an “uneven” gender/sex representation in the family, which is the condition for the family balancing motive.

The concept family balance is not used explicitly in any of the forum posts but implied through the use of words like “completing”, or by implying or stating that the motive for choosing a boy/girl is the presence of two or more children of the same gender/sex.

Extract 13	[..] Me and my husband have three wonderful sons – our love for them is not debatable, I think only people in the same situation can understand this – and we are considering going to Cyprus to go through IVF and PGD to also have a daughter. [..]
Extract 14	[..] We have two sons 2 years old and the little one 6 months. We both have a dream of a daughter and the third child will probably be our last. [..]

Extract 13 and 14 display a representation of family balancing as family planning, a representation that is common throughout the forum discussions. In extract 13, the user does not express a desire or dream for a daughter, instead they are *considering also having* a daughter. Gender/sex selection is not represented as an individual desire, but as a rational, natural, and obvious complement to the existing sons. They consider the options provided by

the cross-border fertility market and thus appear to be responsible procreators and consumers, as noted earlier. Extract 14 exemplifies how family balance as family planning is emphasized through statements such as “it’s our last chance” and “this will be our last child”: they are managing the family formation as well as family size. By highlighting the current skewed family balance and an intention or dream to “fix” it, the choice to go through with gender/sex selection appears more legitimate.

Extract 15	[..] We have two wonderful little boys but dream about completing the family with a little baby sister too. [..]
Extract 16	[..] In my case I have two sons (one is still in my belly) that I am tremendously proud of and happy about. I also have three stepchildren that are also boys. My partner and I really want a daughter and we want one so badly.
Extract 17	[..] With three fantastic boys I still feel like I can’t let go of my dream of a little daughter to complete the family. [..]

These extracts demonstrate how the motivational features are commonly combined. In extract 15, the *completion* of the family is represented as the parent’s dream, while the *daughter* seems to be the object of desire in extract 16. The current boy-dominated family described in extracts 15, 16 and 17 justifies the forum user’s desires for a girl. These extracts further reflect the most commonly occurring family disposition and desire in the forum threads: the wish for a daughter in relation to their two, three, four sons.

Gender/sex selection is further legitimized by the forum user’s repeated expressions of love for their children, which I understand as a demonstration of appropriate parenting, or more specifically, appropriate motherhood. Most of the forum users state that they have *amazing, wonderful, beautiful* daughters/sons, but they also *want/dream about/desire* a child of the other gender/sex. As shown above, they often wish to become “the mother of a daughter.” I view this finding as a display of the normative understanding of how women should relate to both their pregnancy and existing children, found in Whittaker’s (2012) study of online gender/sex selection forums. The taboo that the forum users experience regarding gender/sex selection could be founded partly in a perceived failure to live up to motherhood ideals. As in Whittaker’s (2012) study, several forum users express that they should not be having these feelings, they should be thankful of the wonderful children they have, but something is missing. Selecting gender/sex of the next child might be a tool not just for achieving the ideal family, but for becoming the ideal mother.

5.1.3 Gender Dreaming, Gender Grieving

While family balance appears to be a dominant underlying motive, most users emphasize the longstanding dream or wish for a girl/boy rather than a desire to accomplish equal gender representation in the family. As accounted for above, it might be a dream for gender balance or a daughter/son, and selecting for gender/sex is a way to fulfil the dream. The forum threads mainly consist of people that have not gone through the process yet, but through posts from the few forum users that have already selected the gender/sex of their child, their dreams become attainable.

Extract 18	[..] Go and do pgd you won't regret it, now I feel complete, my heart is whole and life is as wonderful as it should be ❤️
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In extract 18, gender/sex selection is not just understood as a way to complete the family, but also as a way to complete yourself. Some forum users describe the gender dream in positive tone, as a goal to accomplish and a dream waiting to be fulfilled. Many users however express negative emotions connected to the absence of a child of the desired gender/sex, even when it is not explicitly articulated as gender disappointment.

Extract 19	[..] I have felt a great sorrow for not having a daughter. I love my sons to death but ohhh how I wanted a girl and ohhh how I still WANT a girl.
Extract 20	[..]I'm longing myself to death for a daughter. I have 4 beloved sons, but I'm longing for the daughter I always thought would come..
Extract 21	[..] I have three sons, but the dream of a daughter aches and won't go away??

The dream of a son or daughter is represented as powerful, persistent, and almost impossible for the forum users to control. They seem to have no agency in relation to the gender dream, the dream seems more like a force of nature than a personal choice. These descriptions construe the gender dream as an involuntary desire, and bear close resemblance to descriptions of involuntary childlessness and infertility, further reinforcing the representation of gender/sex selectors as vulnerable.

In my account of previous research on gender/sex selection, the pathologizing of gender disappointment as a semi-psychiatric condition was highlighted. Rather than describing gender disappointment when finding out the gender/sex of a coming baby, some users appear to be

gender grieving the child that they do not have. Gender grieving is for example present among the users who express that the gender dream is not necessarily a pleasant one: "I genuinely wish that I could be 'content'... and that it was enough with the enormous love I feel for my husband and my lovely sons. It isn't about the sons, it's about the girl that never was". Even though this user expresses determination when stating that it *is not* about the sons, my interpretation is that it inevitably is. Or more accurately, it is about the gender/sex of the sons and what sons represents. They are *not daughters*, and desire for *the daughter that never was* is so strong that the person does not seem to have any choice but to pursue gender/sex selection.

Clearly, there are feelings of disappointment, sadness and grief present in the threads, but in most cases, they are not explicitly articulated as an illness identity. Only a few forum users describe a more severe kind of emotional distress similar to extreme gender disappointment.

Extract 22	[..] The husband doesn't really want more kids (we have three sons) but he can't stand seeing me this sad [..]
Extract 23	My husband doesn't want more kids either but has said that if he ever changes his mind it will definitely be IVF+PGD because he doesn't want to see my disappointment again [..]

Interestingly, the negative feelings are represented as reasons for their husbands to agree to not only go through with gender/sex selection, but also to agree to have more kids. The husbands wish for their wives to be relieved from sadness and disappointment, while the wives wish for a daughter. The gender disappointment-subjectivity thus increases the possibilities of realizing the desire for a child, and a child of a certain gender/sex.

A few forum users describe gender/sex selection as goal that is shared with their partners through phrases like "my partner and I", "our plan", "our journey", and "we will do this". Most users include husbands and partners as participants in the gender/sex selection journey, while the gender dream is attributed to the women participating in the forum: "*I carry* a deep desire for a daughter [..] It's totally one hundred % decided that *we will do it* this spring". Other users describe some degree of conflict or the need for persuasion, since they share neither a gender dream nor a common goal of pursuing gender/sex selection with their partners.

Extract 24	[..]It's terribly hard and the feeling of being alone in this feels heavy since my partner doesn't understand anything and puts all the responsibility on me.
Extract 25	It's not time for a third for us for a few years [...] and the husband is against intervening with nature but maybe he will have time to change his mind in the coming years...

In these extracts, the women seem to be the main carriers of both the gender dream and the responsibility for gathering information about the gender/sex selection process, since no forum users appear to be men.

In summary of the textual analysis, I conclude that the forum discussions function therapeutically and are informative in that they provide support and guidance in the gender/sex selection process. An underlying “unbalanced” family constitutes the base for the desire of both gender *balance* and the desire for a *certain* gender/sex. Interestingly, most forum users desire daughters. These desires are legitimized through descriptions of family balance as family planning that construes the forum users as responsible reproductive citizens. Gender/sex selection is further legitimized through accounts of vulnerability, primarily construed in relation to the experienced taboo of gender/sex selection, to the complicated gender/sex selection process, and in relation to the overpowering emotionally charged gender dream. The lack of agency attributed to vulnerability is compensated by the patient-consumer identity, which allows gender/sex selectors to fulfil their dream through consumer choice.

5.2 Discourse Practice

In this section, the analysis turns towards discourse practice, which includes the production, distribution and consumption of text (Fairclough, 2010). This level of analysis concentrates on how text producers and recipients draw upon existing discourses and genres to produce or consume and interpret the current text (Winther Jørgensen, Phillips & Torell, 2000). Fairclough (2010) pays specific attention to *interdiscursivity* in the analysis of discourse practice. Interdiscursivity highlights the multiple genres and discourses that normally co-constitute the same text, and a text constituted by several competing discourses can imply a hegemonic struggle (Fairclough, 2010, p. 88). From my textual analysis, I conclude that the forum threads contain a high level of interdiscursivity, which means that motives to pursue gender/sex selection, social subjectivities and relations between social subjects are construed via a combined set of discourses and genres. In this chapter I will present the discursive mixes that I find vital in the production of gender/sex selection identities and motives.

Before I move forward to the interdiscursivity of the forum threads, I would like to provide an analysis of intertextuality. Intertextuality refers to the reproduction of existing texts in text production, for example by explicit reference to a source (Winther Jørgensen, Phillips & Torell, 2000). The forum users co-construct an intertextual chain, incorporating not only each other's text production in their own posts, but also text derived from other internet forums and websites, and email or telephone communication with fertility clinics. When providing information about the gender/sex selection process, users tend to refer directly to other forum threads or websites on the same topic or information provided by fertility clinics.

Extract 26	We seem very similar. I turn 35 this month and my youngest is one month old. The older ones are 2.5 and 6. [...] We have gotten more and more interested in a North Cypriot clinic. I like the fact that they have so much info on their website even though 1000 questions remain. I'd be very grateful if you want to give an update when you heard from them! The Danish clinic you mention is their Danish and Swedish partners but if I understand it correctly you don't have to go through them if you want to start your treatment at home. [...]
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The reproduction of motives, desires and feelings instead happen by a repetitive practice: they are repeated and again without significant alteration, as the reader may have noticed in the textual analysis. As noted earlier, some emphasize the desire for a child of a certain gender/sex and some for family balance, but the similarities override the slight representational differences. The construction of desires and identities also bears close resemblance to the Australian and US online communities studied by Whittaker (2012), Bhatia (2018) and Monson & Donaghue (2015). The seemingly homogenous representations are interesting since they highlight the importance of the internet in the production of possible clients, in the marketing of services in the cross-border reproductive industry, and in the wider process of biomedicalization. Most importantly, it suggests that there is a hegemonic understanding of which feelings, desires and motives that are considered legitimate in the context of gender/sex selection.

5.2.1 Normative Family Discourse

The general tone and style of writing in the forum threads can be understood as an internet forum-specific genre. This genre is signified by informal vocabulary, a personal tone, no strict spelling and grammar-requirements, and enhancement of content and emotions through punctuation marks and emoticons. The anonymity of users allows sensitive or provocative

discussions and users often disclose intimate information, however, under the protection of anonymity (Holtz, Kronberger & Wagner, 2012). The posts often follow a similar structure, containing accounts of personal experience and emotions, information on the forum thread-topic, and requests for information. As described earlier in the thesis, the family forum contains content primarily related to family life. The website further contains open and closed forums and articles and ads related to parenting, childrearing, pregnancy, and other family-related topics. The family that is represented on the website is a heteronormative and predominantly white family, and the articles and ads on the website's home page provide tips on how to become the most popular parent at preschool, recommendations for baby shower gifts, and which house- and car insurance is the most beneficial for families. I interpret the website as constituted by and constitutive of a *normative family discourse*.

Within the normative family discourse, the ideal family is represented as white, middleclass+ (meaning *at least* middleclass), heterosexual, and consisting of two parents and at least one child. In short, the ideal family is represented as the nuclear family. The forum threads are created within this normative family discourse and the users clearly adopt this perspective in their forum posts. I also find that the forum users employ a *motherhood discourse*, which can be considered a sub-discourse within the normative family perspective: they frequently call themselves "mothers" or name themselves mothers through usernames or signatures, they emphasize their love for their existing children and their relationship to their husband or boyfriend, account for pregnancy and/or miscarriage experiences, discuss family logistics and the current and desired number of children, and the appropriate time to conceive in relation to maternal age and other factors. The forum users also adopt the more context specific *family balance discourse*. From the family balance perspective, the normative family is just not normative enough: there is room for improvement. By using the positive concept of balance, gender imbalance becomes problematic, a problem to be solved. Even though the forum users do not describe explicit desires for stereotypical boy/girl traits or discuss the underlying reasons for wanting to select gender/sex of their next child, an improved, gender balanced nuclear family is construed as desirable.

The normative family discourse and the family balance discourse is constituted by, and constitutive of, heteronormativity, which is further dependent on gender essentialism. In the forum discussions, the notion of two disparate human types (men and women) is naturalised and taken for granted, which indicates a hegemonic understanding of both gender and family.

The relationship between the imagined biological and social aspects of gender/sex is understood as causal: if an XX-chromosome embryo is selected, a baby girl will be born, and she will fulfil the gender dream of her parents. This hegemonic understanding constitutes a lens through which forum users interpret other forum posts; when talking about gender/sex, it is taken for granted that they all mean the same thing, and they all agree that the gender balanced family is desirable. The family balance discourse thereby construes the unbalanced family as a legitimate reason to pursue gender/sex selection.

5.2.2 Discourses of Consumption, Reproductive Medicine, and Vulnerability

In the communication with clinics and in the exchange of information with forum users, both a *reproductive medicine* and a *neoliberal consumer discourse* is adopted. The consumer discourse, described by Mamo (2010) as "the promises and hopes embodied in the choice among fetishized commodities, and the imperative to exercise choice" (p. 175), portrays gender/sex selection as a service accessible through consumption. Prospective gender/sex selectors are positioned as rational economic subjects enacting consumer choice, while also negotiating it in relation to economic loss and personal gain. It further portrays self-realization and self-enhancement through consumption as desirable, in line with neoliberal ideals. One of the key processes of both biomedicalization and neoliberalism is an individual's orientation towards the future and the individuals own responsibility for making it a good one (Mamo, 2010). This future orientation is present in the forum threads, as forum users desire gender/sex selection for the purpose of attaining the future they dream of.

When coupled with a reproductive medicine discourse, the consumer discourse enables the patient-consumer subjectivity presented in the textual analysis. This discourse includes descriptions of consultations with clinics, medical procedures and reproductive technology, and provides the *patient* aspect of the patient-consumer through representations of gender/sex selectors as objects for medical treatment.

Extract 27

[..] You get sedated during the egg retrieval, it's a light sedation or whatever it's called. I wasn't in pain afterwards, you get to lay down for a while and then the doctor came in and told me how many eggs he retrieved. I got 2 embryos, one nice blastocyst and one not so nice and it resulted in a little baby ❤️ [..]

As seen in extract 27, the reproductive medical discourse includes accounts of procedures significant of reproductive medicine. In this specific context, the number of eggs and quality of a blastocyst are not just scientific sounding words describing reproductive biology: they are signs of the dream fulfilling or failing, of hope and joy or disappointment and sadness.

Many forum users produce text in a transformed medical consultation genre by forwarding the content from their consultations or treatments with fertility clinics to the other forum users. The consulted becomes the consultant, and the lay person becomes the expert, but the information is infused with the forum user's own emotions, experiences, and plans. The medical/consumer discursive mix is one of the most significant and interesting in the material since it highlights how representations of gender/sex selectors as both vulnerable and agentic is crucial in the process of realizing dreams of gender balance.

Forum users frequently deploy a vulnerability discourse to describe their situation, which means that they interpret and produce text through an understanding of themselves as vulnerable and marginalised, as victimized in relation to their desires, to the taboo, to the chance of failed treatments, to laws and regulations. The taboo of gender/sex selection is described as marginalising: they get judged since no one understands them, they are disadvantaged within Swedish health care and legal system, they are forced to go abroad for treatment, and feel the need to keep the gender dream a secret. The experience of vulnerability is further reinforced by descriptions of negative emotional experiences in relation to the gender/sex selection process. The vulnerability discourse intertwines with the reproductive medicine and consumer discourse, which produces a subjectivity that connotes involuntary childlessness and infertility. As involuntarily *without* sons or daughters, or perhaps without a gender balanced family, the forum users appear in need of medical intervention.

5.2.3 Discourse Order of Cross-border Reproduction

The discourses and genres identified in the material reflects the discourse order of the cross-border fertility field, within which gender/sex selection can be considered a sub-category. The field is an assemblage of a variety of individual actors, bodies and body parts, online communities, clinics, desires, technologies, laboratories, legal frameworks, bioethical discussions, biomedical and technological innovation, and local and global cultural-political discourses (Inhorn, 2015). The field is thus constituted by a wide range of social practices, perhaps an extraordinary range due to the global nature of the fertility market. These social

practices include interactions between scientists within the field of reproductive medicine, consultations between prospective parents and doctors, between journalists and prospective parents and/or the medical society, support- and information seeking in online forums, websites of fertility clinics, prospective parent's discussions and decision-making processes, just to name a few. The Swedish family forum discussions of gender/sex selection clearly draw on many of the different discourses and genres within the order of discourse, for example by combining accounts of their own emotions and experiences with biomedical knowledge.

Framed by over-arching discourses of neoliberalism, heteronormativity and family, the forum users produce text through genres of medical consultation, online forums, peer support, and personal experience, as well as discourses of consumption, motherhood, family balance, reproductive medicine, and vulnerability. The interdiscursive mixes are necessary to create gender/sex selection as a legitimate option on the fertility market and forum users as legitimate patient-consumers of gender/sex selective technologies. They wouldn't be considered candidates for medical treatment without the powerful notions of the nuclear family, of gender essentialism, of the privileged consumer choice. The high degree of interdiscursivity could be indicative of hegemonic struggle (Fairclough, 2010), but as I will develop further in the analysis of social practice, I find the current material to combine hegemonic understandings of family, gender, and consumption in rather conventional (i.e. common, "normal", expected) ways.

5.3 Social Practice

In the analysis of social practice, I will address how ideologies of gender, family and reproduction underpin the online discussions of gender/sex selection and connect the phenomenon to processes of biomedicalization. Since the analysis of social practice ideally should include theoretical accounts from appropriate disciplines that can grasp the broader social and political context of discursive events (Fairclough, 2010), I will use previous research and biomedicalization theory to discuss the analysed forum thread's role in the gender/sex selection market and their ideological consequences. The analysis of social practice therefore functions as a discussion chapter, which is why I will proceed directly to my conclusions after this chapter.

As I concluded in the analysis of discourse practice, the forum users draw on several discourses to legitimize gender/sex selection and give meaning to their choice to pursue it, several of them

reflecting dominant and naturalised views of gender/sex, family, and consumption. These hegemonic understandings are combined in ways that sustain rather than challenge power relations. While turning to technoscience and fertility biomedicine to conceive when no medical need prevails might seem drastic, it is justified through dominant notions of consumer choice and the gender/sex selectors wish to establish an optimized nuclear family. The forum discussions combine discourses and genres in a way that can be considered conventional within the cross-border fertility market, and within the niche gender/sex selection market in particular. The forum user's descriptions of their desires for gender balance and/or a boy/girl are extraordinary similar to the findings made in previous studies. The longstanding, irrepressible desires and intensely emotional experiences of prospective gender/sex selectors have been found by Whittaker (2012), Monson & Donaghue (2015), Multu (2017), Bhatia (2018) and Hendl & Browne (2020), and the positioning of intended parents as emotionally vulnerable has also been highlighted in the context of transnational surrogacy (Andersen, 2013; Riggs & Due, 2013; Gondouin, Thapar-Björkert & Ryberg, 2018). As I suggested in my analysis of intertextuality, some representations of the intended parents and their desires appear to be dominant, since they are almost identically reproduced in Swedish as well as Turkish, Australian, and U.S. gender/sex selection contexts.

5.3.1 Gender- and Family-conservative Ideology

With Fairclough's (2010) description of ideologies as "ways of representing aspects of the world [...] that contributes to establishing or sustaining power relations" (p. 8) in the back of my head, it is safe to say that gender- and family-conservative ideologies permeates not just the forum discussions I have analysed, but the larger phenomenon of gender/sex selection. I choose to conceptualize the ideologies as gender- and family-*conservative* to highlight it as ideologies that sustains so-called traditional, binary gender relations, based in gender essentialism (Hendl & Browne, 2020). With gender essentialism and conservatism as a backdrop, the family conservative ideology operates to sustain and strengthen heterosexuality and the nuclear family as valorised, rather than open up new possibilities for reproduction. The ideologies are for example reproduced through the representation of women as responsible for family projects, including enhancement of the family dynamic through gender/sex selection, the common goal to restrict family size, and the goal to optimize the nuclear family through family balancing. Previous studies have found gender/sex selectors to desire stereotypical boy/girl traits (Browne, 2017), but I haven't found those explicit desires in this material. Instead, a gender-conservative ideology is visible through the forum user's understanding of gender/sex as not just biological

but chromosomal difference. Considering gender/sex selections intertwining with bio- and technoscience it's not surprising that an understanding of chromosomes as the origin of social difference underpins the forum discussions, since technoscience has provided methods to specify, measure, and identify the roots of differences of race/ethnicity, sex/gender, age, etcetera (Clarke et al., 2010, p. 79). Gender/sex selection is an example of how biomedicalization can conceal social and political aspects of inequality and oppression, by turning social injustice into objects of scientific inquiry and biomedical intervention rather than political action.

If chromosomes produce gender/sex, gender/sex becomes a biological destiny. It is however the imaginaries of the boy and girl as social phenomena that precedes and determines biology in gender/sex selection. Butler's (2016) conceptualization of gender performativity as "gender assignment" (p. 17) is almost parodically reflected in gender/sex selection. Butler (2010) argues that gender norms and names act upon us before we have an own conception of what those norms entail, or an own capacity to reproduce the norms ourselves. Through gender/sex selective technologies, gender can be assigned *before* birth, instead of *at* birth. Ideas and dreams about what a gendered child represent clearly acts on the child before it has come into existence: the XX embryo doesn't just represent the biological-material girl, the "female", it is a materialisation of a gender conservative ideology.

The representation of gender/sex difference as biologically inevitable is crucial for the justification and maintenance of gender inequality. Gender/sex selection thus sustains unequal gender relations by reproducing the notion of gender as equal to chromosomal makeup, and of gender *difference*: the family balance discourse even fetishizes gender/sex difference by turning it into an object of desire. The gender-conservative ideology is also visible through representations of gender sameness. Since the participants of the forum are women that primarily desire daughters, it seems like they desire a strong mother daughter bond, which has been found by both Whittaker (2012), Hendl & Browne (2020) and Sharp et al. (2010). The expectation to share something special, to experience a new level of parenthood through gender sameness, is underpinned by societal beliefs that both consider men and women profoundly different, and view women and men as two homogenous groups (Hendl & Browne, 2020). The mother's desires for daughters can thus be understood as a dream to extend the family with someone like *her*, and to give her something that she is lacking in the unbalanced, boy-

dominated family. Gender/sex selection thereby construes gender/sex as a form of kinship, if kinship is understood as based in sameness (Payne, 2015).

5.3.2 Neoliberal Ideologies and Biomedicalization of Desire

Identities, dreams, and futures are enabled through the consumer options provided by biomedical markets (Mamo, 2010). Biomedical markets make use of hegemonic beliefs to offer routes to desired futures, and thereby generate profit (Clarke et al., 2010). The family balancing motive, introduced by a commercial actor on the biomedical fertility market, did in no way overthrow norms of gender and family. Instead, they drew on the dominant understanding of the ideal family and offered a technoscientific tool to accomplish the dream that before seemed unattainable, or at least left to fate.

Gender/sex selection is a way to take control of the future, which taps into the neoliberal ideology that represents citizens as “self-responsible for the quality, shape, and direction of their own lives” since “citizens must be self-enterprising and engage in constant self-monitoring and self-projects” (Mamo, 2010, p. 176). Dreaming of a better, healthier, enhanced future is thus considered a legitimate reason to pursue gender/sex selection within the neoliberal ideology. Optimization, or enhancement, is a tendency within biomedicine that attends to health improvement rather than treatment of illness (Clarke et al., 2010). In my analysis of gender/sex selection from the perspective of biomedicalization, I’ve come to think of the gender balanced family as the imagined healthy ideal, which positions the unbalanced family as unhealthy. Pursuing gender/sex selection thus becomes a way to increase health and strive for the ideal healthy family, and/or contribute to improved health for the parent(s) that are “suffering” from the lack of family balance or an overpowering dream of a daughter/son. Considering the forum user’s already normative family disposition and capability of procreation through “natural” heterosex, gender/sex selection becomes a possibility to enhance normativity rather than attaining it: the idealized gender balanced family and the market offering sex selective technologies call forward desires of the *hypernormative* family.

The desire for a son or daughter has been theorized as biomedicalized (Bhatia, 2018), since it is a social desire requiring biomedical intervention. Biomedical desires are present in the forum threads, as the lack of family balance and/or a son/daughter is understood as legitimate reasons for technoscientific intervention without necessarily pathologizing the imbalance. A minority of forum users take on identities of extreme gender disappointment, but most of them settle

with vulnerable subjectivities. Vulnerability has a rationalizing and legitimizing function that allows the forum users to increase their own privilege (Butler, Gambetti & Sabsay, 2016) by exercising consumer choice. This functional vulnerability resembles Riggs & Due (2013) study that found reproductive vulnerability to act as a narrative plot while the overarching representation of the prospective parents portrayed them as agentic citizens fulfilling their human right to reproduce (p. 965). Reproductive vulnerability is the vulnerability associated with an inability to reproduce in the ideal (heterosexual) way (Riggs & Due, 2013). The prospective gender/sex selectors in the forum are not vulnerable in relation to the conventional reproductive model of heterosex since the majority of them have reproduced successfully without technoscientific intervention before. Instead, it is the result of reproduction, the family, that appears to position them as vulnerable. They have successfully reproduced according to convention but failed to attain the ideal, hypernormative family structure, which creates experiences of vulnerability. This strategic helplessness is constituted through intertwinements between neoliberal and gender-conservative ideologies in a way that portrays consumption of reproductive services as the only hope for the helpless “non-normatives”. Through consumption and agentic decision-making on the fertility market, i.e. by acting like patient-consumers, the vulnerable can re-establish reproductive normativity.

6. Conclusion

In this study, I aimed to uncover how gender/sex selection is enabled and legitimized in online gender/sex selection forum discussions. To summarize my conclusions, I would like to return to the research questions. I asked which identities and desires that are produced through online gender/sex selection communities, what function they are ascribed, and how gender/sex selection relates to ideologies of gender/sex, family, and consumption. My analysis showed that prospective gender/sex selectors construct collective identities based on shared experiences and dreams through online interaction. The collective consists of “those of us” who want to pursue gender/sex selection. In the construction of collective identities, users provide and receive validation and support, but also share crucial information about the gender/sex selection process. The gender/sex selection collective thereby enables and promotes gender/sex selection in general, but also specific technologies and clinics. The online gender/sex selection discussions thus function as a free marketing vehicle in the gender/sex selection industry.

The prospective gender/sex selectors are also represented as vulnerable in relation to their experienced taboo of gender/sex selection, the aching and overpowering dream of a son/daughter, and in relation to the inability to reproduce the idealized gender balanced family. Through vulnerable subjectivities, the forum users appear in both social and sometimes medical need of sex selective technologies. They are further positioned as patient-consumers, and therefore given the possibility to fulfil neoliberal ideals of self-realization and individual responsibility by consuming their way towards their dreams. As patient-consumers, they overcome their vulnerabilities by consuming sex selective technologies.

The desires represented in the material are mainly directed towards gender balance in the family or understood as a “dream that just won’t go away”, representations that contribute to the construction of the desires as legitimate. The desire for gender balance appeals to normative notions of what a family should look like, and the powerful gender dream actualizes neoliberal ideological notions that rewards self-actualization. The gender dream is described as a force of nature, but I argue that the ideologies that underpin desires in sex selection are the actual “forces of nature”. As suggested by Hendl & Browne (2020), I believe that societal beliefs pressure parents to desire a child that conforms to gender stereotypes as well as a gender balanced family, and the choice is enabled by the global fertility market. Gender/sex selection thus stems from and reinforces normative family structures and gender-conservative and neoliberal ideologies, and the market can capitalize on the strong wish to conform to societal conventions by offering elevations of normativity.

This is the first study of the Swedish consumer group, and my conclusions confirm but also elaborate earlier findings made in studies of non-medical gender/sex selection. Since the desires of prospective gender/sex selectors in the analysed forums are close to identical to desires found by other scholars, I concluded that there is a hegemonic understanding of which desires are considered legitimate. I have also showed how biomedicalization changes our ideas of reproduction and family (Thompson, 2005), and how it justifies technological enhancement of our offspring. The family can now be perfected through the market, and through the consumption of technoscience, dreams of hypernormativity can be realized. The findings of this study highlight how Butler’s (2016) notion of gender performativity as gender assignment materializes in surprisingly explicit ways through gender assignment *before* birth. The analysed forum threads constitute a vivid example of how social norms act on us before we have the

capability to push back: in the case of gender/sex selection, gender norms act on us before we exist.

Within the scope of this thesis, I was not able to dedicate enough time to the context of the forum discussions analysed. This has resulted in a lack of attention one of the main topics of the forum threads: the experienced taboo of gender/sex selection. I speculated that the forum users might fear to be judged as inappropriate mothers as they failed to live up to motherhood ideals, signified by endless love and devotion for their children, as suggested by Whittaker (2012). It was however hard to elaborate that possibility further since descriptions of the reasons behind the taboo are absent in the forum threads. Considering that the forum is Swedish, maybe the taboo could be constituted by ideologies competing with the gender-conservative ideology that signifies the forum discussions? After all, Sweden is known for its gender egalitarian ideals, so the strong belief in and importance given to gender/sex difference might position the gender/sex selectors as ideological outsiders. This could be a possible angle for further research on gender/sex selection in Sweden. I also suggest further investigation of the role of private Swedish fertility clinics in the gender/sex selection market, since they are crucial for the Swedish gender/sex selectors ability to pursue their reproductive dreams abroad.

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