Blood and Other Substances

New Reproductive Technologies and Adoption in Popular Groups in Southern Brazil

Pedro Nascimento (UFAL)

Resumo

A partir de pesquisa etnográfica realizada em uma instituição médica e junto a grupos populares de Porto Alegre/RS/Brasil, o presente artigo foca casos onde o recurso por arte de casais às tecnologias reprodutivas conceptivas relaciona-se a uma maior ou menor proximidade desses sujeitos com os serviços de saúde. Discute também como o fato de se recorrer a serviços médicos não inviabiliza a adoção como forma de estabelecimento de laços de parentesco. Pretende-se, assim, problematizar os discursos sobre a disseminação de tecnologias reprodutivas conceptivas que estão, em geral, baseados em uma definição pouco problematizada do que se chama desejo de filhos "de sangue", ou biológicos. Além disso, o artigo visa a colaborar para a reflexão sobre as especificidades da adoção em grupos populares, no contexto de disseminação dessas tecnologias reprodutivas.

Palavras-chave: adoção; serviços de saúde; novas tecnologias reprodutivas; desejo por ter filhos; classe operária

Abstract

Based on ethnographic research in a public hospital that offers assisted reproduction services and in low income communities in the city of Porto Alegre, in southern Brazil, this article focuses on cases in which the use of conceptive reproductive technologies for couples is related to the type of relationship established with public health services. The paper also discusses how the fact that people seek medical attention does not invalidate adoption as a way of establishing kinship ties. The aim is to question discourses about the spread of new reproductive technologies, which are generally based on vague definitions of what is called a desire for biological children. In addition, the article reflects on the specific nature of adoption among the working classes in the context of dissemination of such reproductive technologies.

Keywords: adoption; health services; new reproductive technologies; desire for children; working classes

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Introduction

The dissemination of conceptive reproductive technologies is acclaimed by professionals and users of these techniques as being the maximum development that creates a possibility to overcome difficulties in the realization of the dream of having a child. In addition to the naturalization of this desire, the development of the new conceptive technologies (NCT) associated to medical knowledge and the market (Franklin 1997; Corrêa 2001; Ramirez 2003) often present the idea that all couples or individuals who do not have children can incorporate these techniques as the definitive option in the search for a biological child.

This article analyzes these presumptions. The objective is to reflect on how different forms of establishing kinship, particularly adoption, emerge in the context of the reproductive technologies, whether for those who seek direct medical orientation, or for those who do not see the healthcare services as a possible option. I will first reflect on how statements that refer to a desire to have an adopted or biological child, are not presented in antagonistic terms, at the discursive level and in the practice of these people. I will then discuss the existence of a large network that goes far beyond the realm of the couple that is involved in the definition of the possibility to turn to medical services to have a biological child or not. Finally, I will present some experiences with adoption by couples for whom this option was more than a second hand recourse, after a diagnosis of infertility.

1 A version of this paper was presented at the 27th. Brazilian Anthropology Meeting, held from August 1-4, 2010, in Belem, Pará, Brazil.

This differentiation is not made in substantive terms; I do not want to configure two completely distinct groups – those who consider the possibility of adoption and those that do not. These are not decisions informed by abstract logic or the simple choice – to have a biological child or not. The preference for a biological child is presented to everyone. What we strive to perceive was the interconnection of individuals in the production of this preference and in what way experiences with adoption and circulation of children can be considered, to allow analyzing the "atavistic desire" for biological children. It also considers how the desire for a child and the resolution of *difficulties in having children* are related to a trajectory that is more or less close to healthcare services; there are differences between greater or lesser adhesion to the biomedical discourse on a more general plane, although its influence cannot be denied.

Upon proposing this approach, I am considering a controversial debate in the social sciences, that about the constitution of specific universes that refer to options for uses of concepts such as "popular layers" or "popular classes" and the difficulties found in being precise about the terms of this distinction. As Luiz Fernando Dias Duarte affirms:

> Although it is presented with the strength of recurring ethnographic evidence, the distance between those two sociologically anchored poles is never easily measurable. Nor do we find unanimous criteria to delineate the frontiers, the zones of transition between the two groups. [...] Which is an invitation to the renovation of a discussion (DUARTE, 1996, p.14)

In this article my "ethnographic evidences" lead me to a positioning in this debate, in favor of the recognition of these specificities without advocating a substantiation of the difference. This is due to the understanding that far from being a characteristic inherent to the subject, these possible differences are constructed in interaction over the years, in established relationships.

This argument will be based on questions that emerged during the realization of my doctoral research in social anthropology between 2005 and 2009 (NASCIMENTO, 2009).[2] One of the starting points of this study was the search

2 Undertaken at the graduate program in social anthropology at the Federal University at Rio Grande do Sul. I received support from the Ford Foundation's International Fellowships Program (IFP/FORD) to conduct the doctorate, and from CNPq for concession of a grant at the final phase of the doctoral studies.

to understand what the dissemination of these advanced technologies mean in a country like Brazil that is marked by socio-economic inequality, and by a constant discourse about this inequality.[3] The ethnographic research on which my reflections are based was initially conducted in a public hospital[4] of Porto Alegre that provides assisted reproduction services. To collect the data at this institution I conducted participant observation and interviewed 17 couples who were receiving consultations or who had begun treatment for infertility. I also established contact with public health services in three communities of Porto Alegre where, in addition to participant observation, I interviewed more than a dozen women who had *difficulty getting pregnant*.[5]

In order to clarify some of the issues that will be presented below, it is worth emphasizing the issues made viable by these two different ethnographic situations. In the first situation, at the hospital, subjects were contacted who had begun medical research and intervention many years before and had already been submit to various treatment cycles, as well as subjects who were receiving their first information about the procedures and initiating investigation about a specialized service, after a trajectory previous to the investigation and treatment that varied between 4 and 16 years. These subjects were perceived to be marked by the experience of infertility; the hospital was seen as a place that had the techniques to overcome this difficulty and professionals guided by the possibilities off ered by these technologies. This context is principally related to a discourse about the financial constrictions for those looking for assisted reproduction technologies. This discourse emerges whether in the statements of the professionals about the need to popularize access to these technologies, or in the perception that this access is not guaranteed to all, which creates a new distinction – between those who can and those who cannot pay for the services.

3 About the dissemination of these technologies in Brazil see, for example, Barbosa (1999), Corrêa (2001), Ramirez (2003); for an analysis of different impacts of this presence see Costa (2001); Grossi; Porto; Tamanini (2003), Vargas (2006) and Luna (2007).

4 The name of the medical institution , which will be referred to here simply as the hospital, was omitted and the names of all the people interviewed were changed.

5 During this article, when there were references to two research steps, it is to these two moments of research that I will be referring – the first step, in the hospital, and the second, in two communities at the periphery of Porto Alegre where the contact was made, in large degree, based on the community healthcare services. It is important to emphasize that I do not want to reify an a priori difference, but to provide material to help reflect on specificities of the field research.

The second situation refers to the community healthcare services where the professionals oriented by their perception about the population with which they work, at first affirm the inexistence of cases of infertility at the location. Based on this initial positioning, associated to a difficulty in imagining that "the poor" could suffer from an absence of children, a distinctive theme began to arise, principally among the community healthcare agents, but also by doctors and other professionals on the healthcare staffs, who indicated the possibility of emersion in the notion of *difficulty in having children.*

In the identification of the phase of the medical trajectory of those couples contacted in the first part of the research (and which are not the public of the private assisted reproduction clinics), the financial constraints appear to be the major difficulty. In this sense, the discovery of the existence of a service that would be financed by Brazil's Single Healthcare System (SUS) comes to be seen by these people as a *light at the end of the tunnel* (*cf* Nascimento 2007; 2009a).[6] In this process, difficulties are not seen as something anomalous to the process, but as motivating elements. The trajectory is discussed and presented as if there were no possible alternatives to the outcome. Medical progress (Franklin 1997) feeds the belief in success and the desire to continue.

The central element that this methodological option provides was the perception that people use healthcare services in different manners. Those who sought services at the hospital had the expectation that there would be a *solution* to a *problem*. The contact with the people in the communities began to demonstrate that this process was not that clear. I came to see that for many, there was no problem in medical terms to be resolved and what appeared to be the same issue – the involuntary absence of children – was not always formulated in the same terms.[7]

Some of the couples that I contacted during the study emphatically stated that they did not intend to adopt a child. As I said above, the consideration of

6 This light, however, is unlikely to be reached. The obstacles along the route (the prices of medicine, supplementary recourses...) impeded the success of a treatment that had, in the best conditions, a probability of working estimated between 15 and 20%. In addition, as was explained by professionals from the same service, it is not *exactly the poor* who come to the service. If they reach the first steps of the investigation of possible infertility, they are *screened* by the system itself by its various types of difficulties (Allebrant; Macedo 2007: 22-23).

7 I avoid the use of the term infertility to refer to situations of people who involuntarily did not have children. The concept of "involuntary absence of children" [*childlessness*] is closer to the context of the second phase of the study where the medical category of infertility, as a "pathology" does not apply. For this discussion, see Inhorh and Balen (2002); see also Vargas (1999) and Diniz (2002).

the possibility to adopt a child does not follow a single rationality, with arguments exclusively for or against. The decision making process is quite ambiguous and fluid. I will highlight in the following section two situations where the announcement of the desire for children is riddled with this permeability and a constant change in the affirmation about the differences between an adopted child and a biological child.

It doesn't make a difference, but I want my own: between the adopted child and a blood child

I had three long discussions with Nilza (white, 37, housewife, completed the fourth grade) in her home, at different times. Her husband, André (white 39, wraps fruits in the municipal supply center, studied through the second grade) never participated in the discussions, because he was always working when we spoke and on the Saturday that I arranged to speak with him, I was told that he would have to go out at that time.

Before moving to Porto Alegre, Nilza and André lived in Paraná. It was there that doctors told Nilza about the difficulties in getting pregnant. The doctor told her that she had a "child's uterus," which she said she still did not understand at the time that we spoke. I met Nilza through professionals at the healthcare clinic. Since the beginning of our conversations, she raised the subject of adoption a few times. At the health clinic, one of the doctors told me that Nilza had gone there not only to continue looking for information about her difficulty getting pregnant, but also for information about adoption. Nilza told me about another attempt she made to adopt a child who lived in Paraná, before she consulted the health clinic about adoption and before she knew that "there is treatment" for her *difficulty in getting pregnant*.

When I wanted to know why, after these attempts, she had given up trying to adopt, she said that "we don't know after we raise it how it will be, if the child would abandon us." Asked if there is a difference if the child is *by blood* or adopted she said "Yeah, I wanted one of my own blood, truly mine.... Adopting, we don't know how it will be." At the same time she told me that if this adoption that they tried in Paraná had worked out "We would have gone to get it, right...adopt from there, we would not give it up...".

I was interested in hearing from Nilza if at the time they were thinking of adoption they considered the possibility of being abandoned by a child and

how this related with the fact of being able to have a biological child or not. I insisted on this question and she told me[8]:

> No, we didn't think of this no…Then, later, with the consultations we were more interested [When you thought of adopting, you had never heard of these treatments?] No, we had never heard of them, it was only the doctor here at the clinic who told us…[What did she say?] That there was now a treatment, I didn't know, I didn't know what year this thing of doing insemination came into being, what year. [You never heard of it?] No, if I did I would have looked for it a long time ago. [You had never thought of adopting?] No… It's no good, right, to be alone…at least one child is good.

Until this moment of her declaration, Nilza insisted that the fact of wanting to get pregnant and have a child was related to the question of not wanting to be alone, a risk that would increase if the child was adopted. When I insisted about my impression that in the first conversation that we had that she had decided to adopt, she added the same elements about the difficulty of adopting that other people repeatedly mention:

> It's very complicated, I had to make copies of my documents and those of my husband. Then they said you have to take the papers here and I went to the police station, because you couldn't have a record, all that…But thank God we don't have that problem…They ask for a lot of things. [And you already had these documents when you went to Paraná?] No, we would get everything together and would send them through the mail, but it was a lot of work, and we gave up [Really? You didn't even get the papers together?] No! [Why did you give up, Nilza?] Ah, it was a lot of work, running around, they send you here and there…a lot of running around! My sister said it was easy, but when I got there it was something else.

Nilza said that even if this adoption had worked out she would have tried the treatment to get pregnant later. I asked about what would be the difference between a child who was adopted or not and she said that she heard many people say that an adopted child is different: "One by blood we know will not abandon us." I asked if a blood child would also abandon its parents

8 To better understand the dialogs, the words of the researcher will be placed between brackets in the quotations that follow.

and Nilza said: "Ah sure, they even put them in an institution! We hear a lot of things." And I continued to provoke her about these differences…If the possibility of abandonment existed in both cases and she said that "It doesn't matter if its by blood or adopted" in an oscillating discourse: "I think that with a blood child the chance is less." I asked while smiling "so what does this blood have, Nilza?" She smiled and said "I don't know, but thank God I didn't abandon my father or mother…"

Like Nilza, the explanations that Rosa (31, black, a housewife, who studied until the sixth grade) gave me about her *option* for a biological child appeared far from being a closed argument with automatic explanations. It was a discourse in progress. In addition to the fact that she had already adopted a child, her way to correct the absence of a biological child, through medicine, was intermittent and even a bit flexible (at least compared with the routes followed by Nilza).[9] She said that an adopted child "is a child just the same, but it's because I wanted to have my own." At the same time she mentioned that she spoke with a sister-in-law and thought that it was something she "put in her head," an obsession, in her terms. She said that she realized that this desire to have a biological child is more hers than her husbands and that he would agree to adopt again:

> He said that just as he took on Daniel, he would accept another child that arrived, he wouldn't abandon it.. So I said that I didn't want to adopt, I wanted my own and he said "so go get treatment." [Why do you think that you want a biological child so much now, Rosa?] Oh, I don't know! It's been a while! I think that it's something I always wanted, I put in my head, "one day I will be able to, I will be able to…These days I was talking with my sister-in-law and saying "I am going to get a doctor, because I can't stand it anymore…[laughing]. And she said [the sister-in-law] 'Uh oh, there you go again'…She said 'I think you have that obsession again…". And I think that I was…Before Daniel [her adopted child) it was like that, I even dreamed that I was pregnant. Then when I woke up, nothing! [making a disappointed face]. And I think that today this is coming back. I think about it all the time…even when I am watching TV, I see a

9 For a significant number of women, the fact that they cannot get pregnant is converted over the years in a search for healthcare services for this purpose. In some situations, statements like "I should have gone to the doctor" appear much more as a response to possible expectations of healthcare professionals than a motivation particular to these women. This issue was addressed in greater detail in another study (*cf* Nascimento 2009b).

> pregnant woman and I think it could be me…[And is this something more that is yours or Plínio's as well?] It's not his, he told me to stop thinking about it all the time, he said that I couldn't keep this in my head because he said that if I am stuck on this idea I won't do anything…won't go out, won't work…I think that it's different for him, he goes to work, distracts himself with one thing or another. Not me, my problem is I stay at home all the time…But I think, if God gave me one (referring to Daniel, her adopted son), why can't he give me one more?[Do you think it makes a big difference if the child is adopted or biological, Rosa?] No, I think there is no difference, it's a child just the same, but it's because I wanted to have my own.

I met both Rosa and Nilza in the two communities of the periphery of Porto Alegre where I conducted the second part of the study. Despite initial statements that they would refuse adoption, it is possible to affirm that there was greater contact with the issue, or a verbalization of these issues that those in the hospital did not raise in the same way. Nevertheless, I am not affirming that there are substantive differences between groups or people in the different contexts that the study encompassed. The fact that there was a specific configuration of greater opening to adoption and to circulation of children for some people, does not necessarily involve a minimization of the importance and desire for a biological child, as we began to see in the examples above.

In addition, by bringing these experiences to the debate, I do not want to affirm that the decisions are only taken individually or in the realm of the couple. Gender influences this search for a child and the decision to adopt or turn to healthcare services. In addition, there are various elements and subjects that produce the decision to want a child. It is not possible to affirm, based on the trajectories that I accompanied, if the possibility for adoption is raised more by men or by women. In any case, it is worth highlighting that the decision to look for a child, adopted or not, was often directly linked to a sense of pressure, whether from the family or friends and the community in general. In the next section, based on the examples of the couples that I met in the hospital and in one of the communities that I studied, I look at how this broader network is related to the production of desire for a biological child and some of the forms of pressure for a child that are at play.

Thinking of adoption instead of "a child of [my/our] blood" – a dilemma that goes beyond the couple

To give a child to my father

In relation to the possibility for adoption, the cases presented below are not separated by the research phase. Quite similar arguments could be found both among people who I met in the hospital, as well as those in the communities. One of these is the case of Ronaldo (33, black, who reached the fourth grade, and who is a construction worker) who told me that his wife Andrea (33, white, who studied until the fourth grade, and is a housewife), had already thought of adopting, but he did not want to. The reason he did not want to adopt was the same for which they would not want to conduct artificial insemination: "I want to have my child *myself*." Ronaldo did not touch on the issue that others raised about the potential risks and difficulties of adoption. He said that "if the question is adoption, I would prefer to have just the two of us at home, the two old timers," he joked looking at Andrea. He also said that he already has a number of children, referring to his ten nephews who he always refers to as being "the five who live here below and the five here above," Ronaldo also said that when these nephews come to his home "the first thing that they want is bread," in a reference to a factor that would make them his children – he offers them bread."[10]

It would be because of these "children" his nephews, that he, in principle, said he did not feel pressure, because he did not have biological children. At the same time in which he began to speak about his father, Ronaldo only said that his younger brother did not have "his own" child and that he knew that his father would very much like to have a grandson: "He has already asked a lot if we would have a child or not. Once he asked "what's wrong?" Is it with you or her?"" Andrea, said affectionately: "He asked for an heir." "That's right, just this week he asked for an heir," Ronaldo repeated, saying that he doesn't feel this as pressure: "He asked because he doesn't have a grandson.

10 This perception relates to an important set of studies dedicated to research of the family and gender in popular groups in Brazil, which shows how the value of paternity is related to concepts of *taking on, having an obligation and maintaining respect* (FONSECA, 2000; SARTI, 1996; SCOTT, 1990, among others). In this sense, the analysis about being a parent and the desire to "have children" should not ignore the relationship with the importance of "raising children," "sustaining" a family. For a review of this debate, highlighting the relationship father-provider, at the same time as proposing possibilities for understanding the notion of provider and the paternal absence related to the poor, see Longhi (2001).

Before he hangs up his boots I want to give him a grandson…It's too bad that my mother had died without having her grandchild."

When I was in the home of the other couple, Kécia and Lauro, in the central region of Porto Alegre, she responded to the possibility of adopting in the same way as Ronaldo and Andrea: "I think of adoption…I wanted to, but he didn't," she said pausing, looking at Lauro and asked if he didn't want to: "No, I don't think of adoption no. I want my own son, my own blood." Lauro is 39, white, studied until the sixth grade, and works as a manager in a bar in downtown Porto Alegre. Kécia, 25, is black, finished high school and was an expediter in a pharmacy in a medical clinic.

Following the trail of the relationship between this desire for children of their own blood and the presence of children in the consanguine family, I learned later that Lauro has eight brothers and Kécia commented: "He is the only one of the eight children who does not have children …But the love that he has is for his godchildren and nephews…he is very close to them…" Kécia said that he has only one sister who is 20 who "only talks about adopting," which leaves her perplexed: "She is the first person that I know who instead of having her own child, says she only wants to adopt…But she said that she is in no rush, she wants to study. So my parents will keep waiting for me to give them a grandchild."

A bit further along in our conversation, when I asked about his parents, Lauro told me that his father had died two years ago. Kécia spoke about this episode, which helped me to understand Lauro's desire to want a child "of his own": "My father-in-law would say "Girl, you have to give me a grandchild before I die"…Poor guy, he wound up dying without a grandchild…" She said this holding Lauro's arm who was listening with tears in his eyes. Ronaldo, Andrea's husband, also cried when he said that his mother had died before he could give her a grandchild.

For a third couple, Valdir and Marisa (he was 37 and she 36; both are white, and both finished high school; she was a municipal employee and he a "project designer" in a factory), the way that they spoke of the possibility of adoption had a lot to do with this same pressure that the family exercised, even if indirectly, because of the fact that Valdir's brothers had many children. When I asked if he wanted to adopt, he said: "No, I want to try everything there is…while we still have time, right, because I am 37 and she is 36, but I don't want to think of adoption now, no." I asked if in their family anyone

had adopted and the two responded together that no. When I asked if they had siblings Valdir said:

> Yes, there are nine of us. I am the youngest son, and have a younger sister… All eight have children, Valdir said getting up to get something next to the television. "There is even a cousin of mine from Passo Fundo who wrote a book about my grandfather's family. He wrote about the entire genealogy of my family and I said to him that I would still have a child so he would have to redo the book." Valdir got the book he mentioned and told me: Look here, it has the names of all of my brothers and their children…When he gets to mine he wrote "no children," But I said to him that he would have to redo this book when I have my child…. It's just one page that he has to change.

For the fourth couple considered in this section, Eduardo and Sibele (she is 36, white; he is 45, black; both went to high school; she is a housewife, he works in a bank), he expresses more interest in adoption than she does: "I came to suggest adoption…she did not agree, but I came to think…because for me, of course if it was natural it would be better, but if I had an adopted child I would treat it just like I would treat my own child." I asked Eduardo if he thought that the fact he was more interested in adoption than Sibele was related to the fact that he already had a child from a previous relationship and he said: "That could be… I think it is. It's possible that if I didn't have a child before I would want to have one at any cost now."

The pressure on them came much more from people at work and neighbors than from the family : "We feel pressure… but it is less from our parents… in my case, it is more from people at work. I don't know about her, because I spend the whole day out." Sibele said that it is not just at work, but among friends and neighbors. "The social environment," Eduardo tried to explain:

> I feel it more at work…in addition to the fact that I am in the bank workers union and everyone I know, knows that we are married for a long time and there are always people who say "but you don't have a child." One person is always saying "you see, me and my wife have three…" trying to brag you know? A type of bragging [Do you think he said this to provoke you?] I feel it's a provocation…Sibele said: around here, I never speak to anyone, but there are always those who ask "but you don't have any reason…you don't want to, or you can't?" We see they want to know.. they must wonder, but they keep

> asking…[Gossip?] "Yes, exactly," the two say at the same time. Sibele: There is the example of a woman here on the street. She is old already, but every time she sees me, it seems like its automatic. She sees me and starts to say "but my child, you two don't want a child?"

We have seen how references to the possibilities of having a biological child or not interact. I have sought to highlight how there is a set of elements that go beyond the couple itself in the definition of these possibilities. The bargaining power of one and the other is at play, but the larger family network also presents itself; the number of siblings and whether they have children or not; the more or less explicit desire of the parents for grandchildren; pressure from friends, colleagues at work etc. It is within this confluence that the options are unveiled. Among these four examples, only the first couple, Ronaldo and Andrea, was contacted through one of the communities studied. I met the other three in the hospital, establishing the situation of those who were more directly involved in trying at least one cycle of assisted reproduction. At the same time that they were found closer and more familiar with the biomedical discourse, there was no opposition to the other forms of having a child (like the adoptions considered by one couple or another) or a denial of other forms of constitution of kinship ites, such as the references to nephews and god children suggest.

It is important to highlight how this search refers to the constitution of kinship in the terms proposed by David Schneider (1980) as a code of conduct and relationship of substance. At the same time, it refers to configurations of gender where the weight of the pressure is associated to the identities of men and women. Men who do not have a biological child may see their masculinity diminished, while women may be seen as "fig tree from inferno," as studied by Eliane Vargas (1999) [this is a Brazilian expression that refers to women who do not conceive as a type of ficus tree that does not bear fruit]. I do not want to minimize the negative impacts and the suffering experienced by men and women when they cannot have a a child of their own blood. What I want to emphasize is that, despite the strength of the idiom of blood, it is worth highlighting that the references to the desire for a biological child do not make unviable for many of these women and men the development of other possibilities in the search for the realization of the desire for children, demonstrating the multiplicity of forms of parenthood based on various notions of relatedness, as proposed by Janet Carsten (2000), which will be indicated in the next section.

Other forms of constructing parenthood: *getting one to raise*

The first time that I visited Rosa (mentioned above) at her home, she told me about the experience of maternity in her life:

> This is what I think. The time comes in life when we want to be quieter, stay at home, have our own family…I remember when I did not have him (her son)… Ok, I went out, spent the day out of the house, spoke with one person, and another, but later, when I came home, I felt alone, I felt a lack of my own child. [And what was it like when he arrived, Rosa?] Ah, it was very difficult, because I had already cared for children, my nephews, but it was different, I took care of them, gave them baths, but when the mother [of the children, two sisters] arrived, she took them home and I was free, but when he came I wasn't, he cried all the time, I could not sleep because he woke up at night, I didn't know what to do. My mother told me how to do things, but I was the one who had to do everything. It was a struggle to learn to be a mother. But I don't regret it for a minute. Having a child was everything I wanted.

Rosa's statement is indicative of the desire to have children that marks the people who I met during this study, and is emphatic about the meaning of the transformation in her life of the arrival of a child: "Everything I wanted was to have a child." Thus, shifted from its context, it does not seem a surprise that she was speaking of a biological child. "I felt the lack of my own child," she said at the beginning of this same discussion. Nevertheless, this statement refers to a period soon after she adopted Daniel, who was left by a neighbor for them to raise.

I began to realize during the study that adoption appears as a theme that is not only more recurrent, but also one that is a more realistic, less distant possibility than the NTCs are for the subjects involved in the mission of having a child. This understanding was emphasized in the first contacts with the healthcare agents. Although at first when I asked about the issue they said they did not know, they gradually began to *remember* various cases, not only related to people in the communities where they worked, but in their own families or among people closer to their circles.

In keeping with the studies by Fonseca (2002) about the particularities of adoption or the circulation of children in popular groups, among the couples that I met in the communities, various cases can be found of formally regulated adoptions or experiences of "getting to raise" as well as situations of

others who say they are "looking" for a child to adopt. The reference to adoption, circulation of children or *getting to raise* is not fortuitous. What these experiences have indicated is a diversity of forms of dealing with the absence of children that goes far beyond the notion that only one dimension for the construction of kinship ties is being considered. To speak of the circulation of children focuses on the "transfer of a child from one family to another, whether under the form of temporary care or from the adoption itself" (FONSECA, 2006, pp. 13), and opens space for a reflection about the specificities of the models of relatedness found in certain groups.

Maíra (22, white, an administrative assistant, who did not finish high school) at 20 years of age adopted a godchild that the biological mother abandoned. At the time of the study she was pregnant and had been married with her first husband for seven years.[11] She said that she did not adopt because she could not have a child naturally, but because of the circumstances. Maíra said that one night two months after they baptized the child in the church, her mother and mother in law came to her house to say that the child's biological mother had left the baby and wanted them to keep it. They spoke and wanted the baby, but they were afraid that the mother would return. One night the child's grandmother together with the biological father came to leave it. Maíra said it was only at that moment that they decided – when they saw the child: "in the stroller with a little plastic bag hanging with its clothes inside." She said that he was "very thin, dehidrated, and had an infection in both ears." They decided to keep the child, but took it to the Guardian Council responsible for children, because they wanted to "put the child in our name." Later she went to speak with the biological mother of the child and made her promise that she would never take the child back. Nevertheless, "three months later she came to get it back and I said "we will see in court who will stay with the child." Maíra said emphatically that she was furious and said "lots of things" to the woman: "What you did, not even a dog does with her pups." The biological mother gave up trying to take the child back. Maíra says that her friends think it's "crazy" that they adopted when they were so young, since they could have "their own" child later. She was pregnant at 22 years of age and was happy, because they wanted a boy and a girl;

11 It was these seven years without getting pregnant that had the professionals at the public healthcare clinic present Maíra to me as *a case* of someone who is seeking *treatment to get pregnant*, before they knew about the pregnancy.

since they already had a boy, "it was time for a girl to arrive."

Certainly, not everyone talks about the possibility of adoption the same way, at times there is resistance, as discussed in the sections above. Nevertheless, I realized that in many cases the rejection of adoption by some people was less an absolute rejection to this option and a unshakeable attachment to a desire for a biological child and more of a fear of either being abandoned by the adopted child when it grows up, or that the establishment of an "informal" adoption would mean that, after ties were established between the parents and adopted children, the biological parents would "take the child back." It is for this reason that all those who adopt soon speak of their urgency to "put it in my name." Those who had experiences with attempts to adopt that were not completed said they gave up, because they perceived that the biological parents could "change their mind" later.

Among the women who I interviewed in the communities, it was much more common to express a desire to "experiment maternity," by caring for a newborn child than to express a desire, for example, to have their genes perpetuated. Although some mentioned that "they don't know what the child will be like" and that "it's very complicated" to not know the "origins" of the child, the fears appear to apply much more to a possible abandonment of the home than a concern with hereditary traits or biological continuation of the lineage.[12]

When I first heard people saying "it is very difficult to adopt" I tended to translate this statement for something equivalent to "I prefer a biological child." Little by little I found reports not only by people who adopted, even without identifying any difficulty in having a biological child, but also reports of frustrated attempts at adoption and comparisons of the waiting for adoption, or for the pregnancy treatment. Moreover, couples do not automatically give up plans to adopt because of the announcement that there are medical possibilities for them to have a child.

Similarly to the recognition of difficulties in accessing healthcare services, the courts emerge in these talks as another element to be managed in the search for a child. The statements of many men and women that "it is difficult to adopt" relates most often to the bureaucracy, the delays and the

12 In the context analyzed by Nara Luna (2004, 2007) there is a reference to the various positions in relation to the possibility for adoption, which nevertheless, is generally considered as a last resort, once it is possible to have a "blood child."

idea that "they, [the judges] won't give a child [in adoption] to poor people" than to some *a priori* resistance to adoption. When I asked Rosa if they had already thought of adopting before Daniel appeared she said that "she always thought of that." Nevertheless, it was her mother who warned them that adoption was not so simple, not for everyone:

> My mother said, "You think that adopting is easy? No it's not. You have to have things, *they* will want to know"... Moreover, Plínio and I are not officially married. They said on the radio that *they* don't want to give children to people who are middle class like us...

I did not understand at that time what Rosa wanted to say by "middle class." My difficulty was due to the circumstances that I perceived in their lives as a housewife and a husband who is a construction worker. Rosa continued: "We who are *middle class* they want to know how much we earn, if we have the conditions to take care of the child, where we live..." When I asked to whom she thought *they* would give the children in adoption she said:

> Ah, just to rich people, to those who have money...[13] I have a friend who lives at the beach. She is trying until now. She is also *middle class* and was never able to, but she said that she knew a couple with a good life who got a child right away. [What kind of work does she do, Rosa?] She is a maid at the beach. Her husband has his own business and everything, but they were not able to... So we think of adopting, but when my mother said this and I saw, I said, "so I will wait," But then Daniel appeared...I didn't think it would be so fast. [she said laughing].

In the cases we accompanied when there was resistance to adoption at first, the recurring ideas were, for example, "to create a little one," "have one of my own", much more than to have one of "my own blood," The issue here is not if people opt for one thing or another, but the different meanings associated to the "language of blood," where one perceives that the definition of connections goes beyond the notion of "genetic ties" (*cf* CARSTEN, 2000). It is necessary to consider that the recourse to medicine in general and to the NTCs in particular is always considered within a larger set of possibilities

13 It is worth highlighting that among the couples contacted at the hospital, the three that were "approved" for adoption and on the list at the same time that they underwent treatment, were those with higher income.

that may or may not lead to consideration of this possibility, as far as this notion may be from their reality.

In addition, among these possibilities, adoption will be considered not only as a final recourse, because there are situations of children adopted by women who had identified "problems", as well as cases of women who had adopted without having sought doctors. They tell of their fears about the precariousness of an adoption that is not official, but also highlighted the difficulties raised by the bureaucracy. Referring to experiences of "Brazilian adoption," Claudia Fonseca helps us to reflect upon how there are many potential adopters who

> Do not feel comfortable with the psycho-social evaluation interviews and other bureaucratic procedures demanded by the public services. Some imagine (perhaps with good reason) that they will be judged too poor, too old, or lacking a stable marriage, or for another reason, judged not fitting of the definition of "good parents" stipulated by the adoption services. (FONSECA, 2006, pp. 30-31)

It is worth highlighting that all of the cases narrated about adoption or attempts to complete one by women in the communities were made directly between women without children and biological mothers, the so-called cases of "ready adoption."[14] Once the possibility is announced or an agreement is reached between both parties, the need to formalize the situation is established. There are no cases of people who get "on the waiting list" (that is register as potential adopters at the Court for Children and Youth) for this purpose. The current idea is that "judges don't give children to poor people" and it would be a waste of time to get on the list. It is in the face of all of these elements perceived as obstacles that alternatives are unveiled to obtain a child.

Final Considerations

If we consider the thinking indicated according to which people necessarily turn to NTCs given that they are "available," someone could question

14 Contrary to "Brazilian adoption" which refers to the registration of a child of another couple *as* a biological child, which is a crime, "ready adoption" refers to a "choice" by a biological mother of whom to give her child in adoption, and is foreseen in the Children's and Adolescent Statute in article 166, and which can be considered in a judicial decision. This practice corresponds to 50% - 75% of legal adoptions (AYRES, 2007 cited by FONSECA, 2011)

that those who are presented here as giving differentiated attention to this field of possibilities do so only because they cannot pay for the procedures, and they cannot even gain access to the services presented as free of charge. Recognizing that my interpretations are aimed at this context and because of the type of positions that I systematically heard from different people, I defend here a different possibility for experiencing the absence of children. In it, not only is there no automatic adhesion to medical services, but adoption is also found as a more common practice and a real opportunity both for those who have difficulty getting pregnant and for those who do not.

At the same time, as some of the situations presented indicate, this does not necessarily involve separated categories or a systematic opposition between the different prices that each one is paying in this search. It is possible to find situations of those who deny or do not look for healthcare services, but it is also possible to find those who, already in contact with healthcare services, still consider other options to achieve their objective of having a child.

What I also sought to indicate was that, even in the case of some people that are looking for information and want the treatments that they heard of, whether at the community public health clinic, or at the more specialized services, there is a particular form of development of their trajectories that does not allow me to raise them side by side with those couples contacted in the hospital, who are on the waiting list for assisted reproduction.

For this reason, it is possible to consider not only the people who give up or do not want to submit themselves to the logic of biomedicine, but also a certain profile that only precariously dominates this logic. Of the women contacted in the second phase of the study, Nilza was the only one who had more systematically traveled the routes in search of specialized service in the hospital and, at the time of the study, was in the process of "investigating infertility."[15] Other women, like Rosa, appear to be dealing with the possibilities of turning to the healthcare services much more intermittently and less obstinately than Nilza. These other women can be understood as closer to sharing a differentiated form of dealing with the absence of children, where

15 Some others either refer only to the need to "look for a doctor," without necessarily doing so, or they have given up continuing the investigation of infertility. For this second case, the reference to suffering experienced upon submitting to the medical procedures was one of the central arguments for giving up (*cf* NASCIMENTO 2008; 2009a).

the fact that they present their concerns and searches in a more diffuse manner – to not transform them automatically into a search for a doctor and to submit themselves quickly to the treatments – leads me to see them in a different place than that occupied by Nilza.

This does not imply affirming that these people are not within the reach of the more general impact that these technologies can generate. For all of them, another important point refers to the fact that it is possible to see how the search – or a discourse about the need for it to exist –is related to a logic that they began to look because it is *available*. Although the people accompanied who are referred to here are not using these technologies in the same way as those in other groups in society, it can be found that they consider this possibility, in keeping with the trend indicated by Strathern (1995) that found a shift in the way that they consider the possibility of having children. Upon analyzing the relationship between wanting to reproduce and wanting to reproduce naturally possibilities are perceived as individual choices based on the logic of "free choice" in the market.

We can affirm that, whether in presentations on TV or in suggestions from doctors, there is a demand that is created in the sense that they want the right to a good. In these conditions, to want to identify which came first – the offer or the desire – would not make sense. I believe that we are facing what Strathern (1992) called attention to, which is how in the society of consumption there is no possibility of saying no. Both the women who go to private clinics as well as those who go to public hospitals and those who say they "heard" of a certain treatment are steered by the same impetus: that "I found out that there exists" and "maybe it would work for me." From this perspective, the various discourses in defense of access to assisted reproduction techniques by all people can be understood as a movement to reinforce the medicalization of reproduction and a way to regulate procreation, based on a logic of biomedicine in its "marriage" with the market and technology.

But I would not like to conclude this reflection by only raising the more disseminated criticism of these technologies – which is an important factor. I would like to emphasize once again that the cases described here constantly indicated the hybrid character of the constitution of kinship ties. Echoing David Schneider's (1980) understanding of kinship as a relationship of substance *and* as a code of conduct, what these people say impels me to look for lines of analysis that escape exclusionary perspectives. It becomes necessary

to perceive that not only the sharing of the "bioenergetic substance" would create "diffuse and long-lasting solidarity." Although the native representation of this substance operates in terms of "blood ties," this does not make unviable the project to adopt a child. As Martha Ramirez, reminds us, referring to couples who submit themselves to assisted reproduction services or who are planning to do so:

> To have a biological child and have an adopted child do not necessarily constitute antagonistic options for many people. The antagonism arises more as a function of an analytical exercise that seeks to relativize the discourse about reproductive technology. Adoption was always, is and will continue to be a possibility for mothering or fathering for people with or without fertility problems. (RAMIRÉZ-GÁLVEZ, 2010, p. 9)

I have focused here on a particular context where this search for children takes place. On one hand are people who turn to public healthcare services that offer a precarious alternative for those who cannot pay for private assisted reproduction clinics. On the other hand are people who would not necessarily get on the waiting list for these services. This has allowed visualizing distinct routes in the search for children, as well as highlighting that in this search, the absence of biological children does not always become transformed into a healthcare problem (Nascimento 2009b). Above all, despite the ambiguity and the fluidity of statements about adoption, it is an option that is strongly present in the universe of many of the subjects who were part of this study.

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