Andrea Whittaker’s *Thai in Vitro* is a superb ethnography of Assisted Reproductive Technologies (ARTs) and how knowledge concerning infertility is produced and circulated in the encounter between individuals seeking treatment and medical professionals. It accompanies us on the journey that Thai couples undertake to conceive, highlighting their experience of resorting to medical as well as spiritual technologies. The book is an important contribution to anthropological studies of reproductive health and the anthropology of Thailand, and it is relevant to anthropologists, sociologists, as well as to public health and STS scholars. It is a significant addition to Whittaker’s earlier works on reproductive health that focused primarily on rural women’s health, fertility, cross-border health, and abortion in Thailand, complementing them by privileging the urban middle-class setting of the capital city, Bangkok.

The key purpose of the monograph is to provide a critical analysis of how reproductive technologies have been contextualised in Thailand by exploring experiences and perspective of patients and providers alike. Operating along parallel paths of both technological and ritual enchantment, Whittaker describes infertile couples’ pilgrimages to several temples as reflecting the ‘enchantment’ of Thai everyday life in a ‘sacred geography of fertility’ (p. 73). She also identifies the
enchantment in the ‘social and spiritual relationship with/in technologies’ (p. 15), in how people approach ‘the high-tech production of embryos and babies’; almost as if embarking on a parallel pilgrimage, couples visit different clinics, enact practices of obeisance, communication occurs in esoteric language, and their quest is accompanied by ‘endless faith’ in the face of multiple failures (pp. 99–100). As patients switch between doctors, ART clinics and technologies and experience iatrogenic effects, Whittaker recognizes a parallel process of ‘disenchantment’, especially when patients encounter the profit-making aspects of the practice (pp. 150–153). Thai in Vitro elicits the structural dimensions of class privilege that distinguish those who can afford the costs of private clinics’ treatments, exploring the interactions between political-economic, ethical and biological dimensions of reproductive technologies.

Very importantly, Whittaker discusses the impact of ARTs on the formerly widely established practice of adoption, and she identifies the contemporary increasing stigma of anonymous adoption compared to the more ‘traditional’ practice of informally adopting a closely related child (pp. 6–7, 66). In Bangkok’s urban setting, both practices have been displaced by the availability of ARTs, seen as a preferable path toward a family. Some of Whittaker’s participants provide accounts of their disappointing experiences with informal adoptions (pp. 125, 204, 225–226).

While it maintains a fruitful dialogue with the existing literature on ARTs, the book provides also a novel focus on men’s experience, along with an analysis of how both motherhood and fatherhood are being re-conceptualised. Whittaker composes a captivating account of how men accompany or support their wives who undergo IVF and other treatments while in many instances being banned from attending actual
interventions. She shows how normative Thai masculinity and gender roles affect men’s active involvement (pp. 194–206). Men’s direct contribution as sperm donors requires them to modify their lifestyles, quit smoking, and follow specific diets including foods that are believed to increase fertility. Chapter 8 discusses men’s embarrassment and sense of humiliation in using collection rooms at different facilities, and their rejection of donor sperm even when more invasive interventions like Testicular/Epididymal Sperm Extraction and Intracytoplasmic Sperm Injection (TESE/ICSI) become necessary to accomplish fertilization (pp. 196–200). Although ART treatment remains primarily women-centred, male infertility has become accepted in Thai society as a new diagnostic category, and it yields new ‘patients’ at the same time as it creates potential parents.

The book investigates the heterogeneous stratified relations in global and local enactments of technologies by engaging the concept of ‘global assemblage’ (pp. 11–12). Further focusing on the dynamic aspects of gender and spatial dimensions, the work also unearths the availability and circulation of and access to these technologies, moving beyond the more static concept of ‘reproscape’ (p.14). The stigma attached to infertility, and to a certain extent also to ARTs, is reflected in the Thai media’s ambiguous portrait of the medical professionals that master these technologies. The pioneer researchers of 1980s and 90s were celebrated in Thai news outlets as creators of life (pp. 25–31), whereas the recent practice of commercial surrogacy and techniques involving multiple donors are chastised as morally corrupted and un-Thai (pp. 37–43). The book’s individual portraits of IVF doctors, an embryologist, a counsellor and a nurse help contextualize patients’ stories about their time at the clinics (pp. 146–153).
Throughout the book, Whittaker investigates the Thai bioethical and moral cosmos by exploring how ‘syncretic medical practices complement pluralistic religious practices’, providing an original and innovative ethnography of ‘the associations between shrines, pilgrimages and fertility’ (p. 69). For infertile couples, tutelary spirits, deities and goddesses whose temples and shrines are visited by infertile couples exude a similar degree of ambivalence, since while they can fulfil a vow and bequeath a child, they can also claim this progeny back (pp. 79, 87, 97). Babies that are thought to be a gift from deities (even if ARTs have been instrumental in the process of conception) are also considered difficult to raise because parents find themselves hesitant to punish the deities’ children.

What emerges from Whittaker’s comparison between reproductive technology and spiritual practice is a similarity between the scrutiny and surveillance enacted by deities and medical professionals on infertile couples, which further leads to self-monitoring. Whittaker analyses women’s quest for maternity against a backdrop of ‘patriarchal bargaining’ about gender roles and ideals, the resulting pressure on women to conform to a regime of care, and the effects of ART treatments on marital and family relations (p.157–172).

In Whittaker’s descriptions of how couples navigate between private clinics and public hospitals, and between low-tech versus high-tech interventions, women and men’s voices take center stage (pp. 101–132). The stories of their attempts at conceiving are matters of public concern, with relatives, friends and colleagues circulating information about attempts, successes and failures. Their experiences
convey different understandings of technology and physiological processes (pp. 110–119). This ‘nascent biosociality’ is actualised in the form of internet communities through which patients not only discuss treatments but also question medical authority (pp. 173–179). However, at variance with other global contexts the engagement of Thai participants via the ‘Love Clinic’ virtual community does not translate into activism in relation or in opposition to the Thai state (pp. 188–189).

Whittaker emphasises more than once the importance of fieldwork in investigations of technoscience, specifically when researching the ‘new intimate industry of reproduction’ (p. 233). The book is based on ethnographic fieldwork as well as close and systematic scrutiny of both Thai-language media outlets and online discussion boards used by Thai ART patients. This two-pronged approach enhances the analysis by contrasting public discourse and infertile individuals’ experiences. The text is a relevant resource for syllabi in medical anthropology, science and bioethics, and gender studies, as well as Thai studies. In addition to being a refined theoretical analysis of the subject, it also works as a model example of ethnographic research methods.