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INTRODUCTION. Contending with the Hourglass: Time, Reproduction, and the Problematization of Ageing

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2020, in many ways, embodied being ‘trapped in an hourglass.’ Time stood still for many and raced in a blur for many others—but it was felt, nonetheless, through metaphors and practices of closing in and distancing. In this special issue, time is an important marker of change and identity. Time is felt most acutely through the performance of bodily decline, yet, it is certainly no monolith, having its own structure, meaning and dynamics (Hazan 1984). Instead, time itself is temporal—open to manipulation, reframing and even annihilation.

As we continue to engage with the ongoing COVID-19 pandemic, an unprecedented occurrence in recent memory for the global community, the loss of innumerable lives and continued casualties make it imperative for us to think about our future in connection to our present and past. Nowhere is the linkage with time more provocative than in the case of age and ageing. The taken-for-granted nature of bodily decline continues to organize our negotiation with life, choices, and relationships. Constantly seeking to outlive, subvert decline (Lamb 2014, 2018), we are nonetheless trapped in the hourglass. Yet, the act of reproducing biologically—seeking progeny—is aimed towards facilitating a desire for longevity. Through continued relationships based on ideas of genetic and social continuity, time and decline can be challenged (Gullette 2004).

In this special issue, six research papers chronicle the value of thinking through fertility and reproduction in terms of time, temporality, and age. The linkages between two important temporal moments in the human life cycle: birth and death have been part of seminal anthropological analysis (Borneman 1996; Das and Han 2015; Ginsburg and Rapp 1995; Kaufman and Morgan 2005). The relationship between birth and time has become particularly provocative in looking at how medicine has reoriented the biological self (Kaufman 2015; Lock 2007); just as different biological stages have been implicated in experiential narratives and lived realities (Lamb 2000; Lock and Kaufert 1998; McCourt 2009). Thus, Emily Martin’s (2001) pioneering study of gendered medical texts has led to an engagement with how Western medicine constructs the female subject in frames of productivity, wherein menopause is not only the end of the reproductive life cycle but is the end of life itself (Lock 1994). However, in cross-cultural studies, menopause and puberty are seen to be more dynamic as fluid, changing lived stages in a woman’s life that are influenced by her relations, and cultural mores and norms (Bledsoe 2002). This has also meant that pregnancy and childbirth have been complicated in how they seem socially essential to womanhood—in conversations around infertility (Becker 1994; Riessman 2000), delayed fertility (Bewley *et al.* 2005) or the desire to be childfree (Nandy 2017).

It is important to understand that a large part of the birthing narrative is focused on women, and the gendered perspective is very much part of the academic study of reproduction (Franklin 2002; Rapp 2001). While many of the papers in this special issue also focus on women and the navigation of their

reproductive selves; an important addition comes through the examination of men and masculinities in the construction of reproductive bodies.

In popular discourse, to begin to think about age and ageing is often to think about decline. Both physiological and cognitive decline are often followed by social decline and exclusion—though this varies across cultures, political economies, and personal circumstances. Yet, the fear of the inevitable that decline carries is very much part of what is widely conceptualized as a “natural process of ageing.” This natural process itself has been contested, changed, and reformulated through the intervention of medicine and medical technologies, and the social meanings associated with them (Bledsoe 2002; Gullette 2004; Kaufman 2015; Lock 1994). Globally circulating contemporary ideologies of living actively and aging successfully contest the road to decline, by subverting social scripts associated with growing “old” and proposing instead that individuals can postpone or even eliminate the declines of old age through medical intervention and individual effort (Lamb 2014, 2018).

By focusing particularly on time and reproduction, the aim of this special issue is to examine how reproduction is deeply enmeshed with existing and emerging ideas of decline, life course, longevity, and ageing. This is especially important when engaging with recent research on time and temporality within anthropology that provokes us to think beyond linear progressive time, which is subject to a form of abstraction governed by capitalist market mechanisms (Bear 2014). This form of dominant temporality reduces subjectivity to the machinations of technology and the demands of overarching consumerism. Social time thus, comes to be marked by perceptions of linearity in which individual/collective subversions may go unnoticed (Bear 2016; Gullette 2004). Biological time is also governed by such problematic markers of universalization that tend to subsume reproduction within it, ignoring other alternate, contradictory modes of becoming (Lock 1994). These becomings may be culturally conceptualized (Wentzell 2013) and may also carry within them dominant perceptions of decline (Daly and Bewley 2013; Sievert 2006)—but the spaces in-between are what this special issue would like to explore. These “spaces” of maneuverability through the use of technology, changing social mores, and changing biologies are offering newer challenges to age and ageing—and it is to these that we turn.

Within such a framework, the relationship between time and reproduction begins to take on new and more potent meanings. Thus, the choice to conceive and birth children may be determined by the natural process of ageing, but also becomes enmeshed within questions of temporality and lifestyles (Bewley *et al.* 2005; Pathak and Nichter 2015). The study of ‘lifestyles’ is also part of the emerging engagement with cultural ideologies surrounding life goals in a neoliberal society marked by increasing capitalist consumption (Pathak 2014; Solomon 2016)—and the corresponding pathways towards achieving socially acceptable masculinity and femininity (Pathak 2019). The idea of the biological clock, for instance, is one such conceptualization that provokes us to think about the ways in which reproduction is complicit within a gendered script that is dependent on social narratives of generational longevity. In contemporary medical practice, the biological clock has come to represent anxieties about the future (Daly and Bewley 2013), and assisted reproductive technologies (ARTs) provide the means to subvert temporal reproductive decline (Friese, Becker and Nachtigall 2006). ARTs exist as markers of temporal inevitability in terms of reproductive decline and its subversion. In seeking to question the biological clock that positions bodily decline as inevitable—ARTs reposition the discourse in ways that unsettle nature (Franklin 2013). Thus, in Lock’s (1994, 2007) work, ageing and the life course are now malleable—and subject to technological machinations.

But what about the social experiences of reproductive decline? How can time be seen and understood within such an understanding? Can one begin to think of the biological clock as pitted against a more

fluid timescape that embodies conflicts of social and “real” experiences of the body (Riessman 2000)? For long, a significant part of anthropological analysis has looked at the cross-cultural manifestation of menopause, ageing, and generational decline in Japan (Lock 1994), Gambia (Bledsoe 2002), India (Cohen 1998; Lamb 2000; Samanta 2018), and United States (Crampton 2013; Lamb 2014), amongst others. Within such a tradition of seeking to explore age and reproduction are questions of temporality, cyclical manifestations of natural processes, and the rejection of linearity. These questions form a major part of the rich ethnographic explorations that the six papers in this special issue engage with in: Mexico, India, Hawaii, United States, and Denmark. The cross-cultural explorations in these papers offer the opportunity to understand forms and meaning of temporal decline, ageing and reproductive desires through biomedicine, marital commitment, and gender.

Temporality and the subversion of bodily processes

Ageing and reproductive decline accompany each other in a form of inevitable temporality that may be contested, not only across cultures, but also in emerging dominant renditions of biomedicine in particular. In three of the papers in this special issue, the notion of linear time that is particular to the biomedical identification of reproductive decline—is contested and subverted through the meaning-making processes linked to the use of medical and reproductive technologies.

In Lynette Leidy Sievert, Laura Huicochea-Gómez, Diana Cahuch-Campos, Lynn Morrison, and Daniel E Brown’s paper (henceforth referred to as Sievert *et al.*), menopause and menarche are problematized in relation to fertility. This problematization becomes important for understanding layers of meaning associated with temporality and reproduction across differing cultural contexts such as Hawaii and Mexico. Lauren Jade Martin brings forth embodied voices of felt and negotiated fertility amongst women in the US, who navigate their reproductive choices through multiple filters of biological, social, and clinical temporality. And in Anindita Majumdar’s paper, ageing and the life course are given new meaning through the use of assisted reproductive technologies in India.

Contingency is an important part of the temporal subversion that the reproductive body undertakes. In Bledsoe’s (2002) understanding, contingency is both opposed to the linear narrative of decline—as well as subsumes chronological time to bring forth a completely new understanding of ageing. The perspective of contingent time values the life narrative of a person’s experience of tolls and tribulations—as much as the reframing of when senescence sets in. Thus, reproductive decline is not always defined by age and ageing—but through experiential and relational engagement with the physical self.

In the paper by Sievert *et al.*, contingency is part of the experience that defines ‘end’ of reproductive life. Like Lock (2007) and Bledsoe, reproductive decline is culturally defined and experienced. Despite the forms of definitional boundaries that biomedicine seeks to invoke on reproductive decline, especially in case of women—the experience of tubal ligations and hysterectomies reframe the ways in which menopause is understood amongst women in Mexico and Hawaii. Engaging with complex ethnographic and quantitative data, the authors suggest that menopause as a decisive moment of biological reproductive decline is not always taken for granted.

Reproduction is constructed as time-bound, especially for women. Lauren Jade Martin positions time through the complex examination of choice amongst American women and their reproductive selves. She focuses on how knowledge about one’s fertility and the “potential” to procreate is navigated amongst three different sets of decision makers. Diverse social profiles add to the kinds of knowledge practices the respondents engage with in taking decisions about egg freezing and IVF. The knowledge

gained from personal experiences of bodily contingencies, and the accumulation and exposure to other sources of information become the key points of negotiation in understanding and “anticipating infertility” (Martin 2010) over a period of time.

However, in India, infertility is imagined and manipulated through the routinization of ARTs in the private healthcare sector—leading to conflicting discourses regarding reproductive decline. In Anindita Majumdar’s paper, this conflict is seen to operate in particular ways between women past their reproductive prime seeking to be pregnant through ARTs; and younger women seeking ARTs to manage familial expectations of pregnancy and childbirth soon after getting married. Within the complex cultural space that India inhabits, ARTs are administered through competing discourses that constantly reengage reproductive biology with lived experiences.

The conceptualization of the Biological Clock

The biological clock has come to be increasingly identified with reproduction, and reproductive choices. Marking our engagement with our bodies, relations, and medical technologies: this issue wishes to understand how the symbol of the “clock” comes to impress itself upon our bodies and social roles. The hourglass-clock is an important metaphor in Emily Wentzell and Charlotte Kroløkke’s papers. Across widely differing contexts, clocks may not tick the same time, but may have cultural manifestations that bring the local-global together in interesting ways. Thus, in **Emily Wentzell’s** paper Mexican men create newer conflicting meanings of multiple biological temporalities that, in turn, makes their own fatherhood and spousal intimacy complicit. In **Charlotte Kroløkke’s** study, Danish men battle stereotypes, much like Wentzell’s study of Mexican masculinity, in clinical and social discourse to understand declining fertility in the face of mythic representations of virility.

The nature of reproductive decline is built into the idea of a seamless life cycle—one without disruptions (Becker 1994). However, as Gay Becker has shown, infertility comes to represent a form of “disruption” in the narrative on life cycles and their aligned stages. In contemporary social life, the biological clock has become complicit in the narrative of disruption. At one level, the biological clock signifies the looming end of reproductive life, and life in general within Western biomedicine; and at the other end, it signals the disruptive potential of overturning predetermined social processes and rituals through the exercise of “choice.” In many ways, this metaphor of the “ticking clock”—so provocative in case of population discourse globally (Rao 2004)—is geared towards the inevitable conversation around fertility/ reproduction, and in many ways, death itself.

The move from population discourse to assisted reproduction (Gupta 2000; Inhorn and Patrizio 2015) has also signalled a shift from the global South to the global North—highlighting larger anxieties about reproduction and demography. In population and demography, the “ticking bomb” of overpopulation in the Global South triggered invasive and large-scale involvement in birth control (Murphy 2012)—but of late, this discourse has shifted towards ageing populations in the Global North along with declining birth rates (Crampton 2013). Anxieties about delayed childbirth and increasing ageing populations have now become part of emerging state discourse in the global North that are geared towards pronatalism (Krause and Marchesi 2007). Much of the responsibility within the declining-population discourse is focused on women’s inability, and unwillingness, to have children. Pregnancy and childbirth have become centered on the pressure to reproduce at the “right age.” The biological clock, and associated discourses, link declining reproduction to women’s choices regarding conception, pregnancy, and careers (Bewley *et al.* 2005; Martin 2012; Van de Wiel 2019).

In this special issue, the traditional association of the biological clock with women's reproductive decline, or anxieties about burgeoning/ declining populations is challenged with a focus on how male reproductive health is increasingly being subsumed under the same logic of decline and decay. The linkages between masculinity and virility across cultures remains uncontested, as the latter, ostensibly, does not decline with age. However, studies suggest that male infertility has an equal and important role to play in a couple's long-term childlessness, and in many cases may be linked to chronicity as well (Inhorn and Birenbaum-Carmeli 2010). Even though the biological clock is embedded in a "masculine logic" (Amir 2006, Kroløkke, this issue), both Wentzell and Kroløkke's research seeks to understand how masculinity is unmade, biologically, within emerging reproductive technologies. In Kroløkke's provocative analysis of Danish advertising exhorting Danish men to reclaim failing fertility, temporality is embedded in the sperm cell. Thus, sperm freezing, and lifestyle changes become important signifiers of what she calls "reproductive masculinity." "Male repro-temporality" is represented through failing sperm health, and the impact of inherited genetic disorders amongst children born to older men. Using an interdisciplinary lens, Kroløkke engages with medical and selective social discourse looks at the emergence of the 'male biological clock.'

In Wentzell's analysis, older Mexican men suffering from erectile dysfunction are rejecting the intervention of Western biomedicine to overturn their sexual debility, in seeking a responsible and mature social role. Through the acceptance of their sexual and reproductive decline, older men are settling for a respectable life in opposition to their earlier promiscuous lifestyle. Being and enacting "machismo," and its associated stereotypes are being contested now. Thus, the cultural identifiers of the biological clock are enacted differentially by men and women—in consonance with, or in opposition to biomedicine.

The desire for intergenerational longevity through marriage

The ways in which our future becomes enmeshed within the idea of our bodily decline is most potent when seen in relation to children, and the desire for offspring (Franklin 2013). How such desires become marked with age, ageing and reproductive decline, is an essential focus of this special issue. Thus, marriage and marital commitment emerge as significant leitmotifs in how life cycles are being negotiated across cultures. Reproductive desires and intergenerational connectedness blend together in the pursuit of marital commitment (Pooley and Qureshi 2016). Interestingly, emerging research on egg freezing suggests that a significant part of the discourse is focused on the pursuit of childbearing in the context of unfulfilled/seeking to fulfil marital happiness (Martin 2012; Van de Wiel 2019). The pursuit of the happy heterosexual procreative family, for long the basis of Euro American kinship through the Schneiderian focus on blood and law—has again emerged as the pivot for the popularity of assisted reproduction, in its presumed refashioning of sexuality, desire and procreation (Inhorn 1994). However, it is important to note here that marital commitment, desire for biological progeny and declining reproduction are "entangled" in anxieties about the biological clock, as well as in intergenerational legacies.

All the papers in this special issue are concerned with the ways in which reproductive decline and ageing come to be influenced by ties of marriage. The dynamism of this theme is more potent when seen in relation to cross-cultural research. In Wentzell's paper on Mexican men, ageing and declining sexual desire or performance provides an opportunity to reframe fraught marital ties. In the process there is a refashioning of hegemonic masculinity leading to an investment in a committed relationship and a withdrawal from a life of adultery. Her paper engaged with a comparative analysis of data from younger men and women engaging in new forms of companionate marriage wherein testing for HPV and sharing otherwise stigmatising information about sexual and reproductive with an intimate

partner—reimagines masculinity. In many ways age and ageing are complicated in Wentzell’s study of Mexican men—and the process of negotiating with masculinity and its social trappings through marriage and reproduction.

At the same time, in Paro Mishra and Ravinder Kaur’s ethnographic study of ageing bachelors in North India, in an agrarian setting where marriage promises children as heirs and caregivers, remaining unmarried is extremely stigmatizing. Mishra and Kaur engage with research on declining sex ratios in India to reflect on how ageing men who are unable to get married due to a paucity of women—are also facing a crisis of masculinity. Unable to reproduce heirs and take their socially exalted and expected position as heads of households, means that they remain trapped in a vortex of dependency and non-adulthood. Marriage means children, and heirs—and, ultimately, culturally valued ties that last beyond one’s death.

Except in Martin’s research, heteronormativity remains the running theme through the papers (see Kroløkke, Wentzell, Majumdar, this issue). But in highlighting the dominance of heterosexual marriage as an institution, the aim is also to highlight the ways in which ideologies and practices of marriage may be problematised within social discourse around ageing and reproduction.

Conclusion

“Ageing equals decline, a devastating formula. . .” notes Margaret Gullette (2004, 7), representing how Western society views the aged and ageing as a “problem.” However, in this special issue, each of the papers have presented a complicated narrative that questions the “authoritative narrative of decline” (Gullette 2004), embarking instead upon cross-cultural, interdisciplinary ethnographies that present alternative modes of being itself. In chronicling alternate modes of being, “progressive aging” movements (Lamb 2014), especially in the West have sought to build on a narrative of anti-decline, rather than one insisting on anti-aging. This is also seen in the reframing of popular discourse on fertility and childbearing. Thus, increasingly, despite the state’s exhortation to women of childbearing age to procreate (Krause and Marchesi 2007) especially in the provision of assisted reproduction (Teman 2010) and renewed efforts to ban abortion (Lentjes *et al.* 2020)—women in low fertility countries continue to resist and reengage with social demands to be pregnant and birth. Again, a small section of women in high fertility countries are also beginning to question the socially eulogised roles of motherhood and mothering (Nandy 2017).

Reproduction as a field of study provides the perfect opportunity to engage with conflicting discourses on what constitutes ageing and its linkage with gender, technological interventions, and the supposed importance of marriage and heteronormativity. And even though it seems women, and men, remain trapped in fulfilling reproductive expectations while battling social markers of decline—in complicating the process of conception, pregnancy, birthing and the eventual loss of reproductive desires or the inability to achieve fertility, lie varied negotiations that belie the power of the hourglass on social life, and on anticipated decline.

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