The title of Holly Donahue Singh’s *Infertility in a Crowded Country: Hiding Reproduction in India* raises an intriguing question. How are the cultural meanings of infertility shaped by contexts of assumed overpopulation? What might it mean to reproduce when women—especially poor and marginalized women—are demonized for their fertility? However, despite the title, Singh quickly de-centers “the macro level of reproductive politics” in her ethnographic study of Lucknow, India (p. 15). As she discovers, individual women tend not to look toward state population policies when shaping their child-bearing decisions, but turn instead to more local concerns, especially vis-à-vis their families. For infertile couples specifically, Singh argues that reproductive decisions are shaped by a desire to hide infertility, and indeed to hide their means of reproduction, in the quest to have a child. This process of “hiding reproduction,” referenced in the book’s subtitle, is the thematic connection across chapters exploring reproductive decision-making among women, couples, and families facing infertility.

The book centers the Hindi-Urdu concept of *aulad*, a culturally dense term that Singh defines as “an ideal of children who shared bodily substances understood through idioms of blood and, to some extent, biology, and as a major key to family continuity” (p. 236). Achieving *aulad* becomes an important motivation for Singh’s interlocutors, who use the term to mean children, progeny, heirs, or sons. Singh traces these efforts through interviews with over fifty women, conversations with doctors, and participant observation in Lucknow for sixteen months from 2005 to 2007 and 2015 to 2016. Singh’s interlocutors come from varied caste and religious backgrounds, but she pays special attention to Muslim women, whose reproduction is perhaps the most stigmatized in India’s overpopulation discourse. Alongside this ethnographic evidence, the book draws on other sources, including songs, popular literature, the plots of Bollywood films, and government reports.

Singh argues that secrecy surrounding reproduction is a cultural ideal in Lucknow (and across North India), but that hiding reproductive pro-
cesses becomes complicated for infertile women and couples. Upon entering a public hospital’s infertility clinic for treatment, bodies and secrets become more open, vulnerable, and subject to the clinical gaze. Some strategies to alleviate childlessness offer more possibility for secrecy than others, and as Singh argues, this fact shapes couples’ choices and strategies in their quest for children. Moreover, people with greater resources find it easier to hide nonnormative reproductive practices, which range from intrauterine insemination with donor sperm to adoption within a family and even, on rare occasion, nonkin adoptions. So powerful is the desire for secrecy that even people who are willing to transgress norms in their quest for aulad—“moral pioneers” in Singh’s terms—are unwilling to share their decisions publicly (p. 213). Seeking to “evade recognition of their creativity in kinship,” they inadvertently contribute to the invisibility of infertility in India (p. 253).

The book draws these conclusions from Singh’s ethnographic research in two Lucknow government hospitals and in two nongovernmental organizations that provide social and health services to poor women. The book also investigates nonclinical interventions to combat infertility, namely via adoptions of various kinds. However, Singh argues, adoption is not a frequent recourse for people without children, a fact she ascribes to India’s restrictive adoption laws, limited institutional support for adoptions, and cultural norms about shared blood among kin. In the absence of shared blood, the adoption of nonkin strangers “has not fulfilled culturally valued markers of relatedness in North India, particularly for people of high status” (p. 233). Consequently, Singh’s interlocutors prefer to find other means of achieving aulad.

Infertility in a Crowded Country approaches an important and understudied topic. Given the prominence of Indian public discourse on regulating fertility and controlling population, social scientists have often neglected the significance of infertility in studies of families and kinship in the region. Although some research on surrogacy has touched upon infertility, the book’s attention to achieving aulad is thus a valuable contribution. Singh manages to take on the sensitive, often hidden, condition of infertility and discuss it in respectful and nuanced ways. Her careful attention to her own positionality as researcher contributes to this approach. Throughout the book and in the afterword, Singh discusses her own circumstances as the white American daughter-in-law of a Hindu household in Lucknow who was childless at the time of the initial research. Her frank acknowledgement of her own concerns adds empathy and nuance to her discussion of her interlocutors’ lives.

While the discussion of the researcher’s position is thus welcome, the book occasionally leans too heavily on comparisons with the United States to make its arguments. For instance, in an otherwise persuasive discussion of adoption, Singh writes that “in the United States, many people consider child adoption to be a default, and possibly morally superior, way of creating families, particularly in cases of infertility. In Lucknow, the topic of child adoption usually came up only if I asked about it” (p. 195). It is unclear what analytical value is gained by this comparison, and it makes broad generalizations about the United States and India that risk obscuring the exact kinds of complexities Singh aims to uncover. Rather than such surface-level comparisons, one wishes for more in-depth discussion of some of these conversations—about families, about adoptions—that Singh had in Lucknow. Similarly, while the book brings in a great variety of written and visual texts to supplement the interviews, a deeper analysis of the form as well as content, alongside a more careful explanation of why these texts were chosen, would enrich the analysis offered here. Such an analysis might also, ultimately, have much more to say about the complexities of infertility in a crowded country. For although Singh makes a convincing claim that individual women (and men) do not
make reproductive decisions based on these concerns, perhaps there is more to investigate about how macro-level population policies that demon- ize some women's fertility shape access to infertility treatment, and to the goals of achieving *aulad* as well.

If there is additional discussion of this review, you may access it through the network, at [https://networks.h-net.org/h-sci-med-tech](https://networks.h-net.org/h-sci-med-tech)


**URL:** [https://www.h-net.org/reviews/showrev.php?id=59011](https://www.h-net.org/reviews/showrev.php?id=59011)

This work is licensed under a Creative Commons Attribution-Noncommercial-No Derivative Works 3.0 United States License.