

Reproductive Technology: Feminist Point Of Views

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Abstract: The reproductive and sexual health and rights of women became a central theme in the united nation's Cairo Conference held in 1994 that marked a new understanding among world bodies that population and development are inextricably linked, and that women's empowerment is the key to both. For the first time, the reproductive and sexual health and rights of women became a central element in an international agreement on population and development. In this context, it can be said that reproductive health and women's rights are mutually linked with each other. The ability to make free and informed choices in reproductive life, including those involving child bearing, underpins self – determination in all other areas of women's life. Because these issues affect women at all levels of social and personal life.

Keywords: Reproductive, Sexual Health, Freedom, Family Planning Strategies, Reproductive Freedom

I. INTRODUCTION

The reproductive and sexual health and rights of women became a central theme in the united nation's Cairo Conference held in 1994 that marked a new understanding among world bodies that population and development are inextricably linked, and that women's empowerment is the key to both. For the first time, the reproductive and sexual health and rights of women became a central element in an international agreement on population and development. In this context, it can be said that reproductive health and women's rights are mutually linked with each other. The ability to make free and informed choices in reproductive life, including those involving child bearing, underpins self – determination in all other areas of women's life. Because these issues affect women at all levels of social and personal life. Reproductive functioning and performance cannot be separated from the wider goal of gender equality.

In health context 'reproduction' is used to refer to processes relating to conception, pregnancy and birth in a socio-economic and cultural context. An analysis of the women's general health status using the gender relations framework reveals that, in India, men have total control over women's bodies and lives, their labour, sexuality and

reproductive capacity. More importantly, these types of patriarchal behaviour are accepted as normal pattern of life. This is because of the imbalance of power relationship operating both within society and family. Consequently, men are able to have greater control over the resources, symbols, authority and recognition to be seen and services. Women continue to be seen primarily in the reproductive roles. I.e. as homemakers and child bearers with their identities and status being closely linked to their ability to bear sons which leads to the abuse and misuse of her function.

It is remarkable that in many feminist theories, the reproductive capacity of women is either implicitly or explicitly associated with powerlessness, without a clear explanation for the same. Biological reproduction is an area in which women and men are unequal. We cannot (at least not yet) get away from the fact it is women who menstruate, become pregnant and give birth to children. Also it is an area in which the differences between women and men should not matter in the sense that in principle all women all over the world have apparently the same bodies with their reproductive capacities and incapacities. What makes it an important area for study is that is a crucial area within which, historically the battle for women's emancipation/autonomy has been and is still being fought.

II. THEORETICAL FRAME WORK

The term “reproduction covers three different topics; Social reproduction, reproduction of the labor force, human or biological reproduction”. Women came to be seen as a ‘means of reproduction’ and control over them, because of its assumed significance for social production was considered crucially important.

The question of women’s sexed/sexual bodies has been of concern to all feminists. For some feminists, biological sex is the primary contradiction. So, strategies to overcome women’s subordination must be based on women control over their own bodies. According to Shulamith Firestone (1971) the natural biological difference between the sexes led directly to the first division of labour based on sex. She goes back into history to show how women all along before the advent of modern birth control have been at the mercy of their biology, which make them dependent upon men. She points out that to see woman and nature as synonymous is a man made construction. Believing that pregnancy is barbaric, she exhorts women to control nature by removing biological reproduction from their bodies, with the means of technology. The artificial womb, in her opinion could realize women from the last vestige of biological inequality. She believes in a cybernetic socialism among other things transforming society, particularly the position of women in it. Firestone has been criticized for her biological determinism. By rooting gender inequality in biological reproduction, Firestone overlooks the social and cultural framework in which women bear children. Also like de Beauvoir, she does not take into account the significance of pregnancy and childbirth as a source of female identity and strength and as a means to acquire status, which is the case in many traditional societies.

Marxists explain gender relations as the outcome of the specific relation between production and reproduction in given contexts. Reproduction, according to them, refers not only to biological reproduction but to the entire maintenance process that keeps workers functional; it is done mainly in home, by women. This idea has been manifested in the Engels statement, ‘The world historical defeat of the female sex’ in his famous book, ‘The origin of the Family, Private Property and the state’.

Maria Mies questions the Marxist terminology ‘Production-reproduction’, because production of money is seen as primary and the production of children and life is seen as secondary. Further, she explains that as a result of capitalist division of labour, women’s role in the child bearing and child rearing is falsely characterized as ‘nature’ and not as ‘Work’. This is reconceptualisation of women’s reproductive role within a Marxist framework. However, women’s relationship to nature is not one of the domination, but of the cooperation with their own bodies and with the earth. Men’s self-conception being human, i.e. productive, is usually linked to the invention and control of tools.

Although the term ‘reproduction’ is ambiguous and has several levels of meaning, in this paper it is used to mean human biological reproduction. Reproductive processes are far from being mere biological events. They cannot be seen in isolation from social reality and are an important factor in the reproduction of patriarchal relations. The term “Patriarchy” is

used here to refer to male domination, to the power relationships by which men dominate women, and to characterize the system, where by women are kept subordinate in a number of ways”. Kamala Bhasin builds on Sylvia Walby’s definition. Walby had pointed out that it is important to understand patriarchy as ‘a system of social structures and practices in which men dominate, oppress and exploit women’. This helps us to reject the notion of biological determination or the notion that every individual man is always in a dominant position and every women in the subordinate. Linked to this system is the ideology that men are superior to women, that women are and should be controlled by men and that women are part of men’s property.

Gerda Lerener (1986) proposes that the appropriation and commodification of women’s sexual and reproductive capacity by men lay at the foundation of private property, that, in fact, it preceded the foundation of private property and class society. Control over one’s reproductive function concerns all women everywhere in the world, no matter where they live, or what culture, religion or ethnic group they belong to.

III. GENDER DIMENSIONS OF MISUSING WOMEN’S REPRODUCTIVE FUNCTIONING

The fact that a women’s health is not a priority within the household can be very well established with the differential health seeking behavior between men and women. Women socialization into a mindset of self denial and the family’s clear prioritization to the needs of its male members do not allow early action on women’s illness. It is not surprising that Indian women suffer from health problems which are rooted in their experiences as women many of which are largely neglected in the official interventions as they require much more than clinical solutions. The fact that a young girl become a part of the health system mostly as a pregnant woman is an evidence of the traditional attitude towards women i.e., women are useful only in their reproductive capacity and only in relation to men as wives and mothers (NFHS-1). The lower status accorded to women and girls followed by restriction on mobility often results in poor access to health care services and lack of information on reproductive health issues. Consequently women are suffering from pregnancy and related complications such as Maternal deaths, Anemia etc. It is alarming fact that only half of the pregnant women in India are receiving at least 3 Anti Natal Care in India (NFHS-3).

IV. FAMILY PLANNING STRATEGIES: AGAINST HER INTEREST AND WITHOUT HER CONSENT

According to Mary John, Family Planning Strategies to prevent the birth of daughters is vouchsafed in the language of modern family planning, rationality and science. The message of the inverted triangle is well known plan for small families. It is read as ‘plan not to have daughters’. This means that abortion turns into a mode of contraception for monitored conception is necessary to ensure sons. Women carry the responsibility and burden for producing the correct family if necessary through repeated conception and abortion, the latter

often in unsafe condition and the late in the pregnancy. This is then reported as miscarriage. It is for this reason that eight districts in Maharashtra have sex ratio below 900 girls per 1000 boys. Mumbai has shown a decline from 942 in 1991 to 898 in 2001. As per 2001 census, 73 districts have sex ratio in the age group of 1 to 6 below 900 girls.

V. TWO- CHILD NORM

Karnataka state ex-chief minister B S Yeddyurappa's recommended two child norms, UNFPA assistant representative Ena Singh replied: In the International Conference on population and Development, 1994, all countries had committed on a rights-based approach. When we are commemorating the 15th anniversary of the conference, such a recommendation is a violation of the rights-based approach. To control population, we need to empower women, create medical facility and enable people to make right choices on family size, rather than imposing the norm.

Despite past strategies that had similar outcomes, there is now a shift from conscious to more deliberate strategies, first at the level of a planned household strategy, and second in the kinds of technologies used for achieving family planning goals. In the past the planning of the family unfolded as children were born, with active intervention such as female infanticide and passive intervention such as infanticide and passive intervention through selective female neglect. Today, the goals are more directly expressed and achieved through planned technological interventions from early to fairly late in the pregnancy.

Sex Selective Abortions: Despite the Pre natal diagnostic techniques act 1994 (amended in 2003) prohibiting sex determination and sex selection, the use of ultrasound and sex selective abortion was pervasive, with local doctors, gynecologists, radiologists and obstetricians, nurses, auxiliary nurse midwives (ANMS) and other medical personnel all benefiting monetarily. Many of these services have gone underground, but the clinics providing them are well known to local residents and the authorities. Those who restored to traditional methods often wanted to confirm the sex of the fetus through an ultrasound test.

In the more developed states and among the better educated and better off, "pre-emptive" action before birth itself is resorted to, deliberately and consciously. Though technological interventions vary by belief and economic level, they veer towards "modern medical science". Among some poorer families, especially in Morena and Dhaulpur, attempting to control family size and sex composition through ultra sound linked abortion comes much later, if at all. Rather than a simple class stratification correlation, one sees the impact of class and caste relations and the influence of the practices of the powerful. Thus, there was a case in urban kangra wherein an upper caste/class employer provided a "backward" lower-caste/class employee with a loan to undergo an ultrasound test.

It has been noted that India has more ultrasound machines per population than the west, with unnecessary ultrasound checkups prescribed as routine diagnostics during pregnancy. The collusion of the medical community with manufacturers

and technology providers is also well documented. The moral stance adopted by the medical fraternity is itself a matter of major concern. We were told that 'if girls were not wanted they should not be born; Elimination of girl children helped the larger goal of population reduction; this is a social service to people, allowing them to exercise their choice.

VI. ECONOMIC AND SOCIAL CONTEXTS

Understanding the economic and social factors that lead to a skewed child sex ratio requires moving from the immediacy of reproductive decisions. It is necessary to grasp the nature of change and not assume a straightforward continuity with tradition. In fact, though son-preference remains, it has been somewhat shaken, reflected in murmurings on the undependability of sons. The more thorough elimination of daughters can only be explained if we accept that what was the obverse of son preference – daughter undesirability has now become daughter aversion. Daughter aversion as an emotion and practice has become the common sense with a life of its own, quite apart from son preference. Thus, along with son preference, we need to understand the growing unwantedness of daughters the idea that they can be dispensed with. The fact that some people do also want and care for a daughter does not take away from the social force of daughter aversion.

According to Jyotsana Agnihotri Gupta, the issue of reproduction has always been central to women's lives. In all cultures and ages women have sought ways and means to either prevent conception, or get rid of an unwanted pregnancy, to voluntarily remain childfree or to deal with involuntary childlessness. Intervention in reproduction is not of recent origin. Contraception and abortion have been known for a long time. Up until the Middle ages in Europe (and in developing countries to some extent even until this day), the women practiced as healers and midwives, providing contraceptive measures, performing abortions and offering concoctions to ease the pain of labor, according to methods and skills handed down from generation to generation. However, with the gradual professionalization of medicine from the eleventh century onwards and with the collusion between male surgeons and the State (earlier dominated by the Church) health care passed into male hands. With the discovery of the forceps in the seventeenth century the role of male doctors in the west in birthing became even more pronounced. Delivery by caesarean section as the word denotes is not of recent origin, however, it came to be used on a wide scale only in the nineteenth century. During the colonial era the hegemony of western science and particularly western medicine spread to other parts of the world, further marginalizing traditional systems of medicine.

The use of condoms and other pills to prevent conception has been known for a long time, as well as abstinence, withdrawal and other traditional sexual practices which contributed to birth control. Research in animal and human reproduction made great strides in the twentieth century. With the development of the contraceptive pill in the early 1950s and later other contraceptive methods, fertility management through modern technologies such as ultrasound for pregnancy

management, followed by technologies for the management of conception. The technological management and control of fertility and infertility and pregnancy have been steadily increasing and interventions in these areas are likely to increase considerably in the future.

VII. REPRODUCTION AND REPRODUCTIVE TECHNOLOGY

'Reproduction' as defined in the Oxford English Dictionary is the action or process of forming or creating or bringing into existence again'. The sociological meaning of human reproduction however has been broadened to cover reproductive processes which include sexuality, reproductive pathologies and reproductive technologies. There is some confusion about what is meant by new reproductive technologies. Because of the adjective new some understand only technologies such as in vitro fertilization (or new technologies used in the field of assisted reproduction) by this term, whereas the term old reproductive technologies is understood to refer to technologies such as contraceptive pills, intra uterine devices, as well as sterilization and abortion (through dilation and curettage or through suction).

Reproductive technologies have fragmented the process of procreation. First, with the development of contraceptive technologies it became possible to have sex without reproduction. Later with the development of technologies such as artificial insemination and in vitro fertilization, it became possible to have reproduction without sex. Technological innovation in the field of reproduction is going on at a very rapid pace. These technological developments also receive a great deal of media attention which can be justified by the fact they have far reaching implication for society. The development and use of these technologies have thrown up gender issues, issues of a philosophical, ethical, political, economic, legal and eugenic nature, as well as more general issues concerned with the sociology of technology, and medical technology in particular.

Some believe that technology is neutral, value free and may be used or abused. Others contend that technology and the very paradigm of science in which it is embedded as value loaded, having imbibed the values and prejudices of the ruling elite. The development and application of reproductive technologies is creating contradictory possibilities for women. Such technologies, while allowing the exercise of individual reproductive rights and offering choice to some women, have at the same time the potential to take away rights and choices from other women.

For instance, contraceptive technologies for individual fertility management are used by others to realize the goals of population control. Another example is that of prenatal diagnosis technologies, which were originally intended for detecting chromosomal abnormalities, being used to detect the sex of the fetus, followed by sex-selective abortion.

VIII. AUTONOMY AND REPRODUCTION

In the field of biological reproduction autonomy is understood as (a) the right of women to choose whether to have children or not, and if so, the right decide on the number of children they want, when and with whom; (b) freedom to choose the means and methods to exercise their choice regarding fertility management; and (c) access to good information on means and methods.

IX. THE CONCEPT OF 'FREEDOM' AND 'REPRODUCTIVE FREEDOM'

Besides the concept of autonomy, the concept of reproductive freedom plays an important role in the discourse on NRTs. It is increasingly used, particularly in the context of contraceptive technologies and family planning and in the population discourse. While in feminist theories the discussion on women and reproduction is about whether it is a source of their power or powerlessness, within the development paradigm the discussion is more about the economics of women's reproduction. In both cases the concept of reproductive freedom is an important one.

"Ideas about reproductive rights and freedoms emerged from two sets of principles: (a) concept of human rights expressed in seventeenth and eighteenth century theories about the 'natural' or inalienable rights of man (generic use of the term 'man' was literally interpreted). These ideas regarding individual liberties underlying the French and American revolutions emanating from civil and political rights laid the ground for economic and social rights or entitlements (consisting of obligations of State and society); (b) the idea to extend the rights of man to women too as proposed by liberal thinkers and radical utopians which found its expression in the movement for women's liberation".

Amartya Sen (1984, quoted in van staveren 1994) points out four characteristics of freedom - negative freedom, positive freedom, intrinsic freedom and freedom as a means towards a higher goal. Negative freedom implies absence of interference, while positive freedom requires intervention in order to create possibilities for people to enjoy freedom. Freedom can also be considered to be a means towards a higher goal or it can be attributed an intrinsic value. According to Sen, the capability to function is the thing that comes closest to the notion of positive freedom, and if freedom is valued then capability itself can serve as an object of value and moral importance.

X. THE STRUGGLE FOR CONTROL OVER REPRODUCTION

Broadly speaking control over reproduction by others occurs in various ways; at the level of ideology, through state legislation or religious orthodoxy, the views of medical science about women and woman's nature'; and at a practical level, through population controllers, the state and medical personnel, or at the level of the individual family. It is countered at an individual level by women and at a collective

level by feminists and the women's health and reproductive rights movements.

In no other area of human life is the personal as political as in the sphere of human reproduction. "The women's movement challenged the statement by Freud that 'anatomy is destiny', and has since gone further to demonstrate the power exercised by male controlled structures and institutions that constrain women sexuality and reproductive experiences. Male control over reproduction is maintained at an individual level by the power men have over women, and at an institutional level through cultural practices and patriarchal ideology which shapes the way that all institutions in our society are organized".

Anthropological studies of different cultures have shown how men's awe and fear of women's reproductive powers have found expression in cultural practices consisting of rites, rituals and taboos around fertility and reproduction to control the sexuality and fertility of women in their societies. This has been expressed in various ways in different cultures through such cultural practices as female circumcision/infibulations (in different parts of Africa, foot binding (China), chastity belts (Western Europe) sati and child marriage (India). The importance of the concepts of honor and shame related to women's sexual behaviors and pregnancy (legitimacy and illegitimacy) are also evidence of men's control of women's sexuality.

"The role of the state in control over reproduction is not of recent origin. In different periods of history and in different societies the state as it then existed has exerted control over what kind of people may be born or allowed to inhabit its territory" (Gordon 1982 page 40). Examples of this can be found not only in such a widely read text the Bible but in the literature and history of different societies and cultures. Measures to accomplish this include anything from infanticide to genocidal wars.

XI. THE DEBATES AROUND THE NEW REPRODUCTIVE TECHNOLOGIES (NRTS)

The hope of the early and new women's movement was vested in technology, particularly contraceptive technology, to enhance women's autonomy. While the demand for contraception and abortion rights brought women together, NRTs have split women. With the development and application of NRTs in the field of assisted reproduction in particular, the notion of a 'woman's right to choose' a slogan developed by feminists in the US during the abortion movement has become problematic. Increasingly, these technologies have become a subject of controversy in the 1980s and 1990s even among women. The debate is about whether the right of women to their own bodies should include for instance, the right to rent their wombs as surrogates. Some feminists have also pointed out that while "the availability of certain technologies has widened choices, it has also curtailed choices. The feminist struggle has once again brought out the political character of the struggle over reproduction".

Broadly speaking there are three positions *Vis-a vis* NRTs, which Outshoorn (1992) refers to as the 'optimistic and pessimistic narratives'. Some feminists (Stanworth 1987a,

1987b; Perchesky, 1987; zipper 1986; Birke et al. 1990) welcome these technologies as scientific and technological progress, believing that it is the use to which they put which makes them either good or bad, empowering or disempowering. Also they see NRTs as a further extension of women's reproductive rights and self determination, for which reason they argue that all women should have to access to them. They support women's right to reproductive choice, looking upon women as active agents rather than passive victims. This approach is particularly favored by liberal feminists and many lesbian feminists. To this group the problem is one of access and distribution. They do not question the technology itself.

Another position is that adopted by feminists and feminist health advocates who are wary of the new developments and question whether NRTs are indeed beneficial to women as their developers and providers claim. They have pointed out the abuse of contraceptives in family planning programmes of several countries, including India. Women's health is compromised and reproductive rights are violated due to the fact that the primary goal is not to provide women with the means for birth control means, rather than to meet women's needs in order to give them greater control over the fertility.

A third more radical position is one which rejects NRTs altogether. Feminists holding this view see reproductive technologies as enhancing patriarchal and technological control over women because they remove reproduction altogether from women and put it into the hands of medical (reproductive) engineers, because they violate the integrity of the female body, because they industrialize reproduction for the sake of profit and because they are sexist, racist and eugenic per se. They demand a critical look at NRTs and even a total ban on them. This position is voiced persistence to Reproductive and Genetic Engineering (FINRRAGE) in several works (mentioned throughout this study) written by Akther, Corea, Hanmer, Klein, Mies, Raymond and Rowland among others. These different positions regarding NRTs are similar to the feminists' position towards technology as a whole, mentioned earlier.

With the development of NRTs the control over women's bodies as producers of children takes on a new dimension within the debates on economic development of countries and demographic factors. On the one hand, people (women) from the countries of the south are marginalized as producers, on the other hand they are perceived only as (too many) consumers. The management of human fertility has become central to the debate about economic development in that a relation is posited between the rate of population growth and economic growth (young 1985b). Very simply put, the assumption is that people are poor because they have too many children and nations are poor because their people have too many children. It is useful at this point to look at the main perspectives regarding population and development and discuss the role of women in development.

XII. CONCLUSION

Reproductive freedom is an essential element of women's autonomy but as a prerequisite for gaining autonomy in other

areas of life, it is a fallacy. It is like putting the cart before the horse. Once women have re established their roles in other spheres of life, they may be able to assert and claim sexual and reproductive autonomy from actors who control it. They will be able to negotiate in matters of sexuality, fertility to escape the control by others.

As far as technology is concerned, it is appropriate as long as they have sensible and cooperative husbands, otherwise, in majority of the cases, they don't allow women to make choices. The application of NRT to majority of women is a problematic since they are socially constrained, illiterate and do not have control over their own bodies. So NRTs are sought in which women become passive acceptors/users of methods. Women's participation itself is minimized. Feminists have shown interconnectedness of spheres of production and reproduction and the necessity to transform both for the emancipation as well as human emancipation. Reproductive scientists, population controllers and policy makers seem to have concentrated mainly on transforming biological reproduction, to make it resemble the production process even more. NRTs have helped women in contraception and unwanted pregnancy but they have not changed unequal gender relations.

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