Lingam, Lakshmi.: Reproductive Technologies and Violation of Women's Bodies. In: Understanding Women's Health Issues: A Reader. Edited by Lakshmi Lingam. 1998. p.228. ISBN 81-85107-84-X.

Reproductive Technologies and the Violation of Women's Bodies

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The term reproductive technology refers to medical innovations in the field of reproduction that either inhibit conception or facilitate conception. The techniques that inhibit conception are the different types of contraceptives, viz., injectables (like Net-en and Depo Provera), abortifacients (like RU-486), subdermal implants (like Norplant), and anti-fertility vaccines. The techniques that assist procreation have come to be known as new reproductive technologies (NRT), assisted reproductive technologies (ART) or even artificial reproductive technologies. While the former are, anti-natalist, the latter are pro-natalist. The question is: How do these technologies violate women's bodies? In this essay, I shall examine a set of issues, which essentially revolve around this question.

Contraceptive Technologies

In the western context, the women's movement made a clear demand for contraceptives. Contraceptives, which de-linked sexual relations from procreation were seen as liberating, and were welcome as they provided the key to gain 'control over the body'. However by the middle of this century the western movement saw the increased medicalization of women's bodies and the consequent violations. This gave rise to several self-help groups to counsel women, provide contraceptives and abortion services, and encourage natural childbirth, including home deliveries. Hazardous contraceptives like the Dalkon shield were banned through sustained campaigning and court trials. However some banned drugs and contraceptives which were opposed by western women are now marketed to women of poor countries. Women from the disadvantaged sections of countries like Jamaica, Thailand, Mexico, Bangladesh and India have become unsuspecting guinea pigs for test trials, which take place without their consent or concern for their safety. The following sections deal with the various contraceptives that have been tested during the past two decades or are currently under trial.

Injectables are hormonal contraceptives (synthetic progestrogens) which may be administered in the form of injections once every 60 or 84 days. There are two injectable contraceptives (ICs)-depot medroxy-progestogen acetate (brand name Depo Provera) and norethisterone enanthate or Net-en (brand name Noriaest). These ICs inhibit the production of aonadotropin, which in turn prevents ovulation and contributes to a general reduction in fertility. Depo Provera has been tried out in India by the Indian Council for Medical Research (ICMR), but reports have never been available. Two major Net-En. studies were conducted; both of which were coordinated by the World Health Organization. The first was a two-year multinational comparative trial of Depo Provera and Net-en, which began in 1977. The final follow-up was in 1982. The second study was a multi-center trial conducted in India by the ICMR in 16 human reproduction research centers (HRRCs). Over 2,000 women participated in this study which ended its first phase in October 1983. A common feature of both the studies is the high drop-out rate due to menstrual irregularities, which included Amenorrhoea, excessive bleeding and spotting (Savara, 1986). In the Indian context, an attempt to introduce a long-acting injectable among a group of women in rural Hyderabad had to be abandoned due to the timely intervention of a vigilant women's organization. This led to a public interest litigation being filed by women's organizations and health activists. Similarly several protests and campaigns followed the decision of the government to introduce Injectable contraceptives (ICs) in the mass family planning program. Though a temporary ban was ordered by the court, the issue resurfaced in 1993.

Several studies have focused on the load of contraceptive morbidity's that women bear by using the pill, intrauterine device (IUDs), sterilization etc. (Balasubrahmanyam, 1986; Pettigrew, 1984; Turney, 1993). A study conducted by UBINIG (1988), a non-governmental organization (NGO) in Bangladesh, to assess the impact of ICs, reported that women were suffering from irregular menstruation, Amenorrhoea and excessive bleeding.

Norplant is a contraceptive subdermal implant. A registered trademark of the Population Council, it consists of flexible, non-biodegradable tubes filled with levonorgestrel, a synthetic hormone of the procestin family. It comes in four, five or six matchstick-size tubes, which are surgically implanted inside the woman's upper or lower arm. The hormone is slowly released at an almost constant rate for five years. Under the aegis of the ICMR, Norplant is being introduced as an additional choice in the cafeteria approach to contraception at the several HRRCs situated in India (Karkal, 1992). A brief study of the women who have undergone Norplant trials in Baroda, conducted by the Forum for Women's Health, reveals the unethical and unscientific ways in which the trials were conducted. The issues of informed consent, testing/checking women for contra indications,

providing information, follow-up care, counseling and support have been totally ignored. Since hospitals are concerned mainly with the number of acceptors, the number of pregnancies, and continuance and drop-out rates, the reporting by women of their negative experiences (such as excessive bleeding, irregular periods and suspected pregnancy) were not recorded as valid research observations (FWH, n.d.).

An anti-fertility vaccine is being developed at the Immunological Research Center, New Delhi, where test trials on women have already begun. The principle on which the vaccine works reveals the ideology where women's procreation is viewed as a disease. The vaccine consists of a protein hormone, human chronic gonadotropin (HCG), which is produced by the human embryo for implantation in the uterine wall. This vaccine makes a woman produce antibodies, against HCG, preventing the embryo from getting implanted in the uterine wall. Research and trials of this vaccine have been vehemently opposed by health activists and women's groups on two grounds. First, the research' procedures, results and information of the women on the trials are strictly confidential. Further in a context where AIDS as a pandemic is gaining ground, it is unethical to tamper with the immune system. It must be observed that the complications that arise out of contraceptive use have long-term effects and could create permanent disability for the woman as well as her progeny.

RU-486 is an abortion pill. Test-trials of this were begun during late 1990s by the ICMR at eight research centers in the country. This drug is seen as an alternative to surgical methods of abortion. RU-486 works by blocking the action of progesterone-a hormone that helps sustain a woman's pregnancy. If administered in the first six weeks of pregnancy, RU-486 can prevent the embryo from attaching itself to the wall of the womb. The drug requires strict medical supervision. It entails at least three visits to a doctor and two ultrasound examinations the first to check that the embryo is less than six weeks old and the second to check the complete expulsion. Also, an injection of prostaglandin is necessary to induce the contractions that expel the embryo. In the Indian context, RU-486 is opposed as an over-the-counter pill because of its likely misuse and the serious side effects that the majority of anemic women might face because of heavy blood loss. Its efficiency has also been questioned, as a woman has to visit a doctor three or four time for an abortion. A recent news report from Bombay narrates the experience of a woman who was given the abortion pill with the assurance of an easy abortion. However, she suffered severe bleeding for a week, after which she had to undergo a medical termination of pregnancy (MTP) (Menon, 1995).

New contraceptive technologies are long acting and provider-friendly. Thus from the old to the new contraceptive technologies, there has been a major shift from individual control to state control of procreation. Women's groups have shown the close nexus between contraceptive research and population control policies. In the search for an effective method of controlling population, women's bodies become the test site. Poor women, especially, lose the little control that they have over their bodies. Further, the negative experience they encounter at the public health delivery system further alienates them from using any spacing method.

New ReproductiveTechnologies (NRTS)

New reproductive technologies are heralded as a major step in scientific progress and development in the area of medical science. The amniocentesis test provides the opportunity to detect the genetic 'normality' and sex of the foetus; the range of assisted reproductive technologies such as in vitro fertilization (IVF) and gamete intra-falloplan transfer (GIFT) claim to give women 'test-tube babies' without actually treating infertility; and the pre-selection techniques provide a 'choice' regarding sex of the foetus and, perhaps in the near future, other favorable traits such as color, looks, etc.

NRTs raise several moral and ethical issues. These techniques flourish because they capitalize on the social stigma attached to infertility; the value attached to biological motherhood and the continuity of the lineage. The safety of the different techniques is questionable. The application of different techniques de-humanizes women's bodies, which are seen as incubators, living laboratories, vessels, etc. NRTs reinforce biological motherhood within the context of marriage, which is a patriarchal value. The concern shown by 'techno-docs' for infertile couples does not motivate them to study the causes of infertility and its treatment. They only provide 'technological fixes' for solving the problem (Lingam, 1989). Thus the IVF programs have expanded to include fertile, women whose husbands are infertile; fertile women whose eggs have been damaged due to toxins in the workplace; fertile women with several miscarriages; and older women who have attained menopause (Abraham, 1994).

The Need to Identify Commonalties

The manipulation of women's fertility, for whatever purpose, needs to be understood within the context of population policies in the North and South. Women as procreators are central to pro-natalist and anti-natalist population

policies. Pro-natalism encourages women to have more rather than fewer children for various reasons (e.g., to replace the dead during wars or to increase the number of one population for racist, nationalist and ethnic reasons). On the other hand, anti-natalism emphasizes fewer children and birth control of some sections of the population over others. It is not surprising that developed countries practice pro-natalist policies domestically and anti-natalist policies in the developing countries. Women from the North are expected to procreate and develop 'pro-natal behavior' whereas women from the South are the targets of an international war against the population problem. Therefore, pro-natalist technologies (like IVF) are developed for the white middle-class women of the North to achieve 'motherhood', and anti-natalist technologies (injectables, implants, and vaccines) are developed to control the fertility of poorer women from the South.

Reproductive Rights

'Reproductive rights', as a-slogan, has gained currency in the last decade. However, it has certain fundamental limitations. The notion of rights has tremendous polemical power, but the ease with which terms like 'choice', 'control over our bodies', women's body', women's right, have been perverted, to the detriment of women, has been examined in the previous sections. Most technological options in the area of reproduction are heralded as adding to the range of 'choices' for women. For example, sex detection tests are seen as providing a 'reproductive choice' to decide whether to have a boy or a girl! This is in line with the choice of commodities and consumer products. Moreover, the slogans choice and control over our bodies used in the western feminist movement to denote access to safe; contraception, the right to say yes or no to sex, and so on are also used by agencies hiring fertile women's wombs. These slogans are interpreted as the control of the body as a piece of property parts of which can be hired, leased, sold, donated, and so on. In short, women's procreative capability is being subjected to capitalist production relations and Language.

Women not only want an informed choice in contraceptives, small families, health care facilities and a better future for their children, but they also want control over their life situation, sustenance, a safe work place, clean drinking water, sanitation, secure living space, harmonious gender relations, no violence, no abuse and no wars. In which case, the claim for 'reproductive rights' is a limited demand, which reinforces the view that all reproductive activity is the special, biologically destined province of women.

Conclusion

Attempts to converge the demands, struggles and concerns of the women of the South with those of the North have to consider the following issues: the unethical ways by which multinational pharmaceutical companies carry out test trials on unsuspecting women from the South; and by which, governments of the North permit the export of banned drugs/contraceptives to poor countries and tie coercive population policies to development aid/structural adjustment programs.

At the National Level it is Imperative:

1. To examine the alternatives for the present 'choice' of contraceptives and strengthen them.

2. To campaign for research in user-friendly, user-controlled contraceptives, especially male contraceptives.

3. To develop support groups for infertile couples and promote the adoption of a new image of child-free happy couples.

4. To campaign for uniform adoption laws to overcome the existing inadequacies in the various personal laws.

5. To work towards promoting alternative images for women other than marriage and motherhood.

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