

Reproductive Technologies in India Confronting Differences

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In the last two decades the use of reproductive technologies (RTs) has become an inevitable and often indispensable part of women's lives.¹ On the one hand, the increased knowledge and availability of a wide range of RT options has redefined 'traditional' notions of conception and procreation. On the other, the introduction of each new device or technique has served to renew a growing flux in the way reproductive choice is understood. The right to bodily integrity – defined as the inalienable right of women to have control and autonomy over their bodies – has been central in the feminist understanding of choice. Women's expanded access to reproductive technologies (RTs), including abortion, is an essential corollary to this argument. Access to certain types of RTs have indeed saved women's lives and often provided them with expanded choice with regard to reproductive decision-making. However, there is a continued need to evaluate the role of RTs in gendered terms and examine their role in providing women with real choice. This need becomes particularly acute in the face of the growth of the non-medical use of RTs to satisfy individual and sociocultural needs.

Women's bodies, in particular her reproductive functions, are increasingly being subjected to technomedical interventions to satisfy non-medical aspirations with regard to conception and procreation. The case of sex selection and sex selective abortion in India is a classic example of both the non-medical use of RTs and of the misappropriation of the definitions of reproductive choice. In light of this, and numerous other RT-related 'events' in India, there is need for an urgent reassessment of the way bodily integrity is defined in the Indian context. This is imperative in order to be able to frame adequate norms and standards for RT use in ways that do not limit women's access to RTs and at the same time find ways to limit the gendered context within which they often find use. In this article some of these issues will be examined in an India specific context in an attempt to illustrate a conceptual path that might serve to build bridges between different constituencies that are increasingly positioned on opposite sides of a growing chasm.

Contextualising the Reproductive Rights Discourse

The feminist discourse on reproductive rights rests on the notion of procreative liberty defined as the right to reproduce (positive right) and the right to avoid reproduction (negative right). Both these rights carry with them an implicit assumption of first, bodily integrity

– the right to control and autonomy over one's body – and second, an implicit assumption of the use of varied RTs. For example, the negative right to avoid procreation can be attained through access to abortion. However, this right based claim cannot be universalised and needs to be examined in a relational context (Menon 1995; Steinbock 1998).

In India, women's health and rights activists have often emphasized the need to define reproductive rights and choice in gendered terms so that its fulfilment is not only dependent on the availability of technical choice and information. It is indeed important to argue that RTs cannot be viewed as a magic bullet that will help alleviate women's reproductive 'burdens'. When this is done with little or no effort to change the often oppressive arrangements for reproduction, the result can be a reinforcement of gender based inequality. The misappropriation of prenatal obstetric diagnosis and abortion, by families and medical community alike, to systematically eliminate female foetuses is one example. The introduction of hormonal and other provider-controlled contraceptives has also been the site of controversy. Besides questions concerning the safety of these methods, the government's efforts to achieve its demographic goals by using women as the vehicles for population control, while disregarding their safety and well-being, has been harshly criticised.

Unfortunately, controversies surrounding the use of RTs have resulted in the consolidation of opinion, in line with moral and legal absolutes, rather than producing a constructive dialogue between the different constituencies. As Birke pointed out, the "problem with moral absolutes is that they do not take [us] far, they tend to result in an insensitive politics, which says little about the needs that gave rise to the discussion in the first place" (Birke *et al* 1990, p. 282). Hidden within these absolutes is the female person whose specific context and needs often find no place in current discussions. Little or no account of the social position of women, and the socially determined needs that position generates, is taken into account when pronouncing judgments (Petchesky 1980). Just as pushing technologies without addressing arrangements for reproduction often proves to be detrimental, 'banning' a technology without advancing non-exploitative definitions and methodologies for use of RTs serves little purpose. There is an urgent need to undertake this task as increasingly "these technologies and the 'choice' they offer are gaining considerable validity for women who are its direct users" (Mallik 2002, p. 189). In the absence of choice in real terms, these RTs often represent the only power base for women from which to negotiate the terms of their existence (Rowland 1985). The legitimacy of the non-medical use of RTs is a powerful example where women are as much the agents seeking sex selection as they are victims of the social pressure to have sons.

There is a need to examine the introduction of certain types of RTs in India within a framework that responds to the process of technological advance as a whole rather than as isolated procedures. It is, for example, important to be able to illustrate the way the RT industry has built its profits on the basis of reconstituting reproduction into varied 'pathologies', more often than not through reinforcing gender based stereotypes and inequalities. Previously, reproduction was regulated largely through sociocultural principles. Today this reality remains unchanged and further overlaps with technomedical control. Together these serve to create a complex terrain on which decisions about reproduction (by women) are made. At the same time it is important to deconstruct, for example, how non-medical use

of RTs for sex selection has gained legitimacy as a result of their potential to alter the balance of power between individual men and women, as well as between women and institutional control – something that is not fully understood (Gimenez 1991). It is evident that the advent of RTs and their use, particularly non-medical use, has precipitated the need to redefine our understanding of procreative liberty and, more specifically, issues of reproductive choice and autonomy.

Needs Interpretation – Who Defines the Female Lifeworld?

In India the varied interpretation of what women need has resulted in polarised debates on the need and importance of talking about reproductive rights and choice; and within that the need to expand women's access to RTs. Interpreting needs has been reduced solely to a political idiom in which conflict is played out through inequalities, which are differentially positioned and then symbolically challenged (Fraser 1989). The interpretation of needs with reference to reproductive rights, choice and the role of RTs, for example, is often talked about within a dichotomous and hierarchical framework that characterises socio-economic and cultural-symbolic injustice as two separate injustices. Socio-economic injustice and the need for a politics of redistribution is often favoured over a politics of recognition that talks about cultural-symbolic injustice. The first step towards being able to frame a meaningful discourse around reproductive rights and choice means bridging the gap between these two struggles and illustrating the interconnectedness that exists between the two.

This understanding can be a first step towards building bridges between the two constituencies that are currently aligned as being those that fight inequality, and those that stress difference and fight for recognition. In pooling resources it is possible to participate more equally in what is currently an unequal discursive struggle to influence the agenda for the development and use of RTs. Making a dent on the existing scenario, currently dominated by big pharmaceuticals, the medical community and the Indian state through its undue emphasis on anti-natalist population policies, is a complex and difficult goal in both theory and practice. The fragmented and varied nature of claims made by and on behalf of women often acts as an impediment in countering the more homogenised discourse of these powerful actors.

The deterministic role that RTs play in women's lives, and the fact that a woman's body is often the site for this technological advance, is an irreversible fact today. Furthermore, it is important to note that the wide range of RTs have the power to directly impact social relations that govern procreation and conception. For example, sex selection and sex selective abortion in India has dramatically redefined both conventional notions of biological reproduction and kinship building, as well as altered the way women experience pregnancy and motherhood. It is also an undeniable fact that in a culture which can only be described as being extremely antagonistic to women there is a misuse of RTs. However, none of the above should deter or undermine efforts to evaluate the potential of technologies in making *real* improvements in women's lives. Feminist activism should come together to undertake the collective task of developing a holistic vision of RTs that combines transformatory goals to advance women's reproductive well-being within the need based context of women's lives.

NOTES

1. For the purpose of this article the term 'RT' is used in its broadest sense to indicate the wide spectrum of devices and techniques that facilitate fertility control, infertility treatment and prevent sexually transmitted infections and disease.

REFERENCES

1. Birke, L., S. Himmelweit and G. Vines *Tomorrow's Child: Reproductive Technologies in the 90s* (Virago Press, 1990, London).
2. Fraser, N. "Struggle Over Needs: Outline of a Socialist-Feminist Critical Theory of Late Capitalist Political Culture" (in *Unruly Practices: Power, Discourse and Gender in Contemporary Social Theory* Polity Press, 1989, Cambridge) p. 161-87.
3. Gimenez, M.E. "The Mode of Reproduction in Transition – A Marxist-Feminist Analysis of the Effects of Reproductive Technologies" (in *Gender and Society* Vol. 5, No. 3, 1990) p. 334-50.
4. Mallik, R. "Sex Selection: A Gender-Based Preference for a Pregnancy" (in *Reproductive Health Matters* Elsevier Science, Vol. 10, No. 19, 2002) p. 189-90.
5. Menon, N. "The Impossibility of 'Justice': Female Foeticide and Feminist Discourse on Abortion" (in *Contributions to Indian Sociology* Vol. 29, No. 1 and 2, Sage Publications, 1995, New Delhi) p. 369-92.
6. Petchesky, R.P. "Reproductive Freedom: Beyond 'A Woman's Right to Choose'" (in *Signs: Journal of Women in Culture and Society* Summer, Vol. 5, No. 66, 1980) p. 1-85.
7. Rowland, R. "A Child at Any Price? An Overview of Issues in the Use of the New Reproductive Technologies, and the Threat to Women" (in *Women's Studies International Forum* Vol. 8, No. 6, 1985) p. 539-46.
8. Steinbock, B. *Rethinking the Right to Reproduce* (Harvard Working Paper Series, Harvard School of Public Health, http://www.hsph.harvard.edu/HW_papers/reproright.html, 1998, Cambridge).
9. Young, I.M. "Unruly Categories: A Critique of Nancy Fraser's Dual Systems Theory" (in *New Left Review* May-April, Vol. 222, 1997, London) p. 147-160.