

Impact of Reproductive Technologies on Women's Lives in New Delhi: A Study from Feminist Perspective

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Abstract—This paper is concerned with the ways in which Assisted Reproductive Technologies (ARTs) affect women's lives and perceptions regarding their infertility, contraception and reproductive health. The paper is based on a qualitative feminist survey study to explore and analyze issues arising from the use of ARTs by women in New Delhi, the capital of India. A rapid growth in the number of fertility clinics has been noticed recently. A critical analysis of interviews revealed that these technologies are used and developed for making profits at the cost of women's lives. In this way, these technologies are influencing and changing the traditional patterns of motherhood requiring a rethinking about new ways of reproduction introduced through the use of ARTs.

Keywords—Assisted reproductive technologies, new ways reproduction, voluntary and involuntary choice, women.

I. INTRODUCTION

PROCREATION is a natural phenomenon. However, it is projected as the essence of being a woman in a male dominated society. A woman's primary and essential role is seen as to give birth and take care of her family and child. Arthur Schopenhauer and many other philosophers held the view that "women exist, on the whole, solely for the propagation of species [1]." During the last few decades, this phenomenal disposition of women has become a technological affair to ensure and achieve fertility. In this context, India has opened up its doors for profit-oriented global reproductive market in the form of *Assisted Reproductive Technologies* (ARTs). Practitioners of ARTs do not make claims to treat infertility yet they offer to assist couples who want to have their own biological child, especially to meet their deep-rooted preference for a male child. Medical practices in patriarchal societies are governed by male scientists, technical and medical professionals who try to control women as procreator for the perpetuation of traditional social pre-established norms instead of providing them opportunities for making their own choices. They have institutionalized infertility as "disease or epidemic" and projected infertile women as "patients" who need to be cured. For Rothman, motherhood rests on three deep rooted ideologies i.e. patriarchy, technology and capitalism. According to him, "these technologies can potentially strengthen the prevailing form of patriarchal values, particularly in India where there is an immense

pressure on women to become mothers and produce a healthy male baby" [2]. The use of ARTs presents innumerable waxed ethical questions and issues related to the place and role of a child in a woman's life, freedom of women to make their choices associated with reproduction, challenges and complexities women face at social and personal levels regarding use of ARTs, effects of ARTs on their life as mothers and other relationships.

The paper is based on a survey study to explore and analyze the above issues arising from the use of ARTs by women in New Delhi, the capital of India where the proliferation of fertility clinics has been noticed recently. These clinics claim they serve women by using ARTs procedures for infertile couples and individuals who want to bear a child. The study is an attempt to articulate a critique of ARTs from feminist perspectives.

II. METHODOLOGY

A qualitative feminist research methodology has been adopted for conducting the survey study. An attempt has been made to identify the ways in which a woman's life is affected in terms of her perceptions, apprehensions, choices, and decisions regarding new reproductive technologies. A sample of 18 women, ranging from 22 years to 46 years age was taken in New Delhi, to conduct in-depth interviews to investigate their perception and response concerning the use of ARTs with a focus on (i) successful use of ARTs, (ii) unsuccessful use of ARTs, (iii) use of ARTs in progress with results yet to be known. All the women, hailing from lower middle class and middle class were married, educated and working. They had experienced ARTs at least once or twice in their life. Additionally, the media reports and articles have been used as a secondary recourse. The survey also aimed to investigate the impact of ARTs on women's physical, emotional, psychological conditions as well. The complexities and challenges faced by women in the voluntary and involuntary (forced) use of ARTs in Delhi have been considered. A critical in-depth analysis of interviews revealed that these technologies are used and developed for making profits at the cost of women's lives through which economically privileged people and individuals are able to purchase services from poorer ones.

In India, though, motherhood is constantly glorified and venerated, yet it is a burden for a married woman, as she has no option but to bear a male child for her husband.

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30 years old Rama¹ is a professor in University. She had used ARTs for sex selection. Though sex-selection is illegal, she stated her compulsion for using this:

We have many traditional religious ceremonies that can be performed only by a male and not by a female. I have three daughters but not having a male child, I had no respect and value both inside and outside the family. I was bound to do it...

Since motherhood is regarded as a fulfilment of womanhood, a failure to perform this role is a subject of stigmatisation, social ridicule, and ostracism for her. Childlessness is often seen as a social threat regarding her acceptability as a woman, her legitimate role of a wife, marital stability, security, bonding, and her value in the family and community [3]. As Anjali Widge reports “fertility defines womanhood and womanhood is defined by a woman’s capacity to mother” [4]. These situations create immense anxiety, pressure, and frustration among women to do whatever possible to have a baby. Due to the incapability of performing expected role as a mother and desire for having a biological child, force women to choose again and again perilous procedures of ARTs rather than choosing to remain childless or go for adoption. This compulsion is a major cause of the proliferation of ARTs market and subjugation, medicalisation and commodification of women’s bodies. Janice Raymond says “Technological reproduction has made medicalised access to the female body acceptable, and medicalised abuse- that a woman will endure anything to become pregnant” [5].

23 year old Ritu is a housewife. She has been married for four years. Because of continuous social and family pressure for having a child she went for treatment. After two attempts of IUI and one of IVF, she conceived. She said

I could have conceived without this painful and frustrating treatment. Many time I thought I should have quit but I couldn’t because of the hurry of my in-laws and community people who were thinking that I had some problem in me achieving conception.

This is not only the story of Ritu. There are other women who have similar tales to tell. Married women constantly are facing social as well as personal pressure for achieving conception without thinking. As Sasuan Cooper points out “A woman, whose identity is classified to being a mother... feels the burden of infertility constantly. Her sense of herself as a sexually desirable person becomes distorted. She suffers feeling of inadequacy and may experience herself as unlovable, damaged, or defective. Her life may be purposeless” [6].

Seema is a 23 years old school teacher. She spoke of the hidden guilt and strain that she went through:

It is not necessary that people always tell you to have a baby but after getting married it automatically comes up in your mindyou feel empty, incomplete, worthless and aimless in your life...

Like Seema, most of the women suffer from the hidden pressures of patriarchal expectations that affect their physical, psychological, and emotional health and reproductive capacity too. In these situations, ARTs become a boon for them. They are advised to use ARTs without questioning it. Moreover, medical practitioners advertise ARTs as “miracle cures” that can successfully “treat” infertility. They project infertility as a disease that needs technical and medical intervention. One of the service providers claimed:

We treat people when they are sick, why won’t they come for infertility treatment when they are infertile.

However, the success rate of ARTs is only 10-15 per cent. They put women’s health at serious risk. According to a SAMA research survey study, women often changed their clinics for the appropriate treatment but the success rate was not very satisfactory. Three among five had miscarriages after two, four and five month of pregnancy because of treatment failure which is blames as their failure not ARTs.

27 years old Geeta is a married woman. She is working as junior clerk in a college. She has shared her experience about the use of ARTs.

I have been taking treatment for last three years and conceived twice but had miscarriage. Doctors don’t have any rational explanation for it. They say it depend on your luck too but don’t lose hope! Keep trying... I am pissed off with routine frustrating procedures and heavy medication but no result...instead, I feel heaviness all the time, nausea, stomach upset and sometimes heavy bleeding. ..I feel cheated. I don’t want a child now but where should I go? What to do? I have no choice...

During the interview, Geeta shared her feelings of helpless and being traumatised. The disappointment was writ large on her face. It is expected from a specialist to answer for treatment failure but they often avoid it claiming that it is very complex to understand. Most of the time, women do not even know what consent papers they are signing. Conditions of treatment are not properly explained to them by practitioners of ARTs.

Many women who went through the whole treatment whether successful or not, experienced various side effects, such as sickness, headache, increasing weight, nausea, menstrual problems etc., also traumatic and embarrassing conditions that show their objectification in the name of treatment [3]. Germaine Greer states “Nobody has asked whether IVF treatment is good for women. Wizards want us all to believe that infertility is practically unbearable but they do not want us to ask what become of the infertile woman who puts herself through repeated ordeals in a desperate quest for a pregnancy only to suffer a miscarriage. Is she better or worse off than she before the treatment?”[7].

There are several methods used to cure infertility such as: intrauterine insemination (IUI), in vitro fertilisation IVF, donor insemination DI, intra cytoplasmic sperm injection ICSI, gamete intra fallopian GIFT, surrogacy etc. [8]. These procedures based on donor sperm and eggs called biological material. Couples who have issues related to age and low sperm count they are normally suggested to go for expensive

¹ All the names have been changed to hide the identity of the subjects for their protection.

sperm and eggs donor banks. In this scenario, it is difficult to define mother-father relationship with their child. It may be possible that child is related to donor father or mother or both. These procedures raised many moral unanswered questions and dilemmas. Gimenez points out "Arts has the potential to alter relationships and result in several possible kinds of woman-child relations: genetic, gestational and social" [9]. The issue of the real father-mother becomes problematic. Will biological mother / father or donor mother / father be the real parents? What kind of new or altered relationship will they develop? Can it create the same love bond which obtains with one's own biological child? And most important question is: who will be responsible for such a baby? This situation also raises question on ARTs fundamental promise to assist families in producing their own children. Additionally, the questions of autonomy, confidentiality, non-maleficence, honesty, justice, freedom of choice and right to information are always pertinent to in the unregulated Indian birth market [10].

Rekha is a 39 years old working woman. She went through treatment. She expresses her bafflement regarding the use of ARTs:

I had two miscarriages. I did everything whatever the doctors had suggested to go for IVF and DI. Later on I came to know that they didn't use my husband's sperm for my conception. Doctors told me that my husband did not have a good quality of sperm so they used donor sperms without asking me. I feel cheated and trapped. I don't know whose sperm it is? I feel dejected and unattached with the growth in my womb.

It was found in the study that younger women have more chance of successful conception and fewer complications than older one. Old women have high risk of miscarriages, stillborn birth, spontaneous abortions, hormonal misbalances, caesarean sections and postpartum hemorrhage in comparison to young women [11]. The ethical problem is that these women are not informed about the complications they may suffer due to their age factor. Not only this, often women are unaware of the necessary information relevant to filling of 'Informed Consent Form' before starting procedures. The form, in English language with complicated medical and technological terminologies, is too difficult to comprehend for an ordinary person. Also, some times the husbands sign on behalf of women. Doctors hardly give appropriate time or counselling to explain what the 'patient' going to get. They give high-pitch publicity to justify and defend success rates of ARTs rather than providing correct information to patients and the failure rate of ARTs.

Rama is a 39 year old mess worker. She shared her experience relating to the behaviour of doctors on Informed Consent Form.

It was in English which is not my mother tongue. I told the doctor that I can't understand it but he just dismissed the whole process saying that don't worry! Nothing will happen except minor and negligible side effects that will be bearable. You need to sign it. It is just a mere

formality. Nothing to fear we will do our best... rest is in God's hands...

During this study, it was observed that the practitioners ARTs endorse not only the commercialisation of infertility clinics but also commodification of women's body in the form of 'baby manufacturing factories'. These clinics sell biological materials, reproductive procedures, designer babies with desired qualities and wombs of surrogate mothers within the framework of profit making globalised economy. The markets are controlled by high class people, who are offering these services in such unregulated and unmonitored conditions poor people are bound and forced to sell their body parts for profit. For women, profit and loss are conditioned by their social and economic position which determines who will to undergo ARTs procedures.

Kamla is a 26 years old working woman in a Corporate Bank. She took loans twice for the expensive infertility treatment. Describing her situation, she told:

I am going through double pressure these days. One is to have a child. The other is how to return the money I have borrowed from my bank. I have already spent a lot of money for the treatment. I don't know how much money I still have to spend. From where shall it come and how will I return it...

There is a lack of comprehensive and effective legislation to direct accurate use of ARTs. The existing laws and guidelines remain on paper, creating a real danger for women's lives. According to SAMA research group of women and health report, doctors themselves pointed out that government guidelines are impractical and not legally binded [3]. Director of Medical Education, C. R. Maity stated, "Artificial reproductive clinics in the city were registered as ordinary clinics till recently, which is why the government knows so little about them. We admit to the glaring lapses in the system [12]"

III. CONCLUSION

The study as we can see, presents wide range of social, medical, ethical issues regarding the use of ARTs in the wake of political, economic thrust behind the proliferation of these technologies in New Delhi. The proliferation has resulted several health implications due to commercialization, physical and psychological hazards in women's lives. It questions the mainstream scientific innovations and research which perceive women's body only as a mindless reproductive machine for production or non-production. They conceal exploitative, consumerist use of ARTs by presenting it as a God's boon for the disease of infertility. All procreative choices and options for subjugated women end at the door step of miraculous ARTs. This is achieved by claiming to assist patients and finally calling the negative results the play of the hands of God. A woman can't make a happy choice of either being childless or prefer for adoption. They have to accept ARTs as their final destiny regardless of its side effects, complications of procedure, and numerous failures. The glamourising ARTs industries have instigated to alter all pre-established grounded norms, relations and perspectives of reproduction. Their

primary concern is to flourish profit making business at the cost of women's bodies. Heteronormative parenthood is reinforced through the rejection of single and homosexual parenthood, voluntary childlessness and adoption. In this scenario, where women, already suffering and confronting various kinds of social, economic, physical and emotional oppressions, become more vulnerable in their idolization as natural care giver and procreators.

In this situation, there is an urgent need of legislating significant and effective considerable laws and guidelines for the ARTs service providers to make them more responsible and committed towards the welfare of users and society. In addition, use of non-technological and naturopathic treatments and solutions should be encouraged as these are less complicated and friendly for the woman's body. Public debates and discussions in media can play a role in generating awareness about the use of ARTs. In this regard it is important to underline the insight of an activist from Saheli Women's Resource Centre Delhi "It is a myth that bans solve problems and that ban should be enacted to control a technology...Rather, efforts should be made to expose it as a technical solution to a social problem, and to work towards establishing formal and legally binding regulations"

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