

Reproductive Rights and More

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***Abstract:** The demand for reproductive rights can be effective only in the context of political, social and economic rights. The current debates on reproductive rights should be seen in the context of western consumerism, the unequal power relations between countries, the structural adjustment program, international debt bondage and other elements of change affecting the world.*

DURING the Earth Summit, 1992 held at Rio de Janeiro, Brazil the attempt by the countries of the north to blame population, as the main culprit of environmental degradation was not successful. This unresolved issue was reopened at the 1994 International Conference on Population and Development (ICPD); Cairo with added focus on women's reproductive rights. A concern for women, environment sustainable development were the three themes among the six priority themes in the ICPD, 1994. The forthcoming Fourth UN World Conference on Women to be held at Beijing will review and appraise the advancement of women since 1985 in the light of the Nairobi Forward Looking Strategies. A Platform for Action will be adopted with a focus on removing the obstacles to the advancement of women. Some of the issues that will be taken up are: Awareness-building, decision-making, literacy, poverty, health, violence, refugees and technology.

This article critically examines 'reproductive rights' as a demand and highlights the need to contextualise the demand within struggles for basic rights and rights to equality.

Population 'boom', 'explosion' or 'problem' are the terms often used when reference is made to the growth of population in the countries of the south. Global environmental problems like the, degradation of land, deforestation, climate changes, global warming and the decline in the natural resource base, increase in poverty and acceleration of social inequalities are largely attributed to population growth. This perspective, which prescribes population control as a solution, is critiqued by the women's movement. The women's movement

attributes the present model of development, unequal distribution of resources, energy intensive technologies, the affluent life style and consumption patterns of the rich in the north and the south as the major causes behind the poverty of people and nature. The opposition to population control policies from the women's perspective emerged from: (a) the examination of the detrimental effects of the development process on women and environment during the 'integration of women in development' phase of the Women's Development Decade 1975-84, and (b) the clear connections that were observed between ecological crisis, colonialism, capitalism, and patriarchy.

The detrimental effects of the development experiences on people in general and women in particular have been well documented. It has been observed that, growing poverty is linked to processes like reduced access to arable land, lack of grazing rights for cattle, privatization of common property resources, commercialization of agriculture, faulty water management systems, increasing salinity of soils due to use and overuse of fertilizers and pesticides, loss of traditional skills and displacement of large populations due to modern large 'development' projects. These processes in turn create conditions for the increase in birth rate, as also increase in child labor, decrease in school enrolment, increase in school dropout rates, increase in rural-urban migration, and consequently a change in the relationship between people with nature. Within this context, women who are the repositories of knowledge on environment have become victims in the environment and development crises with an increase in their overall work burden, decline in their incomes, nutritional status, increase in headship of households and so on. The critical relationship of women's work and procreation to the development and environmental crises has come into focus in preparation for the ICPD, 1994.

Women's Status: Means or End?

The crucial position of women in the population, environment and development (PED) triangle has been identified by international agencies concerned with population growth and its control. According to UNFPA, the role and status of women affect at each point of the triangle and are in turn affected by them. By performing their daily tasks of fetching water, fodder, firewood collection, etc., and managing their family resources, women influence the environment. Women's reproductive behavior affects the population growth. Women affect development through their economic roles, in the family and society. Thus, according to UNFPA, improving women's status speeds fertility decline, thus reducing considerably 'the overall negative impact' of population on environment development [UNFPA 1992a]. Elsewhere, in another report,

UNFPA observes: "Women's access to labor market brings multiple benefits. It works to lower fertility by delaying the age of marriage. After marriage it provides women with an independent income which will, improve their power and status in the family" [UNFPA 1992b]. In addition to enabling, women to regulate their fertility, the UNFPA believes that the other way to incorporate them in PED programs is to improve and enhance women's role as 'resource managers' [UNFPA 1992a]. The positioning of women at the center of planning and policy-making has been a long standing demand of the women's movement. However, in the present context women being positioned in the center of the PED concerns with a focus on their fertility; since elevating the status of women is seen as a precondition for reducing the fertility rates.

Various socio-economic, ecological and religious variables received differential focus as key indicators in fertility behavior research. A recent line of observation is the recognition of the relationship between women's autonomy over their lives and fertility control. However, there is still no clarity in official planning as to how women's autonomy or empowerment could be achieved in order to influence fertility control. On the one hand, piecemeal efforts to generate employment for women through poverty alleviation programs and mass employment programs, reservation of seats in political bodies, etc. are underway. On the other, economic crisis emerging out of the structural adjustment program is likely to decrease the chances of employment, increase the cost of food, directly affect the infant nutritional status and survival among poor households. To cope with the weakening child survival prospects and the need for additional hands to bring in meager income, poor women might face further constraints in limiting their family size. However, governments and aid agencies continue to view the economic and fertility aspects in isolation.

Limiting population growth especially of the south countries, has become a major international activity since the 50s. India was one of the first countries to accept family planning as a national policy. The policies have been incorporated in the Five-Year Plans along with commitments to 'progress' and 'development'. In contrast to the earlier plan documents the Fourth Five-Year Plan document viewed women as 'partners in development'. The major impetus was due to the global focus during International Women's Decade on the deteriorating status of women. Simultaneously on the population issue front, the Bucharest Population Conference 1974, felt the need to move away from narrow, technology-oriented family planning programs (FPP) to strategies that located these programs within a broader perspective of improving health and education.

In the 70s, the FPP was renamed the family welfare program (FWP). It was felt that this would generally call for an improvement in the overall welfare of the people. Family welfare activities were to include programs for the improvement of health, such as income-generation or economic programs, educational programs, community development programs, etc. The maternal and child health (MCH) program was merged with FPP. Experience shows that the high priority given to reducing birth rates has overshadowed the provision of MCH services.

The issues of informed choice and safety of the contraceptive have been neglected in the FWP in India. There is limited choice of methods available for women, much less for men. The circumscribed contraceptive choices that women are given, the secrecy maintained in informing women about the side effects of each method, the lack of check-ups or counseling before and after the method has been accepted, the undermining of complaints of women contraindicated for each method and the adoption of unethical medical practices to achieve 'targets', together have made it the least credible and most distrusted of all the health services. Further, the onus of burden of contraception and sterilization is on women, which disregards male responsibility and the lack of decision-making power of women in sexual matters.

The women's movement in India is actively involved in campaigning against coercive contraceptive technologies and population control policies of the state. Simultaneously, it has drawn attention to the need to understand women's health in a holistic context. It is against this background that the incorporation of women's reproductive rights in the ICPD and the renewed interest in a population policy by the government of India has thrown fresh challenges to the movement.

Reproductive Rights: A Limited Demand?

The first Global Women's Health and Reproductive Rights Meeting in Amsterdam marked the birth of the international reproductive rights movement which promoted the belief that "women should be subjects and not objects of population policies". Reproductive rights as a concept and slogan gained currency in the 1980s as representing women's needs and interest. Various terms like 'reproductive health', 'reproductive self determination' etc., have gained currency during this period. By far the most comprehensive definition is given by the Women's Global Network for Reproductive Rights (WGNRR) Amsterdam:

Women's right to decide whether, when and how to have children-regardless of nationality, class, age, religion, disability, sexuality, or marital status - in the social, economic and political conditions that make such decisions possible. These rights include, "access to safe, effective contraception and sterilization; safe legal abortion, safe woman-controlled pregnancy and childbirth; safe effective treatment for the causes of infertility; full information about sexuality and reproduction, about reproductive health and health problems, and about the benefits and risks of drugs, devices, medical treatment and interventions; and good quality, comprehensive reproductive health services that meet women's need and are accessible to all women". Quoted in Issues in Gender and Development, No.6, p 6, November 1993).

The exercise of 'choices' or 'reproductive rights' cannot be seen in isolation of socio-economic, political, cultural and ideological structures. The Indian scenario regarding contraceptive use, health service utilization and abortion services is as follows:

(a) Fertility regulation and birth control measures are acknowledged by women as a requirement. However, the low contraceptive prevalence rates, high fertility rates, and the acceptance of terminal methods in the place of spacing, methods, highlights the circumstances within which fertility decisions are made (or not made). It has been observed that 'women's low decision-making power in the early ages of marriage, their poor health and pregnancy wastage, social pressures against contraception before completion of the desired family size, general son preference, secondary infertility because of reproductive tract infections, etc., are barriers to women's utilization of contraception [Ravindran 1993][9]. Moreover, the safety and efficacy of the various methods of contraception, the quality of delivery and follow-up care are other major issues that are linked to the utilization of family planning services.

(b) Though the proportion of trained attendants at birth is increasing, the majority of the domiciliary births are still attended by the traditional birth attendants and others, especially in the rural areas. While women report non-availability of facilities as the reason for not going for hospital births, researchers have pointed out that there is also a strong preference for deliveries at home. Along with the cultural reasons for this 'preference', the service-provider factors like the gender and attitude of health personnel emerge as important determinants of utilization of maternal care services.

(c) The competing demands made on women's time by domestic work, childcare and income-earning work also has implications on women's utilization of health care services. The key factors that emerge as constraints in the utilization of health services by women are the loss of daily wage, high cost of transportation, considerable stress, complicated hospital procedures, long waiting time, and poor interpersonal skills of the health providers.

(d) The liberalization of abortion services with the Medical Termination of Pregnancy Act, 1972, has not been followed up with the provision of safe abortion services at the level of the primary health center (PHC). The majority of PHCs do not have trained medical officers or MTP apparatus to conduct abortions. Therefore, liberalization has not significantly increased the rate of legal and induced abortions or decreased the abortion-related mortality. It has been observed that health personnel insist on sterilization as a condition for abortion. Dissatisfied with the available 'choice' of contraceptives, women take recourse to abortions outside the health facility. [Gupta 1993][5]; [Ravindran 1993][9].

Women not only want to make an informed 'choice' about contraceptives, child care facilities, a better future for their children and an appropriate constellation of health services, but also want control over their life situation, sustenance, safe work place, clean drinking water, sanitation, secure living space, harmonious gender relations, no violence, no abuse and no wars. Which means, women not only need control over their fertility but also over their sexuality and life situation. All these are inseparable preconditions for the exercise of any choice. In which case, isn't the claim for 'reproductive rights' a limited demand? A demand, which has its own dangers of reinforcing the view of all reproductive activity as the special, biologically destined province of women.

There are also proposals to include sexual and reproductive rights in the framework of human rights in order to update the Universal Declaration of Human Rights, giving it greater integrity.

Rosalind Petchesky notes: "Rights are by definition claims staked within a given order of things. They are demands for access for oneself or for "noadmittance" to others: but they do not challenge the social structure, the social relations of production and reproduction". [Petchesky 1990, p 7][8]. Farida Akhter, a feminist from Bangladesh raises these questions:

If our concept of right only includes reproductive sphere, remaining insensitive to the right to be realized in the sphere of politics and economy, we are then operating within a narrow horizon, a horizon determined by the capitalist patriarchal culture. As women we are limiting our demand only in the sphere of reproduction, while men should lead the sphere of politics and economy. Isn't that why patriarchy has kept us reduced to reproductive function over the years of history? ... The demand has a sharp bourgeois imprint as well. Notice that we are demanding for the individual right of women over her own body. It is an ownership concept we are imparting. Implicitly we are demanding that women should own individually the reproductive factory she is carrying within her own body. We are not saying that production of the human species is a social function. Bourgeois individualism blinds our vision so much that we fail to recognize our social being. It is important that we start to see that the reproduction of the human species is primarily a social activity which is realized through individuals, but it is never an individual affair". [Akhter, undated, p 9][1].

Consciously aware of the limitations of the slogan 'reproductive rights', Sonia Correa, a Brazilian feminist and, research co-ordinator at Development Alternatives with Women for a New Era (DAWN)) clarifies:

Though the framework for the concept of reproductive rights requires revisions, some basic notions do exist. The first is the principle of bodily inviolability, which corresponds to the first generation of human rights. Second, the reproductive agenda cannot be disconnected from a broader political rights charter. Third, the exercise of reproductive rights requires the accomplishment of the second-generation human rights dealing with social, economic and cultural dimensions. Finally, as many issues on the agenda are still subject to controversy, they may be seen as 'potential rights'. [Correa 1993, p 36][4].

The notion of rights has tremendous polemical power, with which terms like 'choice', 'control over our bodies', 'women's body is right', can be perverted to suit extreme individualism to the detriment of women's collective struggles, strategies and slogans. Most technological options in the area of reproduction (pills, IUDS, injectables, in-vitro fertilization (IVF) and so on) are heralded as adding to the range of 'choices' to women. For example (a) Sex-determination tests are seen as providing a 'reproductive choice' - a choice to decide to have a boy or a girl! This is in line with the choice of commodities, consumer products and now the choice of the 'right' baby [Lingam 1991][7]. (b) 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 etc.) are also used

by agencies hiring fertile women's wombs. These slogans are interpreted as the control of body as a piece of property, the parts of which can be hired, leased, sold, donated and so on.

The demand for reproductive rights also needs to address the ethics involved in the increasing medicalisation of reproduction through technological interventions in pregnancy, conception, childbirth, contraception and menopause. The value-neutrality of 'new reproductive technologies' (NRTs) such as IVF, foetal surgeries, sex detection, sex preselection, caesarian sections, hormonal implants, injectables, vaccines, hysterectomies etc., should be questioned. The demand for reproductive rights has to counter the 'appropriation of language' and the increasing 'medicalisation of women's bodies' by placing the issues of 'safety', 'informed choice' and 'ethics' in context.

Pro-Natalism and Anti-Natalism

The issues of population 'implosion' of the north and population 'explosion' of the south places women as 'central to pro-natalist and antinatalist population policies. Pro-natalism encourages women to have more rather than fewer children for various reasons, e.g. to replace the dead during wars, to increase the numbers of one population for racist, nationalist and ethnic reasons and so on. On the other hand, anti-natalism involves the emphasis on fewer children and the controlling of births of some population over the others. It is not surprising to observe that developed countries practice pro-natalist policies domestically and advocate anti-natalist policies for the developing countries. Women from the north are expected to procreate, develop 'pro-natal behaviors' whereas the women of the south are targets of an international war against the population problem. Therefore, pro-natalist technologies (like IVF etc.) are developed for the white middle class women of the north to achieve 'motherhood' and anti-natalist technologies (injectables, implants, vaccines) are developed to control the fertility of poor women from the south. The manipulation of women's fertility for one or the other purpose needs to be critiqued.

At the Latin American and Caribbean Health Network meeting in Mexico, the issues of women having fewer children and postponing childbearing in the north, and women having many children at short intervals in the south, were discussed. The Conference report mentions:

In the North, men must play a role in child rearing so that women are not faced with the choice of work or children; in the south, men must commit themselves

to responsible parenthood and the use of male contraceptive methods (p 21). In short, this decade places great responsibilities on men, both in birth promotion in rich countries and birth control in the poorer countries [Berquo 1993 p 48][3].

Though the issues of male responsibility in parenting, childcare, etc., and the patriarchal context within which reproduction takes place cannot be undermined, the political ideology behind birth 'promotion' and birth 'control' should be questioned. If population growth per se is posed as a burden on the environment, then why are allowances made for birth 'promotion' in some parts of the planet? Further, the 'explosion-implosion' approach misses out on the issue of unsustainable consumption patterns, resource use and wastage of the northern countries, which have greater implications to the environment than the population of the poor in the southern countries.

Along with this, the unethical ways by which (a) multinational pharmaceutical companies carry out test trials on innocent women from the south; (b) governments of the north permit the export of banned drugs/contraceptives to the poor countries and (c) also tie up coercive population policies to development aid/structural adjustment programs, need to be addressed in order to converge the demands, struggles and concerns of the women of the south with those of the north.

This article has attempted to situate the discussion on reproductive rights at the global and local level. It identifies the limitations in the demand for reproductive rights from the vantagepoint of the south, especially India, and identifies the issues that require attention. The article points out that the discussion on the issue of reproductive rights within the population, development and environment debate should be seen in the context of western consumerism, the unequal power relations between countries, the structural adjustment programs, international debt bondage's, etc. The notion of reproductive rights will have concrete meaning for women only when political, social and economic rights are ensured and exercised effectively.

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