Women as Bonded Reproducers for the Family

by Paramita Banerjee

A l'aide d'études détaillées et d'entrevues en profondeur, les auteures nous parlent d'un projet de recherche à Khidirpur, quartier pauvre de Calcutta. Elles donnent une vue d'ensemble des attitudes et pratiques touchant l'avortement en Inde.

While women in many countries of the world are still fighting for the right to abortion, in India that right to so-called safe and legal abortion has been handed down to women as part of the traditional family planning program.

The contents of this article are based on the work of the entire team involved in the action research project carried on in the slums of Wards 78 and 79 of Khidirpur in Calcutta, by the School of Women's Studies, Jadavpur University, in partnership with York University, Canada. The object of the project was to study the self-empowerment of women in urban West Bengal, with a focus on health. But, through our detailed study which combined several levels of survey, case studies, and other forms of interaction, we discovered a somewhat different, possibly broader, aspect of women's lives in that area: the effects of modernization on women within the context of urban poverty and patriarchy. I will deal with only one aspect of the effects of modernization on women in Khidirpur which relates to their fertility.

This article is not an attempt to present through demographic profiles and statistical tables the results of our first level quantitative survey. No amount of tabulated data could actually reflect the insights we gained into the complex issue of what modernization means for poor women in a patriarchal soceity. I am drawing instead on the focus group discussions, detailed case studies, and other levels of in-depth interaction that we had with the women of Khidirpur to weave an overall picture of those women.

I am concentrating on the issue of abortion. While women in many countries of the world are still fighting for the right to abortion, in India that right to so-called safe and legal abortion has been handed down to women as part of the traditional family planning program. In this respect India might by some be considered more modernized than even some economically better off western countries where religious taboos against abortion still hold strong. The point of interest, however, is: does this right really help women in this country, and if so, in what way and to what extent?

In a society where "the ideological practices ... provide women with forms of thought and knowledge that constrain us to treat ourselves as objects" so that we learn "to set aside as irrelevant, to deny, or to obliterate our own subjectivity and experience" (Smith 36) it seems unlikely that the right to abortion was conceded with purely benevolent attitudes towards women. I do not mean to say that patriarchal norms never allow any concessions to women; on the contrary. The need to win over with concessions is built into the logic of capitalist development, but, concessions are never made without a catch.

This study provides a classic example of how women internalize the logic of denying their own experiences and perceptions—sometimes even consciously—as they have no other option. The technologies of the self[1] oblige women to view themselves, and consequently behave, in such a manner as to impose patriarchal values upon themselves, thereby making obvious external control unnecessary. This denial of their own experiences becomes an invisible means of control from within, obliterating the gender discrimination that produces such a situation in the first place. The contradiction that we discovered between the attitudes to abortion and the practice of abortion among the women we worked with demonstrates that modernization is fraught with the danger of increasing the marginalization of already disadvantaged sections of society, women among others.

Out of 214 married women (among whom were included 31 widows, one divorcée, and three abandoned women) 43 women had had abortions—27 women once, eleven women twice, four women three times, and one of them four times. Although their ages varied from 22 to 55 years, thus representing more than one generation, the majority were betwen 26 and 45 years old.

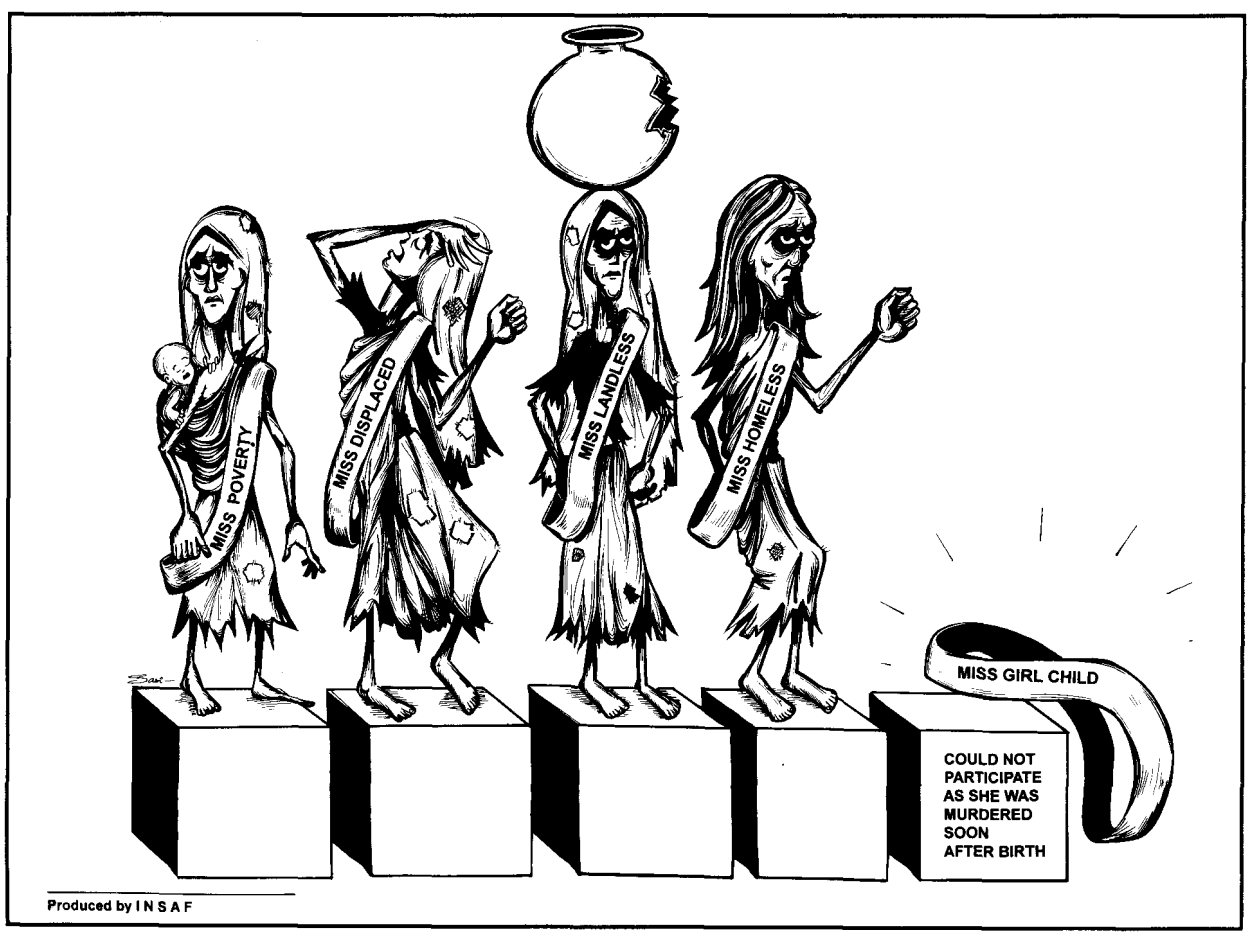
Of these 43 women, 14 either did not practice any method for contraception, or resorted to indigenous methods like the rhythm method or withdrawal. An overwhelming majority of our respondents opposed abortion as a method for spacing and/or termination of childbearing on health grounds, including 23 among the 43 women who had had abortions. This opposition was not based on any religious or moral ground. The women very clearly stated that they opposed abortion because of the harm caused to women's health through repeated injuries to the uterus and through the lack of necessary rest after the abortion. Opposing abortion on health grounds was the majority response to our question of why they opposed it; this was part of our house-to-house survey.

Subsequent interactions and area study made clear that most abortions were done in the suction method in not-too-hygenic circumstances since these women were unable to afford fancy nursing home facilities, so that chances of contracting vaginal/urinary track infections could not be ruled out. Moreover, almost immediately these women had to go back to tiring household chores that include carrying heavy buckets of water, washing clothes manually, etc. This reveals that we were not dealing with any remnants of "rural," "morally prejudiced," or "traditional" attitudes to the question of abortion, but with a very modern and informed mentality.

Most of the women who had had abortions favoured planning a family through both spacing and terminating childbirth. While this attitude, combined with their opposition to abortion on health grounds, depicts the picture of a modernized, conscious woman, their lack of knowledge about the available options for contraception, lack of access to birth control pills or IUDs, and quite often their fear of these methods, presents a different picture altogether.

Most families we surveyed ranged from lower to middle class, with the exception of a few fairly upper-income households. Rampant male unemployment and/or irregular employment, combined with both the social taboo against and unavailability of women's income-earning opportunities, has forced many of these families to turn to some kind of self-employment through a small trade.

The literacy profile is interesting. Among our 230 chief respondents, 172 are under the age of 45 (the youngest ones being 16) and 57 were over 45. Illiteracy among those under 45 was 24.42 per cent, compared to 59.65 per cent among those over 45. Minimal literacy rates among respondents under and over 45 were 11.63 per cent and 21.05 per cent respectively. Primary level education rates were 23.26 per cent and 12.28 per cent, while secondary level education rates were 28.49 per cent and 8.77 per cent among respondents below and above 45 years of age respectively. All the responsents with higher secondary level education or greater belong to the below 45 category. Although these figures indicate a slow but steady change in the literacy pattern of the women in the area over the years, changes in the



level of formal education have made no significant difference in their attitudes towards birth control. Whatever the age, whatever the education level, and whatever the religion—most of the women favoured birth control. Out of our 230 respondents, only 40 were opposed to birth control. A further 18 women did not respond to this particular question.

Formal literacy for women, therefore, fails to play any significant role in this particular context. The older women have been deprived of any formal education and are therefore either illiterate or barely literate. They feel unequipped to deal with or participate in a lot of everyday things that are "to be settled by 'naturally intelligent' males or by educated women who have made up for their lack of 'natural intelligence' by pursuing an education." Such "things" often include decisions pertaining to how many children to bear, whether a daughter should be married with dowry, and other similar things that specifically concern women's lives, health, and honour. Among younger women, those who are still illiterate or barely literate suffer from an even stronger inferiority complex. This inferiority complex coupled with poverty often makes them feel that had they been educated they could have worked like "us" (the "other") and helped their families financially. The arbitrariness of the employment situation in India which has thousands of educated people out of work remains hidden to them. While there are many illiterate women who have adopted birth control measures (through birth control pills, IUDs, or some unspecified "injection" that we thought was NORPLANT) and/or terminated child birth (through tubal ligation), among the 40 who are opposed to birth control—24 are illiterate, nine are barely literate, and seven have studied up to class II or III only. It is, therefore, possible to argue this feeling of inferioriy makes these women value motherhood over other things as a measure of a woman's worth, especially in a culture that glorifies the image of woman as mother.[2]

While older women mentioned that they did not know anything about the various methods of birth control, this is quite different with women under the age of 50. The role of the media is significant along with the question of state policy since it is mostly directly or indirectly through state-patronized media programs that the level of awareness about different means of birth control has spread.

Nevertheless, women are not supposed to know anything about sexuality until after marriage. They must demurely get pregnant at the first relevant instance even when they might have preferred to delay the birth of their first child. We had young women tell us specifically that though they preferred otherwise, they had to get pregnant or bear the stigma of barrenness or worse, "loose character on the basis of knowledge about family planning." It became evident that women take birth control measures either on the sly, or only after they have reached a certain age and a certain stage in their marriage. Initially, any suggestions for delaying the first conception must come from the husband.

In addition to this, there is a pervasive fear of the unknown methods of contraception, all of which are women-oriented, except condoms and vasectomy, the use of which in our study was found to be insignificant. Birth control pills are also available but are not the preferred choice. Women are afraid that they will sometimes forget to take the pill and find themselves pregnant as a result.

One of the major problems with government programs like the CUDP III[3] is that there is never enough field staff to make regular and thorough counselling possible. In this case, there is only one community health worker per 1,000 population. This keeps people ignorant about different contraceptive measures.

No less important is the attitude with which any questions from illiterate or semi-literate women are handled by medical practitioners of both sexes in this country. Calcutta is no exception. Questions from patients are generally frowned upon and if they should come from poor women there is never any attempt to explain as they are perceived as not capable of understanding the replies. Through our interactions with the Khidirpur women, however, we discovered exactly how keen they were to find out about their own bodies and about different means of birth control. They eagerly lap up whatever information comes their way through TV programs or Family Planning Department handouts.

Women become knowledgable about abortion, however, through their exposure to "washing" (as suction is popularly referred to in India) of sisters or other married female kin after miscarriages. Furthermore, if you walk through the streets of Calcutta there are posters for abortions plastered everywhere. Then there are health workers commissioned by agencies that perform abortions to encourage women to seek abortions. And finally, abortion is something that women can manage all on their own without even letting their husbands or other male kin know about it if need be. Many of the respondents referred indirectly to male control over their reproductive systems. For example, although legally a husband's permission is not required for women seeking tubal ligation, doctors in India insist that the husband's consent be documented.

Abortion thus continues to be used as a method of birth control, even when its ill effects are well understood by those who seek abortions. It is unlikely that this will change in the future. Quite a few of the abortions are carried out with a view to eliminating the birth of more girl children. This becomes even more questionable if we keep in mind that the modern technique of amniocentesis is not even known to most of our respondents. They rely on the indigenous methods of midwifes and *fakirs* (Muslim hermits believed to have special, sometimes supernatural powers) for the sex identification of the fetus. Women in India are conditioned by patriarchal values to prefer

sons. This, too, contributes to the dichotomy between their attitude towards and practice of abortion.

The Khidirpur experience foregrounds a situation where the right to a safe abortion can no longer be perceived as a "right" for women in India who are forced to use abortion as a method of birth control. None of our respondents, even when questioned directly, spoke of the psychological trauma usually associated with abortion. Rather, when provoked about the so-called moral aspect of abortion many retorted with that it was far less immoral than allowing a child to be born that would eventually die of malnutrition. One can look from two angles. We can argue that these women do have psychological problems but their internal defense mechanisms prevent them from owning up to that. Alternatively, it can be argued that the debate on the morality of abortion and the psychological trauma associated with it is based on a particular class perception which is not applicable to our respondents. I am inclined to accept the latter point of view.

The right to abortion is, of course, necessary; but it can only be empowering if other changes are effected that make this particular choice one among many, so that women can exercise their free will in choosing a method of birth control. That free will must be free in the real sense of the term, unfettered by patriarchal value structures as well as by the constraints of poverty.

As it happens, the politics behind depicting the so-called population boom in the Third World as the biggest threat today conveniently obliterates the tremendous imbalance that exists in the sphere of resources and population distribution between the developed and the developing/underdeveloped countries. The result is that in a country like India, heavily dependent on foreign capital in the form of loans and grants-in-aid, a compulsory and often brutally coercive (as during the Emergency period of Indira Gandhi's regime) family planning package becomes an unquestionable part of its development program. This program is by no means conceived and executed from a pro-people attitutde. This same dependence on foreign capital makes it mandatory that the country borrow/buys contraceptive technologies from the North, even the ones rejected and/or considered too dangerous in that part of the world. It is but natural that a development package seeking to privilege capital over everything else further marginalizes the already disadvantaged sections of society—women among others. Automatically then, it is a development model that renders irrelevant all questions of preservation of basic human rights even as it raises per capita national income for those who control the nation's capital and/or the flow of capital into the country. The answer to the riddle of the right to abortion becoming a burden on women instead of a choice is located in this paradigm of development.

This is also where the need to marry the class perspective to that of gender becomes significant from two angles: a) a right for one class can become a burden for another; and b) it is simply blind to demand human rights and freedom of choice for women alone in a country that denies them to large sections of its population—women and men. If the women's movement has to acquire global perspective and proportions, the movement in the North must take into account these realities of the South where feminist struggle can be meaningful only within a broader people's movement for basic rights against a development model that continually increases the already existing gulf between the rich and the poor.

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[1]This concept has been dealt with at length in Michel Foucault's *History of Sexuality* Volume I and other subsequent writings. What I find of interest in this concept is the possibility of explaining how internalization of patriarchal values shapes women's subjectivities in a certain manner so as to make redundant obvious techniques of dominance.

[2]I have in mind particularly the whole gamut of nationalist literature and present-day movies.

[3]This is a government program for integrated community health development which includes supervision of and motivating for family planning practices and options.

References

Smith, Dorothy, E. *The Everyday World as Problematic.* Toronto: University of Toronto Press, 1987.