PROCREATION, POLICIES AND STATE

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INTRODUCTION:

Pregnancy when situated in a medical and institutional paradigm can be deconstructed into its concrete stages of pre to post natal care, allowing us to study and analyse the manner in which pregnancy becomes a 'controlled' and scientific endeavour, made up of routine, systematic, patterns of childbirth. The advent of this type of institutionalised birth has altered the traditional and natural processes of childbirth, laying greater emphasis on man and his control over an essentially biological process.

However, it is difficult to say anything about a phenomenon like childbirth that would hold true for the different regions and peoples of India, given the diversity of language, religion and culture of this country. But what can be said is that about 65% of the births are at home in opposition to perhaps 3% in the United States. If we break this down into rural and urban, then more than 70% of births in rural India are at home with about 74 % of the total population living in rural India. And two- third of these rural births are attended by family and other forms of local experts (*dais*).

Given this framework, I want to explore the relation between the perception about procreation which involves many factors involved with pregnancy like culture, religion, class, caste etc., and the medicalization of reproductive processes which I presume to be supported by the state.So, it wouldn't be wrong to say that I would try to explore pregnancy or procreation being kept in the centre of a triad marked by state, culture and science. And this would be situated more specifically in the Indian context.

The paper has been divided into three parts. In the first part the focus is on the question, *what is pregnancy?* In the first look it appears to be a simple question; but after going through different ethnographic studies situated in India and elsewhere, it can be identified that there are different

notions or perceptions about procreation. These different understanding gives us a look into the cultural understanding of a process which is nearly universal and yet has many interpretations, and hence broadening our perspective eventually helping us to understand the complex dynamics involved. In this section apart from the bio medical understanding of the reproductive process, different cultural and theoretical understanding of procreation would be used to set the base for the main argument: that pregnancy is not just a biological process but it involves cultural politics in its definition. Also, how the bio medical definition is taken as the universal and the true information about the procreation.

The second part deals with the role of state in defining, determining and hence setting the policies, primarily the health and reproductive policies. To understand the role of state, Indian state's reproductive policies would be reviewed to identify what understanding the Indian state holds about procreation and several factors involved in this though primarily being the woman.
In the last part, which can be termed as the conclusion of the paper, an attempt would be made to identify the relation between state and policies and that how these play with the cultural understanding of procreation. Also, where is the woman located in this whole discourse of state, policies and culture?

It would be important to note in the beginning that in no way this paper is trying to denigrate science and uphold or romanticize the so called 'un-scientific' notion; instead the attempt is to go beyond the 'value neutral' science and locate and identify the politics in the medical science arena.

WHAT IS PREGNANCY?

Pregnancy or the word pregnant comes from the latin words '*pre'* and *'(g)natus*'. 'Pre' meaning before and '(g)natus' meaning birth. Pregnancy means the carrying of fetus by a woman from conception till birth or abortion. As has been mentioned earlier in the bio medical paradigm pregnancy can be divided into its concrete stages of pre to post natal care; or into three trimesters which starts from the fusion of ova and sperm, and ends with the birth of a child. Procreation is seen as a 'pure' biological process. But this understanding itself carries the implication that reproduction is all body and without mind; irrational or at least pre-rational(Brien 1981)

Before going into an analysis of this understanding of pregnancy we would acquaint ourselves with different ethnographic accounts of different notions of procreation in worldwide. Schneider once wrote that the western concept of the union of male sperm and female egg conjoining to form offspring is an 'ethnocentric view… Not shared by all cultures' (Rao 2000)

Bakkarwal community of Jammu and Kashmir (India), studied by Aparna Rao (Rao 2000), believes that conception takes place when the male semen (*bij*, lit. 'seed') and female blood(*rat* or *khun*) are mixed. Both semen and blood have a liquid part attributed to water and a solid parts in each substance varies between different types of creatures, as well as between individuals, and even for each [i]individual at different stages of life. This community explicitly compare procreation among humans and animals. The Bakkarwal conceive of semen as containing a juicy element which seeps into the womb as do the sun's rays into mother earth. Here the woman is very much an active partner in the procreative process and has great influence on the child to be. The blood an infant receives is considered entirely that of its mother; the father's semen acts only as a catalyst, bringing on conception. This catalyst also has a crucial role in determining baby's sex.

Orthodox Brahmins in Aruloor believe that childbirth is due to male conception and male pregnancy, the view is shared by both Telugu Brahmins and Tamil Brahmins. According to their understanding- a child is in the making for twelve months- that is a, full year- it first lives in the father for 2 months and thereafter in the mother for ten months.(Kapadia 1996)

Non-Brahmin Tamil believes that, when a husband and wife have sex they exchange blood. Some blood from the husband enters the wife, in the form of his semen; similarly, some of her blood in the form of female semen enters him. In sexual intercourse, the 'sperm- fluid' that is transferred from the man to the woman contains his blood as well. This blood joins the woman's blood to become the new blood of the baby that is formed when the woman conceives.(Kapadia 1996)

In the Khasi community procreation belief is that the father provides stature and form while the mother contributes flesh and blood to the child. The mother carries and nourishes the child in her

womb and it is from the mother's blood that the unborn child derives his or hers life-giving force. The Khasi rarely comment directly on the role of semen in human reproduction. Semen is treated as pus which could be drained out of one's body in contrast to mother's blood which is a life giving force and could be never separated from one's body.(Nongbari 1999)

Pregnancy or procreation is not just a biological process it ensues many cultural understanding and definitions and preferences. The concept of personhood, kinship is dependent on this 'biological' process. It has been pointed out by Aparna Rao (Rao 2000), that the concept of 'natural' relations is as much of a cultural construct as that of 'nature' itself, and in 'Foucautian fashion it may be considered as a discursive symbol instrumental in the conveyance of political meaning'(Rao 2000).

The very fact that of all the partially contradictory notions regarding conceptions and procreations only a select few appear to have survived is itself indicative of political choice.

Bio medical perspective believes that biological reproduction, is a natural process with which human reason can only deal from the standpoint of natural science. Bio medical understanding or definition makes us believe that if we want clearer understanding of the process we should turn to biology, anatomy and physiology or probably genetics. What they make us believe is that human reproduction is but one class of animal reproduction. What is important to know over here is that this bio medical understanding which claims itself to have properly defined procreation in pure biological terms, took 133 years to be established.

Julia Stonehouse (Stonehouse 1999), states or describes how the facts of human reproduction were extremely difficult to establish scientifically, taking 133 years from inception of the correct theory- 'in 1827 with the discovery of mammalian ovum- to actual proof in 1969- when photomicrographs of ovum and sperm fusing, and subsequent cell division, were observed as part of *in vitro* fertilization (IVF) experimentation.'

The embryological history is never discussed in public talks as it involves how women were denied their role in procreation and were treated just as the carriers of future generation.

Through the above discussion what can be pointed out is that- the notion of procreation i.e. the role of father/man, mother/woman in this process determines the kinship structure and also the resource allocation is determined. For instance, Tiplut Nongbri (Nongbri 1999), pointsout that how the patriarchal state passed the Meghalaya Succession Actside lining the khasi custom which prescribes the devolution of ancestral property in the female line (which was due to, as discussed earlier, the procreation belief of khasi's that mother plays an important role).

Here the role of the state comes into play. The state though shares its understanding with bio medical perspective of pregnancy but it has a patriarchal interpretation of this fact. The notion of seed and earth is reflected in the policies of the state and other legislation like property rights. But we'll keep ourselves in the domain of this paper we would now try to understand the link between state and policies.

SCIENCE POLICIES AND STATE:

Donna Haraway's famous phrase, science as "politics by another name" is an apt introductory statement for this section. As an authoritative knowledge, which is posited as reliable and ultimate truth in the modern era, science is fundamental to modern governance and its policy instruments. Science and technology studies which examines science in social context- to study the making of public policy by political and scientific elites, challenges the view of politics and science as separate domains, seeing politics as permeated by knowledge.

By studying policy scientists as they make and advance their policy proposals and leaders as they recruit and review those scientific plans, we can ask new questions about this field of politics: what strategies do scientists use to make and advance their work? How might scientific ideas, numbers and visual inscriptions alter political reasons within the regime? How does the scientization of politics and the politicization of science change both domains? How valuable is knowledge as a political resource?(Greenhalgh 2008)

In his seminal essays on western modernity H*istory of Sexuality volume-I*, and in later lectures Foucault proposed that the modern political era has seen the rise of a new form of power that is no longer concentrated in governmental institutions of the state but is increasingly dispersed

throughout society in disciplinary institutions of medicine, education and the law (Foucault 1980, 1991)

Grounded in modern science and technology, whose claims to authority rest on their apprehension of and mastery over "nature", this modern power focuses on and works through the biological body. It operates at two interconnected poles, the regulation of population as a whole and the disciplines of the individual body. Modern power is thus largely power over life- biopower- and modern governance is the governance of human life.(Greenhalgh 2008)

If modern society is a normalizing society, dominated by the modern, science based norm, then policy can be understood as the "crystallization of authoritative norms"(Greenhalgh 2008). Public policies thus created and carried out by public entities at multiple levels- are ubiquitous if often invisible elements of modern governance. From birth to death, work to play, virtually every domain of life is regulated by the norms and dictates of public policy. Since, human life itself is a central object of modern power, population policies- specifying the authoritative norms on family size, child education, worker health, and so on are the characteristic policies of the modern era.

In this sense population has exceptional significance in the political domain. Foucault describes the rise in the modern era of a new field of bio-politics in which human life itself, in the biological sense, has become a central object of science and governance

Keeping this understanding of science, politics and policies in mind we'll have a quick review of the reproductive policies in India.

REPRODUCTIVE POLICIES IN INDIA:

Health & Family Welfare Programme started in India in 1951, with the National Family Planning Programme. The Family Planning Programme focused mainly on terminal methods with a view to control over population growth. As a result, it received set back owing to rigid implementation of target-based approach. The experiences gained throughout the country revealed that improvement of the health of women in the reproductive age group and children (up to 5 years) is of crucial importance to reduce the problem of population growth. This

realization led to change in the approach from Family Planning to Family Welfare. Since the 7th Plan implemented during 1984 – 89, the Family Welfare programme have evolved on the health needs of mothers and children, as well as on providing contraceptives and spacing services to the targeted group. The main objective of Family Welfare programme has been to stabilize the population at level of the need of the country's development.

In 1997, the Government of India followed up the International recommendation on Reproductive and Child Health (RCH) as a National Programme. RCH programme integrates all the related programmes of the eight plan and it aims to bring all RCH services easily available for the community.

INDIA'S FAMILY WELFARE PROGRAM

At the outset it must be stated that 'family welfare' as a title is highly misleading because the entire effort of the concerned department is family planning, and that too mostly tubectomies. Other concerns of this department like child immunisation, ante-natal care, abortions, deliveries, post-natal care etc.. are only marginal ; occasional spurts of activity like universal immunisation using a mission approach did change things temporarily but as routine set in, it could not be sustained and has again been marginalised. One doesn't have to give the gory details of statistics to show how miserable health care in general and specifically for women and children is. It should suffice to mention that access to basic services like basic medical care, facilities for child birth, abortion services, contraceptive services, pregnancy care, immunisation etc. are just not there when clients visit the primary health centres or other provider units.

From then on there was no looking back and population control kept getting an ever-increasing share of attention of health policy, planning and resource allocations. This might appear to be an exaggeration because 'only' about 15% of the budget of the ministries of health goes to family planning, and hospitals and medical care get about 'as much as' 40% of the budget share. But it is not, because 80% of the 15% on family planning is spent in the rural areas and 85% of the 40% on medical services goes to the urban areas, which have only one-fourth of the country's population. Further, the entire health team working in the rural health infrastructure (as also those from other government departments who have FP targets to fulfil) spend an overwhelming

proportion of their time on family planning related activities - this means they are forced to encroach on their time for other health care tasks. [16]

The new RCH programme is characterised by: "high quality, client centred approaches that address a range of reproductive health needs, including safe motherhood and family planning, as well as other problems such as reproductive tract and sexually transmitted infections"(A.R. Measham 1996)

It can be said that the primary goal of the previous policy was to reach two child family size norm and the new one is while still encouraging smaller families, help clients meet their own health and family planning goals. Earlier the priority services were limited family planning especially female sterilisation and immunisation. The new RCH focuses on full range of MCH services. The previous policy relied on number of cases to determine the performance whereas the new one focuses on quality of care, client satisfaction, coverage measures etc.

Also, the usage of word 'client' in the RCH policy document indicates a shift in the attitude of the government of India. Earlier the word used was 'beneficiaries', but the usage of new term implies more decentralized approach.

CONCLUSION:

Through our discussion it can be identified that the there is a close relationship between science and policies. The medicalization of childbirth is indeed the result of government policies, priorities and ideology. Rachel Simon Kumar(2006) argues that the ideologies impact on the construction of women's political and economic identities. These identities, in turn, impact on the claims that women can make on the state as citizens, the leverage of power they wield and the policy outcomes of contested discourses. Gender policies for women mirror these ideologies. Infact all policies adopted by the government can be analyzed to identify the ideology or the premise on which the policy is based. As has been discussed earlier in the paper, Indian state has focussed on the 'problem' of high fertility and population growth and hence to control it, the target group was the woman. Initial policies reflect the bias of the government that the women health was only limited to that of the reproductive andmaternal health(pointing to us that how the

state considers the woman as future mother only). Therecent RCH is considered more gender sensitive. However, State has somewhere failed to realise that a woman is not a single entity existing and living in Indian state but she is a social being ruled by the social expectations and traditions. She is not the one who has the final say in her child bearing decision. Her husband, her in- laws, society, and culture expects the women to give birth as that is one of the main purposes of marriage that is to continue the lineage. Giving birth is not enough; giving birth to a son is the priority. If the woman fails to do so, she would not be able to move up on the ladder of social hierarchy wherein, an infertile woman or a woman who couldn't give birth due to her husband's impotency is denigrated and somewhere out casted from all the social festivities and community interaction. Somewhere similar is the case of the woman who gives birth to girl child and no son. They are the burden for the family for producing more liabilities.

The access to medical infrastructure and facilities provided by the state in the hope of safe motherhood and child birth, is determined by the family members totally, several factors are involved in the decision making too: right from the expense to the indifferent and sometime inhuman attitude of the hospital staff and doctors towards the social realities and the perceived needs of the pregnant woman. The policies that are carved out by the state need to be more inclusive of the social facts and attempts should be made to include the social beliefs, traditional practices. Some of the ethnographic work in this field(Patricia Jeffery 1989) points out that how family members don't treat pregnancy as a stage which requires good attention and care. For them it's a natural thing requiring no medical assistance, which is due to the fear of the expense and the intrusion of educated people who look down upon the villagers for their 'ignorance'.

It's a complex interconnection between the state, science and culture when it comesto procreation. Science is feeding into policies adopted by the state but in that process it sidelines the culture which plays a vital role in the lives of every human being. But this doesn't mean that medicalisation is not a welcome change accepted in India. The acceptance and access is marked by the class and the caste of the families. The state plays a pivotal role in determining the lives of the people residing in its territory. The policies framed by the state should reflect the social realities and shed the patriarchal status adopted by it. Changes are taking place but still a lot need

to be done to avoid the elimination of diversity of opinions based on experiences by negating them as unscientific.

Bibliography

- A.R. Measham, R.A. Heaver. *India's Family Welfare Program: Moving to a Reproductive and Child Health Approach.* Washington D.C.: World Bank, 1996.
- Brien, Mary O'. *Politics of Reproduction.* London: Routledge & Kegan Paul, 1981.
- Foucault, Michel. *The History of Sexuality, Volume 1: An Introduction.* New york: Vintage Books, 1980.
- Foucault, M.(1980) *Power/Knowledge*, edited by C.Gordon, London: Harvester.
- Foucault, M.1991.'*Governmentality*', in G.Burchell, C. Gordon and P. Miller(eds.).*The Foucault Effect*, Brighton: Harvester Wheatsheaf.
- Greenhalgh, Susan. *Just One child, Science and Policy in Deng's China.* Berkleyn and Los Angeles, California, U.S.A.: University of California Press, 2008.
- Heady, Peter Loizos and Patrick. *Conceiving Persons: Ethnographies of Procreation, Fertility and Growth.* London: THE ATHLONE PRESS, 1999.
- Hollen, Cecilia Van. *Birth on the Threshold, Childbirth and modernity in South India.* Berkeley&Los Angeles, California, U.S.A.: University of California Press, 2003.
- Kapadia, Karin. *Siva and Her Sisters.* Delhi: Oxford University Press, 1996.
- Kumar, Rachael Simon-. *'Marketing' Reproduction?: Ideology and Population policy in India.* New Delhi: Zubaan, 2006.
- Leela Dube, Eleanor Leacock, Shirley Ardener. *Visibility and Power: Essays on Women in Society and Development.* Delhi: Oxford University Press, 1986.
- Nongbri, Tiplut.1999. 'Gender and the Khasi Structure', in Uberoi, Patricia (ed.).*Family, Kinship and Marriage in India.* Delhi: Oxford University Press.
- Patricia Jeffery, Roger Jeffery, Andrew Lyon. *Labour Pains And Labour Power.* New Delhi: Manohar, 1989.
- Rao, Aparna.2000.'Blood,Milk, and Mountains: Marriage Practice and Concepts of Predictability among the Bakkarwal of Jammu and Kashmir', in Rao, Monika Bock and

Aparna(ed.). *Culture, Creation and Procreation: Concepts of Kinship in South Asian Perspective.* Oxford: Berghahn Books, 2000.

- Rao, Monika Bock and Aparna. *Culture, Creation and Procreation: Concepts of Kinship in South Asian Perspective.* Oxford: Berghahn Books, 2000.
- Stonehouse, Julia.1999.'Procreation, patriarchy and medical science: the resistance to recognizing maternal contributions in European embryological thought', in Heady, Peter Loizos and Patrick(ed.). *Conceiving Persons: Ethnographies of Procreation, Fertility and Growth.* London: THE ATHLONE PRESS, 1999.
- Unnithan-Kumar(ed.), Maya. *Reproductive Agency, Medicine and the State.* Newyork: Bergahn Books, 2004.