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## **A Storm in a Test Tube**

*Naresh Fernandes*

Squinting against the glare of the harsh fluorescent lights, a balding, middle-aged man wearing a checked shirt and a worried look sat at the edge of the plastic chair in the white-tiled corridor of Bombay's Jaslok Hospital, tapping his foot on the floor with increasing nervousness. His wife, perched beside him outside Room 217, seemed to be a little more composed; she riffled insistently through her handbag.

In a few minutes, Dr. Indira Hinduja would estimate the chances of their being able to have a baby. They are among the 20 childless couples who queue up every day to consult the woman who headed the team responsible for the birth of Harsha Chawda, India's first officially recognised test-tube baby.

Most of the patients are in their late 30s or 40s, having spent years hoping against hope, experimenting with superstition and pseudo-science before deciding to resort to in vitro fertilisation. Most are also aware that the hugely expensive treatment (costs range between Rs. 30,000 to Rs. 80,000 for 15 days) has only a small chance of success: though Indian doctors claim a success rate of 25 per cent to 30 per cent, British figures range between three per cent to 30 per cent.

This information does little to dissuade the couples. "The agony of childlessness is impossible to describe," said Dr. Hinduja. "And the joy after an infertile couple has produced a child is also impossible to describe."

However, Dr. Hinduja's desire to spread joy and the spirit of enquiry that has led scientists to obliterate traditional social concepts in their search for more efficient methods to treat infertility have kindled heated debates around the world. In India, seven years after Harsha Chawda's birth, doctors and social activists have become acutely aware of the need for stringent guidelines to regulate the treatment of infertility using assisted reproductive technologies. And there are many who argue that ART's are entirely unnecessary.

A common contention is that an over-populated country in which many citizens lack even elementary health care has no business investing resources in an expensive technology that benefits only a few, though highly visible people. Said Demographer Dr. Malini Karkal of the Hamburg-based Feminist International

Network Against Reproductive and Genetic Engineering (FINRAGE), "There is greater excitement and prestige in these areas than in the work on preventive and promotive medicine, prenatal and maternal health care or in programmes aimed at reducing child morbidity or mortality."

Researchers, however, insisted that these technologies have only been developed in response genuine needs expressed by women. "This is the best thing that could happen to the Indian woman, who is under tremendous pressure from many quarters to conceive and produce a child to prove her womanhood," argued Dr. Brij Kalyan of Bangalore's Hope Infertility Clinic.

It is precisely this attitude that irks feminists, who believe that the ideological messages that ARTs transmit are merely another indication of patriarchy. "Indian society only accepts the woman in her role as a mother. Her status depends on whether she has children," maintained Dr. Meera Kosambi, director of the Research Centre For Women's Studies of SNDT Women's University in Bombay. "Should infertility be treated as a medical problem or a social problem?"

Recent cases of ART use in the West have thrown up additional fuel for the debate: the case of the 59-year old British woman who gave birth to twins has exacerbated fears that post-menopausal women will opt to have children, well beyond their natural reproductive capabilities, at an age at which they are not physically or psychologically equipped to handle birth. In several countries, women above 45 years are prohibited even from adopting children.

But it is the case of the 37-year old black woman who opted to be implanted with the ovum of a white woman (ostensibly because a white child has access to a higher quality of life in Britain) that has caused the greatest anguish 6,000 km away. Though British doctors refused to allow a Pakistani couple to have a blond-haired, blue-eyed baby boy, it is now clear that designer, made-to-order babies are a reality.

"The danger is that we Indians already have strong preference for fair babies, in addition to a strong preference for sons," noted Dr. Kosambi, whose 1988 study of Maharashtra orphanages found that the overwhelming majority of Indians chose to adopt fair-skinned boys. "What's to prevent this technology from being misused, just as amniocentesis has been?"

While Dr. Karkal viewed these developments as merely another indication of the in-roads consumerism has made into our lives and the "increasing market orientation of the medical profession", others believe that this is only the first step in a process that could lead to the creation of a master race. For instance, China has already drafted a new law on eugenics and health protection that

makes it illegal for people suffering from mental illness, venereal diseases or hepatitis to marry and promises abortions and sterilisations to "avoid new births of inferior quality and heighten the standards of the whole population". One school of opinion contends that a mass breeding programme, based on ARTs and cloning technologies, is the only logical conclusion of this legislation.

The Catholic Church has been among the most vociferous critics of these new technologies. "Science and technology require, for their own intrinsic meaning, an unconditional respect for moral law. Science without conscience can only lead to man's ruin," states *Donum Vitae*, the Instruction On Respect For Human Life In Its Origin And On The Dignity Of Procreation, set out by the Vatican in 1987.

The Church not only condemns birth obtained by the donations of sperm or ova, but even prohibits extracorporal union of a husband's sperm with his wife's ova. "From the moral point of view, procreation is deprived of its proper perfection when it is not desired as the fruit of the conjugal act, that is to say of the specific act of the spouses' union," states the document.

But what of the very real feelings of deprivation that traumatise childless couples? Both the Catholic Church and women's activists recommend adoption. Said Dr. Eustace de Souza, executive director of the International Federation of Catholic Medical Guilds' Bio-medical Ethics Centre, in North Bombay, "There are more children waiting for mothers than there are wombs waiting to be filled."

Dr. Hinduja reacted strongly to this suggestion. "Adoption is not the sole responsibility of the 15 per cent couples who are infertile. Why should the 85 per cent keep producing and leave those who cannot conceive to adopt?" she asked.

Though researchers dismissed notions that technology has advanced sufficiently to permit mass genetic programmes, they are aware of the need for regulations to protect against the indiscriminate use of ARTs. But the scattered and uncoordinated nature of the research so far has prevented against the formation of an organisation on the lines of Britain's Human Fertilisation and Embryology Authority.

Till the guidelines are formulated, scientists believe that the traditional values that govern Indian society will protect from the from the abuse of ARTs. Said Dr. Harbans Juneja, director of the Institute for Research in Reproduction, "Techniques are simple, but society's moral and ethical values aren't. Science, which is value-neutral, gives us technology. However, the adoption of technology depends on individual societies."