

The Social Trap

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It is no more a disputed fact that working class women participate in production with men and that like the latter are alienated from the means of production. An estimated 18.30 percent of the world's families are supported solely by women, while in many others, the woman's wage contribution is a substantial component (Wayne, 1985). The wage system, however, continues to be structured according to the assumption that a woman's wage is only supplementary. Women are seen as economic attachments to men, not as free laborers who participate equally Rowbotham, 1973 . Women are thus financially compelled to stay with their men even in the face of unmasked oppression. Separation, and consequently, living single or, with children and without a man, often means a drastic drop in the standard of living for women, if not abject impoverishment, not to speak of social stigma and increased vulnerability to sexual invasion. To shift resources towards women as a group, policy makers have to be first convinced that women contribute greatly to world production - within the family, in the agricultural sector, in traditional as well as modern sector industries and also in commerce. (Wayne, 1985). Statistics miss family and informal sector activities, resulting in this contribution being overlooked.

The prescribed role model of the husband-wife-child determines and influences the roles that men and women perform within and outside the family. As a vivid example, one may quote the doctor-nurse-patient relationship being analogous to the earlier mentioned familial triangle. These role models by virtue of the pre-decided status of women determines the extent of food, health facilities, education and employment opportunities that they will receive in comparison to what men will. Therefore even though women do enter the production force with vigor and compulsion, they inevitably land up doing jobs that are qualitatively and thus economically inferior to those performed by men.

With enforced backwardness, it is also easy to push women out of the labor force more easily than it is to push men out - be it due to automation, unemployment or the omnipresent and omnipotent reproductive duties. The entire oppressive

cycle to complete-with enthusiastic support from the institution of the family, where even her domestic labor to always given priority over her outdoor social labor. Women thus become a reserve army which will work at half pay and who will be re-absorbed by the family if there is unemployment (Rowbotham, 1973). This is evident from the fact that when capitalism expands, the state propaganda projects the image of the 'career woman' or the 'working woman' to keep pace with the boom that is created, but the ugly race of capitalism is seen during recession when suddenly motherhood and the 'angel of the home' concept is glorified.

The role of the family changes from feudalism to capitalism and also, within capitalism, as the latter advances. On the surface it appears liberal, more due to the erosion of the oppressive joint family structure. However, the hold of the family, based mainly on the sexual division of labor, is as firm as ever. Oppression merely acquires new faces.

The changing role of the family also determines the reproductive potential of the woman. The family, in turn, is governed by historical inevitability, market compulsions and often, by the prevailing political will where reproduction is concerned. In peasant households with considerable landholding it might be desirable to have as many extra pairs of hands as possible; similar may be the case in not-so-advanced capitalism, where the quantity workers needs to be maintained at a high level so that their exploitation through underpayment is possible. With the decline of labor-intensive industry and with the emergence of capital-intensive industrialization however, the main economic task of the family would no longer be to produce a large number of children -- since then, quality rather than quantity would be important in the labor market Morton Peggy, quoted in Mitchell 1966. The family adapts itself accordingly, and in turn monitors the reproductive ability of the woman to suit the requirements of the contemporary wage market.

The woman in question therefore, is only seemingly liberated to become a wage earner. In truth, however, she holds no real power in either structure; in fact forces that are alien, incomprehensible and beyond her control monitor her, both inside and outside the family.

Underpaid outdoor work invisible domestic labor and conjugal duties therefore leave a woman vulnerable to be doubly exploited. Unfortunately, though the conditions of working class women are ideal for the creation of a powerful political force, their realization of exploitation dissipates instead of being

sharpened. The shunting from reproduction to production and back to reproduction acts as a safety valve to smoothen conflict. A woman is unable to see the political aspect of her dispensability in the wage market; most often she personalizes her problems. Conditioned to believe that family labor, conjugal duties, child-bearing and rearing come first in a woman's life, she readily believes that her withdrawal from the production force was in fact her own decision and was for her own good. A dangerous myth is thus perpetuated.

To have foolproof hold over women, patriarchy has separated women's sexuality from their ability to reproduce. Since reproduction is necessary for the survival of the species, one finds a large-than-life glorification of motherhood. Whereas great noble images are built around the mother (with little practical support to her, thought), sexuality of women is classified as vicious. The separation of reproduction from sexuality in women's case is a reflection of patriarchy's fear of the potential powers of a woman. Though the concept of illegitimacy and patrilineage, a fair amount of control on reproduction has been establishment. Monoandry in marriage is the indelible ink-mark ensure that the "heir" is rightful.

Out of a fear for women's sexuality, patriarchy has maintained double standards about 'morality'. On the one hand a woman who fitted the bill as a wife had to be chaste and sexless and 'good' so that the man did not feel threatened; but, on the other hand, there had to be woman, the 'bad' unrestrained whore who evoked fantasy. Both are economic slaves in bondage, with their stereotypes worked out and their sexuality defined in patriarchal vocabulary. The self-deceptive double standards are visible through practices such as hymenoplasty -- or repair of the virginity membrane of the 'bad' woman intending to become the 'good' one.

When a woman's body is invaded, she has lost the final control over her existence. In the absence of a woman's right to choose for her for her ownself, for her own body. It is ludicrous to expect her to participate in any decision-making, be it in the microcosm of her household or at the macro level. Taking charge of one's own body therefore becomes a crucial feminist issue. Taking charge not in a military or proprietary sense but as a conscious refusal to subjugate oneself to the slavery of patriarchy, of capitalism and of destiny. Contraception, abortion and childbirth therefore, are crucial landmarks in a woman's quest to free her body.

Feminist Position on Contraception

Few topics related to the women's health movement are as controversial as is contraception. Liberating heterosexual women at one end by giving them the choice to control their own reproduction, it snatches away the same control when contraceptives, many of them invasive and harmful, come as a package deal with population control programs that select, motivate and, whenever necessary, coerce helpless targets. Male hegemony exists in medicine, in policy and decision-making and in research.

As regards contraception, one argument put forward is that while it does help a woman to avoid conception, the availability of contraceptives has made women 'sexually available' for men. The argument has been especially true in the context of our Western sisters and the recent works of Germaine Greer and Betty Friedan bear testimony to the fact that the sexual revolution of the West, did in fact oppress women themselves. The same argument is put forward in India by well-meaning persons about the abortion issue. What they want to stress upon and, to warn is, that once contraceptives are available, men become more irresponsible in their sexual relation with women, since, then a woman's sexual availability can be separated from unwanted conception and the accompanying guilt and responsibilities. In the event that conceptions do occur, the woman then is made to go through repeated abortions, much against her will and her physical wellbeing. The position of these protagonists is in principle quite different from that of the moralists who see sexuality without conception as evil, especially if it occurs outside marriage, and who consider accidental pregnancy ensuing out of such a -relation, as a well-deserved punishment.

Let us examine this position and its consequences. Patriarchy, it must be stressed, is powerful and all-pervading and adapts itself to almost every situation with incredible ease. In fact, it has the power to mould situations, even progressive and radical, for newer forms of oppression. It existed in feudal society, it functions hand-in-hand with capitalism; what is even more depressing is that it has also not been driven out of post-revolutionary societies.

Our fight therefore, has to be directed against the real enemy -- Patriarchy--that oppresses us, degrades us to being sexual objects, that refuses to accept responsibility of conception and child-rearing, and which, overtakes any move by us to gain control of our own bodies. Withdrawal of legalized abortion or of contraception would, in result, be no different from what rightist moralists would desire in complacent glee: a further punishment for women. If we accept

the fact that a woman is not free sexually, then to take away her defence mechanisms would amount to victim-blaming.

Within marriage, the 'availability' of the wife for sexual gratification in relation to the contraception issue raises delicate questions. Similar to the argument raised earlier, does a wife become a sexual slave only when the couple practices contraception? The reality, of the sexual rights of a husband, is more deep than is contraception. Restitution of conjugal rights is one such issue that encroaches the human rights of the wife. In the Hindu family, the wife cannot raise the issue of rape within marriage, because according to the law she has given her consent, once and for all, during the marriage ceremony itself. Legal cases have been filed by husbands when the wife has refused to bear children. Where does contraception figure in these cases?

The woman's choice and control over her own sexuality would more often be much reduced within marriage. Each time she goes through an unwanted sexual experience, she may not be actually 'raped'. Often, the consequences of not sleeping with her husband may far outweigh the consequences of having slept with him. She may be threatened with insecurity, with the accusation of not fulfilling her conjugal duties, of frigidity and, in dire circumstance, with desertion. In such a situation, in fact contraception comes to the rescue of a woman: she can at least hold on to one end of the rope, however feebly.

One is definitely not making a case that wives and women in general are sexless and that every time they undergo a heterosexual experience, they are doing it against their own will, only to gratify the man. Of course not, Women can and should express their sexuality in their own right. And yet, they should have the freedom to control their own reproduction, within or without marriage.

From this point, emerges another hotly debated issue: is contraception solely the responsibility of the woman? It is clearly not so, and we have to constantly question as to why there is more research into contraceptives for women as compared to those for men; why women are the more favored target group in population control program and, why unsafe and invasive contraceptives are being dumped into women. Ideally, contraception should be shared equally by the couple and significantly, the natural family planning method which is the safest method of contraception demands such mutual co-operation and understanding. The man respects the woman's demand against conception and actively co-operates. Here, however we are referring to the man who handles an intimate relationship with some amount of responsibility. He may well be the

exception to the rule. In Bombay city alone the officially registered MTPs in a single year are around 50,000 besides many more that go unregistered. Karkal, 1985 proving that there were at least so many unwanted pregnancies in one city in one year.

While we are aware that contraception is shared responsibility, in the absence of a pro-women milieu, avoiding unwanted conceptions through contraception becomes the woman's second last line of defence, the last of course being abortion.

Is There A Choice?

Contraceptive choice today, is not determined so much by the woman in question, but by designs that are beyond her control. These designs work at national and international levels, namely, the government's policy regarding population control and the interests of multinational companies. The interests of the latter become clear when one realizes the tremendous potential market that they have in healthy women all over the world. Three to five million women in seventy countries were on Depo-provera alone, in 1978 Corfman, 1978. According to the 1981 Census of India, 43.4 percent of all women are in the reproductive age group and of these 80.48 percent are married. That makes for 11.6 crores of married women in the reproductive age group -- only on the Indian subcontinent. Since injectables are to be used as a spacing method, all of these women become potential targets at least once in their lifetimes.

In fact the 'value' of many contraceptives lies in the very fact that it steals choice from the woman in question. Male hegemony exists and contraception therefore remains an area where all heterosexual women are disadvantaged by a limited choice. Roberts, 1981. Moreover, the medical establishment is male-dominated and much worse, women are made to fit into male defined categories. It is with this preconceived bias that the medical establishment sees our menstrual problems. Since our gynecological disorders are termed as 'psychosomatic' there is little understanding for menstrual chaos, pain or other psychological disorders that invasive contraceptives induce inside our bodies.

The entire primary health program in India reflects social attitudes towards women -- viewing them primarily as mothers or potential mothers.

Factors that contribute towards women's ill health outside the motherhood role are not considered - their socio-economic status, total workload, the daily and seasonal patterns of activity, access to health care and so on. Neither are those problems which affect women more severely, such as malnourishment anaemia and occupational hazards, or those which affect women specifically such as abortion or spouse abuse, considered (Wayne, 1985). The inability of the medical establishment to understand the main reasons for women's ill health reflects escapism on the part of the former. To accept the fact that neglect, starvation, rape, incest and violence exist inside the four walls of the paradise called home is to get oneself conscientised. It is therefore, more soothing to pass off rape as seduction, incest as nonexistent, violence as accidental and, to record a death during labor merely as 'maternal mortality' when the real cause of death was lifelong under-nourishment and anaemia, compounded with low access to safe child-birth and safe contraception.

Passivity is a fundamental feature of the relationship between the providers and users of maternity services Graham and Oakley, 1981. The lack of control over one's body is experienced by many women in the clinic approach to pregnancy and childbirth. Most often, questions that bother a woman's mind remain masked. For the majority of rural Indian women, even physical access to a health center during obstructed labor is a luxury for which she is grateful. For the few who are fortunate enough to have physical access, utilization of MCH reduces, notable among them being the fact primary health care in India is used as a bait for family planning. Even when watered down MCH is available, in the absence of a woman's control over her own reproduction, all she does is to mindlessly swallow iron-folic acid tablets. If we fail to question this passivity, then there is certainly some, but not much, sense in rallying against her swallowing dangerous hormonal pills. We have to ask basic questions.

No More Answers

The power of patriarchy cannot be undermined. It overtakes all progressive moves and places obstacles in our way. It is surprising how the women's movement has constantly been kept on the defensive, being forced to answer questions that the system poses.

Take for instance the issue of sex determination. It is deliberately confused with the issue of abortion. The rightist stance of the medical profession and policy makers is exposed when the issue of sex pre-selection is raised. Many 'liberals' who oppose sex determination vehemently, do not feel as strongly against pre-

selection of sex prior to conception; in fact some advocate the latter as a solution to the menace of sex determination.

It is not the crime against womanhood that prompts liberals to take a stand against sex determination, but the abortion that follows such tests. Thus before we have disentangled the whole issue of abortion versus sex determination, we are confronted with sex pre-selection, and that too in the name of widening the choices of a woman.

Bioethicists, in an attempt to stay 'neutral and impartial', pose a query as to why women should insist that their foetuses be in an abortion. What they mean is that while women may have the right to abortion, should they be allowed to decide the fate of the expelled foetus. In short why should women refuse to hand over a carefully delivered live foetus for genetic research?

The freedom and the shackle are always deliberately entwined. They come as a package deal: both or none. It is amazing as to how much energy and time the women's movement has to spend in defence. How many precious months are spent refuting the propaganda that female infanticide is more humane than bride burning, or that female foeticide is better than female infanticide or that sex pre-selection is better than female foeticide.

Answering questions all the time has dangerous consequences, too. It leaves little time to formulate questions. Socially conditioned to internalize guilt, more often than not we are tempted to surrender our freedom when confronted with the accompanying shackle. When the bioethicist asks for the live foetus, there seems to be no solution but to refuse to have an abortion. Being burdened with an unwanted pregnancy and with the anguish that it creates, it is a little difficult to pose the following question to the bio-ethicist in the abortion clinic: Who is he in the first place to demand that a foetus be confiscated, be it for genetic research or for commercial exploitation? If the woman may not have the right to abuse her foetus, then why should he be allowed to do so?

One realizes painfully that there need not be overt coercion for us to give up our meagre choices. Even in the absence of coercion, it is difficult to make a choice. Paradoxical?

Choice Versus Coercion

The concept of coercion is by definition based on the concept of choice. It is implicitly understood that if coercion, as we understand it, is absent, then people are free to choose what they want. It is therefore necessary to discuss and debate whether choice in the form that it exists today, allows for most people, even in the absence of overt coercion, to make decisions regarding their own lives.

The working class today have no choice except to live in subsistence. They have no choice today to produce those commodities which they need most. Neither do they have the choice to decide in a socioeconomic vacuum as to how many children they will have.

Working class women as a gender also suffer from the unavailability of the above-mentioned choices, but, in addition, they have no choice regarding their own sexuality, reproduction, child-rearing and other family labor. For instance, a woman does not have the choice to mother a child outside of marriage and conversely, she does not have the choice to stay childless within marriage.

Similarly, she does not have the choice to use or not to use contraceptives or the type of contraceptive she desires, nor does she universally have the choice to undergo abortion. These decisions are often made through the top down political structure.

The concept of 'choice' as we understand it today therefore, is a capitalist concept, where in a 'cafeteria approach' one can 'choose' from amongst the available limited options. These options are seen as commodities and not as active decisions to be taken. Thus we have the choice of birth control which really means that women choose the lesser evil among the available contraceptives when the family or the state decides that she must not have a child. The tussle between the wage market and the family leave the couple, and especially the woman, on a constant tight rope walk about child-bearing and on that shaky ground she makes her "choice" of pregnancy, contraception and abortion. In the same context, with an enforced small family norm and in a woman hating environment the woman 'chooses' to abort a female foetus.

In the absence of true freedom for the majority of the people of the world to be able to make decisions regarding their own lives. It is possible to narrow down the horizon of choices in the very name of giving the right to choose. Thus along

with the freedom of child survival come motivations to use spacing methods for birth control. In the same manner, sex pre-selection replaces sex determination techniques under the guise of giving a woman the 'choice' of pre-selecting the sex of her unborn child to 'avoid bloodshed through the abortion that follows sex determination'. In the absence of a thoughtful definition of choice, coercion and choice do not, as expected, stand poles apart from each other, but ironically are separated from each other only by a thin line.

Campaigns related to reproductive technology have curiously brought into focus the fact that gender, race and class issues are inter-linked. In India, reproductive technology is closely linked with population control, be it abortions, amniocentesis or dangerous contraceptives. Feminist and class issues thus are invariably linked. Where a working class is not free to decide its own fate, it is difficult that they can, unless consciously organized, resist target planning in population control program. Similarly as long as sexual division of labor exists, women will not be free to control their reproduction or sexuality. As long as her family labor comes first and as long as this labor is not socialized, she will never realize how powerful a political force she can become.

As the control and monitoring of women's reproduction and sexuality exposes the fear that patriarchy harbors about the potential powers of a woman, so does the ideology of population control expose the fear that capitalism harbors about the potential powers of the working class. Doyens of population control have clearly expressed fears about socialism gaining terrain among the unemployed masses of the world and have advocated population control as a means to prevent this.

The potential for organizing women on health and reproduction therefore lies in the demand for questioning and redefining our role as women, both within the family and outside it and the fight for the reallocation and equitable sharing of resources.

All the existing campaigns that have been built around the issue of reproductive technology have the potential to grow into these two vital demands. There should be, and it is comforting to note that there has been, an attempt to place all our campaigns in the context of both gender and class, to understand the intricate relationship between both these powers and then, to question the control of both patriarchy and capitalism on the lives of already exploited masses.

References

1. Corfman, P A. Evidence to US Select Committee Hearings on Population, US House of Representatives, 1978 (quoted by Jill Rakusen, 1981).
2. Graham, Hilary and Oakley, Ann. 'Competing ideologies of reproduction: Medical and maternal perspective son 'Pregnancy' in Roberts, Helen (ed) Woman, Health Reproduction, 1981.
3. Karkal, Malini. Article in Science Age. 1985.
4. Morton, Peggy. Quoted in Mitchell, Juliet, Women's Estate, 1966 Penguin Books.
5. Roberts, Helen. 'Male Hegemony in Family in Roberts, 1981.
6. Rowbotham, Sheila. Woman's Consciousness, Man's World. Penguin Books, 1973.
7. Wayne, Stinson. Salubritas, Vol 8. no 2. June 1965.