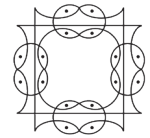


Ten Things You Should Know About Assisted Reproductive Technologies



Sama - Resource Group for Women and Health

Technologies of assisted reproduction, and the surrogacy arrangements that they enable, have been the subject of much media attention of late. Technologies like IVF and IUI (known (known as In Vitro Fertilization and Intrauterine Insemination respectively), combined with innovations like ICSI (Intra Cytoplasmic Sperm Injection), egg freezing, etc., can be placed under the umbrella term Assisted Reproductive Technologies (ARTs). You may have watched Vicky Donor, read about celebrities like Aamir Khan and Shahrukh Khan having children through surrogacy, and more recently, heard about companies like Facebook and Apple offering egg-freezing as a benefit for their women employees. In this piece, we tell you ten things you should know about ARTs, based on Sama's work of over ten years on this issue.

ARTs are big business in India today

Following the liberalisation of India's economy in the early 1990s and the concomitant commercialisation of healthcare, the private medical sector in India has grown exponentially. Today, India is being promoted by the government as an international destination for medical tourism, even while serious regulatory and ethical concerns remain in private health care, and the state of our public health system leaves much to be desired. ARTs are mainly part of the private medical market (even though a handful of public and trust hospitals provide these services). They are the latest addition to a long list of services – such as kidney transplant, cardiac surgery, cancer treatment, etc. – that high-tech India is selling to the world at low costs, with the comparative advantage of English-speaking staff, world-famous tourist destinations, advanced medical care, and an unregulated environment. In the case of commercial surrogacy and egg donation, India also has a large number of Indian women interested in selling their gametes or bodily labour.

ARTs are not the only, or the best, answer to infertility

Infertility, defined by the WHO as “the failure to conceive after at least one year of unprotected coitus” has many causes and solutions. Infertility can be a result of untreated STIs and pelvic infections, tubal factors, unsafe abortions and poor maternal healthcare, malnutrition, anaemia and other dietary deficiencies, as well as factors like lifestyle, environmental pollution and occupational hazards. India's public health system should but does not offer adequate preventive, curative and counselling services for infertility. To promote ARTs alone as a quick technological-fix is severely inadequate when you consider the full picture of infertility. In fact, by assisting in conception or the carrying of a pregnancy to term, ARTs sidestep or bypass infertility rather than cure it.

ARTs are more experimental than fool-proof

ARTs are something of a hit-and-trial technology, with a low success rate of about 25% globally. This means that women often have to go through multiple cycles of IVF or IUI before pregnancy is confirmed and translates into a successful live birth. However, clinics may misrepresent success rate of procedures to users, quoting the embryo implantation or pregnancy rate, rather than the live birth or take-home-baby rate as the success rate.

ARTs can carry considerable health risks

ARTs are invasive and can carry considerable health risks for both women and children. In fact, enough is not known about the health risks of ARTs, because credible and long-term studies regarding the procedural and drug-related health implications for mother and child have not been done. Known risks include ovarian hyper stimulation syndrome (OHSS) and ovarian twisting, ectopic pregnancies, multiple pregnancies, foetal reduction and spontaneous abortion, increased risks of cancer, increased likelihood of c-sections and heightened stress levels. Drugs commonly used in ART procedures such as Pergonal, Lupron, and Clomiphine have their onset of side effects, just as there is a separate set of side effects for children born of ARTs, such as pre-term births and genetic abnormalities.

Research into the ART industry has revealed many unethical practices

Practices that should be unacceptable from a gender and health perspective, like sex-selection, multiple-embryo implantation, and the inducement of pregnancy in post-menopausal women are taking place in ART provisioning today. Most users have inadequate and piecemeal information about their “treatment”. The process of obtaining informed consent is treated as a mere technicality, and the important aspect of counselling for emotional and psychological well-being is reduced to one-off information-giving about the basics of costs and procedures. That all this is gendered is not surprising: women were found to be much less informed than their partners about their exact diagnosis and other “treatment” details. In the absence of standards, costs that are quoted vary widely, and the lack of treatment protocol can result in the exploitation of users' health and pockets (Refer to Constructing Conceptions).

There is no one feminist position on ARTs

Feminists of different political persuasions have taken different positions on ARTs. Some point out that ARTs cash in on patriarchal ideas of women as mothers, and they meet and reinforce, rather than question, the pressure on women to be mothers. They argue that more choice does not equal progress. Some feminists go further, arguing that classist, racist and eugenicist ideas are deeply embedded in these technologies, and that they represent male control over the female domain of reproduction. Feminist proponents of ARTs see these technologies as conquering reproduction, and bearing the potential to liberate women. Others argue against technological determinism, i.e. overemphasizing the potential in technology for benefit or harm. Similarly, queer feminists are divided over whether they see the ability of ARTs to grant biological parenthood to queer people as a cause for celebration. While some see it as a subversion of dominant kinship formats, others see it as a reinforcement of hetero-patriarchal formats that insist on biological kinship.

The terms of surrogacy need to be debated, not its moral acceptability

Surrogacy is usually represented in very black-and-white ways; while some applaud it as a 'win-win situation' that gives every party what they want, others condemn it as completely exploitative, reducing vulnerable women to mere wombs. The truth perhaps lies somewhere in the middle. It cannot be denied that surrogates are poor women who lack better livelihood options in today's political economy context, and this must change. They have to sell their reproductive labour to survive, but see little justice or autonomy in their own reproductive lives (think about the maternal mortality and morbidity rates, STIs, coercive population policies, lack of affordable health care etc. that they have to contend with). It is important that these injustices be tackled at every level, but it is equally important that we respect as nonetheless valid the choices that these women are making in their limited contexts. We should act to ensure that their choices are protected, and their health and rights are not dispensable in the surrogacy arrangements that they decide to enter. Most of all, we cannot afford to be moralistic about surrogacy.

Regulation is on its way

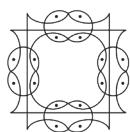
The ART industry in India has thus far operated- indeed flourished- in the absence of any binding regulation. In 2005, the Indian Council of Medical Research (ICMR) published the National Guidelines for Accreditation, Supervision and Regulation of ART clinics in India, together with the National Academy of Medical Sciences. However, these are merely guidelines and are not legally binding. In 2008, the first draft of a proposed law to regulate the fertility industry was prepared by the ICMR, which was updated in 2010; this is the Draft Assisted Reproductive Technologies (Regulation) Bill and Rules, 2010. News reports suggest that this draft, or a further-updated version of it, is likely to be introduced in the parliament.

The proposed regulation must be fair from a gender and health rights perspective

The 2010 draft has many problematic provisions. For instance, it is proposed that payment to the surrogate be made in five instalments, with the majority i.e. 75% made as the fifth and final instalment, following the delivery of the child. This is highly imbalanced and unfavourable to the surrogate. The draft bill also mentions that the commissioning parent(s) shall ensure that the surrogate mother and the child she delivers are "appropriately" insured, but does not elaborate on the nature and extent of insurance. Also, the draft permits only gestational surrogacy through IVF-ET (In Vitro Fertilization Pre-Embryo Transfer, where the surrogate's eggs are not used) and disallows genetic surrogacy through IUI (where the surrogate's eggs if viable are used). This is in order to better preserve the contract by foreclosing any possibility of the surrogate making a genetic claim to the child later. However, IUI is a less invasive option that avoids excessive egg extraction; thus, genetic surrogacy should be allowed from a health perspective. Further, by a Ministry of Home Affairs order, surrogacy is permitted only for couples who have been married for at least two years, thus violating the reproductive rights of single people, unmarried couples and queer people.

ARTs raise many ethical, medical, and legal dilemmas that we need to resolve in the future

Developments in ARTs have been advancing rapidly but civil society and state responses to these developments have not evolved as fast. Many questions of sexual rights, child rights and disability rights within ARTs are yet to be taken up for collective deliberation. However, some issues have received attention; for instance, in the past, legal battles have been fought over the citizenship status of children born to foreign couples in India through ARTs and surrogacy. The draft bill 2010 looks to resolve this, in a welcome move. Nonetheless, many issues remain to be addressed; for instance, stem cell research that uses spare IVF embryos raises ethical concerns – informed consent needs to be obtained in a non-coercive manner from the users, the question of who has the right to the genetic material that is a by-product of ART procedures needs to be resolved, and malpractices like the overstimulation of the ovaries to obtain more embryos for research need to be guarded against.



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