

## THE STATE OF CONTRACEPTIVE TECHNOLOGY IN BANGLADESH

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**Synopsis**—It is generally assumed that technologies enhance the power, potentiality, and force of human will over nature; they are considered as positive, good, and liberating. The contraceptive technologies are similarly accepted by many feminists without being critical of their coercive characters. The following article argues that technologies have very definite social characteristics. It is wrong to generalize their characteristics only positively since they vary according to their emergence and use within different socioeconomic conditions. From this perspective the contraceptive technologies are compared. It has also been argued that separation of sex from procreation is a phenomenon that belong to the Western culture and the use of contraceptives has been institutionalized on the basis of such separation. The same is not true for Bangladesh. It was only in the middle of the 1960s that Bangladeshi women first experienced a mass scale assault of state-supported contraceptives as a part of population control program. Contraceptives in this case are devices of coercion and women have become the worst victims of modern contraceptive methods. The article elaborates with examples how the coercive features of the contraceptives has been increased over the years.

### INTRODUCTION

According to the general conception technologies are considered as tools. As tools they are inert but need human activity for the realization of their *potentialities*. This notion of technologies hides their real *social* nature that they obtain according to the nature of the particular society where they are being produced and are used.

Any criticism of technology is stubbornly resisted due to the mystifying notion it has assumed: technology by its very definition is considered to be positive, good, and liberating; it is almost taken for granted that technologies are inherently progressive. This assumption, without considering the social and historical nature of particular technologies, is grounded on uncritical generalizations. There are no abstract technologies having a fixed and generalized character; all technologies are specific and emerge from specific socioeconomic conditions. They should be judged only within the context of their emergence and use.

Even at the most fundamental level, the change any particular kind of technology brings about and the transformation caused by them in nature, on objects after application, impart certain specific characters to such an extent that they should not be generalized under a single notion such as “technology.” A killer’s knife and a kitchen knife are both tools to cut but are used for very different purposes. If we abstract the concept “knife” as a technology that has the innate cutting property in separation from the *purpose* for which it is used, we will be guilty of false generalizations. There are no technologies or tools in general, they are always for specific purposes, always for definite effects that may or may not be socially desirable.

It is generally assumed that technologies enhance the power, potentiality, and force of human will over nature. On the one hand they are the objectification of the power of human will over nature, and on the other hand they are the revelation of what is implicit in nature—they are the expression of what the natural forces could become. In this assumption, it is believed that technologies transform nature positively in the sense that they do not act against nature and do not act against the natural property of the object.

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From a natural point of view, the human species are endowed with the power to procreate. It is a vital power that ensures the species' survival. But contraceptive technologies in this case act against this power. They mutilate the human body, interfere with the biological processes and build barriers within the reproductive organs disrupting bodily functions. Technologies, it is clear, even at this very basic level can be classified as pronatural and antinatural. This classification is not based on the *purpose* a technology intends to realize and therefore should not be mixed up with the example of the knife. The antiabortionists and the prolife movements argue against the very purpose of contraception. The purpose itself is evil, they claim. They start from the premise of a divine will, or from an abstract right of the unborn fetus. Both premises are imbued with a purpose of giving birth or to be born. Any other purpose or willful human activity that counters this natural direction is declared to be socially undesirable, with which, of course, no feminist can agree.

### **SEX WITHOUT CONCEPTION: INSTITUTIONALIZATION OF BOURGEOIS BIRTH CONTROL**

Separation of sex or sexual pleasure from its consequence, that is, birth, is a recent phenomenon and corresponds almost everywhere with the dissolution of feudal property and feudal culture. Its institutionalization in the form of birth control is very much linked with the rise of women's movements. Historically, the women's birth control movement is a postbourgeois phenomenon. It appeared in those countries where some form of bourgeois culture had matured. The bourgeois consciousness, which is grounded in the sovereignty of individual freedom and which claims to be the only form of social freedom, has won the heart of bourgeois women. The birth control movement, therefore, is progressive in the sense that progressive bourgeois thought

on freedom and equality expressed itself in this concrete historical moment. Western women were left far behind in the political culture of their society. They were not part of bourgeois revolution. They never belonged, not now either and have not been recognized fully by the male members of the bourgeois society. In this sense, the birth control movement is a late response of Western bourgeois women.

But the birth control movement, like other bourgeois movements, appeared in a negative and perverted form. The reproductive right of the individual woman has been the focus and substance of the movement until now. "Whether a woman will bear a child or not is her individual choice" is the essence of the birth control movement. Society is seen as an external coercive force because bourgeois society is definitely coercive. But no other form of society could even be visualized by bourgeois women in its place – not even a society which at least hypothetically will be ruled by women, where production of children could become a social, not an individual decision, but at the same time manifesting the power of women. Due to this bourgeois nature, the birth control movement has also harbored the opposite side of the coin, that is, the individual right for sexual pleasure.

Therefore, the bourgeois definition of contraceptive choice has become the prevalent and overwhelming mode of thought in the feminist movement that can be expressed precisely as devices or methods that ensure sexual pleasure without taking any social responsibility of giving birth. In contradistinction, birth control in a prebourgeois society like Bangladesh never meant the separation of sex from procreation. It was family planning in content and substance.

In Bangladesh, couples restricted or increased the number of their children, whichever they thought was prudent. It was the father, of course, in societies like this who took the decision on family size, because of the patriarchal culture. The

form of execution of such a decision was his responsibility, too. The form of birth control methods are known as natural methods and involved active participation of the male partner.

Religiously speaking, two forms of practice were prevalent; *azal* or coitus interruptus among Muslims, and moral restraint or abstinence among the Hindus. It is important to note that in both cases it was the male partner who executed the practice. The choice of the female partner was limited although her participation was necessary. The discussion about the family size was necessary between the partners; but due to patriarchy the female partner never could impose her decision or opinion. What happened if it did not work? In most of the cases, it was accepted as God's will.

We should also distinguish here between birth control and abortion. Abortion is considered to be the termination of life and religion never permitted this practice. But religion did not permit illegitimate conception either. Therefore, abortion existed and still exists in the society as a way of terminating the unwanted and the so-called illegitimate fetus. It is being practiced secretly without social approval. Society and the legal apparatus did not permit women to do it.

In short, it can be said that birth control practices existed in societies like Bangladesh and were prevalent and natural until the time when the population controllers took over the responsibility of reducing the number of children each couple should have. The population controllers did not depend at all on the natural methods of family planning. They brought with them new forms of contraceptive technologies and gradually overthrew the natural methods that people were practicing.

Introduction of tools and devices has completely changed the situation. One of the simplest technologies that appeared put a barrier between the uterus and spermatozoa. It could never have occurred in a society like Bangladesh before the

external intervention. We saw the use of these methods only with the rise of Western depopulating strategies in Third World countries.

It could never appear in a prebourgeois society because there is no separation of sex from procreation. Sex for pleasure is something very Western in nature. Bangladesh never experienced such a movement. When population controllers imposed Western contraceptive methods for population control, they did not do so because they cared for the sexual rights of women. They imposed these methods on women in order to control the population of a country. Not only do they want to control the population, they also want to market the contraceptives produced by the pharmaceutical companies. To do so requires a coercive state apparatus to realize these goals. And a new form of state distribution of contraceptives is essential, without which it is impossible to market the products (i.e., the contraceptives).

It is therefore quite obvious why it was only in the middle of the 1960s that Bangladeshi women first experienced a mass scale assault of state-supported contraceptives. Bangladesh, then known as East Pakistan, was under the rule of a military government that had consolidated its power in the mid-1960s. The research on the state-supported population control programs and the role of the state as the agent for contraceptive distribution was carried out in the early 1960s with the funds of the population controllers.

Bangladesh emerged into an independent state in 1971. A civil regime lasted for only three years. Since 1975, it has always been under military rulers and has had very strong population control policies. It is important to understand the coercive nature of population control programs in countries like Bangladesh. Here I shall limit my discussion to the context of the contraceptive technologies used in Bangladesh and expose the inclination of the population controllers for more coercive technologies.

### *The pill*

If we distinguish between the technology that has the clear imprints of the bourgeois women's movement for birth control and that of population control strategies, we can say that the pills signify the borderline. Bourgeois women loved hormonal contraception when it first appeared in the Western market. They could see the side effects and its negative publicity only very much later.

In Bangladesh, the pill was first promoted in the late 1950s by multinational companies like Organon. At that time, it gained only a limited market among middle-class urban women.

As a method of population control the pill was incorporated into the government program since the late 1960s. But its use has so far been a failure. There are many reasons for that. One aspect of the pill technology needs mentioning in order to understand the failure. Pills are to be used by the "conscious woman." Her life should be structured or regulated in a bourgeois sense. A Bangladeshi woman could hardly meet the criteria. She frequently forgot to take the pills or could not figure out when to start and when to stop. Her failure in the use of pills was not because she did not want birth control. She obviously does not belong to a society and culture where the right for sexual pleasure without the responsibility of birth has been institutionalized to the extent that she could learn and habitualize the regular taking of a birth control method, for example a pill, without moral inhibition.

Yet the distribution of pills continued in Bangladesh even though the failure rates were very high. The goal of population control was not served with pills but the goal of business and profit making was easily served by mass distribution of pills. Since 1972 to 1985, pill distribution through the government population control program was 85.8 million menstrual cycles. Besides, the Social Marketing Project (SMP) has taken up the mass marketing of pills, and one can also get them in grocery

shops of remote villages of the country. These pills are sold to people without any prescription from a doctor. The figure of pill use is much higher if the distribution through the SMP is taken into account.

### *Intrauterine devices (IUD)*

IUDs are the first form of contraceptive technology that served the purpose of population controllers more explicitly. The purpose of this technology is to control the reproductive functions of women. These devices are put into the uteri of women by medical personnel. The medical establishment for the first time found a technology to act directly as a means of external control over the bodies of women. Women cannot insert nor take out this new device without going to a clinic. A new social relationship, coercive in character, has come into being with the introduction of IUDs. In this coercive relationship, the state, medical personnel, manufacturers of IUDs, and the population controllers work in harmony to take over the command of the procreative power of women.

IUDs serve both the purpose of population controllers and the business interest of the companies. As long as it is inserted in the uterus of a woman, it is safer for the population controllers. They know that these women would not be able to take out the device (even if they want to) without the help of a doctor. The medical personnel are only interested in inserting the device, for which they receive money. They are not given any money for removing the device. Therefore, women with IUDs inserted in their uteri under the population control programs find it very difficult to take out the device by their own choice. They are not allowed to do so even if they are suffering from various adverse effects. In Bangladesh, during the period of 1972 to 1985–1986 IUDs have been inserted in more than 1.51 million women. The different brands of IUDs used include the Lippes loop, Dalkon Shield, Cu-T, and Multiload.

This has far-reaching consequences for a society like Bangladesh. In order to serve the interest of the promoters of methods like IUD, the whole state machinery of the health care delivery needed reorganization. Uteri of Bangladeshi women have become the direct hit of the population controllers through the mediation of the state. I shall discuss later how the reorganization of the health care delivery system was made in order to promote clinical contraceptive methods.

#### *Injectables and implants*

Contraceptives continue to be more and more coercive, expressing the eugenic and racist desire of the population controllers. Injectables and implants were the next developed form of clinical contraceptive methods after the IUD and they exerted similar coercion on Bangladeshi women. Whereas IUDs are devices in between the mechanical and biochemical devices, injectables and implants are purely biochemical.

These new forms of technology are radically different from the pill or mechanical barriers in terms of administration. The injectables are hormones to be taken once in three months or six months; and the implants are to be taken once in five years. Within this time, the recipient will not get pregnant. The injectables cannot be taken out before the specified time. Women could stop taking pills if they felt adverse effects. They could stop taking them on their own decision. The injectables and implants cannot be stopped like that. For injectables, once a dose is taken there is no way to remove it from the bloodstream. For the implants, the decision of removing the implanted capsules depends on the clinic workers who are basically the agents of the population controllers and do not want to remove a contraceptive method once it is taken by the Bangladeshi women. During this period of time, women are in a state of complete helplessness and despair and this reveals the fascistic character of these

technologies, which are the tools of the coercive population controllers to achieve their goals.

The negative aspects of contraceptive technologies amplify manifold if we take into consideration the situations under which Bangladeshi women are given these methods. Women are never informed about the devices and drugs, and they are not given any choice to decide about a method and to stop its continuation. The safety questions are systematically ignored and are being used for different reasons. The word "safety" is often used by the population controllers to denote "safety from pregnancy" and not "safety from health hazards." If women can remain nonpregnant by taking a contraceptive method then the method is declared to be safe. They argue that women in Bangladesh are dying because of pregnancy; the best way to save them is to protect them from getting pregnant. Bangladeshi women, according to the population controllers vis-à-vis the contraceptive producers, can only be protected from pregnancy by using the contraceptive methods like IUDs, pills, injectables, or implants. The concern for safety from pregnancy fits perfectly with their business interest and ways of having direct control over the reproduction of women. Up to 720,000 women were given the injectable doses in Bangladesh during the period 1985–1986 through the government program. The figures for the implants are not shown in the record because they are used widely on an experimental basis without letting the women know that they are on an experiment.

#### *Sterilization*

Sterilization has been institutionalized as a permanent contraceptive method under the population control program for both men and women. This institutionalization reveals the growing power of the population controllers and their allies such as international agencies, Third World coercive states, and technodocs. Sterilization is a method that

reveals the dominating control of the depopulating strategy. It does not ensure any market for the products of the contraceptive producers. Within the context of the *happily married* population controllers and the contraceptive producers, this is a method that is contradictory (Akhter, 1986).

The coercive state machineries of countries like Bangladesh rely on sterilization as a method for population control. Since the second five-year plan, 1980–1985, sterilization constituted the major target set by the government for contraceptive methods. It alone was 41 % of all the contraceptive methods suggested under the government program. The rest are, in order of their priority, IUDs, injectables, pill, condoms, etc. In the third five-year plan period, 1986–1990, sterilization remains the highest-priority contraceptive method followed by IUD and injectables. More importantly, ligation/tubectomy of women was 90 percent of all sterilization procedures up to the period of 1982–1983; later on, due to criticisms, the shift was made to vasectomies of men. In any case, the government and the major U.S. funded voluntary organizations of family planning targeted poor men and women to achieve the goal of reducing the number of the unwanted class of people. Up to the period of 1985–1986, the number of sterilization procedures performed was 2.71 million, of which 1.70 million are tubectomies and 0.96 million are vasectomies.

The reorganization of the health care system and introduction of systems to “attract” people to the clinical contraceptive methods such as IUDs, injectables, implants, and sterilizations was done carefully by the coercive state machinery. They have taken the following steps:

*Integration of health and family planning.* The integration of health and family planning meant that the physicians, health workers, and clinical workers will carry out the works of contraceptive administration in addition to their jobs of

health care. The physical and infrastructural facilities of the health system is also used for contraceptive administration. The health field workers are also given targets for recruiting clients for sterilization and other clinical methods along with those of the family planning department. The integration is therefore for the convenience of family planning by using the health physical facilities and personnel and by depriving the people of health care.

*Incentive and disincentive program.* Both the clients and the health and family planning workers are offered money for accepting and administering the clinical contraceptives. A client is given Tk. 175.00 (equivalent U.S. \$6.00) for sterilization acceptance, and Tk. 15.00 (equivalent to U.S. \$0.50) for an IUD. The workers receive Tk. 45.00 (equivalent to U.S. \$1.50) for both sterilization and IUD client recruitment. This is called the Incentive method and plays a very significant role for recruiting the clients. With this offer of money poor people, who usually can earn only Tk. 15.00 (or U.S. \$0.50) per day if they get any job, can be recruited because one sterilization procedure means an income for at least 12 days. For the workers this only means an additional income. But the workers have disincentives or pressures, too. Family planning and health workers have specific targets for the recruitment of sterilization, IUDs and injectable clients. If they fail to recruit the target number, their salaries are withheld and they are given warning letters for job performance. The workers yield more to the pressure of disincentive than they are allured by the incentives to recruit the target number of sterilizations, IUDs, etc. The coercive tactics of the population controllers are mostly achieved through the strict handling of the simple and low-paid field workers.

*Motivation and disinformation.* People are motivated to accept contraceptive methods, specifically those which are suggested by the population controllers,

by creating a situation whereby they are made to think they are “stupid” if they do not accept. To be wise means acceptance of a contraceptive method. Poor people are blamed for their own poverty because they have given birth to a number of children. The information about the contraceptives are systematically concealed from the acceptors. This is done because the population controllers do not want to give the decision making power to the acceptors. To them the women are “as the uterus or a body” for their specific contraceptive methods. They do not have to think about her health conditions, about her economic and social well-being.

The contraceptive methods that are mainly promoted under the population control program of Bangladesh require this type of organization in order to get a large number of people to respond to it. And women became the worst victims of the technology.

## CONCLUSION

This article gives an overview of the nature of contraceptive technology used in Bangladesh in order to prepare the ground for the formulation of a feminist strategy for resisting such coercive technologies imposed on women. Women around the world have fought for reproductive rights and fell in the trap of technologies. It has become evident from the above discussion that technologies are not neutral. Their

very nature requires a particular form of state structure for distribution. It is becoming more and more visible that the multinationals, the state and the population controllers are in an alliance against women in the course of promoting modern contraceptives. The shift from the pill to Norplant is a shift towards an increase in the degree of coercion. The feminist movement must address the question of technology while making general demands for reproductive rights.

There is a trend in the Western feminist movement to see contraceptives as liberating and necessary for women. They demand modern methods of contraception. This seems to be a highly problematic conclusion from the perspective of Bangladeshi women.

If the feminist movement is a visionary movement for a new form of society then it becomes difficult to conceive how feminism can survive without resisting the coercive technologies.

## REFERENCES

- Akhter, Farida. 1986. *Depopulating Strategy. Theory and Practice A View From Bangladesh*, UBINIG, Bangladesh.
- Statistical figures for contraceptive methods are quoted from MIS unit of Population Control and Family Planning Department, Government of Peoples Republic of Bangladesh, 1986.