No womb for mistake

By PATTI MITCHELL MUNROE

Reproductive technology has progressed to the point in which the medical establishment can determine the existence of birth defects through amniocentesis and ultrasound. As well, procedures such as artificial insemination have brought hope to countless infertile men and women. Still, progress has its darker sides.

Who controls the reproductive technology? Who will benefit? What social consequences might result from its use? These questions are frequently asked by women, and they are easily ignored by a powerful, male-dominated medical establishment. Reproduction is a women's issue, but it remains firmly in the hands of men.

Birth control, in particular, seems aimed at the convenience of men, rather than the safety of the women using it. The inter-uterine device (IUD) was heralded as a method that would give women greater control over their fertility — that is, until it started killing them. Certain kinds of IUD's are prone to rupturing in a woman's uterus. This may cause sterility or internal bleeding sometimes resulting in death.

Some feminists argue that reproductive technologies such as surrogate motherhood aren't designed to give women control over their reproductivity, but to allow men more control over women's bodies. A surrogate mother may be paid up to $10,000 to be artificially inseminated and to carry a child to term. After the birth, the surrogate mother must give the child up to the father, relinquishing all her rights. This kind of "contract" demeans and exploits women who must rent their wombs to pay their own rent.

Artificial insemination is not an effective procedure. Only 20 to 25 per cent of artificial inseminations result in conception. And 10 to 15 per cent of successful artificial inseminations end with spontaneous abortion or miscarriage.

Approximatesly 15 per cent of all hetereosexual couples experience fertility problems, but only 30 per cent can be attributed to the women's reproductive system. Why then is it ususally women who go to great lengths to try different procedures to help them conceive? Often these procedures are painful and have to be repeated several times. Feminists argue that women opt for reproductive intervention because our society believes that childless women are not truly fulfilled.

Prime candidates for artificial insemination and in-vitro fertilization (in which a woman's egg is taken out of her womb, fertilized and then replaced) are wealthy, heterosexual, married women under the age of 35. This excludes poor, single, lesbian and most non-white women. Thus, the medical establishment ensures not only the reproduction of children but the reproduction of the status quo.

On the other hand, working class and non-white women often participated in reproductive technology experiments. Scheduled for hysterectomies and tubal ligations, these women were sometimes encouraged to have intercourse without contraceptives as much as possible before surgery. The doctor hoped that when surgery was performed a fertilized ovum would be found which could be taken out and used for experimentation. Doctors used women's bodies without their permission or knowledge.

One of the most extreme examples of technological abuse is carried out in countries such as China, where federal population policies allow only one child per couple. A society in which boys are more highly valued than girls encourages women to use amneocentesis and ultrasound to determine the sex of the fetus. Female fetuses are frequently aborted. Some feminists believe such practices could develop into female genocide.

While the benefits of reproductive technoltogy can't be denied women must continue to question the motives and consequences of a technolgoy that lies in the hands, not the wombs, of so few.

Every King's child a wanted child

by ELAINE C. WRIGHT

Last week King's students voted to add oral contraceptive coverage to their 1987-88 health plan. Of the 282 students who cast their vote Friday, 68 per cent voted in favour of the referendum.

Over 60 people attended a forum last Thursday to discuss the referendum. There was debate about the purposes of the health plan. "Is is for accidents and illness we have no choice or control over, or should it also include elective health care?" asked one student. "One chooses to take the pill."

King's professor and Anglican priest Rev. Wayne Hankey was concerned that the pill is "no protection from the AIDS epidemic. According to the best possible sources there are four possible male carriers of AIDS on campus."

Hankey also said the referendum "may encourage more sexual activity, thus spreading the plague (of AIDS)."

Students reacted negatively to Hankey's comments. Many thought it was "unfair to use the AIDS issue to shoot down the referendum." Use of oral contraceptives "makes no difference in the spread of AIDS," said one man.

The present student health plan at King's has a premium of $17.64 per year per student. The addition of oral contraceptive coverage to the plan would increase the premium to $23.28, a difference of $5.64 a year. The student union stressed that no decision had been made to raise student union fees if there was a yes vote.

Some students voiced concern over the possibility of the Student Union subsidizing the increase in premiums. Students felt money for the subsidy would come out of the funds for the societies, Frosh Week, Winter Carnival, and the yearbook, activities they assume the whole student population benefits from. They did not want to pay for someone else's "leisure" (read sexual) activity. King's president John Godfrey asked, "Is this what you want to do, to subsidize one-sixth of the population that wish to engage in this activity?"

Some students did not like the idea of paying for coverage when there was nothing in it for them. "I don't buy your beer, I don't want to pay for your pills."

One student asked why there was no option to include other forms of birth control such as condoms in the health plan. Although students thought this would be fair, the health plan covers only prescription drugs.

The majority of students agreed that if oral contraceptives are the chosen form of birth control, both partners should share in the cost. Several students said oral contraceptives are "not a very expensive thing for two people to support." It was pointed out that much of this reasoning was "assuming all sexual relationships are monogamous."

"Yes, people have sex; yes, it is a good thing. There's nothing wrong with it. But women should not be bearing the burden for two people," said one woman.

Approximately 300 women students are at King's and one third are predicted to use the pill. Both women and men must pay for the oral contraceptive coverage and there is no opting out except for part-time students.

Oral contraceptives cost between $14 and $20 per month, or $168-$240 a year.