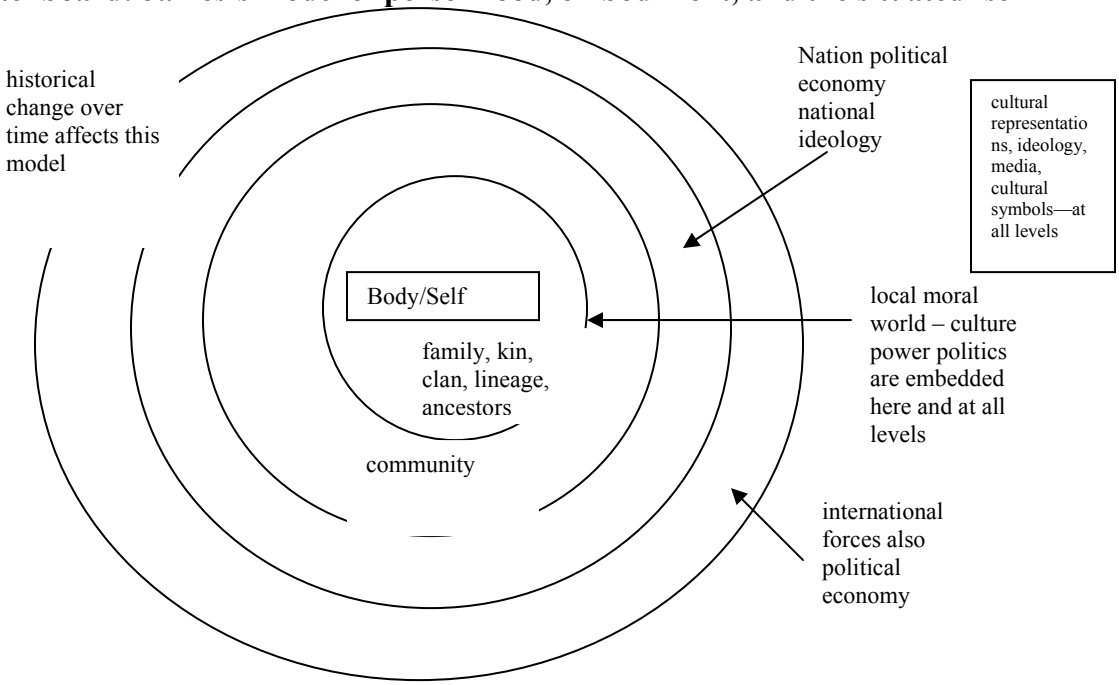
21A.216J Dilemmas in Bio-Medical Ethics
2005/4/6 (W), Week 9, Class 17

Readings
M. Catherine Maternowska. 2000. "A Clinic in Conflict: a political economy case study of family planning in Haiti." In *Contraception Across Cultures: Technologies, Choices, Constraints,* edited by Andrew Russell, Elisa J Sobo, and Mary S Thompson, pp 103-126.
Jok Madut Jok, "Militarism, Gender and Reproductive Suffering: the Case of Abortion in Western Dinka," in *Africa*, vol. 69, no. 2, 1999, pp. 194-212.
Ann Anagnost. 2000. "A Surfeit of Bodies: Population and the Rationality of the State in Post-Mao China." In *Conceiving the New World Order: The Global Politics of Reproduction*, pp 22-41.

Class Business
Reflection papers had a little too much summary
Two handouts

Blackboard: James's model of personhood, embodiment, and the situated 'self'



Student Presenter

M. Catherine Maternowska. 2000. "A Clinic in Conflict: a political economy case study of family planning in Haiti." In *Contraception Across Cultures:*
James: Very poor area in the capital, gang-ridden; owned by light-skinned, upper class family in Haiti, notorious for a scandal, tainted drugs from China by way of Germany, resulted in kidney failure and death of many children and profiled on 60 Minutes.

Control of Cité Soleil, unseen "mob" family. Clinics were spaces of surveillance. Local thugs and gangs etc.

- Clinic was better off than other places in the area. The study concerned 2 doctors, a dozen staff, 153 cases of 1,000 people, or some overwhelming number of patients for two doctors.
- She presents encounters between female clients and doctors to show how it reflects broader social relations (106), quoting another researcher.
    - Basically, doctors treated the patients very poorly and were very condescending. Doctors viewed them as slaves, lower-classes. Doctors came from privileged backgrounds. Clinical trials and international intervention provided a large sum of money.
    - Would assume diagnosis without regard to feelings, proscribe medications and contraceptives without thought, carelessly. Are they really doctors? Are they doing anything that anyone else could do? It seemed to indicate that they weren't.
    - Why do women seek abortion and why is there low contraceptive use?
    - The disconnect between the doctors' view, oblivious to the patient's situation; focus on contraception, changing biology to face broader social problems, going back to eugenics, national policies, particular populations
- Political economy of fertility (Ginsburg)—three elements, historical/colonial, cultural element, power element of doctors over patients.
- Clinic as a microcosm for power analysis into reproductive relationships.
- Identifies of quality of care—poor communication between doctor and patient, failure to give disclosure, prognosis, diagnosis, huge abuse of power. Therefore the women stopped going to the clinic. Family planning not viewed as a rewarding experience.
- Questions: is the relationship inequality applicable to the clinic or throughout Haiti? Is this a result of gender power differences of the "culture" and how does the patient-doctor relationship compare for men and would this show how gender roles are played out?
    - Personality, gender, class issues, or what is going on with the doctor-patient argument?
    - Has to do with education—lack of education is a big factor?
    - Power differences comes from class and poverty; being women also has to do with one's position
    - How could the doctors not see the poverty of the patients?
    - Most of these doctors have private practice on the side. Actually, more of a class difference; men are treated poorly as well. Between sexes, men still have more power than women. Factories in Haiti in 1980s, companies given incentives, tax-free, and women were highly sought. The stereotype of women—more dexterity, more docile. More interventions that were aimed at women. Women are the holder of the domestic space, but men have more power. Men tend to work more in seasonal activities and fluctuations in what they make.
    - Clinical encounters—paternalistic assumptions, a disdain among patients, very perfunctory. First Duvalier—medical education became politicized

and had to be allied with certain families, and a realm reserved for the elite, who is defined as elite. The poor generally have little power; women are the poorest of the poor.

- Marginalization of personal experience—can see this in the United States, though probably more subtly.
- Do you think family planning is going to be successful in these "cultures"?
    - Define success
    - Define cultures
    - There are gender roles differences—expectation that women need to reproduce (Dinka article), pro-natalist

Jok Madut Jok. 1999. "Militarism, Gender, and Reproductive Suffering: the Case of Abortion in Western Dinka." In *Africa*: 69(2): 194-212.

LMU history professor

- seeks to understand reproductive behavior, women were having unconventional abortions in a place that encouraged reproduction
- Told people he was be studying women's health in general—if he told people his specific goal, then he might not have gotten the same response—was that ethical?
- Mortality rates are high, therefore have more children; children every once or two years; frequent termination of pregnancy
- Expectation to have a lot of children—region is at war, so men aren't always there and how women are expected to have intercourse so that they can conceive when the men are away, induces pressures on women, women lose their power, personal rights, and women participate in these relationships even if they don't want to. Women can be viewed as barren if they don't produce children.
- Pearce article—ideas of kinship, lineage, women's position, affected by contraceptives in Nigeria (could do a comparison). How does family structure and social hierarchies constrain those choices and political and economic context.
- Family structure—defined in this society, if women have increased pregnancies during war, there are fewer resources during war, and will require more resources.
- Can gender roles explain the quality of care?
- If this were a situation of peacetime: patrilineal, patrilocal kinship structures—wealth, status, power descends in that line, marriage exchanges—paternal line seeks. Bride wealth pays for the bride; for dowry, bride pays groom. High expectations to have a large number of children. Theoretically, semi-plentiful resources… peacetime -- Would there be a need for contraception? To what extent does structure in society and expectations on men and women shape reproductive choices. Levirate term—if husband dies prematurely, then younger brother can marry widow; woman is passed along the male clan.
- Birth rates were high in America, the economic value of kids went down and it became more expensive to raise children, the birth rate dropped naturally. Is that a function of industrialization? [link it to China]
- Sexual habits, the spacing of children, the women would breastfeed for a long time. Some women would have not wanted as many children… they developed ways to counter it.

- Gill article, infanticide in India; abortion—miscarriage rhetoric. To what extent to women have a choice? What do you think about notion of autonomy? Is there a gradient of autonomy?
- In times of scarcity, biologically, only women have the capacity to reproduce; men get drafted. The pressure to reproduce in times of scarcity didn't seem as terrible.
- Are pro-natalist practices, nationally and locally, where is the difference in the values? Forcing contraceptives is coercive… or liberating? (Margaret Sanger); pressures to reproduce is limiting.
- Is forcing contraception safer than having babies?
- International intervention—contraceptions; increasing reproduction—more local?
- Social structure—kinship structures are political units
- History affects everything—civil war/international constraining choices
- Nigeria article: how the article would advance economically and high population growth seen to impede ability to grow

Ann Anagnost. 2000. "A Surfeit of Bodies: Population and the Rationality of the State in Post-Mao China." In *Conceiving the New World Order*, pp 22-41.

- Asia, popular culture, mass culture, nationalism
- Exercise of power, as it affected Chinese ideology, population quality and reproductive behavior
- Goal was to understand popular acceptance of this one-child policy. Policy reinforces party leadership—why are people okay with it?
- Poor quality of life is blamed on the size of the population; political party assumes low quality due to ignorance of the masses, poverty in the inner regions of China, whereas the eastern coast is more modernized
- On the international level, what is at stake with China's population policy? Nationally and internationally, they want to show that socialism can work, ideological—cultural representations—symbolic dimensions—the fact that China is communist, implemented when Cold War is going on, the West and the rest, capitalism/democracy/open societies, v socialist/communist societies. 1978/1979—to what extent can a socialist nation compete on an economic plane with the rest of the world? It's going from international level of China, but trickled down to the body, the Han Chinese group.
- At the more local level, policy workers are women, viewed as an honor, and there is a loyalty to the government.
- The idea of the excess of bodies results in devaluation of the body, and creates a marketplace for the body, the commodification and exchange of bodies.
- Will the one child policy actually help China modernize and be able to compete? Will reproducing less help to produce better? Will it reach the inner regions of the country?
- She didn't mention the preference for male children, the difference and destabilization of that. China—genetic screening
- Preference for male children may be more prominent in rural areas; also creates more spoiled children, obesity. Vanessa Fong's dissertation/book on one-child

policy—*Only Hope*—singletons are growing up and going to college; all of the hopes were put on a single person, cultural values shifted from focus on extended family to focus on individual, the globalization to which children are exposed to western commodities. How this policy changes social structures over time… Extended family to take care of the elderly, family unit on his or her shoulders? Fong was worried about their future fate of this one child to provide social security for the elderly

- *The idea that population control will solve all of these problems... time will tell.*
- *When Mao Zedong came to power, his communism looked not at urban masses, but the rural masses. The influence of eugenics theory—not that the poor were bad, but that this class was a source of hope for the future, but his policies failed and it returned to old style eugenics to control the population. Discourse of bodies changes in different historical moments of the mass poor are looked at negatively or a potential source of productivity and modernity and can be disciplined/ policed/ regulated in a certain way, the rhetoric of Foucault.*
- *To what extent have people adopted this rhetoric as their own or is this because of the power of the state that people are conforming to this policy?*
- *State rhetoric that it is positive may not play out for the individual. What is at stake for the nation in the government as they think about what is best for the nation, best for a family? Different expectations and kinship structures—expectations and obligations, how does that affect choices, etc.*