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Empowered or Entrapped?

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Introduction

In the article *"Empowered or Entrapped?"* Hawkins and Elliott contemplate the issues over long time effective birth control forms Depo Provera and Norplant. It is understood that these drugs can be empowering to some women who now have control over their reproductive bodies, and who have the ease of only having to be injected every 3 months (Depo Provera) or every 5 years (Norplant). However, these drugs have also been rooted in deep controversy of recent years for their more invasive uses against women, particularly Natives, Blacks, and Latinas who's behaviour, in the eyes of politicians and judges is "deemed unacceptable" (Hawkins & Elliott,1996, p.2.)

There are serious debates regarding the Depo Provera/Norplant issue. One is the 'anti-choice' crowd, who view these drugs as being "abortifacients because they interfere with conception." (Hawkins & Elliott,1996, p.2.)Others seeing it as a form of genocide, where activists in Africa, Indonesia, and other parts of the third world say these methods are often used. (p.2.) many disagree with these forms of contraception because of health risks, and argue the control does not lie within women, but instead within the hands of medical professionals. In fact, because of long-lasting effects of both drugs, some argue this indeed is a form of "*de- facto sterilization* of minority and Third World women." (p.2.) Despite the many arguments surrounding these drugs, many are still in support of Depo and Norplant as being "revolutionary tools for expanding women's reproductive freedom." (p.2.)

Medicalization

Medicalization has had a great influence in the realms of women's reproductive bodies and choices. From the intervention of pregnancy by medicalizing birth practices, to the invention and marketing of the birth control pill, it seems doctors have always had an invested interest in women's health.

Depo Provera and Norplant are both forms of progestogen, "one of a number of hormones, some laboratory-made, which mimic or copy the actions of progesterone." (Nourse, 1988, p.153.) Progestogen works in the form of the shot Depo Provera. "Micro-crystals of different sizes suspended in a watery saline solution; once injected, the crystals dissolve and the progestogen is slowly absorbed." (p. 107.) Progestogen also can be implanted, an example of this being Norplant. Both work "by thickening the normal cervical mucus, which makes it harder for the sperm to penetrate. It also causes the uterus to develop a shallow lining and inhibits other hormones that help the ovaries develop eggs." (Hawkins & Elliott, 1996, p.1.)

But are these drugs safe? Side effects for these drugs have been disputed, as some companies have been "accused of downplaying potential health risks" (p.1.) However, according to Nourse in his book "*Birth Control"*, side effects for women on Depo Provera included "irregular periods with spotting in between, some had very heavy bleeding, while others stopped menstrual bleeding completely, raising the question of pregnancy." (1988, p.107.) Other side effects (similar to oral forms of contraception) include, weight gain, blood clots, and risk of stroke. According to some research "Depo causes bone mineral loss which can lead to osteoporosis later in life" (Hawkins & Elliott, 1996, p.2.) As well Depo has been "linked to cervical cancer". (p.2.)

Once Depo Provera has been injected it cannot be reversed, taking "an average of 10-12 months after the last shot before being able to conceive." (Hawkins & Elliott, 1996, p.2.) another complication with Norplant is the actual implant itself. Although some, argue it is an easy "fifteen-minute procedure in a doctor's office with the aid of a local anaesthetic." (Asbell, 1995,

p.335.), it is the actual removal of the implant that can be a major problem for some women. “Norplant users must find a physician capable (and willing) to remove the implant—no easy task in some parts of the world, including parts of this country.” (Hawkins & Elliott, 1996, p3.)

Aside from all negative side effects, Depo Provera has been proven to have some health benefits, “Depo helps women with anemia and sickle-cell disease.” As well women who cannot “tolerate estrogen can use Depo.” (Hawkins & Elliott, 1996, p.2.)

In *Taking Charge of Your Fertility*, Toni Weschler, MPA is an advocate for the Fertility Awareness Method. FAM is “Based on the observation and charting of scientifically proven fertility signs that determine whether or not a woman is fertile on any given day.” (Weschler, 2002, p.4.) However, Weschler also offers insight as to why the FAM option is not promoted as birth control stating; “It is not profitable for either physicians or the major pharmaceutical companies such as those that produce the Pill or IUDs.” (p.7.) She also suggests, “Given the profitability of other contraceptives, is it any wonder that FAM is not promoted more enthusiastically by the medical community? (p.7.) Weschler's insights are a direct example of the medicalization of both Depo Provera and Norplant in today's society. Of course all other methods are not going to be promoted or even considered in the world of medicine, especially if pharmaceutical companies as well as medical professionals are making profits from these ‘wonder drugs'.

And what exactly is the cost of these drugs? Asbell offers “In 1994 the kit [Norplant] was priced at $365, with many private doctors charging an additional $500 or more for insertion.” (1995, p.337.) As well, Depo Provera, once considered to be a cancer drug, “had been on the market for twelve dollars a dose.” (p.339) However, once FDA approved the drug as a new form of contraceptive, “Upjohn [Company] multiplied its price almost by three, to $34 a dose, or an annual cost of $136.” (p.339.) Norplant specifically, has become “Covered in all fifty states.” (p.337) Making it more accessible to low-income women. Jane M. Johnson (of Planned Parenthood) quotes “poor women now have better access than working-poor women and some middle-class women, who are expected to pay the full cost up front.” (Asbell, 1995, p.337.)

Normalization

So why are so many women complying to even be taking such invasive forms of birth control? Some women feel empowered by having the choice to take a contraceptive every 3 months or 5 years in the case of Norplant. While others, are not given a choice.

Normalization occurs by the growth of categories and is the process of something becoming more accepted in society as being a norm. The idea or assumption that all women having reproductive ‘control' over their own bodies,

and to be responsible to take contraceptives is an example of normalization; how something has been deemed the norm in society. This however has been taken to a higher level of other institutions becoming involved in the reproductive choice of women's lives, mainly the state. Asbell outlines this institutional involvement in the 1992 proposal by California Governor Pete Wilson who proposed, “implanting low-income women at little or no cost.” (Asbell, 1995, p.337.) Later that year, “Thirteen state legislatures had considered bills to compel women on welfare to take it.” (p.337.) As well, some Judges urged “Norplant for women convicted of child abuse or drug abuse.” (p.337.) Hawkins and Elliott have deemed this process “thinly veiled racism.” (Hawkins & Elliott, 1996, p. 3.) as it is a direct strategy employed against poor women. Another controversy involved in the political rulings of Depo, is a law that “California and other states have considered... to “chemically castrate” child molesters and other sex criminals.” (p.3.) One should wonder, if the discourse to ‘chemically castrate” (p.3.) is acceptable language to describe such a use of the drug on men, what then are the government motives in implanting and injecting poor women with these drugs? Is it perhaps, they want to ‘chemically castrate' them as well? ‘Norping' as it is known, has since been opposed by many organizations, including American Medical Association, the American Civil Liberties Union and reproductive-rights groups. (p.337.)

3 R's: Risk, Responsibility and Resistance

When discussing the 3 R's, risk, responsibility, and resistance, one has to ask what type of choice is involved in taking these forms of contraceptives. The definition of risk states it is, “the probability or calculation that an individual makes about a situation.” (Malacrida, lecture notes, 2005.) But one must wonder, are women aware of the risks involved in using these contraceptives? Is enough information actually given to these women who voluntary or involuntarily become injected? Hawkins and Elliott would argue no. In fact, they view this as an issue of informed consent. “Many critics note that the manufacturers aren't as forthcoming as might be desired, but much of the blame falls on the shoulders of health care providers. It is ultimately the responsibility of medical workers to inform women about the risks—as well as the benefits—of drugs like Depo and Norplant.” (Hawkins & Elliott, 1996, p.3.) As highlighted above, there are many such risks associated with both Depo and Norplant or in any contraceptive for that matter. However, if women are not aware of the risks associated with these drugs, how then are they supposed to take the responsibility or caution in making the right decision to go on them? I agree with Hawkins and Elliott's concern about informed consent. It is indeed a shared responsibility between all parties involved, including women, partner and doctor. All should be informed of any such complication or danger involved in taking Depo or Norplant so that an informed decision and choice can be made.

Resistance is another issue ever present in the Depo/Norplant debate.

Some women feel Depo and Norplant are forms of birth control that enable them to be empowered and resist expectations society may place on them. Amy Kaler, is a researcher who studied various contraception methods including Depo, and the relation in which Zimbabwean women use it " to subvert the will of their men and elders." (Kaler, 2000, p682.) Although, many women felt that being on Depo gave them control over their fertility, Kaler confirms, "These technologies were also inscribed within racist power relations as instruments of the white Rhodesian elite." (p.682.) She elaborates, "The state was largely motivated by the desire to neutralize the demographic and political threat allegedly posed by the growing African population." (p.682.) Thus, even though the Zimbabwean women believed they were personally taking an act of resistance by being in control of their fertility, they were also participating in racist domination strategies. So what acts of resistance are available to women seeking perhaps a better choice? Obviously, if women are more informed of both the negative and positive effects associated with Depo and Norplant, they will be able to make the best decision for themselves. If a woman does not want to use Depo and Norplant, there are many other alternatives out there for her to try. And finally, women should have there right to resistance, and not be coerced into following a method they are not comfortable with.

Theory

These acts are an example of Foucault's idea of Governmentality. In Foucault's theory, Governmentality has two strategies in order to satisfy its needs. The first way Governmentality acts is by using direct strategies to regulate populations. (Lawton, 2005, lecture notes.) This strategy was employed by the Rhodesian State who were "largely motivated by the desire to neutralise the demographic and political threat allegedly posed by the growing African population." (p.682.) by implementing Depo as a contraceptive that would help control the so called population crisis. The second, less direct strategy of Governmentality is to rely on the individual's voluntary compliance with the interests and needs of the state. (Lawton, 2005, lecture notes.) This strategy is only successful when individuals believe they are participating in it for their own reasons, and not that of the government. This strategy of Governmentality was also successful in the example of the Zimbabwean women, who believed their uses of Depo were to control their fertility, but in fact were rooted in deeper, more controversial ideas.

Personal Opinion

When researching both Depo Provera and Norplant over the past few weeks, I was very much one sided on the debate of these intense contraceptive devices. To me the choice and sometimes coercion of taking these drugs seemed too risky, and not worth it, especially if safer forms of contraceptives are available. However, after discussing the issues with others, the question was raised, would I believe in involuntary injecting or implanting women who

were proven to be HIV positive or AIDS infected? Even further making me question the morality issue surrounding these devices. I cannot say I have an answer to this question, or any other viable solution for that matter, however, I do believe women need to have a choice as well be informed about the drugs Depo Provera and Norplant to decide if it is right for them. I also believe this is the responsibility of the medical professionals and pharmaceutical companies to promote their drugs in a way that is honest and open about all possible side effects and risks involved so that women can have a clear understanding in whatever decision they make.

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