

COMMENT

Comment on “Trade secrets from a sperm bank in India”

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Jyotsna Agnihotri Gupta's interview of Dr X who runs a sperm bank (1) is rather old (December 2001), but her questions remain pertinent today. The doctor's honest responses allow us to peek behind the curtains of a sperm bank and learn of the possibilities for unethical practice. They also allow us to reflect on the gender, caste, class and eugenic implications of the sperm bank -- as well as its transformatory potential, to transgress sexual and reproductive taboos.

We must resist the temptation to push the moral panic button and feed into the anxieties generated by right-wing vigilante groups. It is equally important to analyse our own gut feelings, many of which originate in an unease about sexuality and reproduction. The moral response has to be replaced by ethics and human rights ones - not merely by what is legal and illegal.

Using someone else's sperm to artificially inseminate one's wife is not new to Indian society. The concept of *niyog*, wherein the sperm of another man (usually a sage or a Brahmin) was used to impregnate a queen, is in the Mahabharata. This involved sexual contact between one's wife and the other man, because sperm banks did not exist then. Hindu mythology expounds the concept of the *kshetra* or the field that symbolises the wife's womb. The owner of this field is the *kshetri*, the husband. He sows the seed in the inert field and thus calls the harvest his own. However, when the owner does not have a seed of his own, he can get it from elsewhere. This man is known as the *beeji*, or one who gives the seed. Just as one would claim ownership of the harvest in one's field in spite of buying seeds from a shop, the *kshetri* could lay claim on the child born after borrowing the seed through *niyog*. In the case of Pandu, his two wives and five sons are a sterling illustration of such ownership: his five sons are called the Pandavas (they even claim the throne from their cousins, the Kauravas, based on this) though not a single one of them is a biological progeny of Pandu. Though various gods (Yama, Vayu, Indra and the Ashvini Kumars) fertilised the wombs of his two queens - Kunti and Madri - as the owner of these two wombs, Pandu, not the genetic fathers, claims paternity.

The need to preserve patrilineage and the “family seed” reaches ridiculous proportions in real life. We have seen young wives being forced to sleep with their brothers-in-law or fathers-in-law because the couple is childless. The woman sometimes complies to escape being labelled infertile and also to escape the violence, humiliation and social boycott and the husband's bigamy or desertion that the label may precipitate. We have

also seen women being molested by local “holy men” when being treated for infertility at shrines or traditional healing centres. Sperm banks offer a way out for infertile couples who want to be seen as fertile, who prefer biological children at any cost, and who are not prepared to become adoptive parents.

Women are not always victims in this scheme of things; they also gain through motherhood. In fact, an alien sperm also helps even out the power relation with the husband: artificial insemination proves that she was not the infertile partner after all. Male infertility also comes up for discussion; until now childlessness has always been conflated with infertility and, further, as the incapacity of the woman in question. We have seen numerous men commit bigamy before accepting that they are infertile.

The modern sperm bank provides for *niyog* without what would otherwise be seen as sexual transgression on the wife's part. Even if husbands from the mythologies approved and controlled such behaviour, there was always the risk of the wife enjoying the alien sexual encounter. Further, with the advent of the sperm bank, the husband's infertility need not be made public. Since both husband and wife have to gain by producing progeny, both are pressurised into keeping the uneasy encounter with the sperm bank a secret. At the same time, the control over a woman's womb or the capriciousness of a husband to accept or deny paternity might actually be threatened with the availability of anonymous sperm - it is now possible for single women to become mothers without the encumbrance of marriage or heterosexual contact.

Our understanding of sexuality has been affected by the HIV/AIDS pandemic. Many sexual practices earlier considered unmentionable are now more acceptable. Some hypocrisy around sexual relations has been questioned, discussions around safe sex issues have started, and masturbation has come out of the closet. Dr X needs his clients to masturbate in order to retrieve the sperm though at the same time he shudders at the falling morals of the new generation.

Sexuality and the sperm bank also force a re-examination of the concept of incest. Does incest refer only to sexual relations between family members? Is it incest when the sperm of the father-in-law is used for artificial insemination? Is the sex taboo or is the seed /womb taboo? Most marriages in rural Maharashtra happen between cousins. Is that not incest? How are the fragile and shifting borders of the permissible

and the inconceivable (no pun intended) affected by in vitro reproductive technologies? The idea of transgressing sexual or reproductive taboos has the potential of challenging patriarchy as well as consolidating it.

Technologies are situated in socio-political, economic and cultural contexts. The notion of family, community, caste, religious or national identity is located in the purity and preservation of the male seed; this is ensured by controlling the sexual conduct of women. Mass rapes of women are, therefore, not only a tool of terror, or a way of humiliating the conquered men; they are also a form of genocide through the "adulteration" of the genetic stock. Inter-caste or inter-religious marriages are proscribed for this reason too. Because they create the possibility of mixing up the genetic pool, sperm banks can challenge some aspects of the caste system. They can make the Nazi fanatic's dream come true (by only propagating the "desirable" sperm), but they can also translate Hitler's nightmare of miscegenation (mixing of racially different genetic pools) into a reality. In the interview, university students (instead of just "anyone from the street") are encouraged to donate sperm. Wanting to earn "pocket money" through sperm donation is okay, but a working-class person who needs the money to run his household may not be worthy enough. In the era of rising conservatism, the possibility of ushering in a "brave new world" looms in the corridors of modern technology.

Dr X remarks that some men, including doctors, pass off someone else's sperm sample as their own. One wonders how this happens but the point here is Dr X's concern for the wife who has been dubbed infertile, kept ignorant and therefore cheated. In the underworld of reproductive technology, the overrated "sanctity" of the husband-wife relationship comes under scrutiny.

The interview also touches on the issue of stigma (not just confidentiality). Research on abortion has shown that women compromise on quality healthcare for the sake of secrecy and women who undergo an abortion avoid the doctor who conducted it. In the same way, Dr X's clients don't return with sweets when the baby is born after a successful insemination. The doctor is a reminder of a transgression, an aberration, that must be forgotten. The fear of being blackmailed haunts the couple.

Masculinity as well as femininity and social prestige depend on conceiving biological offspring; therefore, most people, being obsessed with proving their own fertility, will go to great lengths to treat infertility rather than adopt a child. Most reproductive technologies, including artificial insemination, do not "cure" infertility; nor are their success rates very high. On the other hand, adoption offers you a 100 per cent guarantee of becoming a parent. Dissemination of information, dialogue at personal and societal levels, and challenging the notions of legitimacy, patrilineage and masculinity/femininity are essential to make this option more popular.

What about the child's right to know the biological father? Could the child's right to information be pitted against the mother's right to confidentiality and the maintenance of anonymity in sperm donation? The interview reveals Dr X's concern for the mother and child, but also informs us that some doctors get their office boys to donate sperm when they run out of stock. Would that not amount to exploitation and sexual abuse of the office boy? Besides, what about confidentiality when an employee of the sperm bank donates his own sperm and has access to details of the recipient?

The murky underbelly of the sperm bank is exposed through this interview. Dr X is clearly upset by doctors' malpractices: not all doctors use the sperm bank to get sperm samples, and some dilute the sperm or get Dr X to send free samples (saying that the first one wasn't good enough) in order to maximise their profits -hurting his own income. He also tells us that ignorant doctors don't warm the sperm enough before insemination, forcing women to come back repeatedly.

The interview reiterates the need for ethical guidelines and protocols for the running of sperm banks. Regulatory mechanisms and accreditation are necessary and monitoring is required to reduce malpractice and unethical conduct. At a social level, we need to formulate our politics about non-normative reproduction and sexuality, and also question the need for people to prove their fertility.

Reference

1. Gupta JA. Trade secrets from a sperm bank in India. *Indian J Med Ethics* 2008; 5: 9-12.