

Reproductive Technology: A Doorway That Changes Women's Live

Research Scholar Mukesh Kanaujiya

Department of Social Work
Lucknow University
Lucknow, UP, India
mkanaujiya@gmail.com

Abstract -Reproductive technology plays an important role in women's life because, Infertility can be considered a health problem according to the World Health Organization's broad definition of health – "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Statistics show that almost Three million infants have been delivered using Assisted Reproductive Technology in the last 30 years, all over the world. Infertility in the global can have severe and interrelated social, economic, and health-related consequences for women. Infertility often produces a sense of isolation, resentment and anger which can lead to a vicious circle of cutting oneself off from social support networks: Infertile couples experience a difficult dilemma, particularly around holiday time or important family events. The infertile couple is caught in an emotional bind. They already feel isolated from most of the world. The new reproductive technologies provide a good basis for the study of changing perceptions of nature because the field to a large degree consists of stories of de-naturalisation and re-naturalisation. A very simple illustration is how the very term for these technologies over time has gradually shifted from artificial reproductive technologies (that is to say de-naturalisation) to assisted reproductive technologies (indicating a re-naturalisation). The latter term indicates that the intervention of medical technology is meant to restore the body to its natural state. This Paper aims to find out the importance of new reproductive technology and its impact on woman and society.

Key Words- Infertility, Reproductive Technology, social status of woman

I. INTRODUCTION

Every living organism has this feature of procreation. By the process of reproduction, the living organism will create new organisms of the same kind. Reproduction is a natural phenomenon. However, it is anticipated as the pith of being a lady in a male commanded society. A woman's primary role is to give birth and take care of her family and child. In the words of philosophers Arhur Schopenhauer and many other "women exist, on the whole, solely for the propagation of species." During the last few decades, this phenomenal disposition of women amid the most recent couple of decades, this incredible demeanor of ladies has turned into an innovative illicit relationship to guarantee and accomplish richness.

While it is not true for all women, some women are not fit for reproduction. in that cases reproductive technologies help them there are various forms of reproductive technology that have been developed over the past 20-25 years. These reproductive technological have brought joy and hope for many infertile couple. Technological advancements play the part in female's reproduction rights. Reproductive application includes modern and planned functions of technology for human reproduction,

including facilitated reproductive engineering, such as in-vitro conception; contraception; and miscarriage, surrogacy etc.

Another issue is that the existence in our society of enormous conflicts over the morality of sex and reproduction. On-going bitter debates exist over abortion, biological research, the standing of embryos, and to a lesser extent, family planning and sex education within the colleges. Lacking social accord on the morality of exploitation medical technology to set up, limit, or interrupt pregnancies, we have a tendency to confront difficulties in evaluating the latest power-assisted fruitful technologies aimed toward manufacturing births.

To feature to the uncertainty, the developed world is experiencing cultural changes in attitudes toward ladies, children, gender, and therefore the family. More than 70 million around the world couples are afflicted with infertility. Since the first successful IVF procedure in 1978, the use of these reproductive technologies has expanded to become commonplace around the globe. Over the past decade, the use of ART services has increased at a rate of 5–10% annually. Another controversial debate over what age is too old for a person

to undergo IVF in order to have a child, with reports of women utilizing its services after the onset of menopause. This raises concern for the mothers' health in surviving the pregnancy, as well as their ability to survive long enough to raise the child. Reproductive technology helps infertile couple to live a normal life.

II. OBJECTIVES OF THE ARTICLE

Article mainly focuses on the reproduction technology and its impact on women's life as we know that infertility increases and there are so many factors which effects women's life. The reproduction technology files that gap of women's life which are not possible naturally. 1) to study the role of reproduction technology in woman's life 2) to understand the relation between infertility and reproductive technology 3) to study the pros and cons of reproductive technology.

III. METHODOLOGY OF ARTICLE

Article is based on secondary source like research paper, article, only literature facts and data has been used for this article. This type of research is theoretical in nature. It examines the concepts, theories, phenomena of Reproductive technology and its effects on woman's health. Also it answers, what theories already exist? And to what extent it has been investigated? Further it helps to develop new hypothesis, based on the gap between current theories and emerging new research problems. The secondary data has been collected from various databases, journals, books, websites, etc. It is an integration of reviews related to Reproductive technology and forms as a foundation to analyse new emerging issues/patterns in woman reproduction health and Reproductive technology.

IV. IMPACT OF REPRODUCTIVE TECHNOLOGY

India has seen an increase in infertility and there has been a 20 to 30 percentage increase in infertility in the last five years. Infertility affects both rural and urban landscapes. Furthermore, it is not limited to women. Infertility of men is also possible. The social stigma in Indian Society is largely ignored and women are always accused of being incapable of bringing children. It is therefore very important to be informed about infertility and its causes and how infertility can be solved using assisted reproductive technology. There are several reasons for infertility, including congenital, drugs, diseases, immunological or psychological conditions.

A person affected by any of the above causes may have infertility. Reproductive technologies have had a major impact on the lives of many infertile and sub-fertile pairs worldwide. Due to the high financial costs of these procedures, however, access to these technologies is

largely restricted to Western society, especially those with medium to high incomes. Developing countries with the highest infertility rates therefore have limited access to those technologies. The application of these technologies is surrounded by controversy. People have time-honoured the practice of diverse styles of fertility remedy for lots of years. No matter this, controversy surrounds this new reproductive technology due to the fact they venture the traditional information of the connection among sex and procreation. Consequentially, this additionally has the ability to mission the shape of lineage and kinship networks. This record will check out the pronounced and perceived social implications of some usually used reproductive technologies currently used these days; consisting of contraception, in-vitro fertilization, gamete intra-fallopian transfer, intra-cytoplasm Sperm Injection, pre-implantation genetic diagnosis, gamete donation and abortion.

V. WHAT IS REPRODUCTIVE TECHNOLOGY?

Reproductive Technologies are designed to intervene in the process of human reproduction. They fall into four groups:

- The first and the most familiar group include those concerned with fertility control: with preventing conception, frustrating implantation of an embryo or terminating pregnancy i.e. contraceptive technologies.
- A second group of RTs is concerned with the 'management of labour and childbirth.
- The third group includes those concerned with improving the health and genetic characteristics of foetuses and of new-born babies.
- The fourth group includes conceptive technologies, directed to the promotion of pregnancy through techniques for overcoming or bypassing fertility. For example, older reproductive technologies include oral pills, intrauterine devices, diaphragms, pregnancy medical cessation and female / male sterilization. New reproductive technologies include artificial insemination, in vitro fertilization and associated technologies are hormonal contraceptives, injections and implants, vaccines against fertility, amniocentesis and ultrasound, pre-selection of sex and cloning etc. Debate on reproductive technologies takes place worldwide, but in the west and in the third world differently.

VI. IMPORTANCE OF REPRODUCTION TECHNOLOGY

Reproductive technology and women are related to each other because Infertility is adversely affecting women through lower social status and ostracism. The way in which women are treated by their husbands, families and communities depends heavily on their social status. Infertility can ultimately lead to social death: expelled from the community. In countries where women are not

allowed to work outside the home and depend on men financially, expulsion from the community or even divorce can be socially and economically devastating. Some of the economic consequences of infertility, such as food shortages, may lead to health problems such as malnutrition. However, there are infertility-related health problems which are independent of economic problems. Infertile women, for instance, are more likely to suffer from physical and emotional abuse. Infertile women can also be denied basic needs and forced to do additional work.

Women with infertility are considered less than others because they cannot fulfil the pre-designated role of women that society approves. Motherhood is regarded as a power for the new bride, and its lack makes her vulnerable. The most common solution for men is remarriage, based on the belief that women are the source of infertility. Infertile women indicated that their husband's remarriage could only be a solution to their social difficulties and remarriage was the most commonly mentioned infertility solution. It clearly shows that how important is reproductive technology in Indian society.

1. Contraceptive Technologies

Contraceptive is a device or drug that prevents pregnancy by interfering with ovulation, fertilization and implantation in the natural process. Until recently, scientific methods of contraception were based on the understanding that pregnancy can be controlled by preventing male and female fusion. Fluids for reproduction. Contraception emerged as a technology when scientists focused on the adulterary cycle of women and hormonal reproduction control of both sexes. Women who used contraceptives felt confident and stood firm in front of society, instead of feeling shy and looking down on their husbands and other members of society.

The attitudes and feelings of women have changed from hectic to frightening to satisfy, Tranquil and stable. Studies agree that the ability to delay early birth has many advantages, such as improved earning potential, the ability to send their children to better schools, allowing them to attend school and improve marital relationships. Contraceptive use has freed women from unplanned and unwanted pregnancy and birth-related worries and traps.

It gives women ample opportunities and offered "peace and stability" in their lives. The study recommends that a clear strategy be introduced that promotes Current service user experiences to be shared with their non-user counterparts to ensure the expansion and sustainability of contraceptive services. People in developing countries have shown a rapidly growing interest in planning and paying for their families. The convenience and efficiency of new methods have attracted people in the developed countries. Governments in developing countries that are

concerned about their population growth rates are increasingly adopting population policies, encouraging and supporting their people in adopting a responsible reproductive behavior.

A United Nations Survey of Government According to modern fertility regulation methods, of the 131 governments surveyed in developing countries, 103 provided direct support, 13 indirect support and only 10 did not provide support. The low prevalence of sterilization among highly educated young women may not be due to their decision to prevent sterilization and to choose alternatives, but because of the delayed marriage and pregnancy. Most of them are waiting for their first baby or are still waiting to finish their family size and therefore do not choose sterilization until they are 28 years old or more than that.

2. Assisted Reproductive Technologies

Assisted Reproduction Technology (ART) has given children to millions of infertile pairs worldwide. ART refers to egg, sperm and embryo manipulation outside the body for pregnancy. Intrauterine insemination (IUI), which involves only sperm manipulation, is considered to be an ART type by some, but not by all.

Types of assisted reproduction technology include

2.1 In vitro fertilization (IVF)

IVF involves the joining of eggs and sperm in a laboratory dish and transfer of the resulting embryos into the womb. IVF is by far the most commonly used form of ART

2.2 Intra cytoplasmic sperm injection (ICSI)

ICSI is a variant in IVF in which a single sperm is injected into each egg. It is done for semen abnormalities and couples who have failed fertilization.

2.3 Donor Egg IVF

Donor egg is a variant used in couples in which the female partner has very poor quality eggs (often due to age) and requires eggs from a younger woman in order to have a normal conception.

2.4 Gestational Carrier IVF

Gestational carrier is what most people think of when they think of surrogacy. IVF is done as usual on the intended parents, but the pregnancy is implanted into the womb of a woman who will carry the pregnancy and give birth to the child for them.

2.5 Gamete Intrafallopian Transfer (GIFT)

GIFT was commonly done in the past, particularly for women who wanted to do IVF but avoid conception outside the body. The eggs are stimulated and harvested just like in IVF, but the eggs and sperm are placed into the fallopian tube where fertilization happens. With the increasing success rate of IVF, GIFT is rarely done nowadays.

2.6 Zygote Intrafallopian Transfer (ZIFT) and Tubal Embryo Transfer (TET)

ZIFT is also similar to IVF but involves transfer of the fertilized egg (the zygote) into the fallopian tube at the time of laparoscopy. In the past, like GIFT, ZIFT had a higher pregnancy rate than IVF. With the advent of improved embryo transfer techniques and better laboratories, ZIFT has also become obsolete. TET refers to the same procedure as ZIFT but with transfer done at a later date.

2.7 Surrogacy

Surrogacy is the union of science, society, services and individuals which makes it a reality. Surrogacy gives the infertile couple and the surrogate mother a win - win situation. The infertile couple can fulfill their greatest wish and the surrogate mother receives the appropriate reward. Giving a womb for rent means feeding another couple's fertilized egg in your womb, surrogacy appears as an attractive alternative. Poor mother of surrogate receives much needed money, Infertile couples are biologically related to their long-desired The country and sweetheart earns foreign currency, but the real The picture shows the bitter truth. Because of the lack of proper law, there are somehow both surrogate mothers and intended parents. Exploited and earned by the middle man.

2.8 Assisted Reproductive Technologies

Assisted reproductive technologies (ART) have grown steadily in recent years. Infertile pairs in both developed and developing countries are now increasingly available. In addition, with the expansion of the economy, many infertile couples can now afford and the sophisticated AR (ART) has grown steadily in recent years. Infertile pairs in both developed and developing countries are now increasingly available. In addition, with the expansion of the economy, many infertile couples can now afford and the sophisticated ART treatment. This has led to a huge increase in the number of ART clinics that care for these pairs around the world. India has probably seen the greatest increase in ART centres and the number of ART clinics in our country has steadily increased over the past decade.

In latest survey, based on the number of applications received for the National ART Registry, the Indian Medical Research Council (ICMR) identifies 125 such clinics in India's capital. Officials nevertheless believe that the actual figures are available. The ART market is profoundly feminized. Spontaneously, the body, especially the infertile or less fertile female body, is tested. In addition to the medical concepts of primary and secondary infertility, ARTs contributed to the development of a specific form of infertility less physiological and more sociological. One triggered by decisions and intentions—namely “voluntary infertility.”

Such a label completely overlooks the functioning of social, economic and other cultural factors that determine the choices made or not made by an individual(in this case an adult woman). Makes or does not choose to make. When women were married at the age of 14 or 15 by the time they were hardly 25, age and bore several children, voluntary infertility is not a problem. ARTs not only endorse the infertility marketing Clinics but also trade in the women's body Baby factories ' manufacturing. These clinics sell organic materials, processes of reproduction, designer babies with desired qualities and mothers of the surrogate Profit framework to create a globalized economy.

The Market are controlled by people of high standard who offer these Unregulated and uncontrolled services poor People are bound and forced to profit by selling their body parts. Profit and loss are conditional on women's social and economic position determining who will Procedures for ARTs. Social revolution initiated by the development of techniques for assisted reproduction. Although they accepted a broader definition of the family, they did not lose sight of the rights of the unborn child and therefore the need for related professionals to play a greater role in decision - making. These findings have important implications for healthcare education programs and future public legislation.

VII. ETHICAL AND SOCIAL ISSUES

Innovative reproductive technologies are particularly worrying because the stakes for both people and society are so high. New human lives are at risk, and children who are conceived and born are third parties who are completely vulnerable to adult desires and decisions. Reproduction is not only central to the formation of families, but also has major cultural values. Highly intelligent people are “self-interpreting animals” “living in governed socio - cultural groups who live in symbolic-regulated socio- cultural groups. The adoption of certain reproductive technologies will have cultural effects beyond fulfilling the personal desire of an individual to become a parent.

Unfortunately, even good wishes, individual human desires cannot serve the good of others. Given new assisted reproductive technologies, the technological imperative (i.e., what can be done) must not govern individual and group reproductive practices and policies. The question is whether certain practices are right, good and conducive to the prosperity of people for all concerned individuals and social groups. Complex moral and social concerns as well as technological efficiency must be addressed. Since the prohibition of slavery, the commercial sale or intentional breeding of human beings has been legally and morally unacceptable in Western society.

In order to preserve the human dignity inherent in embodied integrity, the purchase of brides, children, and sexual intercourse or body organs has been prohibited. The company regards the sale of children for sexual and pornographic trafficking as a monstrous abuse.

Existing moral standards for personal physical integrity, the following ethical standards for the use of alternative reproductive technologies can be proposed in order to safeguard the well-being of children, individual parents, family structures and positive moral values of society. An alternative reproductive technology is ethically permissible if it enables a socially adequate heterosexual married couple to have a child that they normally expect but cannot have due to their infertility. When reproduction is commercialized, governed by contracts and the purchase of parts and functions of the body, family culture becomes even more fragmented and distorted. The great primordial civilizing reality of parental commitment, mutual dependence, is under threat.

VIII. CONCLUSION

Reproductive Technology is very use full for woman. Technology is not the solution for very problem there are some other option instead of technology. Although reproductive choice is essentially a personal choice, it is not entirely the case. This is because reproduction is a process involving not only the choice but also the other partner, the family, society and the world as a whole. Therefore, it is not surprising that the different contexts, sexual morals, cultures and religions. Societies affect reproductive choice. In considering these issues, it is important to remember the realities of these technologies capabilities and limitations.

REFERENCES

- Borrero, C (2003) Gamete and embryo donation Gamete source, manipulation and disposition
- Cheng, Y., Gno, X., Li, Y., Li, S., Qu, A. and Kang, B. 2004, 'Repeat induced abortions and contraceptive practices among unmarried young women seeking an abortion in China', International Journal of Gynaecology and Obstetrics, vol. 87, pp. 100-202.
- Cram, D. and de Kretser, D. 2002 Genetic Diagnosis: the future, in C. Jonge and C. Barratt (eds) Assisted Reproductive Technology: Accomplishments and New Horizons, Cambridge University Press, Cambridge, pp. 186-205.
- Edwards, J et al (1993) Technologies of Procreation: Kinship in the Age of Assisted Conception Manchester University Press, New York pp. 2, 33-34
- Englert, Y et al (2004) Sperm and oocyte donation: gamete donor issues International Congress Series vol 1266 pp. 303-310
- Everitt, BJ, Johnson, MH, 2000, Essential Reproduction Third Edition, Blackwell Science, Australia, p251-265.
- Family Planning Western Australia (last updated 22/8/2005), Contraceptives, [online], available from: <http://www.fpwa-health.org.au/>.
- Fertility Issues. (2005). [Online]. Available from: <http://babycenter.com/refcap/preconception/fertilityproblems/index> (5 September 2005).
- Garner, P., Qian, X. and Tang, S. 2004, 'Unintended pregnancy and induced abortion among unmarried women in China: a systemic review', BMC Health Services Research, vol. 4.
- http://shodhganga.inflibnet.ac.in/bitstream/10603/15157/6/06_chapter%202.pdf
- http://shodhganga.inflibnet.ac.in/bitstream/10603/15157/6/06_chapter%202.pdf
- <https://onlinelibrary.wiley.com/doi/pdf/10.1111/1467-9566.ep11007191>
- <https://www.ijrcog.org/index.php/ijrcog/article/view/2304/1993>.
- Johansson, A., Lofstedt, P. and Shushheng, L. 2004, 'Abortion patterns and reported sex ratios at birth in rural Yunnan, China', Reproductive Health Matters, vol. 12, pp. 86-95.
- Kaz, P et al (2002) The economic impact of the assisted reproductive technologies Fertility (online) Available: <http://www.Nature.Com/Fertility/Content/Full/Ncb-Nm-Fertilitys29.Html> 10th September 2005)
- Kleinman, RI, 1988, Family Planning Handbook For Doctors Sixth Edition, International Planned Parenthood Federation, London, P17-151.
- S. Srinivasan, "Assisted Reproductive Technologies, Rights And Choices" Making Babies: Birth Market And Assisted Reproductive Technology In India, Ed. By S. Srinivasan, New Delhi: Zubaan, 2010. [11] J. Raymond, Women As Wombs: Reproductive Technology And The Battle Over Women's Freedom, San Francisco: Harper, 1993.
- Sujoydhar: Inter Press Service, Kolkata, June 5, 2003, <http://www.Aegis.Com/News/Ips/2003.Ip030606.Html>
- World Health Organization . Geneva Programme On Maternal And Child Health And Family Planning. Division Of Family Health. Geneva: World Health Organization; 1991. Infertility: A Tabulation Of Available Data On Prevalence Of Primary And Secondary Infertility.
- Saladin, K. 2001 Anatomy And Physiology: The Unity Of Form And Function, (2nd edn), McGraw-Hill, New York.
- Serour, G (1996) Bioethics In Infertility Management In The Muslim World the European Association Of Gynaecologists And Obstetricians vol 2: 2
- (Online) Available: <http://www.Obgyn.Net/Eago/Art12.Htm>
- Vayena, E Et Al (1997) International Working Group For Registers On Assisted Reproduction (Online) Available: <http://www.Who.Int/Reproductive-Health/Infertility/3.Pdf> (8th September 2005)

24. Wikipedia (2005) Infertility (Online) Available:
[Http://En.Wikipedia.Org/Wiki/Infertility](http://En.Wikipedia.Org/Wiki/Infertility)(6th
September 2005)
25. Xiao, B. And Zhao, B. 1997, 'Current Practice Of
Family Planning In China', International Journal Of
Gynaecology And Obstetrics, Vol. 58, Pp. 59-67.