Women's Studies International Forum 60 (2017) 58–68

Contents lists available at ScienceDirect

Women's Studies International Forum

journal homepage: www.elsevier.com/locate/wsif

Between fact and fiction: Can there be a postcolonial feminist ethnography?

Priya Kapoor

Dept. of International and Global Studies, Portland State University, PO Box 751, Portland, OR 97201, United States

ARTICLE INFO

Article history:
Received 15 February 2016
Received in revised form 30 August 2016
Accepted 11 November 2016
Available online 28 December 2016

Keywords:
Gender
Ethnography
Cultural studies
International development
Postcolonial
Population control
Stories
South Asia
India

ABSTRACT

This study advocates for feminist qualitative methodologies that focus on stories when studying topics that impact women's well-being and the knowledge produced about them. In specific, population control and family planning mark a defining moment in global politics and international development as this issue has become a struggle about who has a right to live, indeed, a right to inherit the earth. In no other time period have we had to be as vigilant about legal and policy documents placing women's reproductive rights in jeopardy. Since the postcolonial period, female reproduction has been adjudicated by male administrators of Western Governments and Foundations promoting modern-western modernity and neoliberalism. Population policies have been part of national security policy (in the US since 1970s) and define North-South relations, just as other concerns such as immigration, refugees, food sustainability and war. The study aims at reinstating subaltern women's voices as central to international development and planning discourse by presenting ways that personal narrative can circumvent the demands of objectivity in functionalist research paradigms. By calling women's tales fictional, I give the interviewing women the status of storytellers; a position of power imparted to women traditionally. Stories of women's lives recorded in 1992–95 are literary and imaginative constructions and not false as such, serving to reposition women's role in international development. Their words give analysis, life, and historical authenticity to the transnational women's movement in reproductive health.

> In traditional ethnographic practice, if the first-person narrative is allowed to creep into the ethnographic text, it is confined to the introduction or postscript.
>
> [(Visweswaran, 2003)]

> Women activist slogans at ICPD, Cairo: 'Don't dump Depo[provera], Net En, Vaccines, Norplant on our bodies'; 'Two cars per family in the North, One child per family in the South'; 'International Agencies and TNCs = Population control policies'.
>
> [(Karkal, 1994)]

Introduction: the contemporary context of population policies

In Chattisgarh, the poorest state in India, in 2014, more than 12 tribal, indigenous women, in fair health, died as a result of sterilization surgeries (Burke, 2014). More than 80 women were sterilized during a 5 hrs camp where a single doctor and an assistant were present. The fatalities were expected to rise but the press did not follow up on the story. McGovern (2015) writes that USAID had funded the Chattisgarh sterilization camp and has funded similar sterilization projects in India for over two decades. India allows over 4 million tubal ligations or sterilizations per year (Dugger & Barry, 2016). More recently, it was reported in The Times of India, on July 5, 2016, that 10 women have lost their lives to sterilization in Mumbai in one year, 2015–2016. This statistics came to light when civil society conducted an RTI (Right to Information Act) inquiry (Roy, 2016). Another press article ushers in the Modi era (Narendra Modi is India's current Prime Minister) bearing the news that the new government has opened the doors to injectable contraceptives which have been controversial in the Indian context for over two decades (Dugger & Barry, 2016). I argue in this paper that these recent events are imperatives to re-examine and recuperate critiques of population-driven state policies, and also a call to re-examine academic methodologies that do not account for women's lived experience. Demographic categories of 'sex' and 'gender' must be viewed as discrete or women's bodies will be treated in wholesale ways by state policies (Williams, 2010; Bashford, 2006) unless the reality of their lives become the chief drivers of population policies. These two modalities motivate this paper. The shards of information I have recently gleaned from the press, and NGO reports on fertility control, makes a strong argument for looking at qualitative data that is gathered longitudinally, over a

E-mail address: Kapoorp@pdx.edu.

http://dx.doi.org/10.1016/j.wsif.2016.11.004
0277-5395/

longer span of time so that a genealogy of local and global population control can be traced.

The time period of this study marks an important transformation in population control discourse to how it is perceived today, as reproductive health (Garcia-Moreno and Claro, 1994; Wikler, 1999). I employ select conversations and narratives from the mid-1990s because I argue that the substantive links between fertility control and reproductive rights has not been adequately addressed, from the point of view of women's words, and are worth reviving at a time that the Climate Change talks have come to a close in Paris in November 2015. An International Planned Parenthood Federation member tweeted from Paris: "successful event on sexual reproductive health rights as key to building climate resilient communities" (IPPF, International Planned Parenthood Federation, 2015). This social media message suggests an emergent environmental citizenship that is mobilized for political action or *potential politics*, a term of possibility that scholars borrow from Brian Massumi (Baldwin, 2012). While we are hopeful of a new politics engendered by environment consciousness, Baldwin (2012, 2013) warns us of the new climate-change migrant who is brown and racialized.

Ever since the Sierra Club sponsored Thomas Ehrlich to write *The Population Bomb* in the 1960s, global reproduction trends and the state of the world environment are spoken of in the same breath. I argue that studying the legacies of reproductive health offers the possibility of greater interdisciplinarity in the fields of feminism, ethnography, postcolonialism, international development, and communication and keeps the debates connected with women, state, and biopolitical control alive within academia and civil society. In no other time period have we had to be as vigilant about legal and policy documents placing women's reproductive rights in jeopardy. Moreover, attention to personal narratives reinstates women as active subjects (Humphries, Mertens & Truman, 2000; Abu-Lughod, 1990). Their words give life and historicity[1] to the transnational women's movement in reproductive health. In the following section, I have showcased the narratives of two women, JC and Dr. PK. JC is looking for funding to research the dai or local midwife and PK is an academic who is skeptical of the ongoing population-centered mission of the government.

Three narrators: setting the stage for a population control critique

Narrator one, JC

I'm looking for money now for a [research] project that I want to do on the *dai* [traditional midwife] … as a cultural repository and those knowledge forms which belong to women… and it's very difficult for me to find money because I don't fall into those categories of *Population*. In America … I was talking to the biggies — MacArthur, Ford and Rockefeller, and now, they're all, *women's health* and *women's reproductive health*; another kind of thing that bothers me. I mean [sounds frustrated] the jargon, the current jargon, 'women's reproductive health.'" These are the words of a narrator, JC, a self-funded researcher living in New Delhi. We conversed in the Summer of 1994, the same year that the United Nations' International Conference on Population and Development in Cairo (ICPD Cairo) urged India and all participating 187 countries to finalize their country-specific strategy for Population and Development. Expressed here is her dissatisfaction at the narrow population control ideologies by which funding priorities of International NGOs and Foundations are driven.

Narrator two, Dr. PK

While JC interrogates hegemonic international development discourses, in the following narrative, Dr. PK, an academic at a major regional University in Northern India delves straight to the politics of population control which has bitter connotations of coercion in the Indian subcontinent. "They say Norplant has been rejected in the West and they [injectable and immunological contraceptives] are being *dumped* as something that is not good [sic]. Maybe there is something to it. The Government of India is having a tough time to make Norplant part of the governmental program and so far women's groups have resisted…I think unless it is tried out it shouldn't be made part of the [family planning] program [of the Govt.]."

A brief overview of Norplant

In the quote above, Dr. PK questions the conditions under which Norplant, an implant contraceptive surgically placed in a woman's arm for five years, and Depo-Provera, a controversial injectable contraceptive, were rejected by women in Scandinavia and North America leading to it being taken off the contraceptive shelves in 2008. There is no record of long term tests for Norplant before its introduction in the market for women in the Global South. Norplant testing was conducted in the Dominican Republic, Indonesia, Egypt, Colombia, Chile and China (Sivin, 1988). Furthermore, physicians vehemently disavowed any harm based outcome (Polaneczky, 1995). Side effects such as constant bleeding over several days, tumors, kidney disease, strokes, heart attacks and sterility were reported in studies conducted among women who opted to use Norplant (Smith, 2003, Sivin, 1988).

Norplant arrived in India via the Population Council. Population Council funded Norplant so as to disseminate the new implant and injectible technology among the poorest nations around the world. Even though Norplant was meant to provide "choice", it would ironically eliminate "choice" due to the 3–5 year commitment demanded of adopters through its surgical insertion. Most pre-launch studies among women were conducted by the Population Council in Asia, Latin America, and Africa (Marangoni et al., 1983). Population Council also conducted a study in San Francisco, among Hispanic and African-American women in the late 80s (Darney et al., 1990). While the overall tenor of the Population Council research reflects positively on Norplant devices, the erratic bleeding, anxiety, and other symptoms are hard to ignore; and in each of the studies conducted by Darney et al. (1990) and Marangoni et al. (1983), over half of the women decided to drop the option of adopting Norplant. At the start of the studies' experimental design, the sampling of women for the Population Council study decided to adopt Norplant despite being unsure of the surgical intervention needed to insert Norplant (cylindrical tubes). Women were mostly rebuffed by physicians when they asked for the Norplant tubes to be removed from their bodies. In many cases, the doctors were not sufficiently experienced to excise Norplant from the arm (Hartmann, 1991).

The resistance to Norplant began in the 1990s when feminist civil society, globally, conducted their own field research studies and tried to dissuade their respective governments to provide Norplant as a contraceptive option. Indian feminist civil society organization *Jagori's* Abha Bhaiya has gone on record as saying, "Norplant has been used successfully only through coercion — either economic, as in Thailand, or physical, as in China. Even in the US, it is being propagated mainly among poor, Black and Hispanic women" (Rahman, 2012, n.p.). Furthermore, quoting *Saheli's* Kalpna Mehta, it is reported that "once Norplant is implanted the woman has no control. If a middle-class woman in the nation's capital suffered much, the situation in rural areas will be disastrous" (Rahman, 2012, n.p.). Civil society groups have demanded smaller sample sizes of women for testing by multiple research sites (hospitals) rather than one large sample size of 20,000 suggested by the Indian Council of Medical Research (Rahman, 2012). Betsy Hartmann has studied the case of "success" in Indonesia (over half million Norplant surgeries) to conclude that women were not adequately informed about the consequences of Norplant adoption nor were physicians trained in removal of Norplant (Hartmann, 1991, 1995). Often, complications among women led them to lie to their physicians about

[1] Historicity refers to the historical actuality or authenticity of persons or events. Historicity allows one to be a part of history instead of being understood as a historical myth, legend, or fiction.