

SCHWARTZREPORT

Trends That Will Affect Your Future . . .

A Different Kind of Woman

| Stephan A. Schwartz |

The Schwartzreport tracks emerging trends that will affect the world, particularly the United States. For EXPLORE, it focuses on matters of health in the broadest sense of that term, including medical issues, changes in the biosphere, technology, and policy considerations, all of which will shape our culture and our lives.

Where did it start? The pill is probably as good a place to begin as any. Suddenly, pregnancy was an option. Every act of intercourse was not a dice roll with fate. For a woman under 50, it is hard to imagine the fearful count that began after a night of young love before the first signs of your period or the fateful conversations with girlfriends, "I'm a week late," began. The middle-aged women of today knew to a level of precision their daughters will never understand exactly when their period was supposed to start. The rise and fall of the menstrual cycle pulsed through the culture of the young like a secret beat that parents could not hear.

As the tension built to two weeks, everything else in a girl's life faded into a gray mist. The hours. The minutes tolled, until someone had to be told. And then, if there was mercy, the release: "It started in gym class."

And for some it didn't, and then there were the furtive conversations "to find someone." The trip in a car, sometimes with the boyfriend, but often not. The brown sandwich bag on the seat of the car in which \$200 in crumpled bills, donated by friends, or achieved by selling the "adda-pearls" your grandmother had given you at birth and added to each year at your birthday, like steps through child-

hood. Driving into the poor neighborhood, the knock on the door. Climbing onto the kitchen table. The anonymous woman who spread your legs and probed with a piece of wire that she had wiped off with alcohol. Sudden pain and instructions about what to look for in the water of the toilet. Or maybe not; instead, a ride through the night in an ambulance as you phased in and out of consciousness suffering from septic shock. The conversations afterwards in the hospital room. Your mother weeping. Your father looking grim. The doctor professionally compassionate but distant and disapproving.

Whole chapters out of the lives of girls and young women have been mercifully torn from the history books, and most of us are glad to see them gone. But not all, and, in the half century since American biologist Dr. Gregory Pincus developed the pill, which works by suppressing ovulation, neither "the pill" nor the legalization of abortion are yet settled social policy. In spite of the fact that study after study has shown that "abstinence only" sex education is a failure, a significant portion of the American population continues to insist this be the only thing taught to teenagers. Meanwhile, the American government compliant to the demands of those who find contraception and right to choose offensive, demands that its foreign aid cannot be used for either. Women die by the thousands in the Third World because condoms cannot be a part of American financed health programs. Concurrently, challenge after challenge continues to be thrown against *Roe vs Wade*, and a new Supreme Court justice may tip the balance, throwing it all back into the state legislatures so that there is no longer a national policy concerning a woman's right to control her body's basic functions.

Suddenly, there will be fights in 50 state legislatures, and it is not hard to imagine an America in which in some states a woman has control of her body, whereas, in others, she does not. Already, in Indiana and Ohio, conservative legislators are introducing outright bans on abortion, which they hope will find favor with the newly configured Supreme Court.¹ And, as I write this, South Dakota has just passed a law that essentially bans abortion unless the mother "is in danger of dying," a more stringent variant of the usual "health of the mother" provision.² Exceptions for rape and/or incest were deliberately not included. The South Dakota law has been explicitly crafted in hopes that it will result in the Supreme Court reversing the 1973 *Roe vs Wade* decision.²

Should that happen, the split among the states as to how each handles the issue of a woman's right to control her body will likely fall almost exactly along the red-blue demarcation that already bedevils the country, and a whole range of unintended consequences may flow from the change. Young women might well choose colleges based on a state's policies. High-tech companies might eschew certain states in part because of this consideration, in respect for their women employees.

As this antique argument that will not die continues to be fought, however, even newer technologies are taking us into uncharted territory that renders condoms quaint and *Roe vs Wade* as simple as a one-room school house. Experts in gynecological medicine are now predicting that as early as this time next year, menstruation will be optional, and one of the fixed points in almost every woman's life, going back into the unrecorded reaches of past, will electively disappear.

A new oral contraceptive, trade named Anya, will enter the US and Canadian

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pharmaceutical market within months. Developed and manufactured by Wyeth Pharmaceuticals in Collegeville, Pennsylvania, it promises not only to be as effective as oral contraceptives (98+ percent) but to have the added effect stopping a woman's menstruation. A woman on the Anya program will take a low dose of the contraceptive 365 days a year, with no placebo dosage as is usual with such contraceptives. She will have no periods, and Wyeth reports that Anya also virtually wipes out postmenstrual syndrome (PMS).

It is just the latest step in this direction, following in the footsteps of a Barr Laboratories (Pomona, NY) launch of Seasonale. Taken for 84 consecutive days, followed by seven days of placebos, it reduces the usual 13 monthly cycles to just four. Are these drugs popular? Seasonale had sales last year of \$87 million.

What would society look like if women were freed from the monthly cycle that has been the threnody of the feminine since the human species began? Would opting out of periods altogether be considered a kind of preabortion? Could laws be passed compelling women to have periods? If just the potential of a human being can alter the course of science in stem cell research, and the "morning-after" pill RU-486 can be the subject of a vast national controversy, why shouldn't it be possible to compel women to be fertile every month? If reproductive health is a state by state decision, why couldn't a woman in Mississippi be made to menstruate, whereas her New York cousin could choose to skip it altogether? And if the decision is made at the state level, could such oral contraceptives as Anya be barred from sale in the restrictive states?

We know that the best contraception in the world is an educated woman. It is becoming clearer and clearer that one of the most significant pressures for birth arises from the patriarchal control of men over

women. When women have a choice they exercise it. Even in nations as poor and backward as Bangladesh, birth rates are dropping as village women learn they have options. And in the more technological countries, not a single one has a birth rate that will sustain the current populations. Japan, with a 2004 birth rate of just 1.29 children (where 2.1 is considered a sustainable birthrate), for the first time in its recorded history saw its population decline. In the annual survey released by the health ministry, 10,000 more people died than were born.³ This decrease exceeded initial predictions, and it is now projected that Japan's population of 127.7 million would fall to 100.7 million by 2050—a drop of 27 million people.²

The only way to reverse this would appear to be compulsory pregnancy. Is this possible as social policy? Nicolae Ceausescu, the late Communist dictator in Romania tried it. Could it be done in a religious democracy such as the United States is becoming? No one knows, but would you be willing to bet the argument won't be tried?

But wait. Suppose pregnancy becomes optional as well. As researchers plumb the depths of life, the first signs that extra-womb gestation will be the next reality are beginning to emerge. Combined with science-controlled conception within the next 15 years, we will almost inevitably see women who never have periods and also never have pregnancies. They will donate eggs at the optimal time in their lives and have them fertilized by the optimal sperm donor. Likely, the fetus's genetic structure will also be corrected by gene-lining genetic manipulations with multigenerational implications. Then the fertilized "improved" zygote will be gestated to term in a bag at a medical facility purpose-built to this end. A few weeks before scheduled "birth," the mother, at her option, may receive hormones to stimulate lactation,

and, at the appointed time, the nursing-enabled mother will pick up her custom-designed bouncing baby.

This will not be an option available to all women, nor desirable to all who could avail themselves of it, nor is there just a single area of choice here. One choice will be to skip periods yet bear children naturally. Another to hold the entire process of conception and birth at arm's length. Both could, or could not, opt for genetic manipulation. Each choice though shares one thing in common: it further intensifies the separation that is occurring in our species. What was formerly merely a separation of wealth, and health, is now become something quite different, as a different kind of woman emerges.

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