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# Reproductive Technology, Biopower, and Female Agency in Chitra Banerjee Divakaruni's "The Ultrasound"

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***Abstract***— *"The Ultrasound" is a short story by Chitra Banerjee Divakaruni from her book Arranged Marriage: Stories (1995) which deals with the intersections of reproductive technology, patriarchy, and female agency. The story traces how medical knowledge gets tied up with the cultural expectations of gender, motherhood, and eugenic desire for male children through the experiences of Anju and Runu. This study examines the story through Michel Foucault's notion of biopower, feminist notions of bodily autonomy, and Adrienne Rich's distinction between motherhood as experience and as an institution. The ultrasound in the story is used as a narrative device, and the female body is presented as an object to be observed, interpreted and controlled in terms of reproduction. Anju's experiences in the United States and Runu's experiences in India are presented by highlighting the relationship between cultural expectations, family authority, and reproductive freedom. The paper indicates that technological progress does not necessarily lead to female autonomy, and female solidarity and resistance open up opportunities to recover the agency of reproduction.*

***Keywords***— ***Ultrasound; Biopower; Reproductive Technology; Female Agency; Bodily Autonomy.***

## I. INTRODUCTION

Reproductive technology has changed the understanding of pregnancy and maternal health. Some procedures, like ultrasonography, give information about foetal development, but their social implications go beyond the realm of medical practice. Reproductive knowledge impacts the decisions about women's bodies and their reproductive decisions in a patriarchal system. Therefore, advancement of technology may have positive as well as negative impact on women empowerment.

"The Ultrasound" is a story from the book *Arranged Marriage: Stories* (1995) by Chitra Banerjee Divakaruni that addresses these issues related to patriarchy, maternal health, and reproductive decisions. The story explores the conditions of two pregnant cousins, Anju and Runu, who live in different and yet related circumstances and also focuses on the connection among gender discrimination, family authority, and reproductive autonomy. The story begins by presenting their experience of pregnancy and the different expectations placed on them.

Anju lives in the U.S. with her husband, Sunil, while Runu lives in India with her husband's extended family. Their circumstances become crucial when they have an ultrasound examination and discover the gender of their unborn child. Anju expects a boy when she is pregnant, but Runu faces pressure from her husband and in-laws to give birth to a boy when she is pregnant with a girl. This conflict reveals the biased perspective against females and a paternalistic ideology that leaves women's reproductive decisions in subservient positions. The discrimination faced by Runu is also echoed by Anju's reaction to the treatment received from her husband which further emphasizes the gender disparities found in the familial relations.

The ultrasound functions more than just a medical procedure. It becomes an instrument through which information of the female reproductive body acquires social significance. The information provided by the ultrasound machine decides the patriarchal attitudes towards the pregnant women.

This research argues that Divakaruni represents ultrasound technology as a contested site where medical knowledge meets patriarchal power and female agency. It explores the repression of reproduction authority and possibilities for resistance through the experiences of Anju and Runu.

## II. THEORETICAL FRAMEWORK

### Michel Foucault's Concept of Biopower

In his book *The History of Sexuality* (1976), Foucault defines biopower as "an explosion of numerous and diverse techniques for achieving the subjugation of bodies and the control of populations". (140) The concept of biopower is useful for analysing the connection between medical knowledge, bodily regulation, and reproductive control. His discussion of power over life provides explanation for the way in which reproductive practices are linked with other forms of social regulation. He describes the historical transformation of power from sovereign authority over life and death toward mechanisms concerned with administering and regulating life. He writes, "For a long time, one of the characteristic privileges of sovereign power was the right to decide life and death." (135)

Foucault states that modern power is manifested in institutions, knowledge systems, and practices that render bodies susceptible to observation and intervention. Power can thus be exercised in the field of medicine, public health, sex, and reproduction. Reproduction is particularly important because it brings the woman and her body into relationship with other concerns of family, gender, inheritance, and social continuity.

In "The Ultrasound", the medical examination that yields information about an unborn child, but the ramifications of that information are not limited to medical assessment only. Once it is found out that Runu is pregnant with a girl child, there is pressure to abort her from her in-laws' family. Medical knowledge is thus incorporated into a social structure that privileges male offspring.

Foucault's approach enables to understand the conflict as more than a problem on the lives of two individuals. It becomes a proof of regulation of the female body in the social domain. Reproductive knowledge becomes important because the institutions and relationships are what give the meaning and the action to reproductive knowledge.

### Feminist Theory and Bodily Autonomy

Feminist theory provides a complementary framework by focusing on women's right to make the decision about their own bodies. Reproductive autonomy involves making informed decisions about pregnancy and childbirth without being coerced, discriminated, or interfered with. Adrienne Rich 's *Of Woman Born* (1976) is particularly significant as it distinguishes motherhood as personal experience from motherhood as social institution. She describes motherhood as "the potential relationship of any woman to her powers of reproduction and to children," while identifying the institution of motherhood as one "which aims at ensuring that that potential - and all women - shall remain under male control" (13). Motherhood as experience refers to the emotions and embodied dimensions of pregnancy and the maternal identity, while motherhood as institution refers to social norms surrounding the role of the mother.

This distinction is crucial in Runu's case. Her pregnancy, while personal and embodied, is also dictated by her husband and in-laws who try to determine the outcome based on their wish for a male child. Her emotional connection to the pregnancy is in conflict with the expectations that are placed on her. The circumstances show that women's capacity to bear children does not provide them to make reproductive decisions. A woman is expected to give birth to young ones, but she is also denied bodily autonomy and complete control over the circumstances of motherhood.

### Ultrasound as a Site of Medical Knowledge

The ultrasound plays a crucial role in the short story, making an invisible part of pregnancy visible for medical scrutiny. The value of ultrasound is much more than just an image, and its influence is decided from the perspective it is interpreted. For Runu, the realization that she is carrying a girl inside her becomes a crisis due to her husband's and in-laws' desire for a male child. This information is generated in the medical examination, and is used to pressure Runu to abort her pregnancy. Medical knowledge is thus integrated into a system of reproductive selection based on the principles of patriarchy.

The issue is not with ultrasound technology. Prenatal imaging can be used to help with maternal health and help diagnose medical conditions. Its ethical implications are dependent on the intention of its information and social circumstances of reproductive decisions. The progress of technology does not always lead to social progress as shown in the short story. The use of technology can expand knowledge without affecting

inequities. In a discriminatory social context, an increase in knowledge can even make discriminatory practices more efficient.

The ultrasound is a place of meeting between knowledge and patriarchal values. Its findings do not determine what should happen to the pregnancy. Rather, the family interprets those findings as per their preference of male offspring. Thus, the narrative prompts readers to discern between knowing and deciding. Medical technology provides information, but having information does not necessarily mean that the woman whose body is being examined has control over the choices in a patriarchal society.

**Medicalization of Reproductive Choice**

Medicalization refers to the process through which aspects of human life become increasingly understood and managed through medical knowledge. Pregnancy is a medical experience as well as an emotional, social and personal experience. In this short story, the medical examination is integrated into an even larger struggle over the significance of pregnancy. After Runu's pregnancy is linked to birth of a girl, the family starts to view it as a problem which needs to be corrected. The ultrasound is not responsible for any preference of male children. Instead, it enables the delineation of the sex of the foetus, which can then be coloured by an already formed social prejudice and influence the reproductive choice. Thus, the story indicates that a medical examination is never totally dislocated from social power.

Consent is also a key factor to consider. The autonomy of a decision can't be decided properly if it is made by parents or in unequal relationships of authority. Access to information is not equivalent to freedom of choice. Runu's pregnancy is treated as a family affair and her own emotional bond with the unborn is neglected by the family. Her willingness to continue her pregnancy is made secondary and her body becomes a contested site where the interests of the family are imposed.

**From Medical Knowledge to Patriarchal Control**

Foucault introduced the concept of biopower to promote the understanding of the use of reproductive information to control life. In the story, it is revealed that Runu is pregnant with a girl child and this results in pressure by her in-laws' family to abort the baby. The decision is biased and made on the basis of gendered hierarchy in the patriarchal society. Family preferences take precedence over the wishes of the pregnant woman and the unborn child is the object of that choice. Reproduction is no longer considered to be a private matter, but is brought under the control of the family.

The relationship between knowledge and power can be used to explain the circumstances. The ultrasound gives information, the family interprets the information, and the interpretation is the base for reproductive pressure. Power is not just about technology, rather it is how the information is being used. The family does not need to have in-depth technological expertise to control, rather only requires the social significance of the information produced from the examination.

The pressure on Runu is also a sign of the fact that biopower can operate through ordinary domestic relationships. It doesn't require a visible state authority. Reproductive behaviour is controlled by marriage and family hierarchy as well as cultural norms. But, the language of family welfare can further normalize such control. A choice that is imposed on Runu may be seen as 'for the family,' and her individual choice is treated as less important. It demonstrates how patriarchal power can operate through everyday relations. Runu is supposed to play a reproductive role and her control over the outcome of pregnancy is limited.

**Gendered Value of Life**

The conflict in the short story is rooted in the preference for a male child. This preference assigns unequal value to children according to their sex and gives greater social value to boys than to girls where the birth of a boy seems to be more desirable than that of a girl. This preference is indicative of wider patriarchal notions of continuity, inheritance, status, and gender roles within the family. These assumptions affect families' judgment of pregnancy and childbirth. After learning that Runu is pregnant with a girl, her in-laws find her pregnancy intolerable. The pressure to terminate the pregnancy thus highlights the unequal value of male and female children.

This situation creates a contradiction in the social perception of motherhood. Usually, it is thought that women must bear children and be mothers, but their decision to bear a child is denied when the child born is not the one desired by the family regarding gender. Runu is placed in such a position where she is supposed to serve the reproductive role but she is denied the reproductive rights where the continuation of her pregnancy is decided by the family's wish for a male child.

**Female Body as a Site of Surveillance and Control**

The ultrasound establishes a relationship between surveillance and power. Its use creates an aspect of pregnancy that is visible through medical technology, but the information gained through this technology become available to those who seek to affect the pregnancy's outcome. The main concern is not visibility but about the authority over what can be seen.

The more knowledge Runu has, the less control she has over her body, as her circumstances show. The ultrasound gives information about the gender of her unborn child, and helps the people who seek control over her reproductive function. Runu is not affected by information that comes during the ultrasound, rather by the social process through which the information is turned into authority. The ultrasound takes form of surveillance and Runu's husband and in-laws try to take control over her pregnancy with the help of this medical examination.

**Cultural Difference and Reproductive Agency**

Anju and Runu's contrasting situations bring a layer of interest to the story. The cousins are close to each other but married into different social contexts. Anju lives in the United States with her husband Sunil while Runu lives with her husband's extended family in India. These conditions shape their experiences but are not meant to be a complete picture of a free space.

When her husband and in-laws learn that she is carrying a girl child, Runu has to deal with the pressure directly from both her husband and in-laws. Though there is more space for Anju to defy expectations of motherhood and pregnancy, she also faces gendered assumptions in her marriage. The experiences indicate the nature and extent of reproductive control. This comparison provides a snapshot of how cultural expectations, marriage, family leadership, and individual autonomy play out.

Living in the west does not necessarily mean that women are free. Anju still has marital expectations in her life. Similarly, Runu's weakness does not show that she lacks agency. The comparison is more fruitful because it highlights the unequal access to resources, social support, and power to make decisions.

**The Limits of Tradition/Modernity Binary**

The basic reading suggests that the USA is a free place and India is a place with an oppressive patriarchal society, but the patriarchal beliefs are not necessarily confined to a geographical area. The arguments about gendered expectations are not entirely eliminated out of Anju's life in the USA and Runu's life in India does not entirely wipe away her ability to resist the patriarchal society.

The experiences of women are influenced by a range of factors, such as gender, marriage, family dynamics, economic status, and their ability to access support. Their degree of autonomy cannot be judged solely basis of their geographical location. This is particularly significant in diasporic literature, where cultural identity cannot be separated from gender and personal experiences.

This comparison between Anju and Runu then raises the question as to whether one's technological modernity or Western residence always leads to emancipation for women. The central question is about the autonomy of women as individuals and complete control over their bodies and reproductive decisions.

**Runu's Struggle for Reproductive Autonomy**

The most apparent case of reproductive vulnerability is in Runu. Her husband and in-laws try to find out the sex of the foetus in order to get a male child. She shouldn't be taken as a silent sufferer. Her emotional response, communication with Anju, and her search for support, highlight that she is trying to fight against the expectations that are being put on her. Further, the situation demonstrates that agency may not necessarily be the immediate independence. Economically forced, marital, or familial women may have to manoeuvre around the situation rather than simply revolting and contesting the situation they live in.

Personal desire doesn't always mean personal ability or personal capacity. Reproductive autonomy needs to involve both decision-making capacity and good social support. Runu's decision to go away from immediate pressure of marital environment is an attempt to change the conditions of the making of decisions concerning her pregnancy. She denies to accept the decision taken by her husband and in-laws. She also refuses to blindly accept the family's authority as completely unquestionable. Her resistance cannot be seen as complete liberation, but her agency is the first step to reclaim control over her body.

**Anju's Resistance to Patriarchal Assumptions**

Anju plays a crucial role because she represents a challenge to the beliefs and assumptions that fuel the oppression of Runu. Her response indicates that resistance can take form of disagreement and moral criticism. She confronts Sunil and exposes the persistence patriarchal assumptions. She says, "A woman is nothing but a baby machine to you." (Divakaruni 218) The term "baby machine" dehumanizes the woman and makes her into a reproductive device. It suggests that the importance of a woman is confined to her capacity to make babies and her personal identity is sidelined.

The significance of Anju's statement is that it bridges the private marital conflict and politics of reproduction. The body of a woman is desired for its reproductive function, and she is even denied the control over her reproductive function. Her resistance also shows that patriarchy is not limited to any specific culture or geographical location. The same sort of assumptions of gender may be in play in modern marriage as they were in traditional family structures. In this way Anju challenges the

idea of geographical autonomy as a definition of women's autonomy.

**The Role of Female Solidarity**

Anju's bond with Runu is another way of challenging the dominant authority of the patriarchy. This helps Runu find a place to articulate her anguish and ask for Anju's help. Solidarity among women does not mean that all equality is ended right away, but that it helps to face the isolation in which the control of patriarchy works. Anju helps Runu to understand that there might be other options to her pregnancy than the demand of her in-laws' family.

Foucault states, "Where there is power, there is resistance (95)." Resistance therefore emerges within power relations rather than outside them. The relationship between Anju and Runu illustrates this principle. They do not immediately provoke the collapse of patriarchal power, rather they open up a space in which it can be called into question. The relationship also highlights that the agency doesn't have to be single. Supportive relationships can provide opportunities for resistance in conditions of dependence and social pressure.

Female solidarity is then a significant counterforce to female control. It shows that women's resistance capacity might rely as well on networks of emotional and social support as on individual courage.

**Motherhood as Experience and Institution**

Adrienne Rich's distinction between motherhood as experience and motherhood as institution provides another significant perspective on the conflict in "The Ultrasound". Motherhood as experience includes the personal, emotional, and embodied dimension of pregnancy. Motherhood as institution focuses on the social expectations that determine how women should behave as mothers, and the responsibilities they are expected to fulfil as mothers.

The story expresses motherhood in both the forms. The body and emotions of Runu are intimately involved in pregnancy, but her family tries to make a decision based on the desire to have a male child. The conflict thus reveals that motherhood can be honoured, yet women's reproductive rights are limited at the same time. A woman may be expected to become a mother but not given authority over the circumstances of motherhood.

Anju's experience also reveals the institutional nature of motherhood. Her confrontation with Sunil reveals the danger of reducing the identity of women to their reproductive functions. The story continuously distinguishes motherhood as a lived experience from motherhood as a social role. It suggests that reproductive freedom requires acceptance of women as individuals, rather them identifying them as a body who can bear children.

The distinction reinforces the Foucauldian argument as reproductive technologies and medical practices are not the only methods by which reproductive control is constructed; cultural ideals of motherhood are also a means of control. Reproductive autonomy is thus an integral component of female agency.

## III. CONCLUSION

Chitra Banerjee Divakaruni's "The Ultrasound" offers a significant literary exploration of reproductive technology, patriarchy, and female agency. The story illustrates that medical knowledge does not exist independently but embedded in social structures in which it is interpreted. The ultrasound only reveals the sex of child, but the consequences of that information depend upon gendered family expectations.

Foucault's concept of biopower explains how reproductive knowledge can be linked to the control of bodies and the governance of life. The medical information is caught up in a society geared toward male offspring and threatens Runu's reproductive autonomy in the story. Although it is a personal and embodied phenomenon, Runu's husband and in-laws try to determine the outcome of her pregnancy in accordance with their expectations. The story shows that the capacity to bear a baby does not mean that a woman has control over her reproductive decisions. Foucault and feminist theory are thus a good fit for the story. Foucault offers an explanation of how knowledge is linked to power, and feminist theory points to the implications of power for women's bodily autonomy and agency.

The contrast between Anju and Runu is also a counterpoint to modernity and tradition. The geographical contexts affect their experiences, but neither woman is free from expectations of 'normal' female behaviour. The story implies that gender inequality can't be removed by technology or moving to other places.

The relationship between the cousins is an example of the possibility of resistance. Anju asks questions about the prejudices of patriarchy and provides Runu with emotional support. Their solidarity is not enough to make them totally free, but it does allow them to challenge the authority.

"The Ultrasound" asks questions about knowledge, power and agency related to reproductive autonomy. Divakaruni shows that meaningful female agency requires more than just technological advancement. It requires recognition of female as an individual, control over her body, pregnancy, and future. The story examines

social systems and how they shape the nature of the technology, who is served by it, and whether women have control over their bodies and reproductive lives.

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