



International Journal of  
**Gender, Science and Technology**

<http://genderandset.open.ac.uk>

**Review of 'The Global Biopolitics of the IUD: How Science Constructs Contraceptive Users and Women's Bodies'. Author: Chikako Takeshita**

*Reviewed by  
Andrea Quinlan*

*York University, Toronto, Canada*

**PUBLICATION DETAILS**

Date: 2012

Published by: The MIT Press

ISBN: 978-0-262-01658-2

**REVIEW**

Embedded within the contemporary intrauterine device (IUD) is a history of diverse constructions of contraceptive technology and women's bodies. Chikako Takeshita illustrates this history in *The Global Biopolitics of the IUD*, a text that traces the IUD in the global North and South between 1960 and 2005. Unlike previous work on the IUD, which has cast the device as either neutral or inherently oppressive, Takeshita sketches how diverse politics have been historically embedded, both discursively and materially, in the IUD. The IUD, according to Takeshita, is a "politically versatile technology" (p. 163) that has been historically employed for diverse social and political agendas. By illuminating the history of the IUD in the global North and South, Takeshita offers a sophisticated analysis of the different technological constructions of the IUD that have been co-constituted with different discursive constructions of users and their bodies.

Chikako Takeshita is an Assistant Professor of Women's Studies at the University of California, Riverside. She obtained her PhD in Science and Technology Studies in 2004 from Virginia Polytechnic Institute and State University. Her body of work has made important contributions to feminist science studies and reproductive rights. Takeshita begins her book by disclosing her personal experiences and satisfaction with the IUD. By doing so, she follows the established tradition in feminist methodology, which calls on researchers to situate their objectivity within their own experiences of their object of study.

This journal uses Open Journal Systems 2.2.2.0, which is open source journal management and publishing software developed, supported, and freely distributed by the [Public Knowledge Project](http://www.publicknowledgeproject.org/) under the GNU General Public License.



**The Open  
University**

Takeshita weaves her American based experiences with the IUD throughout her historical narrative, describing the difficulties she has had obtaining an IUD and her subsequent positive experiences with the device. The inclusion of this personal narrative helps to deepen her analysis of the experiences of IUD users in the global North and South.

Takeshita's work lies at the intersection of three distinct theoretical traditions: Science and Technology Studies (STS), feminist theorizing on intersectionality, and Foucauldian analyses of biopower. She draws on the STS understanding of the co-construction of bodies, technologies and users, which assumes each to be constituted in relation to each other. Her narrative of the IUD focuses on how different historical constructions of IUD technology have been co-configured with different discourses of users and bodies. When the IUD was understood to be a technology for population control in the global South, its users were discursively represented as "the masses" (p. 33). However, when the IUD was understood to be a technology for American middle class family planning, its users were discursively represented as individuals, or more specifically "monogamous moms" (p. 31).

Takeshita complicates her STS analysis by integrating feminist work on intersectionality, which takes seriously the intersections of gendered, raced, and classed experiences. The users that were co-constituted with the IUD were categorized along class and race lines; differences between women were stressed to make the IUD more appealing to various groups and their political agendas. Takeshita situates this analysis of technologies and users within Foucault's theory of biopower. She illustrates how globalized biopowers, such as capitalism, patriarchy, and Neo-Malthusianism have acted upon women's bodies and have shaped the making of the IUD and its users. She does not restrict her analysis to state power over bodies, but also includes the "diverse, diffused, and persistent forces over women's bodies as modes of governance that are generated in conjunction with contraceptive technologies" (p. 22). By doing so, Takeshita offers a complex historical analysis of the IUD's construction that weaves together the materiality of the IUD's technology and its users' bodies with the political and cultural contexts that shaped its development.

Methodologically, Takeshita grounds her work in Donna Haraway's metaphor of "diffraction" (p. 19). As Takeshita describes, for Haraway, diffraction is a method for simultaneously seeing how an object came to be, which involves tracing its many historical tracks, and what it currently is. Takeshita draws on a variety of empirical sources, most of which are scientific reports, archival materials, academic studies on global reproductive policies, and ethnographic work on women's experiences of IUDs. She also draws heavily on conference proceedings from five international conferences on the IUD, ranging from the 1960s to 2005. This last conference she attended. Using this material, Takeshita focuses her analysis on the changing scientific discourses around the IUD and frames these within a description of the cultural and political contexts of its development.

Takeshita begins her historical narrative of the IUD in 1962, when the IUD was first being conceptualized as a tool for controlling population growth in the global South. This notion, Takeshita argues, was propelled by the neo-Malthusian movement, which was shaped by a post-eugenics ideology that labeled the reproduction of particular groups as less desirable than others. Reproduction amongst racialized women in the global South was deemed undesirable and the IUD was constructed as the tool to address this problem. Individuality amongst women in the globalized South was

discursively eliminated in these texts and women were constructed as “the masses” (p. 33) whose reproduction required technological restraint. The IUD was seen as the “weapon” (p. 40) of choice for fighting population growth in the global South because it did not require user involvement (as the contraceptive pill did) or user consent. Takeshita describes how IUDs were inserted, sometimes forcibly, into women in the global South. The construction of IUD users as “the masses” was accompanied by an assumption that women’s biologies were uniform. Takeshita argues that the presumed universality of women’s bodies allowed for the subsequent shifts in discursive constructions of the IUD and its users.

After tracing the history of IUD use in the global South, Takeshita moves to a description of the IUD in the American market between the mid-1960s and 2005. She examines how IUD developers conceptualized risk in relation to the IUD and constructed different notions of safe and risky IUD users. Initially, poor, racialized women in the global North were deemed to be ideal American IUD users. However, following the Dalkon Shield, an IUD which was withdrawn from the market in the 1970s after causing serious injury and pain amongst its users, IUD developers had to discursively reconfigure the device and its user. The Dalkon Shield, unlike previous IUDs, was designed to prevent expulsion from the uterus by increasing the uterine surface area it was in contact with. For many women, this new design caused serious pain, injuries, and in fifteen known cases, death. The Dalkon Shield spread distrust in the IUD. Developers revived the IUD as a viable reproductive technology by reconfiguring the technology to reduce injury and pain and reconfiguring its ideal user. After the Dalkon Shield, the new ideal user of the IUD was the American, monogamous, middle class mother. Takeshita’s sketching of the IUD in the global North and South illustrates the divergent historical constructions of the technology and its users. In doing so, she makes a significant empirical contribution to Postcolonial Science and Technology Studies as well as a theoretical contribution to feminist theorizing on the discursive production of women’s bodies.

The way in which the IUD prevents contraception has, according to Takeshita, always been a source of contention. She maps the scientific debate over the IUD’s mechanism of action between IUD developers, feminists, and anti-abortionists. Anti-abortionists invoked science in an ideological argument about choice, and framed the IUD as a device that caused abortion by preventing implementation of fertilized eggs. Alongside this construction of the IUD as an abortifacient, was the discursive subject of the IUD refuser, the religious woman who was morally against abortion. Takeshita describes how IUD developers and feminist pro-choice activists joined efforts to construct the IUD’s mechanism of action as a contraceptive device that prevents fertilization rather than produces abortion. Given the backstory of the IUD as a tool for women’s subordination in the global South, this alliance between American feminist activists and IUD developers is noteworthy. By revealing this narrative, Takeshita illustrates complexities within the history of American feminist activism; how at times feminists have fallen into an alliance with forces that have in other historical moments been deeply damaging to women.

Takeshita concludes her historical analysis of the IUD by examining its most contemporary iteration, the Mirena IUD, which is currently marketed as a “lifestyle drug” (p. 138). It is with this analysis that Takeshita’s diffraction methodology becomes most clear. Drawing on the IUD’s history and its multiple contemporary constructions, Takeshita diffracts the Mirena’s construction as a ‘lifestyle technology’ and illustrates how that meaning came to be and what it currently is. Takeshita traces how the Mirena has been marketed to users in the United States as a technology that

improves lifestyle by regulating, and potentially suppressing menstruation. She shows how, alongside this construction, a modern Mirena user in the United States, who celebrates the side effects of period loss, has been constituted. Women in the global South, where menstruation often holds greater cultural significance, have been deemed too traditional for the Mirena and have had their access to this device denied. Takeshita argues that the contemporary construction of the Mirena disguises its own history. By pulling its contemporary version apart, Takeshita shows how divergent meanings and historical constructions of the IUD have been intricately interwoven.

Throughout her analysis, Takeshita is careful to acknowledge women's experiences of the IUD. However, there are times when these experiences feel lost behind the voices of the IUD developers, population scientists, and funders. While Takeshita uses some ethnographic studies on women's experiences, these often focus on the biological and fail to capture other aspects of experience. The relative absence of women's voices in Takeshita's analysis reflects the fact that women's bodily experiences are rarely documented from their own perspectives. Takeshita does, however, find an exception. In her chapter on the Mirena, she includes women's experiences of the IUD from an online blog for Mirena users. Her insertion of these voices provides a complement to the scientific discourses that she traces in this chapter. She links women's glowing online descriptions of the Mirena to the developers and marketer's depiction of the Mirena as a lifestyle enhancing technology. With the inclusion of these women's experiences, Takeshita offers a multi-faceted analysis of the discourses surrounding the Mirena IUD.

By drawing on online data, Takeshita indirectly illustrates how the internet can be a useful tool for collecting data on women's bodily experiences. This is a key methodological contribution. However, as Takeshita's analysis of diverse IUD users should remind us, the internet is a forum that is restricted to a particular type of IUD user, one who has the economic means to access the internet. This should be a significant consideration for future work that draws on this approach.

Takeshita's position as a researcher in the global North made it difficult for her to capture women's experiences with the IUD in the global South. At times she draws on the words of women health activists in the South, which provide a useful commentary on how the IUD might be experienced in these countries. However, her analysis of the IUD in the South focuses mainly on policy and institutional practice, which at times has the effect of constructing the IUD as simply a force that acted (and continues to act) upon women's bodies. Takeshita's work lays the ground for subsequent empirical studies on women's bodily experiences of the IUD in the global South, as well as the global North.

This book will have a wide appeal to scholars and practitioners in a number of fields. It is an important text for academics working in the areas of Science and Technology Studies, Feminist STS, and feminist history and theory. Additionally, medical practitioners in various fields would gain great insight from Takeshita's historical analysis. Finally, this text offers women, whether they are IUD users, potential users, or refusers, an important perspective on one of the most popular contemporary contraceptive devices