

Gender Influence on Human Organ Transplantation

Index

Abstract

Introduction

1. Organ transplantation and the influence of maternal role

- 1.1. The female role in the family context
- 1.2. Female self-determination and gender power differences
- 1.3. The issue of organ transplantation
- 1.4. Influence of maternal role on decisions concerning organ ‘
Transplantation

2. Gender aspects of organ donation

- 2.1. Feminist approaches to bioethics: the human body commodification
- 2.2. The feminist perspective towards organ transplantation
- 2.3. The theme of body property

3. Female condition and organ transplantation in India

- 3.1. The female condition in India
- 3.2. The influence of gender discrimination on organ transplantation
- 3.3. Social evolution and cultural barriers

Conclusion

Bibliography

Abstract

This dissertation advances the finding according to which gender related matters influence human organ transplantation. Donor-recipient relations are laying at the heart of human organ transplantations demonstrate how in the vast majority of cases women end up being donors and men recipients.

The approach used in order to demonstrate such finding relies first of all on the influence that maternal role has on organ transplantation and on decisions concerning organ donation. The studies, which have been taken in consideration, emphasize that mothers having real organ donation intentions actually perceive its benefits and are able to communicate positive attitudes inside their family context. The fact that in general terms women expose caring and dedication towards their children with an invaluable intensity is a clear explanation of why in the familial context mothers tend to donate much more compared to fathers.

In advancing the thesis according to which gender tends to influence organ transplantation, the feminist approach has also been taken in consideration. A particular focus has been given to one of the central issues in feminist bioethics: human body commodification. The latter according to the feminist perspective derives its notion of “commodity” from the economic capitalized relations, which have characterized human relations, and which viewed human bodies as pure means of exchange. Another traditional field of the feminist approach is the theme of body property.

In analysing human organ transplantation throughout various countries

studies reveal developing countries are not the only ones underestimating women, unfortunately also in some European countries, gender continues to affect disparities in the donation of human organs and this is translated in women receiving less organs in comparison to their counterparts. Among the various developing countries, India is affected by an enormous gender gap, which automatically influences human organ transplantation decisions. The female condition in India has gone through numerous historical phases, which have been shaped by the social and cultural barriers of Indian society. In India despite the regulations provided by the Human Organ Transplantation Act passed in 1994, problems related to organ transplantation procedures are still present and affect the weaker sections of Indian society, which unfortunately still include women.

Introduction

Human organ transplantation has become nowadays an habitual strategy to halt numerous lethal human pathologies. Literature together with data analysis provide a striking scenario according to which in the vast majority of donor-recipient relations, women are more often donors rather than recipients despite the fact that there are no advantages of organ donation from female bodies over those from male ones. In advancing this finding one has to take in consideration women's role in the familial context. In the past decades women's gender identities have gone through a notable evolution, and during postmodernism individuals started accepting women's new familial role. The evolution of women's role inside the family has been determined by a series of exogenous shocks. Such shocks came from new household technologies which reduced the time dedicated to matters related to the home, the new service economy which demanded female workers and also the introduction of the pill which gave women the opportunity to control their fertility. These variables have been decisive in altering the traditional gender based relations. Women started investing much more in their education and their ambitions towards a future employment career completely changed. Considering organ transplantation literature firmly underlines how donors enrollment is motivated by strong positive and altruistic values. Scholars such as *Cleveland*, *Belk* and *Austin* firmly believed in the relation between altruism and organ donation. Together with altruism

also knowledge is a fundamental determinant in the donation of human organs, unfortunately nowadays some cultures still consider the act of donating a part of their body as immoral and suspicious. Studies emphasize that in many countries mothers donate significantly more often than fathers and they have a broader analytical knowledge towards organ donation as well as being depositaries of altruistic values inside their family . In analysing gender's influence on organ transplantation and in particular on organ donation we must focus on feminist approaches to bioethics. A central concern in feminist bioethics is the commodification of human bodies, feminists criticize the economic view according to which a commodity is a property, which simply satisfy human needs. According to feminists such view completely dehumanizes the human body treating it as an object which can be sold in the market at any time. According to the anthropologist Scheper-Hughes, feminist critique concerning the concept of commodification includes the capitalized economic relations which have been established between human beings, relations in which human bodies are considered as objects which can be exchanged through economic transactions. Scheper-Huges underlines the fact that nowadays especially in Asian and African countries; families continue to be predatory towards women. Studies although confirm the fact that not only developing countries underestimate women, also in the United States as well as in some European countries gender disparities in organ donation continue to increase and as a result on average women give more organs and they receive less in comparison to men. In India issues concerning gender equality are largely discussed and over the past few millennia women have gone through many important social changes. In ancient India women enjoyed the same rights as men, they felt completely free to express themselves inside their family,

young girls enjoyed the same level of education as males and marriage wasn't imposed on women the latter were in fact free to select their partner. Women's condition started deteriorating during the so called medieval period during which the Muslim culture became part of India's heritage and religion. According to Islam's sacred book in fact men were considered to be a degree above women. In the 18th century the British started colonizing India and this brought initially to a drastic deterioration of women's condition, during the second half of the century things started changing since women started to be more aware of their role in society, the radical change arrived in 1918 when Mahatma Gandhi emerged in India's political scene with his non cooperation movement. Gandhi addressed all Indian women to take part in the fight against British colonialism and this made women active in public sphere and more aware of their potential in society, they started reading newspapers and they discussed political events. India's Independence from the British rule marked the actual change in women's condition. India's Constitution has in fact claimed women's rights in front of the law, and some positive changes have actually occurred in both social and political spheres. Despite the fact women are now safeguarded by law, gender inequality remains a serious matter which reflects also in the donation of human organs. Society conditions women making them believe they cannot work in rewarding professions since these belong to men, the fact that they cannot contribute to the family's economy translates in the expectation that women sell their organs as a penitence for not being able to bring money in the family's economy. The anthropologist Lawrence Cohen interviewed various patients in southern India, who had donated their organs. Cohen's findings shed light on a dramatic reality according to which the majority of donors were women who had donated their organs in order

to repay for their husbands debts, and these women were completely unaware of the risks linked to the donation's surgery and recovery. Many countries around the world have adopted suitable policies concerning organ transplantation. Countries such as Spain, Australia and Unites States are an example. Spain has been the global leader in organ donations for more than two decades, Presumed Consent Legislation, which was passed in 1979 was the key to it's success. Australia in 2008 announced a national reform programme in order to increase the capabilities within the health system to maximise donation rates and raise community awareness. Problems linked to India's cultural and social heritage prevent this country from fighting for gender equality and until this barriers aren't destroyed advancements in any field will never be everlasting.

Organ transplantation and the influence of maternal role

1.1. The female role in the family context

Women's gender identities in the family and in society have gone through a remarkable evolution in the past decades. Literature underlines, that gender egalitarianism as well as the female role in the family are important determinants of the actual dynamics in most advanced nations and in more traditional ones. Gender egalitarianism is considered as the main determinant of the familial new equilibrium¹. Indeed, when authors examine

¹ C. Mac Kinnon, *Toward a feminist theory of the state*, New York, Harvard University Press, 1989, p. 78.

which values have changed in the last decades, it emerges that the one single dimension that seems to conform to postmodernism refers to citizen's acceptance of woman's new familial role².

In the nineties and during the new millennium, a growing number of societies are experiencing a return to marriage, rebounding fertility, and also greater couple stability. These trends contradict the family decay thesis. In the first place, the phase of family decline was real, precisely because there was a lack of adaptation to women's new roles in society. The erosion of the traditional male breadwinner model with strong gender specialization did not give rise to an alternative and stable new equilibrium. It was instead followed by an extended phase of normative confusion³. Concepts such as «doing gender» or «double shift» symbolize this situation very well.

In presence of inequities, relationships are characterized by tensions and conflicts and the logical end-result is declining marriage and fertility and a rise in divorce. More precisely, it would envisage a U-shaped function as regards to marriages and fertility: as the old male breadwinner model erodes we observe a fall in marriages and births; as a new gender-egalitarian model gains ever stronger normative status we observe a recovery. As regards to divorce the logic is similar but it follows an inverse U-function⁴.

In sociological and economic studies, equilibrium can be understood as a stable and self-reproducing set of norms that guide expectations. As regards to the family, women would logically invest in homemaker skills in anticipation of their expected future role as housewife's and mothers.

² J. Scott, M. Braun, *Individualization of Family Values?*, in P. Ester, M. Braun, P. Mohler (eds.), *Globalization, Value Changes and Generations*, Leiden, Brill Academic Publishers, 2006, p. 32.

³ Ivi, p. 34.

⁴ M. Severi, *Storia della donna nella modernità*, Roma, Cacucci, 2010, p. 88.

The female's role evolution has known an acceleration determined by some exogenous shocks. According to Goldin⁵, the set of exogenous shocks that transformed women's identities came from new household technologies which sharply reduced the time required for home production, the new service economy which created demand for female workers, and the introduction of the pill which permitted women to control their fertility. Thanks to these opportunities, women began to invest in education and pursue employment careers, altering the conventional gender relations.

Nevertheless, as Mills notes «an exodus from the old equilibrium will not automatically produce its replacement. It is far more likely that it will be followed by an extended phase of normative limbo, characterized by confusion and conflicts over what is right and wrong»⁶. Advanced and traditional societies, in the second half of the nineties and in the new millennium, have been characterized by this transition.

1.2. Female self-determination and gender power differences

Family equilibrium is founded, firstly, on the expectation that both partners in a union have in relation to self-determination, a personal realization and a lifelong career. This implies substantial economic independence and autonomy for both partners⁷. Secondly, it advances a new definition regarding equity in terms of the distribution of both pleasure and

⁵ C. Goldin, *The Quiet Revolution that Transformed Women's Employment, Education, and Family*, in *American Economic Review*, 96, 2, pp. 1-21.

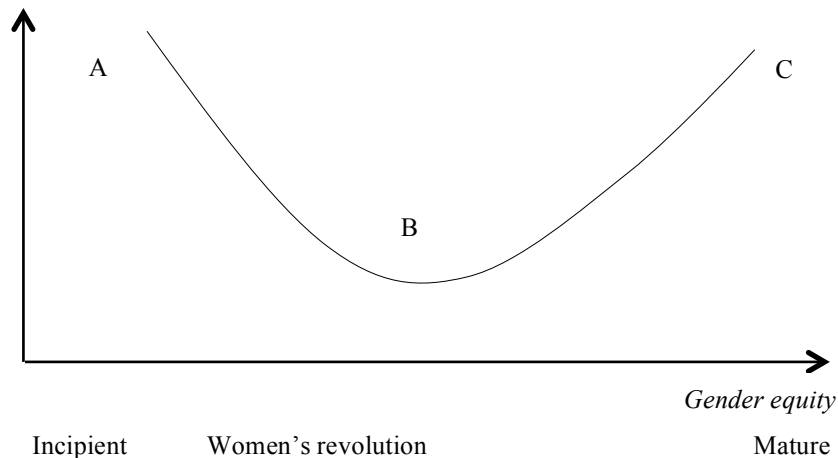
⁶ M. Mills, *Gender Roles, Gender (in) Equality and Fertility: An Empirical Test of Five Gender Equity Indices*, in *Canadian Studies in Population*, 2010, 3-4, p. 464.

pain⁸. In substance, partnerships must be premised on gender symmetry in terms of power and home production.

Some scholars link the recent «return to the family» to the achievement of a new equilibrium status. Graphically, this dynamics can be depicted as in the following figure. Fertility declines in tandem with the erosion of the conventional male breadwinner family (from point A to point B). Recovery occurs once a new stable equilibrium emerges (from point B to point C). As noted, the same logic, but with an inverse of the U-function, applies to divorce risks.

⁸ M. Severi, *Storia della donna nella modernità*, cit., p. 91.

The revolution of women's role and fertility



A number of studies argue that gender egalitarianism is a precondition for both familial stability and higher fertility⁹. They have demonstrated, indeed, that gender egalitarian couples are also more likely to be stable. If so, the question turns to the conditions that will promote gender egalitarianism. McDonald stresses the importance of «a dual approach in which the adoption of gender egalitarianism at the level of couples is accompanied by work-family reconciliation policies in society at large»¹⁰. The point is that these policies are rarely supported by welfare state measures that, at a minimum, include childcare provision and adequate parental leave for both partners¹¹.

The main question is the share of female population, which is susceptible to being converted. This depends, in the first instance, on the degree to which the old equilibrium has been abandoned. According to

⁹ P. McDonald, *Low Fertility and the State: The Efficacy of Policy*, in *Population and Development Review*, 2006, 32, 3, pp. 485-510.

¹⁰ Ivi, p. 501.

¹¹ M. Livi-Bacci, *Too Few Children and Too Much Family*, in *Daedalus*, 130, 3, pp. 139-156, suggests that Italy's strong familism has become a major obstacle for having babies.

Saraceno¹², this is primarily a question of heterogeneity among women, meaning for example, the share of women who embraces a commitment to lifelong careers relative to those who retain a traditional identity or those whose career identity is circumscribed.

It is important to underline that this dynamic is a «no-return» process. Women who opt for economic independence are very reluctant to revert back to housewifery. As notes Saraceno, «what in the first place drove women out of the house – namely the unfavourable opportunity costs of housewifery – should exert an ever stronger effect as time in employment passes (experience gains)»¹³.

These dynamics, nevertheless, are not maximally effective and are geographically characterized. In European countries, for example, a substantial share of egalitarian-oriented career women return to traditionalism after giving birth¹⁴. In general, women's condition is determined by historical legacies, religion and social opinions. In the Indian society the status of women has been subject to many positive changes over the past centuries, even if this process was very slow and complex. In other countries the female power in the familial and social context was more rapid. In fact, when we examine time allocation data for the 1960s and 1970s, we see that Denmark was more traditional than, say, the US or even Germany. This suggests that factors of female revolution operated in the closing decades of the 20th century.

According to Saraceno, the determinants of this different speed are related to degree and nature of social stratification in society. Societies with a high degree of social mobility and little social segmentation facilitate

¹² C. Saraceno, *Sociologia della famiglia*, Bologna, Il Mulino, 2012, p. 92.

¹³ Ivi, p. 94.

¹⁴ D. Grunow, F. Schulz, H.-P. Blossfeld, *What Determines Change in the Division of Housework over the Course of Marriage?*, in *International Sociology*, 2012, 3, pp. 289-307.

diffusion across the entire population. The second is the welfare state that may influence the diffusion of gender egalitarianism. Welfare state is endogenous and exogenous to the diffusion process. As Mills underlines, is endogenous, as far as gender egalitarian policies such as child care facilities or parental leave legislation, rise as a clear response to citizen's demand for a change in social order. It is exogenous, however, as regards to the behaviour of any individual.

The important point is that, in either case such family-oriented policies must alter the calculus of opportunity cost of the average citizens. If we consider childcare as an example. The choice between career dedication and family responsibilities turns out to be a zero-sum game as soon as child care is entirely administrated by the parents.¹⁵ If, instead, all parents have access to external care, the career-related opportunity costs of parenthood diminishes radically, and this should contribute positively towards dual-career couples becoming the norm.

According to this perspective, the main driver of any consolidation of the family is the diffusion process that gives rise to a new gender egalitarianism. Public policy can help to accelerate the process, but dimensions of social stratification are probably more decisive. Where there are walls and barriers that separate women by their familial and social self-determination, gender egalitarianism can easily come to a halt.

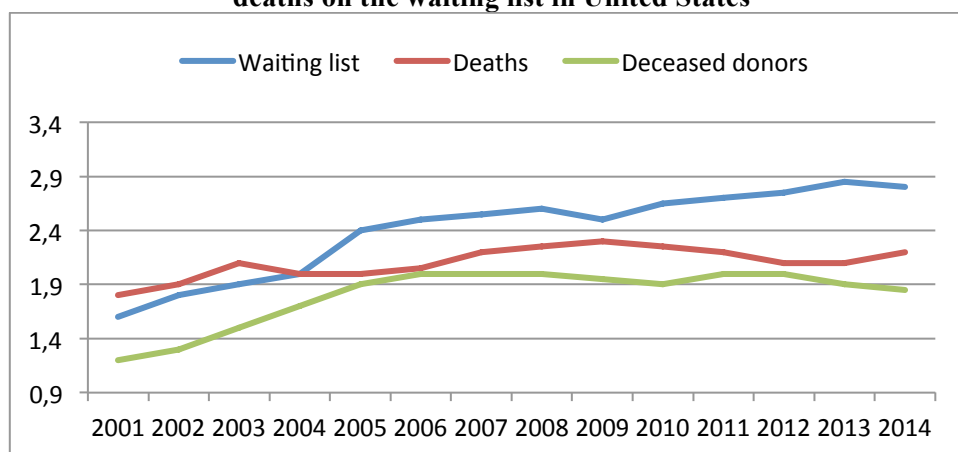
¹⁵ D. Grunow, F. Schulz, H.-P. Blossfeld, *What Determines Change in the Division of Housework over the Course of Marriage?*, in *International Sociology*, 2012, 3 p. 469.

1.3. The theme of organ transplantation

Today, the donation and transplantation of many organs and tissues such as heart, lung, pancreas, kidney, bone marrow, and cornea is possible in almost all countries. The practice of organ donation for transplantation has been significantly abbreviated to expand the pool of eligible organ donors at the end of life.

Even if organ donation has assumed a growing social relevance, there is a shortage of organs, and for this reason the supply does not meet the increasing demand. The following figure shows the rate of change from 1995 to 2014, in United States, of three variables: The number of deceased donors, the number of patients who are waiting for an organ, and the number of waiting list patients who die before an organ becomes available. The number of deceased donors has increased by only half, whereas the number of potential recipients on transplant waiting lists has unfortunately more than doubled.

Relative change in the number of donors, patients on organ waiting lists and deaths on the waiting list in United States



Source: Organ Procurement and Transplantation Network, 2012.

In this context, it is fundamental to identify effective strategies to promote and increase organ donation. Literature underlines that donor recruitment is founded on specific altruistic values, which are beliefs that guide behaviors selection and evaluation.

Organ donation, as noted above, is motivated by altruism and positive attitudes which are related to humanitarian and altruistic values. Cleveland, in his contribution titled *Personality characteristics, body image and social attitudes of organ transplant donors versus non-donors*, notes that altruistic values are the major determinants in the decision to become a potential organ donor¹⁶. Also Belk and Austin found altruism to be a remarkable determinant of donation, whereas they considered materialism to be negatively related to this compliance¹⁷. In general, it is possible to affirm that attitudes towards organ donation are positively related to altruistic values.

Another positive determinant identified by literature involves the belief in benefits of organ donation. To the contrary a negative impact refers to fears of body mutilation and of an inaccurate verification of brain death. Schulz and his colleagues¹⁸ have verified that fear and anxiety have a greater impact on organ donation decision than its perceived benefits which are often contrasted with ideas that go from the threatening consequences of organ donation to the donors coercion as well as the not truly informed consent.

¹⁶ S. Cleveland, *Personality characteristics, body image and social attitudes of organ transplant donors versus non-donors*, in *Psychosomatic Medicine*, 1975, 37, pp. 313–319.

¹⁷ R. Belk, M. Austin, *Organ donation willingness as a function of extended self and materialism*, in M. Venkatesan, W. Lancaster (Eds.), *Advances in health care*, Toledo, Association for Health Care, 2008, p. 84.

¹⁸ P. Schulz, K. Nakamoto, D. Brinberg, J. Haes, *More than nation and knowledge: Cultural micro-diversity and organ donation in Switzerland*, in *Patient Education and Counseling*, 2006, 64, pp. 294–302.

Focusing on the link between knowledge and organ donation, literature confirms this correlation. Horton and Horton noted that personal values together with a wider knowledge concerning the organ donation process led to a more positive approach regarding donation, and this sentiment brought more people to sign donor cards.

People having a limited knowledge tend to refuse organ donation since they consider it as an immoral or suspicious practice. Knowledge is, indeed, one of the most important determinants in promoting attitudes towards organ donation. Studies indicate, moreover, that diffusion of promotional materials remarkably increases the number of organ donors.

Finally, social psychology literature has analyzed the link between organ donation attitudes and organ donation related behaviors. Ashkenazi and colleagues¹⁹ compared organ donation behaviors in Italy and Israel. They demonstrated that people that have positive attitudes towards transplantation and organ donation are those who have signed an organ donation card. This approach is founded on the theory of reasoned action, according to which intention to perform a behavior which in this case concerns donating an organ, is the immediate antecedent of overt behavior. This means that the donation decision-making process is founded upon a cognitive base²⁰.

¹⁹ T. Ashkenazi, G. Miniero, J. Hornik, *Exploring the intentional gap between signing an organ donor card and actual behavior: comparing the Jewish state and Christian Italy*, in *Journal of International Consumer Marketing*, 2006, 18, pp. 101–121.

²⁰ B. Wang, *Public Value in Moral Market: A Case Study of Human Organ Transplantation System*, in *International Journal of Public Administration*, 2016, 2, p. 135-145.

1.4. The influence of maternal role on decisions regarding organ transplantation

A new research field in the social and psychological context refers to the influence that maternal role has on the attitude towards transplantation and organ donation. Mothers, given the highly personal and emotional nature of transplantation or organ donation decisions, have a fundamental role in promoting a positive attitude in the familial context and creating a proactive approach towards this practice.

Schicktanzt²¹ realized a research focused on mothers and fathers attitude towards transplantation and organ donation in four European countries. As the following figure shows mothers statistically donate significantly more often than fathers in Belgium, Germany, The Netherlands, but not in Austria.

Mothers and father's attitude towards organ donation

<i>Country</i>	<i>Mothers observed</i>	<i>Fathers observed</i>	<i>Mothers expected</i>	<i>% of excess</i>
Austria	49	34	41,5	18%
Belgium	36	19	27,5	26%
Germany	578	335	456,5	31%
Netherlands	201	142	171,5	17%

Source: S. Schicktanzt, M. Schweda, S, Wöhlke, *Gender issues in living organ donation*, cit., p. 37.

To explain this prevalence, literature underlines, as regards to mothers or daughters, the importance of role expectations such as caring for

²¹ S. Schicktanzt, M. Schweda, S, Wöhlke, *Gender issues in living organ donation: medical, social, and ethical aspects*, in I. Klinge, C. Wieseemann (Eds.), *Sex and Gender in Biomedicine Theories, Methodologies, Results*, Universitätsverlag Göttingen, 2010, p. 33 ss.

others. Indeed, the fact that women most of the time maintain their role of apprehension and caring towards their children explains why in the case of organ donation, mothers donate much more often than fathers, which do not possess the social experience to care for them with the same intensity of the mother²².

The specific role of mothers both as promoters of positive attitudes towards transplantation and organ donation, and as donors in particular in kidney donations is emphasized by two studies conducted in US in Egypt and in Mexico. Hilton and Starzomski²³ note that decisions to donate a kidney can create a family pressure and conflict and often must be made under time constraints. Mothers are able to reduce the level of stress in the familial context and to promote a general positive attitude towards the better choice. Crowley-Matoka and Hamdy underline that in many countries mothers symbolize the greatest and most secure example of living donors compared to men. In Mexico for example families and transplant staff usually expect the mother to be naturally inclined to be the donor if she can donate.

In general, studies emphasize the mothers' role in generating a positive familial attitude towards transplantation and the linkage between mothers' bodies and organ donation. Mothers, indeed, are depositaries of altruistic values and usually have an analytic knowledge of organ donation. Mothers perceive the benefits of organ transplantation and are naturally

²² S. Schicktanz, M. Schweda, S. Wöhlke, *Gender issues in living organ donation: medical, social, and ethical aspects*, in I. Klinge, C. Wieseemann (Eds.), *Sex and Gender in Biomedicine Theories, Methodologies, Results*, Universitätsverlag Göttingen, 2010, p. 48.

²³ B.A. Hilton, Starzomski R.C., *Family decision making about living related kidney donation*, in *American Nephrology Nursing Journal*, 1994, 6, pp. 346–354.

incline to communicate such perceiving benefits ²⁴. It is possible to affirm that mothers, having a real organ donation intention, know how to communicate positive attitudes in the familial context.

The gender aspects of organ donation

2.1. Feminist approaches to bioethics: the human body commodification

In Western societies, feminist bioethics has been marginalized for a long time, just in the last decades ethical approach has been revalued as an influential and remarkable vision in bioethics²⁵.

Already in the 1970s, when bioethics knew a rapid initial growth, a relevant number of feminist essays were published but mainly in the specific field of reproductive technologies. These initial contributions have inaugurated women's fight in the bioethical debate, which has been demonstrated by the feminist critiques, which started around the early 1990s, of the main bioethical themes and of the various field of bioethics.²⁶

In 1992 the Congress of International Association for Bioethics created the International Network on Feminist Approaches to Bioethics (FAB), a

²⁴ M.A. Sanner, *Giving and taking- to whom from whom? People's attitudes toward transplantation of organs and tissue from different sources*, in *Clinical Transplantation*, 1998, 12, pp. 530-537.

²⁵ A. Mongoven, *Sharing our body and blood: organ donation and feminist critiques of sacrifice*, in *Journal of medical philosophy* 2003, 28(1), pp. 89-114.

²⁶ R. Drezgić *Contemporary issues in bioethics: the national and regional context*, in *Filozofija i društvo*, 2012, p. 19 ff.

premise to the publication of a rich body of works analysing the main female bioethical topics.

From the beginning, feminist bioethics criticized the traditional and exclusive focus on the bioethical debate on reproductive issues such as abortion and reproductive technologies. Feminist bioethics urged a greater attention to interconnections between these issues and other bioethical concerns such as women's wellbeing and the limits of physician authority challenging the social values and philosophical perspectives. In particular, feminists approaches tends to underline that conducting bioethics in a dominant way generates culturally oppressive practices ²⁷.

According to Leach, within the bioethical debate gender oppression is reinforced in two ways: by privileging questions that reflect masculine priorities and issues and also through the definition of standard bioethics which tends to represent a masculine perspective and it devalues the various ways of knowing that are culturally designated as feminine.

One of the central issues in feminist bioethics is the theme of human body commodification²⁸. In biomedical or health economics-related literature, organs are commonly referred as being "precious commodities" as well as "natural resources". The traditional feminist thought criticizes body commodification, which in the feminist viewing derives its notion of commodities from the economic view. According to this view, indeed, a commodity is something whose properties satisfy human wants of any sort. To commodify human bodies, by this definition, is to dehumanize them; to treat them as divisible and alienable objects of commerce.

²⁷ S. Leach, L. Baldwin-Ragaven, P. Fitzpatrick, *Feminist Bioethics at the Center, On the Margins*, Baltimore, The John Hopkins University Press, 2010, p. 44.

²⁸ L.A. Sharp, *The Commodification of the Body and its Parts*, in *Annual Reviews of Anthropology*, 2000, 29, pp. 287–328.

Scheper-Hughes underlines that the feminist critique refers to a broad concept of commodification that includes all the economic capitalized relations between humans, and in which human bodies are considered objects of economic exchanges²⁹. According to this approach, dominant masculine thought and medical advances have created desires and demands for people's parts. In particular, recent advances in biotechnology have animated the debate about the commodification of the human body. Nowadays we tend to hear opposing arguments concerning the legalization of markets in which human kidneys are acquired directly from the actual live donors. What has become repeatedly discussed is the rise in the black market for kidneys, which has steadily increased as a consequence of the fact that their sale has become legal.

Donna Dickenson, in her work *Property in the Body: Feminist Perspectives*³⁰, applies the feminist approach to the bioethical theme of commodification. She analyses some fundamental issues, for example if markets in kidneys would eventually establish a decrease in the acquisition of such bodily parts or whether some ways in which the human body is commodified are exploitative.

Dickenson argues that biotechnology's power to reconstitute bodies makes them all look similar to women's bodies and less like actual subjects.³¹ Dickenson argues that this positive drive in biotechnology, which as brought to a feminization of the body cannot be ignored any longer

²⁹ N. Scheper-Hughes, *Bodies for sale – Whole or in parts*, in N. Scheper-Hughes, L. Wacquant (eds.), *Commodifying bodies*, London, Sage Publication, 2006, p. 2.

³⁰ D. Dickenson, *Property in the Body: Feminist Perspectives*, Cambridge, Cambridge University Press, 2007.

³¹ D. Dickenson, *Property in the Body: Feminist Perspectives*, Cambridge, Cambridge University Press, 2007. p. 181.

due to the fact that it has, began to alter both women's and men bodies through for example patenting and biobanking.

Dickenson in arguing about the human bodies biotechnological feminization, focuses on the fact that, commodification as well as objectification of human bodies should be opposed and situated both in adequate historical and cultural contexts.³².

2.2. The theme of body property

The theme of body property is a traditional field of feminist fight. Also today in the United States, matters related to the human body commodification are being lifted. Many campus newspapers use advertisements as a mean to persuade women that if they decide to donate their ova they will eventually receive a large amount of money in return. In a general perspective, the feminist approach notes that, as Foucault affirms, the female body is intended as a political side that expresses social practices. The political significance of the body as a "site" of disciplinary power is evident in the so-called "tyranny of slenderness," proper ornamentation, compulsory heterosexuality, restraint in body language.

In Analysing the theme of body property, Dickenson analyses both personal and property rights. She argues that according to Anglo-American laws personal rights possessed by an individual are the principal defence he or she may use in order to contrast the commodification of it's body. This

³² D. Dickenson, *Property in the Body: Feminist Perspectives*, cit., p. 11.

argument endorses the fact that individuals have to provide informed consent in order for their bodies to be used.³³

Dickenson goes against the attention posed on personal rights and in doing so underlines a series of reasons: first of all informed consent gives limited protection since it tends to ignore the imbalance of knowledge favoring the doctor, it is also generally concerned with clinical procedures and not tissue sampling or DNA extraction for example and in general don't provide much information on the increasing of the commodification process³⁴.

According to Dickenson an formal debate on commodification has to be conducted through property rather than actual personal rights and she continues by affirming that individuals have to be secured informed consent for donating their body parts.

Dickenson confirms Lock's thesis according to which individual's property rights lie in their persons instead of their bodily parts. For this reason individuals are titled to things they have mixed labor with , after all labor expresses our status as individuals.³⁵

In contrast with liberal theory it can be stated that we don't have property rights on things we didn't created through labor.

Following this perspective Donna Dickenson states that women posses property rights in some of the body elements they have created through labor such as ova's and cord blood for example.

The fact that women possess property rights in their cord blood for example, doesn't mean such rights are of "full-blooded ownership", therefore these rights prevent the property's owner from deciding freely how to act³⁶.

³³ D. Dickenson, *Property in the Body: Feminist Perspectives*, cit., p. 27.

³⁴ D. Dickenson, *Property in the Body: Feminist Perspectives*, cit, p. 38.

³⁵ D. Dickenson, *Property in the Body: Feminist Perspectives*, cit, p. 39.

³⁶ D. Dickenson, *Property in the Body: Feminist Perspectives*, cit, p 102.

Dickenson transcends what she figures as “the narrow bounds of Anglo-Saxon thought” and she analyses the substitutive conceptualization of the true meaning of being a subject as well as the relation between humans subjects and the body .

Some feminists believe that the concept of relational autonomy does not go far enough in challenging and deconstructing the liberal concept of the free, independent self³⁷.

Shildrick states that the notion of interconnectedness should be expanded to include both intercorporeality and concorporeality, which are to properties particularly concerned with organ transplantation. In considering such perspective the humans body boundaries are part of a biomedical imaginary rather than a real representation of reality.³⁸

Feminist perspectives underline the problems related with assumptions concerning the idea individuals own themselves. While feminist literature affirm that in contemporary disputes on human bodies commodification, self-ownership is for sure a guiding principle, some scholars note that self ownership is prior to other rights and therefore if we don't recognize the possession of property towards our bodily parts we have no right to any other privilege³⁹

³⁷ M. Shildrick, *The Critical Turn in Feminist Bioethics: The Case of Heart Transplantation*”, in *International Journal of Feminist Approaches to Bioethics*, 2008, 1 (1), p. 32.

³⁸ M. Shildrick, *The Critical Turn in Feminist Bioethics: The Case of Heart Transplantation*”, in *International Journal of Feminist Approaches to Bioethics*, 2008, 1 (1), p. 34.

³⁹ E. Conradi, N. Biller-Andorno, M. Boos, C. Sommer, C. Wiesemann, *Gender in medical ethics: Re-examining the conceptual basis of empirical research*, in *Medicine, Health Care and Philosophy*, 2003, p. 57.

2.3. The feminist perspective toward organ transplantation

Feminist literature underlines the so called “two moralities’ debate” that characterizes gender studies. Indeed gender differences in moral psychology play a remarkable role in the field of transplantation and organ donation. This means that women’s attitude has to be properly acknowledged⁴⁰.

Mangover⁴¹, in its article titled *Sharing our body and blood: organ donation and feminist critiques of sacrifice*, analyses the catholic feminist position on organ donation. Mangover notes that, in this specific feminist group, organ donation is experienced as a sacrifice and is related to the Christian archetypes of donation. Nevertheless, this study shows that the sacrifice over glorification leads to an alarming “routinization” in the donation of organs, which is regarded as, a religious experience rather than a social or ethical duty.

As noted in precedence, literature suggests women demonstrate a clearer tendency to offer organs, thanks to their will to alleviate suffering⁴². Gordon and Ladner verified that the attitude to bear the burden of caregiving in the family, extends women’s role to become a kidney

⁴⁰ S. Schicktanz, M. Schweda, S. Wöhlke, *Gender issues in living organ donation: medical, social, and ethical aspects*, cit., p. 41.

⁴¹ A. Mongoven, *Sharing our body and blood: organ donation and feminist critiques of sacrifice*, in *J. Med. Philos.*, 2003, 28(1), pp. 89-114.

⁴² N. Biller-Andorno, *Gender imbalance in living organ donation*, in *Medicine, Health Care and Philosophy*, 2002, 2, pp. 199-203.

donor.⁴³ Moreover, a study demonstrates that women are more easily persuaded to donate⁴⁴. The notions of sacrifice, social pressure and coercion has been analysed by some feminist and philosophers. These studies, by examining family dynamics, underline the tendency to victimize women. Scheper-Hughes affirms that the feminist critique refers to a broad concept of commodification that encompasses the economic capitalized relations among humans, relations in which human bodies are considered as objects of economic exchange⁴⁵. According to this approach, dominant masculine thought and medical advances have created desires and demands for people's parts. In particular, recent advances in biotechnology have animated the debate about the commodification of the human body. Scheper-Hughes notes that families can be predatory towards the woman (especially in the African and Asian countries). Al-Khadr notes that in western societies there is an unexplained prevalence of male recipients and female donors⁴⁶.

Feminist authors criticize the fact that women give more organs while receiving less on average. *Dobson* notes that women's gendered experience of health care institutions in United States gives them a true reason to believe that also their interest aren't taken seriously in consideration⁴⁷. In United State and in some European countries there are, indeed, a significant number of gender disparities in organ donation. For

⁴³ E. Gordon, D.P. Ladner, *Gender inequities pervade organ transplantation access*, in *Transplantation*, 2012, 5, pp. 447-448.

⁴⁴ R. Dobson, *More women than men become living organ donors*, in *BMJ: British Medical Journal*, 2002, p. 851.e

⁴⁵ N. Scheper-Hughes, *Bodies for sale – Whole or in parts*, cit., p. 4.

⁴⁶ A. Al-Khader, *A model for scoring and grading willingness of a potential living donor*, in *Journal of Medical Ethics*, 2004, 31, p. 339.

⁴⁷ J. Lindemann Nelson, *Donation by default? Examining feminist reservations about opt-out organ procurement*, in *International Journal of Feminist Approaches to Bioethics*, Spring 2010, pp. 23-42.

example, women that provide kidneys are much more than males and receive them less often.

In its book titled *Using the Bodies of the Dead* Nora Machado, professor at the Department of Sociology of the Swedish University of Gothenburg and feminist writer, describes how life, and similarly the lack of life, is today confirmed with the help of technological equipment⁴⁸.

In the chapter “The Ambiguous Body”, Machado analyses all the problems which brought to the new “life saving” technologies. In her opinion such technologies need to be used properly in order to preserve individuals who have recently deceased, in order to incentive human organ transplantation procedures. Machado underlines the fact that at present we are living a “legal categorization” which opposes the idea of death being a process. For Machado donors in life support must be considered as both dead and alive at the same time.⁴⁹

Brain-dead are generally not considered as dead and they aren’t treated as they were. When based on neurological criteria, death turns out to be different from cardiac respiratory cessation, it in fact becomes an act, and not a natural event.⁵⁰

Unfortunately when talking about death, confusion is generated, giving rise to a series of different terms used to define a dead person, such as “brain dead patient” or “organ donor” as well as “dead body”. The consequence of

⁴⁸ N. Machado, *Using the Bodies of the Dead: Legal, Ethical and Organizational Dimensions of Organ Transplantation*, Bodwin, MPG Books Ltd., 2009.

⁴⁹ N. Machado, *Using the Bodies of the Dead: Legal, Ethical and Organizational Dimensions of Organ Transplantation*, Bodwin, MPG Books Ltd., 2009, p. 30.

⁵⁰ N. Machado, *Using the Bodies of the Dead: Legal, Ethical and Organizational Dimensions of Organ Transplantation*, Bodwin, MPG Books Ltd., 2009.

this confusion in defining death generates an emotional discomfort among those taking care of them.

3.1 Female condition and organ transplantation in India

In India women's condition has been subject to many important changes over the past few millennia.

In Ancient India, women were treated with respect and enjoyed the same rights as men.

In order to discuss the position of women in ancient India we have too takes into consideration the so-called Vedic period dated between 1500 and 800 BC. During this period women were completely free to express themselves inside the family and even though male children were preferred, daughters were always treated with respect from their family members. Young women received the same level of education as men and they studied the Vedic literature. During the Vedic period marriage wasn't forcibly imposed on women, and women were completely free to select their partners after their education was completed. Monogamy was considered the unique form of marriage even though widows could remarry, this tradition was called "*Niyoga*" in case a women lost her husband or the latter couldn't give her a child a brother or near relative of the husband could give the widow a child in order to continue the family tradition.⁵¹

In the religious field women participated to religious ceremonies together with their husbands and women could actively participate in religious talks and could read and study all the sacred literatures of the time.

Women had an active role in public, they could for example debate during public assemblies and public meetings. During the Vedic period therefore women were not subordinated to men and they could enjoy their rights.

The condition of Indian women in society started deteriorating during the medieval period, the migration period from South Arabia spread the Muslim culture which became part of India's religion and heritage⁵²

In India, the influence of Muslim laws , caused a deterioration of women's condition in society such laws derive from the Quran, Islam's sacred book. The Quran in fact states all the differences between women and men, outlining the supremacy of the latter on the former : *"and the men are a degree above them women."*⁵³

⁵¹Mishra, R. C. (2006). *Women in India: towards gender equality*. New Delhi: Authorspress.

⁵²Tharoor, Shashi (2006). *India: From Midnight to the Millennium and Beyond*. Arcade Publishing.

⁵³Quran (2:228)

Muslim practices started to be followed all over the country and this completely altered the way women were seen and accepted in society. Practices such as Saiti took place, a ritual which consisted in women dying at the funeral pyre of her husband, and also infanticide was a common practice in medieval times, it killed many female infants as soon as they were born. In the first half of the 18th century the British started colonizing India, and this drastically deteriorated the position of women in society from both an ideological and sociological point of view. From the second half of the century, changes began to appear and a few women started overcoming their social “handicaps” in order to achieve distinctive positions in society. Women such as Toru Datta or Kamini Roy Swarana Kumari Devi were poets who firmly believed in the equality of gender and they fought for equal rights of men and women.

Mahatma Gandhi emerged in India’s political scene and starting from 1918 he launched his non cooperation movement enacted against the British colonization. He directly appealed to all Indian women, and as a consequence women started joining men during the struggle for India’s independence and they gradually became conscious of their rights. Women’s participation wasn’t particularly significant in the public sphere compared to the domestic sphere. Men were always out of their homes since they were occupied in bringing forward national activities, women became the emotional support in the house. Women started reading newspapers and also held meetings in each other’s homes in order to discuss about political events.

⁵⁴ Jyotsna Kamat “Ghandi and the status of women” November 2015

This national struggle led in some way to a profound change in the traditional attitude society had towards women and social bondages were definitely loosened. It was not until India's Independence from the British rule that women's condition throughout society started changing. The government started adopting a series of measures in order to assign equal status to women in political, social and economic fields. Women started to be involved in the various national activities and most of all they started covering various institutional roles. India's Constitution establishes women's right in front of the law. It claims women's equality of opportunity and of equal pay for equal work.⁵⁵ Today women are legally supported and also encouraged to actively participate in sports, politics as well as media and most of all education. A good example of this positive changes towards women independence is in fact Indira Gandhi who served as the Prime Minister of India for 15 years of her life from 1966 to 1984.⁵⁶ She is known for being the first and at present the only female Prime Minister in India. Despite the fact that women are now safeguarded by law, there are still women suffering from inequality and serious opposition. Tikoo, Prithvi Nath, in his book *Indian Women: a Brief Socio-Cultural Survey*. notes that early marriage in India has been a real curse for women since it lowered their place Indian society. Hindu religious leaders believe that young girls should marry soon after the beginning of puberty which is considered to be reached on average at the age of ten years old. This decision has obvious repercussion's on Hindu girls which will have no chance of education after they get married at this early age.

⁵⁵ Mishra, R. C. *Women in India: towards gender equality*. New Delhi: Authorspress.,

⁵⁶ . *Indira Gandhi Biography, Cultural India*

In reality most of them don't receive education even before they reach their puberty age since a well-educated girl might be less keen to be a servant to his future husband.⁵⁷

Indian women's difficulties are also apparent in the marriage sphere. In Indian society the main goal of a woman is to marry, and many see marriage as the "aim of their existence"⁵⁸. In general females are not encouraged to be educated through out their life since their destiny is already written before they are born: they will get married and look after the house.⁵⁹ After an Indian girl gets married she is subjected not only to her father but also to her husband and her mother-in-law. Indian women's freedom of choice reduces drastically after marriage, and this has a direct effect on education. There are still some women that manage to enter the workforce but they do because of an economic need and unfortunately they are criticized since they are ignoring their responsibilities and duties and therefore are considered to have failed in their life's ambitions.⁶⁰

⁵⁷ Tikoo, Prithvi Nath, *"Indian Women: a Brief Socio-Cultural Survey"* Publisher, B.R. Pub. Corp., 1985 p 23.

⁵⁸ Tikoo, Prithvi Nath, *"Indian Women: a Brief Socio-Cultural Survey"* Publisher, B.R. Pub. Corp., 1985 p 26

⁵⁹ Mary Frances Billington *"Women in India"*, Chapman & Hall, 1895

⁶⁰ Tikoo, Prithvi Nath, *"Indian Women: a Brief Socio-Cultural Survey"* Publisher, B.R. Pub. Corp., 1985 p 121

3.2. Gender disparity's influence on human organ transplantation in India

In India empirical studies emphasize that the number of women donating their organs is higher than their male counterparts, despite the fact that there are no advantages of organ donation from female bodies over those from male ones

In 1994 in India the Human Organ Transplantation Act was passed, marking the beginning of regulated transplantation, First of all THO Act incentives living organ donation by allowing its taking place between “near relatives”. According to the THO near relatives of a person include his/her spouse, daughter, son, father, mother, brother or sister and it has been expanded to include also grandparents as well as grandchildren.⁶¹ The THO allows a second kind of living organ donation which is motivated by both altruism and affection. This provision has been designed to safeguard the commercial sale of organs and it allows the Authorization Committee to scrutinise the various cases and determine whether they are effectively driven by affection and altruism. Studies show that women make the majority of the donations moved by feelings of both affection and altruism. Despite the establishment of the Act, illegal organ trade still prevails in the country even if the legislation strictly prohibiting its existence. ⁶²

⁶¹ *Sunil Shroff* “ Legal and ethical aspects of organ donation and transplantation”*Indian J Urol.* 2009 Jul-Sep

⁶² *Sunil Shroff* “ Legal and ethical aspects of organ donation and transplantation”*Indian J Urol.* 2009 Jul-Sep

Various cases from the activation of the THO act in 1994 are a clear proof that problems linked with illegal traffic of human organs still exist. In 2003 for example in Punjab an illegal transplant racket was discovered, a second case involved an illegal kidney trade which involved fisherman that had lost their jobs following the tsunami in the Indian Ocean. In 2008 a man named Amit Kumar, pretended to be a doctor and illegally removed kidneys to patients.⁶³

Another problematic concerning the act is related to the creation of the Authorisation Committee, which have the duty to assure that non-related donors donate out of affection and altruism. In practice these committees aren't acting transparently since they don't share information with the public about the extent of the applications for transplants that have been rejected or accepted.

In India women's role in society is subjected to various kinds of limits, which in general tend to alter their ability to choose a suitable profession for their self.

Society condition's women by making them believe they cannot work in more rewarding professions since these belong to men and this is why women are expected to sell their organs as a penitence for not being able to be useful from an economic point of view.

⁶³ Ashwaq Masoodi "Why human trafficking thrives India" *Live mint*, May 2015.

The tacit unwillingness of men donating their organs, the sociological ideals establishing the role of women inside their family, together with the economic value of their bodies have all together contributed to the creation of a common culture according to which a women's bodily parts are alterable and can repay for their limited economic role in society. In his article: "*Where It Hurts: Indian Material for an Ethics of Organ Transplantation*," the anthropologist Lawrence Cohen interviewed various patients in India. What Coehn found out was that the large majority of the donors were women, who had donated parts of their bodies in order to repay the debts of their husbands or to support their families, yet most of them after a short period were indebt once again. In conducting his research Cohen discovered a one-way trade in the southern part of India. He discovered the existence of a real trade rout which starts from organ sellers, usually poor rural women, who donate their bodily parts to recipients which in the majority of cases are wealthy people from Gulf States or Sri Lanka and Bangladesh.⁶⁴ Coehn realized that in some neighbours kidney donations for example were used in order to obtain money in a quick way, this quick financial gain prevented donors from being aware of the risks linked with the donation of their organs and that like any other surgery it takes time to recover completely. Their initial happiness in receiving a large amount of money made them completely blind towards the risks, which are likely to occur after the surgery.⁶⁵

⁶⁴ L. Cohen, *Where It Hurts: Indian Material for an Ethics of Organ Transplantation*, Vol. 128(4), *Bioethics and Beyond*, 147, (Fall, 1999).

⁶⁵ L. Cohen, *Where It Hurts: Indian Material for an Ethics of Organ Transplantation*, Vol. 128(4), *Bioethics and Beyond*, 147, (Fall, 1999)

In Hyderabad, southern India, findings reveal that 80% of live kidney donors, in both public and government hospitals are women. Nims hospital in Hyderabad has fifteen years of experience in kidney transplantation, and between 2000 and 2015 it has recorded a total of 415 live kidney transplants. According to Doctor D Sree Bhushan Raju, head of nephrology department at Nims hospital. Nearly 80% of the donors were women, which donated their kidneys to male members of the family; 158 of them were mothers, 109 were spouses, 44 of them were sisters and 2 were daughters.⁶⁶ Doctor Raju in talking about organ transplantations claims the importance of nephron dosing defined as the ratio of donor kidney weight to recipient body weight. 'Men's kidneys are bigger in size and have also more nephrons compared to that of women. As a consequence from a technical point of view men are generally preferred as kidney donors, since the chances that transplanted kidney will work successfully in the recipient are higher.

3.3. Social evolution and cultural barriers

In India despite the regulations provided by the Human Organ Transplantation Act, problems related to transplantation procedures are still largely present, such procedures can be categorized in two main phases: donation and allocation.⁶⁷ The phase of donation is the most delicate one since there is an extremely high demand for human organs and a very limited supply, and this opens the way to exploitation of human organs. The weaker sections of society are exploited the most and they inevitably include women. Another problem related to Indian society, which hits most of all women, is the lack of information and awareness concerning matters

such as cadaveric organ donation. People are in part aware of this concept but the influence of their beliefs and customs plays an important role in preventing them from donating organs since they have to be ensured a peaceful cremation in order to make sure the dead's soul will attain salvation. The allocation phase instead includes all the other controversies concerning organ transplantation. Organ transplantation has the ability of saving many lives and for this reason it should be able to reach every individual equally. Allocation of organs should be free from biases concerning gender, cast, creed, race and income level . In India unfortunately men are considered to be more important than women and therefore men are more worthy to receive an organ in case of need. India's medical and legal practices are not adequate in relation to organ transplantation, cultural and social barriers are still present throughout Indian society and they strictly influence the outcomes related with human organ transplantation. Many countries around the world have adopted suitable and adequate policies with regards to human organ transplantation. Countries such as Spain, Australia and Unites States have made important advances in the field.⁶⁸ Spain has been the global leader in organ donations for more than two decades, during 2016 for example a total of 4,818 transplants were performed according to the National Transplant Organization.

⁶⁶ Prabeerkumar Sikda "Women outnumber men in kidney donation" *Times of India*, March 2016⁶⁷ Neha Singh and Saurabh Kumar "Analyzing organ transplantation laws

⁶⁸ Neha Singh and Saurabh Kumar "Analyzing organ transplantation laws in India- An overview" *South -Asian Journal of Multidisciplinary Studies (SAJMS):Volume 3 Issue 4 p.87*

Spain's success can be attributed to the Presumed Consent Legislation, which was passed in 1979. Such law takes for granted the fact that people are willing to donate their bodily parts after their death, unless they opt put in an explicit way. The family of the deceased despite presumed consent can decide to prevent the organs of their deceased relative from being used for donation.⁶⁹ In Spain the refusal rate is extremely low compared to other countries since there is public awareness about the importance and relevance of the cause. Presumed consent is not the only key to Spain's success, the country's hospitals are equipped with well-trained coordinators, they are intensive care specialists, they receive a special training and have the promotion organ donation always on their minds. Spain has the highest number of deceased donors in the world, in comparison India has faced numerous problems concerning such matter since individuals and their families are reluctant to part the deceased body and as a result there is a very low availability of organs in order to carry out transplant operations. In India Cultural and social barriers would prevent a presumed consent law from being effective, there are many rituals as well as common sentiments attached to the idea of death which makes it extremely difficult for individuals to accept the concept of presumed consent. Australia also is a good example of a country that has positively engaged in the transplantation of human organs. The Government in fact announced a reform program in order to implement a nine measure national reform agenda.

⁶⁹ Fiona Govan "How Spain became the world leader in organ transplants" *The Local*, September 2017

In doing so the government aimed at increasing organ donation, the main objectives were in fact to increase the capacity inside the health system in order to maximise donation rates and raise awareness inside the community as well as stakeholder engagement. India could start adopting such measures in order to promote a system of organ donation and safeguard individuals most of all women during all the stages of their operation.⁷⁰ The United States as well as faced various problematic related to organ transplantation and as a consequence they created an Organ Procurement and Transplantation Network managed by the private sector.⁷¹ Following the American model India could start privatizing part of the transplantation process in order to make it more workable and in order to assure a greater efficiency in its process and management.

McKinsey Global Institute's report "The power of Parity advancing women's equality in India" examines the potential economic impact of an advance in gender equality and demonstrates that India's cultural barriers clearly affect social and economic gender gaps. If these gaps were overcome the country could achieve important results. According to McKinsey's report Gender inequality in India is high or extremely high on three main dimension: gender equality in work, legal protection and political voice, and physical security and autonomy and it is medium to high on the fourth dimension of essential services and enablers of economic opportunity.⁷²

⁷⁰ *Australian Government Organ and Tissue Authority, National Reform Programme*

⁷¹ *U.S. Department of Health & Human Services, Organ procurement and transplantation network*

⁷² *Report McKinsey Global Institute, "The power of Parity advancing women's equality in India" November 2015*

In 2015 in India women represented only the 24% of labour force compared with an average of 40% worldwide. This data suggests that women position in the workforce is similar to countries in the Middle East and North Africa regions were unlike India restrictions to different forms of female employment are applied. India has also a low share of women's contribution to GDP, the global average is 37 % while India is estimated at 17%. Countries. Out of the ten regions analysed form McKinsey, India could have the highest economic boost if women participated to paid work in its market economy.

Conclusion

Gender related factors such as sociocultural matters and biological and sex related determinants are clearly able to influence the outcome of human organ transplantation. The various studies conducted have been a clear proof of gender's influence on human organ transplantation demonstrating that females are more likely to donate their organs and they are less willing than males to accept transplantation surgery.

Findings show how individuals that receive an organ donated by a woman have a higher probability of encountering complications after the transplant such as for example organ rejection, which occurs when the recipient's immune system rejects the transplanted tissue, destroying it.

Ethical and social concerns as well as women's role inside the family context are two fields, which have been taken in consideration, when analysing gender's impact on human organ transplantation.

An explanation of the fact women are in the majority of cases donors instead of recipients can be found inside the family context. Professor Silke Shicktanz, conducted a research focusing on mothers and fathers attitude towards organ transplantation in four European countries. The results of the study demonstrated how mother statistically donate much more than fathers in three out of the four countries analysed. Feminist ethics has also been analysed in order to have a broader view on the influence gender has on organ transplantation. The commodification of human body has always been central to feminist bioethics. According to feminists the fact that the economic view considered bodies as commodities leads to a complete

dehumanization of the human body, and the latter is then seen as an object that can be exchanged through economically based transactions. Such capitalized economic relations established among human beings have led many countries to adopt a wrong vision towards organ transplantation, which has been translated in the exploitation of the weaker parts of society, which inevitably include women. Unfortunately nowadays studies demonstrate how especially in countries like Africa and Asia, families continue to be predatory towards women inside their families. Analysing a country like India has brought to life a series of important findings, which explain in real terms how gender continues to affect transplantation procedures. India's strong social and cultural barriers are still present nowadays and they continue to influence women's condition. Despite the Human Organ Transplantation Act passed in India in 1994, allocation concerning human organs is still not free from gender biases

The anthropologist Lawrence Coehn, by interviewing various patients in India, discovered how the vast majority of them were women, which had undergone the transplantation of one of their bodily parts in order to support their families and in some cases repay for the debts their husband had caused. Women who donated their organs were completely unaware of the risks they could encounter after the operation, but unfortunately this lack of awareness was justified by the economic gain they received from the transplant.

Many countries in contrast with India have faced problems linked to organ transplantation in the right way, and they have obtained important results in the field. Spain for example passed the Presumed Consent Legislation in 1979, taking for granted that individuals are always keen to donate their organs once they pass away. Public awareness as well as equipped and

trained coordinators throughout Spain's hospitals contributed to its success. Countries such as Australia and the United States also positively engaged in promoting the transplantation of human organs. The fact that some countries succeed in conducting organ transplants while others are still very limited highlights the importance that social and cultural differences have in shaping decision concerning organ donation.

L'influenza del genere sul trapianto di organi

Il trapianto di organi è ormai diventato un intervento di routine incline ad arrestare numerose patologie umane. I numerosi studi condotti fin ora dimostrano che nella grande maggioranza dei rapporti tra donatori e beneficiari le donne siano spesso donatrici piuttosto che riceventi e questo a discapito del fatto che non esistono vantaggi nella donazione da parte di corpi femminili rispetto a quelli maschili.

Nel avanzare questa ipotesi occorre prendere in considerazione il ruolo delle donne all'interno del contesto familiare. Negli ultimi decenni l'identità di genere delle donne ha attraversato una notevole evoluzione, culminata nell'era del post modernismo in cui si è iniziato ad accettare pienamente l'importanza che le donne hanno all'interno del contesto familiare. Secondo la Professoressa Claudia Goldin, l'accelerazione di questa evoluzione è stata determinata da una serie di shock esogeni che hanno trasformato l'identità femminile all'interno della società. Le nuove tecnologie ad esempio, hanno contribuito in maniera determinante a diminuire il tempo dedicato ai lavori domestici, i nuovi servizi offerti dall'economia hanno aumentato la domanda di lavoratrici donne all'intero del processo di produzione ed infine l'introduzione della pillola contraccettiva ha fatto in modo che le donne riuscissero a controllare la loro fertilità in maniera più efficace, lasciando loro la libertà di scegliere.

Grazie a queste importanti opportunità le donne hanno iniziato a investire nella loro educazione e ad accedere a importanti ruoli professionali

all'interno della società, alterando così le relazioni di genere convenzionali. Anche se ad oggi la donazione ed il trapianto di numerosi organi ha assunto una crescente rilevanza dal punto di vista sociale, vi è un'evidente carenza di organi che causa la fornitura di quest'ultimi a non soddisfare pienamente la crescente domanda. Uno studio condotto negli Stati Uniti prende in considerazione il tasso di variazione dal 1995 al 2014 di tre importanti variabili: il numero di donatori deceduti, il numero di pazienti che attendono un organo ed il numero di pazienti che muoiono in attesa che un organo diventi disponibile. Sfortunatamente il numero dei donatori deceduti è aumentato solo per metà mentre il numero di potenziali destinatari in lista d'attesa per ricevere un trapianto è più che raddoppiato. In tale contesto risulta fondamentale identificare delle strategie efficaci per promuovere e intensificare la donazione di organi.

Cleveland nel suo contributo intitolato: *"Personality characteristics, body image and social attitudes of organ transplant donors versus non-donors"* spiega come i valori altruistici siano determinanti nella decisione di diventare un potenziale donatore di organi. Insieme a Cleveland altri studiosi come Belk e Austin hanno confermato questa tesi.

Un fattore determinante nella promozione di atteggiamenti altruistici nei confronti della donazione di organi è sicuramente quello di essere pienamente a conoscenza di tale processo.

Le persone con una conoscenza limitata tendono a rifiutare la donazione di organi, in quanto la considerano una pratica immorale.

Quando parliamo di trapianto di organi un altro importante aspetto da considerare è l'influenza che il ruolo materno ha in questo contesto così delicato. La natura altamente emotiva ed apprensiva delle madri gioca un ruolo fondamentale nella promozione di un atteggiamento positivo

all'interno del conteso familiare, che ha come conseguenza diretta la creazione di un approccio proattivo nei confronti del trapianto di organi. La Professoressa Silke Schicktanz ha realizzato una ricerca in quattro paesi europei, incentrata sulle attitudini dei genitori verso il trapianto e la donazione di organi. La ricerca ha statisticamente dimostrato che in tre di questi paesi le madri donano significativamente di più rispetto ai padri.

Nel analizzare gli aspetti di genere relativi alla donazione di organi viene preso in considerazione l'approccio femminista alla bioetica. Nelle società occidentali la bioetica femminista è stata emarginata per molto tempo, solo negli ultimi decenni il suo approccio etico è stato rivalutato positivamente. La bioetica femminista ha criticato l'esclusiva attenzione posta su dibattiti bioetici tradizionali come ad esempio le questioni riproduttive come l'aborto e le varie tecnologie riproduttive. Tali critiche sono riuscite a spostare l'attenzione anche su altre importanti preoccupazioni bioetiche, come il benessere femminile all'interno della società ed i numerosi limiti dimostrati dalle autorità mediche.

Uno dei temi centrali della bioetica femminista è quello della cosiddetta commodificazione del corpo umano. All'interno della letteratura relativa all'economia sanitaria gli organi sono comunemente indicati come merci preziose e risorse naturali. Il tradizionale pensiero femminista critica la commodificazione del corpo umano, poiché quest'ultimo viene de-umanizzato e dunque trattato come un oggetto da vendere sul mercato al miglior offerente. Il tema della proprietà del proprio corpo è un campo tradizionale nella lotta femminista. Negli Stati Uniti ad esempio, diversi giornali usano la pubblicità come mezzo per convincere le donne a donare i loro ovuli così da poter ricevere una grande quantità di denaro in cambio.

Gli studi riguardo il gender all'interno della letteratura femminista sottolineano il cosiddetto dibattito delle due moralità.

Le differenze di genere nella psicologia morale svolgono un ruolo notevole nelle decisioni relative al trapianto di organi, ed è per questo che l'atteggiamento delle donne deve essere correttamente riconosciuto. Nel suo articolo: "Sharing our body and blood: organ donation and feminist critiques of sacrifice" Mangover prende in considerazione la posizione femminista cattolica riguardo la donazione di organi, ed analizza come in questo specifico gruppo femminista la donazione di organi viene vista come un vero e proprio sacrificio. Secondo Mangover questa idea di sacrificio porta la donazione di organi a diventare un allarmante routine, vista come un'esperienza religiosa più che un dovere sociale ed etico.

L'antropologa Nancy Scheper-Hughes, in uno dei suoi dibattiti riguardo le teorie femministe, dimostra come le donne si sentano delle vittime all'interno del loro nucleo familiare. Questa tendenza comune soprattutto nei paesi in via di sviluppo ha delle conseguenze evidenti anche sulle decisioni relative alla donazione degli organi, ed incide sul fatto che le donne sono nella maggioranza dei casi donatrici e in media ricevono molti meno organi rispetto agli uomini.

L'analisi di un paese come l'India ha portato alla luce una serie di importanti risultati, che dimostrano come tematiche relative al genere continuino ad influenzare in maniera determinante le procedure relative alla

donazione ed al trapianto di organi. Le forti barriere sociali e culturali che caratterizzano ancora oggi l'India hanno un impatto decisivo nella condizione della donna.

Nell'antica India le donne venivano trattate con rispetto e godevano degli stessi diritti degli uomini. Il periodo dell'India antica detto anche periodo vedico va dal 1500 all'800 a.C. Durante questo periodo le donne erano completamente libere di esprimersi all'interno della famiglia, i figli maschi venivano prediletti ma le femmine venivano trattate con rispetto dai propri famigliari. Le giovani donne ricevevano lo stesso livello di educazione che veniva dato agli uomini e avevano dunque la possibilità di acquisire la letteratura vedica appartenente al periodo. Durante il periodo vedico il matrimonio non veniva imposto alle donne, ed esse erano totalmente libere di scegliere i loro partner dopo aver concluso la loro formazione scolastica.

La monogamia veniva considerata l'unica forma di matrimonio anche se nel caso in cui una donna avesse perso il proprio marito o quest'ultimo non potesse darle un figlio, un parente del marito avrebbe potuto dare alla moglie un figlio per continuare così il nucleo familiare.

La condizione delle donne in India ha cominciato a deteriorarsi durante il cosiddetto periodo medievale, in cui è avvenuta la migrazione dall'Arabia Saudita, ed fu proprio in questo periodo infatti che la cultura mussulmana diventò parte della religione e del patrimonio indiano.

In India l'influenza delle leggi mussulmane ha causato un deterioramento della condizione femminile all'interno della società, tali leggi derivavano dal libro sacro dell'Islam: il Corano.

Nel Corano vengono evidenziate tutte le differenze tra donne e uomini, e viene delineata in maniera chiara la supremazia di quest'ultimi sulle donne. Il Corano infatti cita la seguente testimonianza: “ gli uomini sono un grado sopra le donne.”

Diverse pratiche contro le donne venivano portate avanti in India. Il *Saiti* ad esempio era un rituale in cui durante il funerale del marito defunto la donna per compassione e fedeltà verso quest'ultimo veniva uccisa. L'infanticidio era anch'esso comune nei tempi medievali ed ha ucciso moltissimi bambini appena nati. I primi cambiamenti decisivi all'interno della società sono iniziati a seguito della colonizzazione dell'India da parte degli inglesi avvenuta nel XVIII secolo.

Nella seconda metà del secolo infatti alcune donne hanno iniziato a superare le loro difficoltà sociali ed hanno combattuto per ottenere posizioni di rilevanza all'interno della società. Donne come Toru Datta o Kamini Roy Swarana Kumari hanno segnato questa transizione dimostrando fortemente l'importanza dell'uguaglianza di genere.

Mahatma Ghandhi è emerso nella scena politica indiana a partire dal 1918, creando il suo movimento di non cooperazione, contro la colonizzazione britannica. Per rinforzare in maniera efficiente la sua protesta Ghandi fece un appello a tutte le donne indiane di unirsi in questa battaglia comune così importante per il popolo e come conseguenza le donne iniziarono ad unirsi agli uomini in questa importante battaglia per l'indipendenza.

Questa lotta nazionale ha portato in qualche modo ad un profondo cambiamento all'interno della società tradizionale indiana, e le donne sono state positivamente influenzate da questi cambiamenti. Le donne hanno infatti iniziato ad essere coinvolte nelle varie attività nazionali e a ricoprire cariche istituzionali. Un esempio di questo cambiamento verso l'indipendenza femminile è Indira Gandhi, che è stata Primo Ministro dell'India per ben quindici anni della sua vita.

Oggi le donne indiane vengono tutelate dalla legge ma ci sono ancora donne che soffrono non solo all'interno della società ma anche all'interno delle loro famiglia.

In India le barriere sociali e culturali influenzano le donne non solo durante la loro vita quotidiana ma anche durante le loro scelte, ed è per questo che anche nelle decisioni relative al trapianto di organi le donne sono soggette a numerose minacce.

In India numerosi studi empirici sottolineano come il numero delle donne donatrici sia nettamente superiore alla loro controparte maschile. Nel 1994 in India fu approvato il “ Human Organ Transplantation Act” detto anche THO, un atto volto alla regolamentazione del trapianto di organi. Apparentemente il THO dovrebbe innanzitutto incentivare la donazione tra esseri viventi, facendo in modo che si possa compiere tra i diversi membri della famiglia inclusi il coniuge, i figli, padre, madre fratelli o sorelle ed è stato ampliato per includere anche nonni e nipoti.

L'atto consente la donazione di organi motivata da ragioni di altruismo e affetto. Tale disposizione è stata ideata per salvaguardare la vendita commerciale di organi e consente al comitato di autorizzazione di esaminare i vari casi e determinare se essi siano effettivamente guidati da altruismo e

affetto. Studi dimostrano che la maggior parte delle donazioni mosse da tali sentimenti sono state fatte da donne.

La tacita mancanza di volontà degli uomini nel donare i propri organi, gli ideali sociologici che determinano il ruolo della donna all'interno del suo nucleo familiare, insieme al valore economico dei loro corpi hanno contribuito alla creazione di una cultura comune secondo la quale le parti del corpo femminili sono inalterabili e possono compensare il loro limitato ruolo economico all'interno della loro famiglia così come nella società.

L'antropologo Lawrence Coehn si è recato in India ed ha intervistato numerosi pazienti che si erano sottoposti al trapianto di organi, in diverse cliniche dislocate sul territorio.

Coehn ha scoperto che tra i pazienti la maggioranza di questi donatori erano donne che avevano donato parti del loro corpo per cercare di rimborsare i debiti dei loro mariti o per sostenere economicamente le loro famiglie. Nel condurre la sua ricerca Coehn ha anche scoperto una vera e propria tratta commerciale che vede da una parte i venditori di organi che sono nella maggior parte dei casi uomini con pochissime disponibilità economiche o donne rurali, e dall'altra persone con grandi possibilità economiche che vivono in Sri Lanka o in Bangladesh o negli Stati del Golfo.

Coehn venne a conoscenza del fatto che la maggior parte delle donazioni di reni da parte delle donne ad esempio veniva utilizzata per ottenere grandi quantità di denaro in modo rapido. Le donne donatrici però non erano assolutamente a conoscenza dei rischi legati all'operazione, la felicità era quella di ricevere una grande quantità di denaro li ha resi completamente ciechi ed indifferenti davanti ai rischi legati all'intervento.

A Hyberbad nel sud dell'India la maggioranza dei donatori sono donne. L'ospedale Nims ha più di quindici anni di esperienza nel trapianto di reni, e tra il 2000 ed il 2015 ha registrato un totale di 415 trapianti di rene. L'80% di questi donatori erano donne, tra queste 109 di loro erano madri.

Quando parliamo di trapianto di organi è fondamentale sostenere l'importanza del dosaggio nefronico definito come il rapporto tra il peso renale del eventuale donatore ed il peso corporeo del ricevente. I reni maschili sono più grandi rispetto a quelli femminili poiché hanno più nefroni, di conseguenza, dal punto di vista tecnico gli uomini sono generalmente preferiti come donatori di reni poiché la probabilità che il rene trapiantato non venga rigettato dal destinatario sono maggiori.

Il trapianto di organi ha la capacità di salvare molte vite e per questo dovrebbe essere in grado di raggiungere ugualmente tutti gli individui. L'assegnazione di organi dovrebbe essere priva di pregiudizi riguardanti il genere, il credo, la razza ed il reddito. In India purtroppo gli uomini sono considerati più importanti delle donne e vengono quindi ritenuti più degni di ricevere un organo in caso di necessità. Le pratiche mediche e giuridiche dell'India non sono adeguate in relazione al trapianto di organi, le barriere culturali e sociali sono ancora presenti nella società indiana e influenzano strettamente i risultati relativi al trapianto di organi umani. Molti paesi in tutto il mondo hanno adottato politiche adeguate per quanto riguarda il trapianto di organi umani. Paesi come la Spagna, l'Australia e gli Stati Uniti hanno compiuto importanti progressi nel settore. La Spagna è stata leader mondiale nelle donazioni di organi per più di due decenni, nel corso del 2016, per esempio, sono stati eseguiti complessivamente 4.818 trapianti secondo L'organizzazione nazionale deli trapianti.

Il successo spagnolo può essere attribuito alla legge di consenso presunto, approvato nel 1979. Tale legge prende in considerazione il fatto che le persone sono disposte a donare le loro parti corporee dopo la morte, a meno che non esplicitino il contrario. In Spagna il tasso di rifiuto è estremamente basso rispetto ad altri paesi in quanto la consapevolezza pubblica circa l'importanza e la pertinenza della causa è estremamente diffusa. Il consenso presunto non è l'unica chiave per il successo spagnolo, gli ospedali del paese sono dotati di coordinatori ben addestrati, e gli specialisti di terapia intensiva, ricevono una formazione speciale e hanno sempre la promozione della donazione di organi nelle loro menti. L'Australia è anche un buon esempio di un paese che si è impegnato positivamente nel trapianto di organi umani. Il governo ha infatti annunciato un programma per attuare un'agenda di riforme nazionali composta da nove misure tra cui quella di aumentare la capacità all'interno del sistema sanitario, massimizzare i tassi di donazione e aumentare la consapevolezza all'interno della comunità nonché l'impegno degli stakeholder.

Nel 2015 il McKinsey Global Institute ha condotto un'interessante relazione che esamina il potenziale impatto economico che avrebbe un eventuale progresso nella parità di genere in India. Questo studio dimostra come le barriere culturali dell'India influiscono in maniera determinante sulle lacune sociali e culturali di questo paese. Nel 2015 in India solo 24% delle donne rappresentava la forza lavoro rispetto ad una media del 40% nel resto del mondo.

Sempre nel 2015 in India le donne contribuivano al Pil del paese solo per il 17% mentre la quota globale era del 37%. Purtroppo ad oggi le cose non sono cambiate e le donne restano ancora ai margini della società, l'India

potrebbe avere una spinta economica non indifferente rispetto agli altri paesi se solo facesse partecipare in maniera attiva le donne all'interno dell'economia di mercato.

Il fatto che alcuni paesi riescano a condurre trapianti di organi in maniera efficace ed altri sono invece ancora molto limitati, evidenzia l'importanza che le differenze sociali tra cui quella di genere e le differenze culturali hanno nel influenzare le decisioni relative al trapianto di organi

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