

a walk down memory lane:

an insider's reflections on the campaign against sex-selective abortions

The campaign against sex-selective abortions has been valiantly carried on in India for the past two decades, mainly due to the relentless efforts of women's groups and sensitive health professionals. The campaign has seen ups and downs, successes and failures – just as every other campaign would. To my mind this campaign has been a great learning experience, mainly because of the complexity of the issue. This campaign straddles patriarchy, son-preference and discrimination against women, the abortion issue, the politics of population control, use of modern technology, questions the ethics and role of doctors, re-visits the notion of 'choice' and involves advocacy as well as legal intervention at the state and national level in the country. It highlights the fact that abortion and reproductive rights are applied differently (and often unfairly), for women in diverse settings and that the enjoyment of these rights is dependent on the priorities, strategies and whims of nation states. It misses out concerns around eugenics and is not very clear about its messages related to the right to abortion, just as western feminism is unclear about the difference between the right to abortion and sex-selective abortions. Having been involved in this campaign ever since it began and being still involved with issues that surround it, I am taking this opportunity to reflect upon the same. I am doing this as an insider, taking full responsibility for its pitfalls and feeling proud of its achievements.

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The Backdrop

Before we go into the campaign itself, it is worthwhile to remember that

- Abortion has been legal in India under certain, rather liberal reasons as long as it is conducted by a trained medical professional. This access is provided through the Medical Termination of Pregnancy Act of 1972. The Act was brought in to reduce maternal mortality and morbidity by a state that was also very eager to reduce its population growth. Thus, abortions were legal when the physical or mental health of the woman were gravely threatened, when rape occurred, for eugenic reasons ('handicapped' foetus) and when contraception failed.
- The Indian women's movement consolidated itself around the mid 1970s and so did not have to fight for the right to abortion (or even MTP) in India
- Most of us who came into the women's movement, were part of left groups. The issues we took up were therefore related to state violence, exploitation of landless, peasant, or women working in farms, factories, mines and so on. The main concerns here were around violence, whereas the issues taken up by western feminism were more related to health (the right to abortion, de-mystifying medicine, reclaiming the body, campaigns around thalidomide etc)
- One of the first issues around health to be taken up in India were the campaigns against foetal sex-determination and dangerous contraceptives
- Health groups such as the Medico Friend Circle (MFC) were also among the first to take up issues of women's health and against the politics of population control
- Foetal sex-determination was never carried out in the government health sector, but its presence in the private sector had never been regulated (India has a tremendously large, almost unregulated private sector in medicine and in the pharmaceutical industry. Eighty per cent of people's health expenditure is out of pocket and that mostly goes to the private practitioners)
- India was the first country in the world to officially adopt the Family Planning programme. With every Five Year Plan the emphasis on controlling population growth has increased, partly due to the pressure of international agencies
- The son preference in India remains largely unquestioned. Religion, culture, family and community – all reiterate the need for sons. Blessings (such as "may you be the mother of eight sons"), discriminatory treatment to women who don't bear sons (violence, exclusion from certain rituals, desertion and re-marriage of husband), fasts and religious penance for the birth of a son and so on exist, especially in the Hindu religion. Even women, who actually bear the brunt of not having sons, have internalised son preference to the same extent as men have
- Discriminatory and humiliating practices such as dowry to the husband's family (instead of inheritance of property for the daughter) still exist and continue to grow, in India
- The Indian government had adopted the policy of Net Reproduction Rate - NRR-1 in the 1980s, which meant that, if the population had to be stabilised, only one daughter should replace one mother (only one womb to replace another, no

more). A target-based approach, which included incentives and disincentives for the enforcement of the two children norm, had already become an integral part of the Indian Family Planning programme

- Very few families actively want daughters, even today. Girls are born as unintended errors in the pursuit of the highly desired two sons

It is against this background that we need to understand the popularity of foetal sex-determination tests in India and the emergence of the campaign against them !

The Popularity of Sex-Determination Tests in India

It was around 1980 when we realised that sex-determination was a problem that we needed to grapple with. In the northern states that were rich in agriculture, had a very strong son-preference and where social divides were quite sharp, doctors began advertising a 'new technology' that could solve an age old problem quite satisfactorily. "Better 500 now than 50,000 later", said one such hoarding, meaning that if you were ready to spend Rs. 500 now for foetal sex-determination, you could save yourself Rs. 50,000 in dowry later on.

In Mumbai, a rather interesting meeting brought this concern to our notice. In 1980, a multinational company that reimbursed the medical expenses of its employees, suddenly found an increased number of abortions among the employees' spouses. On investigation they found that these abortions had taken place after sex-determination. They contacted a woman's group to speak to their workers about the ill-effects of repeated abortions, mainly with the intention of reducing their outgoing expenses and this is how we stumbled upon the issue !

Three techniques were being used for sex-determination at that point in time. The first one, chorionic villi biopsy, conducted in the first few weeks of pregnancy, secondly amniocentesies, which involved withdrawing some amniotic fluid out of the woman's belly during after the second month of pregnancy and thirdly, ultrasonography which checked for the descended foetal testicles after the fifth month of pregnancy. The first two tests which involved checking the 23rd pair of chromosomes to determine the sex of the foetus needed a gynaecologist and a geneticist, whereas ultrasound required a radiologist. For more than a decade, amniocentesis remained the most popular method, as it was cheaper than CVB. Ultrasound became the preferred test after sex-determination was banned in the country and when genetic laboratories started to get monitored for violations ! Ultrasound does not leave any 'fingerprints' that amniocentesis and CVB do - collected samples, reason for the genetic testing, report of findings and so on. The 'diagnosis' is given verbally after sonography, often in coded form ('Friday' or 'Sunday' to mean male and female respectively, for example) to the woman and her family. Since the family and the doctor are hand in glove, it is very difficult to find out if and when foetal sex was determined through ultrasonography, especially since this technique is routinely used to monitor foetal growth, especially when the pregnant woman can pay for the test. As many as two or three ultrasounds are performed on pregnant women during the nine month period.

During the mid 1980s, sex-pre selection techniques had also begun to surface in India. These techniques separated the X and Y chromosome bearing sperms even before conception. The Ericsson technique that separated the sperms through in a gel column and the ultracentrifugation method that separated the sperms at 50000 rotations per minute, used artificial insemination after the separation. The tests claimed that of the inseminated sperms, more than 70% would be male chromosome bearing. I remember writing a long article in a national daily, along with a colleague, about these tests in 1985 – the only response we got was a frantic long-distance call from a man in Punjab, who wanted the doctor's address, so that he could bring his wife to her !

The Campaign

The campaign consolidated itself in Mumbai around 1981-82 in the form of two fora – the Forum Against Sex-Determination and Sex-Preselection Techniques (FASDSP) and later on, the Doctors against Sex-Determination and Sex-Preselection Techniques (DASDSP). Both these groups met regularly (often weekly) over a period of two to three years. Public awareness drives, identifying doctors who performed these tests and talking to them or exposing them as well as alerting women's groups all over the country about the issue were worked upon. Collecting evidence, addressing the public through speeches and posters, planning sit-outs outside hospitals that conducted these tests, organising marches and rallies, writing articles in the popular press and meeting people within the health ministry at the state level (Mumbai is the capital of Maharashtra State) were some of our regular activities.

The campaign was not easy. Public opinion was more or less against us. We were labelled as being anti-technology, anti-development, anti-doctor, anti-choice and finally anti-woman ! We were apparently influenced by western notions of feminism, we had no clue about Indian culture and it's values, we had no mandate to speak out since we were not harassed for bearing four daughters in a row – in short we were urban, irresponsible and insensitive feminists who were opposing useful technologies that actually rescued individual women from distress and doom. In fact, doctors claimed that they were the saviours of women and they were doing “social work” by conducting sex-determination. We were roundly advised by doctors to come into their clinics and see for ourselves, the anguish of pregnant women.

We had to find answers for all the above arguments. We did, bit by bit, sometimes with impassioned presentations, sometimes with satire and sometimes by launching an offensive against doctors who made loads of money conducting the tests. Could they, who had reaped the benefits of their caste and class position in society work towards taking back that same society into the middle ages ? In some ways our campaign reminded us of those against *Sati* (immolation of the widow on her husband's funeral pyre) and child marriage, both carried out in the 19th century against the tide of public opinion. On the one hand we had to push the government to take a progressive stand and on the other we were uneasy about getting the government to regulate people's lives. We resolved the issue temporarily by focussing the campaign against discrimination of all women, whether they be mothers or daughters.

An eminent Indian economist wrote an article, saying that the campaign was misdirected as it was actually working against women. He argued that if the number of women in society reduced, their market value would go up. We wrote responses. We counter-argued that women were not economic goods to whom the demand and supply theory applied. Most countries have a sex-ratio that is favourable to women. South Asian countries feature among the few countries that have an adverse sex-ratio for women. All these countries have son-preference. In India, states with matrilineal legacy and high female literacy, such as Kerala have a favourable sex ratio, whereas Haryana and Punjab, which are highly patriarchal have a terrible sex-ratio. This was mainly due to female infanticide or gross neglect of girl children. So, the fact that there are such few women is in itself an indicator of women's status in society. Women feel safe when there are other women around – the absence of women in society would actually lead to abductions, forced marriages and forced polyandry. In any case, our campaign was not merely to balance the sex-ratio, but to fight against the use of modern technology to perpetuate medieval values.

It is interesting that many of the above arguments are not as popular today. Maybe society has moved ahead, perhaps the campaign has its impact or maybe that people have accepted the legal ban (a famous doctor once said to me “I've stopped performing the tests not because I think they are unethical, but because they are now illegal”) as the state's mandate. A heartening example of changed attitudes was evident in the joining of a few Catholic nuns and YWCA members in the campaign in Mumbai. Their anti-abortion position changed over the years and most of them became firm supporters of women's reproductive rights, including the right to contraception and abortion.

Our Oversight and Mistakes

It is impossible to never succumb to the temptation of evangelising through any means possible ! Most campaigns and struggles have walked down this slippery slope and we were no exception.

- 1) We ourselves had never felt the need to distinguish between the right to abortion and selective abortions. Therefore our own messages were sometimes anti-abortion too. Some examples are given below:
 - many campaigners used (and continue to use) the term ‘female foeticide’ instead of sex-selective abortions. Foeticide, which means killing of the foetus is anti-abortion terminology
 - A play that the campaign performed on children's day was titled “mother, let me live!”, wherein the unborn female foetus urges the mother not to abort her
 - one of our posters showed a smiling female foetus, with pretty braids, inside the woman's belly
 - a cartoon created by the campaign showed an injection syringe (meant to draw the amniotic fluid), refusing to conduct amniocentesis declaring “My job is to give life, not to take it away”
 - a book that was written on the issue by a researcher had a cover page that showed blood splattered over it. Usually, as in blood donation messages, blood is shown in highly conserved form – a well formed droplet. A splash indicates wanton waste. To have a cover page with this blob is an anti-abortion statement

None of the above were ever intended. It is just that we hadn't done enough homework on abortion.

- 2) Another issue we hadn't done enough homework on was on eugenics. Not having experienced (fortunately), the horrors of Nazi Germany, wherein racial hygiene and eugenics was the cornerstone of violating people's reproductive rights,

the debates around the rights of physically and mentally challenged people have never been active in India. Therefore the campaign maintained that sex-determination was 'misuse' of genetic technology, implying that the identification, followed by the elimination of fetuses with physical or mental challenge through new reproductive technologies was legitimate.

- 3) Having not done the above two homeworks, we found ourselves being caught between defending abortion at one end, also defending eugenic-selective abortions at the other end, but protesting against sex-selective abortions. The position therefore was more constituency oriented than that of understanding the politics of elimination.
- 4) We somehow came up with an appalling and irresponsible piece of 'evidence' of our own: Every campaigner religiously quoted that "in a particular hospital in Mumbai, out of 10,000 abortions conducted after sex-determination, 9,999 were of female fetuses". The crowning glory of our evidence was that "the single male foetus that got aborted was due to a wrong laboratory report" ! No one to date knows where this research was conducted, none of us even saw the document, leave alone it's methodology or it's authors. Such sensationalisation was unnecessary and uncalled for, but it wasn't politically correct to ask for scientific evidence, especially in a campaign that was questioning the very application of science and technology.

The Advocacy and the Litigation

The growing pressure of the campaign in Mumbai, and the presence of a sensitive health secretary in the mid 1980s resulted in the formation of a special task force to look into the issue of sex-determination and to suggest a law to ban the tests in the state of Maharashtra. I was part of this task force. From 1985-86, the group (which was a mix of private practitioners, public health officials and two campaigners) met several times, listening to each other and searching for a common ground. The state decided to ban the tests and did so on the 1st of January, 1987. Gujarat and Karnatak states followed suit within a few years and the Centre banned all sex-determination tests in 1994, under the Pre-Natal sex-Determination Technologies (PNDT) Act.

These Acts took into account the fact that we should not change or tighten the MTP Act that allowed women access to abortion in India. It also took into account the fact that it was the technology, not people that need to be regulated. In spite of these pressures from us, the above Acts did not ban the newly emerging sex- pre selection tests. Worse still, they maintained that the woman and her family would be punished along with the doctor, thus closing all possibilities of booking or convicting doctors that performed the tests. The Act did not criminalise the doctor under the Indian Penal Code, but let the Medical Council of India deal with violations of the Act.

Not surprisingly therefore, until 1999, not a single doctor had been booked or tried under the PNDT Act of 1994. It was then that some of us (Dr. Sabu Goerge, CEHAT and MASUM) decided to file a Public Interest Litigation (PIL) against the Union of India in the Supreme Court. The PIL filed in 2000 asked the following questions: Why should we believe that the PNDT Act was being taken seriously in the light of the fact that not a single doctor had been booked during the past six years, why women were to be punished under the Act and why sex-pre selection techniques were not included in the Act.

The PIL created a furore, mainly because in 2001, the Census revealed that the sex-ratio, especially of the 0-6 year age group had dipped dangerously. In Maharashtra, which otherwise has excellent development indicators, the sex ratio of children below six years of age fell from 946 girls per 1000 boys (in the 1991 census) to 917:1000 in the 2001 census. The Supreme Court directed every state to furnish details on sex-determination. It passed a regulation on ultrasonography machines, asking for registration of every machine in the country.

Nowadays one can see public transport buses and public places carrying messages against sex-selective abortions. This has been a direct impact of the litigation. The posters however are often victim-blaming, announcing that those who undergo sex-determination are equally at fault and that the family can be imprisoned along with the doctor! Sometimes the messages are anti-abortion too. In fact MASUM and CEHAT decided to withdraw the PIL in 2003 because the verdicts of the judges started to become more and more anti-abortion and also because we felt that we had achieved as much as we could have through legal intervention. I remember that when I had insisted that sex-pre selection tests be included in the ban in Maharashtra, one of the task force members was very surprised. She said "...but, these tests are the ideal answer to our problem. They don't involve abortion". Many a times, sadly, the difference between the right to abortion and the discrimination of women through sex-determination is not fully understood or appreciated.

In Conclusion

- The collective growth of all those involved in the campaign against sex-selective abortions has been immense. Over the past two decades we have launched or been part of many other campaigns related to reproductive and sexual rights of people, be they heterosexual married women, single, deserted or widowed women, lesbian or bi-sexual women, mentally challenged women, women in prostitution and of HIV positive people
- The campaign gave us critical insight into new reproductive technologies
- In spite of our firm support to birth control and abortion, irrespective of people's marital status, we continue our struggle against the population control policy of the Indian government that targets the poor and oppressed sections in society through provider controlled and invasive contraceptives for women. We continue to resist abortion being used as a method of family planning, wherein the husband refuses to shoulder responsibility in contraception
- The difference contexts within which women undergo abortion need to be understood and appreciated. There is no single monolithic right to abortion. To access the right to abortion, women need to be free of coercion from family or the State, from son-preference and so on. While we appreciate the dismal situation related to abortion in countries dominated by right wing ideology or by Catholicism, we would also like the voices of coloured women from poorer countries to be heard, in order to bring in the complexities that exist in people's lives
- Campaigns are usually initiated and carried out by autonomous, non-funded groups, whereas PILs, preparation of public awareness material on a mass scale and research need funding and long-term commitment. Many of us from the women's movement have initiated the formation of formal organisations during the past three decades and these organisations continue to support the work that came out of the campaigns. However, we need to be very careful and conscious of the dangers of NGO- isation of campaigns and struggles.
- We also need to be careful about calling for State intervention in people's lives. On the one hand we do believe that the personal is the political and we do call for police and court interventions when domestic violence occurs. Yet we always need to be wary of such interventions and need to make sure that no one's rights are being violated by the State in our name
- Women's access to abortion is being threatened all over the world because of rising religious fundamentalism. We need to gear up to face this challenge and to fight the same
- We need to step up our campaigns related to reproductive and sexual rights, especially since these are more easily violated in the era of increased militarisation, riots, military occupation and civil strife. War, heightened consumerism (high expense marriages for example), emergence of right wing ideology all over the world, fundamentalism and conflict situations make women's lives more precarious. In such a world, women become 'liabilities' to their families and communities, because mass rape or humiliation of women is often used by all the above forces as a way to teach someone else 'a lesson'. Killing of women in the name of family honour, conducting female infanticide or eliminating female fetuses through sex-selective abortions is a possible fallout of such a political climate. Prejudice against minorities, whether religious, sexual, political or ethnic, can also flourish under such a climate. We need to find new ways of bonding – finding similarities, respecting differences and still moving ahead together.