



REPRODUCTIVE TECHNOLOGIES AND RIGHTS OF WOMEN

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ABSTRACT

In the last quarter of 20th century, the greatest irony of history is the rapidly advancing medical technology outpacing the law. The grey areas causing major social upheavals are the vital questions relating to amniocentesis, abortion and foeticide. The perplexing scenario shown by artificial insemination, reproductive industrialisation and surrogate motherhood are reducing the women's body to a raw material. The Indian society is averse to treating a woman as a human being. It has perpetuated worst form of atrocities on women among which a new scientific technique in the form of sex determination tests is also added. It is likely to operate as a total denial of human rights of women. In 1870, infanticide was made an offence. Today female foeticide has appeared in place of female infanticide. This shows that even after a lapse of century our attitude towards the birth of a female child has not changed. This is the position in 1990 which is designated by the United Nations as the International Year of the Girl Child.

The research paper will highlight the multiple dimensions of such reproductive technologies and how these are a contributing factor in infringing the reproductive rights of women. The medical aspects are as imperative as legal aspects. The paper will deal with landmark decisions

given by the Supreme Court, various legal provisions such as Medical Termination of Pregnancy Act, 1971, The Surrogacy Regulation Bill, 2016 and a women's Right to Privacy which includes her Right to conceive and Right to abortion. Various countries are working in this sphere as a result of which plethora of International Conventions have been signed by India which will also be highlighted.

INTRODUCTION

There is no doubt in the statement that giving birth to a child or to put it differently, giving an heir to our Indian patriarchal society is the essence of being a woman. In olden times, a barren woman used to be abandoned by her in-laws or face the taunts of society. As times passed by, development became rampant in all spheres of life. One of these developments are Assisted Reproductive Technologies or ARTs which are now a global market in India. Earlier, it was impossible to determine the sex of the baby in the womb of mother until it was delivered. As medicine advanced, new techniques were devised for preventing the genetic, chromosomal disorders of the child in the womb. It also helped in ascertaining the sex of the child in the womb even in the early stages of pregnancy. This advancement of science turned to be a curse for the female child. Instead of using these techniques for medical purposes, the medical practitioners started using them only for sex detection. This led to India's eminence for the high rate of foeticide and infanticide. This female foeticide is a big black spot on the face of Indian society.



Although the discovery of such technologies has opened the doors of possibility for barren women to conceive but the way these technologies are used, needs to be questioned. This is certainly heard at all times that how their emergence has benefited infertile couples but looking at a different shade of these technologies is also imperative. As mentioned earlier, development has also taken place in legal arena of such technologies. There are various non-profit organisations who are working for women's rights and a part of these rights include their reproductive rights. Not only issues related to rights of such women need to be answered but also the rights of such female infants who are killed inside the womb need to be addressed.

"You can tell the condition of a nation by looking at the status of its women."

- **Pt. Jawaharlal Nehru**

Women's reproductive rights may include some or all of the following: the right to legal and safe abortion; the right to birth control; freedom from forced sterilization and contraception; the right to access good-quality reproductive healthcare; and the right to education and access in order to make free and informed reproductive choices. Reproductive rights may also include the right to receive education about sexually transmitted infections and other aspects of sexuality, and protection from gruesome practices such as female genital mutilation (FGM).

PRE-NATAL SEX-SELECTIVE ABORTIONS

MEANING

According to Section 2(j) of the PNDT Act, 2002, Pre-natal diagnostic techniques

include all pre-natal diagnostic procedures and pre-natal diagnostic tests.

A. Pre-natal diagnostic procedures mean all gynaecological or obstetrical or medical procedures such as: Ultrasonography, Foetoscopy, taking or removing samples of Amniotic fluid, Chorionic villi, Blood, Any tissue Fluid of a man or a woman before or after conception for being sent to a Genetic Laboratory or Genetic Clinic for conducting any type of analysis or pre-natal diagnostic tests for selection of sex before or after conception.¹

B. Pre-natal diagnostic test means: Ultrasonography Test or analysis of Amniotic Fluid, Chorionic villi, Blood.

Some techniques are-²

- **ULTRASONOGRAPHY**

This is a non-invasive procedure that is harmless to both the foetus and the mother. High frequency sound waves are utilized to produce visible images from the pattern of the echoes made by different tissues and organs, including the baby in the amniotic cavity.

- **AMNIOCENTESIS**

This is an invasive procedure in which a needle is passed through the mother's lower abdomen into the amniotic cavity inside the uterus. Enough amniotic fluid is present for this to be accomplished starting about 14 week's gestation. For prenatal diagnosis, most amniocenteses are performed between 14 and 20 weeks gestation.

- **CHORIONIC VILLUS SAMPLING (CVS)**

¹ Section 2(i) of PNDT Act, 1994.

²

library.med.utah.edu/WebPath/TUTORIAL/PRENATAL/PRENATAL.html.



In this procedure, a catheter is passed via the vagina through the cervix and into the uterus to the developing placenta under ultrasound guidance. Alternative approaches are transvaginal and transabdominal. The introduction of the catheter allows sampling of cells from the placental chorionic villi. These cells can then be analysed by a variety of techniques. The most common test employed on cells obtained by CVS is chromosome analysis to determine the karyotype of the foetus. The cells can also be grown in culture for biochemical or molecular biologic analysis. CVS can be safely performed between 9.5 and 12.5 weeks gestation.

In the recent years, the technology has become an obstruction in maintaining the sex ratio in society. The new technology raised sex selective abortion. The most extreme expression of the preference for sons is female infanticide and sex- selective abortion. A study of amniocentesis in a Bombay hospital found that 96% of female foetuses were aborted compared with only a small percentage of male foetuses. Successive Census reports have highlighted our skewed sex ratio, but a survey published in the latest issue of the Lancet Magazine threw up shocking statistics. According to this study on female foeticide by an Indo-Canadian team, about 500,000 unborn girls are aborted in India every year. The researchers attribute this to rampant misuse of ultrasound technology for pre- natal sex determination.³ It is not only a human right of violation of the mother but her unborn child also. Also, this problem is not only

limited to girl child but in cases of children found with some abnormalities.

The Pre- conception and Pre-Natal Diagnostic Techniques (Regulation and prevention of Misuse) Act, 1994

- Objective - Large scale misuse of such technologies in future would precipitate a severe imbalance in the sex- ratio. Therefore, it has become necessary to implement the Act uniformly in whole country. It is an Act to provide for the prohibition of sex selection and for regulation of pre- natal diagnostic techniques for the purposes of detecting genetic abnormalities or metabolic disorders and for the prevention of their misuse for sex determination leading to female infanticide.
- Main provisions-
 - + The PNDT Act provides for regulation of genetic counselling centres, genetic laboratories and genetic clinics and also regulates pre-natal diagnostic procedures. The medical professional running the genetic centre has to be registered under the PNDT Act (**Section 3**).
 - + It allows the use of prenatal diagnostic techniques for the purpose of specific genetic abnormalities or disorders only as per **sec 4(2)** and to put down a prohibition on the use of these techniques for determining the sex of the foetus by any such person under the Act. (**Sec 3A**).
 - + The Act also prohibits any kind of advertisements on pre-conception and pre-natal sex determination of foetus or sex selection of foetus is prohibited. The Act provides for three years imprisonment and fine up to ten thousand rupees as

³“Murder in the Womb”- Times of India, Ahmedabad edition.



punishment in contravention of the Act (**Sec 22 and sec 23**).

- ✚ The Act provides for the constitution of a Central supervisory board (**Sec 7**) and State and Union territory supervisory boards (**sec 16A**).
- ✚ The Act amended to prohibit sale of ultrasound machine etc., to persons, laboratories, clinics, which are not registered under the Act. (**Sec 3B**)
- ✚ If any person such as a husband or any other relatives compel pre-natal diagnostic on any pregnant woman for the purpose other than those mentioned above shall also be punished with similar punishment and fine. (**Sec 24**)
- ✚ **Section 27** provides for all the offences under this act as cognizable, non-bailable and non-compoundable.
- ✚ Written consent of the pregnant woman and prohibition of communicating the sex of foetus under Section 5 of the Act.
- Amended Act- PNDT Act and Rules have been amended w.e.f. 14th February, 2003, including the title of the Act, keeping in view the emerging technologies for selection of sex and certain directions of Hon'ble Supreme Court after a PIL filed in May, 2000 by CEHAT, an NGO on slow implementation of the Act.
 1. Pre Birth determination of sex with purpose of female foeticide is an offence.
 2. Nobody can compel a pregnant woman to undergo such tests.
 3. Nobody is allowed to advertise to do sex determination.
 4. It is mandatory for all places, persons and bodies by whatsoever name called, doing genetic counselling, pre-natal diagnostic procedures tests having ultrasound machine, echo or scanner capable of detecting sex of

foetus, to get registered with the appropriate authority.

5. Increased the punishment of fine from 50,000 INR to 1, 00,000 INR.
 - The first positive step forward was a favourable interim judgment by the Supreme Court on May 4, 2001. The order called for all the State Governments to take necessary steps towards the implementation of the Act. The Department of Family Welfare of Government issued handbills in national dailies that sex selection is criminalised. The Indian Medical Association made a turn around and issued a warning to its members at the national level.
 - First conviction held after decade under this Act- The maiden conviction was held by the Magistrate of Palwal Court, Haryana. The Learned Magistrate has shown the real object of the Act, by convicting and sentencing a doctor to two years' imprisonment as an exemplary punishment. This is a type of crime where victim is only sufferer and has to pay more fees than the other ultrasounds.

INTERVENTION BY STATES

Turning the girl child from an economic liability into an economic asset is the most effective way of tackling the problem. The Government should give incentives for having a girl child through free education or extra PDS ratio. Anyone involved in the killing of girl child should be ostracized by society.

In this regard a big step has been taken by "Jat and Gujjar Mahapanchayat" on 7 October, 2006 at village *Shouro* in UP. They decided to boycott families which opt for selective abortions and hospitals where such tests are carried out.



SOCIAL RESPONSES

Today, a woman with more than one daughter has gun pointed at herself and her pregnancy. Many argue, why should government deny her right to have a son instead of a third daughter? If the government has legislation for abortion, why not female foeticide?

There are two absolutist camps represented by feminists including extreme prochoice theorists and the other prolific activists. The feminists hold that the mother's rights are prior to all other consideration. In this view, a woman's freedom rests finally on her control of her own reproductive processes. Since she alone loses independence by giving birth, she alone has the right to decide to abort. The pro-life group claims that the viable foetus is a baby and its abortion is a form of killing or even a plain murder.

The argument that abortion is a right necessary to control over one's self is based on a social contract model of society.

SURROGACY COMMERCIALISATION OF WOMANHOOD?

Surrogacy is one of those changes, which has challenged both society and law, in terms of its recognition and regulation. The natural desire to have one's own child has paved the way for recognizing the new techniques, which aim at fulfilling the desires to have a child.

MEANING

American Law Reports⁴ defines surrogacy as a contract in the following lines:

⁴In Re Baby M, 1998 N.J.77 A.L.R.4th 1.

“a contractual undertaking whereby the natural or surrogate mother, for a fee, agrees to conceive a child through artificial insemination with sperm of the natural father, to bear and deliver the child to the natural father, and to terminate all of her parental rights subsequent to the child's birth.”⁵

The Supreme Court of India⁶ has defined surrogacy as:

“..a method of reproduction, whereby a woman agrees to become pregnant for the purpose of gestating and giving birth to a child she will not raise but hand over to a contracting party.”

SURROGACY AS A VIOLATION OF REPRODUCTIVE RIGHTS OF WOMEN

- Commercial surrogacy should be stopped because it favours none. To allow commercial surrogacy is to streamline a system where our own college-going daughters and sisters, their working wives, can get sucked into it with horrific physical and mental health consequences.
- The surrogate mother may face obstetrical or medical complications during the pregnancy.
- + For example, the surrogate mother is more susceptible to develop infections when another women's eggs are transplanted in her.
- + Miscarriage is very common in surrogate pregnancy.
- + Since in most cases, more than one embryo is implanted in the uterus to enhance the chances of successful pregnancy, it also enhances the possibility of twins or triplets.

⁵Smita Chandra, Surrogacy & India, (Jan. 18, 2013), <http://ssrn.com/abstract=1762401>.

⁶J. Arijit Pasayat in Baby Manji Yamada v. Union of India, AIR 2009 SC 84.



Often, this becomes crucial for the mother's health as well as that of the unborn babies.

- Again, for the poor women, surrogacy has become a very easy source of income since maximum surrogates are illiterate they are oblivious of their health risks which they can face later in their lives. Consecutive conceiving leads to physical weakening of their bodies and the gravest danger involves the irregularity in their menstrual cycles.
- The absence of stringent legislations governing surrogacy has made India a surrogacy hub, a global market with an annual estimate of 900 crores INR. Surrogacy is banned in many countries and therefore, foreign infertile couples come to India to opt for surrogacy which has led to an underground black market of exploitation of surrogate mothers. In a case, a couple came from abroad and got their baby after the mother delivered the child. Unfortunately, the mother died during delivery. But the couple refused to pay any compensation because they said they had a contract only with the dead mother.
- The surrogate mother tries to avoid developing a special bond with the child in her and views the pregnancy as merely a way to earn the much-needed money. Surrogacy demeans the unique mother-child bond as women can now solely be used as "breeder machines."
- As far as the legality of the concept is concerned, reference of the Universal Declaration of Human Rights (UDHR), 1948 can be given, which ensures that "*men and women of full age without any limitation due to race, nationality or religion have right to marry and find a family.*" This right lays the foundation for the reproductive rights in UDHR. Article 12 which ensures the right to privacy and non-interference by

others to every individual can be interpreted to include the individual's rights to determine the number and spacing of their children.

- Right to life and personal liberty is one of the most basic and fundamental rights enshrined in the Universal Declaration of Human Rights, 1948. It has strong foundation in the International Covenant on Civil and Political Rights, 1996; as well as various regional human rights documents and many Constitutions.

SURROGACY REGULATION BILL, 2016

In order to control surrogacy and exploitation of surrogate mother, the Indian Government has taken steps in order to regulate the surrogacy procedures.

The Surrogacy Regulation Bill, 2016, was introduced by Minister of Health and Family Welfare, Mr. JP Nadda in Lok Sabha on November 21, 2016.

Salient features of the proposed bill⁷-

1. The bill defines surrogacy as a practice where a woman gives birth to a child for an intending couple and agrees to hand over the child after the birth to intending couple.
2. The main objective of the bill is to prohibit the commercial surrogacy that is being taken place for renting Indian wombs for foreign couples.
3. The bill legalises only altruistic surrogacy.
4. The bill ensures that the children born out of surrogacy are legal and transparent.
5. Only legally wedded Indian couples can have children through surrogacy. It also ensures that at least one of the couples have been proven to have fertility related issues. Moreover, foreigners, NRIs, PIOs are not allowed to seek surrogacy in India.

⁷ www.iassolution.com/surrogacy-bill-2016-salient-features/.



6. The surrogate mother should be a close relative of the couple. Surrogate mother should be in the age limit of 25-35 years and shall act as a surrogate mother once in her life time only.
7. Un- married couples, single parents, homosexuals, and live- in partners cannot opt for surrogacy.
8. A surrogacy regulation board will be set up at central and state level.
9. The Indian couple married for five years and do not have a surviving child is eligible for surrogacy. Infertile couple should be in the age limit of 23-50 years (woman) and 26-55 years (man).
10. Any establishment found undertaking commercial surrogacy, abandoning the child or exploiting surrogate mother or either selling or importing human embryo shall be punishable with imprisonment less than 10 years and fine of Rs 10 lakh.

imperative to understand that sex- selective abortions are a phenomenon that grew more out of the ability to know the sex of your child and not from the right to legal abortion. And it is this constant attempt to mix the two arguments that finds pro- choice activists and woman’s rights organisations having to tread carefully while working to create a space for contraception, abortion and a simultaneous intolerance to sex- selective abortions. Moreover, with the knowledge of the gender of the child available through a variety of techniques and definitely by the 20 weeks cut off period for a legal abortion.

The suction evacuation is a method of choice in dealing with termination of first trimester pregnancy and this method has replaced Dilation and Curettage method which is the most commonly used method. Law relating to pregnancy finds place under IPC as well as under some special legislations i.e. The Medical Termination of Pregnancy Act, 1971 and the already discussed PNDT Act, 1994.

PROTECTIONS TO PREGNANCY

“Grant us a hundred autumns that we may see the manifold world. May we attain the long lives which have been ordained us from yore”

Rig Veda

The aforesaid shows that life is beyond price and it is not only a legal wrong, but a moral sin as well, to take away life illegally.

In India, abortion was not allowed and was offensive under IPC. However, since 1971, it is permitted under law only in special circumstances, including when the woman is raped, when the child suffers from severe disability or when there is a failure of contraceptive devices. Abortion continues to be a very tricky issue in the Indian context of sex- selective abortions. But it is

A LOOK AT WOMEN’S REPRODUCTIVE RIGHTS

• **RIGHT TO CONCEIVE**

One of the prime ends of the marriage is the procreation of children.

In a case before the Madras High Court, the doctor’s report didn’t disclose any abnormality of pregnancy and moreover the girl was quite capable of understanding things. She appeared to have definite about her future. When the counsel asked, what would she do if her husband deserted the child, she answered that she isn’t worried about it and she will bring it up herself.



Therefore, the court expressed the opinion that she could not be deprived of the right to conceive just because she was only 15 years of age.⁸

- RIGHT TO ABORTION

India allows abortion, if the continuance of pregnancy would involve a risk to the life of the pregnant woman or grave injury to her physical or mental health. The Medical Termination of Pregnancy Act came in force in 1971 which guarantees the Right of Women in India to terminate an unintended pregnancy. The rights provided as well as the restrictions imposed under the statute show that the very purpose of the State is to protect a living woman from dangers which may arise during an abortion process.

Right to abortion (termination of pregnancy) is a right up to the length of 12 weeks but should be terminated by authorised medical practitioner. In the second stage, the length of foetus is between 12 to 20 weeks, where abortion is not a matter of right but conditional right, allowed in certain circumstances only. But after completion of the 20th week of foetus, there is no right of any woman to abort the foetus in any of the circumstances.

The question of right to abortion was raised in the case of Niketa Mehta, where she was denied the right. She discovered in the 24th week of her pregnancy that the baby suffered from a heart disease and will need a pacemaker every 5 years. Considering her middle-class background, she wanted the pregnancy to be terminated which wasn't allowed by the Bombay High Court, ironically, on the grounds of "mercy killing"

even till 20th week of pregnancy as the medical opinion was contrary.

- ABORTION AS A HUMAN RIGHT⁹

It is a woman's individual rights, right to her life, to her liberty and to the pursuit of her happiness that sanctions her right to have an abortion. A women's reproductive and sexual health shape her reproductive choices. Reproductive rights are internationally recognised as critical both to advancing women's human rights and to promoting development. In recent years, governments from all over the world have acknowledged and pledged to advance reproductive rights to an unprecedented degree. Each and every woman has an absolute right to have control over her body, most often known as *bodily rights*.

Article 1 of the American Declaration of Rights and Duties of Man and the Inter American Commission of Human Rights say that abortion is legalised until the end of First trimester. Right to life is protected from the moment of its conception by Articles 6(1) of the ICCPR, Article 2 of the European Convention of Human Rights and Article 4 of the African Charter of Human and People's Right.

The right of a woman to her private life has been the basis on which a number of international bodies have upheld the right of a woman to have an abortion. The right to freedom of expression and access to information has been used to argue for the right of women to receive information about abortion options and also to decide freely and responsibly to the number and spacing of her children.

⁸AIR 1996 Journal Section 136.

⁹Women and Law by Krishna Pal Malik.



IMPLICATIONS OF NEW REPRODUCTIVE TECHNOLOGIES (NRTs) IN INDIA AND THIRD WORLD

The reproductive technologies also throw up a lot of issues in the Indian context which need to be debated separately. Most of the literature available on NRTs has a western perspective. It is only recently that some social science research has been conducted in India on these issues that they have been brought to light. In India, as in many parts of the world, women's self-worth and value is usually dependent upon their reproductive functions. Women go to great lengths to ensure that they have a number of children and if possible, often desired sex, which is male. This is the result of the socialization process and/or family pressure in a patriarchal context. Reproductive technology has been used by women of various cultures, classes and regional groups for many years. Since one of the major goals of the government's reproductive health programme is birth control and providing contraception, the search for long lasting and effective contraceptives is still on. In this context, the trials of the implant, Norplant-6 and the introduction of the injectable, Depo-Provera created quite a furore in the recent past. The vulnerable sections of society are targeted for the promotion and use of some new technology, the safety of which has not been established. Infertility technology too has been introduced in the last few years. Individual right and choice are easily turned against women and are distorted or manipulated.¹⁰ Amniocentesis and Ultrasound are more familiar and popular NRTs which are

misused to detect the sex of the foetus followed by abortion if the foetus is not of the desired sex. The law against pre-natal diagnostic techniques is difficult to implement, has loopholes and till now has been ineffective. Other techniques like Sonography, Foetoscopy, Needling and Chorionic Villi Biopsy are also used for sex-determination. Even sex-preselection is now offered by some clinics in Bombay and can be done as part of the IVF procedure. Some technologies which are used to assist in labour and childbirth like caesarean sections are being increasingly used by clinics, usually for a profit motive.

NEGATIVE IMPACTS¹¹

- Most contraceptive technology promoted by the reproductive health programme in India is problematic and even if it is not problematic, the health services are not effective enough to deal with the complications arising out of their use.
- Most methods have side-effects and sterilization programmes are mostly directed at women. The State, until recently, was more concerned about achieving targets.
- Though many reproductive health programmes in the country are promoting oral pills, condoms and intra-uterine devices (IUDs) in the community, the trials of some hormonal contraceptives (like NETEN and Norplant-6) were conducted among women of lower socio-economic groups in some parts of the country.
- Recently, there was furore over the safety of the injectable, Depo-Provera marketed in India by a multinational company and over the use of Quinacrine which was used to sterilise women.

¹⁰

http://shodhganga.inflibnet.ac.in/bitstream/10603/15157/6/06_chapter%202.pdf.

¹¹ Ibid.



- NRTs are used not only as part of government programmes for population control but are also a part of day to day family life. Not just contraception, but fertility/infertility issues are also important. Infertility is a 'problem' even in an overpopulated country like ours as women pay a huge social cost for childlessness.
 - Infertility treatment (AI and IVF) has made inroads into the private clinics and hospitals of Delhi and other metropolitan cities. But this treatment is expensive, complicated and has a high failure rate resulting in psychological and physiological problems for women.
 - The use of these technologies also creates ethical and socio-legal complications. In the United States for instance, kinship relations have been altered in some cases, legal battles over eggs and sperms and complications due to surrogate motherhood are going on. It will not be long before similar problems are faced by our society.
 - The revised strategy for family planning in India in 1986, made women and children the focus of technological intervention since child spacing through the use of hormonal contraceptives and maternal and child health services became its mainstay.
 - The relevant socio-economic interventions and health aspects of family planning got relegated to the background. Since the Family Planning Programme experiment with vasectomies was brief, it revived its focus on women, excluded their ill health and dealt with their reproductive capacity by suggesting use of hormonal contraceptives like Depo-Provera, NETEN and Norplant which have a negative impact on women's health.
 - Hormonal contraceptives are being pushed in the name of a women's right to have more choices, but she has no role in the making of these choices. Research funds are diverted towards surer not safer contraceptive. Technology which are provider controlled and which make women dependent.
 - The use and trials of the NRTs are considered by some activists as another aspect of violence against women. The effect of NETEN and Norplant, which have been tested, has not been studied on the health of anaemic women and 70 percent of Indian women are known to be anaemic. The fight is not against technology *per se* but the exploitative social structure that seeks to control women's minds and bodies.
 - Amniocentesis and sex-preselection technologies have made the situation worse for the girl child. Women who undergo these tests and themselves opt for male children and are victims of socialization which make them internalise the present values of a patriarchal society. Even if the health services improve, it is argued that women will not improve their own health because the body is seen in their own perception as an instrument of wifeness, motherhood and the care of family.
- The problem of women's reproductive health in India has to be looked at within a general context of poverty, class and gender inequalities and unequal access to resources. Since reproduction forms a central theme for women's health, male control of women's reproductive life limits women. Medical systems are shaped by professional values controlled by a professional elite who controls and directs the work of large and relatively poorly paid care givers who are mostly women.

COMMENT



- The demand for reproductive rights needs to address the ethics involved in the increasing medicalisation of reproduction through technological interventions in pregnancy, conception, child-birth, contraception and menopause. The value-neutrality of these technologies such as in vitro fertilisation, foetal surgeries, sex-detection, sex pre-selection, caesarean sections, hormonal implants, injectable vaccines and hysterectomies, should be questioned. The demand for reproductive rights has to counter the appropriation of language and the increasing medicalisation of women's bodies by placing the issues of safety, informed choice and ethics in context.
- The first global women's health and reproductive rights meeting in Amsterdam marked the birth of the international reproductive rights movement which promoted the belief that women should be subjects not objects of population policies. Terms like 'reproductive rights', 'reproductive health' and 'reproductive self-determination' gained currency during the 1980's. The definition of reproductive rights as given by the Women's Global Network for Reproductive Rights, is as follows:
Women's right to decide whether, when and how to have children regardless of nationality, class, age, religion, disability, sexuality or marital status: in the social, economic and political conditions that make such decisions possible. These rights include access to safe, effective contraception and sterilisation and safe legal abortion, safe woman-controlled pregnancy and childbirth; safe effective treatment for the causes of infertility; full information about sexuality and reproduction, about reproductive health and reproductive problems and about benefits and risks about

drugs, devices, medical treatment and interventions; and good quality comprehensive reproductive health services that meet women's need and are accessible to women.

The exercise of 'choices' or 'reproductive rights' cannot be seen in isolation from socio-economic, political, cultural and ideological structures. Women not only want to make an informed choice about contraceptives, child-care facilities, a better future for their children and an appropriate constellation of health service, but also want control over their life situation, sustenance, safe work place, clean drinking water, sanitation, secure living place, gender relations, no violence and no abuse. Women not only need control over their fertility but also over their sexuality and life situation. All these are inseparable preconditions for the exercise for any choice and in that case the claim for reproductive rights is a limited demand. It has the danger of reinforcing the view of all reproductive activity as the especially biologically destined province of women.

Addressing issues of gender-based violence is crucial for attaining reproductive rights. The United Nations Population Fund refers to "*Equality and equity for men and women, to enable individuals to make free and informed choices in all spheres of life, free from discrimination based on gender*" and "*Sexual and reproductive security, including freedom from sexual violence and coercion, and the right to privacy,*" as part of achieving reproductive rights, and states that the right to liberty and security of the person which is fundamental to reproductive rights obliges states to:



- Take measures to prevent, punish and eradicate all forms of gender-based violence,
- Eliminate female genital mutilation/cutting.

CONCLUSION

The national law against Pre-natal Diagnostic Technique (Regulation and Misuse) Act, 1994 is a positive step which enabled the National Human Rights Commission to direct the Medical Council of India to take action against doctors found abusing pre-natal diagnostic techniques. There is a need for sustained campaigning and active monitoring of the Act. State Governments should realise the importance and priority of the law and not merely treat it with their usual non complacency. Structures for implementation of the 1994 law needs to be created at the district level. Volunteers have to be actively mobilised to monitor registration and functioning of sex determination clinics at different districts. Cases have to be filed against the violators and social consciousness has to be raised against the crime. Importantly enough, the medical community itself should endorse intolerance to its members who assist in sex selective abortion.

Media also plays an important role as an agent of social change. It can create positive role models, bring about new precedents, and set examples, which the masses can imbibe into their daily life. It is media that can emphasize the criminal nature of such technologies and inform about its scope as well as its horrifying consequences for the nation.

The government can make a difference at the policy level through interventions by the organs of the state. The effectiveness of all the Acts and laws depends on the proper implementation. Therefore, the government

should take measures to see that laws are implemented in a proper manner.

NGOs are important agents in research and sensitization on burning issues by gathering and then disseminating information on the problem they give rise to the social awareness in the general public.

The long term task is to foster a culture of goodness and human dignity which inoculates individuals and institutions against the infection of despicable human practice. The role Akal Takht in Punjab is worth mentioning. The Apex religious organisation of the Sikhs have issued directions to the community not to indulge in inhuman and immoral practice of female foeticide and to take stern action against those who will violate this direction that is offenders would be ex-communicated. Almost all communities have organisations similar to the Akal Takht if they made a concerted effort to educate their flock and if need be boycott those guilty of this crime. A radical social change could come about.

All the practices leading to the violation of a woman's dignity should be eradicated from their roots. Only then we can make this society a better place to live in.
