

# Saheli

## NEWSLETTER

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### CONTENTS

- |  |    |
|--|----|
| <input type="checkbox"/> Campaign Against the National Population Policy Draft         | 2  |
| <input type="checkbox"/> Victims Speak out Against Coercive Population Control         | 8  |
| <input type="checkbox"/> Sex Determination and Child Birth<br>Critique of the New Bill | 10 |
| <input type="checkbox"/> Campaign Against Depo Provera                                 | 14 |
| <input type="checkbox"/> Womantalk – A New Booklet                                     | 22 |
| <input type="checkbox"/> An Appeal for Support   | 23 |
| <input type="checkbox"/> Egalitarian Civil Code<br>An Issue of Gender Justice          | 24 |
| <input type="checkbox"/> News Briefs   | 27 |

*As you know, we restarted the Saheli newsletter in July '94, after a gap of six years. Unfortunately, it has taken a while to come out with the second issue. We hope this bumper issue will make up for the delay and help get the new year off to a good start.*

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## CAMPAIGN AGAINST THE NATIONAL POPULATION POLICY DRAFT

We have been a part of a national exercise by women's organizations and like-minded groups to run a campaign to influence the population policy which is to come into force after a debate in the Parliament. On 11th July we organized a public meeting to critique the whole population discourse and on this occasion one of the members of the expert committee dissociated with the expert committee, while agreeing principally with our critique. We present, the key elements of the population policy, and our critique to it, which was prepared with other women's organizations.

### THE DRAFT NATIONAL POPULATION POLICY AND ITS CRITIQUE

The Ministry of Health and Family Welfare in July 1993 set up an Expert Group for preparing a draft National policy in pursuance of a recommendation of the Committee on Population of the National Development Council. The ten member Expert Group, chaired by M.S. Swaminathan, submitted its report in May 1994.

In the 'country statement', prepared by the Department of Health and Family Welfare. For the International Conference on Population and Development, held in Cairo in Sept. 1994, it is admitted that "there are real risks to the poor from economic reforms: adjustment hurts, be-

fore it helps. Input subsidies go before output prices rise. Labour is laid off before growth creates more employment. The long run success of the adjustment programme and of India's fuller development requires much attention to human resource development." However, the policy measures recommended by the Expert Group to deal with these concern are limited to reiterating the Minimum Needs Programme.

Although the members of the Expert Group felt that "wide ranging consultations should be held with organisations and individuals who have experience and expertise on matters relating to population and development", the entire process was shrouded in mystery. Neither the press nor concerned organisations had access to the Draft document, leave aside participating in discussions during its formulation. After the release of the Expert Group Report, women's organisations submitted a memorandum to its Chairman, highlighting its limitations and contradictions.

In its opening statements the Expert Group emphasises India's "rich cultural, religious, ethnic diversity and political pluralism" and refers to the "need for a proper gender perspective" in a population policy. It is claimed that a pro-women position has been taken. However, these positions are not reflected in the recommendations of the Group.

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## (A) THE POLICY FRAMEWORK

The Policy states that the "unsustainable life style" of the wealthy nations and persons in our country are responsible for using far more than a fair share of natural resources and causing grave threats to the environment. It acknowledges that the rich have grown richer and the poor poorer, and refers to a "failure to achieve a continuous improvement in the quality of life in harmony with nature" as causing grave problems e.g. the diversion of prime farm lands to non-farm use, overuse of ground water for irrigation, pollution by non bio-degradable and toxic wastes. Mention is also made of the principles of self-reliance, social justice, and harmony between human population and nature as corner-stones of India's developmental policies. "The current global development pathways are leading to a continuous increase in the gap between the incomes of the poor and the rich, and to jobless economic growth, besides damaging life support systems of land, water, flora, fauna, and the atmosphere. Development which is not equitable will not be sustainable in the long run."

Having identified these causes, the Expert Group then proceeds to put the blame for environmental degradation on "population and poverty", and states that access to food, education, health and work for all "will remain illusory" without limiting population growth. Its recommendations do not contain anything to curtail consumption by the elites. The stress is entirely on containing the numbers of the poor. "It is high time the limits to the human carrying capacity of the supporting eco-systems are recognised." In a country like India, where a minuscule section of the population is responsible for consumption of about nearly three fourths of the resources, it is difficult to understand how squeezing the poor and starving majority further is going to resolve any problems or achieve "social justice" equality.

There is no critique of macro-economic policies that make the poor pay the price for the growing affluence of the wealthy. The Policy

ignores reduction of excise duty on consumer durables, widening opportunities to launder black money, the disinvestment of public assets at ridiculous prices and raising PDS prices in the name of economy. Capital intensive technologies have been allowed free entry to the country and employment in the private sector has been shrinking in absolute terms because of freedom to close industries.

The promise of gender equity within this overall context and placing the major responsibility for demographic stabilisation on Panchayati Raj institutions while remaining silent on the macro economic policies that cripple their capacities, or the socio-cultural realities of rural India, are, to say the least, utterly unrealistic.

The Report then points to the "... need to achieve a proper match between steps to promote an enabling environment and those designed to empower governments, communities and families in achieving the family welfare goals."

(a) "Family- The current trend towards shifting the entire responsibility for family limitation to women will be checked and the culture of joint responsibility ... will be nurtured through various steps, including the removal of gender bias in text-books, media and public services."

However, the Expert Group stops short of recommending structural changes in property and inheritance laws, elimination of discrimination at the workplace, and other measures which would in fact contribute more to changes in the relationships between women and men, rather than removing gender bias in text-books.

(b) "Each Panchayat and Nagarpalika will be encouraged to prepare a socio-demographic charter for the respective village, town or city ... which will have specific goals for population stabilisation developed after discussion among people of that area."

(c) "State: A major role of the State governments will be the promotion of integrated qual-

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ity of life improvement measures, with a focus on education and population limitation methods. A State Population and Social Development Committee, composed of elected representatives of the people from different political parties, professionals, representatives of NGO's, women's groups, youth organisations and mass medias should promote the convergence of the on-going programmes and services. The State PSD Commission will also prepare a socio-demographic charter for the state as a whole, based on local charters."

These so-called "empowerment mechanisms" have the one point objective of "population containment". This intention comes through despite naming these Committees Population and Social Development Committees. No mention is made of how social development of the people is to be achieved.

#### **(B) PROPOSED CHANGES**

At the National level, the Policy has recommended several "fundamental changes", aimed at "replacing the present vertically structured family programme, with decentralised, democratic planning through Panchayats, Nagar Palikas and State Legislatures".

Proposed changes include:

(i) "Merging of MCH and FP services with the intention of promoting a holistic and comprehensive approach to health".

While the disbanding of the Family Welfare Department is a welcome move, since it is to be replaced by health planning based on local needs. A word of caution is order. Past experience has shown how such a merging would inevitably lead to further marginalisation of general health services. And an overwhelming emphasis on FP services. Moreover, far from dismantling the FP component of the Health and Family Welfare Dept. it is visualised that this role, "relating to policy, strategy, planning, monitoring, evaluation and IEC will be strengthened and enlarged under the population and Social Development Commission. It is supposed to

achieve linkages between gender equity and population goals, formulate and implement policies and strategies to achieve "convergence and synergy" among on-going programme; and ensure effective implementation, monitoring and evaluation. However its membership does not include the ministries of agriculture, industry, labour and employment, nor does the convergence of programmes refer to the programmes for employment and empowerment of poor women initiated by various ministries. It can therefore be concluded that the "convergence" refers to basically the programmes of the present Ministry of Health and Family Welfare. In the context of continuous failures of that Ministry to integrate these since the fourth Five year Plan there is reason to be extremely sceptical of the Expert Group's capacity to prevent the subservience of health services to achieving population control.

(ii) "No targets for specific contraceptive methods would be set by Central and State governments."

This appears to be a step in the right direction. Since it is well documented that the pressure to fulfil targets contributes to imposing coercive measures on people. However, the same subsection states that the "goal of achieving a national average of Total Fertility Rate (TFR) of 2.1 by the year 2010" is still to be striven for. One fails to understand how the target-oriented approach can be done away with while adhering to this overall goal.

(iii) "Incentives in cash or kind given by the Central and State governments for the accepters of contraceptive methods as well as to motivators and service provider will be discontinued. Instead, all the funds available ... will be credited to a newly created PSD Committee, for implementing the village, town, district and State level socio-demographic charters."

(iv) "The Life Insurance Corporation would be asked to draw up suitable schemes for group health insurance for workers in the organised sectors and their families."

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At a time when macro economic policies are pushing more and more workers into unorganised sector, such band-aid measures do not have the ring of authenticity.

### (C) RECOMMENDED MEASURES

The basic focus of the recommendations is on limiting family size arbitrarily. The new set of disincentives recommended are aimed to silence the majority of Indians.

1. The Expert Group holds up the un-democratic and unconstitutional Panchayat Raj Acts of Haryana and Rajasthan (which impose restrictions on the number of children as a qualification for contesting elections to the Panchayati Raj institutions) as models for the whole nation. Given the fact that the total fertility rate in India is estimated to be around 3.6, the Expert Group's recommendations will disable the majority of women and men from holding any public office.

ii. Having more than two children is also to be a disqualifier for getting employment in the organised sector.

"The service rules in the Central and State governments and their undertakings would be suitably modified to ensure that the small family norm is adopted by their employees... Promotion policies should be such that the adoption of small family norm is encouraged."

Such measures are nothing but incentives and disincentives (ostensibly recommended for discontinuation by the Expert Group), in another garb.

iii. Victims of child marriage i.e. all women married before the age of 18 or men before the age of 21 are to be debarred from recruitment in the organised sector. This is an extraordinary recommendation because the perpetrators of these crimes i.e. the families, the community and the government, which does nothing to enforce the law against such marriages are to be "empowered". The Expert Group has made no recommendation to improve enforcement of the law.

iv. A similar ignorance is displayed in the recommendation regarding adoption which is not permitted in the personal laws of many communities. The enabling secular Bill for adoption, alas, has been allowed to become a forgotten memory since the 70's, despite the efforts of many concerned citizens.

### (D) STATUS OF WOMEN

While the disincentive suggested by the Expert Group are very definite, it would like population control programmes to acquire a positive image, hence the recommendation that they should provide choice to people and should do everything to raise the status of women to make it equal to men. It is claimed that "social empowerment mechanism" and vigorous steps to abolish vicious forms of discrimination such as dowry, female foeticide and infanticide are necessary to enable women to increase the age of their marriage and have free access to contraception. But the Expert Group is silent on the social approval that practices like female foeticide and infanticide have obtained from a substantial section of the elites and the government as they help reduce population growth. Thus the Expert group joins this section to regard women as variables to be manipulated to achieve population stabilisation. Are the promises of 'gender equality' designed to silence the women's organisations who have been consistent in opposing many aspects of existing policies?

"Every effort will be made to eliminate, before the end of the century, all discriminations against women. Steps will be taken to provide special care to the girl child and adolescent girls through higher levels of school enrolment, skill formation and income-generating capacity. This will also be conducive to raising the age at marriage and adoption of contraceptive methods based on informed choice."

For the Expert Group, thus, it appears that education and skill formation for girls is justified only because of its role in "population containment", and not as a goal of social develop-

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ment, which remains at the level of empty rhetoric.

#### **(E) RECOMMENDATION REGARDING PANCHAYATS**

The Policy wants Panchayats to draw up population goals based on resource availability, but makes no reference to the redistribution of land and irrigation facilities or changing cropping patterns to conform to the needs of local residents. Can a rich farmer be asked by the local panchayat to use farm labour in preference to farm machinery? How then are the Panchayats to achieve harmony between resources, consumption and population?

#### **(F) RECOMMENDATION REGARDING THE ROLE OF ARMY**

We are particularly alarmed that the Policy recommends the "Army and paramilitary forces to promote the small family norm and population stabilisation on the analogy of the Ecological Battalions currently involved in overcoming environmental degradation."

#### **(G) EDUCATION, RESEARCH AND MEDIA**

Three decades of population education has already provided a mind set to a large section of the middle class that blames the poor for environmental degradation, poverty unemployment and shortages. It has also played a major role in destroying the ethical values of the medical profession and given rise to elite approval/sanction of gross violations of human rights in the name of population control. Despite this, the Expert Group recommends investing more resources for spreading the message around, as it is felt that "the infrastructure for implementing IEC measures, both at the Centre and the States, remains inadequate. The PSDC intends to establish Media Resource Centres at few locations, in order to encourage a decentralised approach."

"Research on biomedical and social sciences relevant to population stabilisation will be strengthened," though it has not yielded any meaningful solutions so far. In our opinion

higher investment in this field is unlikely to produce better results while resources are urgently needed for research on natural resource management and conservation.

Media messages to promote contraceptive usage are mostly no more than propaganda, reflecting literature provided by the producers and false dreams of the happy small family. The recommendation to intensify this IEC does not reflect the views of certain published writings of members of the Expert Group.

#### **(H) INVOLVEMENT OF NON GOVERNMENTAL ORGANISATIONS (NGO's)**

"A new climate of partnership between government and voluntary and non-governmental organisations will be created to encourage the extensive participation of such organisations at all stages and at all levels in national programme for population stabilisation and social development. The Expert Group envisages financial and technical assistance to NGO's for the purpose of population containment. Funds from the newly created PSD Fund will be diverted to NGO's. Thus, funds from bilateral donors, foundations and UN agencies will be routed directly to NGO's thereby giving direct access to these funding agencies to the grass roots. The State is now increasingly capitalising on the goodwill which many voluntary groups have managed to build up with people, and ensure acceptance of government programmes which would be resisted more clearly if they had come from the government programmes which would be resisted more clearly if they had come from the government itself. The voluntary sector needs to view such moves with caution, and strategies how to tackle this increasing exposure and onslaught on the people.

#### **(I) FUNDS**

"The Population and Social Development Fund (PSDF) will have the following source of revenue:

- a) Government of India funds, including the amounts presently spend on incentives.

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- b) Bilateral donors.
  - c) Foundations, multilateral donors and UN agencies including UNFPA (United Nation Fund for Population Activities).
  - d) Corporate and Co-Operative sectors.
  - e) Voluntary contribution from within the country as well as from non-resident Indians and foreign nationals".

Directing all foreign aid for population and social development to the Commission is likely to result in a monopolistic approach in which the needs of social development will become secondary to the achievement of demographic goals. Such a pooling of all external funds will also intensify donor pressures, with even greater tilt towards population control at the cost of social development, and the existing programmes for education, health and other social services will continue to be starved of resources.

#### **(J) CONTRACEPTION AND BIOMEDICAL SERVICES**

The stress on male contraception is welcome but it is difficult to agree with the recommendation to allow all contraceptives - especially those which are provider controlled - under the guise of "informed choice".

According to the Expert Group, "India has an efficient scientific set-up for testing for safety, effectiveness, reliability and acceptability of contraceptive methods before introducing them into the family welfare programme. "This faith in the scientific set up should be viewed in the light of the fact that a so called "efficient scientific set up" like the Indian Council for Medical Research, only studied NORPLANT-2 system of contraception, and based on these findings tried to introduce NORPLANT-6, which had not gone through the mandatory clinical trials, because NORPLANT-2 was not available in the market. This unethical and unscientific move was stalled only by the active intervention by women's groups in the capital.

We are surprised that the Expert Group did not undertake any cost benefit analysis of the

appropriateness of different technologies for a poor country like India.

A NORPLANT, for instance costs Rs. 2000, which is the medicine budget for an entire population under a sub-health centre. The cost of an imported injection of Depo-Provera is close to US \$ 30 or Rs 4,000 per year per woman, which the majority cannot afford. If such contraceptive are provided as a service by the health department these expensive items will compete with essential life saving drugs.

India cannot afford research on all methods of contraception just as its citizens cannot be provided with a menu card for every meal. The cafeteria approach for such sophisticated and expensive technologies is utterly inappropriate in our context, especially when recent research and action research already conducted by ICMR point to high utilisation of existing methods following improvement of quality of services. (The results of this study are still to be published.)

We must emphasis that fertility in the Indian context is dependent on the total circumstances of the lives of people as shown by demographic changes which have taken place in economies which have achieved higher levels of distribution of resources guaranteeing the right to life. This is also borne out by the relative lack of co-relation between birth rate and the couple-protection rate. Hence our conclusion that contraception is not the main key to lower fertility.

#### **(K) GOALS**

The placing of socio-demographic goals at the very end of the Expert Group's report suggests that it is an adjunct, of distinctly lower priority. We are concerned that though the goals have been expanded beyond the fertility rate to include implementation of the minimum needs programme, universalization of primary education, reduction in child marriage, maternal mortality rate and infant mortality rate etc. the Group has not proposed that these be monitored at the national level. The question of livelihood has been omitted altogether. In our opin-

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ion engagement in socially useful productive work for just rewards is the key to sustainability of any social development. The principle of self-reliance rejects surviving on World Bank loans or donor charity. Besides some exploitative relationships have to end before equality and working for common social goals is possible. This is altogether absent from the Expert Group's report.

While the recommendation to include the child care within the Minimum Needs Programme is welcome, it must be emphasised

that support for minimum needs cannot cure inequality of access to resources and power.

The campaign is by no means over because this policy is yet to be approved by the Parliament. We have tried to lobby with some members asking for a minimum support to cull out coercive elements but feel that unless others join in lobbying we cannot make a headway. Therefore if you agree with our critique we will send you a draft for collecting support from elected representatives which you can use as a lobbying document.



## VICTIMS SPEAK OUT AGAINST COERCIVE POPULATION CONTROL

"Small Family is a Happy Family" - the slogan is all too familiar. Government propaganda and empty promises have reached every little corner of India. At the same time that the International Conference on Population and Development (ICPD) was taking place in Cairo with much pomp and show, women's groups in Delhi had organised a "speakout" of victims of Family Planning abuses by the Government, on 10th Sep., 1994. The participating groups were Saheli, Jagori, Sabhla Sangh, along with the Human Rights Trust.

The objective was to expose the government population control policy, by focussing on the ground reality and women's experiences. While the government was trying to present itself in a good light in the international arena, it was necessary to bring out the true nature of its anti-people and anti-women policies.

Some of the cases presented were actual testimonies of women, while others were drawn from surveys and working with women at the basti level.

**SANTOSH :** Twenty three years old Santosh from Seemapuri, whose husband earns Rs. 1,500/- per month as a peon in the Home Min-



istry, has two children. With the belief that a small family would indeed contribute to happiness, she got an IUD inserted in April '92 at the local health centre. The following month, she had very heavy bleeding, and two months subsequently had no bleeding at all. Since her

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periods had been quite regular before the IUD, Santosh got worried and consulted the hospital. There, she found out that she was pregnant. The doctor advised her against an abortion, because the pregnancy was already over four months. The question which arises now is - who is going to bear the expenditure of time, money, and other resources to bring up the third child? The doctor at the health centre had inserted an IUD to fulfil his quota, but got off scot-free when it came to dealing with the consequences.

**BILLO RANI** : A similar story is that of Billo Rani of Bhandawar village near Jaipur. After three sons, she got herself sterilized at a government camp. It was quite a shock for her to get pregnant five years after her tubectomy. Who is to answer for these failures of birth control measures?

**NATHO DEVI** : Nineteen year old Natho Devi's husband was forcibly sterilized by government health workers. Ironically, the operation failed, and she gave birth to two children. But the failure of the government health machinery had serious consequences for Natho Devi. She was taunted and socially ostracised for alleged moral lapses on her part, since her husband had undergone a vasectomy. She was suspected of having extra-marital relations, and as a result was completely traumatised and psychologically broken. Who will answer for this, or go to her mohalla to clear her name?

**BHAGWAN DEVI** : Only twenty seven years old, she has been reduced to a mere skeleton because of continuous bleeding. After two children, she had got herself sterilized at the Kasturba Gandhi Hospital. However, after a year, the operation failed and she conceived. After an M.T.P. a tubectomy was repeated. But even the second operation was not successful and she once again conceived. This time, accepting her fate, she went ahead and had the child. Bhagwan Devi has suffered from frequent bleeding, which has continued non-stop for the last three months.

**ASHA** : Thirty five years old, decided, along

with her husband who is a labourer to have herself sterilized after they had four children. The sterilization, performed in '90, was carried out in Bara Hindurao Hospital by one Dr. Alka (Reg. No. 789), But Asha gave birth to two more children after the operation. To make matters worse, she has stopped menstruating after the operation, so she cannot even tell immediately if she is pregnant.

**SHANTI** : The inhuman conditions of sterilization camps is illustrated by Shanti's story. Doctors in a camp in NOIDA, U.P., refused to believe that she was pregnant, and without even the use of anesthesia or painkillers, bound her hands and feet, gagged her mouth, and sterilized her. The fall-out was that Shanti had to undergo a traumatic abortion when she was six months pregnant. Moreover, she has suffered from backache and profuse white discharge after the operation.

**MEENA** : Forty years old Meena testified that her husband was supportive and sympathetic, and unlike many women she knew, she did not have to face beating or abuse from him. Her husband had undergone a vasectomy in 1975, inspite of which, she conceived one year later. Talking to others who had undergone vasectomy together, they discovered that many of them had met with a similar fate of sterilization failure. Meena gave birth to another child in 1981 and in order to make sure, she herself got sterilized. But her woes/did not end, since she has been having irregular menstruation subsequent to the operation, due to which she gets very easily exhausted, and is unable to work as hard as she used to before.

What clearly emerges from these testimonies is that the government in its so called family welfare programme is interested only in fulfilling targets in order to control the population. It is of no concern to the population control lobby that users of F.P. services, especially women, have to suffer untold miseries in the name of family planning.

Unhygienic conditions, rude, abusive and dis-

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respectful behaviour by health personnel; concealing information about hazards of the different contraceptives, and inhuman atmosphere of camps, have all contributed to revealing the true intentions of the government.

The women who came out with their experiences asserted that the government was exploiting their genuine need for birth control. The fact that women repeatedly got themselves ster-

ilized was proof enough that they wanted to limit their families, but the government was obviously not competent even to provide adequate services to fulfil this need. In the discussion that followed, the need for safe contraception emerged as a concrete demand for the women's movement, along with the campaign against hazardous contraceptives.

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## SEX DETERMINATION AND CHILD BIRTH

### *Critique of the New Bill*

Last week activists from several women's and social organisations came out on the streets of South Delhi in protest against the growing misuse of sex-determination and sex pre-selection methods at the hands of doctors and quacks alike. Expressing concern at the worsening sex ratio due to the growing practice of selective male child births, women shouted slogans like, "No to Sex Determination," "No to Female Extermination," "Eliminate Profiteering, Not Women," "Stop Selective Child-Birth," "Stop Misuse of Ultra-Sound," "Women, an Endangered Species." Traffic was stopped and leaflets distributed to draw public notice to the serious implications of such practices. Women were also critical of the failure of the government to take appropriate action in this regard.

The widespread misuse of pre-natal diagnostic techniques for the purpose of sex-determination and selective abortion of female foetus has raised alarm for quite some time now. Diagnostic techniques like ultra sonography, amniocentesis tests and chorionic villi biopsy, supposedly meant for facilitating the detection of foetal abnormalities, and thereupon interventions such as abortion or therapy, are being increasingly misused by commercial and professional interests for exploiting the existing

bias against female child. Most genetic clinics and labs in Delhi, as elsewhere, are engaged in carrying out sex-determination tests, which invariably leads to abortion if the sex of the foetus happens to be female. The mushrooming of ultrasound clinics in recent years has made things worse, so much so that the very existence of womankind is at stake.

Although it is not possible to provide definite statistics about the extent of the use of pre-natal diagnostic techniques for purposes of sex-determination, and subsequent abortion of female foetuses, estimates place this figure around two lakhs. The commercial exploitation of such techniques spread very rapidly soon after technological developments made it possible. According to one estimate, between 1978-82, nearly 78,000 female foetuses were aborted after sex determination tests in the country. Between 1986-87, 30,000 to 50,000 female foetuses were apprehended to have been aborted. Between 1982-87, the number of clinics for sex-determination multiplied manifold in the city of Bombay alone, it shot up from less than 10 to 24. Between 1987-88, nearly 13,000 sex determination tests were estimated to have been done in 7 Delhi clinics themselves. Worse still, these facilities were widely publicised through advertisements in newspapers, in

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trains, buses, on walls, hoardings, pamphlets, letters etc. Even training programmes for foetal sex testing were advertised! And there was no law which could prevent such blatant misuse of technology to reinforce social prejudice against the female sex.

Sex determination, it is generally argued by its practitioners will help prevent unwanted population growth by enabling couples to avoid adding to the number of children for the sake of producing a male child. How this eagerness to avoid the birth of girls will result in serious demographic imbalances and make sex-ratio increasingly unfavourable to women is either not considered at all, or its threatening implications are not fully understood by them. Those who argue in support of sex determination on the presumption that the scarcity of women would only increase their value in society must not forget that even at present sex-ratio in India is unfavourable to women though the status of women is for anyone to see. Far from improving the state of women, any serious reduction in the number of women in future will only precipitate crimes against women.

After eight years of pressurising by women's organisations, the government has finally proposed a law to deal with this problem. The Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Bill, 1991, passed recently by the Paliament though still awaiting President's assent, however, addresses the problem of sex-determination in a very superficial and token manner. It, in fact, is incapable of preventing the worsening sex ratio in the country.

The Bill specifies that the pre-natal diagnostic tests can be conducted for the detection of five types of abnormalities, viz., chromosomal abnormalities, genetic metabolic diseases, haemoglobinopathies, sex-linked genetic diseases, congenital anomalies. It also lays down certain conditions which must be fulfilled if these techniques are to be used, the age of pregnant woman being above thirty-five, there being a history of two or more spontaneous abortions of

foetal loss, a family history of mental retardation or physical deformities such as spasticity or other genetic disease, or the exposure of pregnant woman to potentially teratogenic agents such as drugs, radiation, infection or chemical have been given as conditions.

The Bill provides for the registration of Genetic Counselling Centres, Genetic labs and Genetic Clinics which shall conduct or associate with, or help in conducting activities related to pre-natal diagnostic techniques. The registration process will only serve the purpose of regularising private clinics which, in view of the weak mechanisms for deterrence created by the Bill, will continue to indulge in these activities for the pursuit of private profit. In view of the difficulties involved in preventing the misuse of these technologies by the numerous private practitioners, and in view of the possibility of meeting the demand for these tests for purposes other than sex determination through government hospitals, several concerned social organisation/ activist groups have been demanding that tests should be confined to government hospital. The Bill, on the contrary, has granted renewed legitimacy to the private sector and expansion, and consequent misuse of technology by it, worse the Bill does not even require the registration of ultrasound machines or other sophisticated machines and equipment, simply because these technologies are meant to be 'used for various other purposes.' This will make it very difficult to detect the misuse of these technologies for sex-detection as is being done at present.

The failure of the Bill to regulate the future technologies which may be used for sex determination is another source of problem. And its implications cannot be undermined when one considers the fast pace at which technological changes are taking place in the present world. Unless future technologies are brought within the ambit of the Bill, it will soon become irrelevant to the very issues which are to be addressed by it.

Further, there is nothing in the Bill which

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may challenge the techniques of sex preselection which are reportedly being practiced in various parts of the country and which, with rapid developments in technology, will soon become an easily accessible method of determining the sex of the foetus. It is noteworthy that several techniques are already being quite enthusiastically developed in this respect these include sedimentation or centrifugation, Ericson's method, electrophoresis exchange through flotation, etc. Since sex preselection will have similar, or even, worse effects on the sex-ratio in the country, this too should have been covered by the Bill.

The most offensive and misguided feature of the Bill indeed is its inclination to punish women on the assumption that this will go a long way towards deterring the problem. The Bill provides that the pregnant woman who undergoes the test will be presumed to have been compelled to under-go the test "unless the contrary is proved". Past experience, as in the cases of custodial rape, suggests that shifting the onus to prove guilt does not necessarily go in favour of women because of the gender bias in society.

Providing punishment for women in case she willingly goes for the test in effect implies that if the husband and relatives of a woman who under goes the test can prove themselves not guilty, and escape by laying the blame on the women, who in turn would be punished. This is extremely unjustified when one looks at the overall socio-economic context in which women are placed. Such a clause will only increase the misery of women in a context where patriarchy leaves little room for autonomous decision making by women, and where women are constantly under pressure whether visible or invisible to 'willingly' take the decisions expected of them, or even accept the responsibility for those decisions which they never would like to take on their own. The Bill in this respect is not only anti-women, it will in effect create such conditions as would limit its very effectiveness in preventing these practices. Punishment to women will only serve to help cover up the in-

terests of those responsible for providing such a facility. By creating a common interest among the providers and users of the facility to prevent its detection, the task of checking the practice will be made difficult not easy. It will only deter the possibility of law making a difference to the situation.

**Loopholes in Implementation :** There are numerous other loopholes and weak spots in the Bill which make it an ineffective instrument for the purpose of achieving its own objectives.

The Bill, for instance, provides that no person conducting pre-natal diagnostic procedures shall communicate to the pregnant woman or her relatives the sex of the foetus by words, signs or in any other manner. There is nothing in the Bill, however, which bars the communication of such information to non-relatives, one wonders if there will be any problem in case this information is passed on through friends to the woman's relatives.

The Bill provides for the constitution of a Central Supervisory Board which is expected to advise the government on policy matters relating to use of pre-natal diagnostics techniques as well as to review the implementation of the Act and the rules made thereunder and recommend changes in the same to the Central Government. It is also supposed to lay down code of conduct to be observed by persons working at Genetic Counselling Centres, Genetic Laboratories and Genetic Clinics, and to perform other functions specified in the Act. Further, it is expected to create public awareness against the practice of pre-natal determination of sex and female foeticide. Although details about the constitution of the Board are provided by the Bill, it also underlines that no act or proceedings of the Board shall be invalid merely for reason of any defect in the constitution of the Board, or any defect in the appointment of a person acting as a member of the Board, or even any irregularity in the procedure of the Board not affecting the merit of the case. One wonders why detailed procedures relating to the consti-

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tution of the Board had to be specified in the first instance, if irregularities were not to be a cause of worry as far as the functioning of the Board was concerned.

The Bill also recommends the appointment of the one or more Appropriate Authorities for States and Union Territories, and an Advisory Committee for each such Authority, by the State Governments and the Centre respectively. The Appropriate Authority is entrusted with the power to grant, suspend or cancel registration of a Genetic Counselling Centre, Genetic Laboratory and Genetic Clinic, and in doing so it is expected to seek and consider the advice of the Advisory Committee. Further, it is expected to enforce standards prescribed for the Genetic Counselling Centre, Genetic Laboratory and Genetic Clinic, and to investigate complaints of breach of the provision of the Act or rules made thereunder and take immediate action. The primary responsibility for implementation of the Act is thus placed primarily on the Appropriate Authorities.

There is no provision in the Bill for the creation of any local vigilance committees which could contribute to the effective implementation of the Act. All it suggests is that the Appropriate Authority may suo moto, or on complaint, after giving an opportunity of being heard to the Genetic Counselling Centre, Genetic Laboratory or Genetic Clinic and having regard to the advice of the Advisory Committee, if satisfied that there has been a breach of the Act or the rules, may suspend its registration for such period as it may think fit or cancel its registration, as the case may be. Or, it may do so without issuing any such show cause notice, though it will be required to record its reasons in writing. An appeal against it can, however, be made to other Central Government or State Government depending on whether it involves Central Appropriate Authority or State Appropriate Authority.

The name of the registered medical practitioner convicted by the Court will have to be reported by the Appropriate Authority to the

respective State Medical Council for taking necessary action including the removal of his name from the register of the Council for two years for the first offence and permanently for subsequent offence. The Bill does not, however, specify any time period within which action has to be taken by it.

The Bill provides that the Court will take cognizance of an offence when approached by the Appropriate Authority, or any officer authorised in this behalf by the Central or State Government, as the case may be. Any person or social organisation can also make a complaint to the Court, but only after giving a notice of not less than thirty days in the manner prescribed to the Appropriate Authority. Only a Metropolitan Magistrate or a Judicial Magistrate of the first class can try any offence punishable under this law.

The Bill provides for punishment in case its provisions are contravened. Quite carefully, however, it avoids specifying any minimum punishment which can be given to those who indulge/assist in providing the sex-determination test. Any person contravening the provisions of the Act may be punished with imprisonment which may extend upto three years and fine which may extend to ten thousand rupees. Actual punishment may in fact remain only nominal.

It remains to be seen whether such provisions will act as a deterrent or these will serve to demoralise the complainant.

**Imperatives :** the proposed Bill in its present form is unlikely to make any difference to the rapidly worsening sex-ratio in the country as at present there are only 927 women per 1000 males.

It is imperative that this Bill be amended and made more gender sensitive, more comprehensive, more perceptive and less inclined towards the protection of professional and commercial interests.

The ambit of regulations needs to be expanded to cover both future technologies of sex-determination and commercial interests.

It is extremely important that the women who undertake the test are seen as victims of existing power arrangements and prejudice in society rather than be damned as criminals. The proliferation of commercial and professional interests in the sphere of pre-natal diagnostic techniques too needs to be checked. Without providing for effective mechanisms for local vigilance, the possibility of making a difference to the situation will remain remote. The problems on account of selective child birth cannot be taken care of under the provisions of the present Bill. The necessary amendments must therefore be carried out and Bill be implemented at the earliest.

To argue for the legislation, however, is not to suggest that law by itself can solve the problem of discrimination in matter of births. No less than a comprehensive review of state policies and programmes which themselves contribute to devaluation of the female gender and privileging of the male in society needs to be undertaken and correctives introduced. The conditions which perpetuate gender bias, and hence son-preference, also need to be changed with a sense of urgency. For nothing short of a more egalitarian and less exploitative social order can make a difference to the problem. Yet, appropriate legislation is the first requisite in the direction.



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In 1992 we read in the newspapers that without conducting any research, the Indian government was gearing itself to approve the entry of Depo Provera a long acting progestogen injectable contraceptive. We made enquiries in writing from the Indian Council of Medical Research (ICMR) and requested the National Commission for Women to enquire into the case. Since 1991, the campaign against hazardous contraceptives had been carried out jointly with other Delhi based local and national women's and health groups. There was also a joint petition. But it did not even bring a reply in its wake.

Later we discovered that this letter at least had the impact of delaying approval by nearly a year because Up John Ltd., the manufacturer of Depo Provera, was asked to submit data based on Indian research. Though this was in

the nature of a ritualistic exercise and the data submitted by Up John totalled five studies, none of these had even carried out dose determination which would be appropriate for Indian women. They had been carried out independently and one of them was not even a study of contraceptive effect but more a study of Vitamin status relative to oral pill use while one was a Depo Provera plus Diethyl stilbestrol study (Yes! of the DES tragedy fame). These studies had been carried out nearly 20 years back! It must be mentioned that ICMR had found Depo Provera to be even less acceptable than Net-En (the injectable against which we have a case in the Supreme Court where the ICMR has not been able to contest even the basic issue of drug safety). And the study on vitamin status, though started by ICMR researchers, had to be abandoned because, ac-

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ording to the authors, Depo Provera was banned in India.

As many of you are aware, in the health and population circles it is becoming increasingly fashionable to hold consultations with women's groups, and even as the news of Depo Provera social marketing hit the newspapers, the government of India also decided to hold consultation with women's organisations in June 1993. For this consultation, some papers were floated - one of which contained a reference to NET-EN, DEPO-PROVERA, CYCLOFEM, and NORPLANT as available methods of contraception. All the injectable contraceptives were hailed as being easy to administer (on account of the existing Universal Programme of Immunization which had taught all health workers everything about giving injections) and better than IUDS because of the existing rate of Reproductive Tract Infections. Another booklet was produced at the meeting itself which was a reprint of an "Answer to some queries about injectables" by Population Services International.

The interesting thing was that despite two years of joint protests most of the protesting organizations had not been invited to this meeting. This was not a conspiracy, but the fact that the consultation was a ritualistic exercise and to the Department it made no difference which organizations turned up so long as it could say that it had held a consultation with women's organisations. So our demand for additional invitations was met without any resistance. By this time we were aware that on account of the IMF dictated Structural Adjustment Programme, the proponents of Population Control had been granted powers that transcended the existing checks and balances in new contraceptive introduction and agencies like the ICMR responsible for research were themselves ready to circumvent trial requirements. Similarly, the rules of the Drugs and Cosmetics Act had been modified to give the Drugs Controller of India (DCI) the discretion to waive Phase III and IV trials after the NET-EN petition had been filed

by us in 1986. At Saheli we felt that this meeting with the government had to be different than the encounters so far where Saheli seemed to be the gang leader with only a passive support of other organisations. Hence before the meeting, we organized a day long seminar to give information on various technologies to sister organisations.

At the meeting, the government was taking a very peculiar stand. It claimed that the mention of various methods including the injectables was no indication of the government's decision to introduce these methods into the Family Planning Programme and as such these would only be available in the market against prescriptions. But in the changing context of the government handing over various schemes to "voluntary agencies" and "private practitioners", this claim had no meaning. When cornered, even on the question of Depo Provera, the Secretary Dept. of Family Welfare admitted that only in the current year there were no plans for its introduction into the Family Planning Programme which really amounted to nothing.

Therefore, we made a joint representation to the Minister not only on the question of injectables, but also about the vaccine, NORPLANT, and schemes of social marketing in August 1993. In the meanwhile, we found that injectables had become a regular feature in the governmental literature. In November 1993, we confronted the Director General (DG), ICMR, who had earlier in writing stated that Indian trials were a must before the introduction of any new contraceptive, how had he advised going ahead with Depo Provera on which ICMR had not conducted adequate research. While he admitted that the ICMR had recommended that Depo Provera be licensed, this had not been accepted by the technical advisory committee to the government. This was a misleading statement as we found out later because Depo had been granted approval way back in July 1993. As these assertions had been made in a public meeting, we were really misled and no activity really took place right till April 1994.

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At that time we got to know from women's groups in Bombay that Depo Provera was to be launched in early April.

The launch took place in Bombay and the groups there attended the launch and protested. This was also the launch of the present campaign against Depo Provera. A similar launch was, we were told, scheduled to take place in Delhi in mid April. We called for a meeting of women's organisations. The response to this meeting was rather lukewarm a disappointment because Up John had indeed taken a very aggressive stance. At the meeting we also learnt that German Remedies had also launched Net En though somewhat discreetly. As it turned out, even the Drugs Controller had been caught unawares, by NET-EN launch as per his own admission to us in writing.

Given the level of response we decided to launch our all India campaign against injectables through a chain letter. (This letter is reproduced in this newsletter for you to carry out the campaign). Max Pharma Ltd., who was to market this drug, also did its best to mislead us. It sent its publicity firm Mudra Diversified to meet us and carry out a dialogue while the company went ahead with press meetings while we waited for a public meeting. Though corporate responsibility was an issue we felt that our government had to be tackled first. Hence we took a delegation to meet the Minister. The Minister showed complete ignorance and directed us to the Secretary. Secretary, Department of Health, also showed complete ignorance, while the Secretary, Family Welfare said that he really had nothing to do with launches in the open market. Of course he had no logical explanation for promotional literature printed with government money to support launch of the products of private companies.

The Health Secretary was more responsive and agreed to get the explanation of the DCI on this issue. We did discover, that he kept his word and is probably, single handedly responsible for the meeting the Drugs Controller held with us later. We were, however not content to

let this be and pressed forward with endless telephone calls to the DCI which were never returned and definitely not answered. To force a dialogue, the only way out seemed to be to gherao the DCI. Fifty women thus marched into his office, defying security arrangements in the Ministry and parked themselves to await his arrival. When he did come, he tried to be very tough but agreed to provide us with the data which had formed the basis for his approval. A meeting was scheduled for May 13th, 1994.

In the meanwhile we were tipped off by our friends in the press about a press conference by Max Pharma Ltd. to dispel doubts about Depo Provera following the press publicity of the events on 12th May 1994. We decided to use this opportunity to really inform the press about what was happening, i.e, complete subversion of the laws of the land and profiteering at the expense of women's health. We were barred entry by Mudra Diversified to this meeting and had to scale the walls in order to gain entry. We had tipped off Press Photographers to be present because we did not expect the going to be smooth. It was their presence that gained entry for us as otherwise women from Mudra Diversified were blocking us physically.

After entering the Press Conference we raised a series of technical questions. In their aggressive bid to convince us, Mudra Diversified had unwittingly passed us the information of the U.S. package insert and from Parivar Sewa Sanstha (who has publicly announced the plans to market Depo) we had received information in Hindi which was meant for unsuspecting Asian women. Our press release focused on the contrast lack of information for us and the so called "complete" picture presented to the American women.

The contrast was an eye opener. Max Pharma representatives tried to depict us as a bunch of rabble rousers and hence showed extreme willingness to answer our queries right then and there. Their confidence was of course short lived. We raised a list of 13 questions ranging from dosedetermination, to long term

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effects which had to be answered to justify their claims of product safety and efficacy. Needless to say that they could not answer any one of them satisfactorily. We asked them for the Indian data, they referred to it but failed to provide it because only they knew how meaningless and incomplete it was, we had not even seen it. While this sparring was going on, the press realized that we were not just arguing meaninglessly and emotionally but were asking relevant questions for which there were no answers. This day won us new allies in the press. And the issue gained a front page status. Max Pharma representatives tried to hide behind WHO study on cancer but we said that cancer was only one of the concerns. They tried to hide behind the Drugs Controller but we pointed out the specific problems in the Indian context. Ultimately, 4 1/2 hours later, Max Pharma representatives threw up their hands and stated "there is very little we can do if you are not ready to accept the authority of WHO or the DCI". We then drew their attention to corporate social responsibility which meant that if they had no case for defending the introduction of Depo Provera in India they should voluntarily suspend its marketing. We also asked for information they were to provide to the Indian user, but they failed to give it to us. However, they did give us the Indian Studies, because we were raising questions about content and methodology which they could not answer because they had submitted these studies without having read and evaluated them. By passing them on to us they thought that they would appear to be transparent and they could bring the meeting to an abrupt end as every minute was becoming more and more embarrassing for them. The event received excellent coverage in the press. The criticism was also there - not on the content of our arguments but over our ungracious conduct of scaling walls and violating the "right" of the corporate sector to "white-wash" its misdeeds and hence, for having engaged in a very unfeminine conduct. In their criticism the Press forgot that this very Corporation was trying to play with the "right" of

Indian women to lead a "healthy" life. And if we had indeed taken Mudra Diversified at its face value we would have kept on waiting for a democratic open debate while the company went ahead with press publicity. Similarly, if we had gone on writing letters to the DCI and not staged a sit in, he would have avoided answering us altogether as he has done even to the Supreme Court in the Net - En and EP drugs case earlier, for eight years and more.

The meeting with the DCI was scheduled for the following day. But he was in close communication with Max Pharma and he called off the meeting at the last minute without so much as cancelling it on telephone. Obviously, he had been ready to meet women's groups who knew nothing but was not prepared for a confrontation with women who knew what they were talking about. We wrote a letter to him to schedule the meeting later. His office even refused to receive this letter. Ultimately, we had to address a letter to him via the Health Secretary because the Private Secretary to the Health Secretary had the courtesy to send a messenger to the reception desk to receive this letter. Sympathizing with our difficulty, an official of another Ministry tried to help us by taking the letter to the DCI's office. Not only was he misbehaved with, but the functionaries at the Reception desk were hauled up for allowing this messenger of ours to go in (notwithstanding the fact that he had a pass to enter the Ministry whenever he wanted to and the Reception had no mandate to prevent his entry). While this has only anecdotal value in the happenings in the campaign it shows the resistance of public servants to respond to the most vocal groups of people's representatives (who have a high visibility and belong to the same class). One does not have to stretch one's imagination to see how far they would go to keep the "real" women out of decision - making. So much for women's informed choice and empowerment which the government does not tire of pronouncing in every document.

The response to us followed two weeks later.

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A meeting was scheduled in the Ministry - due to paucity of time we had been unable to inform all participating organizations to join the sit in, and only six organizations had been able to participate in the event. The letter of invitation stated that of these only five women's organizations should attend the meeting and each organization should send only one representative. At a joint meeting it was decided to agree to this conditionality but to protest about it during the course of the meeting. But when we arrived we were shocked to find that the other side had more than 20 representatives, not only from the Ministry and the Drugs Controller's office, but also from ICMR and various expert committees. Strangely enough, many private doctors were also present, not only from Delhi but also from Bombay.

While the Government had called the meeting, it had not made any preparations to provide us with information on the basis of which a discussion could take place. It had not even decided what our locus standi was in the matter. We were however, very clear that Depo Provera had been introduced in violation of all norms and had to be banned and we had no reason to compromise on this stand. The Doctors started to assert themselves from the very beginning, hoping to cow us down with their "expertise", little realizing that we had studied the drug more than they had and had a better knowledge of research procedures, ethics and requirements than they had. Any way, one must say that they are smart if not knowledgeable and kept quiet when their remarks were shown to be unethical and unscientific, when they started comparing injectables to oral pills, or narrating unpublished studies of their own patients.

We had informed the press about the meeting. The Health Secretary had also asked the press to be present but the other officials had not invited the press keeping in view the Max Pharma press conference. This was remedied during the meeting but the non-officially informed press reporters, were not allowed entry

easily.

The DCI continued to show a non cooperative attitude. He tried to give an impression that he really had no role in importing new drugs under the new liberalized import policy where all drugs, except a banned list of six, could be imported by any Doctor or a health institution in any quantity. This in itself is an alarming situation. But we persisted to find out whether he had, in fact, granted marketing permission and if that was not his role. He had to admit this. We also asked him about misuse of drugs and whether it was not his role to regulate the use of drugs and to regulate claims of manufacturers about these. When thus cornered, he was forced to admit that if there was misuse then it was his role to remedy it. At this point we flashed before him ampules of Depo Provera bought from leading chemist shops in the capital without a prescription. He immediately piped up to say that, "But this is not the fault of Max Pharma". We told him not to be so quick in reaching this conclusion without investigation. He also said that if we gave him the bills he would take stern action against the erring chemists. We told him that this was not our priority for the time being. We had clearly demonstrated that the drug was already being misused within weeks of coming into the market and now it was up to him to ban it. It is worth noting that Prof Ranjit Roy Choudhury of National Institute of Immunology (NII) who is the Chairman of the Technical Advisory Committee of the G.O.I. on new contraceptives agreed with us. But instead of taking the ethical stand of Dr Roy Choudhury, we were told by others that "it is his opinion not the government's".

Next we questioned the DCI, P. Dasgupta, on his role in deciding the package insert and who the information was meant for. He asserted categorically that he approved the dummy and the information was meant for the Doctors. He then had no explanation for the limited information available on the Depo insert in India - as compared to the U.S. Even the bills we had

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with us, to show that over-the-counter counter sale had taken place he had tried to shrug aside, by saying how was he to believe that there was no other Dr P. Das Gupta whose name the bill carried who had not actually prescribed the drug. (We had done this on purpose.) But in so far as the package insert was concerned he did not even have this lame excuse. We in fact dared any of the representatives of the Government to accompany us to visit chemists and buy the drug without prescription and get proof right then and there. But we were believed and no one challenged us. This moved Dr. Satyawati, DG, ICMR, to say that all of us were working for women and that the Government must answer our list of written questions one by one. Dr. Mukherjee, Director General of Health Services (DGHS), who at this moment was chairing the meeting, assured us that he taken cognizance of the complaints made by us and he would take remedial action. We also re-asserted that our demand was to ban the drug in its present status and not merely to make these small changes - i.e. the package insert, or selling OTC. Therefore, we would like to have a full meeting to discuss safety and use issues relating to Depo Provera after we had been provided complete information which we had asked for. We also raised the question of why a Post Marketing Surveillance (PMS) had been ordered but not started given the fact that the product had already been in the market for three months.

While questions regarding Depo Provera were at least discussed, the DCI took the plea that he will not discuss NET-EN because it was sub-judice. While he did not feel the need to restrain German remedies from marketing a sub judice product, he was ready to hide behind law to prevent a discussion on his own actions.

Dr. Mukherji the DGHS was more forthright in responding to the issues raised by us and our demand for a thorough discussion on the subject but was a bit wary of giving us a locus standi beyond being complainants. He, therefore, agreed only reluctantly to even write

the official minutes of the meeting.

He assured us that all our questions will be answered within ten days and a full meeting held within a month. Needless to say, that most answers were not provided. Yet the Drugs Controller was forced to agree to a few remedial measures in writing These are :

1. Ordering a post marketing surveillance for NET-EN.
2. Changing the package insert for Depo Provera.
3. Monitoring sales without prescription.
4. Providing information to users.
5. Considering restricting sales to limited outlets.

But the practical steps to ensure the above had not been outlined in his letter. He also made it clear that these contraceptives are not even claimed to be superior to existing contraceptives. He has admitted that he does not have information on volume of import and sale. Nevertheless he made many claims of the safety of Depo Provera which are unsupported even by the manufacturers. All in all, his attitude is extremely biased. We publicized these measures, hoping that some chemists may be thus restrained into behaving themselves, we are planning to move the court for ensuring other reliefs.

Our attempt has been to broaden the base of the agitation. This is not a women's issue. Dangerous long acting contraceptives are a tool in the hands of the population control establishment. Entry of multinationals, wrenching open the third world market and enforcing population control are the tenets of Structural Adjustment Programme. We are happy that other groups have started responding and the information update on Depo been printed by Public Interest Research Group and not by a women's organization.

The planned meeting with the government did not take place. Our reminders were ignored

systematically. We even went to the extent of asking for a limited meeting to consider the practical issues accepted by the DCI in writing. Tired of waiting, we called a public meeting on 17th August 1994. This meeting was attended only by representatives of ICMR and the DCI, though we had extended the invitation also to others like Max Pharma, Mudra Diversified etc.

At this meeting, we were informed that the DCI had no powers or mechanisms to monitor or for that matter take any action against errant chemists. This was the task of the State Drugs Controllers. This is most unacceptable, should the potential for misuse and the consequent misuse not be made a ground for cancelling the licence of a non essential drug which is not even superior to existing alternatives?

DCI's assurance on the question of providing informed choice for users, based on dos and don'ts was as non serious as anything. Despite more than two months having passed since his written assurance in this regard, all he had to show for this safeguard was a one page sheet of some typed information in English which is grossly inadequate, dated 16.8.1994, obviously

prepared in a hurry just one day before the meeting.

In so far as the question of the protocol for the Post Marketing Surveillance was concerned, the representative of the DCI again insisted on maintaining the confidentiality of Up John/Max Pharma. This is really ironic, why should a research protocol be kept confidential from the very people who will be affected by this research. Is it the job of the DCI to safeguard the interests of companies? Is he not expected to do just the contrary, i.e., protect the public from drug companies?

The only success till date has been a change in the package insert. Now the Indian package insert is the same as in U.S.A..

Since we failed to get any satisfactory answers from the DCI, we are moving the Court for this purpose.

The struggle thus goes on. As we write this article a country wide signature campaign is being launched to ask for a ban on Depo Provera. The text of which is reproduced below, so that you too can join the campaign.



**The Minister,  
Ministry of Health and Family Welfare,  
Nirman Bhavan, New Delhi**

***We are alarmed at the rate at which hazardous, long acting, invasive contraceptives like Depo Provera are being introduced in the country, without adequate testing or any consideration for the implications they have for the health and welfare of the women of India. The manufacturers of DepoProvera themselves have admitted to 78 adverse effects some of which are life threatening and for most there is no treatment. Despite protests by health groups and women's organizations this prescription drug continues to be sold over the counter. In fact at a public meeting a representative from the office of the Drugs Controller of India has openly admitted complete inability to monitor and control the sales of Depo Provera.***

**IN VIEW OF THIS WE DEMAND AN IMMEDIATE BAN ON DEPO PROVERA.**

**Name and address**

**Profession**

**Signature**



*Chain Letter*



## **CAMPAIGN AGAINST DEPO PROVERA**

*This is a chain letter to warn women of India against Depo Provera and Noresterat two injectable contraceptives. These contraceptives are not safe and prevent pregnancy at the cost of women's health. Common side effects are menstrual chaos, depression, blood clotting disorders, heart disease, hypertension, fatigue, weight gain, bloating, etc. In addition to these Depo Provera is associated with loss of bone mass. These drugs pass through breast milk and are particularly unsafe for breast fed infants.*

*Research already conducted raises enough doubts that these drugs might cause cancer. If a woman accidentally becomes pregnant while she is taking these injections, it may result in a baby born with birth defects, affecting the genitalia of both male and female children. Women who have taken these injections find that later it is not easy for them to conceive and some do not manage to conceive altogether. The body takes a long time to be clear of the drugs and the side effects may continue for many months after stopping the use of these injections and there is no effective treatment for them.*

*We need to ensure that Indian women reject these injections which are being freely allowed into the country as a part of the growing subordination of the Indian Government to foreign multinationals.*

*We request you to write to the Drugs Controller of India, Nirman Bhavan, New Delhi-110001 and to the Prime Minister asking them to ban these injections. Also write to seven women you know in order to warn them against these dangerous drugs.*

**DMPA**

**Brand Name: Depo Provera**

**Dosage: 150mg, 3 monthly**

**Distributor: Max Pharma**

**Parent Co: Up John, USA**

**Status: Untested in India**

**Net-En**

**Brand name: Noresterat**

**Dosage: 200mg, 2 monthly**

**Distributor: German Remedies**

**Parent Co: Schering AG, Germany**

**Status: Case pending in Supreme Court**

*For further information contact Saheli, Under Defence colony Flyover, New Delhi-110024. The success of the campaign depends on women like you.*

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# Saheli

WOMEN'S RESOURCE CENTRE

Dear Friend,

We are writing to inform you about a new booklet from Saheli called **Womantalk - Contraception, Safety and our Health**.

This booklet has evolved out of our work in the area of women's health and the struggle against hazardous contraception which began in the mid 80's with the introduction of a long acting hormonal injectable, Net-En.

Since then, many more new and hazardous contraceptives like implants (Norplant), Anti Fertility Vaccines, other injectables like Depo Provera and Cyclofem, and a variety of oral pills, abortion pills, nasal sprays etc. have been entering the picture at a bewildering pace.

In such a scenario, we at Saheli felt the need to collate information on the various contraceptive technologies currently available, put it into an understandable form and share it with as many people as possible. Especially women, who are the primary target of most of these methods and the family planning programme in the country.

In policy and propaganda, the government's bias towards long acting hormonal contraception is clear. In order to counter this, the booklet describes the dangers of such contraceptive technologies and examines safer options like barrier methods, Fertility Awareness, etc.

This booklet is primarily meant for women, and for field level activists working in the area of health and/or women's issues. It is 68 pages, written in an easy-to-read style with clear illustrations and an attractive layout.

The estimated cost for the English booklet is Rs. 30 and for the Hindi booklet is Rs. 20. Mailing costs would be Rs. 5 per booklet. We would be grateful if you could place your order as soon as possible, with Saheli. It is also available at other outlets.

In solidarity,

The Saheli Collective



*Information is power.*

*At a time when women have a right to very little besides contraception - no food, no education, no housing, no employment... the struggle against the population policy of the government becomes increasingly important. Especially given that most of the methods it promotes are hazardous to women's health and well-being. And we believe that it is impossible to carry out such a campaign if we are not well-informed. This Saheli booklet is one small step in that direction.*

Saheli was set up by a small group of women in 1981 as a resource centre, primarily for providing support and alternatives for women in crisis situations. Over the years, we became increasingly involved in campaigns against domestic violence, dowry, rape, sexual harassment, police atrocities on women and discrimination against women in the law. Simultaneously, we also began work on issues related to women's health and their representation in the media, and campaigned against sex determination tests, dangerous drugs and hazardous contraceptives being introduced in the country. In 1991, we closed our crisis centre and decided to strengthen campaign work. As a small group, we felt that our energies were better spent in areas where other groups are not active.

Today, we continue our campaign against hazardous contraceptives and coercive population control. We are also working towards evolving an egalitarian civil code for all. In order to make our campaigns broadbased we are joining hands with other groups. We also actively support local initiatives in other parts of the country : campaigns against communalism and highlighting the issue of violence against women.

Through our work we hope to build courage and conviction that would enable women to come together to create a just society where we can all live with hope and dignity.

#### ***Our financial situation***

When Saheli was started, friends and sympathisers helped us with funds as and when we needed them. In fact, we have always relied on individual contributions as opposed to governmental or institutional funds. We feel that this allows us to maintain our autonomy while at the same time, keeping us responsible towards people like you who share our concerns and offer us support in our ideas and work.

With an increase in our campaign work, coordination with other groups and our efforts to take the issue to wider sections we feel an urgent need for a steady flow of contributions. For the coming year, we

#### **OUR ACTIVITIES**

- \* Campaign on issues of women's health, with special emphasis on coercion in Government programmes and against dangerous contraceptives and population control policies.
- \* Strengthen the process of safe contraceptive choice by providing women with information on various contraceptive methods available.
- \* Campaign on egalitarian family laws by organising college programmes, discussions, poster exhibition and preparing material for information.
- \* Campaign against the growing incidence of rape and other forms of sexual violence on women, police atrocities on women and domestic violence.
- \* Campaign against sex determination tests.
- \* Publish a quarterly newsletter in Hindi and English with information on our work and current events.
- \* Link up our struggles with the struggle for democratic rights, workers' struggles and the campaign against communalism by working closely with other groups.

need Rs. 10,000 to 15,000 a month for campaign material, travel and administrative expenses, telephone and electricity bills, publications etc. In order to more efficiently coordinate all that we have on hand today, we wish to keep the option of working as fulltimers open.

In the past, your help has made it possible for us to raise the funds we have needed. Today, we believe that your support can make it possible once again. We would be able to meet our requirements if even 200-300 individuals could contribute Rs. 50 per month. We value every contribution, however big or small.

**Cheques and drafts should be made out to SAHELI. Please specify whether you will contribute on a monthly/quarterly/annual basis.**

In solidarity .....The Saheli Collective

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## EGALITARIAN CIVIL CODE

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### *An Issue of Gender Justice*

The campaign for an Egalitarian Civil Code (E.C.C.) is once again on the agenda of our activities. Although the demand for a Uniform Civil Code (U.C.C.) is an old one and dates back to the time when the constitution was being drafted, the issue today has become much more complex and vexed. The women's movement which has been consistently seeking equality for women in the realm of personal laws today faces a serious challenge from communal & fascist forces within the country.

There exists an intimate and intricate link between the rights of women and personal laws. Broadly speaking, personal laws operate in the sphere of marriage, divorce, inheritance, succession, guardianship and adoption. Thus the rights and position of a woman within the family is determined to some extent by the personal law governing her. The personal laws, whether Hindu, Muslim, Christian or Parsi all find their origin in ancient religious texts. All personal laws in varying forms and degrees discriminate against the woman vis-a-vis the men within each community. The one common feature of all personal laws is that they give unequal & lesser rights to women. These personal laws ensure the secondary status of women within the family as well as the continued social and economic dependence of the women upon the male members of the family be they fathers, brothers, husbands or sons. The family as it exists today is based on patriarchal principles. The demand for a change in personal laws is essential as it would directly affect the status of women within the family. In fact the E.C.C. is a step towards eliminating unequal power relationships that exist within the family and oppress women.

It is important to remember that every personal law is biased against women. While it is

true that the Hindu personal law has undergone some reform and shed some of its blatantly discriminatory aspects, the inequalities have not been eliminated totally. To take a few examples, a daughter's right of inheritance is circumscribed in comparison to a son in respect of ancestral property. Even in case of self-acquired property daughters are usually disinherited as fathers enjoy the absolute right to will away their entire property. Again, a daughter can only claim a right to residence in the ancestral home in times of distress. Under the Parsi law daughter gets half the share of the son. In Shariat law also women are entitled to half the property in comparison to men. Again under the Christian law wills are commonly used to disinherit daughters and to nullify their equal right to property. We must also not forget that though there are some differences between the various personal laws, in reality the status and plight of women of various communities is not very different.

However despite this reality, the response of the state as well as political parties has not been in favour of an E.C.C. The State has through its various institutions played a significant role in converting what is essentially an issue of social justice for women into an issue of religious freedom and identity. It is argued by the Govt. that in order to preserve the cultural and religious identity of the minorities guaranteed under Article 25 of the Constitution, personal laws must be retained. In 1985, after the supreme Court judgement in Shabhanu's case, the Congress Govt. dictated by short-term electoral gains, sacrificed the interests of women and succumbed to the pressure of fundamentalists and passed the Muslim Women Protection of Rights on Divorce Act 1986. This Act, in fact, pulled divorced Muslim women out of the purview of S.125 Criminal

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Procedure Code, which was earlier applicable to women of all communities and communalised the issue. It also further strengthened the hold of religious leaders over the community and the consequent deterioration of the status of women. In fact in the monsoon session of Parliament in 1994 it was categorically stated on behalf of the Central Govt. that they had no intention of enacting a U.C.C. and the minorities should rest assured. Here again U.C.C. is not being seen from the view point of gender equity but rather as an issue of protection of minority-religious and cultural identity.

On the horizon of Indian politics today, right-wing, communal fascist parties are on the ascend. In the last few years religion has probably become one of the main determinants of electoral politics. We see all around us religious leaders gaining greater control over social and political life. This is of serious concern to us as history and our own experience show that religion has been used to legitimise mens power over women and also to deprive women of their rights.

The Bhartiya Janta Party (B.J.P..) has in its election manifesto stated that a U.C.C. be enacted. It is important not to be misled by the language that the BJP is increasingly using. The term used by both the women's movement and B.J.P. is the same but for both they conote two completely different concepts. What the B.J.P. and other Hindu fundamentalist and communal groups mean by the U.C.C. is essentially that the present Hindu Civil Code be extended to all other communities especially Muslims. This fits in their scheme of things which seeks to portray India as the land of Hindus, and all those who reside within it should be governed by Hindu Law and owe allegiance to the same. Moreover the B.J.P. and others are asking for a U.C.C. not because they want women to get equal legal rights but because they want to use this issue to whip up an anti-Muslim hysteria. They want to point out how backward and barbaric Islam is while at the same time projecting Hindu law as the last word



in equality, which we know is far from the truth. The Hindu communalists further argue that Muslims are a pampered minority who are allowed to enjoy their personal law, marry four wives and divorce at whim. We, however, do know that in reality polygamy is just as common among Hindus, wives are abandoned on a flimsy pretext and Hindu women suffer just as much as women under other personal laws. At the Annual Convention of Sampradayikta Virodhi Andolan, 1993, it was pointed out by a woman activist from Bangladesh that in her country, the situation was just the opposite for while the Muslim law had been reformed the Hindu law remained untouched. So, it appears that the position of Muslim law in India is also a consequence of them being a minority community here.

We must also be alert to the fact that when the issue of U.C.C. is raised by communal par-

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ties of the majority Hindu community the Muslims being a minority community feel under attack, withdraw and the voice of reform within the community is completely silenced. The communalists demand for a U.C.C. is borne not out of sympathy for women but rather antipathy towards all Muslims. It is therefore necessary for women's groups to make their position distinct from the communal parties, approach women of the minority community with sensitivity and to forge alliances on the issue of E.C.C.

In the wake of the severe challenge posed by communal parties, the women's movement today faces the task of clarifying misconceptions stating clearly that gender justice will be the sole underlying principle of the E.C.C. and to take the debate amongst women. It needs to be reemphasised that our demand is to abolish the patriarchal relations inherent in these laws and it is to be in the context of rights of women and not by linking it with the issue of religious or cultural identity. We have to be vigilant not to conflate our demand with that of the communalists.

In the last few years, anti-communal organisations too have felt the need to re-examine the issue of U.C.C. and turn it back into a question of women's rights. Seminars have been held to discuss the issue. The Peoples Movement for Secularism (P.M.S.) held a two days workshop on this subject in July. The discussions reflected three major stands. Firstly, that the demand for reform should come from within the community and there should be separate reform and codification of each personal law. A number of women's groups are working among Muslim and Christian women and are creating an opinion for reform within the personal laws. For instance a modern "Nikahnama" has been drafted to give Muslim women equal rights.

Secondly, it has been suggested that the Special Marriage Act be amended and made into an ideal secular, non-sexist law. It could then be optional for people to be married under the same. Thereafter a campaign be launched to

propagate it and encourage people to come within its purview. In other words it would be like an optional U.C.C. However some of us felt that the benefit of this Act would be limited to very few women and would leave the majority of the women untouched.

The third strategy is to scrap all personal laws and to formulate a new Egalitarian Civil Code, the corner stone of which would be gender justice. The campaign for this compulsory E.C.C. is to be undertaken by women's groups and secular forces.

It is apparent that the common thread between the three different approaches is that they all want reform so as to eliminate the discriminatory aspects of the personal laws.

At the P.M.S. workshop discussion was also initiated to explore areas in the realm of family and personal laws where women do not have any rights especially economic rights upon marriage. For instance, maintenance, matrimonial property, right to residence in matrimonial home, law to curb domestic violence etc. It was felt that alongwith campaigning for an Egalitarian Civil Code we should also work towards acquiring legal rights in these areas.

In 1947, after the debate in the Constituent Assembly, under pressure from the communal groups and dictated by considerations of vote, the Uniform Civil Code was placed under Article 44, in the chapter dealing with Directive Principles, which are unenforceable, and that is where it still rests. Article 44 provides that the State shall endeavour to secure a Uniform Civil Code for all its citizens.

The actions of the State in the last two decades however show its reluctance to adopt a Uniform Civil Code as also its communal bias. In 1976, the Special Marriage Act was amended and it was laid down that if two Hindus marry under the aforesaid Act they would continue to be governed by the Hindu Succession Act and not the Indian Succession Act. Again. In 1986, divorced Muslim women could no longer seek maintenance under Section 125 Criminal Pro-

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cedure Code, as the Government had passed the Muslim Women (Rights on Divorce) Act. Thereafter, the Law Ministry sent circulars to women's organisations seeking their opinion on two issues. Firstly, Section 125 Criminal Procedure Code, which gives a maximum maintenance of Rs. 500/- Secondly, the introduction of irretrievable breakdown of marriage as a ground for divorce in the Hindu Marriage Act. We at Saheli, however refused to respond, for we strongly felt that we could not allow the State to pay lip service to the issue of women's rights by enacting piecemeal legislation for some sections of women. Divorced Muslim women would get no benefit under Section 125 Criminal Procedure Code and it is Christian and not Hindu women who face difficulties in securing divorce under their personal law.

We feel that a campaign for an Egalitarian Civil Code is an urgent and important one. As part of our effort we organised a discussion with some students of Janki Devi College and spoke about the discriminatory aspects of various Personal laws. The response of the students was quite enthusiastic and they were keen to learn more about their rights or the lack of them. We shall be continuing the campaign by attempting dialogue with women, students and other groups. We are also preparing an information booklet and a poster exhibition. In our effort for justice and equity in law we are also trying to coordinate with other women's groups, democratic rights groups and anti-communal forces, so as to make our campaign broad based.

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## NEWS BRIEFS

*The articles in our newsletter only reflect a part of Saheli's work and concerns. On this page, we will attempt to report on our concerns about the action taken on other important issues by several groups in Delhi, including Saheli.*

### A DECADE OF COMMUNALISM

29th October. Ten years have passed, since, the politically instigated brutal massacre of Sikhs in Delhi, and yet, the culprits remains unpunished.

To observe the 10th Anniversary of the 1984 riots, People's Union for Democratic Rights organized a dharna outside the Police Headquarters in Delhi. We joined them in their demand that the guilty should be punished irrespective of whether they are political leaders, ministers or police officials.

1st November. A host of democratic rights' groups, women's groups and left organizations participated in a rally to draw people's attention to "Where are the guilty" of the 1984 riots.

6th December. Peoples' Movement for Secularism called a protest rally to the BJP Office on the occasion of the 2nd Anniversary of the demolition of the Babri Masjid and the violence that followed. A few hundred people from various organizations joined the candle light procession demanding that the BJP, RSS, Shiv Sena and others responsible be severely punished. We also condemned the communal politics of the Congress and the B.J.P.

### AGAINST SEXUAL HARASSMENT ON CAMPUS

Some women students and teachers of Delhi University have formed a group called "Swabhiman". Supported by several women's groups, they are actively involved in the on-going campaign for the dismissal of Prof. S.C. Bhatia (Head of Dept. Adult Education). There have been many complaints of sexual harassment and molestation made against S.C. Bhatia, both by women teachers and students. Even the Justice. Wad Committee has found him guilty, yet the University authorities are reluctant to dismiss him.

### ANNOUNCEMENT OF PREPARATORY MEETING, NATIONAL COORDINATION COMMITTEE

The National Coordination Committee of the Nari Mukti Sangathan Sammelan will be having its preparatory meeting on 25th-26th March '95 in Delhi. This will be organized by Jagori, C-54, South Extension Part-II, New Delhi-110 049.

### PLAGUE SCARE

10th Nov. In the name of a mythical plague epidemic, in September, Delhi's 90 lakh citizens were subjected to panic. The Barbaric Epidemic Act was invoked forcibly confining all "suspected" plague cases and causing hysterical buying of tetracycline and other harassments all, without any medical basis. Ankur, Sabla Sangh, A.B.V.A. alongwith Saheli volunteers and others revived the Nagrik Mahamari Janch Samiti to investigate and protest in a dhama outside the National Institute of Communicable Diseases on 10.11.94. Medical establishments, the administration, media and private medical companies were charged with being, irresponsible, unscientific, unethical, criminal secretive and monopolistic - corrupted by the medical power they have appropriated from the public.

### FORCIBLE A.I.D.S. TESTING ON SEX WORKERS

Mahila Sangha a women's group in Calcutta, protested against the forcible testing for A.I.D.S., of sex workers in Calcutta by National A.I.D.S. Control Organisation and the Bengal unit of Voluntary Health Association of India, in collusion with the police in support. A protest dhama was organized by the Aids Bhedbhav Virodhi Andolan outside the N.A.C.O. office on the eve of World's Aids Day.

### TALK ON THE DANGERS OF NORPLANT

1st December. Saheli with the support of the Indian Social Institute organized a talk by Dr. Eva Ollila of Finland. In the meeting attended by women's organizations and representatives of UNFPA, FPAI and Population Council. She shared her findings from years of research on Norplant - the hormonal subdermal contraceptive. She spoke about the hazards it poses to women's health and the difficulties faced by physicians in handling it that together, make Norplant an unsafe and unacceptable contraceptive. This was followed by a critical discussion on its misuse in India as a method of population control.

### PROTEST AGAINST THE 23RD NOVEMBER, NAGPUR MASSACRE

1st December. To condemn police action that resulted in the death of tribals at a rally, a demonstration was held outside Maharashtra Sadan, New Delhi.

### CONDEMNING INCIDENTS OF MASS RAPE

Rape has always been used as a weapon against women by State and other patriarchal forces.  
In early October '94 a large group women agitating on the Uttarakhand issue were brutally raped. We condemn the incident and extend our solidarity to the agitating women.  
In mid December. Saheli alongwith A.I.P.W.A., Jagori and Peoples Link began investigating into the organized rape of migrant women workers in a brick kiln in the village of Nagla Percy near Aligarh.

### VIOLENCE AGAINST WOMEN IN THE MEDIA

12th November. The 2nd Saturday meeting called by Saheli on the issue of forced nude posing by women in some magazines and the increasing commodification of women in the media, was attended by members of many women's groups. Participants expressed their agitation over how beauty contests, modelling and advertising are first world ploys to help develop markets for increased consumerism.

### WHY WOMEN SAY "NO" TO DEPO PROVERA - PUBLIC AWARENESS

12th-16th December. In order to raise public awareness of the hazards of Depo Provera (a hormonal injectable contraceptive), Saheli alongwith supporter - friends, distributed leaflets at busy intersections of Delhi. Public response was encouraging and people were keen for more information on the issue of hazardous contraception in India.

In order to cover our printing and mailing costs we would appreciate an Annual Subscription of Rs. 35/- for Indian subscribers and Rs. 120/- for foreign subscribers for the Saheli newsletter brought out quarterly. Please subscribe.

Name of individual / Organisation .....

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Address .....

.....

Tel.: .....

Mode of payment :  Cash  DD  MO  Cheque

All cheques/drafts etc. should be made in favour of Saheli.

**MEMBERS OF SAHELI :** Ashima, Alpana, Dolly, Elizabeth, Kalpana, Lakshmi, Lata, Prem, Rajni, Ranjana, Sadhana, Sarvesh, Sushila, Vani, Vrinda.

# Saheli

NEWSLETTER

Vol. I No.10

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For Private Circulation Only

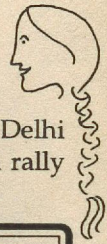
- ◆ International Women's Day - 8th March, 1996
- ◆ The Government's New Gimmick!  
~ People's Participation in the Family Welfare Programme
- ◆ Anti-Fertility "Vaccines" - Postcard Action
- ◆ Leaflet Campaign for an Egalitarian Civil Code

*Welcome to another issue of the Saheli newsletter. Although a smaller issue than most, this one demands more of your time and participation. Inside, you will find 2 postcard action campaigns: One, a national level effort to influence the government's family welfare programme. And two, an international campaign against hazardous Anti-Fertility "Vaccines". In addition, there is also a call for your support to the campaign for an Egalitarian Civil Code. As you know, all of these are urgent issues of the times. Please respond in large numbers and help make them a success.*

**Saheli Women's Resource Centre, Under Defence Colony Flyover,  
(South Side), New Delhi-110 024. Tel. 4616485.**



## MARCH - 8, INTERNATIONAL WOMEN'S DAY



Every year, on International Women's Day, practically all the women's groups and organisations in Delhi come together to express solidarity towards each other and the women of the world. This year we held a rally against violence on the women of our country. This is the leaflet that was produced jointly on the occasion.

### *Friends,*

8th March, the International Women's Day is the day of our struggles. Today we greet all our sisters throughout the world who are struggling against exploitation and violence. We have come a long way but we still have a long struggle ahead.

Despite endless declarations, legislation and pronouncements made to protect women, women are still insecure. Economic pressures, communal violence and state repression have multiplied. Sexual violence against women is on the increase.

We are faced with sky-rocketing prices of essential commodities. Long queues before the ration shops are a proof of vanishing food subsidy. Privatisation of transport has led to increase in fares and unregulated operators on the roads are a threat to life and limb.

Women's health has never been a social priority but now we are faced with increasing fee in government hospitals where medicines are always out of stock. Prices of medicines have also risen steeply. While the government has no money to spare for treatment it does not hesitate to subject women to hazardous contraceptives produced by multinational companies in the name of family planning.

Education is being privatised. Rising fees in schools and colleges will ensure that girls who are discriminated against within the family will never get educated.

Working women are increasingly being pushed into the unorganized sector where no protective legislation is in force and an increasing number of women are forced into piece-rate work with poor remuneration. So profiteering is at its peak, even as women toil for 16-18 hours to earn a few rupees.

There is open and increasing discrimination even in provision of civic amenities and even as the rich water their lawns, women in bastis stand in long queues to fill up drinking water.

We live close to the centre of power and under the rule of the Congress-I as well as the Bharatiya Janata Party. While both these parties do little to better our lives they allow lotteries, illicit liquor and blue films to bring further ruin to our lives.

Our rulers are reduced to being pawns at the hands of imperialist powers who are ruthlessly imposing structural adjustment and "liberalisation" on our economy. Liberalisation which has proven to be beneficial only to a minuscule elite while the exploitation of the masses has intensified. The ensuing consumerist culture has turned women into a commodities to be used for furthering the sale of every kind of good and service.

Our leaders have robbed our country and not a day passes by without some new scandal, new scam or new crime coming to light. The perpetrators of the crime enjoy power and go unpunished. Women are at the mercy of these politicians who engage in blackmail, rape and even murder. Naina Sahni's case and the Jalgaoon sex scandal are still fresh in our memories.

Today, with elections are around the corner, different ploys are used to grab women's votes. Significant among these, are appeals to religious sentiments. But history has shown that women are the worst sufferers of communal violence. And after their political ends are served, these fundamentalists do not hesitate to push us back inside the four walls of our home. In addition, these forces have rigged up their own women's wings as was witnessed in the anti-Bhanwari rally in Jaipur.

Sexual violence knows no difference between small babies and women. Starting with sex-selective abortions, sexual abuse of little girls, dowry related violence, flesh trade, domestic violence and murders ... women of every caste, creed and class are victims of escalating violence. The state is also uses sexual atrocities to crush the struggles of the people, as we saw in Muzzafarnagar.

The courts also aggravate the situation of violence against women by pronouncing anti-women judgements. The Padaria case, the rape of a nurse in Bangalore and that of Bhanwari in Rajasthan are examples of this bias. In cases of rape, the judges seem only too ready to believe the rapists and look for loopholes in the story of the victim, who finally reaches the courts after a lot of hesitation and fear of the risk she faces in making the crime public.

Let us come together and announce that we want:

- ~ **Economic transformation not 'reform'.**
- ~ **Peace not communal violence.**
- ~ **End to violence against women.**

# THE GOVERNMENT'S nEw GiMmiCk!

## People's participation in the Family Welfare Programme

Turn on the TV these days and chances are you'll see a well-known figure telling you that "until now the government has been planning family welfare programmes, but this year it wants us, 'the people' to determine our own welfare programme. Our ideas are to be sent to the nearest Primary Health Centre or the Secretary, Department of Family Welfare". Then, we are called upon to join together and make this 'a people's revolution'.

What's wrong with that, you might ask. But before we raise our hopes at the thought that this heralds an era of increased peoples' participation in government, it would be worthwhile to consider a few points. This scheme is promoted by the Ministry of Health & Family Welfare - a wing of the government that is best known for its aggressive family planning programmes and coercion of people (primarily the women) of the country. So, what could be better to give its reputation a facelift than a campaign that projects it as being concerned about peoples' opinions? Or is this just the final acknowledgement of the Department's failure to meet its targets?

Otherwise, why does the government want our suggestions only on family welfare? After all, it never consults us before taking a loan to build a Sardar Sarovar Dam, inviting foreign investment into the country to colonise the nation for a second time, sending military and para-military forces to repress our own people, selling invaluable national assets for a pittance to international finance capital, or even taking *hawala* money. Far from seeking our opinion, it doesn't even think it necessary to consult the Parliament before auctioning the nation's future by signing the WTO treaty.

We all know exactly what the government means by 'family welfare': promoting or even forcing the use of contraceptives to restrict family size to *Hum do, hamare do* or as current propaganda says, *Hum do, hamara ek*. But who says that definition is enough? In our opinion family welfare is about the basic health for all, hygienic conditions to live in, clean drinking water, education, employment, security for the aged, work for the youth and the future of our children. But in the eyes of government, all this is not part of family welfare. They are different issues to be dealt with by different departments, and in the bargain, it is our families that pay the price.

Re. 1

To,  
The Secretary  
Department of Health & Family Welfare,  
Nirman Bhavan,  
New Delhi - 110001.

Re. 1

To,  
Saheli - Women's Resource Centre  
Above Shop No. 105-108,  
Defence Colony Flyover Market,  
New Delhi - 110024.

Dear friends at Saheli,

We have sent the postcard to the Secretary, Department of Family Welfare and are interested in:

- Getting more copies of the postcard
- Joining the national campaign against the coercive population policy and aggressive family welfare programmes of the government
- Receiving more information on the same

Name :

Organisation :

Address :

Dear Sir,

We are grateful for the opportunity to tell you what we, the people of India would like to have in terms of 'family welfare'.

For the real welfare of our families we demand that the government, instead of focussing on the number of children we have, provide for basic health facilities for all women, men and children, hygienic living conditions, clean drinking water, availability of food at reasonable prices, education, security for the aged, employment and other measures that secure the future of our children.

In addition we assert our right to decision-making on the contraceptive choices and demand freer availability and wider distribution of safe and effective barrier methods of contraception like condoms and diaphragms.

Also, if you really believe in peoples' participation, the law prohibiting candidature of women with more than 2 children in Panchayati elections must be repealed immediately.

Name :

Organisation :

Address :

Anyway, all this talk of our participation in determining the direction of the programme is nothing more than an eyewash. In its agreements with the World Bank, and several other bi-lateral and multi-lateral agencies, the government has already committed itself to abide by their directives on the Indian family welfare programme for the next 10-12 years. For example, its agreement with the World Bank includes the propagation of long acting hormonal contraceptive injections for women. And conditions for 'aid' from the USA include the widespread distribution of American contraceptives, with total disregard for their side-effects and their unsuitability for Indian women. In the face of such pressures, how much can our opinions matter?

But we digress. The government is concerned about family welfare, not welfare of the people. And it wants our participation. But if it is really interested in peoples' participation, why doesn't it strengthen the Panchayati Raj system? Instead of encouraging people to become part of the process, it prohibits women who have more than 2 children from contesting elections. And given that Indian women have an average of 3.6 children, this rule excludes the majority of women in the country. So how is the government ever going to find out what they really want?

Yet, the government itself has benefited from the phenomenal growth in numbers of TV and satellite revolution. It uses every chance to claim that not just the family, the whole country is happier today. There is greater brotherhood among communities [never mind if Babri Masjid is demolished], more employment for the youth [ignore the fact that factories are closing every day], more hope among the poor [who now look at life through the rose tinted glasses of a Ray-Ban] and greater joy among young women of the nation [who seem to prefer pictures of the Prime Minister to those of Shah Rukh Khan and Akshay Kumar]. And let's not forget, the economy is also healthier [even if you can't afford to keep pace with the rising prices of milk to keep you children healthy].

Over the last few years, the government has taken an enormous amount of loan [to the tune of Rs3,40,500 crores] from international institutions in the name of 'taking the nation into the 21st century'. Yet, all that the people of the country have seen in terms of betterment, is Structural Adjustment and a boom in consumer goods of all kinds. So, while private companies have the pleasure of making more and more money in this newly liberalised environment, ironically the government is spending its money repaying loans and running its basic programmes of primary health, education and 'family welfare' with further loans.

Besides political participation, contraception is in fact, the other area in which women's opinions just don't matter to the government. Its objectives are to somehow find ways of preventing women from having children for a length of time. Hence, its focus on long acting contraceptives like Norplant, Depo Provera, Anti Fertility Vaccine etc. The other advantage is that women have no control over these methods once they have been implanted or administered, making it easier for the government to achieve its family planning targets.

And yet, the task before the government is not easy. As part of the Structural Adjustment Programme it has to show a fall in the rate of population growth. So, besides harmful contraception it also tried to bring in a Population Policy that sanctioned the use of para-military force to implement the family welfare programme, and punish women bearing more than 2 children by denying them jobs, withdrawing their ration card and other social security measures .... All this in a country where ministers guilty in the *hawala* scam are all set to go scot free!

At this point it becomes relevant to ask why the World Bank and other international financial institutional are so concerned about population in countries like ours.

The promise of health and prosperity at bearing just two children is hollow. In fact, the talk about population explosion and growing numbers (especially in the developing countries) ruining the environment is just a defense against the overconsuming lifestyles in developed countries. In their own internal documents, welfare of the people of the South just do not feature. All they see in the growth of our numbers is a threat to their security, the racial 'balance' in the world and favourable international trade relations. But for us the welfare of our family is important. **That's why it is so important for us to respond in large numbers and demand:**

1. that *FAMILY WELFARE* be redefined to include basic provisions of health, education etc.
2. that the future of our children be secured
3. that legislation prohibiting women's candidature in Panchayati elections be withdrawn immediately to make 'peoples' participation' meaningful.
4. that the harmful state-controlled focus on contraceptive choices be replaced by making effective and safe barrier methods available to women.
5. that endless research of harmful contraceptives on the women of the country be put to an immediate stop.

*Please send the postcard with demands to the Secretary, Dept. of Health and Family Welfare and the campaign copy to us at Saheli. Let's get together and really make this a real peoples' revolution for more meaningful family welfare in the country.*

FERTILITY "VACCINES" • ANTI-FERTILITY "VACCINES" • ANTI-FERTILITY

Re.1

Mr David Griffin  
c/o WHO Regional Office,  
Indraprastha Estate  
New Delhi

Re.1

Saheli  
Under Defence Colony Flyover  
New Delhi 110024

Dear friends at Saheli,

We have sent the post card to David Griffin and are interested

- in getting more copies of the post card
- in joining the international campaign against Population Control and abusive hazardous contraceptives
- in receiving more information on the anti-fertility "vaccines"

Name :

Organisation :

Address :

Dear Sir,

We have learnt that you have expressed interest in knowing the views of potential users in respect of developing anti-fertility "vaccines". We feel that for an inherently unreliable method based on the immune system and producing a range of side effects such as have been emerging in the research done so far there indeed is no user.

On the other hand the "vaccines" have every potential to be used on us without our knowledge in the present population control programme.

We request you to stop this research which has no possible benefits but can only play havoc with women's lives and indeed focus on methods which are reliable, user controlled and without hazards for women, children and men.

FERTILITY "VACCINES" • ANTI-FERTILITY "VACCINES" • ANTI-FERTILITY

## ANTI-FERTILITY "VACCINES"

### Postcard Action

The campaign to stop research on anti-fertility "vaccines" has been going on for more than three years. Women's groups, science groups, and even trade union organizations have joined the call seeking a halt on this research. The main players in the field are the Human Reproduction Research Programme (HRRP) of WHO, UNFPA, UNDP and the World Bank; the Population Council of USA, and the National Institute of Immunology, India (NII) working on the vaccine patented by IDRC Canada. As a part of the campaign, the international campaign group has met and interacted with various research and funding agencies and was told by David Griffin heading the HRP team that if he knew that women didn't want this vaccine to be developed he will consider stopping this research. We decided to take this opportunity to start a postcard action to write and tell Griffin that women do not want this "vaccine". After all, vaccines are used for prevention of disease and pregnancy is not a disease. We therefore use the quotation mark to differentiate this distortion in research from other vaccines.

The products most developed are variations of anti-hCG (Human Chorionic Gonadotropin) "vaccines" which will destroy the hCG needed for implantation of the fertilized egg. This contraceptive is based on creating immunity against hCG which is produced only after fertilization takes place and is not present in the body all the time.

Other immunological contraceptives being developed interfere with sperms, eggs, FSH (follicle stimulating hormone) and GnRH (Gonadotropin Releasing Hormone). The site of destruction may be the male or female body, e.g., anti-sperm vaccine for females.

The problem with products developed so far are manifold, and these apply to the whole range of "immunological contraceptives".

- Immune responses vary among individuals, i.e., with the same "vaccines" some women may not even reach contraceptive effect whereas some may become sterile for life.
- Immune response of any individual may dip at any time due to stress, illness, under-nutrition etc. rendering the contraceptive ineffective.
- There is no obvious means for an individual to judge when the contraceptive becomes effective and when it is not.

- Since there are many similarities in molecular structure of reproductive hormones and substances, the anti-bodies will attack more than the target, i.e., the anti-hCG vaccine developed by the National Institute of Immunology can cross-react with LH (Luteinizing Hormone) - resulting in hormonal disturbances as well.
- Since these anti-bodies are aimed against the body's own substances, they carry the risk of life-threatening allergies hastening the onset of and aggravating anti-immune diseases such as diabetes, myasthenia gravis etc., and a possible cause for a faster manifestation of AIDS.

Undoubtedly, these contraceptives are unreliable with accompanying high costs for the body. In addition to all side effects of immunological contraceptives, they also expose people to ill-effects of hormonal contraceptives. No individual would therefore opt for them voluntarily, especially taking into consideration the fact that more reliable methods of contraception do exist.

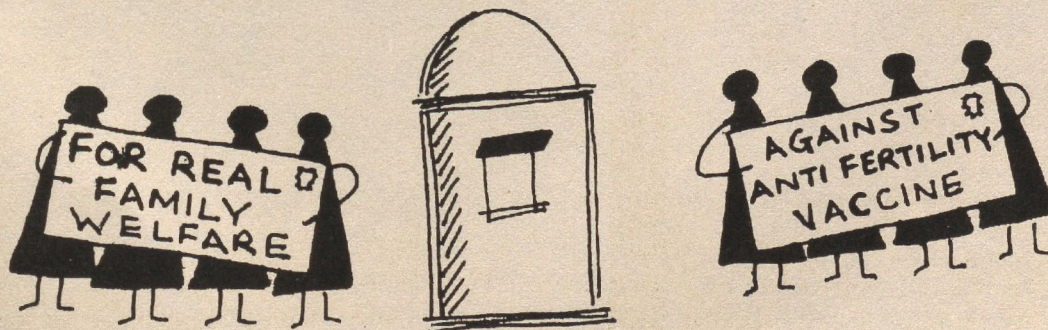
Yet 10 percent of the worldwide contraceptive research budget is currently being spent on developing these methods and trials are going on with strange formulations. WHO persists on trying out a toothpaste-like formulation with practically no shelf life - obviously a product which can not be marketed. Meanwhile the NII wants to continue trials with vaccines which have failed in more than 20 percent of women tested upon. Obviously, these vaccines are not put through trials to satisfy anyone's contraceptive needs.


Immunological contraceptives are in fact unsurpassable in one respect - potential for abuse. This contraceptive can be administered without a person's knowledge or consent. Immunological contraceptives carried on other vaccines such as Tetanus Toxoid and Diphtheria Toxoid can be easily administered at least once and probably repeatedly through immunisation programmes. As such women may not even know that they have been immunised against pregnancies.

This abuse potential makes it a very potent device in the hands of population controllers. A contraceptive which can be administered to all men and women, even though it does not satisfy any individual. Ethics of bio-medical research dictate that research can only be carried out if the potential product offers benefits over existing ones. But although immunological contraceptives like the "vaccine" do not meet this criteria, they have crossed this boundary and are freely being tried on women.

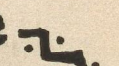
As users, we look for methods which are reliable, safe and within our control. But such contraceptives are not even researched into. The fact is that funding agencies of the First world and the institutions under their influence, constantly focus on mass application of provider-controlled methods to somehow lower birth rates, without any regard for users' autonomy, health and well-being.

Therefore, we call upon you to join the post card action and tell Mr Griffin what you want and what you don't want. Please send a postcard to us so that we can follow up on opinions amassed and press for action.



all   
women

## Leaflet Campaign for an Egalitarian Civil Code

one   
law

The debate around personal laws, the inequalities they impose upon all Indian women and the possibility of an Egalitarian Civil Code is now more than decade old. What began as a widespread public debate, especially during the days of the Shah Bano case has unfortunately, has now become confined to discussions and seminars among activists and intellectuals, and motivated propaganda by political parties.

In an attempt to take the issue back to the people, Saheli launched a leaflet-campaign on the International Women's Day this year. Having started with the North Campus and Jawaharlal Nehru University in New Delhi, the campaign intends to cover other colleges and important traffic junctions in the city. Any help and solidarity we receive in widening the distribution of this leaflet in Delhi or in your area, will go a long way in taking the campaign further.

Friends,

Since many years we have been observing the 8th of March, symbolising the struggles of millions of women in this country. The 8th of March, International Women's Day, is a reminder of the historical event in 1907, when thousands of women workers in the USA went on strike to demand economic rights and better working conditions. This year, *let us raise our voice to protest against discriminatory family laws and to demand an Egalitarian Civil Code.*

While successive governments in power continue to claim their concern for women's welfare, the vast majority of Indian women continue to suffer due to lack of economic rights and recognition of their labour in the family. The existence of personal laws further reinforces women's secondary status in the family and society. It is this reality the women's movement has been struggling against.

All our laws pertaining to inheritance, marriage, divorce, custody, maintenance, adoption and guardianship are based on religion. *While these laws differ from one religion to another, one aspect remains common - denial of equality to women.* Personal laws do not recognise the contribution of women in the family and household.

Access to opportunities of education and jobs are limited for women, while lack of creche facilities and an adequate support system do not encourage women to work outside the home. The back breaking domestic labour of women in the household and rearing of

children for years goes without any recognition. In the event of divorce, a woman has no legal recourse to even reside in the matrimonial home. Dowry continues to be given. Far from providing any security to women, it results in countless dowry deaths. Thus the contribution of women in the family, provides them no share in its resources. Inheritance laws have never been in favour of women.

In a vulnerable situation, a woman is often left helpless in the face of violence in the family. It becomes impossible for a woman to leave an abusive or humiliating situation and begin a dignified life. If a marriage breaks, a woman runs from pillar to post for justice, only to be confronted with unequal laws sanctioned by the state and determined by her religion. This is a reality confronting all women today, irrespective of community, caste or religion.

Despite years of struggle for equal laws for all women, increasing communalism and fundamentalism in collusion with electoral interests, have made our task more difficult. Being in power for years, the Congress (I) has brought no change in laws to improve women's situation. It continues to maintain personal laws as an issue of minority and majority interests, at the cost of women's rights by propagating the need for an uniform civil code. The communal politics of BJP, we all know, only seeks to bring all minorities, including Muslims, uniformly under Hindu Law. *We therefore need to assert our rights as women and not allow such political parties and fundamentalist forces to further communalise the issue.*

- **Let us struggle against discriminatory family laws as they devalue women's labour and status in society.**
- **Let us raise our voices for equality in law for all women, as a basic democratic right.**
- **Let us continue the struggle for an Egalitarian Civil Code for all women.**
- **Let us stand resolved to fight against women's exploitation and oppression.**

**PRINTED BOOK-POST**

*If undelivered, please return to:*  
**SAHELI WOMEN'S RESOURCE CENTRE, ABOVE SHOP NOS. 105-108, DEFENCE COLONY FLYOVER MARKET, NEW DELHI - 110024. TEL.: 4616485.**

# Saheli

NEWSLETTER

September 1997

## CONTENTS

### **QUINACRINE STERILISATION**

~ Unscientific & Illegal Sterilisation Of Women 2

### **SATHIN STRUGGLE**

~ An Update 7

### **SEXUAL HARASSMENT AT THE WORKPLACE**

~ Supreme Court Finally Acknowledges The Problem 8

### **NATIONAL CONFERENCE OF WOMEN'S MOVEMENTS**

~ A Call To Women From All Over The Country 11

# QUINACRINE STERILISATION

## Illegal And Unethical Experiments On Women's Bodies

Amidst all the propaganda surrounding World Population Day, 11 July 1997, Saheli spoke out against the aggressive population policy of the government, and illustrated the hazards it presents to women's health by releasing a report on the Quinacrine method of chemical sterilisation of women, titled **Quinacrine: The Sordid Story of Chemical Sterilisations of Women.**

Tracing the history of Quinacrine from its sordid beginnings in Nazi concentration camps to its contemporary 'status' as a method of sterilisation, the report exposes the vested interests of racist anti-immigration groups in the First World which are leading the promotion of the method, like Elton Kessel and Stephen Mumford, who believe that Third World populations are a security risk to the First World. The report clearly establishes that all those involved in using Quinacrine as a method of sterilisation in India are guilty of flouting, medical and ethical norms and the law of the land.

Over the past 20 years or so, the Quinacrine method of female sterilisation has been used on women in 15 countries including India, Bangladesh, Chile, China, Indonesia, Philippines, Vietnam, Iran, Venezuela, Romania, Malaysia, Pakistan, Costa Rica, Croatia and Egypt. In India, its history is almost 20 years old despite the fact that the method has never received official approval. Today, the majority of Quinacrine sterilisations are being carried out by the NGO sector and private practitioners all over the country. It is obvious that in the rush to promote Quinacrine sterilisations as widely as possible, the women subjected to the procedure have been completely lost sight of.

### Medical Issues :

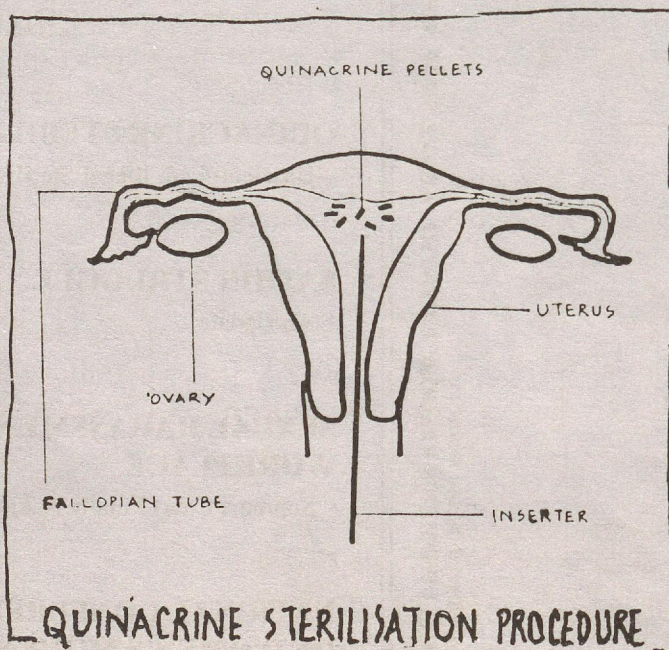
#### Too Many Questions with No Answers

From the earliest experiments in which Quinacrine was used as an agent of chemical sterilisation of women, controversy has dogged its footsteps. The very proposal that a corrosive agent be used to create scar tissue in order to effect sterilisation has always been problematic. But over the years, the dangers that it poses to women's health have become more apparent and consequently, the voices against it much louder.

*The blind procedure* of instilling Quinacrine for sterilisation has been one of the first causes of concern. Problems associated with the procedure itself include possible adhesions between the anterior and posterior uterine walls, perforation of the uterus, cervical stenosis (closure of the cervix) etc.

*The question of efficacy:* Even the promoters of the method acknowledge that failure rates vary substantially depending upon the skill of insertion of Quinacrine, the additional contraceptive cover included, etc., and that the efficacy of the method is not yet satisfactory.

*Another serious issue is that of increased risk of ectopic pregnancies.* This potentially fatal possibility has also received insufficient attention. The advocates of the method brush the issue aside by saying that the rate of ectopic pregnancies is equivalent to that of IUD insertions. But the fact remains that high incidence of ectopic pregnancy was one of the main reasons for termination of the ICMR trials of Quinacrine sterilisation. In fact, in the



study conducted at Lady Hardinge Medical College (LHMC), New Delhi, out of a sample of just 32 women, at least one ectopic pregnancy was reported. With approximately 100,000 women all over the world having undergone the procedure, the prospects are frightening.

*Long terms effects:* Three decades after its introduction, animal testing is still inadequate and hardly any data are available about the mutagenic potential (potential to cause changes in tissue), teratogenicity (effect on the foetus), carcinogenicity (potential to cause cancer) and the ability of Quinacrine to persist in the tissues. The few studies that have been done, indicate that Quinacrine can cause mutations, and therefore press the need for further testing. There are no documented studies on the teratogenic potential of Quinacrine and this lack of information has been conveniently portrayed as absence of the effect.

*Even the claim of 'no fatalities due to the method',* the basis on which Quinacrine is called the safer option to surgical sterilisation, cannot be substantiated. Three deaths due to the use of Quinacrine slurry were reported by the manufacturer of the drug. Additionally, Dr. Zafrullah Chowdhury, a renowned doctor from Bangladesh in a meeting on May 10, 1997 in Delhi reported the death of a woman due to Quinacrine sterilisation performed by him 20 years ago. He immediately sent a cable to Kessel, but received no response.

Moreover, lack of proper data maintenance may be the other reason for no 'reported' deaths due to the method.

*Reversibility of Quinacrine sterilisation:* In the developing countries where it is being promoted, poor healthcare systems, high infant and child mortality rates and an early age of female sterilisation, make the option of reversibility important. But all the available data indicate an unacceptable return of fertility rate of just 50%.

**The blatant scientific inaccuracies, gross misinformation and utter irresponsibility that have characterised Quinacrine trials cannot be allowed to continue.** Governments, national and international medical associations, councils and other scientific forums in India and abroad must break their silence immediately.

Such medical practice directly contravenes accepted national and international codes of medical ethics, and threatens to jeopardise the life and well-being of tens of thousands of women (and possibly that of future generations as well).

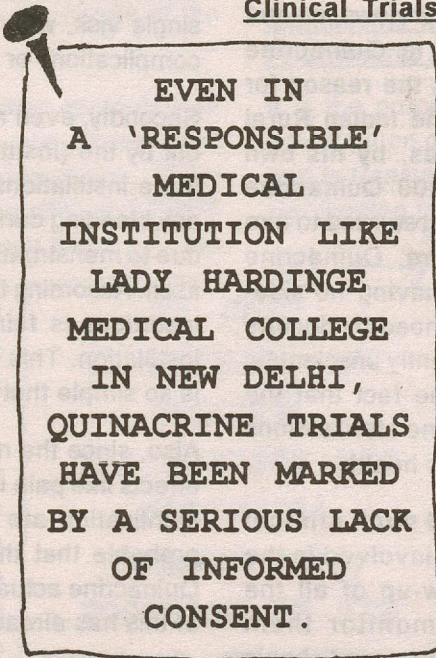
#### Clinical Trials. Unnecessary Experimentation with Women's Lives.

The manner in which the trials of Quinacrine sterilisation have been carried out are problematic. The method of insertion changes midway through studies; combinations of drugs instilled in the uterus change dramatically (e.g. Quinacrine + ibuprofen, Quinacrine + tetracycline and Quinacrine + diclofenac) and yet, these wide variations in protocol do not deter the promoters from clubbing them together for analysis. In some studies, Depo Provera, a long acting hormonal contraceptive replaces the oral contraceptive pill as the additional contraceptive cover. Its inclusion as a contraceptive cover in a large number of trials, including the IFFH

protocol is shocking because it is itself known to produce a large number of side-effects, including delayed return of fertility! And yet, such a protocol is approved and used even in a 'responsible medical college' like LHMC.

*Informed consent is also a contentious aspect of Quinacrine trials.* While most of the individual practitioners and NGOs involved in the trials publicly declare that informed consent is adequately obtained, facts speak otherwise. International guidelines on informed consent for clinical trials clearly state that consent must be taken on the basis of complete information, including possible risks, complications, side-effects, etc. The lack of information on Quinacrine sterilisation makes it impossible for this basic requirement to be fulfilled.

The guidelines of the premier research body in the country, Indian Council for Medical Research (ICMR) also specify that in a country like India, participants should be made aware of the trial by a person like a social worker, and not a doctor. This is a condition that few, if any, private practitioners or NGOs care to fulfil. At the Primary Health Centre (PHC) where LHMC carried out many Quinacrine sterilisations, neither the Chief Medical Officer, social worker nor the lady health visitor had any information of the method, the fact that trials were being



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conducted, or its possible consequences. Not surprisingly, one out of six women contacted had no information that she was being sterilised, much less that she was being used as a guinea pig for Quinacrine trials!

*The trials of Quinacrine sterilisation are also marked by absence of follow-up.* In writing and in interviews, on and off the record, practitioners involved in Quinacrine sterilisation have cited lack of funds as the reason for lack of follow-up. Dr Biral Mullick of the Indian Rural Medical Association, Calcutta, who has, by his own admission, conducted more than 10,000 Quinacrine sterilisations claims that no women have returned to him with any complaints, and that therefore, Quinacrine sterilisations should be considered as having no side-effects or complications. This plea is echoed by doctors in LHMC. Obviously, such claims are patently unscientific and totally unacceptable and reveal the fact that the people behind the promotion of Quinacrine sterilisations clearly have no commitment to women's health.

**An immediate stop must be put to all such clinical trials.** NGOs and private practitioners involved in the trials must immediately initiate follow-up of all the women sterilised by Quinacrine, monitor them adequately and provide quality healthcare. A basis must be evolved for providing compensation to all the women who have been subjected to the procedure.

**Since Quinacrine trials are not legal in India, stern action must be taken and an example be set to deter such illegal and unethical practice.**

**A clearcut direction must be given to contraceptive research** to ensure that it only strives towards providing safe solutions for the health and well-being of the women and men in the country.

#### **Potential for Mass Use** **Massive Potential for Abuse**

*Ease of use - the primary argument in favour of Quinacrine sterilisations is probably the strongest argument against it.* Firstly, although the procedure is technically simple, the efficacy of the method is a direct function of the skill with which quinacrine is inserted. In spite of the fact that the promoters of the method repeatedly stress the need for giving adequate training to experienced paramedics, ANMs, etc., practitioners like

\*Mullick carry out only 2-day practical workshops. Given the scale at which they project the potential for Quinacrine sterilisations, how much training will be imparted, skill developed and efficacy reached remains a matter of conjecture. This matter gains even more serious proportions when the procedure is visualised as being conducted in a single visit, with no follow-up visits to check for efficacy, complications or even side-effects.

Secondly, even according to the training manual brought out by the (Institute for Development and Training) IDT, three instillations of Quinacrine are essential in case of any bleeding during the first or second instillation, whether due to menstruation or as a consequence of the procedure itself. According to Dr Bhateja (Bangalore), bleeding during insertions is fairly common, thus necessitating a third instillation. This further belies claims that the procedure is so simple that it can be administered in a single visit.

Also, since the method of insertion and immediate side-effects like pain in the lower abdomen, etc., of Quinacrine sterilisation are so similar to that of IUDs, it is highly probable that the women undergoing sterilisation with Quinacrine actually mistake it for a Copper-T. An instance of this has already been seen in the LHMC trials.

This is precisely the 'potential' that promoters of Quinacrine sterilisation like Jain believe ought to be 'exploited'. Towards this end, they have established a nationwide network for the distribution of Quinacrine pellets for sterilisation. In the bargain unfortunately, it is the women, mostly those belonging to poorer, marginalised sections who are getting exploited.

**Obviously, the only way to ensure that Quinacrine sterilisations are not [mis]used on a mass scale, is to ensure that they are not used at all.** Whenever instances of Quinacrine sterilisation come to light, penal action must be initiated - irrespective of whether it is been conducted by private practitioners, 'charitable' trusts, NGOs or government hospitals.

#### **Population Control. Vested Interest** **In Quinacrine Sterilisations**

The case of Quinacrine sterilisations is a direct fallout of the population control lobby worldwide and the coercive population policy of the Indian

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government. For the First World population control lobby, it is a permanent method that can help 'control the fertility of women in developing countries' that they believe poses a security threat to the First World. Although the procedure of Quinacrine sterilisation is simple, it is nevertheless, controlled by the provider of the method. Thus making it a powerful weapon in the hands of the population control lobby.

Not surprisingly, some of the most active promoters of Quinacrine sterilisation worldwide are Kessel and Mumford, whose respective organisations, IFFH (International Federation for Family Health) and CRPS (Centre for Research on Population and Security), are funded by right-wing anti-immigration groups. Mumford has gone on record saying, "If the borders of the US are not closed, the US would become a Third World country".

They argue that it is appropriate for developing countries because it can play an important role in lowering maternal mortality. But this reasoning is obviously faulty. The only way to lower maternal mortality is to improve health services, not to introduce a hazardous means of sterilisation like Quinacrine.

They also contend that the gap between developing and developed nations is so wide in terms of health and contraceptive prevalence, that it is inappropriate to apply a single standard for clinical trials to both. In its place they propose the WHO "risk/benefit criterion for tropical diseases", i.e. that the risk of the disease is high enough to justify the use of inadequately tested drugs. In the first place, allowing the use of inadequately tested drugs even for treating diseases is itself unethical and medically unsound. Secondly, viewing reproduction as a disease to be 'treated' with untested drugs reveals the anti-woman bias of such research. Women's fertility is regarded here as uncontrolled, to be reined in by any means, and at any cost to the woman.

The Government of India, which was one of the first Third World governments to implement a population policy targetted at the poor, gains its legitimacy from this international lobby. Indian policy makers have always contended that population growth is the root cause of poverty and underdevelopment. They fail to recognise that

unequal access to resources, and domination of a moneyed elite has been at the crux of 'under' development.

**Third World governments must stand up for the health and well-being of their populations, and bring Quinacrine sterilisations to an immediate stop.**

### Quinacrine in the Age of Privatisation. Frightening Implications.

It is the process of de-regulation of the economy and privatisation of the health sector over the last few years, that is translating into the horrible reality of Quinacrine sterilisation today.

**JK JAIN,  
EX-MP [BJP] AND  
SURGEON,  
HAS MISUSED HIS  
POLITICAL  
CONNECTIONS,  
POSITION IN THE  
MEDICAL FRATERNITY  
AND HIS TELEVISION  
CHANNEL, JAIN TV,  
TO ILLEGALLY  
PROMOTE QUINACRINE  
STERILISATION.**

Today, it is the market that rules. Concern for peoples' health has been replaced by concerns of cost-efficiency. Long-term studies have given way to post-marketing surveillance programmes. And government responsibilities in the health sector are being hurriedly farmed out to the NGO sector which is not accountable to anyone.

A combination of vested and commercial interests are coming together to influence the procedures and decisions of governments and regulatory authorities. In the case of Depo Provera, after the US Food and Drug Administration (FDA) sanctioned its use as a contraceptive numerous regulatory bodies all over the world including the DCI in India, granted approvals for the marketing of Depo Provera, subject only to a post-marketing surveillance. Needless to say, this only

served to open the floodgates for the manufacturers and their Indian subsidiary.

The apprehension that this may be repeated in the case of Quinacrine sterilisation is a very real one.

*The dismantling of health services:* When high infant mortality, maternal mortality, death during childbirth, etc., are a function of the abysmal health infrastructure in the country, how can the consequences of replacing them with family planning centres or handing over the primary responsibilities to NGO programmes be anything less than disastrous? The government must evolve clear guidelines for all NGO functioning in these areas, and develop mechanisms to implement them.

**If the government is to make credible its claims of being committed to the health and welfare of its**

people, it has no alternative but to halt the process of dismantling the health infrastructure, and strengthen primary healthcare services available in every part of the country.

**Role Of The Government.**  
**No Governing Role At All.**

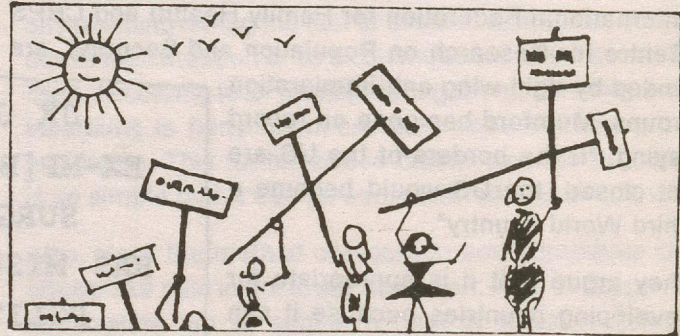
The controversy surrounding Quinacrine sterilisation in India has been marked by an interesting official response. Concerned officials like P Dasgupta, Drugs Controller of India (DCI) and BN Saxena, Addl Dir Gen, ICMR, met Saheli with righteousness, claiming that they had nothing to do with the ongoing Quinacrine sterilisations, and that they had, in fact, played very responsible roles. However, Saheli's investigations revealed otherwise.

Saxena's claim that ICMR had called off its trials due to a high failure rate and that they have had no dealings with the private practitioners or NGOs involved was belied by two important facts. Firstly, despite these dissociations, ICMR legitimised Mullick and his 'research' by quoting it in their protocol for Phase II clinical trials of Quinacrine. They also invited him to a meeting in 1992 on "The use of Quinacrine for Tubal Sterilisation". Similarly even though Saxena behaved as though he had no knowledge of Jain, the latter was a Consultant to the ICMR study on Quinacrine. Lending such credibility to the unauthorised and illegal activities of Mullick and Jain hardly qualifies as having had nothing to do with them.

The DCI's response to the Quinacrine situation was as much of a farce. At an hour-long interview with Saheli, he claimed that he was very perturbed with all that was happening. He repeatedly clarified that legally, Quinacrine pellets used for sterilisation are a new drug that requires new approvals. He also asserted that he had not given any approvals except for the ICMR study, and that every clinical trial, be it at a medical college like LHMC or at an NGO like Indian Rural Medical Association, needed his permission. Further, he said that without his approval, any import or manufacture of Quinacrine pellets is illegal. But he claimed that since he is "only a licensing authority", all he can do is investigate the matter, after that it was upto the law enforcing authorities.

The DCI is not as powerless as he would have us believe. The Drugs &

Cosmetics Act specifically empowers him to conduct investigations into matters of illegal import and manufacture of drugs, confiscate stocks and even initiate proceedings. The DCI's investigations leave much to be desired. He revealed the bias of his investigations when he generously excused Mullick for having given the inspectors a wrong name of his suppliers' source. When questioned about why Jain's operations including his source of Quinacrine supplies had not been investigated, the DCI pretended he had never heard of Jain.



It is obvious that authorities like the DCI are well-aware of the trials of Quinacrine sterilisation being conducted all over the country, and that these 'experiments with women's bodies' do in fact, have his tacit approval.

On 30 May 1997, in response to a question raised in Parliament by Ashok Mitra, on the legality of the use/trials of the Quinacrine method of female sterilisation, Ramakant Khalap, Minister of State of the Department of Legal Affairs stated, "Approval for trials on quinacrine pellets has not been granted to any investigator by the DCI." Mr Khalap further stated, "There have been some reports in newspapers about dissemination-use of quinacrine by some individual doctors, but no specific instance has been brought to the notice of the government". This is despite the fact that Saheli raised the issue citing specific instances of illegal use of quinacrine in several communications, including a meeting with the DCI.

Despite its official position against the trials of Quinacrine sterilisation, the government is turning a blind eye to gross violations by the promoters and practitioners of Quinacrine sterilisation.

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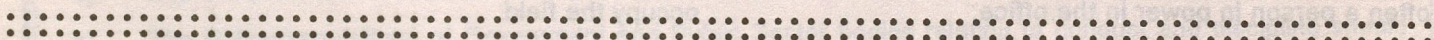
**Protests Against Quinacrine Sterilisation.**  
**Legitimate Demands.**

The medical concerns compounded with the social implications of use of Quinacrine as an agent for female sterilisation has sparked off protests from women's groups all over the world and here, in India. In Calcutta, the Ganatantrik Mahila Samity was instrumental in getting Mullick to abandon his trials of Quinacrine sterilisation. In Delhi, several women's groups like All India Democratic Women's Association (AIDWA), Centre for Women's Development Studies, Joint Women's Programme, Saheli Women's Resource Centre, etc., jointly staged a demonstration at Jain's clinic to protest against his role in the promotion of Quinacrine sterilisation in India. Women's groups in Bangalore held press conferences and also demonstrated outside clinics promoting the quinacrine

method. Letters of protest, urging immediate action have also been jointly sent to the DCI and the Minister of Health & Family Welfare; but no action has yet been initiated. AIDWA and the faculty of the Centre for Social Medicine and Community Health, JNU, Delhi, have jointly filed a public interest litigation in the Supreme Court.

The need of the hour is that immediate action be taken to prevent the continuation of Quinacrine sterilisations of women all over the country. It is essential that women's groups and other concerned organisations and individuals strengthen their voice against such illegal and unethical medical practice.

**\* Quinacrine: The Sordid Story of Chemical Sterilisations of Women", a Saheli Report is available for Rs.30/- (inclusive of mailing).**



## **SATHIN STRUGGLE : AN UPDATE**



After a prolonged struggle, in May 1997, the Sathins of the Women's Development Programme [WDP] in Rajasthan achieved a significant victory when the Rajasthan Government announced an increase in the honorarium of the Sathins from Rs 250 per month to Rs 350 per month. The Sathins have been demanding minimum wages, security of service and other benefits at par with the workers in all community service programmes. Though the increase is far from satisfactory, in view of the fact that the government has been threatening to either wind up the whole programme or make major changes in its structure, this is some consolation.

But that the struggle is far from over is evident from the recent judgement of the Divisional Bench of the Jaipur High Court in which the Court has refused to accept that the definition of 'worker' under the Industrial Disputes Act is applicable to the Sathins. The crux of the Sathin's struggle has been the treatment of their work in the WDP as 'voluntary' and thus not deserving minimum wages, security of service or other workers' benefits.

The services of five Sathins from Kekri (Ajmer District) had been terminated after they attended the Fourth National Conference of Women's Movements in Calicut in December 1990. Subsequently, the Sathins had filed a writ petition in the High Court asking for reinstatement,

as their services had been terminated in an arbitrary manner without being given any reason.

In March 1992, the Single Bench gave an order for reinstatement on grounds of violation of the principles of natural justice. Technical questions related to the violation of Constitutional rights or the application of the Industrial Disputes Act were not gone into. The Department of Women and Child Development, Government of Rajasthan filed a special appeal petition in the High Court challenging the order.

It is in response to this petition that on 29th May 1997, the Divisional Bench issued its judgement in which the project document of the WDP has been extensively quoted. It is said that, "When the nature of the appointment is such that it is only to facilitate a development programme that a woman from amongst the rural women who may not even be literate, is to be appointed as a motivator or a link between the project organisers and the target group of women, it cannot be said that such an appointment would confer any right to be heard before termination of appointment."

This verdict is a major challenge to the struggle of the Sathins, who are determined to continue their struggle for recognition of their work and to demand the status of 'workers' rather than 'volunteers'. The Sathins have decided to take the case up to the Supreme Court.

# SEXUAL HARASSMENT AT THE WORKPLACE :

## — FINALLY, THE SUPREME COURT ACKNOWLEDGES THE PROBLEM —

Women have always had to face sexual harassment at the workplace - from male colleagues and bosses. These acts of aggression against women have a deep and adverse impact on the psyche, making it difficult for women to work. The daily humiliation is compounded by the forced repeated encounters with the offender, who is often a person in power in the office.

Protesting against sexual harassment is extremely difficult, because it most often results in a hostile work environment, delay in promotion, or even loss of one's job. The serious consequences of raising objections would make any woman think a hundred times before she decides to take action. All along, women's silence on the subject has been taken for granted. Hence, the women's movement has, over the years, been voicing women's resistance to this kind of male violence. But societal recognition of the problem has not been forthcoming.

However, on August 13th 1997, a three-judge bench of the Supreme Court headed by the Chief Justice delivered a significant judgement on sexual harassment at the workplace, ratifying guidelines drawn up by women's groups. The petition was filed in 1992 by Vishakha, Kali, Jagori and other women's groups following the brutal gang-rape of Bhanwari Devi, a Sathin in the government-run Women's Development Programme. She was raped during the course of her work of preventing child marriage in Rajasthan. This writ petition was filed for the enforcement of fundamental rights of working women under Articles 14, 19 and 21 of the Constitution which guarantee the right to equality, life and liberty to all citizens.

The Court also recognised that sexual harassment at the workplace is violative of Article 19 which guarantees the right to practice any profession, trade or business. Since the Right to Work depends on the availability of a safe working environment, and the Right to Life means a life with

dignity; the hazards posed by sexual harassment need to be removed for these rights to have any meaning. In the absence of laws to tackle the problem, the Court issued a set of guidelines to deal with sexual harassment at the workplace. These directions will be binding and enforceable in law until suitable legislation is enacted to occupy the field.

Judicial recognition of the serious nature of the offence of sexual harassment is indeed a positive step. These acts of violence against women have, for too long been dismissed as 'light flirtation', 'eve-teasing' and harmless jokes. Any woman who objected to sexual harassment was looked upon as 'hyper-sensitive' and lacking in a sense of humour. Thus, these guidelines, which are enforceable until there is a relevant law, are a vindication of the struggle to get sexual harassment the serious attention it deserves. The definition of sexual harassment covers a wide spectrum of objectionable male behaviour, which can prove to be extremely helpful.

The judgement, while it gives overall directions, is vague about implementation. It is not clear how exactly affected women should go about registering a complaint, and who exactly will look into the complaint. With regard to women workers in the unorganised sector, in which the large majority of women work, it is not clear how redressal mechanisms will work. The same applies to domestic workers who are sexually harassed by their employers, and landless labourers by landlords and contractors, both of which are especially common. There needs to be more clarity so that the guidelines do not remain mere rhetoric, but actually help women who have been sexually harassed.

Setting up of Complaints Committees with NGO representatives in every single workplace does not seem practical. Moreover, NGOs themselves are not free from labour disputes and sexual harassment itself. A more workable plan

SEXUAL  
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## • TOWARDS A SAFER WORKPLACE: THE GUIDELINES IN BRIEF •

1. It shall be the duty of the employer or other responsible persons in workplaces and other institutions to prevent or deter the commission of acts of sexual harassment, and to provide for the resolution, settlement and prosecution of sexual harassment by taking all steps required.

2. **Definition:** Sexual harassment includes such unwelcome sexually determined behaviour (whether directly or by implication) as : a) Physical contact and advances; b) A demand or request for sexual favours; c) Sexually coloured remarks; d) Showing pornography; e) Any other unwelcome physical, verbal or non-verbal conduct of sexual nature.

The Court noted "It is discriminatory when the woman has reasonable grounds to believe that her objection would disadvantage her in connection with her employment or work, including recruitment or promotion, or when it creates a hostile work environment."

3. **Preventive Steps:** All employers or persons-in-charge of workplaces, whether in the public or private sector should take appropriate steps to prevent sexual harassment :

- a) Express prohibition of sexual harassment at the workplace should be notified, published and circulated.
- b) The Rules/Regulations of Government and Public Sector bodies relating to conduct and discipline should include rules/regulations prohibiting sexual harassment, and provide for penalties against offenders.
- c) Steps should be taken by private employers in the standing orders under the Industrial Employment Act, 1946.
- d) Work conditions should be provided in respect of work, leisure, health and hygiene to further ensure that there is no hostile environment towards women at workplaces.

4. **Criminal Proceedings:** Where such conduct amounts to a specific offence under the Indian Penal Code or any other law, the employer shall initiate action by making a complaint with the appropriate authority. In particular it should ensure that the victims or witnesses are not victimised or discriminated against while dealing with complaints of sexual harassment. The victims of sexual harassment should have the option to seek transfer of the perpetrator, or their own transfer if they so desire.

5. **Disciplinary Action:** Where such conduct amounts to misconduct as defined by the relevant service rules, disciplinary action should be initiated by the employer.

6. **Complaint Mechanism:** Whether or not such conduct constitutes an offence under law or a breach of the service rules, an appropriate, time-bound complaint mechanism should be created for redressal of complaints.

7. **Complaints Committee:** The complaint mechanism should provide, where necessary, a Complaints Committee, a special counsellor or other support service. Confidentiality should be maintained in all these dealings. The Complaints Committee should be headed by a woman, and not less than half of its members should be women. To prevent the possibility of undue influence from senior levels, such Complaints Committees should involve a third party such as an NGO or other body familiar with the issue. This Committee must make an annual report to the concerned Government Department regarding the complaints received and action taken.

8. **Workers' Initiative:** Employees should be allowed to raise issues of sexual harassment at workers' meetings and in other appropriate forums. It should be affirmatively discussed in Employer-Employee meetings.

9. **Awareness:** Awareness of the rights of female employees in this regard should be created, in particular by prominently notifying the guidelines (and legislation when enacted) in a suitable manner.

10. **Third Party Harassment:** Where sexual harassment occurs as a result of an act by any third party or outsider, the employer and person-in-charge will take all necessary steps to assist the affected person in terms of support and preventive action.

11. **The Central/State Governments are requested to consider adopting suitable measures including legislation, to ensure that the guidelines laid down by this order are also observed by the employers in the private sector.**

needs to be evolved. Further, merely having a woman-headed Committee or women representatives is not sufficient to ensure a fair hearing for women who have been sexually harassed. The women representatives and head should be women with a proven commitment to women's issues.

Moreover, the Supreme Court guidelines place a very high degree of faith in the employer to take up the issue, ensure redressal and carry out disciplinary action. This faith is largely misplaced. It has been proven time and again that it is most often, the employer or person-in-charge himself who is guilty of sexually harassing women employees under his supervision.

Often, although the employer may not be directly responsible for sexual harassment, he may hush up the issue, squash complaints, or even support the offenders. In such situations, the woman employee will be especially vulnerable because the abuse of power and authority by superiors is extremely difficult to resist. The struggle to prosecute bosses and seniors is a long and hard one, as Dr Sushma Merh (SC Bhatia case), Dr Sehla Agarwal (BSN Reddy case) and other gutsy women know all too well. It is therefore essential to have a neutral body

**ENSURING  
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investigating cases of sexual harassment at the workplace.

Further, sexual harassment has long been a tool to attempt to subdue women who are active in Trade Unions or demands for worker's rights. Women are often the vulnerable targets to break agitations and dampen dissent. Especially in such situations, faith in the employer's goodwill to take up cases of sexual harassment (when he himself may be one of the culprits) is misplaced.

Despite these shortcomings, the guidelines can definitely be used to our advantage. It is necessary to create awareness of them and to encourage the use of redressal mechanisms effectively.

But this is only the first step. It is also necessary for women's organisations, trade unions, peoples' organisations, workers' groups, and all professionals, both male and female, to press for these guidelines to be made the law of the land as soon as possible, and to challenge power dynamics in workplaces where sexual harassment is used as a method of intimidation and control of women. Unless these basic issues are tackled, sexual harassment will continue to make workplaces unsafe for women.

**UNITE TO FIGHT  
AGAINST SEXUAL HARASSMENT  
AT THE WORKPLACE!**

**Dear Friend,**

*In order to support future issues and help us recover our printing and mailing costs, we would be glad if you could subscribe to our newsletter. The annual subscription is only Rs.35- [in India] and Rs.120/- [Overseas].*

*We also look forward to your letters, comments and suggestions.*

*Please feel free to use/reproduce any material from our newsletters, but do acknowledge the same. We would also be happy to receive a copy.*

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*Payments should be made by Cash/MO/DD/Cheque.*

*All Drafts/Cheques should be drawn in favour of Saheli Women's Resource Centre.*

# A CALL TO WOMEN FROM ALL OVER THE COUNTRY!

Once again we, from various women's groups and movements, from different parts of the country, will be meeting for the 6th National Conference at Ranchi, Bihar, from 28th - 30th December, 1997. At the Conference, we hope to share our experiences, insights, visions, struggles and campaigns with each other. We also hope to connect through discussions on various themes and plan strategies together. We will celebrate our coming together, dance and sing with each other.

National Conferences have now become part of the 'tradition' of the women's movement. They are organised by some women's groups who come together to form a National Co-ordination Committee (NCC) to decide the venue of a Conference, its central focus, themes and workshops.

Money for the Conference is raised through donations, fund-raising events and a registration fee. This year, the Full Fee is Rs.300 while the Subsidised Fee is Rs. 150. Individuals and organisations who can afford it should pay the Full Fee to help enable the participation of others who cannot afford it.

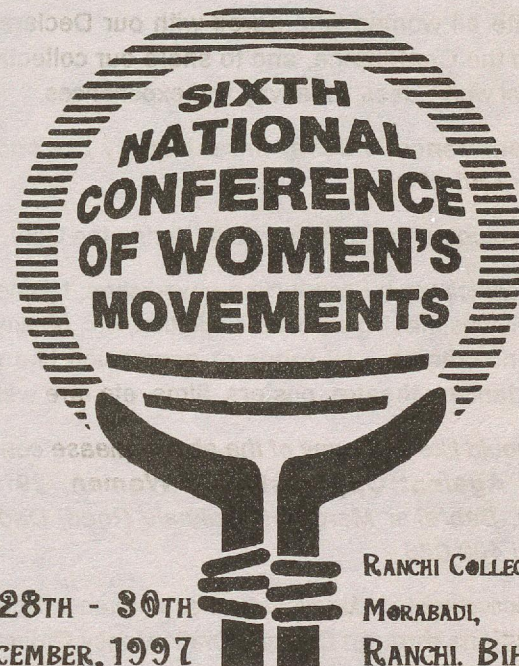
The 1st National Conference was held in 1980 in Bombay in the context of the anti-rape campaign in various parts of the country. Around 200 women from autonomous women's groups gathered here for the first time.

The 2nd Conference was held in 1985, once again in Bombay, to discuss perspectives of the women's movement. 380 women from a number of women's groups participated.

The 3rd Conference moved to Patna, Bihar in 1987 in order to facilitate the participation of grass roots activists and strengthen women's groups in Bihar. 760 women came together for this Conference.

The 4th Conference was organised in Calicut, Kerala in 1990 and the participation soared to 2,980 women from 113 groups.

The 5th Conference was held in Tirupathi, Andhra Pradesh in 1994 on the themes of State repression, the new economic policy and communalism. Over 3,000 women participated.



The 6th National Conference will focus on the following 3 central themes:

**Displacement of Women:** Throughout history, development policies, and more recently, the new economic policies, have been displacing thousands of poor people. Women are the worst hit by such deprivation of livelihoods, land, jobs, and cultures. This displacement further marginalises women who are also socially "displaced" from their parental and matrimonial homes.

**Increasing Violence Against Women:** Despite sustained struggles, violence against women continues to increase. Issues like incest, marital rape, and sexual harassment at the workplace are being taken up by the women's movement. We need to discuss how best we can strategise to continue the struggle against violence.

**Anti-Woman Character of the State:** The State has brought in many legislations and policies for women. But its inherently patriarchal, classist, and casteist nature perpetuates the existing status quo and does little to implement laws or offer women justice. This anti woman character of the State is most blatantly seen when it is unable to contain its own armed forces and police from perpetuating violence against women.

These three sessions will be followed by sub-theme workshops on issues like Health, Family and Other Support Structures, Communalism, Sexuality, Gender Just Laws, Women and Labour, Natural Resources, and Perspectives from the Women's Movements. There will also be special sessions for Adivasi women, Dalit women and Muslim women that will address issues that arise out of their particular situations.

We invite all women who agree with our Declaration to come to the Conference, and to share our collective and individual work, ideas, creativity and experiences.

***This Conference is being organised by the collective efforts of all of us.***

*Please volunteer* for different tasks during the Conference.

*Please participate* by conducting a workshop, talking about your activities, having a poster exhibition, etc. on any of the Conference themes. All forms of expression like poetry, songs, dances, theatre, posters, films, etc. are welcome.

*If you would like to do any of the above, please contact:*  
**Forum Against Oppression of Women, 29 Bhatia Bhavan, Babrekar Marg, Off Gokhale Road, Dadar(W), Mumbai 400 028.**

*Please actively collect donations* for the Conference. **Send your contributions through Demand Drafts/Money Orders** drawn in the name of "Nari Mukti Sangharsh Sammelan, Ranchi".

**Registration for this Conference is compulsory.** Organisers are responsible to arrange food only for those who register in advance. So please send in your registration forms. **If you have not yet received registration forms, please contact the State Co-ordination Committee immediately.**

**Last date for registration is 31st October, 1997.**

***For further information contact:***

**State Co-ordination Committee, Nari Mukti Sangharsh Sammelan, House of Late S.K. Banerjee, Women's College Lane, Nagra Toli, Ranchi 834001, Bihar. Tel. [P.P.]: 207741, 301963.**

## **SCHEDULE OF THE NATIONAL CONFERENCE OF WOMEN'S MOVEMENTS**

### **28 DECEMBER 1997: WELCOME**

- Sessions on the 3 Central Themes**
- . Displacement of women
  - . Anti-woman character of the State
  - . Increasing violence against women

Introduction of participants with cultural programme.

### **29 DECEMBER 1997: SUB-THEME WORKSHOPS**

- Parallel Sessions**
- . Gender Just Laws
  - . Communalism
  - . Sexuality
  - . Health
  - . Natural Resources
  - . Family and Other Support Structures
  - . Women and Labour
  - . Different perspectives in the women's movement

- Special Sessions**
- . Muslim women
  - . Adivasi women
  - . Dalit women

- Special evening meetings and workshops:**
- . Meeting of women who love women
  - . Nationality Struggles
  - . Poetry and other creative expressions
  - . Problems of Indian women living abroad

### **30 DECEMBER 1997: Sharing of Resolutions & Plenary Session Workshop Proceedings**

## **RALLY AND PUBLIC MEETING**

### **Special Information**

*~ All sessions of the Conference are for women only. ~ Ranchi will be very cold in December. Please remember to bring warm clothing. Also you will have to get your own bedding including sheets and blankets. Floors of the rooms will be lined with straw and jute coverings which will provide warmth, but it will not be possible to provide mattresses. ~ Creche facilities will be arranged at the venue for children. ~ Efforts to get railway concessions for all participants are being made by Jagori and Saheli in New Delhi. ~ Only women can register for the Conference. Men accompanying women participants will have to make their own arrangements.*

*~ Every attempt will be made for simultaneous translations of the proceedings through different language groups. ~ Efforts to get railway concessions for all participants are being made by Jagori and Saheli in New Delhi. ~ Only women can register for the Conference. Men accompanying women participants will have to make their own arrangements.*

**STRUGGLING TOGETHER AGAINST VIOLENCE, DISPLACEMENT & STATE REPRESSION!**

# Saheli

NEWSLETTER

(For private circulation only)

8th March 1998

## INTERNATIONAL WOMEN'S DAY

PRINTED BOOK POST

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### CONTENTS

<b>THE RANCHI CONFERENCE</b>	
~SOME REFLECTIONS	2
<b>CLOSURE OF INDUSTRIES</b>	
~WORKERS' VOICE	4
<b>UNETHICAL MEDICAL RESEARCH</b>	
~WOMEN PAY THE PRICE	6
<b>CAMPAIGN UPDATE</b>	
~QUINACRINE STERILISATION	7

# THE SIXTH NATIONAL CONFERENCE OF WOMEN'S MOVEMENTS AT RANCHI:

## Some Reflections

The Sixth National Conference on Women's Movements held in Ranchi from 28th to 30th December 1997 was an opportunity for women from movements from all over the country to share their experiences, visions, struggles and campaigns.

Around 4,000 women from over 300 organisations participated in the conference. There was not only an increase in the number of participants, for the first time women from the North East participated in large numbers and brought their issues to the agenda of the women's movement.

The central themes of the conference were: displacement of women, increasing violence against women and anti-woman character of the state. The session on displacement was one of the most largely attended. The session brought out as to how the construction of big dams in the name of development are displacing thousands of poor people. But unfortunately the discussion remained confined to the Narmada dam. Other big dams and other kinds of displacement, specially keeping in mind that Ranchi was the venue of the conference, displacement due to the Netarhat firing range could not be discussed.

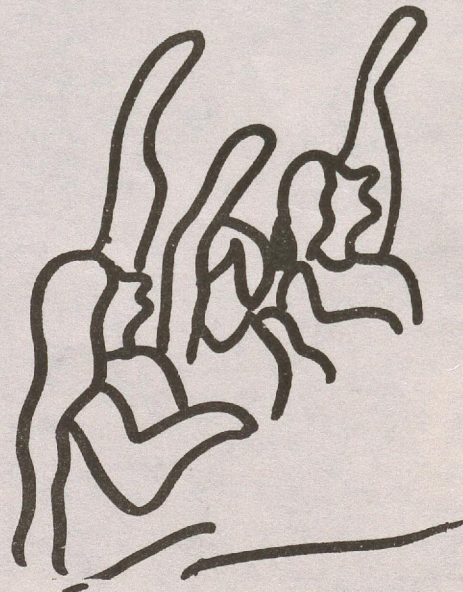
An indepth discussion on increasing violence against women did not take place, since the session was primarily dominated by street plays. The anti-woman character of the state was divided into various sub-sessions. These were: the coercive population control policy, women's development programme, anti-liquor movement and state repression. There was a follow-up meeting on anti-liquor movement and state-repression to discuss the possibilities of networking to build solidarity among ongoing democratic struggles.

Parallel sessions and workshops were also held on Muslim women, Adivasi women, Dalit women, natural resources, sexuality, health, lesbianism, women and labour, different perspectives in the women's movement etc. A special session was added on the request of Tibetan Women's Association to highlight the oppressive policies of China against Tibetan women so as to pressurise the Chinese government to release women prisoners. The wide range of themes reflected the numerous issues confronting women from different sections of society.

Apart from discussions there were other creative expressions like films, plays, songs and dance presented by various groups. Many women who generally feel alienated from the format of discussion could relate to such forms of expressions in a more meaningful way. Stalls and exhibitions were set up, where the organisations displayed their materials like newsletters, magazines, books, posters, pamphlets, cassettes etc. Even handicrafts produced by women were on display.

Cultural programmes in the evenings were an opportunity where women celebrated their coming together through songs, dance and plays. Hectic activity went on till late night during the conference where the women were not only engaged in discussing the various issues, sharing experiences formulating strategies and networking but also in selling their materials, talking informally to other activists and groups and reporting to the press.

The third and final day's programme which was to have the plenary session to pass the resolutions and the rally which culminates into a public meeting could not be held as per schedule. There was an incident of molestation of one of the participants by the police. This led to a spontaneous protest, and thousands of women blocked the main chowk of Ranchi, moving out only when the accused was suspended.



The Ranchi Conference has reiterated the need for a serious and open debate within the women's movement on a number of issues like the nature, participation, overall organisation and structure of the conference, etc. Some of the problems identified were - selection and thrust of the themes, criteria and amount of registration, boarding and lodging facilities, lack of local volunteers to guide the participants, non-availability of space to conduct sessions etc.

Most of the participants also felt that the total time allotted (one and a half days) for discussions for both the central and the sub-themes was inadequate both from the point of view of a large number of women participating, as well as the wide range of issues covered. It was also felt that there was not sufficient preparation on the part of the coordinators of the sessions. This was reflected in the level of discussions and the nature of participation in many of the sessions.

One of the objectives in selecting a venue of the conference is to highlight the ongoing struggles of that region and to extend the solidarity of women from all over India to such struggles. This requires a special session which should focus on the local issues but unfortunately there was no such session in the Ranchi Conference.

All the above observations lead us to think seriously about how we look at these conferences. What is the purpose of organising such conferences? What kind of women's groups are now participating? Are they struggle oriented or NGO based? How is decision-making regarding these conferences affected? There is a need to critically analyse the present trends within the women's movement as they are impinging upon and shaping these conferences.

Saheli organised a review meeting of the Ranchi Conference on 30th January which was attended by about 30 women from different women's organisations. Some of the issues which emerged were: What should be the role of the National Coordination Committee (NCC) and State Coordination Committee (SCC) which organise the conferences? How can the coordination between them be improved? It was stressed that among other things the role of NCC should be to provide continuity between the conferences. It was observed that interaction of women's groups between the two conferences is also getting limited and that efforts should be made to improve it. It was also suggested that the decisions and resolutions which

get adopted during the conference should be carried forward in order to strengthen the women's movement.

The other major issue which emerged was: what should be the criteria for including various organisations in the NCC? Serious concern was also expressed over the increasing presence of funded NGOs and government organisations in these conferences. It was agreed that this feedback would be shared at the NCC review meeting to be held in Baroda in early April.

The Developing Countries Research Centre (DCRC) in Delhi University organised a discussion on the Conferences of the Women's Movement on 3rd February. Saheli was invited to present a report of the Ranchi Conference in the context of the history and

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**The Ranchi Conference  
raises questions that  
can no longer be  
ignored by those  
engaged in the struggle  
for women's  
liberation.**

---

perspectives of the earlier conferences. A number of women who had attended the Ranchi Conference were present in this discussion. The presentation was followed by a critical and lively discussion regarding the politics of the women's movement as reflected in these conferences. The increasing NGO-isation of these conferences and the impact of foreign funding was brought up. A strongly expressed opinion was that a struggle-oriented

perspective was missing in the sessions and discussions at Ranchi. It was also pointed out that what began as a Conference of autonomous women's groups can no longer be defined as such. The discussion focused mainly on the questions arising from Funding and NGOs on one hand and alliances with left groups on the other. The low participation of women's groups of ML parties at Ranchi as compared to the earlier two conferences was also mentioned. Yet another opinion expressed was that if one recognizes the diversity in the women's movement, why do women continue to come together under one conference? Why not more conferences if the trends are so different? Though the discussion raised more questions than it could answer, concern from various quarters over the changing character of such conferences was clearly articulated.

These are questions which neither we, nor all those engaged in the struggle for women's liberation, can afford to ignore any longer. At this point of time, as a group which has been a part of the NCC, a need has been felt in Saheli to clearly determine an organizational objective and role in these conferences. The assessment of the Ranchi Conference makes it imperative to think afresh of the various trends in the women's movement.

# CLOSURE OF INDUSTRIES :

## WORKERS' VOICE

On December 16th 1996, several workers organisations, democratic rights groups, students unions, women's groups and others came together to form the Delhi Janwadi Adhikar Manch (DJAM). It was a direct and spontaneous response to a series of Supreme Court orders relocating polluting industries and cleaning up Delhi in consonance with the Delhi Master Plan. Saheli has been a constituent member and actively involved with the DJAM since its formation.

The DJAM has been working on two major issues: (i) the dislocation of thousands of workers' families due to the closure of factories and (ii) the demolition of jhuggi bastis and the displacement of thousands of slum dwellers. Protests, dharnas were held at the Supreme Court, Labour Ministry etc. Public meetings on the issue of closure of industries were held in various industrial areas, universities and other fora. The DJAM has also been campaigning against the Supreme Court order through distribution of leaflets, cultural programmes and rallies. Solidarity was also extended to the struggle of jhuggi dwellers against the ongoing demolition drive.

The DJAM brought out a report entitled 'The Order That Felled a City' analysing the politics of pollution and mass displacement of workers in Delhi. It was pointed out that workers were being unfairly penalised for failure on the part of owners of the industries to comply with statutory laws with regard to safety, effluent discharge, hazardous processes etc.

One year after the Supreme Court order DJAM undertook a survey to find out whether or not compensation was being given, whether industries were being relocated or closed down, and further, what has been the reaction of the state and central governments. A report entitled 'The Day After' was released to focus attention on the dismal condition of the workers of the closed industries.

In order to publicise the voice of the silenced workers the DJAM organised a series of public hearings on the issue of closure of industries. Local hearings were held in the industrial areas of Shahdara, Okhla, Nangloi and Wazirpur, culminating in a central hearing on December 13 1997.

The public hearings were preceded by a campaign stretching from October to December '97, during which the DJAM approached workers in the various industrial areas and residential settlements. The information about the hearings was taken to the workers through leaflets, corner meetings, songs and street plays and they were requested to come and depose in these hearings. The message of the meetings and street plays related not only to the 168 units that are immediately affected but also to more than 9000 whose fate hangs in the balance.

Workers of affected factories came to the hearings and narrated their experiences. Some families of workers also spoke about how the Supreme Court orders had affected their lives. These statements were presented as evidence in the central hearing. The members of the jury were all well-known personalities of Delhi comprising academicians, Profs. Javed Alam, Imrana Qadeer and Dinesh Mohan, literateurs Lalit Kartikeya and Rajendra Yadav and theatre personality Habib Tanveer.

**IT IS A MATTER OF SHAME  
THAT A PUBLIC INTEREST  
LITIGATION HAS BECOME  
THE INSTRUMENT OF  
DEPRIVING 50,000  
WORKERS OF THEIR LIVE-  
LIHOOD.**

The Environment, Labour and Industries ministries of the Central government, the Central Pollution Control Board and the Central Labour Department had also been invited by the DJAM. Justices Kuldeep Singh and Saghir Ahmed, Environment lawyer M.C. Mehta, the owners of all units covered by the judgment, officials of the Labour Department Delhi, and the Chief Minister of the State, were also invited to present their own versions and statements before the hearing. Likewise, in the local hearings, owners as well as labour and police officials had been invited to present their case.

It is unfortunate but worth noting that none of them found it necessary to come and present their version. This absence is all the more important in view of the fact that the DJAM had made a conscious departure from the blatantly unjust way in which, not once in the eleven years during the hearing of the public interest litigation filed by M.C. Mehta, were the workers heard - directly or through their representative unions. That the DJAM effort to conduct a fair hearing was thus scuttled only underlines the desire to reduce the voice

of the workers to further marginality. Naturally then, one of the important questions before the judges of the public hearing was to determine whether the principles of natural justice had been respected in the course of the official litigation. Their opinion in this regard was unanimous that they had not and that it was therefore necessary that the government and its agencies reopen the case.

Among those who deposed during the central hearing were lawyers, scientists, journalists and individuals related to human rights organizations and town planning institutions. What emerged clearly from all these presentations was the fact that it was not only important to fight on immediate questions of displacement but that, in order to go to the root of the matter, it was also necessary to evolve an adequate critique and alternative to the Master Plan of Delhi which had become the "holy text" of the government and courts alike. Though the DJAM has so far been raising the issue as a political demand, it was clear that such an alternative and critique was very much possible and practically feasible. This becomes especially important since the process of drafting the new Master Plan is on, and it is legally binding on the government to put out the draft for public objections and suggestions before notifying it in the gazette.

In their verdict the judges noted that it was a matter of deep concern that a public interest litigation had become the instrument of depriving 50,000 workers

of their livelihoods. They further observed that since, in this whole process, the principles of natural justice have been violated, the case needs to be re-opened. Alongside the "holy text" of the Master Plan on which the order bases itself, should be drastically changed. They also declared that the government should set up a machinery which can look into the pollution-related aspects of technologies before they are put into public use. Workers' and industry representatives should be a part of such a machinery.

The judges expressed serious concern over non-payment of wages and compensation till date and stated that the same should be immediately disbursed. In case there is any problem regarding the identity and precise numbers of workers, full weight should be given to the statements of workers in that respect. The judges further noted that workers' should also have a right over the land vacated by the relocation of units and only after taking their opinion should the future use of that land be decided upon.

After the public hearing DJAM conducted a campaign to take the verdict to the people through pamphlets, songs and street plays. In the pamphlet workers were urged to demand answers to their questions from the leaders of political parties busy with the elections process.

The DJAM also conducted a survey to focus attention on the effect of closure of industries on the families of the workers. The release of the report, emphasising the heavy burden women have to bear, coincides with the International Women's Day.



*Dear Friend,*

*We look forward to your letters, comments and suggestions. Do write in and feel free to use/reproduce any material from our newsletters after acknowledging the source. We would however, be happy to be informed of the same, and if possible, sent a copy .*

*In order to support future issues and help us recover our printing and mailing costs, we would appreciate an annual contribution of Rs.35/-*

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# PROTEST AGAINST ICMR-SUPPORTED UNETHICAL MEDICAL RESEARCH

In our campaigns against hazardous contraceptives, including the anti-fertility vaccine and the use of Quinacrine as an agent for chemical sterilisation by various non-governmental organisations in India, we have been critiquing the nature and conduct of research that targets poor, illiterate women as targets for trials. The question of ethical guidelines for clinical trials has also been focussed upon.

On 2nd December 1997 a report in the Times of India brought to light another sordid story of poor women from the neighbourhoods of Delhi becoming victims of research undertaken by the Institute of Cytology and Preventive Oncology [ICPO] in 1976.

ICPO, an institute funded by the Indian Council of Medical Research [ICMR], undertook a survey on women attending public hospitals in Delhi. Some 65,000 women were examined over a period of 8 years ending in 1984 and those suffering from cervical dysplasia, a potentially precancerous condition, were included in the follow-up study. The objective of the study as published in the Acta Cytologica (Vol.31,pg.226-33), was to study the 'Natural History of Precancerous and Early Cancerous Lesions of the Uterine Cervix.' In normal circumstances, women having cervical dysplasia (a potentially precancerous condition) continue to harbour the condition for years. In some of them, it could develop into frank cancer. The objective of the study was the identification of risk factors and the detection and management of the precancerous and early cancerous lesions in order to prevent invasive cancer of the uterine cervix.

Out of about 1,100 women followed up for about four and a half years, 22 developed cancerous conditions. In spite of early detection due to their participation in the study, they were not offered immediate treatment for cancer but were further followed up. Some women developing cancer died before the end of the study and the exact cause of death was not known!

In addition to the callous attitude of the doctors in not offering treatment as a first choice, the issue of informed consent from women participating in the

study is a vexing one. The results of the study published in 1987 by the ICPO investigators state that 'a formal consent in writing from subjects included in a study is not standard practice in India'. However, In February 1980, while the said ICPO study was going on, ICMR came out with a policy statement on ethical considerations involved in research on human subjects, stating that written informed consent cannot be dispensed with.

ICMR is the apex medical body of the country instrumental in formulating guidelines about clinical trials for new drugs, new vaccines, other studies

involving long term follow-up and so on. As an ICMR funded organisation it is deemed essential that the study conducted by ICPO would implement ethical guidelines about informed consent during the study. However, investigators at the ICPO turned Nelson's eye towards the guidelines. Some of the guidelines state:

'experimentation on human subjects in the country are required to make certain that the risks to an individual are outweighed by potential benefits to him or to society or by the importance of the knowledge to be gained' and further that 'informed consent is obtained from the individuals by methods that are appropriate and adequate'. The study quoted, violated both the norms - women who developed cervical cancer were followed up without offering immediate treatment thereby incurring a personal loss. Secondly, all that the ICPO did in lieu of informed consent was to send these women a card saying that their Pap test [a test done to detect the presence of cervical cancer] is abnormal and that they should come to the hospital on a given date!

Following the newspaper reports, Saheli took the initiative, and was joined by AIDWA, Action India, Nirantar, Magic Lantern Foundation, PUCL, ABVA, DGMA, Jagori, MARG and others to stage a protest at ICMR on Human Rights Day, 10th December 1997. A memorandum was submitted to Dr Badri Saxena, Addl.D.G of ICMR and a member secretary of the 1980 ICMR Ethical Guidelines Committee. Dr Saxena was also pressurised to publicise the ICPO study,

**~ ICMR SHOULD ACCEPT ITS RESPONSIBILITY, SPEED UP THE PROBE INTO THE VIOLATION OF MEDICAL ETHICS.**

**~ STRINGENT ACTION SHOULD BE TAKEN AGAINST ALL THOSE RESPONSIBLE FOR SUCH UNETHICAL AND INHUMAN RESEARCH.**

**~ WOMEN SUBJECTED TO THE STUDY SHOULD BE FOLLOWED-UP, GIVEN PROMPT AND ADEQUATE TREATMENT AND AWARDED SUITABLE COMPENSATION FOR WHAT THEY HAVE SUFFERED.**

and during this meeting with women's groups on 18th December 1997, admitted that there was no procedure under which the ICMR could initiate action against those who had sanctioned the project or been part of it.

In the meantime a draft for ethical guidelines on biomedical research involving human subjects has been prepared under the Chairmanship of Justice MN Venkatachaliah, who is also chairman of the National Human Rights Commission. These new guidelines are expected to include newer areas of research and make the clinical trials more humane and ethical! However, a key question of implementing the existing guidelines and punishing those not abiding them is still unanswered. During the meeting with ICMR, we also asserted our right to analyse and evaluate the proposed ethical guidelines. Vigilance by women's groups is essential to ensure accountability of public institutions like the ICMR and ICPO.

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## Campaign Update : QUINACRINE STERILIZATION



The campaign against the quinacrine method of female sterilisation has gathered momentum in various parts of India. Some women's groups in Bangalore under the banner of Mahila Arogya Rakshana Samiti, as also the Mahila Jagriti, have been focusing attention on the issue of hazards involved in unethical testing of the quinacrine method. Strong protests in Bangalore against the private practitioners and NGOs promoting the method forced the Drugs Controller of Karnataka to publicly state that his office had not given permission to any practitioner to use quinacrine as a method of sterilisation. Sit-ins and protest demonstrations outside the clinic of Dr. Bhateja, one of the foremost proponents of the method, led her to state that she would discontinue using the method. She also claimed that she was unaware of the harmful effects of the method, and had come to know about them only in the International Conference of Obstetricians and Gynecologists, held in Copenhagen in August '97. Dr. Kini, who heads CHIP, the NGO through which training of doctors and dissemination of information, pellets and kits for quinacrine sterilisation is carried out, is also reported to have stated that he is no longer carrying out quinacrine sterilisations.

In West Bengal, Dr. Mullick claimed to have stopped using the quinacrine method after members of the Ganatantrik Mahila Samiti held demonstrations outside his clinic. However, women's groups need to be wary of the veracity of these claims, and ensure that the method is not driven underground, where it will be more difficult to detect and monitor. In Karnataka and Bengal hundreds of doctors have been trained through NGOs (CHIP and Rural Medical Association). With increasing privatisation and the government health sector shrinking at a rapid rate, more and more NGOs are jumping into the field of health care, especially reproductive health. Monitoring these activities, ensuring adherence to acceptable standards and demanding accountability from these doctors is a challenging task ahead.

At Saheli, we have attempted to keep up the pressure

on the Drugs Controller of India (DCI) to take a stand. The case in the Supreme Court by the AIDWA and the faculty members of the JNU, also seems to have acted as a pressure on the government. In December '97, we received a communication from the DCI that the Drugs Technical Advisory Board had deliberated on the matter, and on benefit-risk consideration, had recommended the banning of quinacrine pellets. The banning of the import of quinacrine pellets is to be effected under Section 10A of the Drugs and Cosmetics Act, while distribution and sale of quinacrine pellets is to be banned under Section 26A of this Act. The notification of this ban is yet to be published in the Official Gazette. However, loopholes exist in the very law under which quinacrine is being banned. For instance, Section 10 of the Drugs and Cosmetics Act itself contains a proviso: "Provided that nothing in this section shall apply to the import, subject to prescribed conditions, of small quantities of any drug for the purpose of examination, test or analysis or for personal use." The vague wording i.e. 'prescribed conditions', 'small quantities', 'any drug' etc., leaves plenty of scope for misuse.

Unless there is strength of conviction and the political will to ensure that women's health is not put at risk, a mere technical ban may not be of much use. With the bogey of 'population explosion' ringing in their ears, policy makers are not committed to ensuring ethical standards for blatantly unethical clinical trials and hazardous procedures. It is imperative that women's groups continue the struggle to ensure accountability of NGOs and private doctors, as well as pressurise the government to carry out its responsibilities.

*The Yellow Haze, an investigative documentary on the unethical use of the Quinacrine method of sterilisation raises vital questions of medical ethics and informed consent. For copies of the film, contact Netwaves, No.74, 10th Cross, 1st Phase, J.P.Nagar, Bangalore 560078. Fax 080-6647316.*



## 50 YEARS OF INDEPENDENCE :

### SOME RELEVANT QUESTIONS

**F**ifty years of Indian independence is being celebrated with much fanfare, with a plethora of cultural programmes and seminars. Tradesmen are doing brisk business using the logo of the golden jubilee. True, India won political independence, overthrowing British colonial rule. But the relevant question is: What kind of independence?

People's lives are affected by growing communalism and liberalisation of the Indian economy. Displacement of masses of people due to big dams, retrenchment of workers due to closure of factories, eviction of hawkers and jhuggi dwellers for 'beautification' of cities continues with utter disregard of their right to livelihood. Needless to say, such actions of the State drastically affect women who have to bear a heavy burden at the social and personal level. In such a scenario, the question which arises is : what have we gained which calls for celebration when:

- ~ About two thirds of the Indian population lives below the poverty line
- ~ 94% of women work in the agricultural and unorganised sector, and are paid less wages than men. Their working conditions are abysmal, with neither trade union rights nor service benefits like in the organised sector.

Violence in society is ever increasing, with women being the hardest hit. Available statistics are shocking, more so because they are only the tip of the iceberg:

- ~ Every 26 minutes there is an incident of sexual violence against women
- ~ Every 54 minutes there is an incident of rape
- ~ Every 42 minutes there is an incident relating to dowry harassment
- ~ Child marriage continues unabated despite being illegal
- ~ Sati which was outlawed in 1829 is still being encouraged and glorified

Women constitute almost half the population of India. Yet they have been allotted a secondary status in society, and till date are denied equal rights within the family:

- ~ of custody and guardianship of their own children, and adoption rights
- ~ of inheritance and matrimonial property
- ~ their labour and contribution to the family goes unrecognised, and their burden of housework is not shared.

Women are even denied the fundamental right to live, by practices like sex-determination followed by selective abortion, female infanticide, severe malnutrition and denial of proper health care. This has resulted in the decline of the sex ratio from 972 females in the beginning of this century to 927 females per 1000 males at present. Moreover, fewer women are taken to hospitals and given timely treatment, and therefore fewer women than men survive common diseases. The following indicators speak for themselves:

- ~ Life expectancy rate is 51.6 years as against 52.6 for men
- ~ 60-70 % women suffer from chronic anaemia
- ~ Only 33% women have access to trained personnel at childbirth
- ~ Maternal mortality is as high as 460 per 100,000 live births

The Indian state, with the longest history of Family Planning Programmes, has been relentlessly imposing policies of coercive population control. Women have been the targets of hazardous contraceptives like Net-En, Depo Provera injections, Norplant, Quinacrine, Anti fertility vaccine, etc. with total disregard to ethics of research and informed consent.

For centuries, women have been denied the right to education. About 65% of males in the country are literate, as compared with only 39% females. Moreover, more girls drop out of school and higher education as compared to boys, due to neglect of education of girls owing to cultural and social biases. It is high time that societal attitudes are changed. Unless basic rights are ensured, the poor, particularly women, will remain in shackles. But each one of us can make a difference to bring about a fundamental transformation.

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# Saheli

## NEWSLETTER

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**SEPTEMBER 1998**

**SEXUAL HARASSMENT  
AT THE WORKPLACE**

**MAHESHWAR DAM**

**NUCLEAR TESTS**

**QUINACRINE**

**SEXUAL HARASSMENT AT THE WORKPLACE**  
~ A CASE STUDY 2

**MAHESHWAR DAM**  
~ WOMEN AT THE FOREFRONT OF STRUGGLE 4

**NUCLEAR TESTS**  
~ POLITICS OF AGGRESSION 6

**CAMPAIGN AGAINST QUINACRINE**  
~ WILL THE BAN ON ITS USE BE EFFECTIVE? 10  
~ AN OPEN LETTER TO THE HEALTH MINISTER 12

# SEXUAL HARASSMENT AT THE WORKPLACE AND THE SUPREME COURT GUIDELINES .

## A Case Study

A year ago, on August 13, 1997 the Supreme Court of India laid down guidelines on Sexual Harassment at Work place - pronouncing it a cognizable offence. This move, initiated in response to an active campaign by women's groups was widely hailed as a significant positive step towards providing a safe and more conducive working environment for women. We present here a case study that we have been involved with, which gives several insights into the working of the Supreme Court Guidelines.

Susheela (not her real name), was employed as an EDP executive with a pharmaceutical company in Ghaziabad. She was a good worker, and during her two year tenure with the company, the management never had occasion to find fault with her work; nor with her conduct for that matter.

Yet, the last one year has been a year of trauma and struggle for Susheela. She had fallen prey to sexual advances of Rajendar Saini, the cleanliness and sanitation contractor of the company. Susheela tried to ignore this insufferable character - as most girls in a similar situation would - and carried on with her work.

However, the situation became unbearable when on 3rd November, 1997 Rajendar Saini once again resorted to singing sexually suggestive songs and making obscene gestures at Susheela, despite her strong objections. This time, Susheela was driven to a point where she was forced to retaliate. Rajendar Saini had dared to make unwelcome physical advances to her. Susheela had no intention of bearing up with the pain and humiliation inflicted on her. On that very day, Susheela lodged a written complaint with the Manager (Administration). Thus began her endless ordeal and she found herself entangled in battles on several fronts.

### THE ROLE OF THE MANAGEMENT

Where sexual harassment occurs as a result of an act by any third party or outsider, the employer and person-in-charge will take all necessary steps

to assist the affected person in terms of support and prevention action. (Supreme Court Guidelines).

Though the culprit in this case was not an employee, he had access to the workplace (being a contractor) and harassed a regular employee. Following the complaint lodged by Susheela, Ramesh was prohibited from entering the company premises, but his contract was not cancelled.

On the other hand, in a clear case of victimisation, Susheela was suspended on the very day that she lodged the complaint. The management of the company, instead of dealing with her complaint in accordance with Supreme Court guidelines, issued a letter alleging that she had used abusive language against Rajendar Saini and had beaten him up with a chappal, stating that this constituted 'serious misconduct and breaking the discipline of the company', clearly implying that the management expects women facing such harassment to suffer it quietly and not raise their voice against it.

*"It shall be the duty of the employer or other responsible persons in workplaces and other institutions to prevent or deter the commission of acts of sexual harassment, and to provide for the resolution, settlement and prosecution of sexual harassment by taking all steps required".*

In the present case the Company not only failed to carry out its duty, it went a step ahead by turning a blind eye to the real issue of sexual harassment and portrayed the case as that of a labour dispute i.e., a case of misconduct. Susheela was penalised.

Saheli attempted to pressurise the management to view the case in its proper perspective, i.e., as a case of sexual harassment and also apprised them of the Supreme Court guidelines in dealing with such cases. But all along the management refused to concede that sexual harassment had occurred. They also didn't like the idea of a women's group intervening and questioned Saheli's credentials, insisting that we have no *locus standi* to intervene in what they perceived as a 'labour case'

Negotiations were held with the management, alongside attempts to initiate criminal prosecution for contempt of court, while at the same time we also tried to deal with the criminal charges instituted against Susheela by the offender.

An 'inquiry' was held by the management. Three other women employees, who were witnesses to the incident gave evidence against Susheela. Following the domestic inquiry, the conclusion was reached that she was guilty of misconduct. Susheela was dismissed on 2.4.98.

### **THE COMPLAINTS COMMITTEE**

Yes, it was set up and unbelievable as it may sound, this so called Complaints Committee came into existence the very day that Susheela was dismissed. The reason for this much belated action was a legal notice from a Supreme Court lawyer, who has also been helping Susheela. It stated that failure to fulfill and discharge the obligations and duties imposed by the law laid down by the Supreme Court would amount to gross contempt of court, inviting penal action.

The Supreme Court Guidelines clearly specify: *"during the period when a woman's complaint of such harassment is being processed, care should be taken to prevent her further victimisation."*

A farcical situation ensued, whereby the Committee was inquiring into a complaint of sexual harassment committed on a woman who had by that time been dismissed by the management. However, now that the Complaints Committee had been set up, the management expected Susheela to attend the proceedings. Susheela gave the Complaints Committee a plea in writing that this procedure was not in keeping with the Supreme Court guidelines, and that Complaints Committee is meant to look into cases only of the employees of the organization. Susheela requested them that she should first be reinstated and repeatedly assured them that once they have fulfilled this basic requirement, she would be happy to appear before the committee.

Without paying any heed to Susheela's plea and the legal validity of her demand to be reinstated, the management went ahead with the inquiry. The setting up of this Complaints Committee was just an eye-wash, aimed at protecting the company's own interests by appearing to be a

fair and just organisation. Not surprisingly, the Complaints Committee came to the conclusion that there had been 'no incident' of sexual harassment against Susheela.

### **THE CRIMINAL CASES**

*"Where such conduct amounts to a specific offence under the IPC or any other law, the employer shall initiate action by making a complaint with the appropriate authority. Under the law of land, the employer, has a duty and responsibility to initiate criminal prosecution in case the sexual harassment perpetrated amounts to an offence under the IPC."*

In Susheela's case, the acts perpetrated clearly amount to an offence under IPC sections 509 (insulting the modesty of a woman) and section 354 (assault or use of criminal force to a woman with intent to outrage her modesty).

Following an incident when the security personnel of the company tried to forcibly make her sign a document without allowing her to read it, Susheela had made another written complaint at the police station. This too was not registered as an FIR.

The acts committed by the management amount to offences under IPC sections 504 (insult intended to provoke breach of peace), 506 (criminal intimidation) and 509 (insulting the modesty of a woman). Susheela has filed a petition for contempt of court alleging that the Company did not comply with the Supreme Court guidelines.

In a bizarre turn of events, the offender lodged a complaint through the Judicial Magistrate and got a criminal case registered against Susheela under section 325 of IPC (Voluntarily causing hurt), 500 (defamation), 501 (printing defamatory statements and 506 (criminal intimidation). A warrant was out for Susheela's arrest. She had to run around for getting bail and the case is now pending in the Sessions Court.

Since the criminal cases against her are motivated, false and without any basis, it is obvious that they have been filed with the intention of harassing her further. She has now approached the High Court for quashing of these baseless cases against her. The difficulty faced by women in pursuing criminal cases is illustrated by Susheela's inability to get even an FIR registered despite intervention from Saheli by way of meeting high ranking police officials, the city Magistrate and letters to the District Magistrate.

## THE LABOUR COURT

Susheela made a complaint at the office of the District Labour Commissioner (DLC). The issue of the Supreme Court guidelines was raised by Saheli, but the Assistant Labour Commissioner was hostile. He claimed that he had nothing to do with the Supreme Court guidelines and sexual matters are 'not applicable' to his inquiry !! Before our intervention the DLC was ready to close the case, and wait for Susheela to get terminated after which it would become a 'proper' case. Since the DLC's office is only an arbitration body, it does not have powers to enforce anything. Following our intervention the DLC was compelled to hold another inquiry and bring out a report.

The first time when Saheli met the DLC - a woman, the DLC showed interest in the guidelines, about

which she had no previous knowledge. The lack of sensitivity of institutions such as the DLC's office is too well known to need repetition. It is a moot point whether such anti-worker and anti-women institutions can at all help women. The Labour case is usually handled by lawyers who are unaware about the Supreme Court guidelines. In Susheela's case, her lawyer, despite suggestions from Saheli was unable to creatively interpret and use the Guidelines in the labour case. The judges in the Labour Court, too, are not aware of this judgement, and are not very receptive to women's perspectives either. In such a situation, there is an urgent need for the role of women's groups to define.

Susheela's saga continues, and so does her struggle for justice.

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## THE MAHESHWAR DAM STRUGGLE WOMEN AT THE FOREFRONT

The 'people's siege' of Maheshwar Dam continues despite a crackdown by the nexus of the state administration and private capital. Thousands of people, with women in the lead, have been on the roads in the sweltering heat of April - June, bearing the brunt of the monsoon to save their homes, farms and villages. The Maheshwar hydro-electric project being built on the Narmada at village Jalud in Khargone district is the first major privatised hydro-electric project in the country. The Madhya Pradesh government has handed over the dam construction and power generation of this 400MW project to the private company S.Kumar's, which will hold 51% equity. The rest will be held by foreign companies like Pacific Generation Co., Siemens, Asea Brown Boveri and the German Bank, Bayerische Vereinsbank. The foreign component in the total outlay will be about 76%.

About 5000 hectares of fertile land in 61 villages will be submerged. These lowlands of Nimad on the banks of the Narmada have rich soil with river and are well irrigated. Agriculture provides employment even to seasonal migrant labourers from adjoining districts. The area supports thousands of workers, artisans, boatmen, fisherpeople, those dependent on the seasonal *badis* of pumpkins and water-melons on the river-side, and those employed in sand and stone quarries. Apart from the 2200 families which will be displaced, the livelihoods of thousands of

people who share a dynamic relationship with the Narmada, will be ruined. However, despite the magnitude of displacement, the High Power Committee set up in March 1997 found that in violation of the conditions set down by the Ministry of Environment and Forests, not even a plan for re-settlement was ready. Instead, lands had been acquired by the government, often through intimidation, with meagre cash compensation.

The people of the area came together to fight this project under the banner of the Narmada Bachao Andolan. After a year-long struggle, the MP government issued an order on January 30, 1998, announcing suspension of all work on the dam, power house and land-acquisition, pending a comprehensive review of the costs, benefits and alternatives. However, in March 1998, S.Kumar's surreptitiously re-started work at the dam site, on the pretext of building a wall to protect the trenches from silting during the monsoons. Blasting and other construction work was carried out under prohibitory orders that banned protesters from the dam site, with the protection of more than 1500 policemen!

On April 22, several thousand villagers 'captured' the site of the Maheshwar Dam, facing severe lathi-charge, and courting arrest. Women peacefully lying down on the road to form human cordons to block the entry of



trucks carrying supplies for construction were meted brutal treatment. Reports followed in the national press of police atrocities on the villagers, especially women. At Saheli, we received appeals for solidarity from the Narmada Bachao Andolan. Co-ordination with other women's groups and progressive organisations in Delhi led to the formation of an independent fact-finding team to investigate the incident.

The 5-member team visited 8 affected villages, and met oustees, villagers as well as concerned officials. The team found that in Jalud, which will be the first to be submerged, intimidating police presence is an overwhelming factor in the lives of the villagers. Their daily activities are restricted, since the fencing has made it very difficult to get to their grazing grounds, cemetery, temple and vegetable fields. Moreover, blasting at the dam site has damaged houses in Jalud. In Lepa, the impact of blasting is so deep, that people sleep outside, for fear of the house collapsing on them. The team found that deliberate misinformation has made it difficult for the villagers to get the correct picture. For instance, the MP Electricity Board (MPEB) listed only 90 families in Jalud as affected, but according to the map of the project, 285 families are involved. Similarly, a survey conducted by the Narmada Valley Development Corporation in 1982 showed the level of submergence as much lower than the level marked by the MPEB recently on the same school building, although both surveys used the Full Reservoir Level as the benchmark. In any case, the Maximum Water Level must also be taken into account, for it can extensively damage life and property.

The team met injured women who had been at the receiving end of police brutality on April 22-23. The women had been beaten with lathis, their clothes torn in the scuffle, and abused and terrorised by the police and 'black cat' commando forces. Police threatened the women, "If you want to retain your *izzat*, go straight home." Medical personnel at the hospital confirmed that the injuries had been inflicted not only by a fall and stampede (as claimed by the administration) but by deliberate blows from lathis and blunt instruments.

In a revealing statement to the team, the site engineer confirmed that the wall being constructed was part of the power house - very much part of the dam. Thus, the work was clearly violating the government order of January 30. Further, the biased position of the administration in favour of S. Kumar's is apparent from the team's interview with the SDM, who asserted that the construction at the dam site was only a 'security wall' which would eventually be demolished.

The independent fact-finding team pointed to the collusion between the state administration, and private capital against the interests of the people. It recommended immediate stoppage of dam construction until the report of the Task Force for Review, which has been pending since January 30th this year. Subsequently, teams of the National Human Rights Commission as well as the National Commission for Women visited the area, and reiterated the above demands. The NCW also recommended compensation for the injured women and demanded a judicial inquiry into the incident of state repression on April 22-23.

On June 17th, the Chief Minister Digvijay Singh, the dam builder Vikas Kasliwal of S Kumar's, bureaucrats and NBA activists took part in a public debate in Mandleshwar. Despite the rhetoric of rehabilitation, the CM and company officials could not provide answers to questions of cost benefit, displacement, economic and cultural issues. In the subsequent meeting of the Task Force in July, the CM announced the extension for the Task Force for the review of the dam, and also a fact-finding team to assess the impact of submergence by the Narmada Sagar Project during this monsoon. The people of Maheshwar and elsewhere in the Narmada Valley will continue to highlight the dangers of mega dams and power projects being constructed in the name of 'development'. Despite all the odds, the struggle for people-oriented development goes on.

*(Based on the report of the Independent Fact Finding Team and Narmada Samachar)*

# NUCLEAR TESTS : POLITICS OF AGGRESSION

The nuclear explosions of 11th and 13th May 1998 by India and subsequently on 28th and 30th May by Pakistan were initially accompanied by unprecedented national euphoria and pride in both the countries. Within India the general atmosphere created was of a patriotic fervour which equated bomb with national pride and it was presented as a great scientific and national achievement. Fortunately, it did not take long for this euphoria to dissipate because of the dissenting voices which raised questions both of the rationality and morality of such a decision.

We believe that projecting nuclear capability as a proof of one's strength would not only lead to dangerous arms race in the region but such a step would also have grave consequences for all the people in general in terms of decrease in access to resources, education, employment, services because of diversion of already scarce funds towards building and maintaining nuclear arsenals. The consequences would be specially grave for already suppressed sections of society, especially women, as ideologically, it sanctions violence and aggression and thereby creates an atmosphere of fear and insecurity.

## WHAT JUSTIFICATION DOES THE BJP-LED GOVERNMENT OFFER FOR THE NUCLEAR EXPLOSIONS?

In spite of being a coalition government, the BJP pushed for a nuclear agenda with its allies and conducted nuclear tests within a few weeks of coming to power. The BJP government claims that these tests are for the national security and that it felt compelled to conduct these tests in view of the deteriorating security environment.

The logic offered by the pro-nuclear strategists is that the nuclear weapons offer security by functioning as deterrents in case of a foreign [read Pakistan] attack. They say that the weapons are not meant for aggression, only for defence. With formal demonstration of nuclear power, the current

government feels that it can now address the border issue more assertively.

All the previous governments - including Congress and United Front in the recent past - have been supporting the development of nuclear power over the successive years. However, they seemed to have used their discretion and not carried out the tests after the first explosion in Pokhran in 1974. The current government, in contrast, gave a 'go ahead' soon after coming to power.

The BJP/RSS combine has always maintained that the development of the nuclear weapons is essential to show the power and the strength - an argument which fits in very well with its proclamation of the male superiority. In the larger picture of the Hindu nation, the BJP/RSS have seen Pakistan and to a lesser extent China as major enemies. Hence, scoring over Pakistan appears to be one of the major goals of the nuclear explosions. The euphoria that had set in after the Indian nuclear explosions and prior to the Pakistan explosions is a clear proof of the macho image building exercise that the two states indulged in!

Additionally, the BJP required to gain political mileage to keep its coalition partners together and the opponents quiet! It succeeded in doing so for a few days. Soon after the Indian nuclear explosions, The Pakistan government also demonstrated its ability to carry out nuclear tests successfully, following which the Indian euphoria started subsiding. The political uncertainty is looming large again for the BJP-led government.

## WHAT DANGERS ARE ASSOCIATED WITH THE MAKING AND DEPLOYMENT OF NUCLEAR WEAPONS?

The government has chosen to ignore the implications of the nuclear tests. The argument of national security is based on the potential threat posed by these weapons to the enemy and the ability to counter a nuclear attack by means of

nuclear deterrents. As yet, the appropriate equipment necessary for detecting and countering a nuclear attack are not available with India. Even if the necessary systems become available, they will not act as effective deterrents between India and Pakistan since the travelling time for nuclear missiles between the two countries is just two to three minutes, whereas between the USA and the erstwhile USSR, it is 30 minutes giving theoretically enough time to detect and possibly deter the bombs. For India and Pakistan there is no such possibility. If a nuclear bomb explodes over a Pakistani city, Indians will also suffer from the adverse effects of the explosion. The high velocity wind and rains that will follow consequent to the explosion would easily carry the remnants of radioactivity across the border. For natural forces like wind and rain artificial boundaries separating the nations do not exist!

India and Pakistan both have acquired the capability of developing nuclear bombs formally. It is, therefore, important to understand the potential of destruction of these bombs. A nuclear weapon does not have the capability to hit its target with any greater accuracy than the conventional weapons. In fact, in terms of efficiency of using the nuclear fuel the nuclear weapons are less efficient than the conventional weapons like a chemical bomb containing TNT.

Hence, after a nuclear explosion unused nuclear energy can potentially spread over a large area around the target and be responsible for larger scale damage produced by the spread and persistence of radioactivity. Nuclear explosions over human habitat would lead to disastrous effects. It is estimated that even if a small bomb of 15 kiloton is dropped in a city with a population density of 20,000 people/sq. km., two lakh people are likely to die. In a city with a population density of 100,000 people/sq. km. seven to eight lakh people will die. These estimates will go up to five or 10 lakh deaths in the first scenario if a thermonuclear device is used, the kind that India has recently tested. These estimates apply well to Mumbai, Karachi and many cities on the subcontinent!

In addition to the immediate effects like instantaneous death for human beings very close to the site of explosion, severe burns for people in 2-3 km. radius, total destruction of plant and wild

## **No More Such Nuclear Attacks!**

**HIROSHIMA, 6th AUGUST 1945, 8.15am:  
1,40,000 DEAD.**

**NAGASAKI, 9th AUGUST 1945, 11.02am:  
70,000 DEAD.**

life etc., there are other long term hazardous consequences of radioactive fall out. After nuclear explosions, huge amounts of radioactivity is released which can impregnate the soil, water and air for thousands of years to come. The genetic material in the living - human beings, animals and plants - exposed to residual doses of radiation can undergo mutations and these can adversely affect the future generations. Human beings can develop a variety of cancers, affected mothers might deliver babies with birth defects, young children exposed to relatively low doses of radiation may show stunted growth and may become infertile if they survive for longer periods. Even today wherever nuclear material is handled and processed - either for the production of nuclear energy or nuclear weapons - the hazards associated with the exposure of the workers are apparent. Many processing plants have been shut down in India.

Mine workers of Jaduguda (Orissa) mines and their families are a living example of the effects of chronic exposure to radiation. Uranium, one of the starting material for nuclear bombs is mined and processed in Jaduguda mines and workers are exposed to the dangerous effects of uranium in the process. The incidence of cancer resulting from radiation exposure in their families is much higher than the rest of the country.

## **WHAT ARE THE INDIRECT EFFECTS OF NUCLEAR EXPLOSIONS?**

With India's active participation in the nuclear arms race and a perceived need to develop further and their refinements, the expenditure on such heads is bound to go up significantly. Dr Jayati Ghosh, professor of economics from Jawaharlal Nehru University, has calculated the extra expenditure on defence related matters from the recent budget presented by the BJP-led government. According to her, the latest budget involves a 14 per cent increase in the defence budget over last year's revised estimates. This comprises an increase of

Rs. 4038 crore in revenue expenditure and Rs. 1063 in capital expenditure. In addition to the expenditure which is not clearly defined but which can be used for the defence development, there is an explicit increase in budgetary expenditure on the nuclear programme in terms of outlays for the Department of Atomic Energy (a 59 per cent increase, from Rs. 987 crore to Rs. 1569 crore) and the Department of Space (a 62 per cent increase, from Rs. 850 crore to Rs. 1381 crore). To put some of these numbers in perspective, it is worth comparing them with some other items of central Government expenditure. Thus, the total outlay for the Ministry of Health and Family Welfare in the 1998-99 Budget is put at only Rs. 3684 crore, well below just the increase in defence expenditure. The increase in allocation to the Departments of Space and Atomic Energy alone is more than 5 times greater than the increase in the outlay for health, 52 per cent higher than the increase in the Central education outlay, 72 per cent higher than the increase in allocation for rural employment and poverty alleviation. The priorities of the current government for the health sector, education and poverty alleviation programmes are made amply clear by these figures.

In addition to the effects of going nuclear in terms of high costs keeping up with nuclear arms along with the decreased investments on measures needed to improve the disastrous effects in case the 'power' is actually used by a conscious decision or by a fatal accident, are its ideological implications on various groups especially women. The focus on security and defence and projection of nuclear explosion as great scientific achievement are actually a cover to fan nationalistic feelings and has contributed to accentuating the process of militarisation in the subcontinent. The process is accompanied by making systematic inroads into education i.e., through text books and reconstitution of academic institutions and culture. The Minister of Human Resource Development has recently talked of a new cultural policy, which looking at the past history of BJP, is bound to eulogise 'Hindu' culture with its concomitant effects not only on women belonging to Hindu community but also for women of minority communities. The security and defence concerns, projected by the BJP government as justification for nuclear India are based on constructing a cultural and educational environment that is

aggressive, chauvinist, power-obsessed, violent, and revengeful. This has not only pushed back the agenda for peace and tolerance but also contributed to creating an environment of fear and insecurity for the disadvantaged and already suppressed sections of society.

Thus, the issue is no more actual outbreak of a war but continuing conditions of hatred, animosity and constant fear of losing life and property or actual mental and physical trauma following outbreak of violence in the form of communal riots or terrorist violence. The valorisation of male-values of aggression and brutality legitimises the use of violence as a form of assertion. Women, who have been worst victims of both visible and non-visible forms of violence are bound to get more oppressed in such an environment. We have already argued in the context of debate on egalitarian civil code that in our environment characterised by violence women get even more dependent on men of their community, thereby, becoming hostages of the respective communities.

### **WHY ARE WE OPPOSED TO NUCLEAR WEAPONISATION?**

A total opposition to the nuclear weapons and nuclear energy, a pledge for no use of nuclear weapons at all by the Indian government and a call for the universal nuclear disarmament is what Saheli pleads. The uniqueness of the nuclear weapons in their ability to destroy life indiscriminately over space and time is the prime consideration for our opposition as has been mentioned in the previous paragraphs.

Nuclear weaponisation carried out by any country is equally reprehensible in our opinion and hence not only India and Pakistan but other nuclear countries like China, France, Russia, UK and the US should also take active steps in initiating the process of nuclear disarmament and carry it to completion. There should be no discrimination between the countries on the basis of the nuclear power they possess. The international initiatives for implementing the Comprehensive Test Ban Treaty [CTBT] and Material Cut off Treaty [FMCT] can be looked at as a part of the process of universal nuclear disarmament.

As an immediate aftermath of the Indian nuclear explosions, a phenomenal increase in the culture

of aggression, violence and revenge was witnessed. politicians as well as common people were talking more about war with our neighbours than cooperation and dialogue. Nuclearisation creates an atmosphere of tension, insecurity, fear, even panic. It tends to spread a false premise that economic pressures and social problems can be redressed through an accumulation of the capacity for violence. This sense of an increased capacity for violence against so-called enemies translates into and justifies everyday aggression against women, minorities and other under-privileged sections. By exploding the bombs, the present day government has driven us away from the path of peace and tolerance.

***The increase in budgetary allocation to the Departments of Space and Atomic Energy is: 52% higher than the increase in the Central education outlay; 72% higher than the increase in allocation for rural employment and poverty alleviation !***

We are concerned about the increasing budgetary allocations for defence purposes at the cost of social reforms and health. The total budgetary allocation for health sector is poor to begin with. The healthcare available to the poorer sections of the society in the form of public sector facilities is far from satisfactory. Poor women suffer even more than poor men because of inadequacy in health services. The steady withdrawal of the state from the social welfare, health, education and the erosion of the public distribution system is adversely affecting the lives of millions of people. All this portrays a very dismal picture of the future. The budget presented by the Finance Minister only highlights the callousness of the BJP government towards weaker sections of the society.

Through nuclear tests the BJP/RSS combine provocatively direct their aggression against Pakistan. This is in tune with their Hindu fundamentalist politics. The anti-Muslim hysteria that goes with it has not only resulted in escalating border tensions between the two countries but other anti-democratic processes too. As an immediate step, Pakistan imposed an emergency suspending

fundamental rights, which has been followed by a government declaration to accelerate the Islamisation processes in the country. The repercussions of these measures, especially of the latter, are bound to be grave for women, despite the Pakistan government's assurances on the contrary.

While in India, there have been no such direct overtures by the Government, but the fanning of anti-Pakistan (read anti-Muslim) feelings has resulted in increasing the fears of minorities.

### **WHAT ARE WE DOING TO EXPRESS OUR OPPOSITION?**

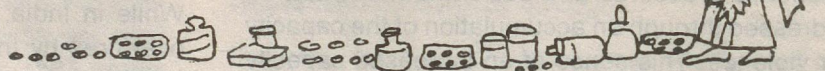
The first voice of public opposition in Delhi came on the 16th of May when several academicians, journalists and activists working in the fields of environment, human rights violation, women's rights, development, peace etc. came together at the ITO and marched to the Mandi House as a mark of protest. This protest has further led to the formation of at least two groups which are comprised of individuals and representatives of various organisations in Delhi. We are actively participating in the anti-nuclear activities of both these groups. Paramanu Bomb Virodhi Andolan [PBVA] has been organising peaceful demonstrations every Friday at various public places in Delhi to voice protest and talking to people on the street about the hazards and consequences of nuclear explosions. The Movement in India for Nuclear Disarmament [MIND], another group has also held newsconferences, conventions to spread the message of peace. On 6th of August, in memory of the explosion of first atomic bomb on the Japanese city Hiroshima in 1945, a rally was arranged in which nearly 5000 people participated. The two groups intend to continue their campaigns to spread the message of peace to as many people as possible through brochures, pamphlets, organising public meetings etc.

We also hope to form links with like minded people across India, Pakistan and the rest of the world and exchange information and offer helping hand to each other for the campaign of universal nuclear disarmament. Through the activities of these groups, we have been active in voicing our protests against the nuclear tests conducted by India and Pakistan.

## THE CAMPAIGN AGAINST QUINACRINE



### Will the ban on its use be effective?



As we were sending the March 1998 newsletter out to our readers we heard about a Supreme Court judgement delivered in response to a public interest litigation filed to seek ban on the use of quinacrine for female sterilisation and to punish the involved doctors and distributors. The judgement upheld the decision conveyed to us by the Drugs Controller General of India in December 1997 [see March 1998 newsletter for details. Though the **import, manufacture, distribution and sale** of quinacrine for the purpose of chemical sterilisation of women has been declared unlawful, the concerned people have not been proclaimed guilty of playing with thousands of Indian women's lives with a dangerous drug!

Quinacrine in the form of small rice-grain size pellets (tablets) is inserted into the woman's uterus with the help of an inserting device as a quick out-patient procedure. This method of sterilisation has not been proven to be safe. It's use has the potential of being dangerous to the woman's health e.g. ectopic pregnancy, can trigger cancer. The method is not proven to be very effective either on a short-term or a long-term basis as compared to conventional methods. Failures may be associated with genetic abnormalities in the foetus resulting in birth of a defective child. Because the cost involved per sterilisation is very low and it is one of the easiest methods available for sterilisation, the proponents of this method have been campaigning for its large scale use in a poor country like ours.

We have always argued against aggressive population control policies in the past and we will continue to do so. It has been more than a year,

***If you as an individual suspect to have undergone this illegal procedure of sterilisation, or as a member of a group or a well-wisher who has come across any woman, you think, might have undergone chemical sterilisation, the following set of questions will help in establishing the use of quinacrine as a method of sterilisation.***

since we started the campaign to stop the use of quinacrine for chemical sterilisation of women. **Quinacrine sterilisation procedure** is being seen as an easy tool for mass sterilisation in the hands of crusaders of population control and hence **there is a necessity to put a stop to women falling prey to the use of this illegal, inadequately tested, dangerous, occasionally life threatening method of sterilisation.**

After the gazette notification in August 1998, we suspect that the quinacrine sterilisation procedure will be practised clandestinely, especially in relatively remote areas of the country. As in the past, mostly women from the economically backward areas are likely to be targeted to avoid confrontation with the law enforcing authorities, unless the authorities punish those involved in such activities. We are aware of extensive use of quinacrine sterilisation in the states of Karnataka and West Bengal by doctors and non-governmental organisations. It is quite likely that such activities are continuing even in other states. There is a need to know about them.

We are worried about women being targeted for quinacrine sterilisation without being given adequate and appropriate information. Doctors, midwives and health workers in dispensaries, hospitals and private clinics may offer this as a cheap or even a free method of sterilisation. The distinction between a temporary, reversible method like copper-T (Cu-T) and an irreversible, permanent method like the use of quinacrine may not be made clear to women. Hence, we thought of providing an easy guide to identify quinacrine sterilisation.

If most of your answers to the following questions are 'YES', you *might* have undergone quinacrine sterilisation instead of conventional tubectomy or laparoscopic tubectomy or 'operation' for family planning.

1. Did you approach a nurse/ midwife/ doctor/ health worker for conventional tubectomy or laparoscopic tubectomy or 'operation' for family planning? ..... yes/no
2. Was your sterilisation done without operation? ..... yes/no
3. Was the sterilisation done without anaesthesia? ..... yes/no
4. Was the sterilisation done without an incision and a scar? ..... yes/no
5. Was the sterilisation done as an outpatient procedure? ..... yes/no
6. Was something inserted inside the vagina? Was another similar insertion carried out after 6-8 weeks? ..... yes/no
7. Did you have yellow discharge and pain soon after the insertion? ..... yes/no
8. Did you get this treatment practically free of cost? ..... yes/no

If most of your answers to the following questions are 'NO', you *might* have undergone quinacrine sterilisation instead of Cu-T insertion.

1. Did you approach a nurse/ midwife/ doctor/ health worker for conventional tubectomy or laparoscopic tubectomy or 'operation' for family planning? ..... yes/no
2. Were you shown a Cu-T before insertion with its inserter? ..... yes/no
3. Can you feel nylon threads if you put your finger in the vagina? ..... yes/no
4. Were you told to come back to change Cu-T after 3-5 years? ..... yes/no
5. Were you told about a new drug for sterilisation? ..... yes/no
6. Were you charged money for the procedure even if done in a private clinic? ..... yes/no

*Please talk to your friends in the neighbourhood to find out more about it. There may be more of your friends who might have been unknowingly sterilised. To confirm your suspicion, approach an auxiliary nurse midwife (ANM) or a doctor, other than the one who carried out this procedure. The Drug Controller's office in every state capital should be informed about the illegal use of quinacrine. **The provider of quinacrine method is guilty of perpetuating an illegal method and his/her conduct is punishable by law. Inform us with all the details and we will bring it to the notice of the Drug Controller General of India in Delhi.***

**There are safer and more reliable methods of contraception and sterilisation available in India, and many of them are available free of cost.**

**Stop yourself, your friends and neighbours from being victims to this illegal method of sterilisation!**

<p>Dear Friend,</p> <p><i>In order to support future issues and help us recover our printing and mailing costs, we would be glad if you could subscribe to our newsletter. The annual subscription is only Rs. 35- [in India] and Rs. 120/- [Overseas].</i></p> <p><i>We also look forward to your letters, comments and suggestions. Please feel free to use/reproduce any material from our newsletters, but do acknowledge the same. We would also be happy to receive a copy.</i></p>	<p>NAME _____</p> <p>ORGANISATION _____</p> <p>ADDRESS &amp; TEL _____</p> <p>_____</p> <p><b>Payments should be made by Cash/MO/DD/Cheque. All Drafts/Cheques should be drawn in favour of Saheli Women's Resource Centre.</b></p>
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## CAMPAIGN AGAINST QUINACRINE

### *An Open Letter to the Minister of Health & Family Welfare On World Population Day*

To Mr Dalit Ezhimalai,

On the occasion of the World Population Day, 11th July 1998, we, the members of Saheli, an autonomous women's group that has been working for 17 years on issues related to women's health, would like to draw your attention to various instances of gross medical malpractices that thousands of women in India, especially the poor, are being subjected to.

Ever since the horrors of forced sterilisation of men during the Emergency, successive governments have made women of the country bear the brunt of aggressive population control programmes. Consequently, women have become the target of coercion, hazardous contraceptive methods and unethical contraceptive research.

On this day last year, Saheli had released a booklet titled '**Quinacrine : A sordid story of chemical sterilisation of women**' extensively documenting its history and abuse on women. The use of Quinacrine pellets for sterilisation of women has been banned by the World Health Organisation, and the Indian Council of Medical Research(ICMR), abandoned its trials because of unsatisfactory safety and efficacy, and some life threatening hazards. No permission was granted by the Drugs Controller General of India(DGCI) for any other trials of Quinacrine or import/manufacture of its pellets for sterilisation. Yet, over the last two decades, the promoters of Quinacrine sterilisation have brazenly propagated the method and conducted trials with illegally imported pellets.

In the process, they have subjected thousands of women to the procedure and its risks. Additionally, these trials have also been marked by utter disregard for informed consent and follow-up. And the guilty are private practitioners, non-governmental organisations (NGOs), and even doctors in government hospitals! DGCI has adequate information and documentary evidence of the involvement of Dr. JK Jain (Jain Medical Centre, Delhi) as the main distributor of the Quinacrine pellets in India, and Drs. B. Mullick [Calcutta], S. Bhateja and P. Kini (Bangalore), A. Sareen (Patiala) and M. Sood (Delhi).

The last year has seen a widespread campaign against Quinacrine sterilisation by women's and health groups all over the country. Consequently the DGCI, on the recommendation of the Drug Technical Advisory Board, has announced a ban on the import, manufacture, distribution and sale of Quinacrine for chemical sterilisation under the provisions 10A and 26A of the Drugs and Cosmetics Act. Further, the Supreme Court has, on 16th March 1998, upheld the ban. However, it has failed to do so with retrospective effect. Also, the DGCI claims his helplessness to take punitive action. So those involved in illegal Quinacrine sterilisations are going scot-free. Meanwhile, women continue to suffer the pain, menstrual abnormalities and complications caused by the procedure, and unwanted pregnancies due to its failure, without the follow-up that is expected with 'clinical trials'.

Hon'ble Minister, a year ago Saheli had apprised your predecessor, Ms. Renuka Choudhary of the legal and ethical violations of Quinacrine sterilisations in India. But, no action has been initiated against the crusaders of this hazardous method. Instead, they continue to assert their brazenness. Dr. Elton Kessel (USA), one of the major proponents, working in association with Dr Jain, responded to the ban in India by saying, 'The future of Quinacrine will be with village midwives. They are so scattered it will be very hard for the government to stop.' (The Wall Street Journal, June 19, 1998).

However, the story of Quinacrine sterilisations is not an isolated one. The last two decades have seen many other, equally horrible instances of unethical clinical trials and gross medical malpractices. The ICMR has itself been guilty of blatantly disregarding accepted ethics of informed consent in trials of hazardous contraceptives like Norplant, Net-En etc., and more recently, in a study carried out by the Institute of Cytology and Preventive Oncology, Delhi (an ICMR funded institute) on women with cervical dysplasia, a precancerous condition. Similar disregard for informed consent and followup has been seen in the trials of the Anti-hCG vaccine by the government funded institute, National Institute of Immunology.

So today, ethical guidelines of clinical trials and medical practice are being blatantly flouted across the board. If the government continues to turn a blind eye to such malpractices, the guilty will continue to gain strength, while women continue to pay the price of the government's apathy. You have been in office for 100 days. We would like to know what you have done to stop such blatant violations. In farming out the health sector, the government has already shirked a large part of its responsibilities; it cannot abdicate them further.

It is imperative that the government develop mechanisms to permit and monitor clinical trials, control sale and use of hazardous drugs and contraceptive methods. We demand that you take punitive action against those guilty of playing with women's lives and well-being. We insist that you exhibit your commitment to women's health by ensuring implementation of the laws of the land. On World Population Day, we call for an immediate stop to aggressive population control policies and practices, so as not to add to the misery of women who constitute half the population of the country.

..... Saheli

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# Saheli

NEWSLETTER

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February 1999

CAPITAL PUNISHMENT  
FOR RAPE

CAMPAIGN AGAINST  
ANTI-FERTILITY VACCINES

THE 'FIRE'  
CONTROVERSY

**CAPITAL PUNISHMENT FOR RAPE**

~ WILL IT TACKLE GROWING VIOLENCE AGAINST WOMEN? 2

**TARGETTING THE SCIENTIFIC COMMUNITY**

~ THE CAMPAIGN AGAINST ANTI-FERTILITY VACCINES 6

**SHIV SENA KO GUSSA KYON AATA HAI?**

~ THE 'FIRE' CONTROVERSY 11

# CAPITAL PUNISHMENT FOR RAPE

Can it tackle the growing violence against women?



Since last July, espousing his concern over increasing atrocities against women, the Home Minister LK Advani has been asserting that he will introduce legislation amending the rape law to award death sentence to rapists. The present government has proposed to introduce the amendment in the winter session of the Parliament. The BJP Mahila Morcha has lauded Advani's proposal, claiming that it would discourage criminals and inculcate a sense of security among women. The Chairperson of the Social Welfare Board, Mridula Sinha says that nothing short of such punishment will instil fear in men scared of nothing: "What better way for the State to show its concern for a crime so much on the increase? Minor girls are being raped and such rapists ought to be hanged." Chilling statistics show that there is no doubt that crimes against women are on the increase in India. A woman is raped every 53 minutes, and an act of sexual violence is committed every seventh minute.

The question which naturally arises however, is : will capital punishment secure the ends of justice? Will it effectively deal with the growing violence against women? Or are such declarations mere political sensationalism? The stated logic of awarding capital punishment to rapists is that it would act as an effective **deterrent**, and also serve to meet the ends of **retributive justice** i.e. that the wronged woman feels that the rapists have been dealt with in a manner commensurate with the horrific nature of the crime they inflicted on the woman.

The most important factor that can act as a deterrent is the **certainty** of punishment, rather than severity of punishment. In India, the conviction rate in rape cases (as cited by Advani himself in the Lok Sabha) is not only as low as about 4%, but has actually fallen further. The reason is the lack of convincing evidence presented in court by the State agency - the police. The culprits in the much publicised Bhanwari case,

where a group of higher caste Gujar men gang-raped Bhanwari Devi, a Sathin in the government-run Women's Development Programme, for daring to stop child marriages in the Gujar community, were acquitted by the Jaipur High court last year. Recently, the Bombay High Court acquitted Omkar Sakpale - a prime accused in the Jalgaon case although he had been sentenced by a special court to seven years rigorous imprisonment. Thus, the perpetrators responsible for several rapes, terrorising and blackmail of young women in Jalgaon, have been given the message that they can get away with such heinous crimes. The reasons for acquittal cited by the Bombay High Court are the oft quoted reasons for lack of conviction i.e. insufficient evidence, that the girl had sexual relations with other men, and delay in filing the FIR (First Information Report).

A WOMAN IS RAPED EVERY 53 MINUTES;  
AN ACT OF SEXUAL VIOLENCE COMMITTED  
EVERY 7TH MINUTE !

The second most important factor that can contribute to deterrence is **the time taken for awarding punishment**. At present, rape is punishable with rigorous imprisonment upto 10 years, and a maximum sentence of life imprisonment. However, the huge time lag between filing a case and delivering the judgement, which could take even upto 10-12 years, makes a mockery of justice, while the woman is forced to live with memories of the rape. What is needed for effective deterrence is a speedy, time-bound trial and certainty of conviction and punishment for the guilty.

Rape trials have consistently proved that the trial is almost as traumatic as the rape itself. The notion of the "good" woman - chaste and pure, underlies the present judicial system. Any woman who is raped is by definition impure and defiled. In fact, the government's logic of awarding death sentence to rapists in the "land of Sita and Savitri", is based on the belief that rape is a fate worse than death. However, there is a need to challenge this stereotype

CAPITAL PUNISHMENT IS NO ANSWER WHEN WOMEN WHO ARE RAPED HAVE TO ENDURE A CUMBERSOME AND TRAUMATIC PROCESS OF PROSECUTION!

of the "destroyed" woman, who loses her honour, and has no place in society after rape. Rape is an act of violence against a woman, and has nothing to do with her morality, character or behaviour.

**The criminal justice system is biased against a woman who is raped - her character and credibility - are put on trial.** The present rape laws are inadequate and the attitudes of law enforcers are patriarchal in several ways, some of which are enumerated below:

(i) the limited **definition** of rape as "penetration by the penis" ignores other forms of rape such as penetration by other objects such as batons, knives etc. which can be equally, or more traumatic as penetration by a penis.

(ii) the question of **consent** has still not been resolved satisfactorily, since it is up to the woman to prove that she did not consent to sexual intercourse. In criminal trials, the affected party has to prove that a crime was committed against him/her, and the accused party is considered innocent until proved guilty. However, due to the heinous nature of custodial rape (rape by police, in jails, in hospitals), in cases of gang-rape and rape of minors, after a sustained campaign by women's groups, the "**burden of proof**" was shifted in 1983. This meant that now, the accused had to prove that he did not use force and rape the woman, but that she gave her consent to sexual intercourse. The shifting of the burden of proof meant that where sexual intercourse by the accused is proved, and the woman states in court that she did not consent the court shall presume her lack of consent. This however, was not a very radical change because the fact of sexual intercourse still had to be proved. All the attendant problems of lodging the FIR immediately, medical examination, recording of evidence by the police, etc., still has to be undergone. Moreover, a study by PUDR (Peoples' Union for Democratic Rights) found that in all cases of custodial rape, the accused referred to the previous sexual history of the woman in order to discredit her version that she did not consent. In the decade following the 1983 amendment, PUDR found that out of 25 cases of custodial rape in Delhi,

not a single policeman had been convicted. In such a situation, how effective will be the awarding of death penalty is a moot point.

(iii) there is a complete disregard of the psychological and social conditions which contribute to **delay in filing an FIR** or reporting the rape. A rape survivor may be in too much of a traumatised state to report the incident. She may be threatened not to report the crime, and dire consequences to her and/or her family may be used to frighten her into silence. Given the social stigma attached to rape, she may hesitate to even tell her family or friends, let alone unsympathetic policemen. In cases of custodial rape, where rape is committed by the custodians of the law and agents of the State themselves, the question of reporting a rape is close to impossible.

(iv) the **anti-woman prejudices** of the police which act as a deterrent to reporting a rape. Often, the sexist behaviour of the so-called 'guardians of law' is so traumatic, that a woman has to go through a harrowing time simply to get the police to register her case. Lewd questions, and procedures like taking away the woman's clothes for examination, are humiliating in the extreme. Since the task of investigation and prosecution rests entirely with the State, the woman has no control over it, and cannot afford to antagonise either the police or the Public Prosecutor.

(v) delays occur in getting to a hospital, and persuading doctors to do a **medical examination**. On top of it, the prejudices of the medical establishment cannot be ruled out. For example, if the doctors report, after the "two-finger test" that the woman is 'habituated' to sexual intercourse, it will go against her if she is unmarried. Moreover, if there are not enough 'tell-tale marks', or obvious physical evidence of resistance to the rape, the doctor may conclude that she consented. This also ignores the fact that women may be raped under various threats, not necessarily with physical force alone.

(vi) the whole question of **marital rape** is at present outside the ambit of the law. In fact, the definition of rape excludes marital rape in specific terms i.e. "forced sexual intercourse by the husband does not

amount to rape." The law on rape thus reinforces the notion that a husband has a legal right over his wife's body, and can force her to have sex even without her consent i.e. he can rape her.

The entire rape trial is predicated on the fact of the woman having to prove that she did not consent to sexual intercourse. Only a few cases of rape have witnesses and they too are often unwilling or unable to come forward. When rape is used as a weapon of revenge or assertion of power of one community or caste over another, corroboration of the incident is extremely difficult to establish. In the case of rape by security personnel or military men, to subjugate an entire populace, as in Kashmir or the North-East, corroboration becomes similarly impossible to establish. Since the entire community or village has been terrorised into submission, the delay in reporting the rapes can be understood by common sense, but not, it would seem, by the courts.

Capital punishment for rape is no answer when women who are raped have to go through a cumbersome prosecution, and are traumatised through gruelling and insensitive cross-examination, looked down upon by society, threatened by the accused and his family, and faced with hostile police, defence lawyers and judges.

Apart from the lacunae in the rape law (Section 376 IPC), the Indian Evidence Act is also highly objectionable. According to Section 155(4), "When a man is prosecuted for rape or an attempt to ravish, it may be shown that the prosecutrix was of generally immoral character." On the other hand, Section 54 gives the accused the benefit of doubt, "In criminal proceedings (including rape) the fact that the accused person has a bad character is irrelevant, unless evidence has been given that he is a good character." In other words, the character of the rapist does not come under scrutiny while that of the rape survivor is open to questioning and examination. It is therefore not surprising that women hesitate to admit to being raped. It is imperative that the outdated Indian Evidence Act, formulated as far back as 1872 needs drastic revisions. That rape has nothing to do with the morality or character of the woman, and is an extreme act of violence against women, needs to become part of the mindset of law-makers and judges alike.

Awarding capital punishment for rape is one way of **deflecting attention** from the conditions in society which allow innumerable rapes to occur and the perpetrators to go scot free. In addition, enlightened

CAPITAL PUNISHMENT IS NOTHING  
BUT COLD BLOODED EXECUTION  
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criminal jurisprudence the world over is moving towards abolition of capital punishment. Death penalty which follows from the retributive logic of "an eye for an eye, a tooth for a tooth", is more in tune with a barbaric sense of justice, rather than a punishment meted out in a society which calls itself civilised.

In fact, a mandatory death penalty for rape could be counter-productive and work against the interests of justice. The Supreme Court of India reserves death penalty in "the rarest of the rare" cases, where the crime has been proven beyond all doubt. Judges will be even more reluctant to convict a person accused of rape, since death sentence is irrevocable. Thus the low conviction rate in rape cases will further go down. An in-depth study of judgements in rape cases by activist-lawyer Flavia Agnes has shown how stricter punishment has led to fewer convictions.

55 countries the world over have abolished death penalty, and in another 42 countries, it exists in the criminal procedure code, but is not put into practice. Studies have shown that severe punishment like death penalty does not have any role in curbing crime. For instance, following the abolition of death penalty in the princely state of Travancore in 1946, there was no rise in the crime rate.

Capital punishment is cold blooded execution by the State, legitimised by law. It is a deliberate taking away of the "right to life" in accordance with 'due procedure of the law.' When the State abrogates to itself the right to commit violent acts and take away an individual's life, several contentious issues are involved.

The demand for capital punishment for rape has not emerged as a demand from the women's movement. It has come from the government itself, as a supposed solution to the problem of violence against women. Such moves need to be viewed with extreme caution, and the motives of the State need to be analysed. It cannot be viewed in isolation, since the Home Minister has simultaneously announced death sentence for

those caught with RDX in their possession - a precursor to branding people as "terrorists" and executing them forthwith.

Given the exploitative and anti-people nature of the State, conferring the State with the authority to take away life and exercise violence of behalf of society is extremely undemocratic. Experience has shown that whenever the State reserves for itself the "Right to Kill", as in the armed forces, the paramilitary and the police, undemocratic and repressive situations have arisen. The deliberate crushing of peoples' movements in Kashmir, Punjab and the North-East has been possible because of the indiscriminate exercise of the "Right to Kill" which the state has reserved for itself. Giving more powers to the State - whether arming the police and giving them the right to shoot at sight, or awarding capital punishment for rape, is not the solution to lessen the incidence of crime.

It is also no coincidence that it is usually persons from the lower socio-economic strata who are awarded death penalty. As one abolitionist has said, "Them that have the capital never get the punishment". Even in rape cases there are innumerable instances of letting off high-profile, powerful men with upper class and upper caste affiliations or political clout eg. in the Bhanwari case, Jalgaon case, the JC Bose Hostel case etc. Given the immense corruption among the police and the courts, it will come as no surprise if rapists with wealth and power buy their freedom.

Criminalisation of the polity has seeped into every aspect of daily life, and violence against women is endemic. Leaving untouched the basic causes of such violence, and going to the extent of shielding perpetrators of rape is a clear indication that women's rights are far from the agenda of the rulers. In this context, populist declarations about death sentence for rapists are not convincing. Further, the record of BJP ruled states such as Rajasthan and UP also shows a complete lack of commitment to women's rights.

Progressive legal changes for women's rights cannot exist in isolation. We have seen that the "shifting of the burden of proof" to the accused (as introduced in the rape law by the 1983 amendment) has not helped to convict more rapists. If at all women do speak in support of awarding capital punishment for rape, it is out of frustration at the lack of punishment for this horrendous crime. It is out of the horror at child rape, and rape even of infants. It is out of the anguish, the

trauma and despair that women who are subjected to rape go through. It is out of the depressing knowledge that most rapists get away with it, often repeatedly. However, quick trial and the certainty of punishment, is more likely to satisfy women that justice will be done.

What is also essential is a radical restructuring of the investigative process to ensure sensitive handling of the rape survivor. Rape crisis centres, timely medical assistance, support and infrastructure to overcome the trauma of the rape, would go some way in providing conducive conditions for the rape survivor to get over the agony of the experience. Injury compensation, and the proposed setting up of a Criminal Injuries Compensation Board may also prove to be helpful.

Arguing against capital punishment for rape in no way implies that the sentence for rapists should be reduced. Opposing death penalty in no way implies leniency towards rapists. Rape is a heinous crime which must be severely punished. For that, legal processes must be streamlined in order to bring the culprits to book. Swift and effective action by the legal system is more likely to act as a deterrent. The reasons for increasing violence against women have to be addressed, and preventive measures put into place. However, arming the State with the power to kill, and legitimising that power in the form of capital punishment has far-reaching ramifications. A powerful State conversely means weaker citizens, including women. Weaker the women, the more vulnerable they will be to male violence. Social and cultural transformation, and changes in attitudes to women are essential in order to change equations in society, so that men can no longer assert power over women.



# TARGETTING THE SCIENTIFIC COMMUNITY

## THE CAMPAIGN AGAINST ANTI-FERTILITY VACCINES

*All over the world, a relentless search continues for 'appropriate sites' within a woman's (or a man's) body that can be targeted by Anti-Fertility Vaccines (AFVs) for contraceptive effect.* In India, as in several other countries, despite years of animal and human trials AFVs remain scientifically unsound and inherently unsafe.

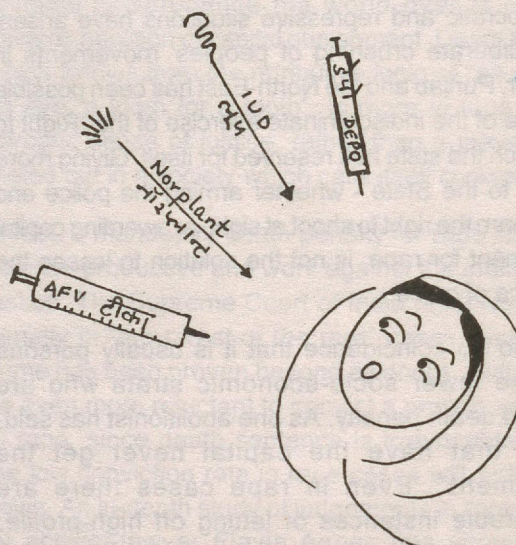
For many years now, women's groups have been campaigning against such hazardous contraceptives and demanding a radical reorientation of contraceptive research. We have been specifically calling for a halt to the research of AFVs because of the high potential risks they pose for women's health.

From 27 – 30 October 1998, New Delhi played host to the VII International Congress of Reproductive Immunology. New developments in the field of immunological contraceptives, including AFVs were also discussed in the Congress. This Congress was also a precursor to the International Immunology Congress held in Delhi from 1 – 6 November 1998.

This was an opportune moment to draw attention to our concerns regarding the anti-woman direction of the research promoted by the scientific and medical establishment. Such a congregation of immunologists and other scientists gave us the opportunity to engage with them, critique the direction of their work and impress upon them the need to accept social responsibility for their work. In addition, this also gave us the opportunity to bring issues of undesirable and unethical contraceptive research into the public eye.

About five years ago, women's and health groups from various parts of the world joined together to address issues of concern surrounding the worldwide stress on population control, and the subsequent license for research into and the use of hazardous contraceptives, primarily on poor women of the Third World. We formed an International Campaign Against Population Control and Abusive, Hazardous Contraceptives, a group that both Saheli, New Delhi and the Forum For Women's Health, Mumbai have been active in. One of the major focus areas of the campaign has been to bring a halt to research and trials of AFVs. Hence, we all joined hands to take on

the scientific and population control establishment in New Delhi in October 1998.



## ANTI FERTILITY VACCINES

### Another Weapon in the War for Population Control

The world-wide obsession with 'over population', relentlessly propagated by the population control establishment has resulted in making women the target of coercive policies, and subjected them to the trials and use of many invasive contraceptives. In the name of 'increasing women's choices', long-acting, hazardous contraceptives are dumped on women. Implants and injectables such as Norplant, Net-En and Depo Provera have been tested and used on countless women, especially in the Third World.

Scientific research to control women's fertility by causing immune reactions has been continuing for almost three decades now. This desperate search for 'suitable targets within the body' that has dominated the work of several scientific institutions and reproductive immunologists all over the world, has been extremely controversial. National and international action by women's groups and health activists has opposed the development of the

'vaccine-approach' to contraception that treats pregnancy as a disease. It has highlighted *the unethical and unsound scientific basis of this research, the health hazards it poses for women and the social implications of its use.*

On one hand, this debate has forced the scientific establishment to become more accountable to health activists. But on the other hand, concerted attempts have been made to obscure the issues at hand. Changes in the nomenclature of Anti-Fertility Vaccines, from Birth Control Vaccines to Fertility Regulatory Vaccines and now, to Immunological Contraceptives reflect no real shift in the perspective of the developers of such a technology. Research and funding institutions claiming to be pro-women repeatedly reassure women's groups that the development of Anti-Fertility Vaccines for men is also under way. Yet, serious concerns about the health risks of these vaccines on men persist. Moreover, the fact is that most of the vaccines being developed to be used on women.

## PROVOKING AN IMMUNE RESPONSE AGAINST PREGNANCY

### A Problematic Premise

Anti-Fertility Vaccines, or immunological contraceptives, aim to prevent conception by inducing an immune response in the body. In order to understand the basic premise of these vaccines, the way in which they are meant to work and the potential health risks they pose, we need to begin by taking a brief look at the immune system of the body. The immune system is an integrated system of vessels, organs, cells, and molecules that help protect an individual from infectious diseases. This sophisticated body system is designed to recognise micro-organisms such as viruses, parasites and bacteria as being 'foreign'. The body then generates specific protective responses - in the form of antibodies - to combat them. Typically, the first immune response against specific micro-organisms is slow and not very effective. Over a period of time, after the primary exposure to micro-organisms, the body develops a specific immune response as a consequence of exposure to these foreign components (called 'antigens'). This is the fundamental characteristic of the immune system used to protect the body against specific diseases

### TRADITIONAL VACCINES vs. ANTI-FERTILITY VACCINES : A CRITICAL DIFFERENCE

*The difference between vaccines for infectious disease control and Anti-Fertility Vaccines can be discussed within several frameworks. e.g. biological bases, immunological targets, recipient population etc. Other grounds include differing perspectives of developers, providers and users and the right of the state to impose programmes of control.*

*Almost all of these differences are grounded in the social, economic and gendered aspects of societies. Traditional vaccines aim to provide protection against debilitating or life-threatening diseases, while Anti-Fertility Vaccines aim to prevent conception, which is a normal physiological process, and not a disease. Hence, traditional vaccines are generally administered to susceptible individuals, whether men, women or children, while Anti-Fertility Vaccines are meant for use on healthy persons of reproductive ages. Moreover, while Anti-Fertility Vaccines can theoretically be given to both men and women, most of them are designed to be administered to women.*

*Furthermore, traditional vaccines, usually aided by a booster, aim to confer long-term/lifelong protective immunity. The 'memory' of the immune system continues to protect the body against re-infection. On the other hand, Anti-Fertility Vaccines are ideally meant to act only for a short, well-defined time period, and to be reversible in their effect.*

*Additionally, in the case of disease control, traditional vaccines may often be the only means of prevention available. However, while understanding and evaluating the risks and benefits of Anti-Fertility Vaccines, it is important to remember that numerous safe and effective alternate methods of contraception are already available to women all over the world.*

by traditional disease vaccines. (See Box on Traditional Vaccines vs Anti-Fertility Vaccines).

However, it is essential that any vaccine must not disturb the delicate balance of the immune system and impact its overall functioning. This also applies to the development of Anti-Fertility Vaccines that aim to intervene in the immune system to disrupt the human reproductive process.

In medical terms, the potential risks that all subjects of human trials have been exposed to range from allergies and hypersensitivities to auto-immune diseases and permanent infertility. **Almost three decades after the research on Anti-Fertility Vaccines began, the method still has an efficacy rate that is at best is an unacceptable 80%, its safety is not yet conclusively established; its long term toxicity and teratological effects have not been ruled out and its effect on pregnant women or children born during or after the trial not conclusive.** Moreover, reversibility of the method, a key factor in any spacing method of contraception, has also not been proven. And the impact of AFVs on the risk of HIV infection has also not been systematically studied. While scientists and institutions engaged in the pursuit of Anti-Fertility Vaccines cite lack of data as the very reason for continuing this line of research, women and health groups have consistently contested this argument on several grounds.

Opposition has been raised against the very principle of 'treating pregnancy as a disease' and causing an immune response against it. Other characteristics of Anti-Fertility Vaccines like the long duration of effect, and the fact that they can be used on a mass scale, and administered to people without their knowledge, open up another critical area of concern: their

**inherent potential for abuse.** Experiences of women all over the world have highlighted the numerous situations in which such long-acting, invasive and provider-controlled methods of contraception are abused. This is of particular significance in a country like India where the 'population control' agenda of the state, has already cost countless women their health and well-being.

## RESEARCH INTO AFVS Unethical all the way

The unethical research carried out so far on AFVs has further substantiated these apprehensions. (See Box on Worldwide Research on AFVs: Who foots the bill?). Human trials have been initiated without adequate or conclusive animal studies. Contrary to all ethical norms of scientific practice, the interests of science and society have taken precedence over the interests or well-being of trial subjects.

India has the dubious distinction of "pioneering" this research, with the anti-hCG vaccines having entered Phase II clinical trials on women. The trials in Delhi, Mumbai and Chandigarh, were initiated in the early 1990s without adequate or conclusive animal studies. Internationally accepted requirements for 'informed consent' have been flouted and long term follow-up remains, till date, completely unsatisfactory. In

### WORLDWIDE RESEARCH ON AFVS: WHO FOOTS THE BILL?

*The five major institutions involved in AFV research and development are : the World Health Organisation, Switzerland; the National Institute of Immunology, New Delhi; the Contraceptive Research and Development Programme (CONRAD) of the USAID, USA; the Population Council, USA; and the Center for population Research of the National Institute for Child Health and Human Development, National Institutes of Health(NIH), USA. Among other smaller agencies involved in the development of various AFVs, are the Centre for Reproductive Biology and Molecular Endocrinology at the Indian Institute of Science, Bangalore, the International Centre for Genetic Engineering and Bio-technology, New Delhi and the University of Strathclyde, Britain.*

*WHO through its Special Programme in Research (WHO-HRP), CONRAD, NIH, Population Council, USAID, the Medical Research Council, UK and the International Development and Research Centre, Canada have also played a key role in funding AFV research worldwide. In addition, numerous private trusts in the US that view rapid population growth as a threat to world security, like the George J Hecht Fund, the Andrew W Mellon Foundation, the Rockefeller Foundation, the Dodge Foundation and the Ford Foundation have been more than willing to fund AFV research; while pharmaceutical companies like Johnson & Johnson, Sandoz, Organon pharmaceutical, Ortho Pharma, Zonagen Inc., and Reproductive Biotechnologies Ltd. have considered AFV research a suitable area to make an investment in.*

*Currently, research is being conducted on more than 27 vaccines, including anti-hCG vaccines, anti-FSH vaccines, anti-GnRH vaccines, anti-sperm vaccines and anti-egg vaccines. While most of the other Anti-Fertility Vaccines are still at the animal testing or Phase I trial stage, the anti-hCG vaccine has entered Phase II human trials.*

another blatant contravention of internationally accepted norms of research on human beings, the 'father of AFVs, Prof. GP Talwar even conducted trials on lactating women! It is clear that contrary to all ethical norms of scientific practice, the interests of science and society have taken precedence over the interests and well-being of trial subjects. It is clear that such contraceptive research is guided by the imperatives of population control.

## THE PROCEEDINGS OF THE CONGRESS OF REPRODUCTIVE IMMUNOLOGY Insufficient Concern for Social Implications

In order to confront the scientific community and force to address these and many other issues of concern, several members of the International Campaign Against Population Control and Abusive, Hazardous Contraceptives (from Canada, Germany, Nigeria and India) attended the Congress on Reproductive Immunology, and made relevant interventions. At the inaugural session, we heard Prof. Talwar blatantly state the 'population control agenda' of AFV research when he stated, "*What can be a more fitting justification for research on an Anti-Fertility Vaccine? Since the inauguration of this Congress, 2054 people have been added to the Indian population.*"

But during the entire Congress, crucial issues of ethics and social applicability of this research were conspicuously absent from their deliberations. Hence, on the last day of the Congress, we read out a joint statement on behalf of the campaign, outlining the major problems with AFVs, the hazards they pose for women's health and the futility and dangers of pursuing this line of research. Needless to say, even this mild intervention was met with a lot of hostility from scientists, who felt it was not the 'right forum' to raise questions of ethics. We also distributed copies of the Statement, and discussed issues of ethics and the social context of medical research with the scientists present, a few of whom were fairly receptive to our ideas and concerns.

## STRENGTHENING THE CAMPAIGN Giving Voice to Our Protest

On the afternoon of the 30<sup>th</sup>, we also held a Press Conference jointly organised by Saheli and Forum

# STOP RESEARCH ON ANTI-FERTILITY VACCINES!



for Women's Health. Members of the International Campaign also addressed the journalists. Although AFVs and contraceptive research are not a "burning issue" in the Indian context, it is clear that over the years, our work has managed to generate considerable concern on the issue. This groundwork helped us mobilise a wide cross section of the press, and we were encouraged by the fact that several newspapers covered the event, and featured stories on the issue. On this occasion, Saheli also released a detailed report on the issue titled, *Target Practice: Anti-Fertility Vaccine Research and Women's Health* (See Box).

Then, on the 31<sup>st</sup> of October, we also had a full day campaign meeting, co-organised by Saheli and the Forum for Women's Health. While there were a few groups from outside Delhi, the majority were local groups. The morning session of this meeting focussed on an overview of health policy in India, and the shifts in the Reproductive Health Policy. This was followed by a presentation on the direction and politics of Contraceptive Research and the challenges ahead of the women's movement. The afternoon session was on the International

Campaign. This was followed by a discussion on social responsibilities of scientists. Finally, we had a strategy planning session where the discussion, covered important issues of co-option of the agenda of the women's movement by the population control establishment, and the role of advocacy groups in this context.

On the 1<sup>st</sup> of November, the International Immunology Congress was inaugurated by the President, Mr KR Narayanan. On this occasion, we held a protest demonstration that aimed at conscientising the entire scientific community to the unethical and undesirable quest for AFVs, and making them aware of our objections to them. In this protest we were joined by women's groups like Sabla Sangh, students groups like Democratic Student's Union, and democratic groups like Peoples' Union for Democratic Rights, among others. We managed to hand out leaflets to hundreds of scientists who were attending the event, and shouted slogans, sang songs and displayed placards to highlight our concerns.

## REDEFINING PRIORITIES FOR WOMEN'S HEALTH

### Many challenges still ahead

While the development of Anti-Fertility Vaccines has broadly followed the pattern of other invasive,

provider-controlled contraceptives, certain new elements have characterised it. The media has been consistently used to garner support against, mounting protests from the women's health movement. Many of the criticisms of the women's movement about long-acting, provider controlled contraceptives are also sought to be turned on their heads. Researchers claim that Anti-Fertility Vaccines do not cause hormonal disturbances and disruption of the menstrual cycle like other long-acting hormonal methods. Such a claim masks the fact that these vaccines do interfere with the entire body system, including the hormonal balance, and have serious potential health risks. Researchers claim that they are in agreement that long-acting duration are not in women's interests, and that these vaccines are not 'provider controlled' because a woman can 'choose' whether or not to get a booster shot and continue with the vaccine. And so, while these hazardous Anti-Fertility Vaccines work to control women's fertility by any means, we are told that women's choices are being widened by the development of these vaccines.

**It is clear that most contraceptive research, like that of AFVs, ignores the reality of the vast majority of women in India. Ninety percent women in the reproductive age are anaemic and malnourished and do not have access to adequate food, drinking water and primary health care. Women's real need for contraception is exploited**

## TARGET PRACTICE: ANTI-FERTILITY VACCINE RESEARCH AND WOMEN'S HEALTH

*This Saheli report attempts to trace a history of the development of various Anti-Fertility Vaccines all over the world; elucidate the problems inherent in the immunological approach to contraception; discuss the hazards it poses for women's health; deliberate its immense potential for abuse, and expose the population control agenda of scientific and research institutions.*

*The women's movement has for long questioned the proclaimed 'neutrality' of science and exposed its patriarchal and class bias. We have placed the Anti-Fertility Vaccine debate in the context of its use in society where women are neither in a position of equality nor have equal access to resources. This problem is further compounded by the misplaced emphasis on 'population control' over women's health needs. In terms of the social implications of the use of these vaccines, we have located our arguments within the Indian context. Finally, we have stressed upon the urgency to redefine priorities for women's health.*

*The report is available from Saheli for Rs. 25/- (plus Rs. 8 for mailing). For a copy, or for more details, please do write to us.*



A Saheli REPORT

by the population control establishment which imposes methods which pose serious health risks, and over which women have no control.

***We would like to reassert that women do need contraception – safe, effective methods which are within the woman's control.*** Top-down, resource-intensive research and planning can only serve the interests of the dominant in any society. A radical reorientation of contraceptive research will of necessity have to encompass women's need for safe and effective barrier methods, which are within the control of women and help to promote better negotiation between couples. Male responsibility for contraception is another crucial area of concern. Scientific research must take into account the real needs of people, and patriarchal and class biases have to be challenged. Tackling the inequalities between men and women and addressing women's needs would contribute to overall change.

We need to question why there is a need for a population policy at all, and change the terms of the debate. Land reforms, provision of basic needs, ensuring equitable access to food, housing, health, education and other necessities will contribute to moving towards a more humane society.

WE CALL FOR AN IMMEDIATE HALT to the research and development of immunological contraceptives because of health risks, the potential for abuse, unethical research, and the anti-people assumptions underlying this direction of contraceptive research. The wellbeing of every woman and man must take precedence over scientific goals.

**POPULATION POLICIES AND  
PROFITEERING HAVE NO PLACE  
IN CONTRACEPTIVE RESEARCH**

## SHIV SENA KO GUSSA KYON AATA HAI ?



On 3rd December 1998, a small group of Shiv Sainiks attacked a cinema theatre called Regal in Delhi against the screening of 'Fire'. They tore down the hoardings and smashed window-panes, creating terror amidst the public and the theatre management. It was part of a series of orchestrated attacks on theatres showing 'Fire' in different parts of the country. Four days later, on 7th December 1998, a lively and effective protest against the Shiv Sena's hooliganism was organised outside the same theatre. The well-attended demonstration included representatives from around 32 organisations including women's

groups, gay and lesbian rights groups, democratic rights organisations, theatre professionals and film makers. Demanding the freedom of speech and expression and the recognition of lesbianism in India, the groups present gave a fitting response to Shiv Sena who had declared lesbianism as immoral and anti-Indian.

The Shiv Sena and Bajrang Dal had attacked two theatres in Bombay on 2nd December 1998. Attacks in Delhi and other places followed. These attacks on the screening of 'Fire' by the forces of Hindutva resulted in the theatre-owners stopping the screening of the film producing a

virtual ban on the film - a private ban imposed by muscle power depriving the public of its right to view and judge a film that had been passed by the censor board. Before examining the reasons which have provoked the chauvinistic right-wing so much, a brief review of the film will not be out of context.

## THE FILM : THE STORY AND THE LIMITATIONS

'Fire' is a portrayal of the exploration of women's sexuality and loneliness within marriage. Director Deepa Mehta has shown a conventional Indian joint family setting with the elder brother neglecting his wife [Shabana Azmi] as she cannot bear him a child. A marriage [with Nandita Das] is arranged for the younger brother despite the fact that he is obviously involved with another woman. Besides these characters, an invalid mother-in-law and a living-in servant are the others who complete the conventional family set-up. Two wives are the protagonists caught in a situation that offers no hope or happiness. Neglected by their husbands and catering to the mundane chores of the house and the restaurant the family runs, they reach out to each other - emotionally and physically.

The film has a very sensitive portrayal of the intimacy of two women including their sexual intimacy. At least two other Indian films ('Umbaratha' in Marathi and 'Subah' in Hindi) have fleetingly shown lesbian intimacies in films. However, in 'Fire', their developing lesbian relationship has been shown at length unlike in the earlier films. But this achievement is partly undermined by showing it as an outcome of the denial of happiness and fulfilment for both women in their marriages. While the causes underlying the physical attraction are no doubt open to interpretation, it needs to be stressed that lesbianism needs no justification. As this relationship grows, it is also made light of through derisive humour as seen through the eyes of the mother-in-law and the servant who are in the house all day long.

If the exploration of sexuality is a major concern of the film, it is a pity that the issue of masturbation has been used for comic relief. While the search for sexual fulfilment is shown in all its grace in the case of the main characters, the same has been

used to cause humour in the case of the servant. The conflict and guilt associated with masturbation is likely to get further reinforced with such rendering of the act. Finally, using a servant for comic relief is an age-old tactic of mainstream cinema that the film maker has fallen prey to, in the process of exploring an alternative theme.

Yet another stereotype portrayal that the film-maker makes full use of is in the depiction of the second brother's lover. The portrayal of a 'mistress' is necessarily that of a woman running a beauty parlour, where unsavoury deals are alleged to occur ever so often. She is single and of Chinese origin. Interestingly enough, she is economically independent and stated not to have opted for the confines and responsibility of a joint family. She is sexually fulfilled and is in no pain or dilemma of her choices. This strong character is of no interest to the film-maker who has used her in vampish overtones to explain the younger brother's lack of interest in his marriage. Thus, the stereotypical use of a 'chinky-eyed' woman as the sexually active and liberated one, stands out in sharp contrast to the film-maker's professed pro-woman concerns.

The entire film has a running thread of the great epic Ramayana with its patriarchal values highlighted befitting the traditional family structure depicted. This depiction of the Ramayana also steps into the real story. When the elder brother confronts his wife at the end of the film, the kitchen literally sets on fire and she walks out unscathed. The use of Ramayana is thus unnecessarily stretched when the *agni-pariksha* takes place in a literal sense.

The film ends on a positive note as the characters exercise a choice based on the affirmation of lesbian love. They meet in a Sufi place as they run out of their house to begin a new life. They move out of the suffocation and emptiness of the family in a quest of new life. They abdicate their social and material privileges in the exercise of this choice. The film is thus a critique of the institution of family and compulsory heterosexuality. It is a rare achievement in a society embedded with patriarchal and fundamentalist values where women's sexuality is striving to find expression.

Director Deepa Mehta has been in the limelight since the virtual ban became operative. In the midst of all the controversy, the film maker Deepa Mehta,

denies that 'Fire' is a lesbian film though it was screened in a gay and lesbian film festival in the US in June 1997, and that most of the awards it has won, have been at gay and lesbian festivals. Posters in Europe proclaim it as a lesbian film while in India she categorically denies it as a lesbian film leaving one wondering whether she has been more interested in the marketing of the film and whether the story of 'Fire' has just provided the right material for attaining wide publicity. The association of Bobby Bedi, producer of 'Fire' and 'The Bandit Queen' also invites thought about the how much commercial interests have governed the decision to make such a film. In fact, in a variety of interviews, Deepa Mehta actually appears to be squeamish about lesbian relationships.

Despite its shortcomings, the message that 'Fire' conveys needs to be defended. Both cinematically and thematically, the film inspires many critical discussions and the attacks by Shiv Sena has made it the focus of many interesting debates currently taking place in the mainstream media. Needless to say, the issues raised by the film and the controversy that surrounds it are far more crucial to us in the women's movement.

## THE HINDUTVA IDEOLOGY AND WOMEN'S SEXUALITY

Several spokespersons of the Shiv Sena have publicly expressed their grievances against this film. In one instance, they do acknowledge the existence of lesbianism but feel it need not be exhibited in this manner. Does the fact that society is taking its own time to come to terms with lesbian relationships necessarily imply that such relationships need not be portrayed in a film? Preventing screening of a film that has got an 'A' certificate and passed by the Censor Board is an assault on the rights of all adults who can choose to see it or not, like it or reject it. What is it in 'Fire' that is so threatening to the Shiv Sena? What is it that they find so objectionable for Indian adults to be exposed to? Their paranoia is based on a rigid adherence to an ideology that upholds the institutions of marriage and family. Any departure from this norm is a violation of the established code they advocate. And the film has attempted this departure. It is precisely for this reason that the

**"WE SEEK THE RIGHT TO MAKE CHOICES ABOUT OUR LIVES, OUR BODIES, OUR SEXUALITY AND OUR RELATIONSHIPS. SOME OF US ARE SINGLE; SOME OF US ARE MARRIED. SOME OF US HAVE OUR PRIMARY EMOTIONAL/SEXUAL/ PHYSICAL/ INTIMATE RELATIONSHIPS WITH MEN, OTHERS WITH WOMEN, SOME WITH BOTH. SOME OF US DO NOT HAVE SEXUAL RELATIONSHIPS. WE FEEL THAT WE MUST EVOLVE THE SUPPORTIVE STRUCTURES THAT CAN MAKE ALL OF THESE CHOICES A MEANINGFUL REALITY."**

Excerpt from 'A declaration by the 6th Nari Mukti Sangharsh Sammelan (National Conference of Women's Movements), Ranchi, December 1997.

self-proclaimed custodians of Indian morality are shaken.

The women's movement has, over the decades, exposed the exploitation of women inherent in marriage. While marriage and family supposedly give women a sense of security, identity and respectability, the film reflects the loneliness and emptiness of women's lives within these institutions. The interests of fundamentalist groups like the Shiv Sena lie in trying to control and repress women's sexuality through taboos in the name of religion and tradition. Therefore, while exposing the hollowness of marriage, when the exploration of women's sexuality becomes the focus of a film, it is bound to cause chaos among the saffron brigade.

The liberation of women alongwith the changing notions of women's sexuality in a society that thrives on keeping women in shackles is a threat to the builders of Hindutva. In the words of a leading figure of the Mahila Aghadi (women's wing) of the Shiv Sena - 'If a woman can have physical relations with another woman, what will happen to women and who will carry out the work of human development?' [Statesman, 4th December 1998]. The recognition of gays and lesbians in a predominantly heterosexual and patriarchal society is an anathema to the Shiv Sena.

Coming under the pressures of a modern society the Shiv Sena has also focussed on organising women. Therefore women were also mobilised to

"WE WOULD LIKE TO TAKE THIS OPPORTUNITY TO INFORM THE PRESS AND THE PUBLIC THAT LESBIANS EXIST IN INDIA. WE ARE HERE TODAY, WE HAVE ALWAYS BEEN A PART OF INDIAN SOCIETY - WITNESS THE EXTENSIVE YOGINI TEMPLES AND LESBOEROTIC SCULPTURE ALL OVER INDIA. WOMEN WILL CONTINUE TO LOVE WOMEN FOR CENTURIES TO COME. LESBIANISM IS NOT SPECIFIC TO ANY ONE CULTURE, RELIGION, SOCIETY, CLASS, LANGUAGE GROUP, OR GEOGRAPHY. LESBIANISM EXISTS EVERY-WHERE THAT WOMEN EXIST - ALL OVER THE WORLD."

*Excerpt from the press release issued by Lesbian groups from Delhi and Mumbai. 7th December 1998.*

tear down the hoardings of a film based on women's sexuality - and assert the Shiv Sena's message of what morality ought to be. It is no wonder that they have resorted to the age-old tactic of using victims against victims. Women's economic independence is also spouted by these fundamentalists [Jansatta, 22nd December 1998]. Still, granting these half-measures to women is no threat to the patriarchal stronghold - because it is balanced by a superb glorification of motherhood, which is the ideological base of keeping women in control.

The propagation of the mother image as ideal, chaste and pure conceals well the vast reality of women's subordinate status in society. Women's sexual role is reduced to that of procreation only. The image of the dutiful wife and the ideal mother ensures the control of women's sexuality within the exploitative institution of marriage and its expression outside this is a taboo. Lesbianism upsets this world view entirely. The liberation of women from procreation becomes blasphemous.

It would do a world of good if Shiv Sena were to open its eyes to the hypocrisies inherent in marriage and family. But it is not a mere oversight. Being blind to the women's question is the inherent logic of a relentless pursuit of an ideology that upholds male supremacy and subjugation of women. And what is moral and ideal is defined by this vision. It is in this male-dominated society that Shiv Sena seeks to reinforce notions of impurity attached to menstruation, pregnancy and child-bearing

counterposed on the other hand with virginity, chastity and *pativrata* as being hallmarks of purity. The double standard of morality is unquestioning of male sexuality. It is the control of women's sexuality by imposing social and moral codes of behaviour that ensures the saffron brigade of its patriarchal privileges in the Hindu Rashtra of its making. The proponents of such an ideology will not tolerate a film like 'Fire' which is an affirmation of lesbian love. The Shiv Sena has to publicly acknowledge the reality that marriage can also mean a denial of sexual fulfilment and happiness.

Gay and lesbian groups in response have reminded the public of their existence and the need for recognition. That lesbianism has always existed, despite marriage, is a reality that the chauvinists can no longer ignore. The women's movement since decades has been opposing patriarchal oppression in the state, society and family. The impact of these ideas of women's liberation is evident in the spate of news articles, letters to the editor, TV interviews etc. Such an overwhelming response would have been unimaginable some years ago.

#### THE CAMPAIGN FOR LESBIAN RIGHTS

Women's groups in India have been active in fighting many problems within the family structure in order to work towards women's equality. Fighting against domestic violence, dowry, *sati*, bride-burning, sex determination and abortion of female foetuses, numerous notable campaigns have been carried out. In all these campaigns, while the family structure was challenged, sexuality as an issue has hardly been spoken about openly. Of late, the women's movement in India has been open to creating space for discussions on sexuality in its National Conferences [Tirupati 1994, Ranchi 1997]. Yet, there is still a deep-rooted silence on the issue of lesbianism.

Shiv Sena's attack on 'Fire' has helped in bringing to the fore the issue of lesbianism. In the aftermath of the demonstration at Regal Cinema, a number of individuals and organisations have come together to discuss and act upon the issues that have emerged. **A loose coalition of groups and individuals have formed 'The Campaign for Lesbian Rights'. The campaign seeks :**

1. to make lesbianism visible and to dispel the myth that there are no lesbians in India.

2. to dispel misconceptions and prejudices about lesbians.

3. public and state recognition of the rights of all lesbians to a life of dignity, acceptance, equality and safety.

The campaign attempts to engage in dissemination of information, public debates on lesbianism and awareness raising in the coming years. This is no small achievement, since it is one of the first such forums of its kind in this city. We need to confront the homophobia that prevails in large sections of this society. The impact of the present controversy on those who are coming to terms with their sexuality can be a major setback. The realisation of being lesbian that is fraught with obstacles in seeking expression can be made doubly difficult. Hence the need to create space for such discussions and take this issue to the public is imperative.

*On 17 January, 1999 Saheli organised a public meeting titled, 'Fire, Lesbiansim and Related Issues'. The discussion was initiated by three members of the Campaign for Lesbian Rights. The meeting was attended by more than 60 people, including representatives women's groups, gay rights groups,*

*democratic and civil rights' groups, students and many concerned individuals. It provided a forum for discussion on a wide spectrum of issues, ranging from the film itself, to the travails of growing up as a gay person, the need for public recognition of lesbianism, the social harassment faced by lesbians all over the country, the history of the lesbian movement in India and abroad, the role of women's movement on the issue and the isolation perceived by gays and lesbians on the failure of activists and organisations working on other rights' issues to take up or even support the struggle of sexual minorities.*

The recognition of gay and lesbian rights is an imperative, not only of the women's movement, but also of the left, mass movements and all democratic forces. It is only a concerted struggle including all oppressed groups and minorities that can overturn the growing hegemony of the Hindutva brigade.

The continuing oppression and exploitation of women calls for us to define our rights. What we seek to challenge and the choices we make are in keeping with our vision of a new society free from class, caste and patriarchal bondage.

#### **A HISTORY OF UNDERMINING 'FREEDOM OF EXPRESSION'**

*The concerted effort of Shiv Sena to thwart the showing of 'Fire' does not come as a surprise looking at the past history of Shiv Sena hooliganism. In early seventies, Shiv Sena had opposed staging of a Marathi play 'Ghashiram Kotwal' because of the 'contentious' portrayal of the lead role Nana Phadanvis. A shrewd brahmin wazir, a man, can exploit women sexually but the playwright and the actors have no right to point fingers at him, to show the 'other (dark) side' of his life on stage! Fortunately the play survived the attack.*

*In recent years, the Hindu brigade has attacked MF Hussain repeatedly for some of his old paintings of the Hindu goddess, Saraswati. Shiv Sena supremo Bal Thakarey has declared a ban on Pakistani cricketers visiting Mumbai and now possibly even the rest of India, and to face severe consequences if the warning is not heeded.*

*Muslim fundamentalists have had their share of curbing 'freedom of expression' by getting a ban implemented for Salman Rushdie's book 'The Satanic Verses' a few years ago when the Congress government was in power.*

*A group of Neo-Buddhists had threatened to show their muscle power if research and writings criticising Dr Babasaheb Ambedkar were to be published and the then government obliged.*

*And recently in Mumbai, a play called 'Me Nathuram Godse Bolto' (Nathuram Godse Speaking) was banned on the grounds that it undermined the prestige of Mahatma Gandhi by giving voice to his assassin.*

**'FREEDOM OF EXPRESSION' SHOULD BE TREATED AS ONE OF THE BASIC TENETS OF A DEMOCRATIC SOCIETY, INSTEAD A MOCKERY OF IT IS MADE FOR POLITICAL ADVANTAGES FROM CERTAIN SECTIONS [BASED ON RELIGION, CASTE, CLASS] OF THE SOCIETY AND IS BEING USED TO GAIN SHORT-TERM POLITICAL MILEAGE. ANYTHING DONE BY A MINORITY OPINION IS GETTING BRANDED AS ANTI-CULTURAL AND ANTI-NATIONAL, ESPECIALLY BY THE BJP-LED GOVERNMENT. EVERY EFFORT SHOULD BE MADE TO STOP SUCH AN ABUSE OF A DEMOCRATIC RIGHT.**

## A REQUEST TO OUR READERS

As a part of our effort to communicate with you better and to streamline our mailing list with new names added, we thought it would be worthwhile if we could get some feedback from you. We would very much appreciate if you could take a few minutes, answer the following questions and mail the reply to us. Please circle the most appropriate answer/s amongst the choices offered. If you would like to add anything beyond these answers, please do use additional sheets to send your response. Thanks a lot.

1. Do you receive Saheli newsletter regularly? ..... Yes/ No
2. Do you get it in exchange of your newsletter? ..... Yes/ No
3. Do you pay contribution price to receive it? ..... Yes/ No
4. If you do not get it regularly, would you like to get it? ..... Yes/ No  
If yes, please send us your complete address to add and/or update our mailing list
5. How long have you been seeing Saheli newsletter? ..... One year/ 2-5 years/More than 5 years
6. How do you look at the newsletter? ..... As serious reading/ Casual reading/  
..... A quick glance at issues covered/  
..... Reference material/Other - specify
7. How many readers are there for your copy of the newsletter? ..... You / Between 2-5 / More than 5
8. Who are the readers? ..... Women/Men/Activists/ Organisation  
..... members/Family/Others - specify
9. Do you like the content, style and presentation ? ..... Yes/ No
10. If no, what would you like to be changed? ..... Content/ Presentation/ Illustrations/  
..... Reporting Style
11. Is the newsletter too serious and didactic ? ..... Yes/ No
12. Do you think the articles and reports raise many questions in your mind? ..... Yes/ No/ Sometimes
13. Do discussions take place on the issues addressed? ..... Yes/ No
14. Would you like to see readers' participation ? ..... Yes/ No/ Not necessary
15. Are you interested in other Saheli publications? ..... Yes/ No

## LIST OF SAHELI PUBLICATIONS

TITLE .....	YEAR OF PUBLICATION .....	CONTRIBUTORY PRICE
1. Ek Aur Vyavasayik Jokhim: Yaun Uthpidan aur Kaamkaji Mahila [Hindi] .....	1999 .....	Rs. 15 (Students: Rs 10)
2. Another Occupational Hazard : Sexual harassment and the working woman: .....	1998 .....	Rs. 20 (Students: Rs 15)
3. Target Practice .....	1998 .....	Rs. 25
4. Quinacrine : The sordid story of chemical sterilisations of women .....	1996 .....	Rs. 30
5. In Solidarity: Compilation of Saheli writings .....	1995 .....	Rs. 25
6. Aapas ki baaten : A Hindi guide to Contraception, Safety & Women's Health .....	1990 .....	Rs. 25
7. Compilation of Saheli writings .....	1988 .....	Rs. 15
8. First Four Years [Saheli writings] .....	1985 .....	Rs. 5
9. Newsletters .....	various .....	Rs. 5 each

Also, the report of the National Conference at Kanpur Conference 1993 is available from us for Rs.5 each.

[For outstation requests, please add Rs. 8 for postage of every report, and Rs. 2 extra for every newsletter.

For requests from outside India, please inquire with us].