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New Reproductive Technologies and the Indian Woman

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Definitions

New Reproductive Technologies (NRTs): This term denotes the entire spectrum of modern medical techniques targeted at women's bodies, affecting their control over their bodies, bodily processes or products, they include -

- Sex Selection Techniques
- Non-Coital Reproductive Techniques
- Long acting Contraceptive Techniques
- Miscellaneous techniques like hymenoplasty etc.

Pre-natal Diagnostic Techniques (PDTs): The techniques meant for detection of congenital malformations (which may or may not be sex-linked) in embryo or foetus, e.g., Amniocentesis, Chorionic Villi Biopsy (CVB), etc.

Sex Selection Techniques (SSTs): Techniques used for selecting the sex of the unborn offspring before or after conception. They include Sex Determination techniques and Sex Pre-selection Techniques.

Sex Determination Techniques (SDTs): They are PDTs which can be used for predicting rather than determining the sex of the unborn offspring after conception, preferably in the first four months of pregnancy.

Sex Pre-Selection Techniques (SPSTs): Technique employed for selecting the sex of the offspring before or during conception.

Nineteen Eighties has been a decade of watershed. The developmental model nurtured and worshipped by policy planners over the world is under siege. Technology, the propelling force behind this model is no longer a holy cow. No doubt, the corridors of power, both in the first as well as the third world countries still echo and old jargon of 'trickle down theory'. The collapse of communism in Europe has further strengthened the mirage of developmental model created by the blend of technology and capitalism. However, its edifice is slowly cracking. Growing sections of population are becoming increasingly sceptical about the claims of 'trickle down becoming increasingly sceptical about the claims of 'temples' of theory. What were once considered to be the very 'temples' of modern civilisation are being perceived by many as its 'tombs.'

In the First world, the (often intermingling) streams of Illichian, Feminist and Environmentalist thoughts have led the dissenting voice against the established concepts of development, science and technology. They have raised issues of crucial importance, e.g., 'appropriateness of technology in a given social millcau', 'marginalisation of women and other oppressed sections' and 'disenchantment with the developmental model is being reflected in the form of various protest movements. 'Green Revolution' and 'Nuclear Energy'- the most shining weapons from the development armour are being challenged. Chipko, Baliapal, Narmada-the list is growing. The battle lines are becoming sharper.

The emergence of NRTs has added yet another important dimension to this sharpening conflict. So far, medical technology, specially reproductive technology needed no justification. Its 'benevolent' nature was taken for granted. However, in the countries of their genesis, the advent of NRTs triggered on a chain of debates within the outside the medical community. Several social, demographic, ethical, legal and philosophical issues have been raised. [1,2] However, even the complex issues like 'Rights of unborn children', surrogacy', 'informed consent' debated so far represent only the proverbial tip of the iceberg. As the debates have shown, the NRTs have the ability to alter not only the face, but the very soul of human civilisation. Andrea Dworkin, believes that the advent of NRTs would bring about the restructuring of society on lines of a 'reproductive brothel model' in which 'women can sell reproductive capacities the same way old time prostitutes sold sexual ones. [3] The impact of these technologies would be felt the most in third world countries like India where these technologies are most likely to be used, abused or misused. The worst victims would be women who become the targets of these technologies.

This Chapter intends to initiate the process of defining and sharpening the issue, which are most likely to emerge in the next decade or two in response to the advancement of NRTs in the specific context of Indian Women. It would focus mainly on the issue of Sex Selection, which is more precisely defined and demands immediate attention and action. In addition, it would try to evolve a framework within which the forthcoming issues like Surrogacy and Gene Marketing could be analysed.

SDTs: Early History

SDTs like Aminocentesis, CVB were originally developed as PDTs. Amniocentesis was independently discovered in 1954 by research groups working in Jerusalem, Copenhagen, New York and Minneapolis. It was suggested that the prevalence of certain genetic disorders in the royal family of England contributed to the surge of research interest in this field.

Certain hereditary anomalies like haemophilia are sex linked, i.e., they affect only males, while females are mere carriers. Hence, PDTs were also used for sex-determinations (SD) in order to confirm the diagnosis. In most parts of the world, PDTs are employed exclusively for detection of genetic and other congenital anomalies. However in India, ever since their inception in the early 70s, they are being misused almost exclusively for SD and subsequently for sex-selective abortions.

At present, Amniocentesis and CVB are the most popular SDTs used in India. In the last 15 years, SD clinics have mushroomed in most parts of North and West India. The exact number of these clinics cannot be ascertained as there is no provision for their registration and because many of them operate clandestinely. However, newspaper reports and feedback received from voluntary groups have confirmed the presence of S.D. Clinics in UP, MP, Delhi, [4] Punjab, [5,6] Haryana, West Bengal, [7] Goa, [8] Gujarat [9] and Maharashtra [10] with the last two topping the list. These studies have also confirmed the fact that contrary to international standards, most such clinics do not have basic facilities like ultrasound cover in aseptic area. In fact, in most cases, a S.D. clinic is nothing but a doctor with an anesthetized sense of ethics, holding a hypodermic needle for insertion into a pregnant women's abdomen.

The extent of proliferation of S.D. menace can be gauged by the example of Maharashtra, one of the most progressive States in India, with a rich heritage of progressive social movements. It is at present a strong fort of women's