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The Victimized Discourse Sex-Determination Technologies and Policy

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How do potentially dangerous technologies acquire people's approval? Does this involve an element of choice? And if this is so, what can be done to alter the situation? These issues are addressed through a study of one particular development, the spread of sex determination technologies and the evolution of state policy towards it. The focus is on the essentially victimizing content of these technologies, as well as state policy.

Rapid advancements in medical technologies in recent years have opened the road to wide-ranging interventions in the sphere of reproduction. Significant among the technologies which facilitate such interventions and thereby manipulation of reproductive functions are those of artificial insemination, in-vitro fertilization, pre-natal diagnostics, embryo transfer etc. Most of these technologies are known to have the potential for adverse side effects for women who are supposedly offered their benefits. Some of these are also feared to involve unknown risks for their users. Their implications for social relations are also likely to be very disturbing; and their proneness to being misused too appears to be quite high in many socio-political contexts. Yet shockingly enough, many of these technologies appear to have received wide acceptance among people who have often opted to use them even at considerable expense. The questions which cry for an answer in this context are: What has contributed to such a state of affairs? How could such potentially dangerous technologies acquire people's approval? Does this involve an element of choice? Or, does it indicate the growing hold of structures and technologies of control in defining the very meaning of choice. And, in case of the latter being true, should something not be done to alter this situation? Or, what indeed can possibly be done?

To address these issues in any meaningful manner, it is pertinent to look into the political economy of technology use in this domain. Towards that end it is significant to (a) demystify the manner in which an entire discourse of legitimization, carefully constructed by vested interests, ensures the production and reproduction of conditions of patriarchy, which support technology use

even for such demeaning practices as sex-based discrimination in childbirth; and (b) examine the interplay of state policy, including its response to the play of forces which in effect contribute to the widespread resort to these practices. This paper seeks to do this primarily with reference to pre-natal diagnostic techniques, which have over the years been extensively misused for purposes of sex-determination, and which pose new challenges to the already difficult question of social justice in India. Section I of this paper will examine the manner in which discursive space is created for the promotion and acceptance of such technologies and associated practices despite their extremely unhealthy nature, and further, its implications for pushing an unjust meaning into the notion of rights; and Section 11 will analyze the nature and limits of the recent legislative intervention in this sphere. The objective is to underline the essentially victimizing content of both technologies and state policy in this regard. There are powerful interests-commercial as well as professional - involved in shaping this order of things, but in large part these remain victimizing for the poor and marginalised, particularly women of India, who would suffer in both their use and non-use.

I. Technologies and Legitimization

The pre-natal diagnostic techniques involve the use of technologies, such as, ultra sonography, amniocentesis, chorion villi biopsy, foetoscopy, maternal serum analysis, etc. These are supposedly meant to facilitate the detection of foetal abnormalities and thereby facilitate subsequent interventions, such as abortion or therapy. In the Indian context, however, these techniques came to be widely used soon after these became available. Sadly enough not because these were crucial for reasons of health, but because these could be exploited by the medical establishment and other commercial interests to make quick profit. These were used primarily for the purpose of sex determination and almost invariably made way for selective extermination of female foetuses. 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 increased from less than 10 to 248. Between 1987-88 nearly 13,000 sex-determination tests were estimated to have been done in seven Delhi clinics themselves. (Source: Saheli, Delhi). The commercial intent behind the growing use of these techniques becomes apparent from the way these facilities can be publicized - through advertisement in newspapers, in trains, buses, on walls, hoardings, pamphlets, letters, etc. Even training programs for foetal sex testing became a promising business! And every- where, the idea was to prevent the birth of unwanted girl child.

The practice continues undaunted. The Registrar General of India has admitted to abortion of 3.6 lakh female foetuses in India, in 1993-94, an estimate based on hospital births alone, and a very large number of these are estimated to have followed sex-determination.

Although it is not possible to provide exact statistics regarding the present extent of this practice of sex determination, estimates place the number somewhere around two lakhs in a year.

Apart from posing a serious threat to the demographic balance, the growing resort to pre-natal diagnostic technologies, for sex determination exposes women to additional health risks. The increased risks of abortion or congenital malformation in the foetus apart, the health of women is also known to have been adversely affected in several cases, either directly because of the use of these methods or because of their being used in certain conditions, or due to the action taken in response to the information made available through these - health risks due to late abortion are quite common in this respect. Note for instance, that amniocentesis is possible after 15-16 weeks of pregnancy and ultrasound, which happens to be the most widely misused technique at present, can help diagnose the sex of child only after 26-28 weeks of pregnancy.

Till recently there was no law against the practice except in Maharashtra, which adopted it in 1989 - the states of Punjab, Haryana and Rajasthan passed it recently. Even there, it remained ineffective in deterring the practice both because of its own nature and the wider context. The recent legislative intervention of the central government is also unlikely to be of much help in altering the situation, because it addresses the issue, in a very superficial and token manner, it is full of loopholes, and does not find much support through other policies which in effect create the structural space for continuance of the practice. The continued manipulation of discursive space to sustain and reinforce gender bias in society on the one hand, and legitimize various forms of discrimination in matter of birth in the name of choice on the other, further complicates the issue and demands that this be perceived and handled carefully, and in all its complexity.

It may be in order, therefore to first look into the subtle ways in which discursive space for the legitimization and expansion of the use of pre-natal tests in general, and sex determination techniques in particular are created, and the implications which our failure to demystify their ill-conceived sense of logic and right may have. Five significant elements of this discourse, as delineated from the argument

of several of the most vociferous supporters of these technologies, have been discussed below along with their immediate or distant but seriously threatening implications. For, to perceive the true nature of, this discourse seems an essential precondition for any efforts towards changing the reality it strives to create or sustain. It is relevant to mention here that while the most vociferous advocates of these technologies remain the commercial and professional interests, it is not difficult to come across supporters among clients as well as nonusers in the wider society.

Mystification of Technologies

An entire discourse of emancipation and achievement is carefully built around the issue. Practitioners have created clients not only out of the traditional-minded, uneducated Indians who aspired for sons to perform family rites, but also among the apparently most modernized, well-educated and economically well-off sections of society, who could be convinced that not making use of advancements in technology could be anything but rational. Technology could emancipate women from the burden of repeated pregnancies in their quest for producing a son. They could achieve a small family norm and yet hope for a son.

In a context where son preference is already a fact, both because of traditions and prevailing socio-economic practices, such tests and subsequent act of selective abortion are carefully projected and easily perceived as a "benefit" made available by science and challenging such scientific advancement has always been far more difficult than rejecting a traditional-looking practice. In effect, it is not simply science giving a sober form to what was hitherto an irrational practice of committing female infanticide; it is also science promoting, protecting and reinforcing the reasoning, which went into the latter. Therein lies the danger of uncritical acceptance of whatever is offered by the tools considered scientific. Pre-natal diagnostic techniques legitimize and entrench an essentially negative and unjust thought process, which the process which leads towards large- large-scale extermination of female fetuses.

Utilitarian Discourse

The discursive context of sex-determination tests is further created and sustained by utilitarian arguments in favor of sons and towards averting the birth of unwanted and economically burdensome daughters. The narrow utilitarian logic, especially when defined in terms of individual calculus, easily omits the consideration of many such questions, which score poorly when examined from

the perspective of society at large, and which are bound to have far-reaching implications for human relations. These problems remain ill perceived and evoke little concern because the benefits seem completely independent of these - those who benefit need not be the ones who will suffer the costs.

This overpowering logic of narrow individual-centered interest calculation, however, has become characteristic of the overall social context itself and this factor has facilitated its penetration in defining the meaning of pre-natal diagnostic techniques too. The economic logic of 'rational man' has penetrated so deep into individual psyche that principles derived from economics are stretched into the social realm to explain social problems and analyze social possibilities. This pattern of reasoning uses the demand and supply argument to predict the increased value of women in case their number falls and thus offers perfect rationalization for sex-determination and selective abortion of female foetuses.

It is relevant to state here that this line of argumentation is flawed for more than one reason. For one thing it overlooks certain historical truths. It is a fact that even at present the male-female ratio is adverse though the low status of women is not difficult for anyone to see. And where certain specific communities are characterized by an adverse sex ratio for women, as in states of Madhya Pradesh, Haryana, Rajasthan and Punjab. One comes across practices, such as, wife sharing by brothers, or, even cousins.

For another this argument fails to stand the test of logic too. Even if one goes by the logic of demand and supply, one must not forget that scarcity of women would only worsen crimes against women - not only is it difficult to rule out an increased incidence of crimes like rape, abduction and forced polyandry in such a state, one will not be surprised if in an eagerness to ensure that one can get one's son married some form of child marriage makes a comeback in a state of scarce 'supply' of women.

The most serious objection to this argument of demand and supply principle, however is that it relates the position of women to the sheer fact of their number, thereby overlooking the numerous structural factors which have systematically deprived and devalued women in the present state of things. Any explanations regarding the status of women regardless of the legal and political framework which has given all kinds of support to the patriarchal structures of society and thereby devalued women's power will be misleading.

The fact remains that availability of such technology in a context marked by prejudice against women opens the door for reinforcing rather than changing that bias. It is not only that technological fixes are offered in place of social solutions to the problems and these may not succeed in actually solving the problems so answered. The trouble is that technological solutions are in fact likely to further intensify the problem itself. Selective abortion is no answer to the problem of devaluation of women; it only facilitates the already biased attitudes and practices and thus further strengthens their hold on the society.

Social Arguments

Numerous other arguments are offered by the supporters of sex-determination and considered quite acceptable by their clients. Some of these are also formulated in terms of social goals. Thus, for instance, it is very conveniently argued that the availability of sex-determination techniques will help achieve family planning targets and therefore it should be permitted. For, sex determination, it is contended, will enable 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 unfavorable to women is either not considered at all, or its threatening implications are not fully understood by them. Ironically, even while the need for population control is accepted on social grounds, individual choice-based arguments in support of sex determination techniques are given precedence over the social concern based arguments against these. The supporters do not give social problems, which would result in case of an extremely adverse sex ratio as a consequence of this.

Further, the implications of pre-natal diagnostic technologies for social relations are not considered at all by their proponents. That in the name of 'choice' not only is the position of women likely to be further devalued, control of men over reproductive rights of women will only be further strengthened. What is made out to be an issue of choice in effect is an issue of control. Technologies which offer instruments of furthering exploitative processes in the society cannot be supported simply because they appear to increase individual choice. The various forms of control and repression which underline these must be carefully understood.

Thus, for instance the effects of a technology on the health of those that will be its users or objects for its execution, though convincingly termed beneficiaries are rarely examined by its supporters in terms of the processes it, generates simply,

because of its availability. Even if the health implications of technologies used for sex determination are looked into carefully, the implications of repeated abortions in the hope of conceiving a male child, a hope which is systematically generated by those who offer such technologies, are overlooked. In order to be meaningful, the evaluation of technology must therefore never be confined to the processes its execution generates. It cannot be divorced from all that which emanates from its very availability.

The construction of discursive space for the ready acceptance of the pre-natal diagnostic techniques has thus been very instrumental in the expansion of the practice of sex-determination and selective abortion of female foetuses throughout the length and breadth of the country.

Quality Control in Child Birth

In large part, support to pre-natal diagnostic techniques is offered on grounds of right to determine the quality of the child. This line of thinking, however, has extremely threatening implications, which must be carefully perceived. For, if this quest for 'quality' of the child is considered legitimate and intervention with reproductive processes is permitted on this around, the day will not be far when the right to have children itself will be subject to the 'quality' qualification. Reproduction will not only be reduced to a mechanical process; it will also become a right of the qualified few. And all this is most likely to be done in the name of interests of the child to be born.

This will only result in the perception of child as a 'product' of a commercialized reproduction process. And this may further reinforce class distinctions even in reproduction, if only by nearly closing opportunities of producing a better quality child for many who will not be able to avail such quality control services offered by the market. Choice made available through such technologies will in effect be restricted to those who will be able to afford it. This will increase not reduce the basis for inequality in society.

Eliminating Disability at Birth

The technologies are justified since these may help eliminate disability through intervention before birth. This rationalization however is worked out primarily in terms of the rights of foetus discourse. The most objectionable feature of the arguments put forth by champions of the rights of the foetus in this respect is

that these reduce women to the role of carrier only, with the result that women's bodies are seen as a mere physical material for reproduction process. This is far from liberating.

Apart from this, the fact remains that where it is not possible to rectify the disability through intervention, these technologies only legitimize and pave the way for abortion in order to avert the birth of handicapped child. Not only will such thinking individualize the problem of disability, and blame individual women for having given birth to disabled children despite available technologies. It also attaches stigma to the handicapped and seeks to eliminate the handicapped from the face of the earth. If one looks at the contributions made by various handicapped individuals to different fields of activity, it will not be difficult to see the flawed reasoning, which informs such arguments about the handicapped.

Further, it is too simplistic to define health in terms of physical attributes at the time of birth. The role of social contexts in shaping the 'quality' of human life and its capacity to contribute to the society is undermined in such thought processes. Much as it exaggerates the capacity of technology to produce healthy individuals, so also is there a clear failure to address the issue of handicaps and health problems traced by the so-called healthy children due to the socio-economic contexts they experience in their life after birth.

Given the legitimacy attested to various pre-natal diagnostic techniques, much like other reproductive technologies, which can appear to enhance choice, which may reduce the size of family and thus help meet the population control targets of state and international agencies concerned with the issue, which may seem to help improve the quality of child, and which may above all serve the commercial and professional interests of doctors and technicians, such practices as imply a definite denial of reproductive rights to women will become more widespread unless action is taken right now to prevent their spread. There is a need to safeguard reproductive rights of women against the invasion of technologies and market forces. Legislative intervention can be one way of dealing with the issue, provided of course it is not meant to be a symbolic exercise, and provided that it is supported by requisite policy support as well as the strengthening of public space to eliminate the possibilities of discourse manipulation by vested interests.

II. Legislative Response

For several years, women's groups along with other social groups working on issues pertaining to health, social justice and human rights have been struggling to get a central law promoted for dealing with the, growing menace of sex-determination and selective female extermination. It may seem ironical that now when a law - the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act - has finally been issued these organizations themselves are struggling, against it. Yet, a careful reading of this act makes the reasons for this discontent and demand for changes in it quite clear.

As mentioned earlier, the new law appears to have little more than symbolic worth firstly, because it does not address the problem of sex-determination in a comprehensive way the problem is approached in a very superficial and token manner; and secondly, because it does not even possess the mechanisms necessary for its own effectiveness - it leaves enough grounds to ensure its defeating its own purpose.

Inadequacies and Loopholes

The primary objective of the law is professedly to provide for the regulation of the use of pre-natal diagnostic techniques for the purpose of detecting genetic or metabolic disorders or chromosomal abnormalities or certain congenital malformations or sex-linked disorders and for the prevention of the misuse of such techniques for the purpose of pre-natal sex-determination leading to female foeticide, and for matters connected therewith or incidental thereto."

This is sought to be accomplished by specifying the purpose for which pre-natal diagnostic tests can be conducted - detection of five types of abnormalities, viz., chromosomal abnormalities genetic metabolic diseases, haemoglobinopathies, sex-linked genetic diseases, congenital anomalies, have been considered to be justifiable reasons for these tests. The list can however, be expanded by the Central Supervisor Board, to be created for implementation of the act. The act also lays down certain conditions which must be fulfilled if these techniques are to be used - the age of pregnant woman being above 35, there being a history of two or more spontaneous abortions or 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 has been given as conditions. The Central Supervisory Board has been authorized to add to this list too. The legislation thus

does not question the use of pre-natal techniques as such. It only relates to regulating the motives of its use.

This act, it appears completely misses the relationship between technology serving the ends of social prejudice and commercial interests taking advantage of it. Contrary to the demands put forth by several concerned social organizations/activist groups that the tests permissible for reasons other than sex determination should be confined to government hospitals it in fact grants a renewed legitimacy to the private sector expansion, and consequent misuse of technology by it. It provides for the registration of genetic counseling centers, genetic labs and genetic clinics that 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 regularizing private clinics which, in view of the weak mechanisms for deterrence created by the act will continue to indulge in these activities for the pursuit of private profit.

Any serious concern for the effective regulation or control of tests which are at present being widely used by commercial and professional interests for the purpose of sex-detection and selective abortion would have warranted the regulation of technology which is instrumental in this respect. Strangely however, the law makes no provision at all for the registration of ultrasound machines or other sophisticated, machines and equipment which are so used, simply because these are also being used for various other purposes. The fact of the matter is that already multinational companies, taking advantage of slashed import duties under the liberalized trade regime, are flooding the country with gadgets for conducting pre-natal diagnostic tests; and a weak law will surely enable their being misused for the purpose of sex-detection. The commercial and professional interest which are at present engaged in making profits by reinforcing/exploiting the prevailing social prejudice against women will continue such operations without any difficulties even after the proposed legislation comes into effect.

The lack of concern for regulating the future technologies which may contribute to deleting the proclaimed objectives of the law 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 day world. Unless future technologies are brought within the ambit of the law, it will soon become irrelevant to the very issues, which are addressed by it.

Further there is nothing in the law which may challenge the techniques of sex pre-selection 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, ion exchange through floatation, etc.

Since sex pre-selection will have similar, or even. worse effects on the sex ratio in the country, this too should have been covered by the law.

The new law works on the assumption that the problems of selective abortions of female foetuses have emerged because of lack of public awareness. Accordingly the central supervisory board is assigned, besides other things, with the responsibility for creating

Public awareness against the practice of pre -natal determination of sex and female foeticide. This, however, is a very simplistic perception of the problem. One looks in vain for a concern towards identifying the forces which contribute to/or reinforce son-preference and devalue women in the broader socio-economic and political context, and how policies of state are themselves contributing to such a state of affairs.

The lack of social and economic security available to women in the present framework of rights and opportunities, whether due to the discriminatory property laws or due to policies which systematically deprive women of means of livelihood, for instance have played a significant role in creating or reinforcing son-preference as much as these have devalued the position of women. It is impossible to address the question of changing people's attitudes without first understanding and altering the context, which contributes to these. Any seriousness on the part of policy-makers would have raised interest in this dimension of the problem. What is offered instead suggests only of the superficiality of concerns.

The most offensive and misguided feature of the law indeed is its inclination to punish women on the assumption that this will go a long way towards deterring the problem. This only reflects on the erroneous reasoning, which has gone into the very definition of problem for purposes of state intervention. The pregnant woman who undergoes the test will be presumed to have been compelled to undergo the test "unless the contrary is proved". Past evidence, as in the cases of

custodial ripe, however, suggests that shifting the onus to prove guilt does not necessarily go in favor of women because of the gender bias in society.

But providing punishment for women in case she willingly goes for the test, in effect implying that if the husband and relative of woman who undergoes the test. can prove themselves not guilty the woman will be considered responsible for the decision, and therefore should be punished, 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 present legislation in this respect is, not only anti-women; it will in effect create such condition as would limit its very effectiveness in preventing these practices. Punishment to women will only serve to help cover up the interest of those responsible for providing such a facility. By creating a common interest among the providers and user, 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.

There are numerous other loopholes and weak spots in this law which will only make it an ineffective instrument for the purpose of achieving its own objectives. Thus, as already mentioned, since the pre-natal diagnostic techniques are used, besides sex-determination, for several other purposes too, it is not considered practical enough to impose a ban on their application. The primary mechanism chosen for the purpose of preventing their misuse under the circumstances is control over communication. The law provides that no person conducting pre-natal diagnostic procedures shall communicate to the pregnant woman or her relatives the sex of the foetus by word signs or in any other manner. It, however, leaves enough scope for a leak within the framework of legality. There is nothing in the act which. for instance. 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!

A central supervisory board is expected to advise the government on policy matters relating to use of pre-natal diagnostic 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 counseling centers, genetic laboratories and genetic clinics and to perform other functions specified in the act. Further, as already mentioned, 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 law, 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 constitution 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 law also recommends the appointment of one or more appropriate authorities to states and union territories, and an advisory committee for each such authority by the state government and the center respectively. The appropriate authority is entrusted with the power to grant, suspend or cancel registration of a genetic counseling center, genetic laboratory and genetic clinic, and in doing so it is expected to seek and consider the advice of advisory committee. Further, it is expected to enforce standards prescribed for the genetic counseling center, 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.

While the primary responsibility for implementation of the act is placed primarily on the appropriate authorities, the act is silent on the constitution of these - all it specifies is that officers appointed as appropriate authorities should be of or above the rank of the joint director of health and family welfare when appointed for the whole of the state or union territory, and of such other rank as the government may deem fit when appointed for any part of the state or union territory. The advisory committee is to consist of three medical experts, one legal expert, one officer to represent the department dealing with information or publicity of the state government or the union territory as the case may be, and three eminent social workers, of whom at least one will be representative of women's organizations. But the advisory committee has hardly any powers in the framework of law.

There is no provision in the legislation for the creation of any local vigilance committees, which could contribute to the effective implementation of the act. All it suggest is that the appropriate authority may, suo-motu, or on complaint, after giving an opportunity of being heard to the genetic counseling center, 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, 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 the 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 act does not, however, specify any time period within which action has to be taken by it.

The law does indeed provide for punitive action 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. It merely suggest that any person contravening the provisions of the act may be punished with imprisonment which may extend up to three year and fine which may extend to Rs.10,000. There is scope for actual punishment remaining only nominal. It remains to be seen whether such provisions will act as a deterrent or these will serve to demoralize the complainant.

The legislation in its present form is thus addressed to the limited purpose of dealing with the problem of selective female extermination - it does not raise any doubts regarding the desirability, safety, or social implications of the pre-natal diagnostic techniques.

But, even with regard to the limited objectives, which the law lays down for itself, it is unlikely to achieve much. The prevailing trend towards sex-determination and selective abortion of female fetuses are unlikely to be checked. It is also unlikely to check the rapidly worsening sex ratio in the country -, as at present there are only 927 women per 1,000 males. This is so not

only because of its weak implementation mechanisms and the loopholes, which will enable the evasion of law. The more important source of problem lies with the erroneous perception of the problem as well as its solution, which informs the law.

If the concern for rectifying the problem of technology being used to further social prejudice against gender is genuine, it is crucial indeed to make amends in the law and make it more gender sensitive, more comprehensive, more perceptive and less inclined toward the protection of professional and commercial interests. Not only should women to be seen as victims of existing power arrangements and prejudice in society rather than be damned as criminals, it is important that proliferation of commercial and professional interests in the sphere of pre-natal diagnostic techniques is checked. The ambit of regulations needs to be expanded to cover both future technologies of sex-determination and sex pre-selection methods.

But most important of all, it is imperative that a comprehensive review of state policies and programs which themselves contribute to devaluation of the female gender and privileging of the male in society is undertaken and correctives introduced. The conditions which perpetuate gender bias, and hence son-preference, 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? Unless such issues are addressed, state intervention through legislation will continue to be deceptive and a token measure.

Conclusion

Though the need for state intervention through appropriate legislation is admitted here, this is neither to suggest that law or even policy support can by themselves provide final relief to women systematically exposed to the exploitative mechanisms of patriarchic structures, which themselves define both nature and meanings of technologies that become a way of life in these societies. Nor is it to suggest that the meaning of law or policy can be written irrespective of the nature of state power and its relationship to dominant structures of power. Supportive legislation nevertheless does strengthen the hands of those who struggle against these forces, much as its absence adds to the power of the dominant interests.

Inasmuch as state is inclined to collude with these very forces and silently permit both increased commercial exploitation and expansion of technological control in

the name of choice by either refusing to intervene or resorting to symbolic law making and token policy action, it is left to the concerned groups in society to put pressure on state for extracting supportive laws and policies as well as to challenge the promoters of technology myth by exposing how it serves their own economic or political objectives. Challenging the legitimacy of market forces and professional interests, which thrive on the growth of such technologies, and demystifying the true essence of the practices these generate is crucial in this regard. Exposing the myths, which sustain these technologies, and the practices, which follow their use then, is the most urgent need of our times.

And unmasking how systematic discourse manipulation has been effected to secure the reversal of meanings inherent in certain practices is crucial in this regard. Arguments which contend that restricting the possibilities of using such technologies to make reproductive choice amounts to denying women control over their decisions need to be critically evaluated and the meaning of their failure to take into account either the dynamics which inform such decisions or their implications for not only particular women. but also women in general, have to be carefully understood.

The challenge, so to say, lies not simply in getting appropriate laws promoted (though this by no means is unimportant); the challenge lies in exposing the intricate mechanisms through which the contexts of exploitation are produced and reproduced without even becoming suspect, it lies in demolishing these mechanisms and altering the structures which provide them space for growth and expansion to almost take charge of the lives of victims. The challenge lies in demolishing the subtle mechanisms of the victimizing discourses which strengthen the, processes of' exploitation by systematically turning law, policy and technology in the service of power structures. For, any possibilities of justice are conditioned on that.