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The Campaign Against Sex Determination Tests

Ravindra, R. P.

Prologue

The banners for the International Women's Day still flutter in the hall. The air is still thick with songs and slogans. Dreams in clenched fists and raised voices still float in the eyes. However, there is dead silence at Surinder Lotow'a's house. This is the happiest and luckiest day for him. Twenty-three years after marriage, his dream is fulfilled: he has become the proud father of a son.

His three daughters are not at all happy. As he returns from the maternity home, he finds the door locked from Inside. Nobody answers his calls. At last, he jumps over the wall to enter the backyard. There is pindrop silence in the house. Finally, he sees them: their bodies hanging from the ceiling.

Anita, Sunita, Anamika, ages nineteen, seventeen and fifteen years. Anamika was bright. She had recently won a prize as a girl guide. Anita had been standing first in all examinations throughout but for the December tests. When she was asked whether there was any tension at home, she had replied confidently, `None whatsoever, Just see, I shall regain my rank in the next exam'. Anita wanted to be an IAS officer. She dreamt of a thousand things. Sunita published an article in the Indian Express, on the condition of Indian women, where she strongly asserted that `Today's women want to get ahead in every field, to live independently and succeed. Our society will have to cooperate with her'.

The mother of the three girls, after Anamika's birth, underwent the SD test thrice. Twice is turned out to be a `girl' and she had an abortion each time. The third time, it was a `boy', which on her husband's advice she decided to keep. Everytime, the daughters, especially the elder two, fiercely debated with their parents. The tension reached its height the third time when the parents decided not to abort the much wanted male child. The feeling of `unwantedness' grew in the minds of all the daughters to such an extent that in January Anita had attempted suicide by swallowing sleeping pills.

List fortnight, Union Cabinet Minister Shri Vasaht Sathe stated publicly that SD tests should be encouraged as they help only children who were wanted to be born. These tests would also enhance women's dignity and status in the society, he said.

Excerpts from a poem by Alka Boitra, one of Sunita's friends:

What did you get
By dying like this?
The days haven't changed
Nor nights.
Your sorrows have vanished
After embracing death.
But what about your thousands of sisters?
Should they too follow your path?
Your life was
The most precious thing in the world.
Why didn't you keep fighting,
Facing all challenges?

A noted psychiatrist expressed a view that the crumbling of the institution of the joint family led to such situations. If there were grandparents, uncles and aunts living in the same house, the girls would perhaps have given, vent to their feelings, and the elders might have counseled them and dissuaded them from taking such an extreme step.

Can we too put the onus on the crumbling of the institution of the joint family and relax? Aren't we all guilty?

An Encounter with a Pioneer

It was the summer vacation, and I happened to visit Dhulde, my native place. Glancing through the window of my bus, I noticed a board near a maternity home: `Prenatal Sex Determination Centre'. The maternity home and PSD Centre were run by a husband and wife team. I walked in and told the nurse that I had come to see the doctor. I was made to sit in a hall. The benches were empty. On the left was a rolling blackboard bearing a table: date of performing the test, pregnant woman's name and finally the result, three-fourth `male' or `female'.

People walked in to have a look at the `lottery result' and dispersed quietly. This must be a very efficient system I thought. It save the doctor's time. Moreover, wiping the board would remove all the evidence of having performed the test. The time passed off very slowly. Suddenly a man entered the hall. It was not difficult to make out that he must be a `not so proud father of several daughters'. The nature stopped him there and then.

`What do you want?' she asked rather curtly.
`That male-female test,' he fumbled.
`How many months (of pregnancy) over?'
`Three'.
`Bring her after completing four. Don't come earlier and don't fail to bring the total amount of fees'.
His attire had not left any favourable impact on her.
The lady doctor was not willing to talk at all. `You must see him,' she maintained.

I was finally called by `him'. He was in his forties and was very guarded. However, the fact that I had come all the way from Bombay, helped him to open up.

`This business of sex determination seems to be going pretty strongly in our Dhule town. I saw tow advertisements (of SD centres) in today's local newspapers'. I said, making a cautions beginning.
'Forget the others. I am the pioneer here. I started way back. Others have just been following me. I have performed over 450 cases in the last one and a half years. Would you believe?'
`Why don't you write about it then? At least publish a research paper'.
`You are right. But where's the time? You see how busy I am.'
He was really very busy. As our talk progressed, one man came running, almost panting. His face was tense.
`What happened?'
'Doctorsaab, last week you had performed that male/female test on my wife. She is bleeding profusely.'
`Where is she?'
'Downstairs. We brought her from our place in a bullock cart. It's a 15-kilometres journey.'
'Hasn't she thrown it out (aborted) completely? Go keep her there, Sister"
I started to leave. 'You have to go, I understand.'
'Forget it. This is the usual problem. You get one in ten cases. These village people will never improve. They make their, womenfolk work in the dust and in the garbage immediately after the test. Never take any care. This is inevitable.'

I took time to recover from the shock. Meanwhile, the doctor continued, Initially, only the moneyed people from the middle castes came for the test. They have to pay tremendous amounts as dowry. They keep on coming even now, but now our main clientele had changed. Now it's the educated middle class. Brahmins, traders, professors, government servants, lawyers, officers. They come from everywhere. Very wise people. Not like the rustic fools. They don't wait till they have four to six daughters, but approach me in the first or second chance. Really systematic he was all praise for his clients. After some time he gave his diary to browse through.

Diary. The doctor's diary. The data related to 450 `cases' were all jammed in that tiny book. No case papers, no files. The entire documentation was in the form of a few notes made in the handwriting `worthy of a doctor'. Full name, address, dates of performing the test, result and in some cases, date of abortion. That was all.

These data related to not less than 450 women, who came from far-off places and went back to work amidst dust and dirt. There was no mention of their ages, number of children they had had, history of abortions, if any. The entire reproductive histories of the women were conspicuous by their absence. And of course there was no question of recording their consent either. Did they have any say in the matter? Where was the question of there giving consent?

All the talk of 'data recording' and 'informed consent' that I had read of in medical Journals lay meaningless here. What is the use of all these scientific articles and their pious warnings?

The test must be performed in a totally aseptic area, preferably in an operation theatre. It must be carried out under ultrasonic cover to enable the operator to guide the syringe into the amniotic sac without damaging the foetus, placenta or internal organs of the pregnant mother. In spite of all these precautions, certain side effects are inevitable. They include spontaneous or delayed abortion, damage to foetal tissues and infection. The severity and frequency of these damages depend upon doctor's skill and experience. The doctor should, before carrying out the test, give a clear idea about the possible health hazards to the concerned woman and obtain her consent in writing.

The average age of marriage for girls in the rural areas of India is fourteen or fifteen. She experiences her first pregnancy around the age of sixteen. Eighty per cent of rural Indian women are anaemic. This pregnant girl lying on the table in the next room must have been one of them, a mere number in statistics. Pregnant at sixteen, test in the fourth month, abortion - either natural or if the child happens to be 'female': next year next pregnancy; again test and so on, the cycle would continue. If anything goes wrong, one can always blame the dirty work on dust and garbage.

In India the mortality rate for young women, especially during pregnancy, is one of the highest over the world.

Sex Determination (SD) Tests: Myths and Reality

1. SD tests are an effective tool for population control. It helps to reduce the number of women and thereby decrease the productive rate.

- Is a women a mere reproductive machine?

- The sex ratio in certain South Asian countries including India is adverse to females. In certain regions, the differential in male-female population is steadily widening. The decline in number of females had not proved to have contributed to checking the population growth in these regions.

- Several studies have proved that an important parameter governing the success of family planning programmes is the `woman's status in family and society'. Women do not need to be taught about the benefits of a small family. They already know them. But they lack the freedom to take decisions and act on them. Societies and regions where women have better access to education, a role in economic activities, better status and dignity at home and in society and access to material conditions conducive to survival of existing children are invariably the ones where family Planning is a success. Regions with low status for women also show less acceptance of small family norm. Kerala and Rajasthan are two contrasting, examples.

- Declarations at international population conference have underlined the fact that the right to small family is inseparable from other fundamental human rights such as right to equality, gainful employment and old age security. Hence, one cannot be obtained at the cost of others.

- It means justify ends for population control, why not encourage other equally effective sex-selection means for instance, dowry murders and female infanticide?

2. SD tests are resorted to only by couples having two or more daughters. Hence, they would not adversely affect the sex ratio while they help in population control.

- A sizeable number of couples opting for SD tests already have a son. They do not want a daughter, but more sons.

- The number of couples going in for SD tests during the first or second pregnancy is quite high, specially among the education middle class.

- The ideal family size as believed by a majority people in India is two sons and one daughter. The preference for sons is often accompanied by contempt for daughters. There is no reason to believe that people would stop procreating after one son.

- While thousands of cases of selective abortion of female foetuses are reported, one hardly hears of aborting a male foetus.

3. The law has not helped in solving any of the women's issues in India (e.g., dowry, rape, sati) SD tests cannot be an exception, because the law cannot change values, attitudes and societal structure, and all these issues are linked to the attitudes, values and structure of this society. Nevertheless progressive legislation has an important role to play in this context.

- Such legislation delegitimizes the social sanction to such practice. It also creates space for more effective social action.

- One needs to differentiate between issues like dowry and SD tests because:

(i) Evils like dowry and rape are deeply embedded in our society, each with a long history. The issue of SD tests is a recent phenomenon and hence relatively easy to confront.

(ii) Although the techniques for the withdrawal of amniotic fluid are relatively easy, the key element of this technology is chromosomal analysis, which is highly sophisticated, expensive and is hence centralized. Accuracy level above 95% can be arrived at only through experience. Controlling these genetic laboratories where analysis is carried out would virtually control the entire SD business. Presently the genetic laboratories in India are limited in number and are mostly located in large cities. The majority of them are in Government institutions.

(iii) An additional element here is the medical community, which is by and large-abiding. Adverse publicity of any kind being detrimental to their professional interests, the number of doctors who would care to break the law only to earn money would be quite limited, if they are convinced that the government is sincere in its implementation.

4. The SD tests are the perfect solution to the dowry problem

People saying no to daughters do not necessarily say no to dowry. They are opposed to paying dowry, not accepting it. The system of dowry will continue for as long as people continue to look upon daughters as burdens' as long marriage will be based on false concepts of prestige (related to caste and class) and not on mutual understanding and respect. Dowry cannot be separated from patriarchal control. SD reinforce, rather than counters all these factors.

5. Opponents of SD test oppose `female foeticide' but not abortion per se. Is this not a contradiction?

- We oppose abortion not only of female foetuses. We oppose all sex-selective abortions (except when they are therapeutically justified for example in serious sex-linked disorders). That means we would oppose selective abortion of male foetuses too, although such a question does not arise in the present social system. Our basis of opposition is not `pro-life', but `discrimination'. Choosing the sex of one's offspring is the most sexist sin.'

- We uphold women's right to abortion although we do not support or encourage use of abortion as a routine family planning method, because such a practice is injurious to women's health. However, a woman should have a right to abortion since in the present social structure, she has no right over her body, sexuality and over the process of reproduction. Quite often pregnancy is thrust upon her. She alone is held responsible for nurturing the child first in the womb and then outside and for rearing it. Hence, as the last defence, she should have a right to say `no' to continuation of pregnancy.

6. It is more humane to abort a female foetus rather than subjecting her to a life where at every moment she is made to feel that she is unwanted. Female foeticide is preferable to dowry murders and sati.

- It is basically wrong to pose reality in form of such a cynical option. It is like a poultry-owner giving his chickens a choice between whether they would like to be roasted or fried. This is no choice; we do not accept such a cruel and self-defeating choice. We assert that women do have an option to a dignified life, an option which they have established through sweat, blood and tears.

- While we do not wish to deny harsh realities of today's society, we believe that it is totally wrong to project a part of reality as total reality and also to accept it as an eternal, never-changing truth. Today the world is under the constant shadow of nuclear holocaust, ecological disaster and social conflicts. We are on top of a sleeping volcano. But nobody stops procreating for the fear that their sons would most probably die in a nuclear war or a riot or more painfully due to an ecological catastrophe. In fact, the very inspiration behind procreation is human kind's nerve-dying optimism. We all hope that the future of the next generation would be a brighter one, that our offspring's will learn from our mistakes and make this world a more beautiful and humane place to live in. Why not direct our energies to make that happen?

7. A mother has a fundamental right to choose the sex of the child. Banning SD tests amounts to depriving a woman of this crucial right of `freedom of choice'. Let the mother decide whether or not she would like to give birth to a daughter.

- A woman, like any of the oppressed sections of society, should have a right to choose. However, the concerned choice and the decision should be totally her own. The question is do women have such a free choice today? A woman who decides to undergo SD tests and abort the female foetus does not do so on her own free will. Most often this decision is prompted by pressures, subtle or explicit; from the members of her husband's family. There is a fear underlying the decision: of rejection/desertion by husband, of husband marrying another girl to beget a son, of being subjected to unending harassment. At times, there is cynicism coupled with frustration. Women after living a wretched life feel that a woman's life itself is worthless and hence take such a decision. It cannot be termed as free choice.

- The Indian woman has no say or choice in matters most crucial to her life such as education, marriage, sexuality, and economic independence. In such a milieu the right to choose the sex of the child is adding insult to her injury.

- It would be interesting to find who has been asking for such a right. None of the women's organization have ever asked for such a right. Its advocates include doctors who wish to further their vested interests in the name of women and those men who want a male heir for property and for the continuation of male lineage. These are the very forces who oppose women's groups when the latter seek the freedom of choice in other fields of life, for instance contraception (opposing long term hormonal contraception), childbirth (opposing indiscriminate use of cesarean section).

- Even when any individual woman would ask for such a freedom of choice, the ultimate decision would have to be taken after ascertaining that individual rights do not restrict, contravene or oppose wide interests or right s of women as a whole. This is true not only of SD tests but of the whole range of new reproductive technologies (NRTs).

In a market economy, demand for a particular product/service/technology can be created. Couched in the liberal jargon of `freedom of choice', it can then be marketed. Hence, concepts like `surrogate motherhood' and `genetic engineering' which are detrimental to women's health and their wider social good are being introduced and propagated using psuedo-feminist jargon of `freedom of choice'. The key question is then of the interpretation of the term `freedom of choice'. Shall we equate it with an uncontrolled right to any individual or judge it in the framework of the wider social reality?

Dowry, rape, sati, sex-selective abortions are different manifestations of atrocities against women. They all stem from a system based on inequality, injustice and oppression of women. Hence, their ultimate solution lies in the fundamental restructuring of society on the foundations of equality, justice and mutual respect. For all of us, struggle against SD tests is a part of the wider struggle for equality and women's liberation. We are thus involved in raising awareness and changing attitudes and values of people. This article is a travelogue of our march, our voyage, our journey. It encompasses the reflection and evaluation of the past as well as the loud thinking and appeal for the future.

The year 1982 was when the issue of Sex Determination (SD) Tests captured the nation's attention for the first time. It instantly became a media issue and was hostly discussed for months. What exactly triggered it off?

The flashpoint came in the form of an error in the determination of foetal sex carried out at the New Bhandari Hospital at Amritsar. Such errors are not uncommon. They had occurred earlier in cases of lesser mortals. This time, however, it was not an ordinary foetus. A powerful government officer, craving for a son, had asked his wife to undergo the test. Diagnosis as female was, as usual, followed by abortion of the foetus. It was then discovered that the aborted foetus happened to be male. The embittered father made the new public in order to discredit the hospital. The rest is now history.

The technique of amniocentesis, which was used for sex determination in this case, was originally discovered for the detection of genetic abnormalities. It is still used in most parts of the world for the same purpose. However, in a country like India being female is considered as an `abnormality' or a `crime'. No wonder the technique came to be used chiefly for seeking the `pre-elimination' of unwanted female children through SD followed by the abortion of the `wrong sex'. The gross misuse of medical technology for SD at the New Bhandari Hospital had continued unabated for several years. The Bhandaris who pioneered the SD `business' had done their best to attract clients. The technique was projected as an ultimate solution to the dowry problem. The advertisements appeared everywhere in the form of wall writings, pamphlets and huge banners. Doctors were offered handsome commissions. Wives of influential political leaders, bureaucrats, among others, queued up for undergoing the test. Had it not been the abortion of the much-wanted male child of an influential person, the issue would not have become national news.

It would be interesting to find out what exactly happened when the issue came into focus. Editorials were written. Letters to Editor were sent and published, women's group organized meetings and morchas and passed resolutions. The opposition raised the issue in Parliament. MPs belonging to different political parties made fiery speeches. All these people condemned the practice of female foeticide as immoral and detrimental to women's status and dignity. They all demanded urgent stringent punishment to the concerned doctors and a ban on the misuse of sex determination tests. The concerned minister replied that he shared the feelings of all the members and declared that the government would take all possible steps to check the menace of SD tests. He, however, said that the solution to the problem lay in raising people's consciousness and changing their attitudes and not in enacting a law.

The debate continued in the popular press and journals for months. Although all view were published, by and large, the press supported women and condemned the practice of SD tests and its advocates - doctors performing the tests, family members (mostly in-laws) forcing women to undergo it and the values justifying and nurturing such a practice. As compared to any other women's issue raised in the women's decade, the issue of sex selective abortion seemed to have drawn maximum sympathy and support not only from media, but also from political parties. But, in the final analysis, what was the outcome of all the hue and cry that was raised in 1982? How much did it contribute to the solution of the problem? The debate and the heat generated by it subsided within six months. Then everything became quite all over again. The New Bhandari Hospital toned down its aggressive advertisements. But contrary to the promises given in the Parliament, no action was taken against it by the central government. The state government seemed to be equally uninterested. (As it happened in most such cases, the government was at a loss to find out under which legal provision it could take action). The Bhandaris must have been thankful to the media as their name instantly became known all over northern India. Dr. Loomba, the geneticist working at that hospital was so much impressed by the increase in the business following the controversy that he opened his own genetic laboratory in the very heart of Delhi. All the leading newspapers in Delhi carried the advertisement of `Normal Boy and Girl?' of Dr. Loomba's Hospital almost daily. They continue to do so even now. Even newspapers writing stringent condemning SD seem to be carrying this advertisement. There seems to be a peaceful co-existence of the edit page and the ad page in all newspapers. Meanwhile, the Bhandari Hospital too seems to be doing fine.

Many enterprising doctors have helped the 'technology transfer' to remote corners of India. Bombay had been the Gateway of New Technology' for India, and sex determination test were carried out in Bombay even before Amritsar and Delhi. The 1982 controversy indeed provided the impetus for the rapid commercialization of the SD technique. Earlier, the Government of India, through a circular, had banned the misuse of medical technology for SD in all government institutions. This important but inadequate decision had marked the beginning of privatisation and commercialization of the technology. The 1982 debate further accelerated this process all over India, specially in north and west India. The SD epidemic spread rapidly in Maharashtra, Gujarat, Uttar Pradesh, Haryana, Delhi, Bihar and even to Goa and West Bengal. Gujarat topped the list with SD clinics spreading even in small towns. After the initial phase of cautions full, the clinics started advertising aggressively. Within six years the SD business came to stay.

Activists working in different movements, sociologists and many other conscientious and sensitive people were alarmed by the rapid proliferation of the SD test `epidemic'. It was obvious that such a technology would create havoc in a country where a daughter is considered to be `an eternal liability' or a `passport to hell'. There is no celebration at her birth or any sorrow at her death. No wonder, technology ensuring quiet death without any apparent violence would indeed be welcome in such a society. People were also concerned about the probable repercussions of rapid proliferation of this technology on the health of pregnant women and over the already deteriorating sex ratio. This concern and restlessness paved the way for the next phase of the campaign.

This section is an attempt to look back and to gauge the future. While it does reflect the collective thinking of the Forum that was set up to campaign against SD tests, it must be said that not everyone shared the same views on every matter.

Forum Against Sex Determination and Sex Preselection (FASDSP)

In October 1984 the Forum Against Sex Determination and Sex Preselection was founded in Bombay. Members had varied interests and backgrounds: women's liberation, health, human rights, people's science movement (PSM). For instance, Gayatri was a renowned lawyer: Sonal had decades of experience of working on women's issues and on the cultural front; Lata and Vibhuti were working with Women's Centre as a part of the women movement; Harpal and Preeta while working at a research institute were active in other movements as well. Kamaxi and Sanjeev, fresh graduates of medicine were looking for a field of action, preparing at the same time for further studies. Mohan Deshpande an artist at heart and a physician by profession, was active on both the fronts of art and medicine. Chayanika, a researcher in physics, was actively involved with the women's movement, theatre and PSM. Manisha and Amar, researchers in community health, were a part of the emerging health movement. Sanskriti, Kunda, Swati and Odil brought with them the legacy of the women's movement. Premkumar, Ganesh and Rajaneesh had `graduated' from the PSM School while Vrijendra was one of the few human rights activists for whom SD too was an issue of priority. Thus ours was a heterogeneous group. Many of us were greenborn activists. Most of us were already involved in more than one of the issues apart from our jobs. Not all of us knew each other. Very few had the experience of working together on broad issues. The modus operandi of issue-based campaign requiring patience, follow-up and a higher degree of organization and coordination was unknown to us. We came together and worked as equal comrades. We tried to analyse the experience of 1982, learn from it, and evolve and sustain a new campaign.

Innumerable people have contributed to the campaign. More often than not, their contribution has remained unknown, unacknowledged, although each one of them has helped the campaign in an unique way. Perhaps, without that specific contribution, our struggle would have remained incomplete and weak. Dr. Sathyamala and Amrit Chadi of Delhi were involved from 1982. They highlighted the health hazards of SD tests (as they are performed in India) and carried out the first survey of SD clinics in Delhi. Their counterparts in Bombay were Ammu Abraham and Sonni Shukla who surveyed SD clinics in Bombay in 1982. They were instrumental in exposing the double standards of the 'vegetarian, egg-forbidding', charitable Hari Kisondas Hospital whose commitment to ethics did not deter them from emerging as one of the biggest SD centres in Bombay. Malini Karkal introduced us to the science of demography and highlighted the link between the politics of population control and women's issues. Had it not been for her we would have thought that NRRI must have been in the name of a fertilizer! NRRI 1 stands for 'Net Reproductive Rate-l; i.e., each mother should be replaced by only one daughter).

M.K. Shankar who became involved had earlier no connection with activism. A film writer, he was disturbed that may of his highly qualified friends went in for SD and he pursued the issue on his own. Not satisfied with research, he invested all his savings in the making of a Hindi documentary Samadhan. Later when he met the FASDSP group, he volunteered to show his film wherever and whenever we wanted. It helped in creating the right atmosphere and in focussing the issues before any discussion. Shankar is yet to get his invested money back. But his film has won for us several friends and supporters. Mrinal Gore was instrumental in raising this issue at the state legislature along with two other MLAs through the introduction of private members. Later she followed it up at various levels.

Relatively less known is Dhule's Vijaya Chauk. She took up a women's morcha to the district collecorate when the bill came up for discussion in the Maharashtra Assembly. She also took this issue to grassroots level through shibis (workshops). There are several people like her who have been silently inducing people to think and act on this issue. The activities of a small group like ours situated in Bombay could lend to a larger campaign through the actions of such people

An effort which needs to be repeated elsewhere was initiated by the Pune group of the Democratic Women's Federation of India (DWFI). There is not a single SD clinic in Tamil Nadu. But the maximum number of signatures on the 'Letter to PM' sent by our forum are from this state. Aruna Gnanadasan of Madras played an important role in networking on this issue with various groups in the state. She used the platforms of churches and related organizations, without diluting the feminist fervour while raising this issue. What is more important is her success in keeping the campaign away from the shadow of proof-life groups.

Stree Mukti Sanghatana took this issue all over rural Maharashtra through its Stree Mukti Yatra. In Gujarat, the Gujarat Voluntary Health Association (GVHA) and Forum Against Sex Determination (FASD), Ahmedabad, are fighting a tough battle with the vested interests, `Bailancho Saad'. Goa even succeeded in pressurizing the state government to introduce a near-perfect bill in the Assembly.

The list of our supporters is extremely long. How can we record and even know the contributions of everyone? It could be Smita Patil in the ninth month of her pregnancy feeling sorry for not being able to join our march. It could be an unknown face in the crowd, which disappeared after a gesture of support. It was the strength, courage and confidence given by them that helped us in our journey from there to now.

Preparing for the Campaign

Before initiating any action, we had intense discussions within and outside the forum. We tried to meet scientists, lawyers and doctors to understand their viewpoints. We thought it is essential to understand the dynamics, achievements and more important the failures of the 1982 campaign. We could draw certain conclusions for the future campaign based on our analysis.

- We should not focus this question only as a woman's issue because in our country, women's issues are meant to be discussed ad nauseam, never to be resolved. Moreover, by doing so, 52 percent of India's population, the men, would tend to get isolated from the campaign. Because although 'he' is supposed to include 'she', 'she' is never considered to include 'he'. Men tend to ignore or radicals women's issues. Hence, we would raise SD as an issue for men and women. For us the real issue is not of women, but of the men-women relationship in society. We would raise this issue simultaneously at various planes: equality of sexes, of health and of human rights. In a wide sense, we would raise it is an issue of democratic decision making on vital issues like technology usage. We would assert that a few scientists or technocrats should not have the right to decide on matters, which affect society as a whole. We should try to initiate a process whereby a technology would be allowed to operate within a society only after ascertaining its benefits and risks to all concerned.

- We should not restrict our discussion to the technique of `amniocentesis', as in 1982. Today simple and presumably safer techniques like Chlorionic Villi Biopsy (CVB) are available for the same purpose. In future, still simpler and relatively non-invasive techniques would come into existence. Hence, we should discuss all techniques, both present and future, which can be used for SD.

- We cannot view SD in isolation. It is a part of the entire spectrum of New Reproductive Technologies (NRT). Next to SD would be sex selection. Surrogate motherhood is being developed in different parts of the world. These NRTs along with genetic engineering (GE) would sooner of later knock at our doors. Their impact on society as a whole and on women in particular needs to be discussed. We need to develop a comprehensive understanding of all these issues. However, our first focus should be on the issue of SD: people can relate to it, understand it, and would be ready to act on it. Moreover, SD provides the lowest common denominator for people to come together. The area of consensus is much wider. It also has several dimensions. So we should raise a demand and plan action in the context of SD tests. Our experience in this campaign would enrich our understanding of other technologies. Whatever success that we might get would create some space and environment in which we can take up the further issues. Hence, our analysis should be comprehensive, but action should be on specific issues.

- We should not ask for a blanker ban on prenatal diagnostic techniques, which can be misused for SD. We should ask for banning the misuse and at the same time for regulating the proper use of these techniques for detection of genetic abnormalities. Our demands would be based on the right of equality enshrined in the Indian Constitution and on the social need for regulating the sex ratio balance.

- The issues of SD have several dimensions, technical, social, demographic, legal, ethical and of public policy (related to family welfare). We need to develop a clear understanding of each of them and of their interrelationships. Lack of charity of understanding an absence of follow-up were chiefly responsible for the failure of the 1982 campaign.

- We need to get massive support from the media. However, we must guard against certain tendencies, which are often evident in media debates. Quite often these debates end up trivializing or sidelining the main issues. In 1982, for example, newspapers lay too much emphasis on matters like 'errors in diagnosis leading to abortion of male foetusses'. Even the marathon debate in Economic and Political Weekly lost its sharp edge when a scholar like Dharma Kumar said, `Is it really better to be born and left to die than be killed as a foetus?' Although such fatalistic arguments were countered important issues like medical ethics, question of choice, and so on remained untouched. It was obvious that allowing the birth of daughters would not automatically raise their status. But the solution lies not in 'more humane ways of eliminating women' but in fighting all forms of their exploitation and subjugation. To avoid such problems, we must retain the initiative in all such debates. Instead of wasting our energy in responding to our opponents, we should force them to debate on our terms, to respond to the issues we would raise. We should also be alert to see that people's interest in the campaign is not allowed to fade away.

- Our campaign must reads out to people, beyond the usual circle of activists and intellectuals. We need to discover new, imaginative ways for reaching out.

The Campaign Begins

On 8 April 1986, we organized a workshop at YWCA, Bombay. There were four sessions in which we discussed the technical, social, legal and campaign aspects. The newspaper coverage was very encouraging. The battle had begun. Events followed very rapidly. The response was overwhelming. Our weekly meetings had a packed agenda. New faces showed up during each programme/meeting. There were new challenges at every step, Dr. Datta Pai took cudgels on behalf of the pro-SD lobby. His theatrical performances, challenges and threats electrified the atmosphere. That was precisely the time when advertisements for SD reached a crescendo in Bombay. There were huge boards everywhere, pamphlets. We planned to counter them. We wanted to show people the other side of the issue. The problem was how to reach millions of people effectively with the help of limited resources. Then emerged the concept of `train campaign through the counter advertisement'. After discussion with the groups, Dr. Mohan Deshpande came up with a brilliant poster. It was of the same size as the most popular SD advertisement in the local train, using the same color and similar symbols. Hence, people could immediately relate it as a counter advertisement. It communicated effectively with the help of one picture and one-line message of 'Ban SD tests'. (Today, however, some of us feel that the poster and some outer visuals used in the campaign might be misinterpreted as being anti-abortionist.) The counter advertisement conveyed our message to millions of people and kept on repeating it for several months. Normally posters stuck up in local trains have a life of only a few days. However, our posters lasted for several months, a few for every more than two years.

The train campaign was followed by a dharna outside a SD clinic. We then started collecting signatures for a letter to the Prime Minister. We started addressing people at seminars, workshops and public debates. We did not know all the answers when we began. We learnt a lot through experience. Our replies to the arguments pro-SD tests were the product of group efforts during the campaign.

Once Manisha was addressing a seminar. The earlier speaker had repeated the favourite myth that women's status would improve with decline in their number. While countering him, Manisha started describing a scenario where women would be the miserable minority. She said, `Even now, when we travel in a bus or train specially at night there are very few women around. There is an unspoken terror, tension and constant fear. It is matter of a few minutes. It is our daily routine journey. Still we feel so insecure. Imagine how insecure a woman would feel if she were to lead all her life in a similar environment. `The women audience could immediately grasp the point. This was when I realized that I had never spoken in this way. I used to provide information from books because I had never experienced the insecurity and tension that a woman experiences in such situations. This experience taught me the difference between sympathy and empathy.

Slowly each one of us developed a style which had certain features in common. We put forth-feminist analysis, but made a point to relate to both women and men. We emphasized that everybody was in fact involved with the issue and no one was outside it. Perhaps due to the positive impact of women's groups, we never felt ashamed of talking of experiences, of feelings. For us, the warmth of emotion was as important as the sharpness of logic.

FASDSP has no office bearers, no leaders. We have no bank account. We could generate funds sufficient for our activities and could maintain accounts properly. But we never bothered to collect funds for it, which also had its drawbacks. Except a book for Nari Jeevan Sangharsh Yatra, we could not publish a single booklet, even a folder. Moreover as the initial phase of intense action got over, it was difficult to generate new action. For the same reason we have been weak in long-term planning.

Search for New Media

We all felt the need for new media to attract attention of people. Moreover, we thought that such media should match our content. The search for new media lead us to the Parents-Daughter Yatra organized on the Children's Day 1986. 'Half the Children Are Female or Ought To Be' was the slogan for this day. Several young girls and their proud parents participated in the march. The participants included personalities like Vijay and Priya Tendulkar as well as activists from different organizations and many more people. A convent school in Santacruz sent their students in uniform along with teachers. There were songs and dances; it was a festive occasion.

On the next Children's Day, we planned a programme specially for children. Hundreds of children gathered at Hutatma Smarak. They included students from convent schools as well as tribal children from Thane district brought by Kashtakari Sanghatana. Four kalakars in colourful attire were dancing and singing with children. Novel games exploding sex stereotypes were being played. Children and adults wore colourful caps bearing slogans like ladki na ladka se kam (Girls are not inferior to boys). Manasvini and Junuka, two young children coined a new slogan ambi muli sada phuli, nahi phunkar ambi chuli (We girls are ever blooming flowers, we don't care about lighting stores). While the children played in large circles, elders put up an exhibition along the roadside on the issue of SD.

It was a treat to watch the children play. One of the games involved mimicking various activities. Girls were asked to perform male jobs like repairing a schooter and playing cricket while boys were asked to wash utensils and clean the room. We observed that while the girls were at ease in doing all sorts of jobs, the boys found it was very hard to perform the feminine chores. Later an activist from YUVA translated the drama and songs in Marathi and staged the same programme will the help of children residing in a workers' colony.

We also experienced that people were receptive to novel ideas and helped in carrying them forward. Many artists were inspired by this campaign. For two consecutive years the Asok Jain Memorial Competition for Social Awareness Advertisement was flooded with entries on the issue of Sd, many of which won wards. Their creators ranged from school children to renowned commercial artists. It was gratifying to find that most of the artists had really understood the message of the campaign and that they succeeded in blending the message with the medium.

An eye-catching advertisement made use of Indira Gandhi's charisma. It said that if such a test were available earlier and had Kamala Nehru used it, Indira Gandhi would not have been born. It also indicated how women like P.T. Usha and Mother Teresa have raised the dignity of women. After looking at that advertisement, Mohan made an excellent poster. He stuck his daughters photograph on a paper and wrote below, 'My daughter may not become a P.T. Usha, a Mother Teresa or an Indira Gandhi. But she is my daughter, I am proud of her. Oppose SD test'. Mohan was our most prolific and imaginative artist. He prepared many posters and a cartoon series. To top it all, he prepared a special sticker for children's day 1988. It was a post card with Nehru's picture in form of a stamp. The card had a caption. He loved female children too.

Deep Balsawar was the final year student studying commercial arts. Instead of choosing the campaign of: a marketed product, she chose an advertisement campaign against SD tests for her project work. The result was a series of excellent posters and models. PTI-TV prepared a documentary on this theme. Mr. Singh from IIT, Bombay, prepared another documentary in Hindi named Ajata. It presents all the arguments in support of Sd, as well as very effective countering of these arguments by the opponents of SD. Forum prepared a slide show in Marathi. It songs provided many catchy slogans for the campaign.

The issue caught attention of people in Maharashtra. The regional press too debated the issue for months. A renowned dramatist wrote a play based on this theme. The play Paul Khuna (foot prints) revolves round a middle-class family caught in a turmoil when the husband takes a decision that his wife should undergo a SD test. The most remarkable part of the play is the portrayal of his sensitive young daughter who is the most affected by this decision. She is also the most articulate person who raises questions too embarrassing for her father and for entire society. The play won first prize at the state level and was later launched a commercial stage. We thus witnessed a chain reaction around us. We had only initiated it. It had its own momentum. It was growing day by day. We only took care to see that the flame was not extinguished.

Our efforts of consciousness raising culminated in a month-long Nari Jeevan Sangharash Yatra. It was organized in and around Bombay during March-April 1988 with the help of several local groups. Our aim was to present the issue of sex-selective in its entire perspective. We tried to link it with other struggles for women's survival and dignity. The yatra interacted with people from schools, chawls, middle-class housing colonies and slums. The issues to be highlighted at each place were chosen by the local groups. We used video films, slide shows, posters and plays to raise a few questions which were later discussed in detail. The issues discussed included family laws, domestic violence, women and health, test tube babies etc. The yatra also provided an opportunity to several women slum dwellers to come together and collectively write, direct and present a play on topics related to their everyday lives. The forum also published a set of posters used in the yatra in the form of a book.

The Government Moves

The campaign gained movement, we were still unaware of what needs to be done to pressurize the government to enact a suitable law. We decided to do the most obvious thing: to file a Public Interest Litigation (PIL) because everybody around seemed to be doing it. Overnight the draft of the legislation was prepared with Gayatri's help. We were not sure whether the judiciary could direct the legislation to enact a particular law. Still we decided to try out the option. (Later Mahila Dakshata Samiti filled a litigation in the High Court following the death of mother and foetus due to the SD test. It did not come up for hearing for years.)

One evening a man in his late fifties came to see us. He was a senior officer from the Mantralaya (Secretariat) on the verge of retirement. He told us of his varied interests in social issues. He was 'fond' of drafting bills on important social issues. He used to pass them to interested MLAs or MLCs who in turn would introduce them as private members' bills. He wanted material related to SD. Although we could not figure out exactly what he was saying, we handed over the relevant material to him. After a few days he sent us a message: `The draft of the bill is ready. It will soon be introduced in the Legislative Assembly by three MLAs - Mrinal Ghose from Janata Party, Shyam Wankhede and Sharayu Thakar of Contress (I). The introduction of a private member's bill added an entirely different dimension of the campaign. It forced the state government to give serious consideration to the issue and act accordingly. It laid the foundation of the entire legislative exercise at the state and central government levels. The issue could attain some degree of success. Hence some activists associated with the campaign could be in the limelight. The names of MLAs who lent their names to private members bill have also been register in the history of this campaign. But the person who was the spirit behind the legislative process has remained unknown to all. We are greatly indebted to him.

In the meantime we were called for discussion by D.I. Joseph, Secretary, Department of Public Health, Government of Maharashtra. We discussed the issue in details countering the opposing views, which were put forth aggressively. At the end of the discussion, we said with a smile, You may not be knowing it. But you have convinced the right person. Now, it is my responsibility to bring about some concrete action on this issue. We took his remarks with a pinch of salt

But our subsequent experience showed that Joseph was indeed seized by the issue. In our country, bureaucrats are virtual rulers. They have tremendous powers. A sensitive and conscientious administrator can effectively rise these powers to a constructive end. Joseph's contribution to the solution of this issue is a case in point. To begin with, he asked the Foundation for Research in Community Health to conduct a survey of SD clinics in Bombay. Dr. Sanjeev Kulkarni carried out a sample survey of gynaecologists. The findings of the survey were immediately published. The survey, one of the most authentic statistics available on this subject, vindicated our viewpoint.

Until then, al the statistics that we had were unofficial. It is next to impossible to collect authentic data related to this problem, because doctors carrying out SD tests hardly keep any records. We did not have access to most of such records. Even when we could collect sufficient information through whatever means we had, it could not provide sufficient idea of the larger reality. In the initial phases, we were often questioned, especially correspondents about official or authentic nature of our information. This question came mainly through their ignorance about the nature of SD clinics in India. In India it is not necessary to register a SD clinic or centre. Any doctor can start one. (In Maharashtra the situation has changed to some extent after the law.) In a country like the USA the doctor has to obtain `informed consent' from the patient even before performing a minor medical intervention such as withdrawal of blood. Amniocentesis can only be performed by a qualified person with sufficient experience provided that the necessity infrastructure such as an operation theatre and ultrasonic cover is available. However, in India all that is required is a syringe of suitable aperture and a doctor prepared to insert it into the amniotic sac of a pregnant woman. In such an environment, how could we collect authentic data? However, Dr. Kulkarni's study proved beyond doubt that our observations were indeed valid. The very fact that about 85 percent of the gynecologists covered by the survey agreed to have been using techniques like amniocentesis chiefly for the purpose of SD, silenced our detractors once forth. That the doctors admitted it to a person officially conducting the survey on behalf of the state government at a time when the issue was at the centre of worldwide media attention further highlights the significance of the findings. The ever-increasing force of the campaign, coupled with the findings of this survey and the introduction of private members' bill in the legislative assembly forced the state government to act.

Another important development during that period was the formation of tile group, Doctors Against Sex Determination (DASD). FASDSP was constantly being accused of being `against doctors' by our opponents. Actually our campaign was never against the medical profession of gynecologists. We were raising our voice against the gross violation of medical ethics by a section of gynecologists and other medical experts indulging in the SD business. The pro-SD lobby had tried to raise the bogey of 'doctors prestige in danger'. Hence, certain doctors who were active in or sympathetic to our campaign felt the need of raising an independent forum of conscientious doctors to support the campaign. Its convenor was Dr. B.M. Inamdar, a young gynecologist from Goregaon. He showed courage and conviction. He dared to come out in the open on the issue at a time when many reputed senior and progressive doctors refused to take any public stand on this issue. Certain doctors were active in both FASDSP as well as DASD. DASD publicly asked Indian Medical Association (IMA), Indian Medical Council (IMC) and Federation of Organization of Gynecologists Societies of India (FOGSI), to take a stand on this matter. Barring FOGSI, the other organizations are not even ready to discuss this issue. They did not even bother to acknowledge the DASD letters. These very organizations are entrusted with the task of the preservance and upholding of ethical values of this very noble profession: much for their concern for medical ethics.

Experiences at the Government Committee

The private members' bill was scheduled for discussion in the 1986 winter session of the Maharashtra legislature. Hence, the government felt the need to act before it came up for discussion. Keeping up its tradition of appointing expert committees on all embarrassing topics, it announced the formation of an Expert Committee on SD and Female Foeticide (Infanticide said the first official letter). From the campaigners' side, Manisha and I were invited to become members, obviously at the instance of Mr. Joseph. However, one of the members of this committee was Dr. Pai, the person who had proclaimed at an international conference, `Selective abortion of female foetuses is the only solution to India's population problem.' Hence, the government's intentions seemed to be quite dubious. The past experience of government committees, their structure, functioning and fate, had not been at all encouraging. So we were not keen on joining this committee. However, after much deliberation, we decided to accept the offer. In the past, we had all protested against the exclusion of people who were appropriate from government committees. We thought that we should use this opportunity to gain the experience about the dynamics of a government committee and to learn from it. We also felt that by being a part, we could prevent the committee from sidetracking the main issue. It was agreed that the campaign would maintain its pressure from outside. Moreover, we always had the option of quitting after making sufficient noise in case the committee went astray or became defunct. The committee appointed three sub-committees to go into the details of the technical legal and awareness aspects of the issue. Dr. Inamdar of DASD and Dr. Hema Purandare of the Genetic Research Centre were included in the technical sub-committee. Excellent co-ordination among the activist members, the pressure of the campaign from outside and the clear stand against SD taken by Bhai Savant and Rajani Satav (cabinet minister and minister of state) contributed to the success of the committee. Dr. S. Pai and Dr. Purandare, inspite of their personal views to the contrary, lent their consent to the report, which was thus accepted unanimously. The report of the committee submitted in May 1987 which was never published, contained the following conclusions:

- The misuse of prenatal diagnostic techniques for SD should be totally banned.
- These techniques should be allowed to be used for the detection of congenital anomalies.
- This use should only be restricted to government and public institutions (e.g. municipal hospitals). The services available in the private laboratories, should be, if required, channelized through government institutions licensed for this purpose.
- The state government should enact a special law for this purpose.
- The state government should pressurize the central government to enact a similar legislation at the national level.
- The Medical Termination of Pregnancy Act, if required, may be amended so as to include in it a clause explicitly stating sex-selective abortion (except where it is therapeutically justified) as a legal offence.
- The law can succeed only if it is supported by a well-planned, long-term movement for health education and consciousness raising. The government should take suitable measures to that effect.

The committee had thus upheld our stand on the issue. But there was no room for complacency. We soon realized that governments have their own ways. They have too many tricks up their sleeves. First is their phenomenal slow pace. (It is calculated. They can be extra fast when they choose to.) The report although completely in our favour, was never released and discussed. The state government was just buying time till the tempo of the campaign would subside.

It was the end of December 1987. Twenty months after the campaign, we had not succeeded in extracting anything concrete from the government. The announcement made by the ministers within and outside the legislative houses, and reports of expert committees amounted to nothing. The crux of the matter lay in the decision of the cabinet. The cabinet was not yet ready to give a green signal to the proposed law. It had its own priorities, views and idiosyncracies. Then, almost unexpectedly on the night of 31 December, the chief minister Mr. S.B. Chavan, announced that the cabinet had accepted all the recommendations of the committee. The official bill was to be introduced in the legislative houses soon. It was his new year gift to the people of Maharashtra.

Thus 1988 began with a bang. The state government received kudos from all concerned for introducing the first major legislation on the regulation of medical technology in India. However, the media, and the activists were guarded in their reaction. We expressed happiness. 'But the real test lies in implementation,' he said.

On 10 January, the Times of India carried an article 'Should There Be a Choice?' by J.B. D' Souza in its Sunday supplement. It strongly argued against the government's decision. The arguments in the article were pretty worn out and had been countered several times ever since the debate began in 1982. However, we had learnt through experience that what is significant in such debates is who is saying it. Often the debate does not move ahead. People raise the same old arguments over and again. This is when you feel trapped. You have limited time, energy and resources. You just do not feel like going throngs the same bout of arguments again. But if you do not reply, the same myths are perpetrated through infinite repetitions.

What was alarming was that the pro-SD lobby had finally got a respectable spokesperson. J.B. D'Souza was a name to reckon with. He belonged to the first I.A.S. batch and had retired as the Secretary to the Government of India. He had also served as a consultant to the World Bank. Besides being an able administrator, he was also known for his bold views. (The dereservation of plots in Bombay which snowballed into a major political issue in Maharashtra is a recent example). The Times of India took one full month to publish our rejoinder. We slowly realized that even the English press which had been almost totally supportive had slowly begun to take `a balanced stand' on the issue. This was reflected in the reduced coverage of letters and news in support of the campaign. The regional press, baring publications of a few good articles had not helped the campaign to any significant extent. Time was running out.

The summer session of legislation began in April 1988 in Bombay. The official bill on SD was put before the legislative council. It was suddenly decided that it would be taken up for discussion on the very next day. With great difficulty, we could procure a copy. And we were shocked! Many provisions in the bill were in total contravention of the commitments made by the government. Certain objectionable clauses had also been incorporated.

- The bill provided for granting licences to private centres/laboratories while the expert committee report and even the chief minister's announcement said categorically that licences would be given only to government centres/laboratories.

- An important clause in the bill provided for punishment to the woman undergoing SD tests. Although the clause said that such a woman would normally be assumed to be innocent, it provided for the punishment if it was proved that she went for the test on her own. In the present social context, very few women would plead before the court that they were indeed pressurized by the family members to undergo the test. Thus, in effect, while the in-laws would go scot-free, the poor woman would be punished. (The exact magnitude of punishment was debatable. It was interpreted as a fine of Rs. 50 by some and an imprisonment for three months by other legal experts.) This clause announced to further victimization of the woman who is already a victim of social structure.

- Clause 21 of the bill denied the right to move the court by any individual or organization who wanted to bring to the notice of court any contravention of the act. It restricted such a right only to the official organs of the implementing machinery, namely the State Appropriate Authority (SAA) and State and Local Vigilance Committees (SVC; LVCs). Others were regaled to furnish the information first to SAA or SVC. If no action was taken by them within a period of 60 days, then only could such an individual or organization move the court.'

- Even in such a situation, the bill had granted powers to SAA and SVCs to refuse to make available any document to such individuals or organizations it was essential for guarding public interest.

- Another clause gave blanket porters to the state government to exempt an institution under its control from any or all requirement for the base of techniques as laid down by the bill.

- The bill did not provide for any time limit for the constitution of SAAs and SVCs - the very foundation for the implementation of the act.

- Clause 4 of the Bill listed the conditions under which the use of prenatal diagnostic techniques would be allowed. One of them was exposure to potentially teratogenic drugs, radiations, infections of hazardous chemicals. We had suggested this clause to ensure that women who become victims of such exposure (e.g., as in ecological catastrophes like the Bhopal worker in the Union Carbide plant leak disaster, in chemical and pharmaceutical industries where working conditions are unsatisfactory) get an access to such tests. However, in the bill the words `potentially teratogenic' were dropped from the clause. It meant that any woman could get the test done even the pretext of a minor infection such as influenza or after consumption of an aspirin tablet.

The 'Statement of objects and reasons' which forms the prologue to the Bill was good. But the bill itself contained so many loopholes that it would not have succeeded in catching any culprit anytime. The meaning of this stark contradiction was clear: some experienced hand must have given final topics to the draft. All that we had won in the battle would soon be lost in the treaty.

The pro-SD lobby was not ready to take chances. On 3 March, Maharashtra Times published an article by Dr. Sarita Deshmukh. It strongly pleaded that the proposed law would rather add to the women's burden of problems. It advocated SD 'to aid population control' and 'to help fulfil the natural parental urge to beget sons'. It asked all MLAs and MLCs whether they too did not feel the same urge and appealed them to defeat the bill. The article was photocopied and distributed to members of both houses. It caused a lot of turmoil as many members were confused and puzzled by the half truths and strategic logic of the article. No one was certain how the bill would be received in the House on the next day. Passing of the bill as it was would have meant only a symbolic victory for us. Because we were sure that it was impossible to implement it. It would only legitimize whatever was pushed tinder the carpet after the campaign. On the other hand, withdrawal of the bill would have sealed the fate of the campaign once for all. The saving grace in that situation would have been 'referring the bill to a select committee'. However, that would mean postponing it indefinitely. Our failure to get the law passed in Maharashtra would have affected our chances of getting such a law enacted at the all-India level.

The only option left to us was to press for maximum amendment and get the Bill cleared by the House. Luckily Loksatta, another leading Marathi newspaper published a detailed point-by-point rejointer to Dr. Deshmukh's article. We distributed it to the members of the legislature. We also distributed an appeal to all members to pass the bill. However, we were told that not many amendments would be entertained. Because, acceptance of amendments would have meant loss of prestige for the government. At last, two amendments suggested by

Sadanand Varde, a distinguished member of the opposition, were accepted. They related to clauses 4 and 25 of the bill. In the clause related to the exposure to hazardous drugs of radiators infections or chemicals, the words 'potentially teratogenic' were added. Moreover the clause related to giving blanket powers to the government to exempt institutions under the control from the provisions of the Act was totally dropped. It was for the first time in the legislative history of Maharashtra that the amendments to an official bill suggested by an opposition member were accepted.

The bill was unanimously passed by the legislative council on 13 April and by legislative assembly on 16 April. After obtaining the Governor's assent, it was published as Maharashtra State Act No. XV of 1988 in the government gazette on 28 April. The title of the Act was Maharashtra Regulation of Prenatal Diagnostic Techniques Act 1988. A battle was won, but the success left us little to career about.

However, the enactment of law in Maharashtra had a spinoff effect in other parts of India. The Forum against Sex Determination was formed in Gujarat. It included feminist groups, lawyers, sociologists, and health activists and most, importantly, doctors. Dr. Zubeda Shah, a leading gynecologist, emerged as the main spokesperson of the Forum. After a long drawn out struggle, the group succeeded in introduction of a private member's bill in Maharashtra Act. In Goa, the campaign against SD spearheaded by Bailancho Saad (Voice of Women) even succeeded in introduction of an official bill in the Assembly. The bill includes most demands of activist groups like ours. The bill could not be discussed and hence lapsed as the assembly was dissolved. In Karnataka, a scandal related to SD clinic rein clandestinely at a university department by a private practitioner was exposed and brought into focus by journalists. The clinic had to close down and all concerned had to resign following the appointment of an enquiry committee.

Another positive effect of the passing of bill in Maharashtra was the optimism generated by it. Everywhere around its we find injustice and atrocities. Everything around us seems to be gloomy. When we do not have much faith that anything would ever improve, news like the passing of a law against SD is encouraging. We feet there is still room for hope. It is still possible for a few sincere and conscientious people to pressurize the government for a good cause and to succeed. Even if our success is incomplete, nevertheless it is a success.

The number of SD clinics in Maharashtra went down significantly after the passing of the Act. Aggressive advertisements had stopped soon after the campaign. However, we were aware that certain doctors in the city of Bombay continued to perform the test at exorbitant rates. At some public places, advertising displays were still to be seen. For the success of the law it was necessary that a few cases be lodged against violators of the law within a first few months. It was equally important to highlight legal action through media. This was the only way to let everyone know that the law would not be confined to the books. But how could one file a case? According to the act, only SAA and SVC had the right to move the courts. Groups like ours could do so only after giving 60 days notice to the government committees. But the committees were yet to be formed. The health minister Bhai Sawant had to resign following the Lentin Commission controversy, and the new health minister Jawahar Darda did not take any interest in the matter.

Then came 1989. The state government at last appointed SAA and SVC. Surprisingly the government which made a point to get maximum publicity through any of its action on the issue of SD kept quiet all this time. With great difficulty we could get to know the names of the newly appointed committee members.

None of the FASDSP members were included. The names of many reputed persons in related fields who had contributed to the campaign and had taken a clear stand had been suggested to the government. However, none of them were included. The non-government nominees were no doubt persons of repute in the field of health. Some of them had served in several government committees. The relevant questions, however, were what was their contribution to this issue? Did they use their reputation to raise this issue at least in their professional field? Our fears were genuine. One of the committee members had in the past stated that SD tests should be encouraged to curb the population growth.

The government outdid all its mischief's by appointing a geneticist on the committee. She had at several times stated publicly that SD tests against metical ethics'. She had told the Press and filmmakers that she was one of the very few persons who were engaged in rising techniques like amniocentesis for the right purpose. She had taken up a similar stand as a member of the technical sub-committee of the expert committee appointed by the state government. What she preached and what she actually practised, however, were totally different. She routinely used techniques like CVB specially for sex Determination. However on records all such tests were shown to be genuine case of prenatal diagnosis of congenital malformations. Even when most doctors in Bombay had stopped misusing the tests for SD she continued with her practice. Meena Menon, a correspondent then working with Mid Day had thoroughly exposed her by posing as a prospective client and publishing the entire report. The government was very much aware of this scoop. Moreover, the geneticist herself had accepted this fact in her paper presented at several international conferences. There she stated: out of 1500 chorionic biopsies performed, 9871 were for 'nongenetic reasons' (anxious couples). The government was aware of this paper too. The most damaging fact was that in 1988 she was convicted by the Civil Judge of Ghaziabad of severe lapses in practice. The geneticist, her colleague and a gynecologist were fined Rs. 3 lakhs each for their error in diagnosis of Down's Syndrome in an unborn child. Thus, the government had shown its true colours by appointing a person who had repeatedly made false statements to the public, media and government; whose professional skills were doubted by the activists and whose vested interests lay directly in propagating SD. That her task was to check the misuse of techniques for SD was a contradiction in itself. Finally, she had to resign not because of the government's insistence, but because of the pressure by FASDSP and the press. Time passed. Mr. Joseph was transferred. The new secretary evidently did not show any interest in this issue.

Delhi

The campaign initiated in Maharashtra soon reached other states. Campaign groups were organized in different parts. They raised the demand for i nation-wide law. On 19 December 1986, the Minister of Health and Family Welfare, Government of India, convened a national conference on Sd. I was one of the invitees. The participants were mostly government officers, doctors, representatives of family planning organizations. Feminist groups or activist groups working on this were hardly present. I did not known, whether they were invited or not. Two of my feminist friends from Bombay, though invited, did not attend. Maybe many others also thought that such conference do not serve any useful purpose. Ms. Mira Sheth, secretary of the department was in the chair. She set the tone of the meeting by thoroughly condemning SD. She said there was no question of allowing this unethical, anti-woman practice. She appealed to all the participants to give precise recommendations for the consideration of the government Against such a background, nobody could have openly defended SD. But what many people spoke was intolerable.

An old man simply dived into the unfathomable ocean of 'our great Indian culture and our glorious history'. After speaking at great length he concluded, 'Today, Indian women face several problems. Organizations like ours are engaged in solving them. The government must be generous in providing financial help to us.' Another fellow suggested that all problems could vanish if all people started fearing God.

The experts from the law department could not, till the end, understand the need for a new, separate act for curbing SD. They kept on referring to the MTP Act. The failure of all governments to file a single case of sex selective abortion under the MTP Act made no impact on them.

I kept on cursing my Bombay friends whose absence I could feel strongly. However, I experienced that even in such a millieu, one could make one's presence felt. In fact, one's commitment knowledge and intensity of feelings become much more evident in such an atmosphere and one can reach out and share one's thoughts and feelings. Mr. Joseph too supported my stand and strongly for a bold initiative on the part of the government. The conference ended on a somewhat optimistic note.

In April 1987, the Government of India, Ministry of Health and Family Welfare, Department of Family Welfare announced the formation of an expert committee on this issue. Under the Chairmanship of Mr. Joseph, the four non-government members of the committee included a gynecologist Dr. Jain, geneticist Dr. Varma, legal expert Kapila K. Hingorani and me. In genetic, all those who were vocal and somewhat articulate in the conference were made members of the committee. If only Bombay friends were here, I felt. I laid to again prepare myself for a lonely battle in a totally unknown front.

Delhi is an insulated island. Very narcissist; unconcerned unaffected by the storms hovering over other parts. All the meetings of the committee were held in Delhi as the government officials there were too busy to travel outside. The invitation for the meetings used to reach me on the very day of meeting, sometimes even later. If I was fortunate enough to receive it in time and reach Delhi in the morning, the meeting did not commence for hours as local members were not available. The meeting used to get over within one and half hours. The discussions were superficial and repetitive. Nothing really moved.

The biggest nuisance was the legal expert on the committee. Half the time she was busy describing how close she was to the political bigwigs. Every time we put forth a detailed draft for discussion, she used to come up with her alternate page draft. Her draft revolved round the constitutional clause under which the law could be framed. The degree of her awareness and general knowledge could be gauged by the fact that she wanted the facility of 'genetic counselling and prenatal diagnosis' at every Primary Health Centre (PMC) of the country. She conveniently neglected the facts that such PHCs do not even have essential drugs for the most common diseases like fever and diarrhoea. She was informed that in villages a doctor is often not available in the radius of fifty to a hundred miles. But her stand remained unaffected. The most damaging aspect was her insistence to punish the woman who took a SD test. For months, we debated this issue. Her logic was strange. She thought that women would refuse to undergo SD tests once they realized that they might be punished. She even boasted that this provision in the law would embolden Indian women to fight against the tyranny of husband and in-laws. I pointed out that the experience of women's groups in Bombay was that even women on the deathbed who had received 90 percent burns were unwilling to confess that they had been burnt by husbands or in-laws. Given that this was the reality, was it likely that they would give a statement that they were forced by in-laws or husbands to undergo SD test? Then she came up with her final weapon: `I am a woman. I am involved with women's issues. Naturally I have more right to talk and decide about women's problems. There were the times when I cursed my female feminist friends of Bombay who had chosen to be absent'.

As time flew, I became more restless. No campaign can be sustained for years. This campaign had a few chances of regenerations as people were getting frustrated. When I tried to protest about the slow pace of working of the committee, I was made to understand certain things in a very sophisticated way. After all Delhi did not think we were worth giving much consideration. Who are you? What is your nuisance value? How many people are behind you? Maybe a handful of people in Maharashtra and South India. How about the great Hindi hinterland? How about Delhi itself? How can we take you seriously unless anything happens here? Unless some highup there are affected? Although nobody said this is so many words, the message was quite clear for me.

We still cannot figure out the lack of enthusiasm on this issue in Delhi. In fact there are many individuals in Delhi who are sensitive and willing to act on this issue. DWFI has consistently raised the demand of ban on SD tests. Swami Agnivesh had lead a large morcha of rural women on this subject. The issue is very much alive in and around Delhi. The newspaper advertisement of Dr. Loomba's genetic laboratory is an everyday reminder. As early as 1982 common people seemed to be knowing about SD tests. That was the year when my pregnant wife and I visited Delhi; many people advised us to get the test done. However, barring a short lived attempt triggered by Vibhuti and Chayanika two of our members no effective group action has yet been taken on this issue.

After prolonged deliberation and tremendous efforts by the active members, the Central Government Expert Committee finalized the draft legislation which was then circulated to all state governments for getting their feedback. After several months I could lay my hands on one such copy and was again shocked. Once again, the experienced hand had given furnishing touches to the draft. All the objectionable clauses in Maharashtra Act were included in it. After a prolonged debate, the objectionable clauses were removed. The committee submitted its report along with the finalized draft of the bill in June 1989. The committee members are yet to receive an official copy from the ministry.

The report of the committee is an important document. It deals at length with the various aspect of the problem. It explicitly states the thinking behind the act. It gives suitable explanation for each clause included in the bill. The basic framework of the report is quite close to the views expressed on this subject by activist groups like FASDSP. The committee has also made certain useful recommendations about the constitution of medical councils and for creating awareness among people. These recommendations, if implemented sincerely, would be of great help not only to this campaign, but also to similar activities in the field of health, consumers and women. Although I agree with the overall thinking in the report, I was pained to note that some issues which are vital to the implementation of the act have been left unresolved by the committee. Hence, I have appended a `note of dissent' to the report. It deals with the following points:

- Punishment of a woman undergoing SD test.
- Licencing private sector for the use of prenatal diagnostic techniques.

It is now left to die campaigners to raise these issues and create a public opinion in their favour. It is essential that the report of the committee be published. It can provide the frame-work for the debate on central legislation.

It is important for all of us to understand the strength and limitations of the state apparatus in supporting or opposing us. An indifferent or antagonistic bureacrat can create innumerable hurdles in order to drain one's momentum and stamina. A senisitive and sympathetic bureaucrat can go a long way in removing these hurdles and creating a atmosphere. However, one has to rely exclusively on the strength of campaign on vital issues like appointments on implementing bodies and on major political questions related to the law, for example one's attitude towards whether a women should be punished for undergoing the SD test. Allowing the private sector to obtain licences for the use of prenatal diagnostic techniques is directly related to lobbying by interest groups. We have to fight issue battles on our own strength. Clarity on this important issue can prevent a lot of unnecessary tensions, misunderstanding and apprehension.

All organizations have to decide their approach toward government. It has remained an unresolved issue and would continue to remain so for a long time. Activists are often in dilemma over this issue. On one hand there is a very valid fear of being co-opted, of being accepted and then conveniently sidetracked. On the other hand some interaction with the state is inevitable. One has to rely on or seek support from the state machinery in some way or the other. That's why activist groups keep on asking for new laws or amendments in law. They make demands directed at the government issues related either to women, environment or development specially need to be lobbied and raised. Because their solution is not linked to the nature of the state apparatus alone. That is why I discussed in detail my experience in government committees. Many of us have been strong in campaigning, but weak in lobbying. We have become visible and audible, but have not altered macro equations significantly.

Where Do We Stand Now?

After four years of struggle, where are we? It is time to take stock of the situation. Time for reflection and planning in Maharashtra, there has not been any major action in the last one year. The law has remained on paper. Local Vigilance Committees are yet to be set up. SAA and SVC are yet to stabilize. What they have done so far has remained a mystery. Even the list of Centres and Laboratories which have received licences for using the techniques is not made public. The government under the act is bound to publish findings of the labs and centres once in three months. No such reports have yet been published. A few boards advertising SD clinics are still visible. FASDSP had sent letters to concerned authorities to take action against doctors performing and/or advertising SD, or at least to inform us what we can do in that context. Our letters are not even acknowledged.

There are a few clinics performing SD tests clandestinely at exorbitant prices. At present their number is small. However, this can multiply soon if the law remains on paper. The gynecologists performing SD tests have developed many ingenious ways to violate the law and mint money. For example, there is a gynecologist practising in a north suburb of Bombay. He asks for an advance of Rs. 5,000. The charges for the test are Rs. 3,000. If the foetus turns out to be female, the patient should get the MTP done there. The charges for MTP are Rs. 3,000. So in that case, the patient must pay Rs. 1,000 more. If the foetus is found to be male, then Rs. 2,000 are refunded. Very surprisingly, all reports turn out to be daughters. This is because the amniotic fluid is not sent to the laboratory for analysis. The patient is orally informed and immediately MTP is performed. There is no record. No outsiders are involved. It's a safe bargain: 'Parents unwilling to pay dowry for their daughters are willing to pay it to a doctor to get rid of their daughter' quipped Lata, a FASDSP member.

Outside Maharashtra, the picture is somewhat different. While the SD business is proliferating in some states, awareness on this issue is also growing. However, organized action is weak in Uttar Pradesh, Madhya Pradesh, Punjab, Haryana and Delhi. In the South and East, SD has not succeeded in making its presence felt. The awareness in these states is indeed quite high. Mean while, the report of the expert committee and the draft bill prepared by it is deeply buried in the pile of files in the Ministry. Recently, the health minister, Mr. Routrary, while replying to a question on this issue, said in the Lok Sabha, `The government planning to amend the MTP Act. We are also thinking of introducing a new bill. However, the nexus between sex determination and abortion is not yet proved.

Hence, we have not yet taken decision'. Can there be more contradictions and inaccuracies in any single answer?

His reply shows:

- The concerned minister does not know anything about the issue.

- After fifteen years history of sex-selective abortions, two nationwide campaigns, reports of two expert committees, a dozen assurance by concerned ministers, recommendations of several national and international bodies, assurances given in manifestos of different political parties (including supporters of the present government), the minister does not know whether the problem really exists. Can anybody suggest a method for establishing a nexus between SD and sex-selective abortion in a way which the minister can understand?

- If the nexus between Sd and abortion is not established, then why talk of amending the MTP Act and/or introduce a new law?

- An amendment in the MTP Act would at most be of a symbolic value. The minister does not know that the issue is not MTP. It is sex-selective abortion. And that too, during the SAARC International Year for the Girl Child, 1990?

New Challenges

New SD techniques are being developed. CVB is in vogue. It enables SD in the third month of pregnancy. Sonography is being routinely used for monitoring pregnancy. It can also be used for SD. However, determination of feotal sex is possible at a much advanced stage of pregnancy (making abortion very hazardous and illegal). Moreover, the accuracy of techniques is low. But there are enough doctors trying to sell sonography as a 'simple, accurate and safe SD toot to be used in the first trimester. There are enough people around, too willing to believe these doctors and spend thousands of rupees to get rid of unwanted daughters. Scientific journals have reported new methods such as analysis or maternal blood and chromosomal analysis of IVF-ET (in Vitro Fertilization-Embryo Transfer) embryo.

In 1988 I saw an advertisement in the Diwali special number of a renowned Marathi magazine:

Amniocentesis is a developed science
To misuse it for abortion is a great sin.

Better go in for sex-selection
Read this book. Consult your family doctor for a sure way of begetting sons.

This was an advertisement of a booklet Y-Virilence written by Dr. Paranjape from Bombay.

I react a fairly large book on this subject recently published in Marathi, written by a 'foreign returned' sexologist Dr. Prakash Varekar. It is entitled Mulga Pabije? Mulgach Hoil! (Want a son? Get a son!) The back cover eulogizes the author as the follower of the great tradition of medicine which strives to educate people. The book discusses a number of remedies ranging front diet (exclude milk and eggs, consume more tea, salt, cheese and sausages) to the ancient ritual of Punsavana used by Ayurvedic experts.

For years, a Gujarat-based company. Vasu Pharmaceuticals, has been marketing a product for sex preselection. 'Select-1' and 'Select-2' capsules are meant for consumption by a pregnant woman 45 days from LMP (Last Menstrual Period) for a period of two weeks. The manufacturers claim that it can change the sex of foetus from female to mate after conception. It is recommended by several renowned doctors, especially in Gujrat (though modern science warns against the use of any medicine in the first trimester, as it can lead to deformities in the foetus.) The urgency of a prompt and comprehensive action has been underlined by the recent findings of Barbara Miller (author of The Endangered Sex). She had earlier published her findings about sex ratios of rural districts of India based on the 1971 census. It was shown that the sex ratio (calculated as the number of females per thousand males) was dangerously low in one-third of the rural districts in north aria west India. She had attributed this to the neglect of female children in these areas.

The 1981 census figures show that the region where sex ratio balance is being rapidly destroyed is expanding in size. It has crossed the 'Hindi Heartland' and reached northern Maharashtra and also touched Tamil Nadu. This rapid imbalance in sex ratio was caused by the neglect of born daughters and selective elimination of daughters before birth operate simultaneously is anybody's guess. Looking at the proliferation of SD clinics, a serous imbalance in sex-ratios across a very large territory of India cannot be ruled out. No one knows exactly what might happen then. One thing is certain, it would make women's lives more insecure, restrictive and less dignified. It would make human life more miserable and violent. There is no immediate way to restore the sex ratio balance after its disruption. Maybe at that time, women's very survival would become an issue of immediate concern and action. The question is, should we allow the situation to deteriorate or shall we work systematically to confront this challenges now?

Sex selection (through sex determination followed by abortion of the `wrong sex' or through sex pre-selection) is just the proverbial tip of the iceberg of new reproduction technologies. Techniques like Inevitro Fertilization-Embryo Transfer (IVF-ET) and Gamete In Fallopian Transfer (GIFT), popularly, known as 'test tube baby techniques' have already arrived in India.

Surrogate Motherhood

'Industry' is looking out to poor women from the Third World as potential hirers of wombs at cheap rates. Research in gene manipulations and cloning (technique for reproducing several identical cells/tissues/organisms) have horrific potentialities. All these technologies have raised several disturbing complex social, cultural, ethical, political issues for entire humankind. The first world has already started regulating these technologies and debating their probably impact. In India, we are still fumbling at the very first step. The situation is distressing, but surely not frustrating. Our balance sheet does show many achievements. On the credit side:

- We have proved that the content and degree of implementation of a particular law depends directly on the pressure experted by the campaign over the government. The unanimous passing of an act seeking to regulate the use of modern medical technology in itself is an achievement. It only means that belatedly, we have joined the mainstream of countries where the use of technology is subject to check and balances outside the profession. The acceptance by the Government of Maharashtra of the amendments suggested by an opposition member as well as the resignation of Dr. Purandare from the SVC also indicate that public opinion can bring desirable changes. Out stand on the law has been vindicated by the experience in Maharashtra. We have maintained that matters like restricting the use of prenatal diagnostic techniques to government institutions and not punishing the woman undergoing SD test is inevitable for the success of the act and not a way of bargain or negotiation.

- The reduction in number of SD clinics and the rise in the rates have at least checked the influx of SD tests. It has also shown that doctors, by and large, follow a law, if they are made to understand that breaking a law would not be in their interest.

- The achievements of groups in Goa and Gujarat towards a legislation better than in Maharashtra which need to be commanded.

- We should retain our initiative in the campaign; we are effective as long as we do so. After losing the initiative to people like J.B. D'Souza, Dharma Kumar and Vasant Sathe, we had to spend most of our energy in replying to them or had to remain silent.

- Even now, people and media have not lost interest and hopes. South and East India is more or less free from this `epidemic'. In northern India, SD clinics are still restricted to large place. There is still room for us to intervene.

- BJP and CPI(M) have included the demand for a ban on SD tests in their manifestos. Even Janata Dal and Cong(I) are not opposed to it. At least today this issue will not affect vote banks and economic interest of parties; it is possible now even for d not-so-progressive government to enact this law at least following the SAARC Year of the Girl Child, 1990.

- Success in the campaign against SD is the first step towards regulation of the new reproduction technologies. If we succeed in getting a law against SD on the grounds of the constitutional right to equality and society's right to intervene for restoration of the sex-ration balance, we can challenge sex pre-selection on the same grounds. It can also pave a way for better understanding of issues related to these reproduction technologies as a whole.

The task before us is gigantic. But turning our back to reality is no solution. We need to study more, plan more carefully, interact and coordinate our energies and resources. For this, all of us will have to come together - women and men, researchers and activists working for gender justice, health, consumers, democratic rights. Because reality cannot be understood in compartment. The issues concern us all. The answers can only be found collectively. For this, we shall have to evolve new methods of campaigning, of creating awareness, learn to lobby for a cause. Research and activist cannot be separated. They must go hand in hand. One should evolve through the other and again lead to it. The journey of the campaign from 1982 to 1990 was quite tough. The challenge of 1990's would surely be tougher. Let us prepare to face it.

Postscript, January 1992

We have come a long way since the inception of the campaign in April 1986. Our route bits been circuitous, unplanned, unpredicated. We now have reached a stage where many questions and doubts reign supreme. We are not sure whether we have really made any headway in the right direction. While dilemmas and confusions are plentiful, determined efforts to resolve them are lacking. We have lost our initiative. Our actions have been reduced to reactions (often half-hearted) to outside stimuli. The activists are exhausted, their mental and intellectual energies have drained out. All said and done, the campaign is down but not out. It remains to be seen whether it would emerge once again in a metamorphized form. For, in the past, one more than one occasion, we have acted in an unbelievably swift manner. The apparently stagnant movement snowballed and gathered momentum in no time.

One such occasion had been the bid by the Chandra Shekahr government to introduce in Parliament a bill on sex determination (SD) tests. The government formed by V.P. Singh had fallen at a time when the (SD) bill had at last reached the cabinet agenda. We have taken a decision not to raise this issue before Chandra Shekhar's puppet government which lacked both credibility and stability. However, newspaper reports informed us of the governmental decision to introduce the bill in Parliament. The undue hush in pushing the bill and the version of the bill as reported by the press were sufficient to alarm us. Within a week's period, we succeeded in organizing protests among different groups. The All-India People's Science Network started a signature campaigns. The activists from all over India who assembled at Calicut to attend the Women's Liberation Conference threatened to march to Delhi. They also passed an unanimous resolution to condemn the government's design. We could convey to the concerned minister in no uncertain terms that we would defeat the bill if it were introduced in the parliament without necessary amendments and debate. The issue was followed up by women's groups in Delhi. The minister then shelved the proposal for a few weeks, and the government fell soon thereafter.

Then came a period of lull. The general elections came. But we did not use it as an opportunity of raising this issue with the political parties. No doubt a number of political parties included a ban on aminocentesis in their manifestoes. But then we have come a long way from 1982. Our active intervention would have at least sensitized the parties more on this issue. Probably then they would have gone beyond banning amniocentesis, they might have at least accepted the demand for not punishing the woman undergoing the SD test and for restricting the licenses for carrying out prenatal diagnostic tests to medical colleges and government hospitals.

In November 1991 came the central bill. In the absence of a visible campaign and of lobbying in Delhi, it was not surprising to find that the bill was a diluted and distorted version of what we had asked for. In some respects, it was worse than that passed by the State of Maharashtra. It left no room for intervention by voluntary groups/individuals in matters like vigilance, policy making or access to judiciary. The onus on the woman is heavier. In fact, it seems to have intelligently borrowed all objectionable clauses from the various bills (e.g., Gujarat bill). Our reflexes were slow; there were no signs of debate on this issue within and outside the parliament.

Then came the good news without our efforts. A joint parliamentary committee was constituted to study the bill in toto. It had representation from almost all political parties. It mainly comprised of women and doctors. The committee wrote to several groups and professional organizations, asking for their comments. Earlier, it seemed that the bureaucratic procedures would neutralize all the good intentions of the committee. To some, it looked like a ploy to delay the bill. However, out dialogue with the committee has evoked good response. The committee has agreed to invite feedback from a much wider group, in a more participatory manner. Very soon, public hearings on the bill would be organized in different status by the committee. The committee would submit its report by the 1992 monsoon session of Parliament. The report along with the bill, would then be placed before Parliament. Thus, 1992 could be the year when the fate of central legislation on the SD test would be decided.

As we look back in order to look forward, a mixed picture emerges. It shows our utter ignorance of an ambivalence towards legislative means. Many events which helped the campaign, for example, the introduction of private members' bill in Maharashtra or the appointment of the joint parliament committee occurred without our efforts or intentions. The lacunae the Maharashtra Act and the State Government's lack of political will to implement it have been known to us for years. But we failed to expose the government on both the counts. We approached the bureaucracy, which seemed to be totally unresponsive. But, did not use the State legislature even one after the passing of the bill. Most important in the fact that in the last three years we have not organized any programme to inform and to involve people on this issue.

Another stark failure is on the front of lobbying. In spite of the high visibility and acceptance of the issue, we failed to translate it in terms of policy changes. One finds active obeying groups on issues like drug policy and Narmada. They have worked more consistently against heavier odds. In a way, they are more used to the 'long distance running' which any issue-based group should take for granted. Periodic reverses do not seem to affect them to a large extent. The issue of sex selection has a much greater interface with society and more visibility. We need to learn more from such groups.

At the same time, we must acknowledge the efforts of those who have carried forward the struggle in their own ways. Groups in Gujarat have continued in spite of an extremely hostile atmosphere. Their efforts at lobbying, using media for raising consciousness, research and documentation need to be high-lighted. The official bill introduced in the Goa assembly remains till today the most progressive bill on this issue. The credit for the same should go to the activist group 'Bailancho Saad'. Various people uninvolved in the campaign have been trying to spread awareness on this issue. Mrinalini Sarabhai (Sita's daughters) and Rajeev Dixit (campaign against multinational corporations and foreign technology) are two such examples.

In the meanwhile we continue to verify our positions. We cannot help but feel guilty towards the physically and mentally handicapped when we support use of prenatal diagnosis for detection of (and eventually abortion of) congenital malformations. We are still in the dark about the policy changes which need to be ushered in to improve the status of women. We have no concrete measures to counter the demographic imbalance. We still debate whether government's intervention would be helpful to die women's cause. We do not know how to build bridges across ideologies, beyond activist groups, with professionals.

Nevertheless, we march on the events in the next couple of would shape the law on the anvil. They would also seal the future of the campaign. The demographic trend underlined by the 1991 census and the advances in the field of sex prediction and sex preselection have, however, indicated that 'sex selection' would be a decisive issue of the next few decades. The recent formation of Forum in Support of Sex-Selective Abortions floated by doctors and the organization of three-day training camps on sex-prediction techniques indicate that the outer side is getting ready for a prolonged battle. It remains to be seen how activists and others, women and men striving for gender equality and gender justices face this challenge.