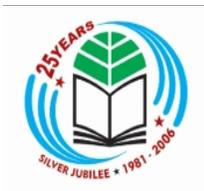


# **Body as Site, Body as Space**

## **Bodily Integrity and Women's Empowerment in India**

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# Body as Site, Body as Space

## Bodily Integrity and Women's Empowerment in India<sup>1</sup>

### Introduction

The female body is a contested terrain the world over. Constructed differently in different contexts it remains a site where power is played out. Though the body is intensely 'personal' in that it rests in individuals, its manifestation is shaped by the same variables that influence social relations, gender, age, class and ethnicity. It is argued that the dichotomy between the woman's body and the mind is a synthetic one and socially constructed. Most often women's identification with their bodies and its physical manifestation results in suppression and denial of rights to emotional, mental, psychological and physical spaces. This demarcation into mutually exclusive categories of mind and body results in loss of 'personhood', loss of control and autonomy over their bodies and violation of bodily integrity. Women live in constant threat of violence; are discriminated against and exploited, are denied the right to spatial mobility, right to make informed choices over their bodies and sexuality. Societal control over and regulation of these spaces violates bodily integrity rendering them powerless. Respect for bodily integrity is therefore a prerequisite for women's empowerment in any context.

This paper explores the connections between body and rights and the complex and complimentary relationship between bodily integrity and women's

empowerment specifically in the Indian context. Beginning with the definition of bodily integrity and the social construction of the body, it highlights the spaces Indian women have negotiated for in their quest for empowerment. The different sections of the paper focus on the outcomes of the movements for naming and claiming bodily integrity especially vis-à-vis violence against women, reproductive rights and issues of sexuality, analyse the key factors influencing and changing policy and its implementation and identifies areas that need to be further explored to enable women to empower themselves and sustain changes in gendered power relations.

### Defining Bodily Integrity

Bodily integrity includes women's intrinsic right to have control and autonomy over their bodies. This includes the right to:

- **A life free from fear of violence** and living in safe environments. This includes women's right not to be subjected to physical, sexual, or emotional violence inside the home by intimate partners or outside by people including those acting on the part of the state.
- **Spatial mobility** and ability to make decisions regarding where they can go,

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Initial discussions with Dr. Sharada Jain helped in formulating the conceptual framework for this paper. I gratefully acknowledge her inputs. I also wish to thank Varsha Kalla and Etee Purohit for their research support in preparing this paper.

who they go with, how they travel, and the time of the day or night they can travel.

- **Make informed choices regarding sexual and reproductive health** including choice in marriage – whether to marry, whom to marry and when (age) to marry, and to demand the provision of sexual and reproductive health services that are sensitive to their rights and needs.
- **Sexual wellbeing** and the right to a healthy and self-affirming sexuality free of violence, coercion, and disease. Pursuing a satisfying, safe and pleasurable sexual life.
- **Education on bodily integrity** and awareness about bodily integrity, which would not only address the dangers of violations of bodily integrity but would allow them to care and take pride in their bodies ‘as women’.
- **Expression of self-identity** and behaviour as defined by women themselves. This would include an expression of their emotional, mental, spiritual, psychological and physical spaces and desires.

#### Perception and Awareness: Social Construction of the Body

In the Indian context the woman's body is a space where culturally coded and socially sanctioned norms of the desirable woman are inscribed. The socialisation of the girl child is a complex process, the main purpose of which is to inculcate in girls the appropriate codes of conduct including self-effacement and self-denial and to train them to see their life primarily in terms of service to others. The rules for the presentation of bodily self in everyday life are clearly defined and they are socialised into conformity from a very early age. The identification of women with their bodies thus becomes the root

cause of their oppression in a patriarchal culture. A woman is identified primarily with her bodily functions, seen essentially as a vehicle for male sexual satisfaction and reproduction and its natural corollary, child bearing, rearing and nurturing. Her entire life, her roles, her position and status in society, are defined by this primary bodily function.

In a deeply ingrained system of patriarchy, a woman's identity and role continues to be defined through her (subordinated) relationship to men. In most Indian families, a daughter is viewed as a liability, and she is conditioned to believe that she is inferior and subordinate to men. Sons are idolized and celebrated. “May you be the mother of a hundred sons is a common Hindu wedding blessing”. The origin of the Indian idea of appropriate female behavior can be traced to the rules laid down by Manu in 200 B.C.:

Pita rakshati kaumare, bharta rakshati  
yuvane, rakshanti sthavire putra, na  
stree swatantr amarahti

(In childhood a female must be subject to her father, in youth to her husband, when her lord is dead to her sons; a woman must never be independent) (Manusmriti IX: 3)<sup>2</sup>

Virginity and chastity are virtues, which are entrenched as part of the socialization pattern of girls. The expectation of bravery or ‘macho’ behaviour in men gets interpreted and accepted as the right to inflict violence on their part as opposed to acceptance of violence on the part of women who are expected to be not only chaste, but also obedient and ‘good’. The typical image of a ‘good woman’ is still one who upholds the honour of the family, maintains the ‘culture of silence’ prevailing in the private domain and is obedient and sacrificing.

The girl child, right from childhood, is

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<sup>2</sup> Similar claims on the women's body are also laid down by Christian and Islamic religious texts.

made to follow certain norms of behaviour, for instance, how to speak, how to dress, for whom to dress up, how to sit and behave in the presence of males, her mobility is restricted to the extent that very often movement outside the home has to be with prior permission. As Visweswaran (1990) puts it a woman's modesty signifies the masculinity of her community. She becomes "the symbol of violence as the shame and subjection of her community is represented in her." Ironically, the common denominator that cut across all communities and often classes remains female modesty.

The construct of the mini-woman begins early with household responsibilities. Early age at marriage is a norm<sup>3</sup> and in some rural areas, nearly half the girls between 10 and 14 are married. Because there is pressure on women to prove their fertility by conceiving as soon as possible after marriage, adolescent marriage is synonymous with adolescent childbearing: roughly 10-15 percent of all births take place to women in their teens (Coonrod 1998).

Social norms and practices also define women's spaces vis a vis men, i.e., her identity is linked to her role as a mother, wife or daughter; they carry the burden of 'honour' and 'shame'.<sup>4</sup> The expectation from her is a negation of herself as a woman and submerging her existence with the male. Women do not have the right to express their desires and discussions especially pertaining to their bodies and sexuality are a taboo. As a corollary she has no right to exist after the death of the husband even if she is capable of supporting herself financially. Social values hence prescribe that women do not have the right to question or make

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<sup>3</sup>A 1976 amendment to the Child Marriage Restraint Act raised the minimum legal age for marriage from 15 to 18 for young women and from 18 to 21 for young men.

<sup>4</sup> Upper caste women have a greater burden of honour and shame.

independent choices be it over their labour, body or sexuality. They are conditioned into believing that all that takes place within the four walls of the home is 'personal' and hence not to be made 'public'. They are also conditioned to believe that matters pertaining to the family if made public would bring 'shame' and 'dishonour' to the family.

Women also consciously, and unconsciously, discipline themselves to be the bearers of tradition, harmony and familial and social honour. The female body therefore, becomes the edifice on which gender inequality is built and legitimised. Hence negating the self in the cause of the family/community becomes her prime concern/responsibility. Throughout her life cycle she is therefore, socialised into accepting her 'lower' status. Even if she is subjected to extreme discrimination or physical violence she accepts it as her fate (Mathur 2004).

Hence the woman's body is continuously made to fit and mould to societal expectations with a severe denial of rights, her bodily integrity constantly violated.

#### Naming and Claiming Rights to Bodily Integrity: Movements and Lessons Learnt

Over the last three decades or so the concerted efforts of the women's movement and several organisations at lobbying, political demonstration, and collective mobilisation have focused on bringing about change in women's lives. Women have acquired greater spaces with increased political participation, educational and economic access and gender just laws. Besides, with the recent opening up of spaces for talking of sexual and reproductive health, female desire or of alternative sexualities today visible shifts are also discernable with women naming and claiming rights to bodily integrity.

### Action against violence against women

Violence against women has been and remains a key issue in the Indian women's movement. Throughout the 1980s, Indian society witnessed numerous struggles by women's organisations on issues of dowry deaths, rape, custodial rape, abduction of women, sati (the burning of a widow on the husband's funeral pyre), female infanticide and foeticide, sexual harassment of young girls and women in public places (eve teasing), branding of single women as witches, representation of women and their bodies in the media and trafficking in women and prostitution. It is important to note that there has been legal reform by the government in response to each of these issues of violence against women during the past decade (Agnes 1996).

### Nationwide anti rape movement

The women's movement in India during the mid 1970's and after came into being around the issue of rape (Datar 1988). The focus was on the state as it was seen as the agent of this violence. In a number of rape cases, the protectors of 'law and order', the police and other state repressive forces proved themselves to be notorious perpetrators of violence against women. Protests against rape have constituted the most public acknowledgement of violence against women. National awareness was heightened during the lengthy legal process in the course of which several of the popular myths and preconceptions about rape were made evident (Gandhi and Shah 1992: 36; Agnes 1992).

In the course of 1979-80, a widespread national level campaign on the Mathura case brought women's issues on to the public agenda. The acquittal of two policemen involved in the rape of a minor tribal girl by the Supreme Court highlighted several crucial aspects of women's operation viz., the roles of class and caste in oppression of women and

issues of accountability of public servants and the judiciary in achieving the constitutional guarantees. The agitation's sparked off by the Mathura case led to significant changes in the Evidence Act, the Criminal procedure Code and the Indian Penal Code including the introduction of a category of custodial rape (Agnihotri and Mazumdar, 1995)<sup>5</sup>.

### Protest against dowry murders

In the wake of anti-rape mobilisation and demonstrations there emerged the question of familial atrocity of burning women for bringing in insufficient dowry. The Progressive Organisation of Women in Hyderabad made the first protests against dowry harassment i.e. killing/burning of women because of inadequate dowry in 1975. Ever since, women's organisations have been demanding more stringent, deterrent measures to check crimes against women. In early 1982, thirty women's organisations in Delhi, under the name of Dahej Virodhi Chetna Manch (Anti-Dowry Awareness Raising Forum) jointly organised a protest march against dowry, and they were joined by several hundred ordinary women and men, including the 'parents of dowry victims'. They questioned police inaction and tardiness in investigation, highlighting government's lethargy towards this problem. They demanded ostracism or bride-burners/killers and pleaded with legal

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<sup>5</sup> The government introduced a Bill to amend the existing law on rape in 1983. The Bill was largely devoted to defining the category of custodial rape, and treating it as a more heinous crime than other forms of rape. The category itself was now fairly widely defined, as consisting of state functionaries, employers, and immediate superiors: it also added the categories of mass and gang rape to that of individual rape. The Bill further lay down that for cases of custodial rape there was to be a mandatory punishment of ten years imprisonment, trial would be in camera, and the onus of proof would be shifted onto the accused. The Bill thus codified distinctions between different categories of rape in a fairly radical way, though it refused to include familial rape in custodial rape (Kumar, 1993).

pundits and legislators to suggest some system of summary trials for such crimes against women (Kelkar 1992: 86-87).

One year after the agitation began, the government started to initiate legislations against dowry murders. The Dowry Prohibition Act of 1961 - which had stipulated, 'giving and taking dowry is an offence' - was amended twice during the anti-dowry campaign, in 1984 and again in 1986, to make it more stringent. Through the amendments of 1984 and 1986, the scope of 'dowry' was widened to include anything given in connection with marriage either before, at the time of or after the event (but customary and traditional gifts were excluded). The offence was made cognizable and non-bailable and the prescribed minimum punishment was five years of imprisonment and a fine not less than Rs. 15,000 or the equivalent of the value of such dowry, whichever was more. An amendment brought in 1986 makes the husband and in-laws punishable if a woman commits suicide within seven years after marriage and it has been proved that she has been subjected to cruelty (Section 498A). A new criminal offence of 'dowry death' (Section 304B) has been incorporated in the Indian Penal Code (IPC). However, despite these legal reforms, the problem persists.

#### Female Infanticide and Foeticide

India has a tradition of killing female babies (custom of *Dudhapiti*) by putting opium on the mother's nipple and feeding the baby, by suffocating her in a rug by placing the afterbirth over the infant's face, by feeding them with poisonous oleander berries (Kellar community in Tamilnadu) or simply by ill treating daughters.

However, declining sex ratio as evident in the Census of India has taken a new turn with widespread use of new reproductive technologies (NRT) in India. NRTs are

based on the principle of selection of the desirable and rejection of the unwanted. Female infanticide was practiced among selected communities, while the abuse of NRTs has become a generalised phenomenon encompassing all communities irrespective of caste, class, religious, educational and ethical backgrounds. Consumerist culture oriented economic development, commercialization of medical profession and sexist bias in our society, combined together have created a sad scenario of 'missing girls' (Patel 2004).

The campaign against sex-selective abortions has been valiantly carried on in India for the past two decades, mainly due to the efforts of women's groups and sensitive health professionals.

#### The anti-sati movement

In September 1987, when a young, educated widow was forced to immolate herself on her husband's funeral pyre, the incident shocked the public at large as also the women's groups in Rajasthan where the incident occurred and throughout the country. It brought to the fore that the deep-seated belief system had been left untouched by the so called education system. The women's groups organised rallies, approached the court, sent telegrams and petitions, and succeeded in exposing state inaction on the issue. They tried their best to bring a stay-order on the 'widow-burning' ritual but in vain. Police and political parties, the regional press as well as powerful local vested interests succeeded in virtually paralysing the state machinery. For the first time in the history of India, feminists declared they would not stand by while their sisters were murdered in the name of tradition. Ultimately, a central legislation - the Commission of Sati (Prevention) Act, 1987 (Act 4 of 1988) - providing for stringent punishment including death sentence for abetment of sati, was passed by the Parliament.

However, the political will to enforce the existing law has been conspicuously absent. Most of all, the manner in which law is viewed and enacted demonstrates that the state's perspective is not even gender neutral. It is clearly biased and tilted in favour of patriarchy.

#### Vishakha Judgement 1997

In September 1992 when a grassroots worker of the Women's Development Programme<sup>6</sup> (WDP) was gang raped the Supreme Court of India recognized sexual harassment at the workplace as not only personal injury to the affected woman, but also a violation of fundamental rights. It lay down guidelines of the landmark Vishakha judgement of August 1997. The judgment vindicated the struggles of women's organizations all over the country. For long labeled 'eve-teasing' and 'light flirtation', this intrusive and humiliating behavior, which can leave a deep impact on the psyche, began to be taken seriously as a form of violence against women. The Supreme Court guidelines<sup>7</sup> make employers and institutions responsible for implementing both preventive and remedial measures to make the workplace safe for women. Yet, it is this very provision that has proved to be a stumbling block in implementing the guidelines.

Studies undertaken by women's groups in different parts of the country have come up with the same findings: not many institutions have set up mechanisms like complaint committees to tackle sexual harassment. And where the committees do exist, they are ineffective with no real

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<sup>6</sup> WDP is a programme of the Government of Rajasthan initiated in 1984.

<sup>7</sup> As defined in the guidelines, sexual harassment includes such unwelcome sexually determined behaviour such as physical contact, a demand or request for sexual favours, sexually coloured remarks, showing pornography and any other unwelcome physical, verbal or non-verbal conduct of a sexual nature.

powers. Most women therefore, continue to suffer in silence - either enduring the harassment, or quitting their jobs when the going gets too rough. In extreme cases, some even end their lives. In June 2000, it took the suicide of Sangeeta Sharma, an advocate in the Andhra Pradesh High Court to highlight the fact that women lawyers, ironically enough, have no recourse to the law prohibiting sexual harassment at the workplace. Unwilling to publicly reveal the names of her harassers because she feared harm for herself and her child, Sharma's suicide note contained allegations of sexual harassment by fellow lawyers and senior advocates. It is also worth mentioning that the Supreme Court of India -the guardian of the law of the land - does not have a policy on sexual harassment, or a committee to deal with complaints.

Though some of the government departments across sectors have set up sexual harassment committees their effectiveness needs to be evaluated. On the other hand where the private sector is concerned a study in August 2001 by Sanhita, a Kolkata-based women's group, found that, an overwhelming 95 percent of the respondents felt the probability of women facing sexual harassment in the workplace is very real. In the private sector, 68 per cent of the incidents of sexual harassment were committed by the boss, who wields unbridled power and controls privileges and rewards, unlike in the public sector (Murthy 2002).

#### Domestic Violence Bill

In August 24 2005 the Lok Sabha passed the Protection of Women from Domestic Violence Bill 2005 to protect women from domestic, physical, sexual, verbal, emotional or economic violence. The Bill is the result of a decade-long campaign by women's groups, social and legal bodies and NGOs for a civil law against domestic violence (Sarkar 2005). The Bill was subsequently passed into law.

The PWDV (protection of women against domestic violence) Act was initiated by the Lawyers' Collective Women's Rights Initiative (LCWRI), and drew heavily on the UN Framework for Model Legislation on Domestic Violence. It was a widely participatory process, involving wide consultations across the country, and active roles by the Ministry of Human Resource Development and DWCD, the National Commission for Women, and the Parliamentary Selection Committee that opened the draft bill to public participation. Protests by women's groups to the NDA Bill 2002 and the National Advocacy Campaign initiated by Action India in 2003-04-05 across 8 states collected 2.5 lakhs signatures and helped ensure the Act's passage.

In a historical context, the passing of the PWDV Act 2005 was a revolutionary legislation giving women a civil law to protect against domestic violence and ensure the right to residence in her home. It covered four areas: definition of domestic violence, the definition of domestic relationships, the right to residence and the right to obtain protection orders. It includes a provision for "protection officers" and for "counselors", and suggests creating guidelines for service providers and Magistrates to deal with Domestic Violence cases.

At the National Women's Conference in February 2006, representatives from 23 states demanded effective implementation and enforcement of the PWDV Act, 2005. This resulted in the formation of a secretariat in Delhi to work in cooperation with state networks and consolidate the pressure building up from the ground to ensure that all states fulfill their commitments to bringing the Domestic Violence Law to the ground (Solutions Exchange Discussions 2007).

Another area of concern for both the women's movement and civil society has

been that of women's reproductive health rights and issues.

### Care of the body: Reproductive Health Rights, Issues and Campaigns

Women's health in India is inextricably linked to their lower status. They are expected to eat last, leave the best food for the men of the family and to ignore their own illnesses, while managing the entire household. This often results in malnutrition, and is one of the main reasons behind the high rate of morbidity and mortality of women (HDR South Asia 2000). The intra household distribution of food continues to reflect the gender biases of society. Due to the household gender hierarchy and social norms underlying intra household resource allocation, women's well-being, including health and nutrition, not only becomes secondary to the survival of the household but also to the well-being of male members. Empirical studies from India suggest that under resource constraints households are likely to exhibit discriminatory practices in the allocation of resources favouring male members at the expense of female members (Behrman 1988; Browning and Subramaniam 1994).

Discrimination against girls/ women begins before birth and continues till death. According to the 2001 Census the all India sex ratio increased from 927 in 1991 to 933 in 2001. However, there is a sharp decline in the juvenile sex ratio<sup>8</sup> from 945 in 1991 and to 927 in 2001, with states like Haryana, Punjab, Maharashtra and Gujarat showing the lowest juvenile sex ratio among the Indian states (Census of India 2001). The practices of female infanticide, female foeticide and strong son preference in most communities are factors contributing to this imbalance, which is also indicative of the low value and secondary status of the girl child. Recent modern technologies like amniocentesis are used for sex selective

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<sup>8</sup> Sex ratio between 0-6 years.

abortions and have exacerbated discrimination against the girl child. However, adult sex ratios are showing an improvement because of higher and increasing life expectancy at birth for women<sup>9</sup>.

Oppression of girls tends to increase during adolescence - an important phase in her life cycle. The onset of puberty and the changes that start in a child during puberty involve sex organs and sexual feelings; the child is not prepared by society to face them. The anxiety around pubertal changes and issues around it are often left unaddressed and can result in poor reproductive health even as adults and affect the personality and relationships of the individual long into adulthood.

Girls are given very little choice regarding when to marry or whom to marry. With little or no initiation into sexual intercourse many of them end up with serious reproductive tract problems. Due to the expectation of male progeny not long after marriage girls who are hardly out of childhood themselves, are forced into early pregnancy. The socialisation pattern is such that gender disparities in breast feeding patterns of baby boys by the mothers themselves are also evident in numerous studies and reflect the deep rooted gender bias (Das Gupta 1987, Khan et. al 1983). Moreover, unequal sharing of household labour during pregnancy, soon after childbirth, during child caring and rearing, overburdens women.

The inter-generational transmission of ill health hence starts with the nutrition of the mother because the child of an inadequately nourished mother is likely to grow slower than as that of a well-nourished mother. Babies with a low

birth-weight are more likely to die or be stunted and underweight in early life than those with a greater birth-weight. This reduces their ability to fight disease and increases their chances of ill health or death, both during childhood and in later life (ACC/SCN, cited in Harper et al, 2003). Kabeer (1992) similarly argues that inter-generational transmission of poverty occurs through the under-nourishment and overwork of pregnant women. In India 50 percent of the women are anaemic (WHO/VHAI 2000). The cycle of high fertility and a high proportion of children who are chronically energy deficient, poor immunization coverage leaves mothers prone to health risks. Weak mothers giving birth to weak children without adequate nutrition increases the possibility of weak adolescent girls who again get married early and pushes them further into intergenerational cycles of poverty and ill health.

Reproductive health issues of girls/ women in the pre-puberty stage or related to menstruation or other health problems are seldom discussed. Issues related to older women including menopause are largely ignored. Physical health and mental health are often inter-connected and stress and depression affect women's reproductive cycle (Chatterjee and Walia 1998). However, it is not uncommon for serious conditions to be described as 'psychosomatic', particularly when the affected person is a woman. While such concerns are absent in policy discourse and reproductive health programmes often women themselves ignore these as unimportant as they do not have time to attend to them. Women also tend to ignore chronic conditions like mental stress, reproductive problems, weakness, aches and pains. In such a scenario the notion of 'caring' for their body is alien to most women.

The stigma around the body and reproductive health issues within the family and community prevents women

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<sup>9</sup> The female life expectancy at birth was 62.5 for the period 1995 to 1999, which has increased to 65.16 in 2005. The male life expectancy at birth was 60.8 for the period 1995 to 1999, which has increased to 63.57 in 2005 ( GoI 2003).

from accessing information related to their own bodies. While women display disturbingly low levels of awareness about health (including antenatal care, contraception, immunisation and nutrition during pregnancy), the health delivery system continues to be insensitive in its response to poor women's needs and to provide outreach, especially in remote and distant areas. Hence, though there are caste/ class differentials in access, a large majority of women continue to have poor access to healthcare facilities. Women's low self-esteem also impacts on their reproductive choices and decision-making ability.

The National Health Policy (1983) did not give a separate identity to health issues relating to women or formulate strategies and approaches to address them. The reference to women's health became an incidental issue. The Population Policy with the initiation of the Family Planning Programme from 1952 focussed upon fertility control of women and ignored other health needs of women (VHAI/WHO 2000). Following the Cairo and Beijing conferences India initiated changes in its own approach to the family welfare programme in a phased manner by adopting a Target Free Approach in April 1996, the Reproductive and Child Health Programme (October 1997) and the National Population Policy (March 2000). However, the responsibility of contraception continues to fall on women with consequential side effects on their health and the role of men in family planning being overlooked. Of the 30,167 sterilisation cases reported, 95 percent were female sterilisations (NFHS II). Most long-acting contraceptives have been experimented on women's bodies with negative side effects.

A loose network of groups (including women, health and civil rights groups) has come together in different campaigns against population control policies and new

contraceptive technologies and for reproductive rights (Vishwanath 2001).

### Injectibles

Women's groups have carried out campaigns protesting long-acting contraceptives on the grounds that they have been inadequately tested, have negative side effects and that the country lacks the infrastructure to provide sufficient follow up.

A campaign against long acting Hormonal Contraceptives was launched by women's groups and a small sympathetic forum of concerned doctors in the country. In December 1984, there was a protest demonstration against a meeting of the Family Planning Association of India with representatives of the government and pharmaceutical companies. The group demanded ban on all long-acting contraceptives and withdrawal of approval for NET-EN; to make public all studies in India on Depo Provera and NET-EN immediately; to stop experimenting with hazardous drugs and contraceptives on third world women and to institute a public enquiry on the controversial injectable and implanted contraceptives ([genderwaar.gen.in/IN/campaigns](http://genderwaar.gen.in/IN/campaigns)).

In 1985, a court case in Mumbai filed by the government, in which Women's Centre and Medico Friends Circle (MFC) were interveners, stalled the move by a private practitioner to import Depo Provera. In 1986, public attention was focused on the unethical trials of Net En on poor rural women in Andhra Pradesh (Bal et al 1999). Stree Shakti Sanghatana of Hyderabad, along with Saheli (a women's rights group in New Delhi) filed for a stay order on the trials which were being carried out without the informed consent of the subjects. In December 1998, a meeting on 'Improving Contraceptive Choices in the National Family Welfare Programme' was hosted by the Institute for Research in Reproduction, Mumbai.

The agenda was to seek approval to introduce injectable hormonal contraceptives like Net En and Depo Provera in the national Family Welfare Programme. Despite protests from representatives of women's groups and health activists, the outcome of the meeting was to recommend the introduction of injectables, albeit in a phased manner ([genderwaar.gen.in/IN/campaigns](http://genderwaar.gen.in/IN/campaigns)).

### Quinacrine Sterilisation

Health and women's rights networks have used various opportunities to raise awareness about the campaign against quinacrine sterilization (QS)<sup>10</sup> in India. In 1997, women's health advocates around the world were alarmed to discover that large-scale clinical trials had been conducted with QS on over 100,000 women in 25 countries. At least one-fifth of the QS cases in the world were done in 26 centers in India before the ban. In most countries like India the trials were covert.

This led to intense campaigns by women's groups in several parts of the country. Protest demonstrations were held in front of clinics of doctors practicing QS in the cities of Delhi and Kolkata. Saheli published an in-depth study that countered the arguments put forward by QS advocates and media reports and questioned the government's failures in regulating and monitoring illegal drug trials. It finally led the Supreme Court to ban QS in 1998. A study conducted in 2003, however found that five years after the ban, medical practitioners in India were still using quinacrine to sterilize women (Dasgupta 2005).

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<sup>10</sup> QS is a non-surgical, permanent method of sterilization by the synthetic anti-malarial chemical quinacrine. When quinacrine pellets are inserted into the uterus through an intra-uterine device, they dissolve, form scars and block the fallopian tube to prevent fertilization.

### Sex selective abortions

The campaign against Sex selective abortions consolidated itself in Mumbai around 1981-82 in the form of two fora – the Forum Against Sex-Determination and Sex-Preselection Techniques (FASDSP) and later on, the Doctors against Sex-Determination and Sex-Preselection Techniques (DASDSP). Public awareness drives, identifying doctors who performed these tests and talking to them or exposing them as well as alerting women's groups all over the country about the issue was worked upon (Gupte 2003).

Due to the growing pressure of the campaign in Mumbai, the state of Maharashtra decided to ban the tests on the January 1, 1987. The Centre banned all sex-determination tests in 1994, under the Pre-Natal sex-Determination Technologies (PNDT) Act (Ibid).

In fact, the law was observed more in the breach. The Act did not criminalise the doctor under the Indian Penal Code, but let the Medical Council of India deal with violations of the Act. Until 1999, not a single doctor had been booked or tried under the PNDT Act of 1994. Sex ratio in many parts of the country continued to decline. Then in 2000 the Indian Medical Association got involved in the campaign and sent out letters to all its branches asking that they prevent their members from breaking the law ([Infochangeindia.org](http://Infochangeindia.org)). It was only after a Supreme Court order in May 2001 that the Act was actually implemented (GoI, 1994).

As seen above some of the issues related to women's bodies and sexuality have been addressed by networks working on reproductive health and rights yet many issues remain unaddressed and need further exploration. The section below attempts to elaborate on these.

## Sexuality

Apart from the repeatedly acknowledged and cited fact that research on sexuality is so minimal here because sex is a taboo subject in Indian society, and hence difficult to study, it is also true that sexuality is often considered a frivolous diversion from the more critical problems of poverty, war or drought. Conceptualization of sexuality as an essential aspect of one's identity and selfhood, shaped by social and cultural contexts, has begun to emerge in research studies only recently (Bharat 2003). It has also been argued that, "It was only with the growing feminist concern with the rights of women to their lives and bodies, that sexuality has gained a more enduring prominence (Mary John and Nair 1999).

However, ideologies about sexuality continue to be deeply entrenched within structures of patriarchy and the state also acknowledges a limited and narrow aspect of sexuality. Although pleasure, comfort and intimacy find expression through sexuality, social norms within the Indian context allow for sexual expression only between men and women and that too within the boundaries of marriage. Sex is seen primarily as an instrument for reproduction negating all aspects of pleasure and desire intrinsic to it. If sexual needs are at all acknowledged beyond procreation, it is only for men.

Women are denied rights over their own body and sexuality. They do not have control and autonomy over their sexuality and cannot decide freely on matters related to their sexuality including sexual and reproductive health, free of coercion, discrimination and violence (Sheth 1992). Many a times women are actively prevented from acquiring sexual agency, while their bodies continue to be considered the property of their men and their communities.

The problem is even more severe when it

comes to the question of alternate sexuality/ LGBT<sup>11</sup> identities, which are denied legitimacy, considered undesirable, unnatural and deviant. As recent works point out, the fact still remains that those persons, whose sexual behavior does not conform to a society's norms, face penalties ranging from discrimination to violence. The decisions of legal systems, the police, employers and health care services are frequently influenced by an individual's gender, sexual practice and identity, especially in the context of heterosexual marriage being the formal and approved frame of all sexual behavior. Those who do not conform are not to be allowed to freely associate with others, to work, to live healthy lives, or to experience sexual pleasure (Misra and Chandiramani 2005:13).

It is not surprising therefore that non-normative gender / sexual expressions (e.g. same sex sexual partners) are largely invisible, and the issues related to these expressions are declared unimportant even in the face of severe and wide-ranging human rights violations (Sharma and Nath 2005). Those who recognise themselves as outside the heterosexual 'norm' experience constant pressure of hiding the truth about themselves. There has been reporting of lesbian couples committing suicide since their relationships are not accepted in their societies and by their families. Lesbian suicides are a result of society's attempt to restrict women's choices and control their lives and sexuality (Ibid).

Besides the law also defines 'normalcy' of sexual behavior with heterosexuality as the defining factor. Section 377, IPC, 1871 states that:

"Whoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal shall be punished with (imprisonment of life), or with imprisonment of either description for a term which may extend to 10 years and shall be liable to fine.

<sup>11</sup> Lesbian Gay Transgender Bisexual.

While the actual law on homosexuality is ambiguous, it is used to penalise male homosexuality. No distinction is made between homosexual rape and consensual homosexual sexual activity under this act (Gongoli 1998).

Organizations working in the development sector and movements struggling for human rights in India have largely failed to address sexuality issues. Support groups tend to be specific to particular identities (e.g. lesbians) or amongst people who engage in same sexual behaviour without ascribing to an identity (men who have sex with men), limited to a few metropolitan areas and serve mostly middle and upper middle class individuals. The other category of work related to same sex sexualities is that of the explicitly political activists groups. This includes groups such as LABIA in Mumbai, PRISM in New Delhi and other groups whose political activism combines with their role as resource organizations such as Sangama in Bangalore and Humjinsi and Alternative Law Forum (Sharma and Nath 2005) On the other hand, Sex Workers Forum Kerala is struggling to give space and voice to the hitherto sexually marginalised communities in Kerala. In Lucknow an NGO named Bharosa Trust is working on issues of sexual health.

Bodily integrity includes the process of expanding the real freedoms that women enjoy, and the freedom to express one's sexuality and sexual orientation or gender identity is a development issue as important as any other.

#### Influencing and Changing Policy and its Implementation

A striking feature in the Indian context has been the symbiotic yet conflicting relationship that has developed over the years between the government, people's movements, non-governmental organisations and women's movement. The state policies and programmes have

been shaped and influenced by this relationship. The key turning point in the 70's was the Committee on the Status of Women in India (CSWI) report 'Towards Equality' which was the initial step in the engagement of the women's movement around issues of women's empowerment with the state.

The 1980s and early nineties saw substantial progress in the women's movement. The changed political scenario and the agency of key people within and outside government ensured that women's groups and activists played an important role in the formulation of the New Education Policy, the National Perspective Plan for Women (1988- 2000) and the setting up of various national commissions including the National Commission for Women (1992)<sup>12</sup> The pioneering work of SEWA in organising women in the unorganised sector contributed to the setting up of a National Commission for Self-Employed Women that made wide-ranging recommendations to ensure the security and rights of women in the informal sector, a sector that is growing by the day (Jandhyala 2001 emphasis mine). The Commission highlighted the problems faced by self-employed women in its report Shramshakti, in 1998. However, the government was not very enthusiastic about implementing the recommendations contained in the report and SEWA lobbied for it in the respective states by holding several conferences. SEWA's efforts bore fruit when it struggled hard to implement minimum wages for garment stitchers and influenced the government to supply goods made by the women's groups to various government institutions, such as jails, hospitals and schools (Sooryamoorthy and Gangrade 2006).

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<sup>12</sup> The Government of India established the NCW in 1992 as a National Apex Statutory Body to review the Constitutional and legal safeguards for women, recommend remedial legislative measures, facilitate redressal and grievances and advise government on all policy affecting women.

The Women's Development Programme (WDP) and Mahila Samakhya (MS) are examples of innovative programmes designed as fallout of the above policies. The involvement of women's groups in the design of these programmes was a positive step.

The WDP (1984) was one of the first initiatives for women's development and empowerment in India. The project attempted to reach rural women through eliciting partnership between the state government, NGOs and academics. It registered a clear recognition that a fresh approach to women's development was needed. The focus was on enabling rural women to address issues related to education, health, environment, wage-employment, violence against women, empowerment of women and girls. A new understanding on issues of violence and health emerged through the project. Health issues emerged during the various meetings at the village and block level when women began demanding information on issues that affected their daily lives. These included problems like infertility, family planning operations, government health-delivery services, methods of abortion and contraception. Hence, issues of violence related to women's health and body became a major area of concern (IDSJ 1988).

Box 1: Mahila Samakhya : Enabling rural women to address issues of violence

The Mahila Samakhya programme, of the GoI in 1989 was initiated to translate the goals of National Policy on Education into a concrete programme for the education and empowerment of women in rural areas, particularly belonging to socially and economically marginalised groups. The programme recognises the centrality of education in empowering women to achieve equality and endeavors to create an environment for women to learn at their own pace, set their own priorities and seek knowledge and information to make informed choices. This involves enabling women to address and deal with problems of isolation and lack of self-confidence, oppressive social customs, struggle for survival, all of which inhibit their learning. From the very outset, violence against women emerged as a truly universal issue in MS. Moving towards a deeper understanding of what 'hurts' and humiliates a woman, Sangha women

have also responded to 'violence' at the basic human level i.e. humiliation and injury to the 'personhood' of all subordinated groups. Thus, sangha women decided to allot a fixed time, date and space to meet and address these cases of violence and marital difficulties, thus emerged nari adalats (women's courts) to arbitrate in a fair and democratic manner and then work as a pressure group to see that the decision is actually implemented. At present nari adalats have become important forums for justice in several other MS states. Even government functionaries refer cases to nari adalats for speedy justice.

Source: Mahila Samakhya UP, Annual Report, 1992-93, 1998-99, GoI 2002.

Both WDP and MS programme are government programmes. Both these initiatives have given ample learning on possibilities and frustration of working directly with the government. While WDP has become 'spiritless' due to lack of political will on the part of the state government, the implications of the recent linkage of MS with the Sarva Shiksha Abhiyan<sup>13</sup> needs to be further assessed.

The women's movement also gave rise to the anti-alcohol agitation in various parts of the country in the seventies and eighties. Women's groups in Himachal Pradesh, Uttaranchal, Tehri Garhwal and Pithoragarh waged a war against the liquor trade and alcohol abuse. The women's experience of collective action has led to a reshaping of power relations in the family and in the community with women acquiring new decision-making powers to protest against social evils and, in some cases, even putting an end to oppression.

Box 2: Anti Arrack movement – reshaping power relations within family and community

The anti-arrack movement in Nellore district in Andhra Pradesh grew out the inspiration gained by women in adult literacy classes. In 1992, women of Doubgunta village organised and agitated to force the closure of the arrack (liquor) shops in the village. Literacy activists and neo-literates made tremendous efforts to spread awareness and render every possible help to women agitators. Women all over the state marched to arrack

<sup>13</sup> Sarva Shiksha Abhiyan is a programme for universal elementary education launched by the Ministry of Human Resource Development, Department of Elementary Education & Literacy, Government of India in 2000.

shops and sought to stop the auction of contracts to sell arrack. The press, in particular, Eenadu, the largest circulating Telugu daily, covered the anti-arrack movement that was spearheaded by the women for a year. But the prohibition imposed by the State in 1993 on arrack was withdrawn in 1994 as it wanted additional revenue generated by liquor sales. The experience, however, gave the women's groups in Andhra Pradesh new confidence and power to check alcohol abuse by men in their families, and to prevent domestic violence by alcoholic husbands.

Source: Gopalakrishnaiah, 1997: 19, Women against Liquor' by Vandana Tripathi, Voluntary Action.

One major strategy of women's organisations also has been to demand changes in police structures and practices. These demands have resulted in innovations such as: special cells to address crimes against women within municipal police stations in various cities; training on violence against women for the police and more recently, a shift towards composite policing (e.g., in Maharashtra) where training and equal opportunities policies are being integrated (Chakravorty 1998: 431-38).

Box 3: Special cells for women in distress— reiterating need for partnerships at all levels to combat VAW

Setting up special cells for women and girls within police stations was initiated by TISS in 1984 and later up-scaled by UNIFEM and Ford Foundation in 2001 to ten police stations in the state of Maharashtra. It is an effective and holistic one-stop crisis intervention programme, providing psycho-legal counseling to women in distress. The project was also duplicated in Rajasthan. Studies conducted by International Center for Research on Women and TISS show that the presence of these cells has helped women articulate their problems better and made the police understand the covert dynamics and root cause of VAW. The presence of social workers has also improved the monitoring of cases, reporting and documentation at police stations. Direct police intervention in marital disputes generally bears a social stigma, however the presence of social workers and counselors is more acceptable even while carrying the force of law. Twenty years of collaboration between TISS and Maharashtra police has resulted in an in-depth experience and insight into the existence of violence against women, the law and policing strategies, which were little understood prior to 1984. This intervention demonstrated the efficacy of institutionalising collaborations between an academic institution and the police to reduce and prevent violence against women. This example reiterates the need for partnerships at all levels to combat VAW.

Source: Gitanjali Singh, 2005, Partnerships: police and academic institutions: India: UN Department of Economic and Social Affairs.

The GoI has also made several efforts to mainstream gender in public policy. In 1993 the Gender Planning training Project (GPTP) was initiated as a joint collaboration between the Government of India and the British Overseas Development Agency with the aim of developing a training resource capacity by drawing on trainers and potential trainers from diverse agencies: government training institutions and departments, academic institutions and NGOs. In terms of its approach, strategy and content this project constituted a landmark of sorts in the entire experience of gender training in India. This project spanned a period of 3 years from 1993-1996. It attempted to ensure that gender training was not used just to sensitise people but to develop an integrated gender focus on both the personal as well as professional fronts for individuals from different agencies (Mathur and Rajagopal 2006).

Other enabling structures include Women's Development Corporations in about 18 states to channel financial assistance to women's economic enterprise. The Rashtriya Mahila Kosh was established under the social safety net to reach micro-credit to poor women through Self Help Groups (SHGs) in 1993. The nationalised banks have given a special recognition to women SHGs for special finance.

Advocacy efforts by several women's groups led to reservation for women in panchayats bodies through the 73<sup>rd</sup> Amendment and the Policy for the Empowerment of Women was finally released in March 2001. The IX<sup>th</sup> Five Year Plan (1997-2002), while reaffirming the earlier commitments adopted a Women Component Plan as one of the main strategies and directed both the Central and the State Governments to ensure 'not less than 30% of the funds/benefits are earmarked in all the women's related sectors'. The X<sup>th</sup> Plan emphasised the complementary roles of the Women's

Component Plan and Gender Budgeting to ensure that women receive their rightful share in development. For the first time, gender analysis of the Union Budget was carried out in 2001-02. A need was realised to analyse State budgets with a gender perspective since the States and Union Territories account for the bulk of the expenditure in the social sectors which impacts on the welfare, development and empowerment of women.

#### Legal Rights reforms and their implementation

As elaborated earlier, during the last 30 years and more of the women's movement the government has amended several laws that affect women, including laws related to dowry, and rape. The laws related to cruelty, maintenance, prostitution and obscenity have also been amended. India has also ratified international conventions such as the Convention on the Elimination of Discrimination against Women (CEDAW). It has set up family courts in some states and the judiciary has issued a series of progressive judgments in favour of women including the implementation of the PWDV Act 2005.

However, Hindu law still does not give women equal rights in ancestral property. The government has also been singularly reluctant to address the issues of minority women's rights. The constitutional stipulation to chart a Uniform Civil Code has been unsuccessful so far because, by and large, the effort has been to impose Hindu law in the name of a Uniform Code and to ignore even the positive aspects of Personal Laws of other communities.

Besides, significant loopholes remain both with regard to the law and its implementation. Various aspects of policing have come under severe criticism from the Indian women's movement in recent years. One of the biggest problems has been that women's complaints of rape, molestation or sexual harassment are

routinely disbelieved. Refusal to file complaints has been documented as a serious problem faced by victim-survivors. It is thus necessary to look at the police as interpretators, who architect meaning whilst reading what women define as crimes into legal definitions of crime. The decline in reported crime as the 1991-95 statistics show in the case of sexual harassment is not necessarily an indication of good policing or reduction in its occurrence. Equally, an increase does not tell us whether there is a rise in crime or a rise in reporting as the molestation statistics indicate (Baxi 2001).

#### Drivers of Change

In reviewing the major historical trends with regard to bodily integrity and women's empowerment in the Indian context over the past three decades it is evident that many issues have opened up. Indian women have acquired greater space in political, economic and educational spheres. Certain anticipated and unanticipated drivers of change and enabling factors have emerged.

#### The Women's Movement

The single most important contributing factor in this process of change has been the vibrant Indian women's movement, which has spread to various parts of the country. As mentioned above, one of the first issues to receive countrywide attention from women's groups was violence against women, especially in the form of rape and dowry death. This was also the beginning of a learning process for women as most protests were directed at the state. Since women were able to mobilise support, the state responded seemingly positively by changing laws related to rape and dowry and making them more stringent. This seemed at that time like a great victory. It was only later that the knowledge began to sink in that

mere change in the law meant little unless there was a will and machinery to implement these. What was also starkly revealed was that the root of discrimination against women lay not only in the law or with the State but was much more widespread.

However, due to the efforts by made by women's movement in mobilizing on VAW it has gained in position and strength. Over the years several positive changes in laws have taken place and the State is beginning to look at issues of violence differently. The recent Domestic Violence Bill is but one example.

#### Women themselves

Although it is at times alleged that activists within the movement are urban, western, and middle class and the movement has little to do with the lives of thousands of poor, rural, underprivileged women all over India, the reality is somewhat different. While the participation of urban, middle class women is undeniable, it is not they who make up the backbone of the movement, or of the many, different campaigns that are generally seen as comprising the movement. The collective action of women in the anti-alcohol agitation in Andhra Pradesh and several similar campaigns in other parts of the country were started and sustained by poor, low caste, often working class women.

Similarly it is rural women who have taken a lead to protect the environment. From their origins as a spontaneous protest against logging abuses in Uttar Pradesh in the Himalayas, thousands of supporters of the Chipko movement, mainly village level women, have won bans on clear felling in a number of regions and influenced the natural resource policy in India. The name of the movement comes from a word meaning "embrace". The women interposed their bodies between the trees and the contractors' axes, thus

becoming the environmental movement's first tree huggers. Since then the movement has spread to Himachal Pradesh in the North, Karnataka in the South, Rajasthan in the West, Bihar in the East and to the Vindhya in Central India. In addition to the 15-year ban in Uttar Pradesh, the movement has stopped clear felling in the Western Ghats and the Vindhya and generated pressure for a natural resource policy which is more sensitive to people's needs and ecological requirements. There are numerous such examples.

#### Public Policy and Innovative programmes

The agency of key people within and outside government has ensured that women's groups and activists played an important role in the formulation of several public policies. The New Education Policy, the National Perspective Plan for Women (1988- 2000) and the setting up of various national commissions including the National Commission for Women (1992) are a few examples. These policies have resulted in women/girls increased enrollment in schools, greater access to economic resources and micro credit, improved health care, gender just laws and entry into public spheres.

A key fallout of the above policies are innovative programmes for women's empowerment and development. The experience of WDP and MS has clearly validated that:

- Poor non-literate women given the space and support, can reflect, articulate and challenge injustice
- They can emerge out of a situation of powerlessness and assume a greater degree of control over their lives
- They can develop skills of communication, mobilisation and reflection and grow to become leaders
- Catalysing change would necessitate a change in self-image leading to a change in social image

Perhaps the most significant development for women in the last few decades has been the introduction of 33% reservation for women in local panchayats (village level structures). In the early days, when this move was introduced, there was considerable skepticism. Women's ability to cope with leadership roles was questioned. Many negative statements were made regarding elected women in Panchayati Raj Institutions (PRIs) and urban local bodies. It was said that they were proxy representatives, their husbands being the ones who were politically active, illiterate women (anghuthachap) could not be politically active etc. Many of these statements have proved to be simplistic, even false, in a majority of cases. Though some of the problems still remain, to a greater or lesser degree, what is also true is that more and more women have shown that once they have power, they are able to use it, to the benefit of society in general and women in particular.

#### NGO interventions

While the key to the success of several programmes in the Indian context is the NGO-GO collaboration. However, NGOs have also come together and put up a strong resistance to government policies or demanded implementation of policies to which the state is paying lip service. For instance they have come together in different campaigns against population control policies and new contraceptive technologies and for reproductive rights. In a recent example Sahara Samay TV, a news channel in a series of sting operations showed doctors from Rajasthan, Gujarat, M.P. and U.P. readily agreeing to do foetal sex detection and perform sex selective termination of pregnancy. In most of the incidents, the doctors had also violated the MTP Act by agreeing to abort fetuses beyond the stipulated time period. The Government of Rajasthan suspended some of the erring government doctors and sealed some of the private clinics and

nursing homes. However, no prosecution activities have so far been initiated by filing cases against them in the court of law under PC&PNDT Act and unless this is done no actual punishment would be possible. The women, health and human rights groups are campaigning against the state inaction and have organised many agitations.

#### Challenges

For a country of India's magnitude change in gender power relations will not come easy. It is evident that for every step the movement takes forward, there will be a possible backlash, a possible regression. The Indian woman today is in a state of flux. There have been achievements but also a lot of disillusionment with the State. While women have been able to make an entry into public spaces through reservations in panchayats bodies through the 73<sup>rd</sup> Amendment women's right to reservation in parliament is still an issue.

One of the biggest challenges facing the women today is the growing influence of the religious right in India. As Butalia (1998) puts it, "Right-wing groups have built much of their support on the involvement of women: offering to help them with domestic problems, enabling them to enter the public space in a limited way and all the while ensuring that the overall ideology within which they operate remains firmly patriarchal. For activists too, this has posed major problems. It has forced them to confront the fact that they cannot assume a solidarity as women that cuts across class, religion, caste, ethnic difference. And yet, they must hold fast to such an assumption if they are to work with women".

Many issues concerning women's rights to bodily integrity remain despite the above policy changes, programmatic interventions and legal reforms. Though change is visible in many quarters there is still a long way to go for women's equality

and empowerment to become a reality. Mindsets of the large majority of people including the educated middle class as well as the bureaucracy let alone the leaders of different faiths and religions in the country still need to undergo a change for attitudinal and behavioral change to become evident. Bridging the gap between policy and implementation would be an essential first step towards addressing these issues.

### Conclusion

Women's bodies have been the site of intense debate in the Indian context. The dichotomy between their mental and physical selves and non recognition of women's emotional, mental, psychological, spiritual and physical expressions persists irrespective of regional locations and has led to a restriction of spaces and constant violation of their bodies and bodily integrity.

Recognising the integration between women's minds and physical bodies, there is a need to challenge societal construction of women's bodies viz. women's bodies are for procreation, women's bodies are for men's enjoyment, and thus sexual agency on the part of women threatens the social order, and women's bodies are for repositories of men's honour, linked to the honour/shame of the community and society.

Despite the various movements for claiming the rights to bodily integrity many areas still need to be further explored:

- Research in the Indian context needs to orient and inform development policy makers and practitioners who for long have largely ignored issues falling in the ambit of women's bodily integrity – be it sexuality, sexual and reproductive health or gender norms which make men macho, women

passive 'accepters' and transgender people marginalized.

- Further research needs to be undertaken on how increased awareness can be generated to change mindsets that identify women's bodies with merely its physical manifestation and roles. There is a need to see the body as an integrated whole where the mind and body are a continuum.
- There is an urgent need to make issues of sexuality a part of the development agenda. For this in-depth research studies on sexuality issues needs to be undertaken up. Alongside there is a need to involve organizations working in the development sector and movements struggling for human rights in India to address sexuality issues since they have largely failed to do so.
- More focused research on how legal reforms and constitutional rights can be implemented needs to be undertaken.
- An education curriculum on bodily integrity and awareness about bodily integrity needs to be developed for both adult women and adolescent girls.
- There is a need to work with the more progressive strands of faith and religion to promote and support enabling and supportive views on women's bodily integrity.
- Research needs to focus on how reproductive health programmes can draw the inter connections between women's physical and mental health problems and include the concept of 'care' of women's bodies.
- Programmatic interventions such as Mahila Samakhya need to be supported and replicated as forums for expression of women's self-identity and behaviour as defined by women themselves.

There is a need to redraw the map of women's bodies and create spaces for women to enable them to experience a new sense of the self. Respect for bodily integrity would thus allow women to encounter their body and manipulation of it in terms, which are seen by them as essential for both their physical and emotional well being.

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