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**Promotion and protection of all human rights, civil,
political, economic, social and cultural rights,
including the right to development**

Written statement* submitted by Asian Legal Resource Centre, a non-governmental organization in general consultative status

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[03 June 2019]

* Issued as received, in the language(s) of submission only.



India: Government must end violation of bodily integrity and health of women

The Asian Legal Resource Centre (ALRC) wishes to draw the attention of the Human Rights Council to the continuing violation of women's bodily integrity in India exposing them to serious health consequences in India.

Though the abuse of women, including the violation of their bodily integrity is widely prevalent and well documented, a recent report has pushed the extent of the same even further. The report by The Hindu Business Line, a reputed newspaper in India, found that women working in sugarcane fields in Beed district of the state of Maharashtra are being forced to remove their uterus for getting jobs. The rationale behind this that cane cutting is rigorous work with deadlines, and menstruation hinders it. The deadlines are so important that skipping even a day's work invites a penalty of Rs 500; quite a sum for the Indian poor, most of whom live under Rs 100 (roughly USD 1.75).

Further, the women are not only forced to remove their wombs, they are also forced to pay the expenses for the same too; the modus operandi is that the contractors pay for the medical procedure first, and then deduce the same from their wages and pushing them into almost debt-bondage.

These workers are not the only women in India suffering such grave abuse. The World Economic Forum ranked India at an abysmally low 108th in its Gender Gap Index out of 149 countries. When it comes to women's health and survival, India ranks 147th.

The abuse of Indian women begins right from the womb. Because of various reasons ranging from son preference to social evils like dowry, many of them get killed in the wombs itself, as is evident from the sex ratio at birth that fell from 908 in 2012, to 877 in 2016. The pregnant women mostly have no choice in the whole process and are thus these forced abortions are not only a crime against the unborn girl child; they violate the bodily integrity of the mothers as well.

Further, as both foetal sex determination and sex selective abortions are banned in India through Pre-Conception and Pre-Natal Diagnostic Techniques Act, 1994, most of these abortions take place in shady establishments and often even by quacks, thus making the women vulnerable to serious health hazards. The result of this continuing illegality and violence against women translates into 63 million women being missing from Indian population across all ages, with another two million disappearing every year- most of them to either female feticide or infanticide as the government of India's own National Economic Survey acknowledges.

Unethical clinical trials conducted without obtaining informed consent of the participants, mostly from the very poor and most marginalised communities often add to the violence against women and violate their physical anatomy including, at times in their death. Though there are reports of even men being victims of such trials, women constitute a disproportionately bigger chunk of the victims. For example, reports came in 2012 that in one such case, 254 women died in the course of a 15-year long United States of America funded clinical trial for a cervical cancer screening method. The study divided the women into two groups, cervical cancer screening was conducted for the one, and not for the other, 'control group'. The women perished were part of a control group kept without screening. The study was done to study death rates in unscreened populations. Approximately 140,000 women, part of the control group, were kept uninformed that cervical cancer screening reduces the incidence of cancer. Further, the participants for the control group were chosen from the slums of Mumbai and villages in Osmanabad and Dindigul, as against the 224,929 women from better-off backgrounds who received different types of cervical screening. United States Office for Human Research Protections (OHRP) later confirmed that the women were not provided adequate information for informed consent.

This was not the only such trial though, seven tribal girls had perished in an Indian Council of Medical Research (ICMR) and the state government conducted post-licensure clinical trials to test the efficacy of the human papillomavirus (HPV) vaccine in Khammam in

Andhra Pradesh and Vadodara in Gujarat in 2010. The authorities in India admitted to 2,061 clinical trial-related deaths between 2008 and 2011, a majority of them being women. Though in the wake of the deaths, the Supreme Court of India had halted 157 other trials with immediate effect in 2013, there are reports of many more trials being conducted since then.

At times, the women in India get violated even because of the supposedly welfare schemes of the state- for example female sterilisation for meagre cash and other incentives. Almost all of them from the most poor and marginalized backgrounds, they are pushed by their husbands/families to go for these procedures mostly conducted in makeshift camps with no facilities and compromised hygienic standards. The conditions in these camps are often so bad that the doctors, in rush to meet government given “targets” – the euphemism India uses for population control – use the same instruments with many women without even sterilizing them.

Government’s own data exposes the sheer enormity of the problem. At least 363 persons died during sterilization operations and 14,901 surgeries failed between 2010-11 and 2013-14. Further, 1,434 women died in sterilization surgeries in India between 2003 and 2012. However, the survivors are often worse victims in these cases as along with invasion of their bodies, they have to suffer medical consequences as well as stigma in cases of sterilization failure.

In light of this, the ALRC urges the Council to:

- a) Ask the Government of India to put an effective mechanism to ensure safety of women, especially those in the informal sector, from such exploitative practices that violate their bodily integrity. The Government of India should also investigate and prosecute those involved- both the contractors and the doctors conducting such medical procedures like uterus removal for them.
 - b) Ask the Government of India to enhance vigilance and ensure total implementation of Pre-Conception and Pre-Natal Diagnostic Techniques Act, 1994 that criminalises foetal sex identification and sex selective abortions. The Government of India, along with provincial governments, should specially focus on semi-urban and rural areas where most of such illegal activities have shifted.
 - c) Ask the government to put an immediate end its target centric approach in family planning programme as well as other such programmes and to rather focus upon awareness and informed participation of the women.
 - d) Ask the Government of India to end incentivizing its family planning programmes as well as the all such camps in makeshift places to meet ‘targets’. The Government of India should ensure that all such medical procedures, including those with the informed consent of the participants must be conducted only in well-equipped clinics or hospitals.
 - e) Ask the government of India to strictly implement the National Ethical Guidelines for Biomedical and Health Research Involving Human Participants, 2017 of the Indian Council of Medical Research which draws heavily from the Declaration of Helsinki (DoH)– Ethical Principles for Medical Research Involving Human Subjects, 2013. The Government of India must also take strict action against anyone violating the guidelines while ensuring compensation and rehabilitation to their victims.
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