# COMMENT

# A few shades fairer, please

#### **RAKHI GHOSHAL**

#### **Abstract**

This piece critically reflects on the growing Indian desire for fairer shades of skin. While skin-whitening products vanish off store shelves, notwithstanding protests against such products, the event that generated a storm some time ago in the media was the Garbha Sanskar workshops. In these workshops, women were allegedly taught methods to purify their wombs and beget fairer (and taller) children. In this article I argue that not only is it simplistic to label this ideology regressive, but that it becomes rather difficult to criticise the sanskaris because of the "register" they employ, ie the language they use to rationalise and explain their actions. The sanskaris use the rhetoric of modern medical science to justify their methods, while the same science tells us that their logic is not scientific; consequently, we are stranded between a paradox and a dead-end. A step-wise, critical look at this discourse reveals how complex its nature is, especially its attempt to lay simultaneous claims to different (and contradictory) epistemologies. I offer no easy solution, for there is none. I map some of the complexities and contradictions of the scenario as a first step.

# Mirror, mirror on the wall, who's the fairest of them all?

School books taught us how the Aryans, who invaded the Indian subcontinent around 1500 BC, clashed with the locals, drove them southwards and destroyed their civilisation. This theory was floated by Max Muller in the 19th century and gradually emerged as "self-evident". It was eventually christened the Indo-Aryan Migration Theory. We were told that one of the distinct features of the invasion and resultant colonisation was that fair-skinned Aryans and dark-skinned Dravidians succeeded in producing progeny that were not-so-dark any more. The one factor that went in favour of the Aryans was that they, by inter-marrying, "cleaned up" our skin tones. The Aryan invasion theory has been systematically debunked (1,2), though many of us continue to believe in it. However, the point here is not the historical veracity of the theory. It is to

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realise that, as a society, we continue to invest in the idea of fairness. If those who ransacked our territories and harmed the local populations also gave future generations a fairer shade of skin, we will become a bit more lenient towards the intruders.

Black is bad, backward, underdeveloped, Third-world. White signifies the pure, the developed, the First W orld. W hite is fair, and it seems fair to want to be fair. We are obsessed with fairness. Fortunately, there continue to be those who militate against the creed of fairness, irrespective of their own melanin count. The voices against the plethora of skin-whitening products, including fairness creams, gels and face washes, are getting stronger; yet advertisements of these products continue to beam, products continue to sell and stocks are duly replenished. What is more, the issue of wishing to become fairer (by applying skin-whitening products and homemade concoctions) has become not only more complex, but also menacing, in recent times. The desire has extended from becoming fairer to begetting fairer children; from pinning the desire for fairness on the self to pinning it on to the other that emerges from the self. Fairness has moved from being literal to metonymic; from implying good looks to describing the "perfect" human being.

#### Sanitising the dark womb

Garbha Sanskar, ie the process of sanitising the womb, took the media by storm towards the middle of this year. The health wing of the RSS, Arogya Bharati, launched the Garbha Sanskar project, the chief mandate of which was to help women give birth to the "perfect" child – the uttam santati (3,4). It was surprising to some to learn that this programme had already been functional in Gujarat for a decade, even as it came under the national media spotlight only in the course of its being rolled out in other states. In May 2017, notwithstanding a High Court stay order, a two-day workshop-cum-counselling session was organised by Arogya Bharati in Kolkata (3). Those who signed up were offered tips on how to purify their otherwise "impure" wombs and consequently, beget fair, tall offspring – in short, the perfect progeny.

The womb has been in the news for various reasons in the past year. First, in August 2016, it was the ban on commercially renting out the womb for third-party childbearing. In April 2017, the womb made it to the headlines as heated debates swirled around the issue of uterus transplant. And now, the question of reconfiguring the purity quotient of the womb stares us in the face. The womb has been the focus in days gone by as well. For instance, 19<sup>th</sup> century colonial reformers

argued that in very young girls, the womb is not fully developed and is not fit to bear healthy children, and thus, girls should not be married off at a young age (5). Later, the womb came under the scanner again when the post-colonial state dictated the number of times it could exercise its reproductive potential and recommended that the productivity of the womb should be limited to two (the era of hum do humare do).

Fascination with the womb and politics over it go a long way back in history. In the article "Why mammals are called mammals", Londa Schiebinger exposes the deep-rooted sexism of biologists and taxonomists. She discusses how "among all the organs of a woman's body, her reproductive organs were considered most animal-like. For Plato, the uterus was an animal with its own sense of smell, wandering within the female body and leaving disease and destruction in its path. Galen and even Vesalius (for a time) reported that the uterus had horns" (6:p 394). The womb is considered "dirty", "polluting" and the like, especially since it is associated with menstrual blood, and menstrual blood is considered far more polluting than contagious diseases, faecal matter, or even death (7:p 210). Sarah Pinto interacted with women in rural Uttar Pradesh to understand their perceptions and experience of childbirth, and noted that in their view, "the womb is both a dirty pit and a space of life" (8: p 80). When asked to clarify if the womb is considered dangerous or dirty, the women declared, "Not dangerous, just dirty." They explained that while puja might be offered at all places in the house, it is never offered in the birthing room, even in the case of a very difficult birth, since the birthing room is a dirty place and to contemplate calling the god into such a room is sacrilege in itself (8: p 80).

What makes the womb so susceptible to popular discourse and state intervention is its organic ability to gestate and give birth: while the womb and its processes belong to the female, the produce of the womb, viz the child, especially in its capacity as a future citizen and part of the national workforce, belongs to the state. The state controls the produce but not the process, and consequently, feels the need to remain as close to it as it can, monitoring and intervening from time to time. One would think that till such time as synthetic wombs, completely dissociated from women, are not invented and popularised, this schism will continue, and so will the state's gaze on and manipulation of the womb.

The sanskar part of Garbha Sanskar (ie, the stress on sanitisation/purification) rests upon the assumption that in a primal sense, the womb is not clean, and cleaning it is a prerequisite for the birth of the uttam santati – the ideal child. It is to attain this perfect birth that the representatives of Arogya Bharati guide couples on a variety of things: when to have sex (ie when to conceive) and when not to have sex, what to eat, what to listen to, and how to conduct life during the pregnancy. Dr Hitesh Jani, the National Convener of Arogya Bharati, explained, "The parents may have a lower IQ, with a poor educational background, but their baby can be extremely bright. If the proper procedure is followed, babies of dark-skinned parents with lesser height can have a fair complexion

and grow taller" (4). The group has allegedly claimed that to date, 450 children have been born under their guidance.

#### So what?

We can surely ask, "So what"? What is the big deal about wanting to have the child that you want to have? Let us examine the issues involved, one at a time.

According to these *sanskaris*, the knowledge system from which their beliefs stem is based on the principles of Ayurveda. They also claim that their methods are "scientific". It is important as an epistemological exercise to acknowledge that Ayurveda was born in the East, and is said to have predated the birth of modern science by centuries. Modern science was born around the 16th century in the West. Colonialism brought the knowledge and praxis of modern science to Indian shores. Contestations, co-options and confrontations between modern science and indigenous forms of enquiry and practice ensued, and post-colonial historians of science have studied and theorised on these complex trajectories (9).

As a system of knowledge, Ayurveda continues to be distinct from modern science – the models of knowledge sustaining the two systems are different, and the ways in which each system interprets the body, illness, disease and health are different. Interestingly, the agenda of the *sanskaris* "to have a Garbh Vigyan Anusandhan Kendra, a facilitation centre, in every state by 2020" (4) smacks of contradiction: the placement of the term *vigyan*, ie "science" against a methodological framework that is distinctly inspired by a non-modern and non-scientific (which is *not* by default synonymous with "unscientific") knowledge system(s) is an epistemological anachronism. Here, one is not creating a hierarchy between Ayurveda and modern science, but emphasising that they represent discrete systems of knowledge.

Modern science has its own set of theories, analyses and methods of producing knowledge. While other systems of knowledge and methods of enquiry continue to exist, science has become the global hegemonic. What the *sanskaris* are doing is contesting science and foregrounding a different system, and till this point it is a legitimate exercise. But then they use the register of the former to fortify the validity of the latter, a *modus operandi* that is either ill-informed and naïve, or convenient and opportunistic.

Garbed in the hegemonic and acceptable language of science, the non-scientific assertions and ideologies – even ideologies that are sexist, classist, racist and actually unscientific – gain faster social acceptance. For instance, it is an accepted part of scientific/medical knowledge that women require a higher intake of calcium when the skeletal structure of the foetus begins to develop. Obstetricians systematically prescribe calcium supplements as part of antenatal care, and thus, we are not disturbed when sanskaris talk about this as well, as part of their otherwise problematic antenatal care plan. In earlier days, it was science (particularly the science of physical anthropology) that was used to argue that the physical

dimensions of the human skull reflected the person's cognitive and mental development levels; this argument was used to justify colonising impulses, something which now strikes us as outright ludicrous.

The science of obstetrics asserts that the emotional wellbeing of the pregnant woman is of critical importance for the healthy development of the foetus. It is obstetric best practice to ask the pregnant woman to indulge in activities she enjoys, for instance, listen to music, or take a walk. The rationale is that stress releases cortisol in the blood, and high cortisol levels are harmful for foetal health. Thus, to reduce cortisol levels one should avoid stress, and if one is happy, stress is minimised. The sanskaris also maintain that happiness is important and talk of women's emotional health during pregnancy, and we find that they are in sync with scientific logic. According to Dr Karishma Mohandas Narwani, Ayurvedic Garbh sanskar expert, "Ayurveda has all the details about how we can get the desired physical and mental qualities of babies. IQ is developed during the sixth month of pregnancy. If the mother undergoes specific procedures, like what to eat, listen to and read, the desired IQ can be achieved. Thus, we can get a desired, customised baby." (4) However, we start feeling unsettled when the term "customised baby" is used; we feel disturbed when women are asked to conduct themselves in specified ways so as to successfully "clean" their wombs. But when happiness per se is warranted during a pregnancy, who decides what should make the woman legitimately happy? Why does one set of prescriptions (listening to music, for instance) seem acceptable, while another (such as chanting the name of god) seem worrisome?

The point is that those belonging to a space fundamentally opposed to modern science are using the hegemonic language of science to justify their prescriptions. The sanskaris use the language and ensure popular uptake before slipping into a different path at the last moment. Discussions on how improved nutrition, better quality of rest, etc, will help the pregnant woman stay healthy and affect the foetus in a similar way co-opt the public health perspective as well. Through the repeated use of the language of medical science and public health, access to people's minds becomes easier for the sanskaris. It is the sheer complicated nature of the sanskari discourse that makes it all the more important to tease out the overlaps and divergences in their arguments so that we can call it either a deliberate hoax or a very flawed praxis. It is an ethical imperative to understand whether and how these two arguments/beliefs (of what medical science asks of the woman and what the sanskaris ask) are different in terms of their epistemological validity. The importance of showing the difference cannot be stressed enough, for the sanskari's line of guidance is ultimately a surreptitious form of eugenics that we need to be aware of.

### The catch-me-if-you-can eugenics

Eugenics has accosted the human race for a long time: convinced of the unparalleled superiority of the Aryan

race, Adolf Hitler systematically segregated and eventually decimated populations he considered not eligible to live, and certainly not live in Germany. These were the Jews, gypsies, homosexuals, the old and the infirm. Art Spiegelman, in his fascinating work, Maus: A survivor's tale, which was the first comic-strip book to win the Pulitzer (1992), opens the book quoting Hitler: "The Jews are undoubtedly a race, but they are not human." It was to eliminate this "sub-human" population that concentration camps were devised and other deadly experiments conducted on hundreds of living humans. The telos of this project was not a simple decrease in the number of Jews, but to make Germany the ideal, most superior race. Nazi eugenics was "a politically extreme, anti-Semitic variation of eugenics" and this determined the course of state policy. Hitler's regime "touted the 'Nordic race' as its eugenic ideal and attempted to [mould] Germany into a cohesive national community that excluded anyone deemed hereditarily 'less valuable' or 'racially foreign'. Public health measures to control reproduction and marriage were aimed at strengthening the 'national body' by eliminating biologically threatening genes from the population" (10). In 1933, the Law for the Prevention of Genetically Diseased Offspring was passed. This allowed the state to organise mass sterilisation of people whom it considered not human enough, such as individuals who "suffered" from any of nine conditions assumed to be hereditary: feeble-mindedness, schizophrenia, manicdepressive disorder, genetic epilepsy, Huntington's chorea, genetic blindness, genetic deafness, severe physical deformity and chronic alcoholism (10). Eerily invoking this German ideology, some office-bearers of the Arogya Bharati have reportedly explained that the Garbha Sanskar project "was inspired by Germany, which [...] had resurrected itself by having such signature children through Ayurvedic practices within two decades after World War II". (4)

India witnessed its first onslaught of the eugenic ideology in 1975, when Sanjay Gandhi launched his mega drive to clean up the nation by forcibly sterilising the poor male population, particularly in and around the city of Delhi. "An astonishing 6.2 million Indian men were sterilised in just a year, which was '15 times the number of people sterilised by the Nazis', according to science journalist Mara Hvistendahl. Two thousand men died from botched operations." (11) Sterilisations, forced overtly or laced with incentives, continue to plague India's healthcare scenario, and what is noteworthy is that such initiatives are always justified using the language and logic of individual health, public health and the larger health of the nation, ie, the rhetoric belongs to the domain of modern science.

Interestingly though, this present *sanskari* form of eugenics is structurally different from the Hitlerian version, the Sanjay Gandhi version, and even the more contemporary assisted reproductive technologies-enabled preimplantation genetic diagnosis (PGD) version, in which allegedly defective embryos can be identified and discarded. The *sanskari* eugenics is a new version, one that is technically outside the ambit of law. Unlike the other versions, no already-born human is being killed for having the wrong/undesired cultural or gender identity, or for

belonging to an undesired religion, caste or economic class. Nor is this version about the selective destroying of embryos. The elimination in this eugenics is not taking place at any of these palpable or articulable levels, which could then have been interrogated by law.

While it is fair enough (pun to be ignored) to be curious about the 450 babies allegedly born under the supervision/ intervention of the sanskaris (how tall, how fair), what is more important is that the sanskaris are exploiting the general desire of the common (wo)man to beget a child who is "healthy". I would dare say that deep down or otherwise, many of us are eugenicists in some degree or the other: even while sincerely standing up for and advocating the rights of, for instance, people with disabilities, and even while never agreeing to abort an embryo that is diagnosed with some genetic abnormality, most of us would wish to give birth to a child without disabilities. Whole-heartedly accepting a child born with any differences is a different matter; adopting a child with genetic issues is a different matter as well, for in these situations, the child is already born, and I am talking of "desire" before the birth, or even conception, has taken place.

I make a detour at this point to talk about my experience: at the ultrasound scan at 22 weeks, it was confirmed that the foetus I was carrying had talipes of both feet. I cannot say I was not disturbed at all by the news. The doctor to whom I then went for a second opinion asked me if I had second thoughts on continuing with the pregnancy because of the talipes, and assured me he could help me if I wanted to go for "it" (even past the 20 week mark). I was aghast! I wondered if people really aborted because of talipes. I consulted other doctors and learnt that talipes is absolutely reversible at present. After my daughter was born, I was put in touch with a paediatric orthopaedic surgeon in Kolkata. The doctor turned out to be absolutely wonderful, and my daughter underwent corrective surgery and treatment. She is two now, and she has been walking, running and climbing stairs from the age that toddlers usually do. I feel relieved and happy to see her walk and run around like other kids. However, the point is, I did try to get her feet corrected; I did try to make them "look" normal: is that not some form of the eugenicist in me? Of course I can rationalise my act: when there is treatment available and the treatment is neither complicated nor very expensive, and when I had access to one of the best doctors, why should I not have got the problem corrected? But then again, I can counter rationalisation as well. I, too, stand guilty somewhere, to some degree.

Eugenics is very complicated. When the language of science is used, arguments get fortified, even though we realise that science itself is not just dynamic but political as well. Science has told us that consanguineous marriages are not wise because of how genes are passed on to the offspring. Even in the case of non-consanguineous marriages, it is common to hear that before zeroing in on a partner, we should match blood groups to test for certain genetic conditions, such as thalassaemia, rather than indulge in the baseless practice of

horoscope-matching. It seems perfectly humane and ethical to *not* want to increase the chances of thalassaemia for a prospective child. Of course, having a child with thalassaemia (because both parents are carriers of the gene) is *not* the same as (or even similar to) having a child with dark skin because both parents are dark-skinned. And I am arguing that this is a question of the extent of the desire to erase the possibility of something. To want to eliminate the possibility of thalassaemia in a prospective child seems absolutely acceptable, but to want to eliminate the possibility of having a dark-skinned child seems ridiculous and inhuman. However, we should realise that *the register used is the same in both*, and in a nation where fairness and whitening creams rule the roost, notwithstanding the train of protests, being able to ensure the birth of a fair-skinned child will indeed appeal to many.

## **Tread softly**

The risk is not that the organisers will continue to ignore court stay orders and go ahead with such "sanitise-thewomb" workshops, but that we, as potential consumers, will ask ourselves, "Why not just see what they say? And if they prescribe a few easy things (and the obstetrician will also prescribe a list of things anyway), why not abide by those and just see if the child is really born fairer and grows up taller?" An easy mix of Fair & Lovely and Horlicks. The seeming simplicity of the thing is what makes it easy to access minds and desires. This eugenics is hard to catch – it keeps escaping us because it is about the future, and it is actually about manipulating desires, not human beings or embryos.

Those signing up for the workshops are not breaking the law. They can argue that they are not harming anybody; they are only "hoping" that their child will be born with good looks and a good body. That is what fairness and height eventually boil down to in common perception - good looks, a well-built body and a healthy constitution. There might be a woman or two in the workshops who has been abused by her in-laws for being dark-skinned, and her wish to give birth to a fairskinned child might stem from her desire to gain a standing in her family. Most of us, indeed, hope that our children grow up physically healthy, and terms such as "healthy" mean different things to different people. The common (wo)man does not go by WHO definitions. We keep wishing things for our children, and to expect the child to grow up into a sensitive and caring human being who is good at heart is to surrender to some form of desire as well. So, when a couple add that they want their child to be born with skin that is a few shades fairer than theirs, what is our logical counter to that desire? It is difficult to articulate a critique to this desire, and it becomes all the more important to engage with this issue in all its complexity and work through its multiple layers. In this article, I tried to map some of the complexities and contradictions of the scenario as a first step. It is important to understand that by following such desires, what gets erased is our sensitivity and the ability to be happy with who we are and who we give birth to.

We end up hurting ourselves in the long run; by desiring to beget progeny that is fairer and significantly taller than we are, we agree to look upon ourselves as lacking and unacceptable. We end up treading not just on dreams, but also on our rights, on hope, and on life and love – and we are not treading softly either.

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#### References

- Chavda AL. Aryan invasion myth: How 21st century science debunks 19th century Indology. 2017 May 5[cited 2017 Jul 22]. Available from:http://indiafacts.org/aryan-invasion-myth-21st-century-sciencedebunks-19th-century-indology/
- Sethna KD. The problems of Aryan origin. New Delhi: Aditya Prakashan, 1992.
- 3. Chakraborty S. What happened inside the RSS' Arogya Bharti "designer

- baby" camp held in Kolkata? *Newslaundry.com*. May 10,2017 [cited 2017 Oct 11]. Available from: https://www.newslaundry.com/2017/05/10/what-happened-inside-the-rss-arogya-bharti-designer-baby-campheld-in-kolkata
- Bhardwaj A. RSS wing has prescription for fair, tall 'customised' babies. The Indian Express, May 7, 2017 [cited 2017 Oct 11]. Available from: http://indianexpress.com/article/india/rss-wing-has-prescription-for-fair-tall-customised-babies-4644280/
- Kumar R. The history of doing: an illustrated account of movements for women's rights and feminism in India, 1800–1990, Kali for Women, New Delhi: Zubaan; 1997.
- Schiebinger L. Why mammals are called mammals: gender politics in eighteenth century natural history. The American Historical Review. 1993 [cited 2017 Oct 11];98(2):382–411; Available from: http://www.jstor.org/ stable/2166840?seq=1#page\_scan\_tab\_contents
- 7. Andaya BW. The flaming womb: repositioning women in early modern Southeast Asia. University of Hawai'i Press, Honolulu; 2006.
- Pinto S. Where there is no midwife: birth and loss in rural India. New York and Oxford: Berghahn Books; 2008.
- Chakrabarti P. Western science in modern India: metropolitan methods, colonial practices. New Delhi: Permanent Black; 2004.
- Holocaust Encyclopedia. Date unknown [cited 2017 Oct 11]. Available from: https://www.ushmm.org/wlc/en/article. php?ModuleId=10007057
- Biswas S. India's dark history of sterilization. BBC News, November 14, 2014 [cited 2017 Oct 11]. Available from: http://www.bbc.com/news/ world-asia-india-30040790.