

O B I T U A R Y

Malini Karkal

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"All (that researchers) are concerned about are their results and research. They do not know what it means for the women, practically. For example, for an anaemic woman a contraceptive means 20 days of bleeding. She is bound to feel sick, even though she may be very keen to have a contraceptive. Yet Depo trials will be conducted, simply because the US FDA has cleared Depo! Given such levels of ignorance and a biased attitude it is difficult to speak of ethical aspects of issues in reproductive health." (as I remembered her concerns may not be her words in verbatim)

This exemplified Malini's worldview and her approach to the health care system. She felt burdened by her membership of the Ethics Committee of the Institute of Research in Reproduction. The ignorance she witnessed led her to question the committee's seriousness of purpose. She used her thorough knowledge of demography and of public health to understand the hardships women suffered and to raise these issues in public. She enjoyed making sense of incomprehensible statistical tables, and extracting the meaning behind dry figures. A sex ratio adverse to women was not just a number; Malini saw it as an indication of the low status of women in society. As a researcher, an academician and a feminist, Malini fought for ethical and scientifically sound research of value to women. The strong opinions that she voiced so often were based on serious work.

It is in this spirit that she vehemently opposed politics of fertility control that are played in the name of 'unmet need'. She challenged the reductionist thinking behind the concept of a Net Reproductive Rate, introduced in the Sixth Five Year Plan, and warned that it would have disastrous consequences. Indeed, in parts of Haryana the sex ratio has dropped to just 618 girls for 1,000 boys (Discounting Women. *The Times of India* editorial November 15, 2002). Our government's focus on population control is clearly going to result in a crisis.

Malini had one mission in life — to talk to as many people as possible and to communicate to them what she had gleaned from her work. Her fearless and outspoken nature was complemented by her experience in research. She could not see ethics as separate from her concern with quality of life, from research and from her commitment to people. She used to lament that population studies were getting reduced to a sheer manipulation of numbers.

Malini showed this integration of the social and the academic beautifully in her critique of the National Family Health Survey. She criticised it for being undertaken for the wrong reasons, for being conducted at great expense — and for not producing information which could be used to raise public health concerns and improve quality of life. As she put it, "In contrast to the results from censuses one expects surveys to provide information on specific issues that can help in planning. From

the title 'National Family Health Survey' one expects that the elaborate exercise will provide data on family and on the health of the India population which individuals and organisations working in the field ... can use in the planning of their work. NFHS has failed on this count too because it does not provide any data on several issues that have been agitating the mind of academicians and the activists in the field." (draft paper on the National Family Health Survey: a Critique, 1995).

In 1995, when the Indian Women's Studies Conference dropped health as a theme in the conference she challenged the decision in public with a two-page note to participants. She argued that health was an important subject and could not be dropped from the subject of women's studies, especially in the context of the National Family Health Survey. She had questions about some of the work in the field of women's studies. Characteristically, she did not stop at this challenge but went on to write a short, sharp critique of the National Family Health Survey in a note titled, 'Whose health is it anyway?'

In *Eclectic Streams in Women's Studies*, edited by Meera Kosambi and Veena Punacha, the contributor's note states, "Dr Karkal's pioneering contribution to demography is her premise that demography is a matter not of statistical calculations, but of understanding society. She has long been propagating the idea that the problems related to population growth, infant mortality, deteriorating quality of the population, etc. are related to the low status of women's health from their childhood; and that unless this basic problem is addressed on a high priority basis, the rest of related problems will not be solved."

It is Malini's positive and constructive way of dealing with issues that appeals to me. Anyone concerned with ethics needs this ability, this positive attitude. Even while she questioned the ethical basis of various actions she would think of a way out, of corrective measures. She made this contribution repeatedly, over the years, in the various spheres of her activity. One way to carry forward Malini's great passion and to pay her the ideal tribute would be to work towards incorporating her insights into an ethical framework for research in health, and particularly in research in reproductive biology.