EDITOR'S CHOICE

INDIA EDITOR'S CHOICE

A fairer world: recognising women's choices

Anita Jain *India editor, BMJ*

Mumbai

Has human civilisation progressed since the 18th century? Instances of violation of women's rights across the world don't seem to suggest so.

The Delhi gang rape in 2012 sparked intense public outrage. It propelled the Indian bureaucracy to reflect on and seek to mend existing systems that a survivor encounters in the quest for recovery, rehabilitation, and justice. A positive outcome has been recognition of the health needs of the survivor, and the introduction of standard guidelines for medical examination and treatment. The new guidelines forbid the two finger test, an archaic examination wherein doctors report on laxity of the vaginal introitus to imply habitual sexual intercourse. Not only is this unscientific, it is clearly irrelevant to the assault, and is violating by its very nature.

An inadvertent danger of guidelines is they might trump the survivor's right to an informed choice. Not uncommonly, doctors refuse to examine a sexual assault survivor unless a police case is registered, and may deny basic treatment if the survivor refuses any part of the medical examination. "Implementing the guidelines in health facilities is the next challenge," writes Nisreen Khambati, in a personal view (doi:10.1136/bmj.g3336), of which evidently the most difficult aspect is "to eliminate gender prejudices in the medical profession and remind doctors that their over-riding priority lies in providing healthcare, rather than in looking for evidence that rape occurred."

Katrina Erskine recounts a similar dilemma as a practitioner when guidelines were introduced in the UK to curb the practice of female genital mutilation (doi:10.1136/bmj.g3222). Doctors are now required to ask women if they have undergone genital mutilation and to record the grade of mutilation. Such an examination would be intrusive and misdirected, argues Erskine, when efforts must be focused towards preventing genital mutilation and protecting children at risk.

One would think that women reaching the highest pinnacle in sports might be treated at par with men. New policies of the International Olympics Committee suggest otherwise as they

subject women to unnecessary scrutiny. Female athletes suspected of hyperandrogenism are required to undergo medical investigation. If detected to have naturally high testosterone levels, they will be barred from competition unless they undergo a surgical or pharmaceutical intervention. Analysing a recent report on four female athletes who underwent gonadectomy or clitoral surgery under these guidelines (doi:10.1136/bmj.g2926), Rebecca Jordan-Young and colleagues question the ethics of such irrational, invasive, and potentially harmful intervention.

Surrogate mothers in India also report facing undue social scrutiny, finds a study (doi:10.1136/bmj.g3257). Surrogacy as an industry has continued to grow in India, and activists have long called for measures to safeguard the rights and health of women who opt to become a surrogate mother. Clearly more needs to be done so women don't feel coerced because of financial pressures. And indeed, even as women may opt for it, awareness about surrogacy and respect for their role needs to be fostered.

Gnawing further at a women's personal freedom is a recent judgement of the Sudanese government that has sparked widespread outrage (doi:10.1136/bmj.g3406). A native Muslim-born doctor is facing execution for converting to Christianity and marrying a non-Muslim man. The World Medical Association is rallying behind the woman to have this sentence revoked.

In the 18th century, Mary Wollstonecraft, a women's rights advocate, said, "I do not wish them [women] to have power over men; but over themselves." In the 21st century, not much seems to have changed. Women across the world continue to be deprived of the right over their bodies and their choices in life.

Follow Anita Jain on Twitter @ajain247

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