

Reproductive Rights and Disability: Understanding Ableism, Eugenics, and Addressing Unspoken Issues.

In this session, we will talk about many terms. When we work on reproductive rights, we don't know what is right in Hindi. When we talk about disability, we don't have proper words for it because we don't have it in our dictionary.

When we talk about disability in Bangla, there are many terms that we don't know what is in Bangla because they are not used. A journalist asked me what to write in Bangla. I told him that there is nothing proper in Bangla.

He said, there is nothing because we don't discuss it. We don't write about it. We don't discuss it.

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We don't discuss it. Shubhangi Vaid. Shubhangi is a sociologist based in Delhi, India specialising in disability and gender.

She teaches at Indira Gandhi National Open University. Shubhangi is wearing a black sari and a black blouse. She has short hair and is wearing a dark maroon bindi and is also wearing spectacles.

Moderator Shampa Sengupta. Shampa is a director at Shruti Disability Rights Centre, Kolkata, India, is disability rights activist and is moderating the panel. She is wearing a beige sari with a white blouse.

Her hair is tied back and she is wearing a red bindi and spectacles. The discussion dwells into the understanding of ableism, the impact of eugenics and addressing often overlooked issues related to reproductive rights for people with disabilities. The panellists share their experiences, insights and strategies for advocacy and change, creating a rich and informative dialogue for the audience.

We will try to discuss why there is no proper term, why it is not at all talked about. We will also discuss the connection between ableism and reproductive rights. So around about us in the room we have one or two men.

The norm is set by those who hold power in society. So it tends to be those who are youngish, who are fit and able, can do things, can think things, can work, be active, get married, all of those things without question. This is a standard and we don't question it.

This is just how society is. However, many people don't fit this norm. So many, obviously women, don't fit the power and strength and activity, the ability to make decisions about marriage, about money, all of those things.

But there are many other people in society. If you are deaf, if you are blind, if like us you are in a wheelchair, if you use a crutch, if you can't concentrate, if you have intellectual disabilities, all these things mean that you fall below this norm and you fall below the power associated with it. So you begin to see how there is this unspoken standard in society.

We never have to talk about it, we just accept that men set the standard and women will struggle to meet it. Disabled people will struggle to meet it. Queer people, gay people will struggle to meet it.

So all of us are scrambling to match this standard. And the question is why? If there was an expectation that everybody who came to a meeting would bring their own chair with them, who would be sitting comfortably now? So why is it a standard that you should be provided with chairs? You expect them to be there, but that is an ableist assumption, that you will be provided with chairs in the same way as you expect to hear. We could bring a signer to speak and explain.

Then all of those of us who do not speak sign wouldn't understand anything. The deaf people who spoke sign would be fine. Today's discussion will be on reproductive rights.

Because Abha ji's main work has been on reproductive rights. So I would like to ask a question. When we talk about disability rights, there is a ramp in the rights of the disabled.

And we talk about sign language interpreters. But when we talk about reproductive rights, we don't talk much about it. And there is a question related to this.

As you are a counsellor, when you get a phone call for counselling, does the disabled woman ask anything about reproductive rights or not? So this question is related to this. As far as ableism is concerned, if we want to translate it into Hindi or make a word for it, I think we can call it Samarthwad. Who is able? We can call it Samarthwad.

Because Samarthwad thinks that every person is able. And if you don't get well, if your problems don't get solved, if you don't start walking, then you can't fit in this society. So that's what they think.

And I get a lot of questions related to disability and health. In the beginning, women were very hesitant to ask. But if you want to give counselling on the phone or chat, it has become easier for them.

They are very hesitant to sit face to face and talk. What will someone say? What will our parents think about us? What will the society think? But I get a lot of questions related to contraceptives. I get a lot of questions related to contraceptives.

Which contraceptive will suit our disability? Because in the manual that I have prepared on sexual health, I have differentiated many disabilities in such a way that if I need a contraceptive, then the contraceptive pill is not right for me. Because if a person with a

walking disability takes such a pill, there can be clotting in the blood. There is a condition called thrombosis.

So that clotting can be harmful. Similarly, those who don't have much strength in their hands, they can't use their hands much, they can't use the vaginal ring. I get a lot of such questions related to contraceptives.

I also get such questions. A while ago, a girl with cerebral palsy contacted me. She asked me if she could get married.

The meaning of marriage was whether she could participate in a sexual relationship or not. So I said, yes, it is possible. We just need an arrangement, a management.

How can we arrange it? These days, we get a lot of aids, which can be used to do everything. Your doctor, a women's disease specialist, a health worker, they can also give you advice. So there are a lot of questions related to contraception.

My duty is to tell them about all kinds of things. If someone has retinopigmentosis, and if a contraceptive pill is taken, there can be haemorrhage in the eyes. These things are not told to us even by doctors.

Because they are not properly trained in disability. What is needed in which disability? And I also know that if someone is married, there is a lot of doubt in their mind. Will nothing happen to our child? Will our disability not reach our child? This fear is in every woman's mind.

Disabled or non-disabled. It is in every woman's mind. But those who have a disability, this fear increases.

So tell them that yes, it is possible. Try it and ask the doctor. Ask the doctor that a child with a disability has a high chance of having muscular dystrophy.

There is a high chance of having it in the next generation. There are a lot of disabled people who can have it. Another question is, what problems can I have during labor? They are afraid that there will be no problem in having cesarean or normal delivery during labor.

Because many times, those who have spinal cord injury, during labor, they have an autonomic dysreflexia condition in which the blood pressure can be very high. So they can be very worried. So they need to think about all these things and move forward.

And if they are told, if they are told from the beginning, that the pre-conception counseling, the counseling before pregnancy, or when a couple decides that they want a child in their life, if these things are cleared to them before pregnancy, then they can use a proper way of pregnancy control. It is their wish. Whether to go for the child or not, but they should be informed.

And when they are informed, they can advise what is good and what is bad. And it is their wish. No one can force anyone.

So there are many such questions. Abha ji has made a very important point. When we talk about dyslexia, it is not that dyslexia is the same.

There are different kinds. There are so many different categories. And not everyone has the same problem.

Not everyone has the same solution. Everyone has different experiences. So when we talk about reproductive rights, it is not that everyone has the same solution.

It is completely different. So Abha ji has made another important point. No woman wants her child to be dyslexic.

No one wants that. And this is a part of the society. It is a responsibility of the society.

Because the society thinks that the child is dyslexic because of the mother's shortcomings. It is the responsibility of the mother. And she blames the mother for giving birth to a dyslexic child.

So we will ask Shubhangi ji a question on this. Because you are a parent. And parenting of a disabled child is not that easy.

So this is another thing. So how does the society look at this? Particularly the mother's domestic violence. That the whole family does this.

Can you talk about this? Mostly we see that if a mother has a disabled child, the mother blaming process starts. If the mother is a housewife, she did not take good care of the child. If the mother is a maid, she does a job and that is why the child is disabled.

So whatever she does is wrong. Because it is believed that the child's disability is a result of the child's behavior. She did not observe a fast.

She ate non-veg. She went out. If she did not follow all the rules, then it is a problem.

If she did, then she did not do it properly. This is also a problem. So some of the conditions have to do with the mother historically.

I am a mother of an autistic child. So there is a very old relationship which started in the West. There was an interesting phrase at that time.

Refrigerator mother. It was believed that autistic children became autistic because their mothers did not give them warmth. They did not show them love.

They were mostly working women. They were of upper class. So it was not their ability to show them love.

Because of this, the child started retreating from the world. And its autistic features started coming. So this phrase, refrigerator mother, has stigmatized women and mothers for generations.

It has blamed them. Your child's autism is due to your refrigerator tendencies. If the refrigerator is cold, then the mother is cold.

There is no love in it. And this phrase that there is a lack of love. I myself heard it.

Someone told me that she did not give her milk to her child. So the source of love dried up. I myself heard this phrase.

So the source of love dried up. She did not drink her mother's milk. So the child must be a problem.

In my research, I have come across many mothers who are educated and professionally qualified. They have a good professional profile. But when the child is autistic, it is believed that the mother has to leave everything and become a full time caregiver.

So this is a non-negotiable thing. Caregiving is the responsibility of the mother. You must have seen that if a child is born with autism, then the mother and her family will have certain genes.

There will be some other people in their family. So she has come here with her bad blood. These are very common beliefs.

And abandonment or leaving a woman and child is also common. Husband can remarry. But the mother who has an autistic child has no other option.

And if she gets any support, she gets it from her maternal home. Not from her in-laws. So you can see how autism and paternity are so deeply connected.

All the blame and shame comes from the mother. This is often carefully worked out with horoscopes and discussions with the other family. Making sure that your families match, that they're of the right standard.

So a whole lot of balancing so that you will be the best possible match to have the best possible future children and success for the family. So this whole process of who you have sex with and the children that you have. In 1880 in England, there was a man called Francis Galton who decided he could work out a scientific way of making sure that your children ahead of you would be of really good standard.

Not disabled, not alcoholic, not using drugs, not lazy, not ending up as a beggar in the gutter. So he believed that by choosing the right partner, it was possible to eradicate all of these problems. And he believed that this was a scientific process of breeding.

The name of this idea he created was eugenics. And eugenics believed, the belief was that by this scientific breeding, you could improve the quality of the human race if you encouraged the right people to marry and have sex together. But you also had to stop the wrong people.

So you had to stop too many working class people having sex together because then the working class grew too big. You had to stop alcoholics having sex with other people. You had to stop drug users having sex.

So all of these people who had bad habits, you had to try and prevent them having sex. And in some cases, this involved involuntary sterilization. But it spread around the world.

And one of the places it came to quite quickly was India. And there were a number of people. There was a man called Pillai who set up a magazine and societies.

So there were eugenics societies in Mumbai, in Shimla, many cities in the country who were talking about and encouraging these ideas. And one of the people behind them was a birth control advocate from England called Marie Stokes. And she wrote to Pillai saying, if you please publish this letter of mine in your journal, which was called Marriage Hygiene.

It was an Indian journal. And it proposed that poor Indian women for contraception should collect some of the cotton waste from their spinning and that they should soak it in their cooking oil, mild cooking oil, and put it into their vagina at night to act as a contraceptive. In the 1930s, an American woman, Margaret Sanger, who was also a eugenics and birth control advocate, came to India and met Gandhi because she wanted to encourage him to agree with her about the safe or rhythm method of control so that women should be able to count the days in the month when they were safe to have sex and when they were likely to have children.

That way they could prevent having too many children. So she tried to encourage Gandhi to agree with her because she felt this would be a real boost for her idea. Gandhi, however, was unsure because although he, rather than wanting fewer children, wanted continence, no sex.

And he felt that this idea of Margaret Sanger's might suggest to people when it was safe to have sex and thus encourage lust. So this was how the idea of eugenics grew and spread within India. And it hitched on to things such as the caste system, which already had a belief that some groups, some individuals, had a higher status, were more powerful, better fitted for society than others.

And we still see this in our world today where so many people are regarded as unfit. You know, I'm regarded as unfit. There is stigma attached to my disability.

People who are drug users, who may have a long-term illness, all these sorts of people, eugenically, are regarded as unfit still in our world. Genetic counselling, in Hindi, is called anuvanshik counselling, paramarsh. I came to know of this a few days ago.

But it seems very difficult to say anuvanshik. So genetic counselling in India, which is mandatory, is compulsory for women over the age of 35. It is compulsory.

Because after that, the possibility of a child becoming disabled increases. The possibility of problems increases. Apart from that, in India, genetic counselling is given to those who are not trained in genetic counselling.

It is given to them. Even to our local physicians, the doctors in the streets, it is given to them. Those who are specialists, they are aware of it.

But they are not advanced in it. They are not trained in genetic counselling. Because for genetic counselling, a different type of education is required.

A different type of education is required. Which very few people are able to do. For example, in India, genetic counselling for cancer started in 2007.

Before that, genetic counselling for cancer, because there are many cancers which can occur in children or in future generations. It started in 2007. It is very rare.

We can count how many there are. But there are some genetic counsellors or specialists in women's diseases. They tell a woman that if a woman has a disability, muscular dystrophy, then a test can be done for the bone.

A test can also be done for the fetus. Whether the child has Down syndrome or not. And basically, we focus more on that counselling.

How to take care of the child later on. Or if the mother has a disability. And how serious the disability is.

It depends on the seriousness. Whether we give genetic counselling or not. Is it possible for the child to have such a serious disability or not.

Genetic counselling is also given for autism. But as much as is required, in a normal routine, in a normal procedure, it is not available now. We are lacking in that.

We do not have proper examination tables. If we talk about gynecology, or for the health of the uterus, where we are examined. If we do not have that, then genetic counselling is out of the question.

It will take a lot of time. Shubhangi, I would like to ask a question. It is very common that it needs a village to raise a child.

The responsibility of a child lies with the whole village. Not just the mother. But in our society, when a child is disabled, as you were saying, the responsibility increases.

If we talk about this, and as we do not have much time, do you think that many women do not want a disabled child to be born? If we talk about this, their entire responsibility lies with the mother. If you allow me, I would like to tell you about myself. When my son was born, there was no test for autism.

When my son was two and a half years old, we found out that he was autistic. Because the way he was developing, he was a little different from his elder brother. We were very fortunate that we got a lot of support.

We did not get support from our family. We got support from a support organization. We got connected to them.

There were many other parents like us. I was very happy that I was not alone. It is very important for a family it is very important to repeat that you are not alone.

There are many families like you. And the most important thing is that your child is a child first and then he has a disability. So the people-first language that we say in the disability sector that first he is a person and then he has a disability.

So this thing that we have been told from the very beginning that your child is your child first. So in the same way, the small achievements of the child and then his big achievements, the way we start enjoying our parenting, the social support you need for this, that disability is not a stigma, disability is not a sin, disability is not a crime. Disability is a situation.

Anyone can be disabled. So if you have an attitudinal change and if there is an ecosystem around you that supports your attitude, then in a regularly developing child, a typically developing child and a disabled child, actually you do not see any difference. At least I did not see it because I got support everywhere.

But I would like to say one thing that my view comes from a very middle class position. Because I was financially secure, I had a job, that is why I was able to give my child everything that he needed. A poor woman, a poor family, a family who does not have any support in terms of knowledge, awareness, facilities, this situation becomes very difficult for them.

But I would like to repeat that putting this responsibility on the family is a wrong approach. Every child in this world is a part of the society. He is a citizen.

And it is the responsibility of the society to keep everything ready for a typically developing child. There are schools and facilities. In the same way, all these measures should be taken for a disabled child.

So I think the question should be a little different. It is not about whether I can raise a disabled child. The question should be what is the society doing to make me able to raise my disabled child.

Thank you Shubhangi. This is a very important point that Shubhangi made. And he also mentioned a class issue in this.

Because we see a lot of time that there is a small piece of news in the 6th or 7th page of the newspaper that the mother goes to work and locks up the disabled child because there is no one to take care of him. I think there are a lot of such cases in India. You cannot blame the mother.

Because the mother says, if I don't go to work, how can I feed him? And there is no one to feed him at home. Because there is nothing in the village. There is no school.

There is no rehabilitation center. So she locks him up. So this is a very negative experience that happens in our society.

So they wanted to bring a child into their world. And they wanted to arrange the genetic management of the birth so that that would be possible. And nowadays there are the techniques within sexual reproduction that you can fertilize eggs that you have harvested from a woman to produce particular sorts of individuals.

Some characteristics can be chosen genetically. There was a lot of argument, a lot of disagreement. How can you choose to bring a disabled child, a deaf child into the world? But on the other hand, people long to have a boy or somebody with pale skin or somebody who is tall.

And they want to be able to manage the genes, manipulate them, so that they can have this. But not all of these are things that you can manipulate. Not all of these have simple inheritance lines genetically.

In India, when ultrasound of the uterus and sex determination became possible, there was a massive move towards terminating pregnancies of girl children. And the sex ratio plummeted. Many, many fewer girls than boys.

So people were designing babies to be male, not female. An act was passed in 1996 to prevent this. And although people said it won't have any effect, in fact, research has shown that there are now many more girls than there would have been if this act hadn't been passed.

So that was one very specific sort of designer baby that happened here. When women or girls ask, as I told you, they ask a lot about pregnancy. And if they are pregnant, if they think or know that their child is having a problem or that the genes are going to the child or that the unborn baby is having a problem, then they say that they can think about abortion.

But at that time, their biggest concern is whether the condition or the health or the problem will be affected by abortion or not. Will the uterus be affected or not? How will it be affected? Or will the doctor know how to do it or not? The position of the uterus, the problems after that, that how many days will it be able to stand or work again, they have a lot of such worries. And as far as social pressure is concerned, many times, what we call unsafe abortion, like giving a pill or not going to the abortion clinic, giving a pill to the daughter or daughter-in-law, that this is a problem, the child should not be born.

So, the chances of unsafe abortion are very high here. Those who try to take out home remedies and try to abort, try to have an abortion, due to which the woman's health can be affected more severely. She can have more problems.

There can be more bleeding. Because, many times, due to disability or due to some other reason, due to some other disease, there can be a need to take some medicines. Those medicines that affect the unborn baby, even then there is a possibility of abortion.

Like, there is a type of muscular dystrophy, myotonic dystrophy. In that, many times, the bleeding starts automatically. So, there, cleaning has to be done.

So, she is very scared of all these things. She is scared because she does not get information, she does not get information. And here, the biggest shortage in India is that of yawn training.

Yawn and reproductive training is not given even to non-disabled people. A few years ago, in government schools, it was started. It was changed to yoga classes.

It was stopped. Yoga is better than this. So, why do you spoil the children? Teach them yoga.

So, that was done. So, if we talk about the shortage of yawn training, it is given to non-disabled people. So, if such classes are being held in schools, and there is a disabled child in the class, it is separated.

You are not needed here. What will you do about it? So, it is separated like this. So, nothing is given.

No education is given. No information is given, so that they can decide for themselves. The social pressure, the social pressure, it is two extremes, it is on both sides.

Why did the child not get it? And why is the child getting it? I got married in my late age, in 2015. I was above 40. So, in my late age, after marriage, my neighbour started asking me after one year, when am I sharing the good news.

So, this is a logic, a common sense thing. Because I know my condition. I cannot be given long anaesthesia.

If I practice yoga and get pregnant, how will I carry the baby? Because my muscles are deteriorating. So, it is my decision. Or it is my husband's decision.

There is no meaning of neighbours. So, such questions arise. No, no, you give birth, we will take care of it.

Why will you take care of it? So, why is the child not getting it? Even my friends, who have been watching me for the last 10-15 years, they see my condition and understand that it is difficult for me to get up and sit. So, if I have to carry the baby for 9 months, or my own condition, my problem with my muscles, it is my decision. It is the couple's decision.

Maximum, it is my family's decision. Even my family does not have the right to say whether you should have a child or not. They do not have any right.

But it is my close circle. So, they can tell me. But neighbours and friends do not have the right to say.

So, in our country, there is a huge lack of And there is a lack of disability education. No one understands disability. So, there are such pressures.

Or, if the child is being born, will you be able to take care of the child with disability? So, the people who judge us, the pressure in the mind, then a woman thinks that I am not financially well off. I have physical problems. I have issues.

And if the child comes and I have not taken good care of him, then which support groups are there in our society who will come and help me? So, she is worried about all these things. And she asks. And I do not even have the answer to many questions.

I do not even have the answer to many questions. As you said, in 1880, there was a consultation to give birth to a good child. Whatever we could understand.

So, we also remember when we were working in the community, we also remember a story related to this. Vishwamitra, who was our Rishi, did the same thing. He said that we will give birth to a good son, where there is no problem.

And there are still many beliefs in our society related to this. For example, when the sun and the moon are eclipsed, then the pregnant women are not allowed to cut vegetables. If they do this, then people believe that the children will be disabled.

So, I felt that this belief is not only in our community. It is not only in our community. On the other hand, if we talk about disability, then the beliefs of all the worlds are somehow connected to this.

We need to work on this not as a person, but as a society at every level. We need to understand this. For this, I would like to thank Janet.

When I worked in the villages in Himachal Pradesh, they used to tell me stories about if you have a dream of an elephant, then your child will have one arm that doesn't work because it's like the trunk. They used to tell me if you dream of animals, that would affect how your birth came out. Lots of dreams of gods who would affect how your children were.

Really, people felt very strongly that there was another world, a religious element to the decisions about whether a child would be born disabled or not. As we all know about the mentality of Adolf Hitler, was it also based on eugenics? Adolf Hitler wanted a perfect child. Not only about religion or race, he also wanted a perfect child.

Because those who were put in the gas chamber were initially disabled people. First, disabled people were put in the gas chamber. Then other Jews were put in.

This concept is still prevalent in our country. Because in many places, in Calcutta, Delhi, people are doing puja. They want a perfect child.

A child should be like this. This concept is still prevalent. Discussing eugenics in 2024 is very important for us.

Because this is the current situation in our country. This is not something from the past. We have heard history, but this is the present tense for us.

Can you tell me about eugenics? Where does India stand on eugenics? Do we genetically engineer babies here? Like any country with an advanced tech sector, technological sector, and a lot of interest in the quality of births, there is a lot of research going on here. I've spoken to friends in the past who have spoken about, for example, the work that goes with surrogate motherhood. So, you know, the practice to get women pregnant, and then the babies, once born, are often given to either rich Indians or to Westerners.

With those, there will always be endless checking of the quality of the mother, the quality of the sperm. There's certainly tech at that level, and they will be looking in detail at the genes because the drive within so many countries. In China, some scientist announced that he'd produced the perfect child.

It goes on in each country. Announcements creep out of increasing perfection, and more genes that they can identify that cause particular disabilities or illnesses that they can then eliminate. But the question, they think they can then eliminate disability from society, but it won't be possible.

Some things aren't genetically moderated, and other things happen, accidents or chance illnesses, other reasons. As we were talking about earlier, in Subhangi, we were saying that the mother should be a good man, a good child. When we were in the field, there was a woman, and as soon as her child gets pregnant, within 2-2.5 months, she miscarries.

Her family says that as soon as she gets pregnant, they start telling her that she's disabled, and so is her husband. So the child shouldn't be disabled. The child should be good.

He should be beautiful, he should be good, he shouldn't be disabled. She's given so much mental stress that she doesn't know what to do. She's miscarried 2-3 times.

Now they've been told that they should get some treatment, that they should get some facilities, but they say no, it's too much. They say no, it's too much. So we're seeing that the women and the girls, when we met the woman, she said that I don't want to be a mother, but there's a family force, so I have to give birth but I don't even want to have a child because I'm worried that if I don't have a child, what will I do? So in some way, they are made so incapable of making decisions that they don't get any treatment.

It's just superstition. There are so many issues that come up like the ability of a woman to make decisions, the facilities and support so I think all the issues of the workshop have come into account. I'm a big fan of yours.

So my question to you all is when we talk about ableism, how was it similar to non-abled people? It's not confined. Able people don't suffer from ableism. Non-abled people sometimes have a very fluid flow.

For example, if there's a child in a doctor's clinic and they're told that you're fat and you're with obesity, that's also ableism. I wanted to say that. And I also wanted to say that when we see violence and violence and violence, we also have to see that not only does able-bodied people have non-violent violence, there's violence in the community as well.

For example, if there's a disabled man against a disabled woman, we have to see in a very nuanced, deep way. But this is just the beginning of the conversation and we're going to have a conversation about this. So that's what I wanted to say.

And lastly, like you said, you're an autistic autistic son, right? So like you said, a disabled child, a disabled child, has to be raised in a village. I also feel that I have a physical disability. So I walk with a crutch.

And I'm raised like this. So at the age of 9, I became disabled. So I also feel that when I came to New Delhi, I'm from Kolkata, so when I came to New Delhi, so to raise me, my new character was New in New Delhi.

Disabled New in New Delhi. To raise me, I also needed a village in the form of my friends, my chosen family, who are queer, who are native family violence, whose parents abuse them. For them, their family is their friend.

So I also feel it takes a village to actually raise a disabled adult. So what has come in my mind is it's creating a new evolution of the new humankind. So engineering is against our natural law or not? We are engineering human beings and it is like against the natural law.

So this is what we want to say that the autonomy of a woman's body should play a very important role in raising a disabled. Even medical professionals should play a very important role in maintaining their autonomy. Otherwise, they will lose their disability because they are financially weak. So what is happening to my body is my choice.

I don't think I have any right to do anything. If I have been informed, then it is for me. So whether it is pregnancy or raising a child, I think women should be left alone.

If we keep them as children, how will they raise their children? This session is coming to an end. But there will be more discussions after tea. I just want to say one thing I felt that the panelist told a very good point.

Specifically, we want to talk about the disabled fetus. Our law has made it abnormal. We wanted to discuss this.

But the connection between paternity and disability is very good. How it is connected. As Abhaji said, women should have their consent.

They should not have children. The society considers the disabled to be children. They have no consent.

There are many connections. In the end, I want to say one thing. As we are moving forward in genetics, there is a lot of experiment going on.

We want to know will be male or female. We want to know whether the children will be male or female. We want to know whether the child is intersex or not.

As we are discussing, I feel we should work on gender and disability. Gender and disability should work together. This is a very important time.

Thank you. Music Music Music Music Music Music Music Music