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.

Garbha Sanskar

B

Garbha Sanskar

uttam santati
Garbh sanskar

Prevention of Genetically Diseased Offspring

per se

sanskaris

sanskaris in terms of their epistemological validity sanskari's

Maus: A survivor's tale
when a couple add that they want a child without disabilities. Whole-heartedly accepting a child with any differences is a different matter; adopting a child with genetic issues is a different matter as well, for in these cases, the child is not conceived by the couple. In the case of non-consanguineous marriages, it is common to test for certain genetic conditions, such as thalassaemia blood groups to test for certain genetic conditions, such as thalassaemia. Of course, having a child with thalassaemia is used, arguments get fortified, even though we realise that this is a question of the extent to which the couple is prepared for such a scenario as a first step. It is important to understand that by wanting things for our children, what gets erased is our sensitivity and ability to be happy with who we are and who we give birth to. The common (wo)man does not go about their wishes, as a mix of Fair & Lovely and Horlicks. The seeming simplicity of the desire to gain standing in society is a form of eugenics, and we are not treading softly on dreams, but also on our rights. We end up hurting ourselves in the long run; by desiring to have a child who is fairer and significantly taller than we are, we agree to look upon ourselves as lacking and unacceptable. 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. In this article, I tried to work through its multiple layers. In this article, I tried to articulate a critique to this desire, and it becomes all the more important to engage with this issue in all its complexity.

**Acknowledgments:** I wish to thank Amar Jesani for encouraging me to write on this topic after I shared my then very nebulous thoughts on the Garbha Sanskar workshops with him in an e-mail.
Corruption in healthcare generally and specifically in the pharmaceutical arena has recently been highlighted in reports by Transparency International. This article focuses on four areas of corruption: legislative/regulatory, financial, ideological/ethical, and communications. The problems identified and the solutions considered focus on structural considerations affecting how pharmaceuticals are discovered, developed, distributed, and ultimately used in clinical settings. These include recourse to user fees in the regulatory sphere, application of intellectual property rights to medical contexts (patents and access to research data), commercial sponsorship of ghost writing and guest authors, linkage/delinkage of the funding of research and overall health objectives to/from drug pricing and sales, transparency of payments to healthcare professionals and institutions, and credible regulatory sanctions. In general, financial and other incentives for all actors in the system should be structured to align with the desired social outcomes — and to minimise conflicts of interest among researchers and clinicians.

-