

The ethics of gender justice

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Introduction

In a socio-cultural set-up which promotes son-preference and discrimination against daughters, sex-determination (SD) - both at pre-conception and ante-natal stage can have only one meaning i.e. female-extermination. Ruth Macklin's article 'The ethics of sex determination' (*Medical Ethics* 1995; 3:60-64) misses this central point. I hope to show that her cold-blooded logic in the name of 'women's choice', put forward in a social vacuum, is not only unhelpful but is also detrimental to the cause of survival of the endangered species - the women of India and China. Civilisations which recognise only those women who are mothers of sons enslave all women, whose bodies become raw material in the hands of techno-docs to produce sons so that the cultural legacy of *ashta putro bhavah* (May thou be the mother of eight sons) and *shat putro bhavah* (May thou be the mother of hundred sons) can be maintained.

Macklin states that there is nothing 'intrinsically unethical' about SD. Our contention is that the use of SD for selective elimination of female foetus is unethical as it violates the principle of gender justice. We support the use of SD for identification of genetically sex-linked disorders such as haemophilia and Down's syndrome.

Though the author has limited her analysis to India and China, one would like to point out that SD tests (amniocentesis and chorion-villi-biopsy to get a child of a desired sex) are used in Singapore, South Korea¹ and among the South Asian communities settled in the first world. Macklin appears to be unaware of what is happening among the South Asian communities in the USA. *India Abroad*, a journal widely read by non-resident Indians all over the globe, has provided enough documentary evidence of the popularity of SD tests among Asian communities abroad. Pioneers of SD tests in India and China have received active assistance from their contacts in the first world, both in terms of Research and Development and in terms of training in scientific technique.¹

Macklin's defense of SD in the name of 'women's right to privacy and liberty' reminds one of the Nazi murderers' 'right to privacy and liberty' to engineer genocide of the Jews in concentration camps located in remote places, away from the public eye. By this logic, every patriarch of the family has a right to abuse his wife and children in privacy of his home. This type of argument is also used by many dictators in Asia, Africa and Latin America (who are guilty of suppressing the

plebeian masses) and their representatives within national boundaries to stop intervention by human rights organisations.

Prejudice against daughters in India

In its campaign against SD, Forum Against Sex-Determination and Sex-preselection (FASDSP) deliberately used the terms 'female foeticide' and 'femicide' to signify murderous attack by the patriarchal value system to annihilate the females among the human species. FASDSP finds an ideological continuity in the four types of • acts of gender violence: pre-conceptual sex-selection, selective abortion of female foetus, female infanticide and systematic neglect and ill-treatment of daughters, wives and mothers.

We don't subscribe to the myopic world-view of the liberal school of thought which glorifies 'value-neutrality' and 'non-partisanship'. Our first-hand knowledge of the bleak reality of unequal gender relations in our society and our faith in humanism motivated us to demand affirmative action from the state to stop scientifically approved slaughter of daughters. As a result of a decade-long advocacy based on field research, acquisition of scientific knowledge, collection of anthropological evidence, development of legal expertise, use of media coverage, public debate, personal zeal and political will; we have a law regulating SD tests in India.

One can't arrogantly dismiss Macklin's narrative of the depressing lives of Indian women as a gutter inspector's job because she discusses a crucial subject. However, her one-sided projection of Indian women as victims of Hindu religious traditions, dowry harassment and societal pressure to produce sons may generate paralysis which we cannot afford, especially when our socio-cultural and material bases are changing rapidly and drastically.

- The number of professionally competent and employed daughters (married or otherwise) who are supporting their ageing parents is increasing progressively.
- Over the past decade and a half, action against dowry harassment has made parents and daughters precocious. Parents make conscious efforts to see that their daughters are emotionally and economically self-sufficient. Women facing dowry-harassment after their marriage refuse to suffer in silence. They have not only got out of the oppressive situation but have helped other women in similar predicaments.
- These brave women who are courageous, confident and economically independent have proved to be role

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models to thousands of girls to fight anti-women customs and traditions. Weeping and wailing about dowry-harassment has its place only in the dustbin of history. Instead of victim-baiting we prefer to empower the forces within the state apparatus and society which are helping women's development.

Macklin has quoted an example of a Christian couple with two daughters who felt pressurised to opt for SD due to social attitudes which made them 'feel inadequate having only daughters'. As against this we have come across innumerable couples of all religious, class and caste backgrounds who have voluntarily opted for one-child family or two-children family policy even when the offspring were daughters. In a Daughters' Rally organised in Bombay in 1987 by FASDSP such couples and their daughters publicly requested doctors not to be butchers.

SD and female infanticide in China

In the post-revolutionary period, though the influence of ancient Confucian ideology favouring sons has declined, the Chinese governmental policy of discriminatory wages for men and women has lowered the status of daughters. The policy of one-child-family has increased the burden of young couples who have to look after their respective parents. Parents of sons dominate those of their daughters-in-law. In modern China, where money reigns supreme, segmentation of Chinese women in the labour market has played a major role in tilting the balance of forces in favour of men in the decision-making process of individual families. Many parents are unwilling to have daughters. Those who can afford SD get rid of female foetuses and the rest kill the female infants.¹

Arguments opposing SD

Of six arguments opposing SD put forward by FASDSP, Macklin finds three worth mentioning. Let us consider these.

The practice devalues the female sex: This is not found a sufficiently strong reason by Macklin to institute legal prohibition. In India, the 19th century social reform movement waged its war against femicide. After ceaseless ideological battles with the conservatives upholding moribund feudal values, it managed to make a convincing case in favour of liberal humanism to stop the barbaric practice of killing female infants. As a result, the colonial state had to enact a law banning female infanticide. Macklin's logic turns the wheels of history backwards. FASDSP has preferred the path of progress shown by our social reformers by ensuring that the Government of India enacted a central legislation regulating SD. This action has boosted the morale of social activists.

Macklin refuses to believe that women as a class are

demeaned by a practice that seeks to avoid the birth of females. We say that Indian and Chinese women as an oppressed sex are demeaned by a practice which conveys that they are social rejects. During our campaign, which included dialogue with school and college going girls, educated housewives and working women, many have expressed their anger against SD. Three sisters in Chandigarh committed suicide protesting against their parents who opted for SD at the time of their mother's fourth pregnancy. Their suicide note reflected the feelings of humiliation experienced by thousands of teenagers and young women. We also know of women who accepted desertion or divorce but refused abortion of female foetus after SD.

Aggressive advertisements of SD such as *SD= Solution to Dowry Problem; Better Rs. 500 now than 5 lakhs later* displayed on hoardings, in newspapers and on television provide a yardstick for measuring degradation of women by SD.²

Her fear that '...if SD was eliminated, the first possible consequence to consider is female infanticide' cannot be justified because women's groups in India did not stop at pontification on the subject but were simultaneously involved in social action to provide positive alternatives for girls and women to lead a dignified life. Electronic and print media in English and the regional languages have become extremely vigilant on this issue.

Macklin has referred to a report published in June 1986 in *India Today* giving a vivid description of female infanticide in Tamilnadu. In response to this report, women's groups, non-governmental organisations and human rights organisations made concerted efforts at stopping female infanticide by activating the state enforcement machinery, involving women and girls in development programmes and collaborating with the state to effectively implement the 'Cradle Scheme' initiated by the Tamilnadu Government to encourage parents of girls to let their female infants survive.

Macklin's statement that 'from an ethical perspective other than an extreme right-to-life persuasion, aborting pre-viable foetuses is ethically preferable to killing full-term infants after birth' changes the wave-length of our arguments. Such formulations blur gender perspective. We will not say that female foeticide is ethically preferable to female infanticide. Both victimise the woman. Our response is: Eliminate inequality, not women.³

Macklin states, 'Whether SD is legally allowed or legally prohibited, girl children are often denied adequate food and medical treatment in favour of their brothers.' The ideology of discriminatory treatment based on utility of a person is the central axis around which cut-throat competition takes place among different individuals in the family. Less educated, not so

good-looking, non-achievers, mentally and physically handicapped, less moneyed and unemployed members (both male and female) of the family get trivialised, insulted, humiliated and marginalised because they don't fit into the model of a superman. We have to fight against such attitudes and practices by empowering them with legal safeguards, promoting alternate models of human relations where people with diverse abilities and achievements can lead dignified lives and evolving a support system for their all round development.

Reinforcing discriminatory attitudes:

Macklin's statement that 'prohibiting SD has not changed the preference for sons nor has it done anything to enhance the position of women' is far from the truth. All law-abiding doctors have stopped providing SD for female foeticide after the ban whilst earlier they used to boast about it in seminars and public debates.⁴ The state action of declaring SD for selective abortion a criminal offense has robbed SD of its earlier respectability. The Federation of Obstetric and Gynaecological Societies of India has made an appeal to its members not to abuse SD.

Macklin's fatalistic logic against the ban on SD leads to nihilism. She is so overwhelmed by India's patriarchal culture to maintain status quo that she finds the Indian state powerless. Why, then, did India enact all those progressive laws prohibiting child marriage, temple prostitution, dowry, eve-teasing, rape and physical and mental harassment of brides? Just because vested interests have bent these laws by following the policy of 'might is right', should we allow the law of the jungle to prevail in the name of laissez faire? Women's rights activists working with the masses are unwilling for such collective harakiri.

The reality of an imbalance in the sex ratio

Though Macklin admits that 'People are not commodities', she is indifferent to the fact that Indian women are commodified by SD which treats them mainly as son-producing machines. Adverse sex-ratio for women has been the marked feature of the demographic profile of India since 1901. We have anthropological evidence of widening of the gap between the numbers of women and men.⁵ The intensity of violence against women is mounting. The incidence of rape, abduction, dowry murders, forced polyandry have escalated in the areas (Rajasthan, Punjab, Uttar Pradesh, Bihar, Madhya Pradesh and Haryana) where the imbalance in the sex ratio has been extremely unfavourable to women and girls! Thus, we must concentrate on the interplay of patriarchy with the new reproductive technologies in an era of generalized commodity production to understand the consequences of SD on Indian and Chinese women.

In response to Macklin's value-loaded (rather colonial

and racist) remarks, on young Indian and Chinese men not finding their mates,, 'in this traditional, male dominated societies men are finally getting what they deserve,' one would like to respond that these men will willingly find their mates from women in industrialised countries. Their prospects are bright as women outnumber men in those 'non-traditional' societies and as oriental men are less violent and more responsible as husbands than are Occidental men.

Three more reasons for which FASDSP had opposed SD are:

- SD objectifies women by treating them only as son-producing machines, raw material for invasive technologies and scientific experimentation.
- SD converts healthy women into patients at the mercy of the commercial interest in the medical market.
- SD encourages husband and relatives to cause tremendous psychological pressure on women to prove her social worth by producing sons.

Conclusion

It is the political will of society to bring about social, cultural and economic reforms and active support of the strong and efficient state apparatus dedicated to the ethics of gender justice that will enhance the position of women all over the globe.

References:

1. Bin Park Chai, Nam-Hoon Cho: Consequences of son preference in a low-fertility society: imbalance of the sex ratio at birth in Korea. *Population and Development Review* 1995;21:59-84.
2. Ravindra R P: *The scarcer half - a report on amniocentesis and other SD Techniques, SP Techniques and new reproductive technologies*. Centre for Education and Documentation, Bombay, 1986.
3. Balsawar Deepa: Posters made for Women's Centre, Bombay.
4. a. Shukla Sonal; Abraham, Ammu: *Sex determination tests* Women's Centre, Bombay, 1983.
b. Abraham Ammu: Larsen and Toubro seminar on amniocentesis. *Women's Centre Newsletter* Bombay, 1984.
5. a. Miller Barbara D: *The endangered sex- neglect of female children in rural North India* London: Cornell University Press, 1981.
b. Krishnaswamy S: Female infanticide in contemporary India: a case-study of Kallars in Tamilnadu. In: Ghadially Rehana (Ed) *Women in Indian Society* Delhi: Sage Publications, 1988.
c. Dhawan Shally: Rajputs bumping off baby girls. *Times of India* 21 September 1988.
d. Clark Alice: Limitations on female life chance in rural Central Gujarat. *The Indian Economic and Social History Review* March, 1983, pp. 1- 25.
e. Jeffrey Roger, Jeffrey Patricia, Andrew L: Female infanticide and amniocentesis. *Social Science Medicine* 19 ; 19: 1207- 12 12.
6. a. Dube Leela: Misadventures in amniocentesis. *Economic and Political Weekly* 19 February 1983. Pages 279-280.
b. Dube Leela: Amniocentesis - the debate continues. *Economic and Political Weekly* 11 June 1983. Pages 1933-1934.