

COMMENT

Sex selection: ethics in the context of development

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All too often we reduce 'son preference' to a crude caricature of starving, harassed and tortured girl children. However, the reality is much more complex. In the same society where sex selection is used as a new means to perpetuate an old bias, education levels are rapidly rising, floods of girls are going to school and college, there are more women working in offices and in factories, in panchayats and in Parliament.

It is actually not surprising that sex selection is highly co-related to development. After all, modernisation has made abortion available, accessible and morally acceptable to thousands of otherwise conventional families. And development itself brings new pressures. The cost of rearing children rises with the social imperative of educating them and providing health care. Some families may feel that such money and effort are better spent on boys rather than on girls; also girls are less needed in the new urban household, with small families and little need for unpaid labour.

It is in this context that sex selection must be understood. The movement towards more equal gender relations is, in a sense, inextricably embedded in the development process. However, the resistance to it is stiff and takes new forms such as sex selection. Thus, on the one hand, middle class families can allow their daughters to study after marriage, girls get sent to the best available schools, and women with 'girls only' families see older couples in the extended family managing without sons, buying houses for their married daughters, or sending them abroad. On the other hand, women still feel the pressure to have sons, and mothers of daughters find their children are not fawned upon as their sons may have been.

And this is danger that sex selection poses. With one sweep, it threatens to reverse a process that has taken many decades to evolve. The power of technology can overwhelm the slow reflective process of change set in motions by millions of girls going to school and starting to work.

For a young urban woman as myself, sex selection can never be an issue of mere academic interest. It is the lived experience of several friends, relatives and acquaintances. But I must address the question: how does one presume the availability of technology to make abortion and childbearing safe and accessible - and in the same breath ask for restrictions on its use? And as a member of CEHAT's team, I feel the need to situate the campaign against sex selection in its proper context. (CEHAT is one of the co-petitioners in a Supreme Court writ petition calling for implementation of the Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse Act, 1994.) Almost a decade of advocacy by CEHAT for more liberal abortion laws and services is obscured when we get clubbed with religious and quasi-religious political organisations holding diametrically opposing views on women and on sexual and reproductive rights.

The proponents of sex selection have various arguments. Sex selection is a personal choice, they say, and the state should not interfere in it. Intervening in matters of individual choice is a step towards greater state scrutiny and control. Rather than curbing the use of technology, we should spend our energies on educating the public and changing social norms. Some people also accuse us of imposing a western ideological perspective on people with a very different value system. It is also argued that doctors should not be expected to play the role of moral police and reform their clients.

This perspective ignores the fact that the preference for sons is not personal, but completely socially determined. Second, the phenomenon of sex selection would never have existed without modern medical technology and is directly linked with the expansion of modern western medicine. In India, sex selection has risen along with the penetration of technology into semi-urban and rural areas. This is what distinguishes sex selection from other forms of neglect and discrimination that girls may face: it is not merely a manifestation of gender discrimination that households resort to. It is intimately connected to another phenomenon of development: the health-care market. Doctors, as professionals, do not participate in infanticide or wife abuse. But they not only participate in sex selection, they benefit materially from it. And that explains the rapid proliferation of sex selection: it is good business.

Doctors and technicians know that sex determination for sex selection (without any medical reason) was never the intended use of diagnostic tools like amniocentesis and ultra-sound. However, because of the wide publicity that sex selection has received, many people are unaware of any other use for this technology. According to a recent study on abortion in villages of Pune district, while 75 percent of the women (39 women) were aware that sonography can be used to determine sex, only 4 women knew that this technology was used to detect foetal anomalies. (1)

Doctors represent society's elite, and what they say and do significantly affects public opinion. They lend legitimacy to the practice of sex selection by the very fact that they do not oppose it. Therefore, they will have to accept the challenge of reforming their own fraternity, and influencing public opinion. No doubt, social reform has an important role to play in bringing about gender equality. What better group to begin with than one in which every member has at least five to seven years of college education and an income many times higher than the national average?

There is a need for a law, as well as a commitment from the profession to condemn and isolate those providers who engage in sex selection. The only real and lasting strategy to eliminate this practice is by building consensus within the profession. Only when the option of sex selection ceases to exist will the coercion of women to abort female foetuses stop. As long providers are willing to offer such services, women will remain vulnerable to such exploitation within their households.

Having said all this, ethical providers today may face dilemmas in individual situations.

Is sex selection justified if the doctor is certain that the woman will come to harm she bears a girl?

The doctor may indeed worry that a woman will be deserted or tortured if she bears a girl. However, the pressure to bear sons is only one aspect of the oppression that women suffer. In fact, as the family has no control over the doctor, the professional may be the only influential person who can argue against sex selection without fear.

What if the woman herself requests it?

If the woman has been coerced by her family to ask for a sex selective abortion, then by refusing one, the doctor is in fact acting in her interest. If she has really made an autonomous choice, it may be more useful for her to know that this act is illegal (many do not know) and that the doctor considers it unethical.

Is it all right if the couple already has one or more daughters?

How often do couples request an abortion because the foetus is male and they have too many sons? Only parents of girls have an urge to 'balance' the family, indicating that the whole process is discriminatory. Children lend variety to a family by their personalities, not by their sex. If family balancing was such an important issue for households, the sex ratio would never be so skewed. Many families voluntarily limit family size after they have had one or two sons, even when they do not have daughters. Significantly fewer families with only daughters do the same.

If you refuse to provide services, some untrained provider will. Sex selection reduces even the qualified, ethical provider to the same level as the unethical or unqualified provider: both are guilty of violating the law. In this way, professionals lose their moral authority to demand the elimination of both unqualified as well as unethical providers.

Second, the influential (i.e. urban middle) class will not risk safety beyond a point and this will eliminate the largest and most lucrative market for sex selection.

How is sex selective abortion different from the abortion of foetuses with serious genetic abnormalities?

When parents opt to abort a foetus with genetic abnormalities, they are concerned about the poor quality of life of the child which would have been born. A girl's disadvantages are not biological, but social, and social change is more rapid and unpredictable than the improvements of prospects for the severely disabled.

This is not to claim that eugenic abortions are without ethical dilemmas.

Is the ban on sex selective abortion not in conflict with the unrestricted right to abortion?

Through the anti sex selection campaign, right wing anti-abortion groups have suddenly discovered a love for the girl child. The unsaid message is that abortion itself is unethical and immoral.

Nonetheless, the opposition to abortion, and the ethical issues surrounding it, must be discussed by anyone serious about campaigning against sex selection. It is necessary to separate the two issues and yet see how they connect. The opposition to abortion is based on two arguments; the sanctity of life (including that of the foetus), and the fear that abortion will lead to promiscuity and the breakdown of the institution of the family. Often these two arguments enter each other's territory. One cannot challenge the personal views of those who would not opt for an abortion, or conduct one themselves. We must respect the freedom of choice to have a baby, as well as those professionals who would not like to participate in abortion. But the right to abortion, as a woman's right and without restriction, must exist. This is because women are often coerced to have sex, whether within or outside marriage. Second, contraception when available, is not fool proof and has its own risks. Third, women must bear the burden of the responsibility for contraception, of childbearing itself, and of rearing children as well. Finally, the risks of childbearing are borne by women alone, although women are hardly ever have exclusive or any right over the children born. Thus, access to abortion is a substitute for the rights denied to women otherwise by society (the right to have or not have sex, the right to ask a partner to use birth control or to look after the child).

Wherever safe abortion is available, women have used it judiciously. Freedom for women has strengthened families, not weakened them. What it has weakened is men's control over women - and in any case this ought not to be the basis of the institution of the modern family.

Thus the demand that women should have a right to their bodies and unconditional access to abortion is not in conflict with the claim that sex selection and sex selective abortions are unethical. It is not the abortion which makes the act unethical, but the idea of sex selection. For one, the family which opts for the abortion of a female foetus is no different from the family which determines it is a male, and therefore goes home happy. The ban on sex selection, like the right to abortion, is a proactive step; it gives a woman protection from coercion by the family and the right to respect whether she bears a girl or a boy.

Reference: 1. Gupte Manisha, Bandewar Sunita and Pisal Hemalata. Abortion needs of women in India: a case study of rural Maharashtra,

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