

Gender disparity: need to look beyond 'female foeticide'

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The latest census figures have re-focused attention on gender disparity in the population. Changes in the female sex ratio in the 0 to 6 year group are cited to substantiate the theory that female foeticide is an added influence on an already skewed sex ratio.

Though sex-selective abortion is an undeniable fact of life in India, especially in its urban population, what has not been analysed is how much this practice has added to the gender disparity in the population.

Data from a leading private hospital in Jaipur provide some leads. Of the live births in this hospital, for every 1,000 males there are about 830 females, (1) indicating an excessive loss of female foetuses in the antenatal period.

Spontaneous abortion, ectopic pregnancy, still births and medical termination of pregnancy (MTP) are cited as the various causes of foetal loss during pregnancy. Compared to 80 foetuses lost per 1,000 live births due to natural causes, there were 65 foetuses lost by MTP for every 1,000 live births in this hospital. (1) The ratio of spontaneous abortion to live births will be higher in the general population with poorer nutrition and access to care. Moreover, only spontaneous abortion cases that develop complications are admitted to hospital.

A one-year survey of the labour room register of the two maternity wings of SMS Medical College Hospital, Jaipur, reported 724 still births and a total of 15,346 live births — a still birth rate of 50 for every 1,000 live births. (2) A two-year study of hospital records reported 791 stillbirths for 14,928 live births (3), a stillbirth rate of 53 for every 1,000 live births. The 1999 figures for Mahila Chikitsalaya reveal a still birth rate of 69 for every 1,000 live births. (4)

The predominant known cause of spontaneous abortions and still births is congenital anomalies, in which neural tube defects are predominant. In the two studies mentioned above, 65 per cent (2) and 74 per cent (3) respectively of children born with neural tube defects were females; the female foetus is apparently more vulnerable and sensitive to teratogenic environmental insults.

Folic acid deficiency is a well known cause of neural tube defects (5) and a preventable cause of predominantly female foetal loss. Folic acid must be available peri-conceptionally since the brain is formed in the first six weeks of pregnancy. Other causes of prenatal foetal loss must also be investigated and corrected.

Female foeticide: a misnomer

It is a woman's fundamental right to terminate a pregnancy by asking a doctor to induce an abortion under the Medical Termination of Pregnancy Act. This right is recognised under Article 21 of the Constitution (protection of life and personal liberty). The foetus' right to survive under Article 21 is subservient to the mother's right and is available to

the foetus only in the later part of the pregnancy.

Though called Medical Termination of Pregnancy, this is a non-therapeutic, non-medical abortion. A woman approaches a gynaecologist for termination of her pregnancy on the ground of contraceptive failure. If she has got the foetus' sex determined by a sonologist, she does not have to disclose the foetus' sex to the gynaecologist, who has no discretion in this matter. This legal provision to terminate a pregnancy is different from the provisions for therapeutic abortion under the Indian Penal Code 312 – on medical grounds to save the mother's life.

Second, over 80 per cent of abortions are performed in the first trimester of pregnancy (6) when foetal sex cannot be determined by ultrasonography. The right to abortion on demand is extended up to the 20th week under the MTP Act, on certification of the pregnancy's duration, by two doctors. Sonography — the currently prevalent and easily available mechanical method of sex determination — can determine foetal sex only around the 15th week of pregnancy. Restricting the right to abortion to the first 12 weeks of pregnancy would automatically curtail sex-selective abortion. For rape-induced pregnancy and congenital anomalies, therapeutic abortion is available under IPC 312.

Ultrasonography is a very powerful and essential diagnostic method in medicine. Its use should not be restricted by the Prenatal Diagnostic Technique (Regulation and Prevention of Misuse) Act.

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