

Checking Female Foeticide in the Information Age

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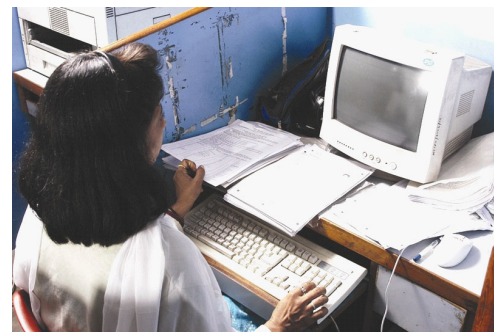
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INTRODUCTION

In India, the practice of sex-selective abortion or female foeticide (in which an unborn baby is aborted or killed before birth simply because it is not a boy) is only the latest manifestation of a long history of gender bias, evident in the historically low and declining population ratio of women to men. Moreover, the medical fraternity in India has been quick to see entrepreneurial opportunities in catering to insatiable demands for a male child. Until recently, the technology was prohibitively expensive. The three chief pre-natal diagnostic tests being used to determine the sex of a foetus (sexing) are amniocentesis, chronic villi biopsy (CVB) and ultrasonography. Amniocentesis is meant to be used in high-risk pregnancies, in women older than 35 years. CVB is meant to diagnose inherited diseases like thalassaemia, cystic fibrosis and muscular dystrophy. Ultrasonography is the most commonly used technique. It is non-invasive and can identify up to 50% of abnormalities related to the central nervous system of the foetus. But sexing has become its preferred application. A ban on the government departments at the center and in the states, making use of pre-natal sex determination for the purpose of abortion a penal offence, led to the commercialization of the technology; private clinics providing sex determination tests through amniocentesis multiplied rapidly and widely. These tests are made available in areas that do not even have potable water, with marginal farmers willing to take loans at 25% interest to have the test. Advertisements appear blatantly encouraging people to abort their female foetuses to save the future cost of dowry. The portable ultrasound machine has allowed doctors to go from house to house in towns and villages.

Figure 1.



In a democracy, it is difficult to restrict rights to business and livelihood if the usual parameters are fulfilled. An argument by Rathee (2001) brings to light the fact that the recent technological developments in medical practice combined with a vigorous pursuit of growth of the private health sector have led to the mushrooming of a variety of sex-selective services. This has happened not only in urban areas, but deep within rural countryside, also—areas where the other dimensions of healthcare and development are yet to penetrate. Indeed, the indications are that given these lethal combinations, the phenomenon of sex-selective abortions is growing nationwide. Furthermore, these discriminatory services are being provided and projected in the name of “democratic choice” as a measure of “upliftment” of women, since they are being saved from dowry deaths, burning and other forms of torture and violence they would have undergone once they were born. This pure greed for money is also equated by a large section of doctors to “people’s demand.”

BACKGROUND

In an age when females have left no stones unturned in almost every field, there are people who still accord a lower status to women. “What’s wrong with a girl child? In this era of gender equality, why this sexual discrimination?” In some of our Indian societies, while a childless woman is perceived as incomplete, one who has given birth to daughters is partially complete. Only the one who has produced a son enjoys a status of sorts. The problem is intimately related to the institution of dowry. “If it’s a girl child, we will have to spend first on her education and then on her marriage and dowry ... It doesn’t stop there. We will also have to meet some of her expenses after marriage. How I wish I get a son!” The bias against females is also related to the fact that sons are looked at as a type of insurance. Even our religions have been prejudiced against women. According to Manu (2000 BC-2000 AD), a woman has to be reborn as a man to attain moksha (redemption). A man cannot attain moksha unless he has a son to light his pyre. Also, it says a woman who gives birth to only daughters may be left in the 11th year of marriage. This obviously shows the gender bias in our male-dominated, patriarchal society.

result of determined action by NGOs against grossly unethical medical terminations of healthy pregnancies, mandates that sex selection by any person, by any means, before or after conception, is prohibited. But while the Act seeks to regulate and prevent misuse of pre-natal diagnostic techniques, it rightly cannot deny them, either. The PCPNDT Act allows pre-natal diagnosis only for chromosomal abnormalities, genetic metabolic disorders and congenital abnormalities. The law, however, permits ultrasound clinics, clinics for medical termination of pregnancies and assisted reproductive facilities as a routine matter and legitimate business. Then there is the legally binding Code of Medical Ethics, constituted by the Indian Parliament in the Medical Council Act (1956) that many doctors conveniently ignore. Doctors are legally bound to report medical malpractice. The PCPNDT Act mandates that any person conducting ultrasonography or any other pre-natal diagnostic technique must maintain proper records. The Act requires use of a written form, duly signed by the expectant mother, as to why she has sought diagnosis. Violations are punishable by imprisonment and a fine. The law also permits abortions for failure of contraception. It is a huge challenge for the government to detect violations of the PNDT Act, since it is a crime of collusion and by consensus.

FEMALE FOETICIDE AND LAW

There has been an inability to discuss the issue of foeticide without the larger debate on abortion, which is legally allowed and has been seen as a triumph of the women’s rights movement in the country. India has allowed abortion on broad medical and social grounds since the Medical Termination of Pregnancy (MTP) Act was passed in 1971, further trivializing the issue of foeticide. The Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act and Rules 1994 (as amended up to 2002) (the PCPNDT Act), a

The Ground Reality

Female foeticide is now more widespread in the country than ever before. The practice that was restricted to a few states a few years ago has now spread all over the country. Not only the poor, but even the middle classes and the rich in India are biased against the girl child and women. The provisional figures of CensusI 2001, which have frightened even the Health Department, show that the Child Sex Ratio (CSR, the number of girls in the age group of 0 to 6 years per 1,000 boys of the same age group) has declined sharply from 945 females per

Table 1. CSR and OSR

	1951	1961	1971	1981	1991	2001
CSR	983	976 (-7)	964 (-12)	962 (-2)	945 (-17)	927 (-18)
OSR	946	941 (-5)	930 (-11)	934 (+4)	(927-7)	933 (+6)

Source: Census of India

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