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Sex Selection: The Uneasy Choice.



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ex selection is the response to the desire to have children of a particular sex. In Asia, the desire is most commonly for male children. Although we identify this process with pre-conception, pre-implantation, and antenatal methods, it is important to recognize that there are postnatal interventions also. These postnatal interventions include female infanticide or the starvation, neglect and abandonment of the girl child.

The desire to be able to select and control the sex of one's child has been present from ancient times. The Chinese Gender Charts have been popular for thousands of years. A range of methods is promoted in many other countries as being able to help choose the sex of the child. These include a 'gender selection diet', assessing the pH of vaginal secretions at the time of intercourse, and many others that claim high success rates but not much scientific evidence.

Recently an 'astrologer' in South India was found to be making predictions for the next three to four pregnancies, based on which women would terminate two to three consecutive pregnancies until the son was conceived. (1)

Why does sex selection happen?

Although sex selection could be understood as selecting either sex, the issue that is currently a concern in some Asian countries and their diaspora is the tendency to select in preference for the male child. This is a reflection of son preference as well as daughter unwantedness. (2)

Son preference is an indicator of the status of women in a patriarchal system. It is also impacted by the politics of population control by the state, or even by the choice to have a small family, in cases where couples want only one or two children but desire that at least one of them should be a boy.

A sex ratio at birth that lies between 934 and 952 females per 1,000 male births is considered to be within the normal range, based on observation over several decades for many countries. (3) More male children die in the early neonatal period, hence the ratio almost balances out in the next few years.

Although sex selection has been practiced through home remedies and female infanticide for hundreds of years, the use of ultrasound followed by an abortion, mostly in the early second trimester, led to campaigns against the sex selective abortion procedure in the 1980s in India. While this campaign brought much-needed awareness about this practice, unfortunately it also moved attention away from the underlying gender discrimination and social, cultural and patriarchal norms, putting the spotlight on the pregnancy terminations that followed.

The consequence of this was that some of the rhetoric of the campaign against sex-selection became anti-abortion, although that was never the intention of the campaign. In recent years, anti-abortion groups have also discovered a love for the girl child. The unsaid message in their communication materials and images is that abortion itself is unethical and immoral.

A law called the Pre-Conception, Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act (PCPNDT Act) was passed in India in 1994 and amended in 2002. (4) However, the 2011 census data in India showed that sex ratios had not improved and were, in fact, continuing to decline, as they have been since the first census was conducted in 1900. (5) The government agencies in many states then stepped up the implementation of the PCPNDT Act. The resultant harassment of doctors in private practice has now discouraged them from providing any second trimester abortions at all, and they are turning women away. (6)

Once again, the stigmatization of abortion has increased and women are being forced to find unsafe or exploitatively expensive means to terminate a pregnancy.

The important question to ask here is: Why do we want more women to be born? An article from Kazhakstan puts the question in context:

The role of almost all Eastern women, whether they are dependent or independent, is to make a home and do housework for the family. Therefore, Kazakh women need someone who will help the former fulfil their roles. In this culture, their daughters are their best assistants because it is the social standard for them to act in this manner. In return for their help, mothers teach their daughters how to cook, clean, wash clothes and perform other tasks required to maintain an efficient Kazakh household. Each of these skills will be helpful to the daughters in their future lives. What is most beneficial about this cultural practice, because of the sustained interactions, is that mothers and daughters bond with each other in a powerful, caring relationship. (7)

The campaigns to defend the girl child in India have spoken to similar themes, arguing that girls are needed in order to marry men, have children, and generally fulfil their obligations in perpetuating a patriarchal system. There are projections of violence against women, rape, polyandry – as though there is no exploitation and abuse in societies with a 'good' sex ratio! The underlying argument is also a bit of a threat – 'If you don't have more girl children, don't blame us for what happens next. We warned you'.

The pro-choice dilemma

Advocates for women's right to safe abortion and the right to choose are now facing a serious dilemma. What does it mean to be pro-choice under these conditions? What should one be able to choose: When to be pregnant? How often to be pregnant? At what intervals to be pregnant? How many children to have? These choices were recognized by the International Conference on Population and Development in 1994, where governments endorsed the need to move away from target-based approaches to rights-based ones.

But when it comes to what kind of child to have, there is hesitation and the old worries of eugenics come to the fore.

Is there ever really a true choice? There are always personal reasons, family reasons, social norms and pressures, economic reasons (jobs for women, equal pay, maternity benefits,

cost of education), country policies (one-child or two-child family norm, military recruitment). 'Choice' is not really exercised in a vacuum and the state can (and does) interfere with the reproductive freedom of individuals.

If we want to ensure that women and couples do not choose to terminate a female fetus, we need to start addressing the reasons why the girl child is so unwanted. We need to talk about What should one be able to choose: When to be pregnant? How often to be pregnant? At what intervals to be pregnant?

dowry, child marriages, violence against women, access to education, employment, paid maternity leave, equal inheritance of property, political representation, gender sensitive programming, and budgeting – among other issues of empowerment.

Laws for social change can work, as they seem to have in South Korea: but they need to be part of a multi-pronged approach which recognizes that women's empowerment and equal status is the foundation on which we can build an equal society. Until we work on all these elements, just focusing on the termination of a female fetus pregnancy as being unwanted is really missing the wood for the trees.

Women's rights groups need to deliberate on this question. Can one advocate for a right to choose and then place limitations on that choice? 'Sex selection' as a term also includes the pregnancy termination and stigmatizes it, rather than just saying 'sex determination'. Now we have so many new ways of describing it: sex selective abortion, gender selective abortion, female gendercide, female feticide, gender genocide.

But there must be as many women and couples who find out the sex of the fetus and because it is male, they simply go home and have the baby – and we never know about them. They are also actively undertaking sex determination but no one talks about them.

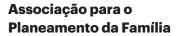
So then this issue is really about the abortion, isn't it?

References

- (1) Subramanian, Lakshmi. (2014) 'Harbingers of death'. *The Week*, 24 February. Accessed 22 September 2014. Available at: http://www.manoramaonline.com/cgi-bin/mmonline.dll/portal/ep/theWeekContent.do?programId=10350679&contentId=16242035&BV_ID=%40%40%40.
- (2) Sekher, T.V. and Hatti, Neelambar. (2010) 'Disappearing Daughters and Intensification of Gender Bias: Evidence from Two Village Studies in South India.' *Sociological Bulletin* 59 (1), pp. 111-133. Accessed 22 September 2014. Available at: https://www.unfpa.org/gender/docs/sexselection/indiapublishedpapers/UNFPA Publication-39840.pdf.
- (3) Chahnazarian, A. (1988) 'Determinants of Sex Ratio at Birth: Review of Recent Literature.' Social Biology 35:214:35.
- (4) Introduction: PCPNDT ACT 1994 (20 September 1994), AMENDMENT ACT, 2002 (NO.14 OF 2003). Published in the Gazette of India, Extra, Pt. II, Sec. 3(ii) dated 14 February, 2003. Accessed 22 September 2014. Available at: http://www.rajswasthya.nic.in/home%20page.pdf.
- (5) Office of the Registrar General and Census Commissioner, India. (2014) 'Sex Ratio.' Accessed 22 September 2014. Available at: http://censusindia.gov.in/Census Data 2001/India at glance/fsex.aspx.
- (6) Khan, Alifiya. (2012) 'Under the pump, doctors refuse legal abortions.' *DNA India*, 9 July. Accessed 22 September 2014. Available at: http://www.dnaindia.com/pune/report-under-the-pump-doctors-refuse-legal-abortions-1712679.
- (7) Cooley D, Chesnokova I. (2011) 'Sex selection abortion in Kazakhstan: understanding a cultural justification.' *Developing World Bioethics* 11(3):154-60. doi: 10.1111/j.1471-8847.2011.00303.x. Epub 2011 Jul 25. Accessed 22 September 2014. Available at: http://www.ncbi.nlm.nih.gov/pubmed/21794071.

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