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Myths about Sex determination Tests

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'Choosing the sex of one's child is the most sexist sin.'

We live in an era of paradoxes and contradictions - the reality was never so multifaceted, the issues never so complex. Everything around us seems to be melting and unfortunately the new forms acquired by the congealing of the molten mass leaves us little to rejoice at. Forces which had opposed amendments in the Hindu Code Bill are today clamouring for a Uniform Civil Code; a new policy for women in Maharashtra has been followed by the sordid events of the Jalgaon sex scandal and the mirage of women's empowerment raised at the Cairo Conference evaporates in the heat of a Delhi tandoor!

From local to global levels, we find the feminist expressions being hijacked by the Establishment while the real women's issues continue to be relegated to the backstage. The period of decades spanning Nairobi to Beijing has witnessed greater visibility, sharpening and focussing of women's issues but little progress in terms of concrete action. Drafting of new legislation (sex determination tests) and amendments in existing laws (dowry, rape, prostitution etc.) leave much to be desired while implementation of these laws, even in their present forms is almost nil. While the New Economic Policy has started taking its toll in terms of growing unemployment, neglect of health and education, devastation of natural resources and environment and marginalisation of the 'children of a lesser God', the worst affected are women. The declaration at the International Conference on Population and Development (ICPD), Cairo notwithstanding, several new Long Acting Contraceptive (LACs) are being added to the armour of hazardous contraceptives targeted at women. New Reproductive Technologies (NRTs) which would further reduce whatever little control women have retained over their bodies and bodily processes are being projected as "hi-tech solutions" to women's problems. There is an urgent need to fight on each of these issues separately and also within a unified frame of reference.

A Myriad Questions

Sex Determination (SD) represents a focal point for thinking and action at various levels. It is the violation of women's foremost, basic human right - the right to survive. SD is the most subtle and hence the most potent weapon of women's elimination which takes discrimination against them to the womb. It negates the fundamental right to equality. It also raises important issues on the interfacing of technology, health and society, of misuse of medical technology, of using technocentric solutions for social problems, of violation of the principles of medical ethics, of social and demographic implications of such technologies, of the decision making processes involving technology, which can have far-reaching social effects, of regulating the medical profession (specially reproductive technology) both internally and externally, of limits to research and the techno-docs' power 'to play God', of the role and limits of social legislation in tackling social problems; of 'informed consent', and patients' rights and doctors accountability, of the possible fall-out of the advent of New Reproductive Technologies (NRTs) from Sex Pre-Selection Techniques (SPSTs) to non-coital reproduction through IVF- ET or GIFF, surrogate motherhood to genetic engineering; of decision-making process in family and society and women's role (or lack of it) in them. All these issues affect us all directly or indirectly. They determine how we define and interpret our past and shape our present and future. Like ecological issues, they question the wisdom of interfering with nature's method of selection and of disrupting its subtle balances.

It is difficult to find another issue, which could raise so many complex interrelated issues and yet touch human beings directly and intimately. Perhaps, in the Indian context, it is the most appropriate example of the '*Personal Is Political*'. However, it is difficult to refocus the nation's attention on this issue. The earlier two nation-wide campaigns and the resultant enactment (but non-implementation) of a nation-wide law have strengthened the ethos of cynicism and frustration prevalent today. The law has also given an alibi to the government to escape international humiliation and condemnation on this issue. While China and S. Korea, facing similar situations, have advanced to some extent on the paths chosen by their respective governments, the Indian government and society are simply not ready to confront this issue. However we would be able to tackle the more complicated questions raised by the advent of NRT only by using the space and insights gained by effectively confronting SD tests.

We are running out of time. We do not have more than a decade to effectively curb (if not eliminate) this problem, which, even now has acquired the status of 'a

social phenomenon'. Thousands of clinics are already in operation, spanning the entire north, central and west India, many of them in smaller towns and villages. The region most affected by this phenomenon coincides with the demographically sensitive region- where for economic, social and culture factors, female mortality is much pronounced. The SD phenomenon and with it, the danger of a demographic catastrophe is rapidly spreading newer geographical territories. The economic stakes in this growing business involve few hundred crores of rupees today.

As it grows, the vested interests would become very powerful and they would counter all efforts to control it.

Accordingly to the 1991 census, four States and five Union Territories report sex ratios less than 900, the situation is worse in certain rural districts and castes with a tradition of female infanticide. New simpler techniques for pre-natal sex prediction are being searched throughout the world. Such a technique, say, of predicting an offspring's sex through analysis of a pregnant mother's blood would make proliferation of SD much beyond monitoring and control. Evolution of a simple, effective and cheap SPST would also make our campaign redundant and futile. In the meantime, people's acceptance of sex-selective abortion as 'a part of social cultural practice' and the frustration of non-implementation of laws on this issue might further stall our efforts.

However, it is still possible to fight and win. The earlier campaigns have already raised consciousness on this issue. Lakhs of people have directly supported the campaign through their action. Artists, moved by this issue have expressed themselves through films, cartoons, posters, slide shows, theatre and street-plays, songs, poems, social advertisements and classical dance. Experience in Maharashtra underlines the fact that the pressure of campaign can close down most SD clinics (and that, in absence of such pressure and with the government's lack of political will, such clinics resurface). Although the Centre is yet to implement the nation-wide law passed by the Parliament in 1994, lately the National Human Rights Commission and the National Commission for Women have taken some initiatives on this issue. The Department of Women and Child Welfare has taken steps for the study of selected districts with very low sex ratios.

It is time for all of us to rise to the occasion. Activists, academicians and common people, women and men, people working on health, gender, development, ethics, human rights, demography, public policy and consumer rights- all should

join lands to analyse, debate and solve this issue. Each small success gained in this struggle would have a great spin-off effect in several related issues e.g. exposing the role of medical councils in safeguarding the interests of the pro-SD lobby would strengthen the ongoing feeble campaign to uphold medical ethics, effective monitoring of vigilance committees may lead to their replication in other fields, and curbing research on SPSTs would raise the issue of limits to research in all NRTs.

Myth

Sex-selective abortion is an effective tool for population control/family planning.

Fact

Many people believe that due to the son-preference deeply engraved in the, Indian psyche, a large number of people keep on increasing the family size with the hope of begetting a son. SD tests according to them, is the best measure of Family Planning. Several others, including certain policy planners consider women as 'procreation machines'. Hence, 'decreasing the number of machines would automatically lower their total output' is their logic. It has resulted in fixation of NRR 1 (Net Reproductive Rate = 1) i.e. each surviving female should be replaced by only one daughter-as an important target earmarked for India's population programme.

- Son-preference (and conversely, criminal neglect of daughters) in Indian society is an established fact. However, that is not an important determinant of India's rising population. Several studies have shown that poverty is an important cause rather than an effect of population growth; that poor people produce more children because their chances of survival are less and because most of them, residing in third world countries are not supported by any system of social security, specially in old age;
- Global consensus, is outlined in the Declaration of ICPD held at Cairo considers Women's empowerment to be the best contraceptive. Women mostly want a small family. However, their secondary status and inability of participation in decision-making processes prevent them from enforcing the small-family norm. Women's education, awareness and participation in economic activities, leading to their

development and empowerment can effectively curb population growth. Kerala is the best example;

- Sex-selective abortions strike at the very root of women's dignity and the principle of equality. How can women be empowered in a milieu which denies them even the right to life? SD tests, would thus oppose the process of family planning through women's empowerment;
- SD tests (and subsequent sex-selective abortions) can only eliminate the 'undesirable' sex; they do not guarantee the birth of offspring of a 'desirable' sex;
- Family planning and family welfare go much beyond the narrow concept of numbers. '*Quality of life*' is inseparable from them. What would be the quality of life of the Indian woman (mostly anaemic and a young mother) who is made to pass through a vicious cycle of conception, SD tests, abortion and subsequent conception?
- Women, like men, are full and equal human beings, capable of participating and contributing in each walk of life. Reducing their worth to 'reproductive machines' has deep sexist connotations. Attempting to solve the population problem through reduction in women's numbers would justify dowry murders and 'femicide'!

Myth

Sex determination tests are safe and accurate

Fact

SD techniques consist of two components-methods for removal of foetal cells and chromosomal analysis of these cells to identify foetal sex. Presently, amniocentesis and Chorionic Villi Biopsy (CVB) are being used for the former, while the latter part is carried out by geneticists in genetic laboratories. (Sonography being a different technique would be discussed separately).

- Of the various techniques used for SD, amniocentesis and CVB carry the risks of spontaneous abortion and infections leading to further complications. Amniocentesis carries the added risk of injury to placenta, or to vital organs of the foetus even when performed under ultrasonic cover by trained experts. In India, both these techniques are being performed by untrained persons in conditions, which are far from ideal, thus increasing the chances of immediate/delayed complications.
- Following SD tests, abortion is normally performed in the second trimester of pregnancy. Abortion at such an advanced stage is hazardous to the mother. In India, 70% women are anaemic; average maternal age at first pregnancy in rural areas is around 17-18 years and the maternal mortality rate in India is one of the highest in the world. The risks of repeated abortions and the vicious circle of pregnancy-test-abortion-pregnancy must be viewed in the context of this morbidity - mortality data;
- Sonography, although used commonly to monitor pregnancy is not totally free from side effects and hence should not be used routinely.
- Chromosomal analysis of material derived from amniocentesis or CVB has an accuracy of up to 97% with highly skilled operators, the accuracy is much less for poorly trained persons as are working in India.
- Sonography cannot be relied upon as a technique for predicting foetal sex. Identification of the offspring's sex, using this technique, becomes possible only after four months of gestation, after which abortion would become complicated (and illegal after 20 weeks). The probability of false positive and false negative results is too large to make this method dependable for sex prediction.

Myth

Sex determination tests would not alter the sex ratio of the population

Fact

The general impression is that SD is resorted to only by those in need of sons to balance their families and that they stop soon after getting a son.

- Studies in different parts of India show that though SD tests are first adopted by a section of the population where preference for a son is extremely pronounced, they are soon accepted by other sections of society. People having no living daughters or those with one or more sons are also known to adopt SD techniques to pre-eliminate women from their families.
- The average desirable family composition in India is 2 sons and a daughter. While there have been no incidence of people aborting sons till a daughter is born, lakhs of daughters have been aborted with the hope of begetting a son. This process of abortion of daughters may continue even after the birth of a son in the family till at least two sons are born.
- Sex-selective abortions are more acceptable in castes/ regions where son-preference is more pronounced. In these regions/castes, the sex ratio is already precarious owing to the discrimination against daughters. Abortion of unborn daughters is bound to accelerate the downward slide of females along the demographic ladder.

Secondary Sex Ratio (SSR) i.e. the number of males born per 100 females can be taken as a sure indicator of sex-selective abortions in a given population. Universally normal values of SSR vary between 104 and 106 to account for a slight excess of biologically weaker male sex at birth. Thus, a SSR consistently greater than 107 can be taken as a sure indicator of occurrence of sex-selective abortion of females. SSR values for Ludhiana from 1981 to 1988 are as follows:

Year	1981	'82	'83	'84	'85	'86	'87	'88
SSR	105	105	113	113	113	112	114	122

Similarly, corresponding values for a cluster of villages around Ludhiana are as follows:

Year	1984	1985	1986	1987	1988
SSR	116	101	117	114	119

1982-83 was the year when SD started proliferating in that region. According to a study by the Morrison Institute for Population and Research Studies at Stanford University, California, the SSR for India is 108.7 males per 100 Females. More accurate micro studies from different regions of India substantiate the fear of demographic damage due to SD tests.

Myth

Reduction in the number of women would enhance their worth.

Fact

A perverse logic doing the rounds is that reduction in women's number makes them more 'wanted'. In fact, SD proponents claim that in future bridegrooms may have to pay dowry, due to shortage of females of marriageable age.

- Applying the economic theory of 'demand and supply' to complex social issues reflects two facts: patriarchal prejudice and the ignorance about fundamental concept of social organisation and social dynamics. It is an obnoxious view to equate women with grains and cereals whose value depends upon their being in short supply!
- In several regions, especially in most South Asian societies, low sex ratios (deficit of females in population) reflect their lower status and secondary role in society.
- Historically, a drastic reduction in the number of females resulting in the disruption of sex ratio balance has occurred only in a few small societies. Sociologists fear that such a phenomenon would result in

greater incidence of rape, forced marriages, polyandry, in general in making women's lives more insecure and sex stereotyping more pronounced. Women would be compelled to stay within the four walls of their homes and avoid contact with the insecure and hostile 'outside world' for 'their own benefit'. Thus all the advances made by women through their struggle for emancipation would come to a zero and women would have to fight for their most basic right of survival.

- In a society like ours, powerful men would maintain a 'zanankhana' to demonstrate their power and influence while several men, finding no companions might resort to any means to force a woman for a sexual/marital relationship. In either case, a woman would have no control over her life. Recently, several instances have come to light in which young men have killed women in cold blood for refusing to marry them or having sex with them. A large number of young people find this is 'normal', 'macho' behaviour. In future, it might become a respectable norm!

Myth

Laws cannot curb sex determination tests.

Fact

True, progressive legislation alone cannot solve any social problems like SD tests. However, they can create space within which solutions could be explored and implemented. Legal action, if coupled with measures for creating awareness and suitable policy interventions can at least check large-scale sex-selective abortions. The ultimate solution of this problem lies in the fundamental restructuring of our society on the foundations of gender equality and justice. Ultimately, a socio-cultural revolution would be needed to solve this problem. Nevertheless short-term measures including a stringent and workable law can surely curb it

- Unlike other problems related to women's status in society (e.g. dowry, sati, child marriage), this issue has an additional player in the game viz. the doctor. Doctors, although no more ethical than other members of society, are definitely law fearing (provided they are convinced that the law would be implemented) It is in their professional interest to follow laws. The negative publicity resulting after 'getting caught' acts

as a major deterrent for most doctors. In Maharashtra, most of the SD clinics stopped business immediately after the enactment of the state level law against SD tests. (They, however, gradually reappeared when the Government, through inaction and lethargy demonstrated a lack of political will to implement the law.)

- Sex of the unborn is mostly predicted by chromosomal analysis of foetal cells, which is carried out only by a small number of well-equipped genetic laboratories situated in large cities. Hence, monitoring SD business, in effect, means monitoring these few laboratories in cities.
- If licenses for prenatal diagnosis are granted only to government institutions, the task of vigilance would be further simplified. The ban on misuse of techniques for SD imposed upon government institutions has not been violated for the past 15 years.

Myth

Banning SD would infringe upon women's right to choose the sex of the offspring.

Fact

The pro-SD lobby argues that the right to choose the sex of the offspring is a logical culmination of the 'pro-choice' theory as the women should decide how many children she should have, when to have them, so also their sex. It would be worthwhile to ask a few questions. Did the common women of the poor South Asian countries (where SD tests are most common) or the women's movement in this region ever ask for such right? Who asked for it and who gave it? Do these women enjoy basic human rights such as the right to equality? Can they decide whether and when to get married? can they demand the right to education, health, nourishment, & equal treatment? Can they say 'no' to a sexual relationship forced upon them? In the absence of all these rights, does the right to decide the offspring's sex serve any purpose? The answers to these questions would reveal the following facts:

- Women from poor countries have never asked for a right to decide the offspring's sex. It is a bogey raised by the pro-SD lobby, especially doctors whose interests are served by proliferation of SD tests.
- In a social milieu where a woman cannot take even the most basic decisions related to her life, viz. education, health, marriage, economic freedom, it is downright insulting to talk of the choice to decide whether to have a son or a daughter!
- In reality, a woman does not have such a choice: The decision about children-when and how many to have, etc. is taken largely by her in-law's family. She cannot say 'No' to undergo a SD test for the fear of being deserted, divorced or alienated in the family. Moreover, after the SD test, the choice of undergoing abortion is not her own; she cannot opt to continue the pregnancy if the foetus is detected to be a female nor can she decide to abort a male foetus. Hence, the choice doesn't exist.
- At times, we find women supporting/asking for SD test. But, is their 'choice' totally free and fully informed? It is often based on subtle or not-so-subtle pressures operating in the family and society. The fear of being driven out of family or having to lose one's status in family weighs heavily on the women's mind when they ask for SD
- On the basis of their experiences, women have been demanding 'choice' in various walks of life. However, our society does not seem to be keen to furnish them. Even in the field of health, several of women's demands have remained unfulfilled: women want safe deliveries with the least medical interventions (but most hospital-based deliveries involve as Caesarian section); safe, simple, contraceptives in their control (what they get are hazardous long lasting contraceptives); their gynecological problems to be attended to with sympathy and concern (but they are labeled as psychosomatic)...
- It must be remembered that in a consumerist culture, the demand for a choice could be created and nurtured and a choice be marketed as fulfilling an important social function. The number of choices doesn't reflect the degree of autonomy of all individual or a group e.g. asking Indian women to choose from Norplant, Depo Provera or

contraceptive vaccine (without improving women's status, obtaining their informed consent or upgrading the healthcare set up) would decrease rather than improve their control over their bodies. In the words of the noted thinker Dada Dharmadhikari, "providing a chicken a choice between getting roasted or fried is no choice"

Sex Ratio: India*

Year	1901	'11	'21	'31	'41	'51	'61	'71	'81	'91
SR	972	964	955	950	945	946	941	930	934	927
*No. of females/1000 males in population										

States/U.T.s with low sex ratio 1991 census

Chandigarh	793
Andaman & Nicobar	820
Delhi	830
Arunachal Pradesh	861
Haryana	874
U.P	882
Punjab	888
Sikkim	888
Nagaland	890

What Can You Do?

1. Write to the Minister for Health and Family Welfare, Minister for State for Women and Child-welfare, Minister for Law and Justice, demanding:

- Implementation of the Regulation of Prenatal Diagnostic Techniques Act, 1994,
 - Ensuring proper representation of voluntary groups active on this issue at all levels of the implementing machinery viz. Appropriate Authority, Supervisory Board and Vigilance Committees;
 - Amending the Act in the next session of Parliament so as to restrict licenses for prenatal diagnosis to government/municipal institutions;
 - Removal of the clause of punishment to women undergoing SD test;
 - Automatic suspension/cancellation from the Registry of Medical Practitioners of the name of doctors found guilty by the court without referring the matter to the Medical Council.
2. Pressurise the concerned State governments to speedily implement the Act.
 3. Maintain vigilance over authorised/unauthorised centres/laboratories using prenatal diagnostic techniques for SD.
 4. Highlight the biological fact that the mother is not responsible for the sex of the offspring.
 5. Create awareness and help explode myths about SD and NRTs.
 6. Publicise social/cultural alternatives which strike at the root of son-preference (nomenclature system doing away with clan/ caste indicating surnames, adding mother's name to one's own name, daughters performing last rites on parents, daughters supporting parents in old age etc.)

Myth

How can you oppose selective abortion if you are not opposed to abortion?

Fact

This twisted argument has been used by different people to suit their purposes. On one hand, the pro-life lobby tried to appropriate the campaign against SDtests under their logic while the pro-SD lobby tried to use the argument to divide and confuse the supporters of anti-SD campaign. Some feminists in the West chose not to support, this campaign lest their stand be misinterpreted or misunderstood as pro-life. There is an additional danger that our support to abortion as a women's right could be misused in its indiscriminate use as a family planning tool.

Amidst all these conflicting realities, we believe-

- We oppose sex-selective abortion not because it violates life, but because it violates the dignity and negates even the existence of women. The issue is discrimination, not right to life. If a woman chooses to abort her offspring, irrespective of its sex, have no objection. But aborting a child only due to sex is discrimination and hence should be opposed.
- Abortion, if used routinely as a F.P tool is detrimental to women's health. Moreover, it shifts the responsibility of contraception completely to woman if she doesn't want to undergo abortion. Contraception and child rearing should be the common, shared concerns for both men and women.
- However, Women should have right to abortion as an extension of their right over their bodies and specially because in the Indian context, abortion represents women's last defence against an unwanted pregnancy. Quiet often, she cannot oppose a relationship forced upon her, nor can she use or make her partner use contraceptives. Ultimately, she may have to face social stigma (if the birth for the child is socially unacceptable) or opposition from family (if the child is

unwelcome) so she must have the last option, of abortion, available to her.

- We are also opposed to SPSTs in which there is no apparent bloodshed and stigma attached to killing. Nevertheless SPST is simply an extension of SD, based on the same principle - of selection based on discrimination.

Myth

Sex-selective abortions are more humane than dowry murders and sati.

Fact

- Can poverty be eradicated by bombing slums or minorities problems be solved by eliminating minorities? Women aren't the problem. The problem is society's attitude towards them. The remedy lies in making daughters wanted and 'welcome' and riot in refusing them their existence.
- If this fatalistic argument is extended to all walks of life, and we start eliminating 'unwanted people', the earth would soon turn into a gigantic graveyard.
- Why this deceptive choice, between getting killed at birth or later? Women do have a choice to lead a full, healthy dignified life.
- Nobody stops producing sons for the fear of a nuclear war, riot or a road accident. In fact, a basic motivation behind procreation is human kind's undying optimism. We always hope for a better tomorrow, for a more beautiful humane world for our children. Why presuppose that a daughter born would be subject to atrocities? It is better to work towards making daughter wanted and happy.

Selected Reading

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