

## **Sex Determination Tests in India: a Survey Report**

The practice of prenatal sex determination followed by selective female fetus abortion is one of the most striking examples of how advances in science and technology are employed for the furtherance of women's oppression. Although this inhuman practice has been in existence in India for many years, it is only last year (1985) that anything like an organised and sustained mass campaign against it became a reality. While Bombay has been a principle centre of the campaign, it has now also spread to other cities, including some small towns. A concrete manifestation of this positive change has been the formation of the Forum Against Sex Determination and Sex Pre- Selection.

The collective efforts of several women's-groups and other voluntary-organisations, spearheaded to some extent by the Forum, have yielded some notable results. Two private bills concerning this issue were introduced last year-one in Parliament and the other one in the Maharashtra legislature. This goes to prove that both the Union and the state governments were forced to take note of the issue because of the growing popular protest. The bill in Parliament is yet to come up for discussion. Nevertheless, the Minister of State for Health and Family Welfare did convene a meeting in New Delhi last December (1985) to discuss the issue. The Maharashtra government formed a committee in September last to study the problem and suggest a set of corrective measures. The private member's bill in the legislature came up for discussion in the 1986 winter session at Nagpur, but the same was withdrawn following an assurance from the government that the committee was still studying the problem and that, on the completion of the study, the government would itself initiate appropriate action in the matter.

As part of its activities, the state government-appointed committee commissioned me for the Foundation for Research in Community Health (FRCH), Bombay, to conduct a short study of the prenatal sex determination tests and female feticide in Bombay city. The study was conducted in November 1986 with the objective:

- a) Determining the extent of the spread of sex 'determination (SD) tests and female feticide in Bombay city.,

- b) Finding out other related aspects of this practice; and
- c) Knowing the views and perceptions of the doctors involved in this practice.

Fifty private gynaecologists, chosen randomly but with a view to covering the entire city and the suburbs, were interviewed in person during the course of the study.

*by Sanjeev Kulkarni*

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### **Findings of the study:**

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- There are an estimated 1000 gynaecologists in Bombay, of whom up to 70% practise privately. SD tests are not done in government and municipal hospitals.
- 42 out of the 50 gynaecologists interviewed perform amniocentesis for the purpose of sex determination. These 42 doctors together perform on average 270 amniocentesis tests per month, between one and twenty tests each. Twenty of the 42 had begun to do so two years before the study. Seventeen had been doing so for 5 years. One began 10 years before and another 12 years before. One doctor had recently stopped because of the controversy and was awaiting government direction. Six of the 42 had also begun to use chorionic villus sampling (CVS) from half a year to three years before, for sex determination. In general the public debate on the issue seems to have increased the practice.
- 27 of the 42 doctors do amniocentesis solely for sex determination. The other 15 doctors do between 1% and 15% of tests for detection of genetic disorders.
- The majority of women having the test come from the upper and middle classes, 85% of the doctors said they do not get women from the lower classes for SD tests.

- It is generally believed that it is only women with four or five daughters who go in for SD tests and female feticide. But the study showed that the proportion of women going for SD tests when they have four or more daughters is relatively small. A majority of the women have two or three daughters, and some only one daughter.
  - Thirty of the 42 doctors do not get women who already have sons asking for the test. About 10% of the women seeing the other 12 doctors do already have one or more sons.
  - The amniocentesis costs between Rs 70 and Rs 600, with the average cost at Rs200-400. A CVS costs between Rs 1000-1500.
  - According to a large majority of the doctors, the tests are 95-100% accurate.
  - 27 of the 42 doctors said they do not get any cases where the woman is forced by her husband or in-laws to have the test; the other 15 say they do. Two of the 15 said that up to 30% of the women are forced. A third said that in her experience, when asked confidentially, as many as .50% of the women reveal that they are forced.
  - 37 of the 42 doctors perform abortions following the SD test, if asked for by the couple. The other five said they do not perform second trimester abortions for any reason, because of the complications.
  - 31 of the 42 doctors see SD tests as a humane service to women who do not want to have any more daughters. Of these thirty-one, 8 also considered it an - effective method of family planning, Nineteen of the doctors see it as a wrong but unavoidable practice in the Indian social setup.
  - 74% of the 42 doctors only do the test when asked for it but the rest also suggest it themselves.
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### **Examples of the Political Response in India to Sex Determination Tests/Selective Abortion:**

Our Priority is population control by any means. Amniocentesis should be used as a method of family planning and made available to everyone at a minimum cost or even free (Dr S Limaye, head, Obs/Gyn Department, Bokaro General Hospital Bihar Eves Weekly 1982 quoted in the study)

Emancipate the woman! Make her important ... I hope their number decreases so that their status in society enhances. After all, it is universal law that when demand escalates and supply dwindles, value automatically rises. (A Bombay gynaecologist Eves Weekly 1982)

Sex determination is a social problem like dowry and child marriage and there is no point in blaming the doctors alone, asking them to discipline themselves and refuse to do amniocentesis tests for those intending to abort a female fetus (Dr DK Tank, new president Bombay Obstetrical & Gynaecological Society Times of India 1986)

This practice should be banned, legally, medically and morally. How can one make any discrimination between sons and daughters? I feel the couples or the women are, not to be blamed. After all, living in a society like ours they have certain ideas and opinions and hence they come to the doctors. It is the doctors, who are sitting in the chairs of authority, should use their judgement. It is not correct to say that doctors are they are not forced to do the tests. After all who made it known to the public that such tests can be used in this way? Who put up the advertisements in local trains? These days practically every private gynaecologist performs these tests. They don't think seriously about the Consequences and they are not bothered about the moral or ethical aspects of the issue. They do the tests Purely for the sake of money in h and in the process, strengthen the ideas of discrimination in the society. (One of the doctors interviewed for the above study)

Amongst certain groups at least it is preferable for unwanted girls not to be born than to live and be so badly treated ... Female feticide is better than female infanticide or severe ill-treatment E.. The case is particularly strong when one is not against abortion itself. (Dharma Kumar in Economic & Political Weekly 1983)

The most common demand has been that the government should impose a ban on these tests. But I personally feel quite hesitant in demanding a government

ban, because we know from experience that all it usually does is send a practice underground, thus making the practice more hazardous for the woman's health...If we accept that abortion should be legal how can we say that killing female fetuses should be illegal? In some cases there may be no visible pressure on the woman to discriminate against her own female children. If in some situations, the woman or the family voluntarily opt for female feticide, do we really have the right to stop them? Besides the complex moral issues involved, we are dealing with basic questions about why, in a given culture at a particular time, the life of females is so devalued... It is crucially important to change this power imbalance... It is only thus that women can acquire a say in deciding what kind of health technology should be used and for what purpose. Right now, women are under tremendous pressure to produce male heirs and not burden the family by producing more than one daughter. A woman who is dependent for her very survival on men in the family is in no position to resist the pressure... The problem does not seem to offer any immediate solutions. Our strategy should be to combat the rapid spread of this technology by distributing correct information about its risks and dangers while at the same time finding long-term ways to advance women's social and economic rights. (Madhu Kishwar, *The continuing deficit of women in India and the impact of amniocentesis*, *man-made Women* ed. G Corea et al Hutchinson 1985 p 34-36)

Clinics are manned by even untrained practitioners who merely extract the amniotic fluid and then send samples to specialised laboratories for prenatal sexing. With a highly adverse sex ratio ... there is imminent danger that atrocities on women, including rape, purdah forced polyandry and female infanticide will increase, Doyens of population control have also squarely blamed women for reproduction and in the same spirit, the Government of India has pledged itself to the Net Reproduction rate utility by the year 1990, spelling out in lay person's terms, that only one daughter should replace her mother. We believe that elimination of the victim cannot solve the problem; in fact, it only legitimises oppression. What is required is a systematic questioning of the problems that surround women and the role of the medical profession vis a vis maintaining the status quo... Mere amendment in the Medical Termination of Pregnancy Act cannot strengthen legal action against amniocentesis because it is difficult to legally establish the nexus between sex determination and subsequent female feticide. Most often the reason for [abortion] is registered as 'failure of contraception' or 'grave mental injury' (sic) to the pregnant women! ...Aware that mere banning will not erase the problem we still feel that it is the minimum that has to be done by the government. (Manisha Gupte, '*Battling sex determination*' *FRCH Newsletter Vol. 1 No 1 Nov-Dec 86*)

Kamu Bhate, from the Forum against Sex Determination and Sex Pre- Selection, wrote in September to say that a national-level committee has been set up by the government to look into the whole matter, and formulate legislation. The Forum are represented on this committee. Their position is that amniocentesis, CVS or other techniques should be legally banned for purposes of sex determination, in order to prevent female feticide. They call for punishment for doctors who continue to perform the tests, but not for women who have them, since the woman may not really have a say in the whole thing.

A woman lawyer on the national committee is arguing that doctors doing the test should be put in prison for a minimum of five years, and that the woman having the test should also be punished, because she is a party to the crime. This woman, who works in slums in Delhi says that the days of women not having a say in what happens to them are gone, and that they must therefore, be held accountable. The Forum are in continuing discussion about their position in the light of such differing ideas of how to deal with SD testing.

The Forum are opposed to restrictions on abortion which may arise out of this situation. Their aim in the short run is to prevent sex determination tests being done. They also oppose the development of new technology that could make it possible to control what of a fetus is prior to conception. A number of techniques for this purpose are being worked on in different parts of the world. Although to date none has been successful doctors could and do try to techniques to women as they do SD tests, and in general until such time as girls and women are valued enough not to make such techniques appealing to the people, there are dangers to women in the proliferation of this of technology. *[Info from discussions with Kamu in Costa Rica]*