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Sex Selective Abortion in India

Christine Myers

Gendercide is a term that first emerged in a book written by Mary Anne Warren in 1985, entitled *Gendercide: The Implications of Sex Selection*. The term refers to “gender selective mass killing.” Gendercide, and specifically femicide, is an enormous problem facing the global community of the modern era and has claimed the lives of over an estimated 100 million women since the 1970s and 1980s (Meaney 1). Women killed solely based on gender are victims of rape, domestic violence, and honor killings. Victims also include women that die due to insufficient access to health care, which often tends to favor men.

Discussions on gendercide also include the results of the preference to have sons in patriarchal societies. Countries in South and East Asia present the most striking cases of gender disparity in which men, and especially male children, far outnumber women and female children. Further research into these skewed sex ratios has exposed the pervasive influence of son preference in these regions that results in higher mortality for young girls, female infanticide, and female-selective abortion.

The gender disparities in China and India have specifically been under scrutiny in the past few decades. Both countries average over 120 males per every 100 female children (Economist). The impact of the one-child policy in China on sex selection has been studied to a greater extent. India too has increasingly become an area of interest to researchers, especially after the results of the 2001 National Census, which revealed a striking increase in gender disparity since 1991.

In China and India, the increased education of women and their entrance into the workforce has decreased fertility. This phenomenon, coupled with son preference and the introduction of technologies capable of determining the sex of a child have given rise to the use of abortion in order to avoid having daughters. The impact of sex-selective abortion on gender

disparity has paled in comparison to the impact of the mortality of young girls and the killing of female infants. However, its impact is substantial and continues to increase as fertility declines.

India has the lowest child sex ratio of females to males of any country, at 914 females per every 1000 males (Jha 1921). As India continues to industrialize, the gender disparity only increases. The disparity is highest in Punjab, Haryana and Uttar Pradesh, some of the wealthiest Indian regions (Savegirlchild). Affluence seems to perpetuate the problem, perhaps due to the decline in fertility among affluent families combined with the effects of deep-seated patriarchy. This patriarchy and its practical implications have prevented meaningful changes from taking place, and the gender disparity has only increased since 1991. Economic development, along with new technology, has created a situation wherein technologies are being increasingly utilized to select the gender of a child during the prenatal period. These technologies increase the use of sex-selective abortion to ensure particular family compositions. Legislation and other measures attempting to curb female-selective abortion in India must consider underlying social causes and be consistent in enforcement and implementation in order to reach any kind of success.

Son Preference

On October 22, 2011, 285 girls with names like “Nakushi” or “Nakusa,” meaning “unwanted” in Hindi attended a ceremony in Mumbai in which they all received new names. These new names would offer the girls dignity and combat general gender discrimination in the region (Babu 1).

In order to understand the motivations behind sex-selection in India, it is important to understand why the society places so little value on daughters. The motivations for Indian families to have boys are mostly associated with the patriarchal structure of society. The reality is that a female child creates a burden for parents whereas a male child creates security for them.

The burden a female child places on her family is due in the first place to marriage rites and the existence of dowries. The parents of a bride are obligated to provide substantial monetary or other property concessions to the family of the groom. The parents of the groom decide upon the price of a dowry, whereas the bride's parents have little say (Sarkaria 910). The dowry, therefore, places a substantial financial burden on the parents of a female, with no financial return (Sarkaria 910). Dowries often place a woman and her family in debt, so the woman's in-laws often will abuse her and harass her family (Sarkaria 911). Women are not typically allowed to inherit property, which causes an added liability to her parents, who may lose their property to the family of the husband (Sarkaria 912).

As soon as a woman is married, she is considered part of her husband's family and is essentially released from obligations to her own parents. She therefore does not provide security for her own parents, as she is not expected to care for them in their old age (Laadli). Parents are also responsible for the reputations of their daughters, who are expected to remain virgins until marriage (Laadli). The high emphasis placed on virginity produces a liability to the family's reputation, which propels parents to encourage marriage at an early age. Early marriage limits or prevents a female's opportunities for education and future self-reliance. Women, therefore, typically will not contribute economically to their parents' well being in part due to early marriage (Sarkaria 910). Indian society also tends to discourage women's entrance into the workforce because a wife staying at home instead of working a job is seen as a symbol of a family's prosperity (Sarkaria 910).

On the other hand, having a male child produces future economic security for parents and enhances a family's reputation. Additionally, the family line is perpetuated through sons, which increases the desire of couples to have at least one male child. Even religious practices encourage

son preference; the Hindu faith dictates that a male family member, preferably a son, perform the final rites necessary for a person's salvation (Laadli).

Due to India's patriarchic structure that favors the male child, women are under great pressure to have sons; they often face ridicule and sometimes abuse at the hands of their husbands, in-laws, and even their peers if they fail to do so (Sarkaria 910).

Gender Disparity: India's Child Sex Ratio

"India's child sex ratio is the lowest in the world" (Savegirlchild).

Gender disparity for children aged 0-6 in India has substantially increased every decade since 1981. The 2001 census showed a sex ratio of 927 females for every 1000 males versus 945 females per 1000 males in 1991 (Arnold 759). The results of the 2011 census show an increased disparity since 1991 of 914 females per 1000 males (Jha 1921). While the gender disparity for children has increased since 2001, the most striking increase occurred between 1991 and 2001.

The 2001 census revealed even greater disparities in certain regions, such as Haryana with only 861 females per 1000 males and 876 in Punjab (Arnold 759). The sex ratio had plunged below 800 in 14 regions since 1991, when there were no regions with a sex ratio below 800 (Laadli). Urban populations tend to have an even higher sex ratio; the national sex ratio of the urban population is 900 versus the rural sex ratio of 946 (2011 census).

Sex-Determination Technology

"Invest Rs. 500 now, save Rs. 50,000 later"

-Ultrasound and abortion clinic advertisements (Sarkari 928)

Until recently, abortion clinics publicly advertised abortions as an investment to avoid later dowry payments. The use of sex-determination technologies is considered to be highly

beneficial for parents who, by paying a small medical fee now, will avoid steep dowry payments in the future (Sarkari 928).

Families in India are propelled by social and economic factors to family plan in order to avoid having female children. Sex-selection technologies such as amniocentesis and ultrasound have allowed parents to abort fetuses in order to control their family composition (Das Gupta 314).

Amniocentesis was introduced in the 1970s and was first used to detect genetic abnormalities. The technology increasingly came to be used to determine the gender of a fetus and to allow women to have abortions in order to avoid having daughters. As early as 1976, the Indian government banned the use of ultrasound and amniocentesis for the purpose of sex-determination by making it illegal to reveal the sex of the fetus to the mother (Arnold 762).

Ultrasound technology has mostly replaced amniocentesis and is the cheapest method for sex-detection (Arnold 762). Although illegal, ultrasound is still widely used for these purposes (Arnold 762). A recent study in the rural village of Pune found that one in six abortions were preceded by a sex-determination test (Arnold 763). A study conducted in 1997 estimated that 18 percent of pregnant women received an ultrasound during an antenatal checkup (Arnold 774). In northern India, in the states where sex-selective abortion is considered to be most common, higher levels of ultrasound use are reported than in any other northern state except Delhi, suggesting that ultrasound technology was likely misused for sex-selection in these regions (Arnold 774). Indeed, ultrasound technology is readily available, and seems to be commonly misused.

Researchers have attempted to estimate the number of selectively aborted fetuses in various ways. Monica Das Gupta studied sex-selective abortion between the years of 1981 and

1991 by looking at sex ratios of births and by comparing past and current data on the sex ratios of children with death rates of children. Ratios of male to female children have increased while age-specific child deaths have not significantly increased since 1981, suggesting that the cause of the increase is infanticide or sex-selective abortion (Das Gupta 310). It is estimated that for every four excess post-natal deaths there is one excess prenatal death among girls, which suggests that there were about one million aborted fetuses or unreported infanticides between 1981 and 1991 (Das Gupta 311).

A more recent study done by the British medical journal *The Lancet* used statistics based on the sex ratio of second order births after a first-born girl (Jha 1922). This study estimated a mean number of sex-selective abortions between 1981 and 1991 to be one million, between 1991 and 2001 to be 2.6 million, and between 2001 and 2011 to be 4.5 million. The total number of sex-selective abortions between 1880 and 2010 is estimated to be between 4.2 and 12.1 million (Jha 1926).

A study published in 2006 used statistics from the 2001 census and NFHS-2 to explore the number of women who had had amniocentesis or an ultrasound performed during a pre-natal check up. It compares this data with the birth rate of females to males in order to determine how many sex-selective abortions had been performed (Arnold 766-67). It was concluded that there had been a greater use of amniocentesis or ultrasound for women with no sons, especially in second or higher order births. Across India an estimated 6.4 percent of women who used amniocentesis or ultrasounds had taken part in sex-selective abortions, suggesting that about 106,107 female fetuses were selectively aborted per year (Arnold 779).

Sex-selective abortion still plays a small role in increasing the gender gap when compared with the mortality of girl children and female infanticide. Female selective abortion

was only estimated to account for 2 to 4 percent of total pregnancies in India in 2010 (Jha 1926). Its influence is increasing the gender gap and analysis of its impact could provide insight into future trends, especially among more urbanized and educated population samples.

Decreased Fertility

Total fertility in India has fallen as the country has increased opportunities for wealth and education. The number of third order or higher births has decreased drastically from 49 percent in 1990 to 32 percent in 2008 (Jha 1926). Although decreased fertility may not increase son preference, it does tend to increase the likelihood of having a sex-selective abortion (Das Gupta 307).

Excess female mortality is due to interaction of the “parity effect” and the “intensification effect” (Das Gupta 307). As a result of the parity effect, higher mortality rates exist for female babies when mothers have higher parities in countries with son preference. This means that when women have more children, their female children are less likely to survive because they are not given equal treatment, especially in the areas of healthcare. This effect appears to be a direct result of a cultural preference for sons (Das Gupta 307).

The “intensification effect” describes that the concentration of female mortality at certain parities has increased as total fertility has fallen. This is based on the assumption that “as fertility declines, the total number of children couples’ desire falls more rapidly than the total number of desired sons” (Das Gupta 307).

As India has become increasingly urbanized and educated, overall fertility has decreased. With fewer children, women are under more pressure to have sons instead of daughters at each parity level (Das Gupta 307). Research shows that women who have already had one or two

daughters and no sons are more likely than women with sons to utilize sex-selection technologies (Arnold 774). The desire to have a small family thus increases sex-selective abortion.

Interestingly, education does not decrease the preference of parents to have sons. Although son preference neither increases nor decreases, these classes are even more likely to take part in sex-selective abortions due to a tendency to have fewer children and presumably due to an increased ability to afford sex-selection technologies (Jha 1926).

The parity and intensification effects interact to decrease the sex ratio of females to males. Monica Das Gupta's research explores the results of this interaction by making observations in the city of Khanna for all females and making separate observations for those with low fertility. Data from her study is compared with data from India as a whole, where fertility is moderate, and then separately with the city of Kerala, which has low fertility. In Khanna, the intensification effect is estimated to cause a 25 percent increase in gender disparity whereas the parity effect alone is estimated to cause only a 9 percent increase (Das Gupta 308). Hence, discrimination at higher parities does not have as great an effect on gender bias than does sex discrimination at lower parities in small families.

A similar effect has been observed in China and South Korea, where gender disparity has increased as fertility has decreased (Das Gupta 307). In these countries, parents are encouraged to have fewer children, which has caused family sizes to decrease. In China especially, the one child rule has encouraged mothers to ensure that their first and only child is a son. The sex ratio of males to females at birth has thus been seen to increase in both countries.

Arguments and Debates

Sex-selective abortion is a complex issue in the context of patriarchal societies such as India. Although there have been arguments in favor of sex-selective abortion, it has ultimately

been linked to the broader issue of female oppression (Arnold 763). Observers and researchers have been divided on the possible results of sex-selective abortion. These thinkers are concerned by the gender disparity caused by sex-selective abortions. This gender disparity can have such effects as perpetuating the patriarchal nature of society and increasing gender discrimination (Arnold 763). Sex-selective abortion also tends to reduce the perceived value of women except as regards their capacity to bear sons. It perpetuates a view that female children hold no value and their birth should be avoided (Rogers 522). A disparate number of males can also increase delinquency, as the young male population will have decreased marriage and therefore family prospects, as is currently observed in China.

Supporters of sex selective abortion contemplate its moral justification under the pretext that it will reduce maltreatment of girl children, because only children that are wanted will be born (Arnold 763). In this case, infanticide and child mortality would presumably decrease. Proponents of sex-selective abortion also recognize the possibility that sex-selective abortion will improve the situation of women, who will be able to avoid having female children and therefore will have to endure fewer pregnancies in order to produce a son (Arnold 763).

Feminists typically argue against female-selective abortion, describing that the issue of choice for the female does not live up to a broader definition of autonomy of choice (Rogers 522). Having an abortion to avoid giving birth to a female may be the rational choice for a female in that it benefits her in the short run. She is autonomous in a narrow sense as she is able to choose to abort her baby to avoid such adverse consequences as abuse and stigmatization (Rogers 522). However, her ability to choose does not necessarily mean that she is autonomous in a broader sense as she is still confounded by the consequences that would be linked with having a daughter. Females, therefore, should not be prosecuted or demonized for having an

abortion, but sex-selective abortion is ultimately not morally justified based on the idea of the woman's right to choose.

Legislation

India's current policy on abortion was outlined in the Medical Termination of Pregnancy Act of 1971 (Arnold 760). The act specifies the circumstances under which an abortion can be performed. These include situations in which the woman's health is at risk, or when the baby will be born with certain abnormalities. It also specifies the type of facility in which the abortion can be performed, and by what type of practitioner. It is important to note that the Act has often been circumvented for various reasons, including the possibility of lesser quality and higher prices of certified practitioners, the difficulty of travelling to such practitioners, the difficulty of obtaining an abortion after twelve weeks gestation, or the woman's need for concealment for any reason (Arnold 761).

Sex-selective abortion began to be associated with the overall problem of gender oppression mostly as a result of the Forum against Sex Determination and Sex Pre-Selection in Maharashtra (Arnold 763). The creation of the Forum resulted in the Maharashtra government banning sex-selection in 1988. After four other Indian states followed suit, the Indian government enacted the Pre-Natal Diagnostic Techniques Act of 1994 (Arnold 763). This is the act that prohibits practitioners from revealing the sex of the fetus to the parents when ultrasound or amniocentesis is used (Arnold 763).

These laws have been lacking in enforcement since their enactment and have not been proven to significantly hinder the abuse of sex-selection technologies. High ratios of males to females at birth have sparked government efforts to enforce the existing law. The Indian Medical Association and the Medical Council of India have also asked doctors to stop providing sex-

selection services (Arnold 763). While this enforcement may be beneficial, it may not reach success in eradicating the problem because of a failure to address underlying cultural issues. Families would most likely still incur the risk of obtaining an abortion, and there would still be doctors willing to meet this demand. It is also argued that the sex-selection practices would go deeper underground if laws were more strictly enforced, which would cause greater danger for the women having abortions (Sarkaria 926-27).

Dowries were officially outlawed in the Dowry Prohibition Act of 1961 (Sarkaria 911). This act has not succeeded in creating a substantial decrease in the use of dowries (Sarkaria 911). However, the act is a step in the right direction because it provides a legal basis for recompense for women abused by their in-laws, and for the families of these women. Before the Act, the bride and her family had no bargaining power that would allow them to influence dowry prices (Sarkaria 911). The Act combats this to an extent, giving women legal standing that provides them with a slightly more potential to avoid abuse and other injuries caused by the existence of dowries.

Save the Girl Child

“A happy child is the future of our country”
-Girl Child Campaign, Government of India (Savegirlchild)

In addition to legislative action, the Indian government is beginning to realize the importance of improving the situation of the female child at a deeper social level. According to the Campaign’s website, “India has been one of the first countries to identify the Girl Child as the focus of attention for improving the overall social and economic status of women”(Savegirlchild). In addition to legislation, India has recently enacted policies that seek to reduce discrimination in the form of financial incentives and self help groups (SHGs) that seek to

reduce sex-selective abortion (Narayana 278). These policies attempt to reduce abuses faced by female children and to increase their health and educational opportunities. The improvements ultimately will allow daughters to provide a greater benefit to society, which will increase their perceived value.

In 1991 the government of India enacted the Girl Child Campaign and the related National Plan of Action for the Girl Child. The plan of action addresses health and education issues with an overall aim “to prevent female foeticide and infanticide, eliminate gender discrimination, provide safe drinking water and fodder near homes, rehabilitate and protect girls from exploitation, assault and abuse” (Savegirlchild).

The 2001 The National Policy for the Empowerment of Women in India further identified the rights of the girl child as a policy objective. The policy states, “all forms of discrimination against the girl child and violation of her rights shall be eliminated by undertaking strong measures, both preventive and punitive within and outside the family. These would relate specifically to strict enforcement of laws against prenatal sex selection and the practices of female foeticide, female infanticide, child marriage, child abuse and child prostitution (8.1)” (Savegirlchild). This most recent legislation presents an especially encouraging initiative that addresses every abuse taken against the girl child in order to preserve her health and increase her perceived worth.

Incentive programs such as the Balika Samridhi Yojana in 1997 are utilized in India to eliminate gender discrimination. The Yojana is one of the most progressive policy initiatives enacted by the Indian government to improve the situation of the girl child. The initiative grants money to a mother upon the birth of a daughter as well as a gift of annual scholarships to encourage education. The Yojana also offers reduced cost education to females (Savegirlchild).

State-specific financial incentives have also been enacted in the southern Indian regions of Tamil Nadu, Haryana, and Karnataka. These incentives offer money to a female when she reaches 18 or 20 years of age (Narayana 278). These incentives attempt to place value on the life of a girl by giving her opportunities to become self-reliant. Their ultimate aim is to remove the burden of providing marriage or educational provisions from the parents.

Self Help Groups are another method of meeting empowerment objectives. The groups offer community support to pregnant women. They check in on their health status and most importantly, inform them on what they believe should be the rights of female children. Self help groups also possess a coercion aspect. They attempt to disallow women to commit foeticide or infanticide, resorting to police action if necessary (Narayana 279). While these groups potentially violate the privacy and choice of a woman, they can also be successful in preventing women from being forced by their husbands or in-laws to have an abortion. By providing medical and emotional aid they form a foundation of support for pregnant women, and a safety net if they are put into positions in which they are encouraged to abort their female children.

Non-Governmental Organizations

Non-governmental organizations have taken action to combat gender discrimination issues, especially following the alarming results of the 2001 census. These NGOs have generally followed the model of the Girl Child campaign, which works to progress social and educational equality for the female child, to make her economically self-reliant, and to promote awareness of and create positive change in all issues facing the female child (Savegirlchild).

A notable NGO is Population First's Laadli campaign, which specifically addresses gender disparity and sex-selection in Mumbai as part of the Girl Child Campaign (Laadli). The campaign includes communication and action programs and seeks to address the underlying

issues that encourage parents to have sons instead of daughters. It also works to improve the perception of the female in the public eye and encourages community participation in ending sex-selection (Laadli).

Campaigns such as Girl Effect, sponsored by Nike, endeavor to empower adolescent girls, especially by encouraging participation of westernized nations. The initiative underscores the value of education and self-reliance in raising the social status of women. Girl Effect presents short video testimonials of girls in countries such as India and provides adolescent girls with funding to buy cows so that they can achieve self-reliance and improve the economic situation of their families and countries (Girl Effect). It also provides resources for the media and for policy movers, so that gender issues are addressed through mass communication and policy. These initiatives ideally will place value on the female, who will be able to be a source of security instead of an economic burden.

Conclusions

India has the second largest population of any country in the world and is rapidly developing. Therefore it has a responsibility to remain vigilant in its attempts to achieve both numerical and social equality for men and women. The 2001 census in India presented alarming increases in the gender disparity since 1991, especially for children under seven. The census brought greater attention to India's rising sex ratio and prompted action to combat the issue.

Sex selective abortion along with child mortality and infanticide play a role in decreasing the child sex ratio of females to males. It presents a problem to Indian society by perpetuating son preference and devaluing the life of both young girls and mothers. Although women may immediately benefit somewhat from sex selective abortion by avoiding abuse and multiple pregnancies, it ultimately cannot be viewed as an advantage. Long run effects include the

perpetuation of pressure to have sons and the related devaluation of the mother, who is viewed only as a means to have sons. These effects devalue the woman and decrease her autonomy in choosing whether or not to have abortions (Rogers 522).

Laws specifically prohibiting the use of amniocentesis and ultrasound technology for sex-determination purposes have not been successful in significantly decreasing sex-selective abortions in India. These laws have not been sufficiently enforced, and more importantly do not address the negative consequence that having a female child places on a family. Daughters are not desired because they are perceived as a burden to the family's social and economic life. The prevalence of dowries encourages parents to "invest" in abortions targeting females in order to avoid dowry payments later (Sarkaria 910). Women are caught in a vicious cycle, where they are not valued because they present no economic benefit to their families, simply because they are robbed of the opportunity to become educated and self-reliant by societal expectations of early marriage and a strictly domestic role (Sarkaria 910).

It may be beneficial to tighten enforcement on current laws, and encourage community involvement to prevent sex-selection. At the same time, these efforts have the potential to be polemic or even detrimental. While such measures may be the most immediately successful measure to curb sex-selective abortion, encouraging whistle blowing could set up women to be harassed. This harassment would place women in a situation in which they would face adverse consequences whether or not they choose to have an abortion. Self help groups pose an interesting solution to this problem, and may represent a creative and successful middle ground that both assists women and discourages abortion.

India is beginning to make strides toward a more profound approach to combating sex-selection that addresses patriarchal societal issues. This process will inevitably be more gradual,

as it seeks to address deep-seated issues that devalue females, but will ultimately be the only way to reach any sort of success. As long as society perpetuates consequences for having daughters, laws alone will not be able to remedy gender disparity.

The answer to India's gender problem will most likely be found in the areas of education and self-reliance for women as well as in the enforcement of current laws and policies. The tradition of dowries must also be eliminated to remove the heavy economic burden of having a girl child from potential parents. Incentive programs to allow daughters to seek such opportunities may be a successful way to move toward these goals. Ultimately, self-reliant women will be able to provide support for their families and can be a source of economic security. Education must be combined with a broader plan that would include communication and policy initiatives in order to challenge social norms and increase the perceived value of the lives of females.

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