Sex Determination and Sex Pre-selection Tests in India by Vibhuti Patel

Professor Vibhuti Patel

Available at: https://works.bepress.com/professor_vibhutipatel/4/
Sex Determination and Sex Pre-selection Tests in India

Brief Overview of Current Realities

Asian countries are undergoing a demographic transition resulting from a combination of low death and birth rates in their populations. This could be partly due to the vigorous promotion of small families by governments in South Asia and Southeast Asia. India adopted the two-child policy in 2004 while China, since 1978, has strictly implemented the “one child per family” policy.

Historically, most Asian countries have had a strong preference for sons. This essay examines the gender, sociocultural and demographic implications of the deficit of women and the role of new reproductive technologies, with a focus on sex determination (SD) and sex pre-selection technologies (SP).

Sex Ratios — A Global Scenario

Sex ratios in Europe, North America, the Caribbean, Central Asia, and even the poorest of regions — sub Saharan Africa — are favourable to women. In the South and Southeast Asia, the sex ratios are lower for women as Table 1 reveals.

The historical legacy of the preference for sons and neglect of daughters in Southeast Asia has taken a dangerous turn where scientific technologies for SD such as amniocentesis, chorion-villi-biopsy, foetoscopy, and sonography are being misused for the selective abortion of female foetuses.

“All countries of the region with the exception of Indonesia, Myanmar, Sri Lanka [sic] and Thailand have a higher male than female population, as evident in the sex ratio of the population. In some countries (Bangladesh and India) the relatively higher proportion of males in the population is at least in part due to
the higher female than male mortality during childhood and in the reproductive age group.” The lowest sex ratio adverse to females is found in India.

Among the Jains in Gujarat, Rajasthan and Karnataka, the sex ratio has become dangerously low due to sex selection during the last two decades although Jainism prohibits abortion. Pre-conception sex selection that does not involve abortion is quite popular among Jains. It is possible to pre-select the sex of the foetus using In Vitro Fertilisation (IVF), Gamete Intrafallopian Transfer (GIFT), and Zygote Intrafallopian Transfer (ZIFT) technologies which could be costly. Doctors are able to select an X chromosome from the egg of the woman and a Y chromosome from the sperm of a man to fertilise an egg to produce a male foetus. As a result of the use of these various technologies, Jain men are finding difficulty getting brides and are purchasing brides from non-Jain, poor families. Religious leaders are alarmed by this phenomenon and have been delivering religious sermons among the followers to prevent sex selection in the name of “racial purity”.

Among the Sikhs, the female-to-male sex ratio is alarmingly low and religious leaders have also issued notices and sermons to stop sex selective abortions of female foetuses.

Noble laureate Amartya Sen calls the adverse ratio of female-to-male the phenomenon of the “missing women”, which is an indication of discrimination and stigmatisation of mothers delivering daughters. The preference for sons
is driven by the perception that boys are assets; the birth of boys symbolises “sunrise” while that of girls, “sunset”. Boys remain within the family and take care of parents in their old age; whereas girls marry and “go away”.

“Sex selection in society occurs in the context of entrenched values, interests and cultural beliefs and practices. Their eradication requires investment in long-term strategies and economic and social development, and educational and cultural empowerment”.3

**Popularity of SD and SP**

SD and SP tests are popular among upper class educated families who believe that small family norms mean a minimum of one or two sons in the family. The propertied classes do not desire a daughter/daughters because after the marriage of a daughter, the son-in-law may demand a share in the property.

However, even without these qualifying conditions, sex selection is practised and advertised in very poor rural and tribal areas. Poor families dispose of daughters to avoid possible dowry harassment, which refers to the social stigmatisation of parents who fail to marry off their daughters because they cannot afford an acceptable dowry. But they do not mind accepting dowry for their sons. The birth of a son is perceived as an opportunity for upward mobility while that of a daughter is believed to result in downward economic mobility. The social price to pay for having an unmarried daughter in India is too high in terms of being taunted; parents with unmarried daughters and the daughters as well are made to feel worthless. Predominant cultural values treat marriage as “be all” and “end all” of a woman’s lifetime achievement and identity.

**Agents Hired to Buy the Brides and Forced Polyandry**

Among certain communities in Madhya Pradesh, Haryana, Gujarat, Rajasthan and Punjab, the sex ratio is extremely adverse for women. As a result of this, a wife could be shared by brothers or sometimes even by patrilateral parallel cousins.4 Recently, in Gujarat, there have been disturbing reports of the reintroduction of polyandry (a Panchali system where a woman is married to five men). In villages in Mehsana District, the problem of a declining number of girls has created a major social crisis as almost all villages have hundreds of boys who are left with no choice but to buy brides from outside.5 Poor girls from tribal communities in Gujarat and Karnataka are purchased by the agents and married off to households where the woman has to provide sexual services to all male members of the extended family.
Violence and Health Issues of Women Over the Life Cycle

As unborn children, women face covert violence in terms of sex selection and overt violence in terms of female foeticide after the use of amniocentesis, chorion villai biopsy, sonography, ultrasound and imaging techniques. IVF (In Vitro Fertilisation) clinics for assisted reproduction are approached by infertile couples to produce sons. Doctors are advertising such messages aggressively: “Invest Rs.500 now, save Rs.50,000 later”, i.e., “If you get rid of your daughter now, you will not have to spend money on dowry”.

Girls under five years of age in India face neglect in terms of medical care and education and the risk of sexual abuse and physical violence. As adolescents and adult women in the reproductive age group, they face the risk of early marriage, early pregnancy, sexual violence, domestic violence, dowry harassment and torture in cases of infertility. If they fail to produce sons, they face desertion or a witch hunt. The end result is high maternal mortality.

New Reproductive Technologies (NRTs) and Women

There are three main aspects to NRT-assisted reproduction, genetic or pre-natal diagnosis and prevention of conception and birth. NRTs perform four types of functions: assisted reproduction; contraception; sex selection and genetic manipulation; In Vitro Fertilisation (IVF) and subsequent embryo transfer, GIFT (Gamete Intra Fallopian Transfer), ZIFT (Zygote Intra Fallopian Transfer) and cloning assisted reproduction.

Contraceptive technologies prevent conception and birth. Amniocentesis, chorion villi biopsy (CVB), ultrasound and imaging are used for prenatal diagnosis. Foetal cells are collected by the technique of amniocentesis and CVB. Gene technologies are welcomed for their potential of treating diseases, diagnosis, etc. Genomics is “the science of improving the human population through controlled breeding” and “encompasses the elimination of disease, disorder, or undesirable traits, on the one hand, and genetic enhancement on the other. It is pursued by nations through state policies and programmes”.

But we have to be critical and examine the scientific, social, juridical, ethical, economic and health consequences of the NRTs. NRTs have made women’s bodies a site for scientific experimentations.

In Mumbai, girls are selling their eggs for Rs.20,000. Infertility clinics in Mumbai receive four to five calls per day from young women who want to donate their eggs. NRTs in the neo-colonial context of third-world economies and the unequal division of labour between the first- and the third-world economies have created a bizarre scenario and cut throat competition among
body chasers, clone chasers, intellect chasers and supporters of femicide. It is important to understand the interaction among NRT developers, providers, users, non-users, potential users, policymakers, and representatives of international organisations.

Initiatives by the State and NGOs

Due to active lobbying by women’s groups and NGOs, the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act was enacted in 1994 by the Centre, the Government of India. But the violation of this legislation continues. While the Act only allows tests to identify deformity in the foetus, in 95% of cases, sex determination tests were used for sex selective abortions of the female foetus.

In response to the public interest, a petition filed in 2001 by Dr. Sabu George, Centre for Inquiry into Health and Allied Themes Mumbai and MASUM — fought on their behalf by the Lawyers Collective (Delhi) — the Supreme Court of India directed all state governments to effectively and promptly implement the Pre-natal Diagnostics Techniques (Regulation and Prevention of Misuse) Act (enacted in 1994 and brought into operation from 1st January 1996). Now, it is renamed “The Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act”.

The women’s movement has emphasised women’s rights using slogans such as: Eliminate Inequality, Not Women; Destroy Dowry & Dehumanisation, Not Daughters; Say “No” to Sex-determination, Say “Yes” to Empowerment of Women; Say “No” to Sex Discrimination, Say “Yes” to Gender Justice; and Daughters are Not for Slaughter.

Do Women Have A Choice?

The ethical dilemma faced by gender sensitive professionals is this: “Is the mother to blame for having her female foetus destroyed?” There are ethicists who have averred that aborting a female foetus or not allowing a female embryo to be conceived is a lesser evil than birthing a girl child and making her live a life of discrimination.

This question reflects the assumption that women have the freedom to choose. “It is a question of women’s own choice”. This is especially problematic when viewed in the light of feminists’ advocacy throughout the world for the right of women to control their own fertility, to choose whether or not to have children and to access facilities for free, legal and safe abortions. But in the social context of countries like India, this so called “choice” is not made in a
social vacuum. These women are socially conditioned to accept that unless they produce one or more male children, they have no social worth. They can be harassed, taunted or even deserted by their husbands if they fail to do so. In effect, they really have no choice.

Vibhuti Patel

Notes

5. The Times of India, 8 July 2004.