

STUDY OF SEX SELECTIVE ABORTION IN INDIA

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INTRODUCTION

In the 20th century, the ethics and morality of abortions became the subject of intense political debate in many areas of the world. The phenomena of female infanticide are an issue of critical concern in “Third World” countries especially in India. Arguably, it is the most brutal and destructive manifestation of anti female bias prevailing in ‘Patriarchal Society’. The discrimination is deeply rooted in cultural beliefs and social norms. Government and NGOs to protect and promote daughter have initiated a sustained educational and proactive campaign. In Tamilnadu, female infanticide involves the cruelest and gruesome methods of putting the new born of child to death. Not only in India but also western world, the gender differentiation is the prominent problem of society correlates many other problems together killing the baby daughter within the mother womb is a very common problem in India. Which become more prominent due to scientific termination of pregnancy of sex selective abortion? In common parlance, the term "abortion" is synonymous with induced abortion of a human fetus.

FORMS OF ABORTION

Spontaneous abortion

Spontaneous abortions generally referred to as miscarriages, occur when an embryo or fetus is lost due to natural causes. A miscarriage is spontaneous loss of the embryo or fetus before the 20th week of development. Spontaneous abortions after the 20th week are generally considered to be preterm deliveries. Most miscarriages occur very early in a pregnancy. Approximately 10-50% of pregnancies end in miscarriage, depending upon the age and health of the pregnant woman. Other causes can be infection (of either the woman or the fetus), immune responses, or serious systemic diseases of the woman.

The risk for spontaneous abortion is greater in those with a history of more than three previous (known) spontaneous abortions, those who have had a previous induced abortion, those with systemic diseases, and in women over age 35.

Induced abortion

A pregnancy can be intentionally terminated in a number of ways. The manner selected depends chiefly upon the gestational age of the fetus, in addition to the legality, regional availability, and/or doctor-patient preference for specific procedures.

Chemical abortion

Effective in the first trimester of pregnancy, chemical, or non-surgical abortions comprise 10% of all abortions in the United States and Europe. The process begins with the administration of either methotrexate or mifepristone, followed by misoprostol. While misoprostol may also be used alone to induce abortion, the need for surgical intervention is slightly elevated to about 10%, compared to the 8% when medications are combined. When surgical intervention is necessary, primarily vacuum uterine aspiration is used.

Other means of abortion

A number of herbs can be effective abortifacients. Using herbs in this way can cause serious side effects, including multiple organ failure and other serious injury, and are not recommended by physicians. Physical trauma to a pregnant woman's womb can cause an abortion. The severity of the impact required to cause an abortion carries high risk of injury, without necessarily inducing a miscarriage. Both accidental and deliberate abortions of this kind carry criminal liability in many countries.

EFFECTS OF ABORTION

Health effects

As with most surgical procedures, the most common surgical abortion methods carry the risk of potentially serious complications. These risks include: a perforated uterus, perforated bowel or bladder, septic shock, sterility, and death. The risk of complications occurring can increase depending on how far the pregnancy has progressed, but these risks may be counterbalanced by complications that would occur from carrying the pregnancy to term.

There is controversy over a number of proposed risks and effects of abortion. Evidence, whether in support of or against such claims, might in part be influenced by the political and religious beliefs of the parties behind it.

Breast cancer

The abortion-breast cancer (ABC) hypothesis posits a causal relationship between having an induced abortion and a higher risk of developing breast cancer in the future. An increased level of estrogen in early pregnancy helps to initiate cellular differentiation (growth) in the breast in preparation for lactation. If this process is terminated, through abortion, before full differentiation in the third trimester, then more "vulnerable" undifferentiated cells will be left than there were prior to the pregnancy. It is proposed that this might result in an elevated risk of breast cancer. The majority of interview-based studies have indicated a link, and some have been demonstrated to be statistically significant, but there remains debate as to their reliability because of possible response bias.

Fetal pain

The experience of the fetus during abortion is a matter of medical, ethical and public policy concern. Evidence is conflicting, with some authorities holding that the fetus is capable of feeling pain from the first trimester, and others maintaining that the neuro-anatomical requirements for such experience do not exist until the second or third trimester.

Mental health

Some women will experience negative feelings as a result of elective abortion. However, whether this phenomenon is significant enough to warrant a general diagnosis, or even classification as an independent syndrome is a subject that is debated among members of the medical community.

SOCIAL CONTEXT

To understand the social context in which the practice of sex selective abortion exists and, in fact, flourishes, one must first examine the cultural basis of son preference in India. The reasons behind what has been called "son mania" are both multifaceted and deeply imbedded in Indian culture (Ramanamma, 1980). They are also unfortunately inextricably entwined with a corresponding discrimination against daughters. In the ancient Indian text, the Atharva Veda, mantras are written to change the sex of the fetus from a daughter to a son. A son's birth is likened to "a sunrise in the abode of gods" and "to have a son is as essential as taking food at least once a day," whereas a daughter's birth is a cause for great sadness and disappointment (Ramanamma, 1980). Indian society is patrilineal, patriarchal and patrilocal. Sons carry on the family name. They are also charged with the task of supporting their parents in old age. Parents live as extended families with their sons, daughter-in-laws, and grandchildren. Daughters, on the other hand, become part of their husband's family after marriage and do not make any further contributions to their birth parents. Indian sayings such as, "Bringing up a daughter is like watering a neighbor's plant," and "The daughter who has married is like the spittle which has been spat out and no longer belongs to the parents," exemplify the feeling of wasted expenditure on raising a daughter (Jeffery, 1984). Indian men are also responsible for the funeral rites of their parents and are the only ones who can light the funeral pyre. Some feel that they will only be able to achieve moksha (transcending the circle of reincarnation via the performance of good deeds) through their sons. Thus the importance of having sons continues beyond even this life in Indian culture.

A very important factor contributing to son preference is that of economics. Daughters, for several reasons, are an economic liability to families whereas sons are a great asset. One of the most publicized reasons for this disparity is the dowry system. In many parts of India, particularly in the North, the parents of the bride must give money and gifts to the groom's family as part of the marriage agreement. Formerly,

dowries were only expected in high caste marriages where the bride would not be expected to work in the fields and was thus presumed to be an economic burden on her husband. The bride's family, therefore, compensated the groom's family with a dowry. Presumably in an attempt to emulate higher castes, the custom of dowry giving has, over the past several decades, spread throughout the social structure in India. Lower castes, viewing dowry as a status symbol, have adopted the custom with even more zeal than the upper castes: "the Brahmanical form of marriage with dowry is often considered more prestigious and when castes attempt to upgrade themselves they frequently assume this form of marriage payment" (Miller, 1981). The dowries, in present times, frequently cost the bride's family two to three times their yearly income. Refusal to offer a dowry seals a daughter's fate as a spinster and shames the family name. Failure to deliver the offered dowry or honor further requests may result in a so-called "dowry death" or "bride burning" in which the groom's family kills the bride to allow the groom to remarry and bring in a more substantial dowry. Furthermore, in some groups, the gift-giving continues after the marriage. Another economic disadvantage of daughters in India is their relatively low earning potential. As in many other countries, although the women work as hard or harder than their male counterparts, they make very little money. The long hours spent cooking, cleaning, and caring for the children are viewed as "sitting at home all day." Even the time spent in the fields is not considered significant since the men do much of the heavy lifting. Frequently illiterate, due to lack of schooling, women in India are generally unable to obtain high-paying work and are therefore financially dependent on the men in the family. As a result, it is felt to be a family's economic advantage to minimize the number of daughters. Since many of the reasons behind son preference are economically based, it is ironic that the most extreme sex ratios are seen in the higher castes who tend to have most of the wealth (Miller, 1981). The reason for discrimination against daughters in these groups seems to be related more to issues of family pride than to concern over money. Indian culture requires that a daughter marry into a family with a caste equivalent to or, preferably, higher than her own. She then adopts that caste as her own and is thus "elevated." Sons, conversely, are encouraged to marry below their castes to maximize dowry potential.

PUBLIC OPINION

Political sides have largely been divided into absolutes. The abortion debate, as such, tends to center around individuals who hold strong positions. However, public opinion varies from poll to poll, country to country, and region to region:

Australia: In a February 2005 AC Nielsen poll, as reported in the *The Age*, 56% thought the current abortion laws, which generally allow abortion for the sake of life or health, were "about right," 16% want changes in law to make abortion "more accessible," and 17% want changes to make it "less accessible." A 1998 poll, conducted by Roy Morgan Research, asked, "Do you approve of the termination of unwanted pregnancies through surgical abortion?" 65% of the Australians polled stated that they approved of surgical abortion and 25% stated that they disapproved of it.

Canada: A recent poll of Canadians, conducted in April 2005 by Gallup, found that 52% of those polled want abortion laws to "remain the same," 20% want the laws to be "less strict," and 24% would prefer that the laws become "more strict." An earlier Gallup poll, from December 2001, asked, "Do you think abortions should be legal under any circumstances, legal only under certain circumstances or illegal in all circumstances and in what circumstances?" 32% of Canadians responded that they believe abortion should be legal in all circumstance, 52% that it should be legal in certain circumstances, and 14% that it should be legal in no circumstances. See *Abortion in Canada*.

Ireland: A 1997 Irish Times/MRBI poll of the Republic of Ireland's electorate found that 18% believe that abortion should never be permitted, 35% that one should be allowed in the event that the woman's life is threatened, 18% if her health is at risk, 28% that "an abortion should be provided to those who need it," and 5% were undecided.

The United Kingdom: An online YouGov/Daily Telegraph poll in August 2005 found that 30% of Britons would back a measure to reduce the legal limit for abortion to 20 weeks, 19% support a limit of 12 weeks, 9% support a limit of less than 12 weeks, and 25% support maintaining the current limit of 24 weeks. 6% responded that abortion should never be allowed while 2% said it should be permitted throughout the entirety of pregnancy.

The United States: In a January 2006 CBS News poll, which asked, "What is your personal feeling about abortion?", 27% of Americans said that abortion should be "permitted in all cases," 15% that it should be "permitted, but subject to greater restrictions than it is now," 33% that it should be "permitted only in cases such as rape, incest or to save the woman's life," 17% that it should "only be permitted to save the woman's life," and 5% that it should "never" be permitted. A November 2005 Pew Research Center poll asked about Roe vs. Wade and found that 29% of want it overturned while 65% do not.

SUGGESTION FOR POSSIBLE REMEDIES

Any research work can be proved itself by the utility of research for the society. This burning topic have many useful comments for the society to support the daughter in the family. Mainly the followings institutions may be benefitted by the researcher's work.

Society

We need to approach this very difficult issue by going back to the broader question of the material and ideological conditions that create a world in which women are dying. While stressing the importance of cultural factors that lead to the high payment of dowry, thereby reinforcing daughter neglect, a wider interplay between economic position and cultural practice, thereby making the important dialectical connection between ideology and material conditions. The daughter represents a heavy economic drain on her family. As a woman, she will either be excluded entirely from the wage labor market or relegated to its least remunerative position. Her exclusion from family property creates the impetus for large dowry payments at the time of marriage. The male, on the other hand, receives better wages, inherits the wealth that is accumulated by his family, and also gains a dowry.

Government

Laws and policies can be important tools for providing State support for women's rights and the achievement of gender equality. Addressing the phenomenon of imbalanced sex ratios at birth is a key opportunity for States to examine their current legislative framework and the extent to which laws and policies are in line with their human rights commitments. Broadly speaking, States should develop and promote legal frameworks and socioeconomic policies that will sustain gender equity and equality, and in particular encourage active participation from civil society.

Administration

The social norms that govern son preference will ultimately have to change within families and within social networks. Thus, advocacy to change attitudes and behaviour towards daughters and women has to be a central part of work to redress gender inequalities manifested through sex-ratio imbalances. It is therefore very important to give high visibility to leaders and other personalities and influential groups that support fulfilling the human rights of daughters and sons equally, and who therefore oppose prenatal sex selection. With the aid of other agencies, governments should give their full support to the development of innovative activities that stimulate discussion and debate, and that bring greater consensus around the concept of the equal value of daughters and sons. Such advocacy initiatives should use all available media, particularly television and radio, which provide opportunities for telling stories and for debate. Particular attention will also need to be given to engaging health care professionals to ensure that they are fully aware of the issues around sex selection, and are in a position to act responsibly and in accordance with guidelines.

Ministry of Health and Family Welfare of India has targeted education and media advertisements to reach clinics and medical professionals to increase awareness. The Indian Medical Association has undertaken efforts to prevent prenatal sex selection by giving its members *Beti Bachao* (save the daughter) badges during its meetings and conferences.

It is a general and important topic and having interest for psychologist, sociologist and society for the protection of daughter. It can only be done by the proper awareness and counseling to develop the positive and responsible attitude towards sex selective abortion. This research is fruitfully and useful for the researchers, society, planning commission, government and non-government organizations.

REFERENCES

1. Chan, Annabelle & Sage, Leonie C. (2005). Estimating Australia's abortion rates 1985–2003 Electronic version. *Medical Journal of Australia*, 182 (9),447-52. Retrieved January 17, 2006.
2. Statistics Canada. (2005, February 11). Induced abortions. *The Daily*. Retrieved January 17, 2006.
3. Dansmark Statistik. (2004, November 25). Legal abortions by region (counties) and age. Retrieved January 17, 2006.
4. Vilain, Annick. Ministry for Employment, Social Cohesion and Housing. (2005, October). Les interruptions volontaires de grossesse en 2003. *Études et Résultats*, 431. Retrieved January 17, 2006.
5. Federal Statistical Office Germany. (2005, March 9). Abortions in Germany, 1999 to 2004, by the Land of the place of residence and ratio per 1 000 births. Retrieved January 17, 2006.
6. "Abortions (1984-2004)." (2005). Retrieved January 17, 2006 from Web Japan.
7. Ewing, Ian. Statistics New Zealand. (2005, June 15). Abortions (Year ended December 2004). Retrieved January 17, 2006.
8. Statistics Norway. (2005, June 8). Induced abortions, by woman's county of residence, 1980-2004. Retrieved January 17, 2006.
9. Health Systems Trust. (n.d.) TOPs (Terminations of Pregnancy). Retrieved January 17, 2006.
10. Nilsson, Emma & Ollars, Birgitta. The National Board of Health and Welfare. (2005, May). Aborter 2004. Retrieved January 17, 2006.
11. Government Statistical Service for the Department of Health. (2005, July 27). Abortion statistics, England and Wales: 2004. Retrieved January 17, 2006.
12. ISD Scotland. (2005, May 24). Number of abortions performed in Scotland. Retrieved January 17, 2006.
13. Finer, Lawrence B. & Henshaw, Stanley K. The Alan Guttmacher Institute. (2005, May 18). Estimates of U.S. Abortion Incidence in 2001 and 2002. Retrieved January 17, 2006.
14. Henshaw, Stanley K., Singh, Shusheela, & Haas, Taylor. (1999). The Incidence of Abortion Worldwide. *International Family Planning Perspectives*, 25 (Supplement), 30–8. Retrieved January 18, 2006.
15. Bankole, Akinrinola, Singh, Susheela, & Haas, Taylor. (1998). Reasons Why Women Have Induced Abortions: Evidence from 27 Countries. *International Family Planning Perspectives*, 24 (3), 117-127 & 152. Retrieved January 18, 2006.