

In the Land of Goddess Worship

R.P. Ravindra

It is taking discrimination against women to the womb. It is denying women the right to equality and the right to life on the grounds of gender. It is like telling them that they are not wanted. The issue of female foeticide simply does not shock or disturb anyone any longer.

Maya got up early that morning. After a bath and the daily 'Puja', she called the neighbour's daughter, made her sit over an *asana*, washed her feet and put a *kumkum tilak* over her forehead. She offered the child sweets, fruit, new clothes and prostrated before her. As Maya finished her 'Kumari Puja', her husband returned from the temple of the Mother Goddess with *Prasadam* which they consumed with *Shraddha*. In the evening, Maya's husband took her to a gynaecologist for a test. Two days later, she aborted her child -it happened to be a female...

Lakhs of such events, with minor modifications occur in the villages, towns and even the large cities. These Mayas, Marys and Miriams cut across all boundaries of caste, class, communities and cultures. The problem of sex-selective abortions, however, is not merely of numbers or the scale of propagation. It is a problem of conscience. That the ever-growing 'Femicide' in the land of goddess worship does not shock or disturb anyone is the problem. It is difficult not to feel frustrated when decade-long efforts of campaign and advocacy produce a law only on paper. This article is an attempt to share this anguish, with a hope to rekindle the fire which initiated the nation-wide campaign against sex-determination tests in 1986.

Before a medical device (drug) is introduced in the market, it is subjected to extensive tests on animals and humans for years to assess its efficacy and safety. But no risk/benefit analysis is carried out before introducing a medical technology in society, although its effects could be damaging and even irreversible. An international conference held in Geneva in 1974 warned of the possible serious social, moral and demographic effects of technologies like amniocentesis on countries like India.

At home, an architect of the 1971 Medical Termination of Pregnancy Act had 'hoped' to use the provisions of this Act to get rid of unwanted daughters. These danger signals were ignored when amniocentesis was first allowed to be tested

on pregnant women in Bombay and Delhi in the early seventies. As its misuse for sex determination and subsequently for sex-selective abortions became widespread, only government institutions were banned from misusing it for sex determination. However, this half-hearted decision only helped in rampant commercialisation of this technique and led to the mushrooming of private sex determination clinics. It became a subject of national debate in 1982 and again for a considerable period from April 1996.

This issue becomes topical for the media every time a bill is introduced in an assembly or parliament. Now with the promulgation of regulations (and Prevention of Misuse) of the Prenatal Diagnostic Techniques Act in 1994 and of Rules in 1996, the State, the media (and perhaps the public) are complacent. Perhaps all the scenes of this drama in a democratic setup have been enacted – debates and analysis in media and in legislative houses; demonstrations and Jathas by activists; sob stories, horror stories, editorials; minister's assurances and finally the law: Maybe we cannot do more, perhaps we don't want to. Like dowry murders and havalas rackets, shouldn't we learn to live with one more social evil?

There are any numbers of reasons for opposing sex determination. Basically choosing the sex of one's offspring is the most sexist sin. It is taking discrimination against women to the womb. It is denying woman the right to equality and the right to life on grounds of their gender. It is like telling women that they are not wanted, that they exist because the 'choice' wasn't available to their parents. At least that is what Anita, Anamika and Sunita thought. In 1988, these three sisters from Chandigarh together committed suicide the day a baby brother was born in their family. Earlier, their mother had aborted her two daughters after a sex determination test and then decided to continue the pregnancy when the test revealed the progeny to be male. The sisters had argued with their father for years and ultimately decided to end their misery of 'unwantedness' by ending their lives. Unfortunately, their death, like their lives, went unnoticed. Psychologists blamed the break down of the joint family for this incident, the lay people felt that these girls were too emotional. The editor of a national newspaper refused to publish even a letter – he thought the issue was 'too stale'.

The issue of sex determination also highlights the gross violation of medical ethics in India. In almost all countries where amniocentesis (or other similar techniques) are used, professional bodies have, through continuous dialogue and debate, evolved their own Codes of Conduct forbidding the misuse of these tests in aiding sex selective abortions.

Internal regulations have been passed and rigorously implemented even in countries where sex-selective abortions is not an issue. In South Korea, where the situation is almost as bad as in India, the gynaecologists' association itself raised this issue and demanded a ban on tests. In India, none of the professional associations – Indian Medical Association (IMA), Federation of Obstetricians and Gynaecologists Societies of India (FOGSI), even the Medical Council of India, the vanguard of Medical Ethics in India – has taken a clear stand condemning the tests. On the contrary, the medical community, in connivance with the bureaucracy, has played all possible tricks to sabotage the law. Dr. Kamakshi Bhate, a medical teacher and a feminist asserts "if all doctors unanimously decide to stop performing sex determination test, this issue will not exist." But in practice, most doctors do not even inform their patients that the father and not the mother is responsible for the sex of the offsprings. Very few sonologists accept that sonography cannot (and should not) be used as a reliable tool of sex prediction, especially in the first four months of pregnancy. Most test centres are run by doctors who are inadequately trained, or worse are self-taught in the use of highly invasive techniques like amniocentesis. Unfortunately, the right purpose for which these techniques should be used remains unknown to most people as millions of children are born with congenital malformations every year.

Thirdly, sex determination represents only the proverbial tip of the iceberg as the entire range of new reproductive techniques threatens to shake the very foundations of our society. If we fail to regulate a simple technique whose effects are immediate and measurable, how can we control more complex and devastating technologies? Will we be able to stop the proliferation of a simple and almost foolproof technique of begetting a son (something which could be evolved within a decade or two)? What shall we do when assisted reproduction and surrogate motherhood would produce children with five possible parents – genetic mother, genetic father, surrogate mother and two legal parents? The long overdue process of regulation of medical technologies must begin with right earnest. We cannot leave all important decisions of our lives to technodocs. Enactment, implementation and extensive debate on sex determination would create space and understanding for tackling the more ticklish issues.

Immediate action to halt the trend is called for. Finding a few sensitive partners among political leaders, media personalities and opinion makers will not be difficult. Won't some enlightened doctors come together and take a firm public stand on this issue? Cannot religious preachers, school and college teachers and students mobilise public opinion? Can't we undertake a 'Isn't it -nice-to-have-a-sister campaign?' Karnataka and Goa have shown that enlightened collective action and vigilance can uncover and stop illegal tests. In spite of loopholes in

the present Act, it is still possible to implement it. Even if a few cases are registered it will be a warning to doctors.

The task is nothing short of a cultural revolution. We need to create awareness and bring about changes in thought and action of all the public, media, researchers, policy planners, doctors and judiciary.

Ultimately, what we choose is crucial. The choice is not between a son and a daughter or between female foeticide and infanticide, not even between tradition and modernity, for we inherit the legacy of goddess worship as well as of female infanticide and sati. Modern times bring to us both - egalitarian values and technologies for the further subjugation of women. Opposing sex determination is essential, but not enough. It is only the beginning of a long and hard journey towards gender equality and justice. Our choice would determine the future of unborn generations. Are we ready to act?

Demographic danger

The sex-ratio in India drifted from 972 in 1901 to 927 (females per 1000 males) in 1991 because of discrimination against born daughters. Nine states/union territories show sex ratios less than 890. UNICEF reports 40-50 million women as 'missing' from India's population and condemns it as 'a sad and shameful comment on the country's development ethos. The sex ratio balance will certainly be destroyed if the twin mechanisms of 'Pre-natal and Post-natal femicide' continue to operate simultaneously.

This phenomenon has begun in certain pockets e.g. the Secondary Sex Ratio (SSR) i.e., the number of females born per 1000 males for Ludhiana showed a nosedive from 952 in 1981 to 819 in 1988. Similar findings were obtained from villages around Ludhiana. (Normal value of SSR is around 950). According to an estimate, the SSR for the whole of India has dropped to 930, showing the considerable impact of S.D. tests at a national level.

Once the sex ratio balance is thrown out of gear, it would jeopardise the entire social equilibrium. China which led over India in sex-selective abortions, is on the threshold of a major social catastrophe. By 2000, 70 million of China's men are destined to remain single. In India, a similar situation would arise within two decades. Result? More atrocities, rapes, forced marriages, prostitution, sale of brides, polyandry and social turmoil.

It would be futile to assume that one can remain unaffected by this phenomenon. There have been reports of sex determination clinics in Bangalore, Madras and Hyderabad. Past experience shows that spread of tests in newer geographical

areas and in new social sections is only a matter of time. Moreover, unlike female infanticide, killing of daughters in the womb is an offshoot of 'development'. In Haryana, dowry is not an important issue, and 80 per cent of the agricultural workers are women. However, sex determination has spread like wild fire in this second most affluent state. It will not be a wonder if this becomes a status symbol in affluent families to be aped soon by the not so rich.