

# A Long Battle for the Girl Child

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The Forum against Sex Determination and Sex Pre-selection began its campaign in Mumbai against discriminatory abortions of female foetuses in April 1986. In the 25 years since then, laws have been enacted against the practice but female foeticide continues. It is a major challenge to fight the use of pre-selection techniques for son-preference without jeopardising women's right to safe abortion.

The 2011 Census of India data has revealed that the child (0-6 age group) sex ratios have been steadily declining from 971 in 1981 to 945 in 1991 to 927 in 2001 to 914 in 2011. This deplorable scenario is the result of the widespread use of sex determination (SD) and sex pre-selection (SP) tests throughout the country. Advances in medical science resulted in SD and SP techniques such as sonography, fetoscopy, needling, chorionic villi biopsy (CVB), amniocentesis and ultrasound. These tests were well known not only in urban India but also in the villages. The metros were the major centres for SD and SP tests with sophisticated laboratories. However, amniocentesis and ultrasound were used even in the clinics of small towns and cities of Gujarat, Maharashtra, Karnataka, Uttar Pradesh, Bihar, Madhya Pradesh, Punjab, West Bengal, Tamil Nadu and Rajasthan in the late 1970s.

## Science in Service of Femicide

In 1972, when Amul Dairy introduced CVB to determine the sex of the foetus among cows and buffaloes, it was for sex selective abortion of the male foetus. Bullocks were generally not needed for agrarian chores

since agricultural mechanisation and tractorisation had replaced them. My caste members, the Patidars of Kheda and Mehsana districts quickly started using the CVB for identification of the sex of the human foetus and aborted the female foetuses. Women members of my clan from Anand and Vidyanagar would share stories about selective abortion of female foetuses in their families with me.

In 1975, the All India Institute of Medical Sciences (AIIMS) conducted a sample survey of amniocentesis to find out about foetal genetic conditions and easily managed to enrol 11,000 pregnant women as volunteers for its research.<sup>1</sup> The research team found that the main interest of these volunteers was to know the sex of the foetus. Once they learnt the sex of the foetus, the women carrying female foetuses demanded an abortion.<sup>2</sup> The newly formed Centre for Women's Development Studies (CWDS) led by Veena Mazumdar met the health minister and demanded an immediate ban on the use of SD tests for abortion of female foetuses. But during the Emergency (1975-77), the State was interested in population control and saw the SD tests as effective tools to attain population stabilisation.<sup>3</sup>

In the post-Emergency period, when women's studies scholars connected sex-selective abortions with the continuous trend of declining sex ratio as revealed by the census, the Union Health Minister, Raj

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Narain decided to ban SD tests for sex selection in all government-run hospitals in 1978. However, this did not stop private health facilities that were rapidly expanding in the early 1980s from offering amniocentesis and other sex-selection tests that became the “bread and butter” (as told to me by a gynaecologist in Amreli, Gujarat in 1979) for many gynaecologists. A justification for this was aptly put by a team of doctors of Mumbai’s Harkisandas Narotamdas Hospital (a pioneer in this trade) in these words, “...in developing countries like India, as the parents are encouraged to limit their family to two offspring, they will have a right to quality in these two as far as can be assured. Amniocentesis provides help in this direction.”<sup>4</sup> Here the word “quality” raises a number of issues that we discussed with those doctors when they shared their paper with us in 1982.

### Campaign

The Forum against Sex Determination and Sex Pre-selection (FASDSP) began its campaign in Mumbai against discriminatory abortions of female foetuses in April 1986. Its first action was a demonstration in front of a reputed hospital that boasted of performing 8,000 amniocentesis (sex selection) tests on pregnant women. It claimed that only one pregnant woman with three sons wanted a daughter and 7,999 pregnant women wanted only sons. As the hospital was against abortion, it advised those women whose tests had shown female foetuses to go for abortion elsewhere but the women were told to bring back the aborted foetuses to the hospital for further research. Our placards had slogans in English, Hindi, Marathi, Gujarati that said: “Eliminate Inequality, Not Women”, “Destroy Dowry and Dehumanisation, Not Daughters”, “Say ‘No’ to Sex-determination, Say ‘Yes’ to Empowerment of Women, Say ‘No’ to Sex Discrimination, Say ‘Yes’ to Gender Justice”, “Daughters Are Not for Slaughter”, “Stop Femicide, Promote Equity”, “Girls Are the Equals of Boys, All They Need Is Opportunity”, “Sex Selection is a Crime against Humanity”, “Respect Bodily Integrity of Women”, “Women Are Not Son-Producing Machines”, and so on. After we spent four hours slogan shouting, distributing leaflets and collecting signatures against selective abortion

of female foetuses, the dean of the hospital called a delegation from amongst the picketers (that included me) for discussion. He asked each of us, “How many children do you have?” When one picketer said, “Two sons”, he said, “So you are happy with your sons! Why don’t you allow others also to be happy by use of sex selection tests?” When he asked me the same question, I replied, “One daughter”. He sniggered, “Now I understand why you are picketing. You are jealous of those who have sons or are making efforts to have a son.” The difference in perspectives that we encountered then continues till today. The medical fraternity by and large does not see this as violence against women.

During the 1980s, in other countries, the SD tests were very expensive and under strict government control, while in India the SD test could be done for between Rs 70 and Rs 500 (about \$6 and \$40). Hence, people across economic classes could avail themselves of this facility. A survey of several slums in Bombay (Mumbai) showed us that many women had undergone the test and after learning that the foetus was female, had got an abortion done in the 18th or 19th week of pregnancy. Their argument was that it was better to spend Rs 200 or even Rs 800 than to give birth to a female baby and spend thousands of rupees on her marriage later.

We were approached by the social welfare officer of Larsen and Toubro, a multinational engineering industry in 1984 as the popularity of this test attracted its young employees aspiring for upward economic mobility and wanting only sons. As a result, medical bills showing the amount spent on the test were submitted by the employees for reimbursement by the company. The welfare department was astonished to see that these employees were treating sex determination tests so casually. They organised a two-day seminar in which doctors, social workers, representatives of women’s organisations as well as the Family Planning Association of India (FPAI) were invited. One doctor who carried on a flourishing business in SD stated in the seminar that from Cape-Comorin to Kashmir people phoned him at all hours of the day to find out about the test. Even his six-year-old son had learnt how to ask

relevant questions on the phone such as, “Is the pregnancy 16 weeks old?”<sup>5</sup>

### Anecdotal Information

Every time we approached the government, they told us that we were sharing only anecdotal information; it would take action only when our arguments were supported by hard data. Many of us started doing self-sponsored research on SDS and SPS in the community. We were supported by trade unions, the Medico Friends Circle, People’s Science movements and the Association of Nurses. As a result of such research, many FASDSP members began presenting papers at the Indian Association of Women’s Studies (1981), International Sociological Association (1984), International Anthropological Association, Feminist International Network of Resistance to Reproductive and Genetic Engineering (FINRRAGE), 1985 and National Conferences of Women’s Movements (1985, 1988, 1990).

A sociological research project in Punjab in 1982 selected in its sample 50% men and 50% women as respondents for their questionnaire on the opinions of men and women regarding SD tests. Among the male respondents were businessmen and white-collar employees in the income group of Rs 1,000 to Rs 3,500 per month, while the female respondents were mainly housewives. All of them knew about the test and found it useful.<sup>6</sup> Punjab was the first state to start the commercial use of this test as early as in 1979. The advertisements in newspapers regarding the New Bhandari Ante-Natal SD Clinics in Amritsar first persuaded the press and women’s groups to denounce the practice. A section of the media too helped by covering our campaign against the sex determination tests.

Roger Jeffery, a medical anthropologist from Edinburgh University, UK attended

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FASDSP meetings in Mumbai. Micro-research in Bijnor district of Uttar Pradesh by his team revealed that clinical services offering amniocentesis had existed in the region from 1974.<sup>7</sup> According to the 1981 Census, the child sex ratio of Uttar Pradesh and Bijnor district respectively, were 886 and 863 girls per 1,000 boys. They also discovered that female infanticide practised in Bijnor district until 1900 had been limited to Rajputs and Jats who considered the birth of a daughter as a loss of prestige. By contrast, the abuse of amniocentesis for the purpose of female foeticide was prevalent in all communities in Bijnor district in 1983.

Doctors against Sex Determination and Sex Pre-selection (DASDSP) in Mumbai was formed at the initiative of FASDSP member Sanjeev Kulkarni, a member of Medico Friends circle Amar Jesani and Indian Medical Association member Bal Inamdar.<sup>8</sup> However, they were clear that the ban on sex selective abortion should not curb abortions that are permitted through the Medical Termination of Pregnancy Act, 1971.<sup>9</sup> The DASDSP focused on medical malpractices and the ethical dimensions of SD and SP.

A committee to examine the issues of sex determination tests and female foeticide, formed at the initiative of the Maharashtra government in 1986, appointed Sanjeev Kulkarni to conduct a study. To be done under the Foundation of Research in Community Health (FRCH) it was to investigate the prevalence of this test in Mumbai. Forty-two gynaecologists were interviewed by Kulkarni, himself a gynaecologist. His findings disclosed that about 84% of the gynaecologists interviewed were performing amniocentesis for SD tests.

In March 1987, the Maharashtra government appointed an expert committee to propose comprehensive legal provisions to restrict sex determination tests for identifying genetic conditions. The committee was appointed in response to a private bill introduced in the assembly by a member of the legislative assembly (MLA) who was persuaded by the forum to do so. In fact, the forum approached several MLAs and MPs to put forward such a bill. In April 1988, the Maharashtra government introduced a bill to provide for the regulation of the use of medical or

scientific techniques of prenatal diagnosis solely for the purpose of detecting genetic or metabolic disorders or chromosomal abnormalities or certain congenital anomalies or sex-linked conditions and for the prevention of the misuse of prenatal sex determination leading to female foeticide and for matters connected therewith or incidental thereto (LC Bill No VIII of 1988). In June 1988, it became an Act. Its purview was limited only to SD tests; it did not say anything about the SP techniques. It admitted that medical technology could be misused by doctors and banning of SD tests had taken away the respectability of these tests. In the eyes of law both the clients and the practitioners of the SD tests were culprits and it forbade the advertising of these tests.

By 1990, private members' bills to regulate antenatal sex selection tests were introduced in Karnataka, Goa, Gujarat, Tamil Nadu and Rajasthan. By 1991, FASDSP had been active nationally. The central government formed a committee in 1991 to formulate a central law on this issue. The Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) Act was enacted in 1994 by the central government. But there was gross violation of this legislation.

### Initiatives by the State and NGOs

In 1997, Sabu George, the Centre for Enquiry into Health and Allied Themes (CEHAT), Mumbai and Mahila Sarvangeen Utkarsh Mandal (MASUM), Pune filed a public interest litigation (PIL) that was fought on their behalf by the Lawyers Collective (Delhi).<sup>10</sup> After consistent campaigning around the PIL, the Supreme Court directed all state governments on 4 May 2001 to make an effective and prompt implementation of The Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) (PCPNDT) Act. Most of the state governments lacked political will to implement the PCPNDT Act. Budgetary allocation for the implementation of the Act was grossly inadequate. Members of women's groups who were in the State Appropriate Authority and State Vigilance Committee were dejected due to the lack of response from the authorities even after the culprits had been caught red-handed by using decoy

patients. Self-help kits for sex selection that can be ordered for pregnant women on the internet from abroad were impossible to monitor. In 2003, the PCPNDT Act was amended but the challenges of implementation continue.

In this context, it is imperative to change the mindset of people and introduce affirmative action to increase the value of girls. Organisations like Men against Violence and Abuse (MAVA) have taken the initiative to provide a platform for all like-minded people who want to save the girl child.

Civil society initiatives on this issue use symbols, imagery, and slogans that at times convey anti-abortion messages. Common use of terms such as "foeticide", "murder", "genocide", "slaughter" of daughters have a dramatic effect but threaten women's right to safe abortion as a backup service on demand by women. It is a major challenge to fight against discriminatory abortions of female fetuses and use of pre-selection techniques for son-preference within the matrix of gender justice and without jeopardising women's right to safe abortion.

### NOTES

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