ABORTION ON THE BASIS OF FOETAL SEX: CALLING CHOICE INTO QUESTION

Technological advances in healthcare are enabling women to have safer pregnancies, safer childbirth and if they choose so, safer terminations. Ultrasound machines are used throughout pregnancy to assess foetal growth rate, monitor progress during pregnancy and detect foetal abnormalities. Women can see 2D and 3D images of their foetus and at around 18-20 weeks of pregnancy find out the sex of the foetus. Developments in the use of ultrasound machines have undoubtedly been hugely beneficial in improving antenatal healthcare. However, their use in determining the sex of the foetus during pregnancy is a continuing source of contention among pro-choice activists, public health professionals and policy makers, due to the link with the practice of gender-biased sex selection.

Sex selection is not a new phenomenon and is not limited to abortion. Sex selection can take place pre- and post-implantation of an embryo. It has also been known to happen after birth through the practice of infanticide or through child abandonment at birth. Sex selection can refer to choosing either sex in a child and some families use it to achieve ‘family balancing’. However, the issue which has left many traditionally pro-choice activists, public health professionals and policy makers, due to the link with the practice of gender-biased sex selection.

Abortion on the basis of foetal sex is a major issue among some populations, resulting in significant imbalances in the sex ratio of a region or country. In China, the one child policy and a preference for sons has resulted in a sex ratio at birth of 118 boys for every 100 girls, much higher than a normal rate of around 105 male births per 100 female (1). While historically we find skewed sex ratios at birth in Asian countries, there is emerging evidence of gender biased sex selection within eastern Europe and the Caucasus, particularly in Albania, Armenia, Azerbaijan and Georgia. The third child in a family is an important indicator of gender biased sex selection and often shows a striking shift oriented towards son preference. In Georgia, the sex ratio at birth was listed as 118 overall in the period from 1997-1999 and in Armenia third order births reflected a sex ratio at birth of up to 184, based on 2001 census data (2). Demographers warn that this imbalance is likely to lead to a myriad of social issues, ultimately threatening state security and prosperity. This is a real and significant problem. However, it is not one caused by the availability of safe and legal abortion services. The true cause of the problem lies in deeply entrenched gender inequality and discrimination leading to the desire to have sons instead of daughters.

At the International Planned Parenthood Federation (IPPF), a commitment to gender equality and to eliminating discrimination on the basis of sex or gender lies at the core of our values. Equally central to our values is the commitment to a woman’s right to choose to terminate a pregnancy safely and legally. We believe that these two values are intrinsically linked – one cannot be achieved without the other. Our global network of Member Associations work tirelessly to remove the root causes of gender discrimination that leads to son preference, while simultaneously providing women with access to comprehensive sexual and reproductive health services. Sex selection is an issue that must be addressed without exposing women to the risk of ill-health, or even death, by denying them access to safe abortion.

Some governments are attempting to address the issue of sex selection by instituting laws and policies that criminalize women and medical professionals for obtaining or providing safe abortions on the basis of foetal sex. As yet, there is no evidence to suggest that banning abortion on this basis prevents the practice or improves sex ratio at birth. Legislation that bans testing to detect foetal sex and the termination of a pregnancy on the basis of foetal sex, such as in India and China, is hard to enforce. Affordable ultrasound services are widely available and foetal sex information can be relayed easily. An ultrasound can be conducted in one location and an abortion obtained in another. And as we know from countries where abortion is restricted on broad grounds, this rarely stops women from having abortions; it merely increases the chance that she will access an unsafe abortion (3).

There is evidence to suggest that banning abortion on the basis of foetal sex can make it harder for women to access safe abortion services overall (4). In India, the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act 2003 prohibits the determination and disclosure of the sex of the foetus, through use of pre-conception or prenatal diagnostic techniques. Though the intent of this law is to prevent sex selection and correct the sex ratio imbalance, the impact of the law has been quite different. In India, there is a significant lack of knowledge about the availability of safe and legal abortion services. This coupled with a widespread campaign around the PCPNDT Act has led to confusion, with providers often believing this to mean that all abortions are illegal (5). In addition, there is evidence that providers are deterred from providing second trimester abortions for fear of being accused of breaking the law (6). The result is that women, no matter what their reason for wanting an abortion, now face additional barriers to accessing safe abortion, putting their lives at risk.

The sad reality is that in many societies girls are not valued equally to boys. Women can come under immense family and societal pressure to produce sons. Failure to do so may lead to consequences that include violence, rejection, or divorce. Women may have to continue becoming pregnant until a boy is born (7). In addition, a woman seeking an abortion based on the sex of the foetus may be doing so because she has legitimate fears about the life chances of that child. The neglect of girl children as a result of son
preference has been well documented and typically involves biased feeding practices, inadequate clothing during winter and less health care and education (7). These considerations remind us that each woman who has an abortion does so under a unique set of circumstances and the person best placed to decide the outcome of a pregnancy is the pregnant woman herself. Ultimately, the impact of restricting abortion on any grounds is that it denies women control over their reproductive health, only serving to reinforce gender-based discrimination. It violates the right to autonomy and bodily integrity and the right to life and health as guaranteed in international human rights treaties.

It also plays into the hands of those who seek to regulate abortion on the basis of foetal sex with the broader aim to undermine and restrict women’s access to safe abortion services overall, a common tactic of the anti-choice movement. Take for example a recent bill introduced in the Parliament of the United Kingdom (UK) to explicitly ban sex-selective abortion, despite no evidence to suggest it is a common practice in the UK. However, a campaign instigated in the media and spearheaded by an anti-choice Member of Parliament has resulted in a dialogue which is stigmatizing women who have abortions and has created an environment of fear among abortion service providers.

Therefore, it is crucial for the pro-choice movement and the sexual and reproductive health and rights community to have a clear and united voice on this issue. We must not be distracted by simplistic arguments. Abortion on the grounds of sex selection is a complex issue that needs and deserves greater consideration. We must ask ourselves what is the best approach to addressing sex selection at its root cause. We must be firm in saying that when abortion is not the problem, then restricting access to it is certainly not the answer. Hard fought gains in securing women access to safe abortion services must not be surrendered by implementing the wrong solution to a serious problem.

Instead, governments and civil society must work in partnership to instigate broad legal and policy measures that address underlying deep-seated gender inequalities. For example: laws for more equitable patterns of inheritance; policies on gender equality in property rights; and, greater progress in achieving equality in education. This alongside awareness-raising campaigns to change attitudes towards girls and women is likely to have a more sustainable impact by eradicating preference for a son and therefore the demand for abortion on the basis of foetal sex.

IPPF will continue to tackle the root causes of gender-based discrimination by implementing rights-based programmes that promote equality between men and women, and empower women and girls. And we will do so while passionately advocating for and increasing access to safe abortion services for all women, based on what is best for them.

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References