COMMENT

Female foeticide: where do we go?

Mohan Rao

The publication of the provisional figures from the Census of 2001, highlighting a continuing decline in the sex ratio among the juvenile population in the country, has led to an outpouring of responses, in many cases extremely naïve and unreflective. Many of those vociferously condemning female foeticide today are curiously those who uphold 'traditional' ideologies of women's servitude that largely contribute to the problem. It is also surprising to find feminists arguing that the technique offers women a 'choice'. As a member of the Jan Swatshya Sabha's campaign against the practice, I would like to share some of my concerns on the subject.

Not to belittle the issue, but it is necessary to ask the question as to why this focus on female foeticide? Does this emanate from eugenic ideologies? That more People Like Us are involved? More upper-caste, better educated and better-off Hindus? Does it stem from a shaming sense of South Asian identity? Ashamed of what the West would think of us? Does the concern for missing females conceal what should be our concern for both missing males and females, who add up to the dismal, and huge, load of infant and child deaths in our country? These avoidable deaths, overwhelmingly among the poor, are disproportionately among the dalits, the adivasis and other marginalised communities. Is it that dalit or adivasi or working class infants and children dying is somehow natural? Non-volitional, are these deaths also to be considered immutable? Why then has no demographer or economist worked on missing dalits?

My second set of questions pertains to the language of rights, currently fashionable in officialese and among many feminists. The concept of reproductive rights has been so reified that it is unavoidable in the context of female foeticide also - where it is used to justify the practice. What does 'empowerment' or 'reproductive choice' mean to women from poor communities denied access to all other rights as citizens? These fashionable phrases are intrinsic to the language of coercive population policies. They are also the words used by multinational companies wishing to break into India's potential market of forty million couples with injectable contraceptives and implants. These are precisely the words used by right-wing American neo-eugenists to illegally sterilise poor women in our country with quinacrine.

Choice, faith and cost-effectiveness

We live in a world of no certitudes except the illusion of choice offered by the market. Is this the reason for the unthinking popularity of the language of the neo-liberal market? How else does one explain the fact that Madhu Kishwar uses the language of the World Bank, arguing that it is necessary to involve so-called religious leaders in a campaign against female foeticide since it is cost-effective? (1).

I remember reading a tiny news item some months back that Mr. Giriraj Kishore of the Vishwa Hindu Parishad had condemned access to abortion in India, arguing that Hindu women disproportionately aborted foetuses. I need hardly add that lack of access to safe abortion is one of the leading causes of the high maternal mortality rate in the country. But the Sangh Parivar has no use for the empirical - these are not matters of faith. More recently, I read that the VHP was participating in a meeting of religious heads to oppose female foeticide. The meeting was reportedly taken over by Sadhvi Rithambara, to the embarrassment of many naïve participants.

This meeting had been organised by the Indian Medical Association on June 23, with support from UNICEF and the National Commission of Women. UNICEF is one of the many international organisations flirting with the likes of the Shankaracharya of Puri - when he has time between reconverting 'tribals' who became Christians. The same Shankaracharya of Puri hailed the destruction of the Babri Masjid as the dawn of a new and glorious Hindu age. He also upheld sati at Deorala. It must be added, parenthetically, that the World Bank health projects in Andhra Pradesh seek to utilise so-called religious leaders in the campaign against AIDS. Given the influence of the World Bank on our health policies, it would not be surprising if this 'innovative scheme' was adopted for implementation across the country. Would it be exaggeration to say that this is one more nail in the coffin of Talibanisation of our country?

I think it is important for all of us concerned with female foeticide to be aware of the many threads of arguments in the discourse, who it emanates from and where their interests lie, before rushing in where angels fear to tread. No amount of cost effectiveness justifies marching along these self-appointed religious leaders, who are the struts of patriarchy and indeed worse, of appalling murderous evil, in our country. We cannot sup with the Devil, especially when he quotes the scriptures.

Offering choices or creating a demand?

On August 7, the Delhi Medical Association, along with the India International Centre, organised a panel discussion on female foeticide. This well attended meeting was also deeply disturbing.

Doctors at the meeting were agreed that there is perhaps a problem, which is very unfortunate. But doctors, it was agreed, merely respond to women's needs. They come from the same society as everyone else so they cannot alone be held responsible. Further, since foeticide is a criminal offence, it is up to the government to take action against erring doctors: the IMA could not do anything about it. Indeed the IMA - which has not initiated disciplinary action against any erring doctor - must be congratulated, we were told, for keeping the issue in the public eye. The problem, it was felt, lay with the people who needed to be educated.

Doctors can perhaps be forgiven for not reflecting on Say's Law that supply creates its own demand. They have evaded the responsibility of creating an injection culture in our population just as they now evade the responsibility of a 'tests' culture. But at this meeting there was no reflection on the adoption of medical technologies for sex determination either. It is well known that the prevalence of congenital abnormalities in 1.5 per cent of all pregnancies; that of these, possibly fifty per cent can be identified by non-invasive technologies. Indeed, that from a public health perspective, there is very little role for such technologies in a poor country like India. Yet there has occurred an epidemic of the spread of sonogram and ultra-sound clinics in a completely unregulated manner. Indeed there was no rethinking on the role of Pre-Implantation Diagnostic Techniques (PDTs) already available in our metropolitan cities. There was no thought given to issues of monitoring medical practices or regulating them. Above all, there was no discussion on questions of ethics. What also went unsaid was that the import of such expensive technologies - with the State stepping in with exemptions from import duties and other such measures - sets off a logic of its own: of profit maximisation for entrepreneurial doctors. One interesting fact that emerged is of new marriage patterns among doctors: obstetricians and gynaecologists are apparently increasingly marrying radiologists.

A self-confessed feminist, for 15 years till very recently the head of Women's Feature Service, who had made a documentary film on female foeticide, was also a panelist. She argued that technology is neutral and value-free. Her experience had been that women from all sections of the population sought sex determination tests, indeed that demand exceeded supply. We cannot and should not stand between people and their access to technologies; we should not play God. Who are we, she asked, to tell women what they should want?

People have no use for abstract concepts as sex ratios, she argued. The lives of Indian women were so terrible that this technology offered them an element of choice, indeed of empowerment. Over time a decline in the supply of girls might improve the demand for girls and thus their status. The only way forward at this juncture was to increase consciousness among women through education. Religious leaders, she averred, could play an important role in this regard as she could attest from her experience of a village in Punjab. We must remember that India is a religious civilisation.

What is curious is that this civilisation is by definition upper-caste, and Hindu. Thus we were told sons are needed to light the father's funeral pyre. What was ignored is that a large proportion of Indians actually bury their dead. That cremation is by and large an upper-caste custom. Similarly, that dowry and anti-female biases are associated with wealth and with education, both monopolised by the upper castes. Indeed that the spread of these practices is frequently described, evocatively, as sanskritisation. In this context, to talk of choice offered to women who are victims - of the medical industry, of the medical profession, of families and of patriarchal ideologies - is to make a travesty of concepts of agency and indeed of choice. A progressive lawyer on the panel argued very convincingly that we must not expect the law to provide solutions to all social problems. The law on female foeticide, he said, had apparently been drafted not only to exonerate the medical profession, but also to further victimise women. In fact it had thus been drafted so as to be non-implementable. After the Narmada and Bhopal judgements, he said, we must be cautious about approaching the courts. To this list could be added the Rajasthan High Court's judgement on the constitutional validity of the two child norm for contesting panchayat elections or the recent Andhra Pradesh High Court's judgement on vedic astrology as a science.

Where do we go from here?

It seems to me, then, that we find ourselves in an odd bind over the issue. We have a population that apparently wants female foeticide, a medical system happy to supply the necessary technology, and a section of feminists arguing that female foeticide is about reproductive rights and choices. On the other hand, on our side, are strange bed-fellows of the Sangh Parivar. I would also argue that a retreating state has no intent on doing anything about the issue. Indeed punitive and coercive population policies, especially those announced by several States, are an invitation to female foeticide. Not curiously, a large number of respondents in a study of female infanticide in Salem district explicitly stated this. The women interviewed felt that they could not use many modern contraceptives as they interfered with their ability to work on the fields. What they were doing, they argued, was 'traditional' and achieved precisely what the government of India wanted. Indeed a study in Mumbai revealed that a majority of doctors performing sex-selective abortions stated that they did so in order to control population growth (2). There is therefore a familiar conundrum to activists, familiar with the debate on the Universal Civil Code in our country. But where do we go from here?

References

1. The Times of India, July 17, 2001.
2. FRCH study cited in Gupta Jyotsna Agnihotri. New Reproductive Technologies, Women's Health and Autonomy: Freedom or Dependency?, Sage, New Delhi 2000, p.521.

Dr Mohan Rao, Centre of Social Medicine and Community Health, School of Social Sciences, Jawaharlal Nehru University, New Delhi 110067.

Choose article

Back to index

See all comment headings
See all comments in detail