Sex selection and the population policy: the medical profession's responsibilities

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As a result of sustained agitation by women's groups in the 1980s, a law was enacted banning the use of prenatal diagnostic technology for sex detection enabling sex selective abortion. However, the practice continued despite this law. Recently, health and women's groups went to court to enforce the law, and also called for amendments to cover sex selection by other means. Now some doctors are seeking the court's permission to permit pre-conceptual sex selection.

The following survey findings should make the medical profession rethink its attitude to sex selection, as well as its support of the government's population control programme which is concentrating on numbers, not on people's health.

Sex ratio

The preliminary results of the 2001 census (1) reveal that the sex ratio for children under the age of six shows a dramatic decline from 976 for every 1,000 males in 1961 to 927 in 2001. This decline was most obvious in Himachal Pradesh (897), Gujarat (878), Delhi (865), Chandigarh (845), Haryana (820) and Punjab (793). Many of these states are economically developed with fairly high literacy levels. Even Kerala reported a ratio of just 963 in this age group.

Nutrition

Early nutritional status is a major determinant of a person's future growth and development. Damage caused by poor nutrition during foetal development and childhood cannot be completely undone with better diets in later life. Women with poor nutrition give birth to underweight babies with poor growth rates and lower chances of survival.

Approximately 36 per cent of children born in India are low birth weight (LBW), a result of prenatal malnutrition. (2) There is little variation in the percentage of LBW babies by order of birth, indicating that controlling higher order births ('family planning') is no solution. What is needed improvement in mothers' health.

The National Family Health Surveys 1 and 2, in 1992-3 and 1998-9 respectively, collected data representing 99 per cent of the Indian population. The NFHS-2 found that almost half of children under the age of three years were underweight for their age (18 per cent severely), a measure of both short- and long-term under-nutrition. At least one in five children were underweight in every state. Forty-six per cent were stunted (23 per cent severely) in their height for age. Seventy-four per cent of children between the ages of six to 35 months, were anaemic.

The prevalance of anaemia among children was related to the anaemia status of their mothers. The NFHS-2 found that more than one in three women aged 15-49 were undernourished (Body Mass Index below 18.5 kg/m2), indicating chronic energy deficiency. Overall 52 per cent of women were anaemic. Anaemia during pregnancy increases the risks of maternal and infant death, premature delivery, and low birth weight. In India pregnant women are more likely to be anaemic. More than six out of 10 women were anaemic in Assam, Bihar, Orissa and West Bengal.

The population policy

The medical profession seems to share the government's view that the population policy is a national priority. India is the only country that promotes population control almost exclusively through a female sterilisation programme. In the six and a half years between the two NFHSs, the share of female sterilisation of total contraception has risen from 67 (3) per cent to 71 per cent (2), and that of male sterilisation has decreased from nine per cent to four per cent.

Seventy-one per cent of sterilisations are conducted by government services. Only 13.1 per cent of women seeking contraception in the private sector opt for female sterilisation and 8.9 per cent choose male sterilisation, suggesting that sterilisation is not a method of people's choice. (2) The median age at female sterilisation is 25.7 years. Eighty-two per cent of women undergoing sterilisation had never used any other contraceptive method. One in four sterilised women reported chronic health problems following sterilisation (2).

It is in this context that the medical profession should root its discussion of issues such as sex selection and the government's population policy. In a patriarchal society, population control policies in conjunction with sex selection techniques may reduce childbearing but at the cost of women's health and the health of the next generation.

What about the medical profession's responsibility to improve people's health and welfare? What about its responsibility to enable women to gain more control over their lives and their health? What about its responsibility to enable women to give birth to, and raise, healthy children?

Promoting female sterilisation without giving women access to other contraceptives; sterilising young women when one in four of them will develop life-long health problems, promoting sex selection technology as a medical solution for son preference – in these ways, medical professionals further oppress women, instead of empowering them, instead of responding to their concerns. They will further distance themselves from people's needs, driven by personal profit and a belief in the sanctity of their goals.

References

1. Registrar General of India, *Census of India 2001, Provisional Population Totals*, Series 1, India, Paper 1 of 2001.

2. International Institute for Population Sciences. *National Family Health Survey*. 1998-99 (NFHS-2), 2000, Mumbai, India

3. International Institute for Population Sciences. *National Family Health Survey* 1992-93 (NFHS), 1996, Mumbai, India.

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