

# AMNIOCENTESIS AND FEMALE FOETICIDE

## Misuse of Medical Technology

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*Murder of the female child is not new in India. This practice still continues, only the methods of committing such murder have changed. Such practices reflect society's attitude towards the female sex. The patriarchal male-dominated system has evolved modern methods to perpetuate women's oppression in today's socio-economic system. The author analyses the reasons for the popularity of one such modern medical method, amniocentesis, as a pre-natal sex determination test and argues that it is meant to exterminate women and perpetuate their oppression; she also emphasises the need to fight sexist abuse of this medical technique.*

**A** mniocentesis, a scientific technique that was supposed to be used mainly to detect genetic deformities has become very popular in India for detection of the sex of a foetus. For that 15-20 ml of amniotic fluid is taken from the womb by pricking foetus membrane with the help of a special kind of needle. After separating foetal cell from the amniotic fluid, a chromosomal analysis is conducted on it. This test helps in detecting several genetic disorders like mongolism, defects of neurotube in the foetus, retarded muscular growth, 'Rh' incompatibility, haemophilia and other types of abnormal babies. This test should be conducted on women above 40 years because there are higher chances of mongoloid children produced by such women. In some cases, a sex determination test is required to identify sex-specific deformities such as haemophilia, retarded muscular growth which mainly affect males.

### Limitations of Amniocentesis

This test can give 95-97% accurate results. Thus it is not totally reliable. In Harkisandas Hospital and Pearl Centre, Bombay, where this test is conducted on thousands of women, it was noted that the test had affected foetus adversely to 1% of the total number of cases. Thus the test may lead to spontaneous abortions or premature delivery; dislocation of the hips, respiratory complications, needle puncture marks on the baby (Chhachhi & Sathymala, 1983).

The test is conducted after completion of 16 weeks of pregnancy and within a week the findings are available. In our country, the facility of amniocentesis is available only in big cities like Bombay, Delhi, Chandigarh etc., hence patients from villages and small towns get the results by post; that takes one more week. By the time they decide to abort the foetus, it is over 18 weeks old. Abortion at such a late stage is quite harmful for the mother.

### Popularity of the Test

The amniocentesis tests became popular in the last three years though earlier they were conducted

in the government hospitals on an experimental basis. Now these tests are conducted for sex determination and thereafter extermination of female foetus through abortions, in private clinics and hospitals and government hospitals in many cities of India like Bombay, Delhi, Amritsar, Chandigarh, Baroda, Ahmedabad, Kanpur, Meerut etc. This perverse use of modern technology is encouraged and boosted by money-minded private practitioners who are out to make a woman, "a male-child-producing machine". As per the most conservative estimate made by a research team of Women's Centre, Bombay, based on their survey of six hospitals and clinics, in Bombay alone 10 women per day undergo test. This survey also revealed the hypocrisy of "non-violent", "vegetarian", "anti-abortion" management of the city's reputed hospital - Harkisandas Hospital, that conducts ante-natal sex-determination test. Their handout declares the test as "humane and beneficial". The hospital has out-patient facilities and there is such a great rush for the test that one has to book one month in advance. As the management does not support abortion, they recommend women to various other hospitals and clinics and ask them to bring back the female foetuses after abortion to them for further "RESEARCH". (Abraham & Sonal, 1983).

In other countries, this test is very expensive and is under strict governmental control, while in our country this test can be done at between Rs. 80 to Rs. 500. Hence not only upper class people, but even working class people can easily avail this facility. A survey of several slums in Bombay showed that many women had undergone the test and after knowing that the sex of foetus was female, had undergone abortion in the 18th or 19th week of pregnancy. Their argument was it is better to spend Rs. 80 or even Rs 800 now than give birth to a female baby and spend thousands of rupees for her marriage when she grows up.

### Controversy Around Amniocentesis

Three years back a controversy around Amniocentesis started as a result of several investigative

reports published in popular magazines like *India Today*, *Eve's Weekly*, *Sunday* and other regional-language journals. One estimate that shocked every-  
 academicians and activists was: Between 1978 and 1983, around 78000 female foetuses were aborted after sex determination test in our country. (TOI June, 1982).

The government and private practitioners involved in this lucrative trade, justify the sex determination test as measure for population control. Women have always been worst target for family planning policies. Harmful effects of pregnancy test, contraceptive pills, anti-pregnancy injections, camps for mass-sterilisation of women with their unhygienic atmosphere are always overlooked by the enthusiasts of family planning policy. Most of population control research is conducted on women without giving any consideration to the harm caused by the research to the women concerned. Advocates for population control will continue cashing in on socio-cultural values that treat the birth of a daughter in the family as a great calamity and perpetuate modern method of massacring female foetuses on a massive scale.

India has a legacy of killing female children (*dudhapiti*) by putting opium on the mother's nipple or by putting the afterbirth over the child's face or by illtreating daughters. (Clark, 1983). These days also female members of the family get inferior treatment as far as food, medication and education is concerned (Research unit on Women's Studies, 1981). When they grow up, there is further harassment for dowry. "Then, is it not desirable that she dies rather than be illtreated?" ask many social scientists. In Dharma Kumar's (EPW, June, 1983) words: "Is it really better to be born and 'left to die' than to be killed as foetus? Does the birth of lakhs or even millions of unwanted girls improve the status of women?"

But what can be the long-term implications if such a trend continues? Will it not aggravate the already disturbed sex-ratio? There has been continuous decline in female/male sex-ratio between 1901 and 1971. Between 1971 and 1981 there was slight increase, but it still continues to be adverse for women.

**Demographic Profile of India (in millions)  
1901-1981**

Year	Total Population	Male Population	Female Population	Total No. of women per 1000 men i.e. sex ratio.
1901	238	121	117	972
1911	252	128	124	964
1921	251	128	123	955
1931	279	143	136	950

1941	319	164	155	945
1951	361	186	175	946
1961	439	226	213	941
1971	505	254	254	930
1981	684	353	331	935

Source: *Census Report*, 1981, Series 1, Paper 1.

Here too, economists have their reply ready i.e. law of demand and supply. If supply of women is reduce, their status will be enhanced. Scarcity of women will increase their value (Bardhan, 1982). According to this logic, women will not be burnt alive because of dowry problem as they will not be easily replaceable commodity. But here the economists forget the socio-cultural milieu in which women have to live. The society that treats a woman as a mere sex-object will not treat women in a more 'humane' way if they are scarce in supply. On the contrary there will be increased incidences of rape, abduction and forced polyandry. In U.P, Haryana, Rajasthan and Punjab among certain communities, sex-ratio is extremely adverse for women. There a wife is shared by 'a set of brothers' (or some times even by paternal, parallel cousins) (Dube, 1983).

To think that it is better to kill female foetuses than giving birth to unwanted female children, is very fatalistic. By this logic it is better to kill the poor rather than let them suffer poverty and deprivation. How horrifying!

Another argument is that in cases where women have one or more daughters, they should be allowed to have amniocentesis done so that they can plan a 'balanced family' by having sons. Instead of going on producing female children in the hope of getting a male child, it is better for the family's and the country's welfare that they abort the female foetus and have small and balanced families with daughters and sons. This concept of 'balanced family' also has a sexist bias. Would a couple with one or more sons undergo amniocentesis to get rid of male foetus and have a daughter for balancing their family? No, never!

This frenzy of having a 'balanced family'!-At what cost? How many abortions (between 16 to 18 weeks) can a woman bear without jeopardising her health?

Time and again it is stated that women themselves enthusiastically go for the test out of their free will. It is a question of women's own choice. But are these choices made in a social vacuum? These women are socially conditioned to accept that unless they produce one or more male child they have no social worth. They can be harassed, taunted, even deserted by their husbands and in-laws if they fail to do so. Thus their 'choices' depend on



the fear of society. It is true that feminists all over the world have always demanded "the right of women to control their own bodies/fertility and choose whether or not to have child/children and have facilities for free, legal and safer abortions." While understanding these issues in the third world context we must see it in the background of the role of imperialism and racism that aims at the control of "coloured populations". Thus: "It is all too easy for population control advocates to heartily endorse women's rights at the same time diverting attention from the real causes of the population problem. Lack of food, economic security, clean drinking water and safe clinical facilities, have led to a situation where a woman has to have 6.2 children to have at least one surviving male child. These are the roots of the population problem, not merely the 'desire to have a male child'" (Chhachhi, and Sathyamala, 1983).

Meetings called by Women's Centre (Bombay) and various women's organisations in Delhi, discussed this problem at length and three positions emerged. 1. Total ban on amniocentesis tests; 2. Support to amniocentesis tests; and 3. Amniocentesis tests to be allowed under strict governmental control and only for detecting genetic abnormalities.

Most of the women's organisations feel that the 3rd position is most advantageous even if one accepts the fact that illegally, the tests will be conducted by unscrupulous people. To avoid this, women's organisations and other socially conscious groups will have to act as watch dogs.

The issue of amniocentesis once again shatters the myth of neutrality of science and technology. Hence, the necessity of linking science technology with socio-economic and cultural reality. Class, racist and sexist biases of the ruling elites have crossed all boundaries of human dignity and decency by making savage use of science. Even in China after 10 years of 'cultural revolution' and 'socialist thinking' sex determination test for female extermination are largely prevalent after the government's campaign for one-child-family began (Sunday, 1983). Chinese couples willy-nilly accept a system of one-child-family but the child has to be a male. This shows how adaptive the system of patriarchy, male supremacy is. It can establish and strengthen its roots in all kinds of social structures, pre-capitalist and even post-capitalists, if not challenged consistently.

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I am unable to understand the thought process behind the omission of my name. Does Dhruv Mankad assume that because I am married to Binayak Sen, my contribution to a joint production is subsistence (= negligible = zero)? I would be grateful if he could clarify what lies behind this e.g. of marxist male chauvinism - for we can only begin to advance towards correct action from correct analysis.

May I congratulate you on an excellently produced first issue?

Irina Sen

Dalli Rajhara

#### DHRUV MANKAD REPLIES:

I tender my sincere apology to Irina Sen for not mentioning her name in the editorial perspective while referring to a joint article by her and Binayak Sen. The error occurred due to the fact that before writing the perspective, I had not seen the actual article referred to above. I knew about the contents only from discussions with Binayak at Calcutta and later with Anant Phadke, Manisha Gupta Awasthi, Padma Prakash, Amar Jesani at Pune. Till I saw the article in print in SHR, I was under the honest impression that it was indeed written by Binayak only. This is what lies behind "this e.g. of Marxist Male chauvinism".

Despite this apology, I do wish to state that Irina Sen's 'protest' is petty and unprincipled. She has thrown wild allegations of Marxist male chauvinism on my part without first giving me a chance to explain. This kind of immature reasoning based on mere presumptions - that too, incorrect ones, would lead us neither to correct analysis nor to correct action but only to bickerings and quarrels.

I am restraining myself in my reply with the intention not to extend this issue any further. I hope in future, such errors are avoided and if and when they do occur the reactions thereto are more responsible.

**WORKING EDITORS' REPLY:** The omission was our fault rather than Dhruv's, because we were responsible for checking the final proofs and were of course aware of the joint authorship. We regret the inadvertent slip.