Preferred Choices leads to Selective Abortion

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Abstract Selective Abortions, a type of Abortion is the another most debatable issue across the world, more specifically in South-Asian countries like India, Bangladesh, Nepal and China. Due to the revolutionary development in the medical and biomedical sciences, a new world has been constructed where one can achieve what one desire for. Similarly, in the case of Planned Parenthood couples can make the preferred choices for their future child due to the availability of safe abortions, contraception, and advanced technology such as prenatal diagnosis. These preferable choices are leading to the great number of selective abortions, mostly in the form of female feticide[1] and infanticide[2]. The purpose of this paper is to discuss the written account of selective abortions and ethical dilemmas associated with this issue.

Keywords: selective abortion, prenatal diagnosis, genetic disorder, child sex ratio, fetus,

Introduction

Selective abortion is a procedure of aborting fetus on the basis of the undesirable characteristics such as genetic deformities, gender preferences and multiple fetuses in single pregnancy. The practice of selective-abortion is historically been discussed in three ways: determining the genetic deformities in the fetus; sex-determination of the fetus and depletion in the number of fetus usually due to fertility treatments. The impact of such characteristics have been historically significant, the capability of pre-determining and changing the end results of pregnancies is a new phenomenon which is still an issue for those who want children.

The apprehension of the process of fertilization has undergone rapid changes and advancements over the past few decades, but the process of "in vitro fertilization"[3] have a long history of scientific research. In the mid of 20th century, experiments of attempting to fertilize eggs of female and male were first performed on animals such as rabbits or hamsters. With

[1] Terminating a pregnancy on the basis of the sex of a fetus.
[2] Ending the life of an infant under the age of one year of age.
[3] Also known as IVF is the process of fertilizing eggs of a female with male sperm outside of the body or in a test tube.

poor background of apprehension, experiments were continued till success. In 1969, when a human birth resulted from IVF procedure, it became the first successful case of IVF in humans. Since 1900s the technology of IVF has developed and became an essential reproductive technology which questions the origination of human life and leads to the question of ending that life through abortion.

Preference for a particular type of gender has its roots in societies which according to their patriarchal nature consider female as second and weaker sex whereas male as prominent who predominantly ensures the family's social and economic stability. Some cultures still have a disparity in the opportunities given to male and females throughout their life and have led to the problem of reproductive ethics when technology meets disadvantage. As it is said by Beauvoir

"Man is considered the default, while woman is considered the "Other". Hence humanity is male and man defines woman not herself but as relative to him " Beauvoir describes the relationship of ovum to sperm in various creatures (fish, insects, and mammals), leading up to the human being. women's subordination to the species in terms of reproduction, has been compared with the physiology of men and women, concluding that values cannot be based on physiology and that the facts of biology must be viewed in light of the ontological, economic, social, and physiological context"[4] (Beauvoir 1949)

Physician's ability, when asked by the parents, to discriminate between sexes and to consider sex-selective abortions is only possible with the use of advanced technologies for pre-natal diagnosis such as amniocentesis[5], ultrasounds and chorionic villus sampling (CVS) procedures. Amniocentesis is the procedure of detecting abnormalities in the unborn fetus by using a sample of fetus' amniotic[6] fluid. This practice has been mentioned in clinical literature for over a hundred years. Ultrasounds were first used for clinical diagnosis in the field of neurology, by Karl Dussik, the neurologist in Vienna, Austria, a decade before it was used in the field of obstetrics[7]. CVS[8] is a procedure used to diagnose chromosomal abnormalities in the fetus.

[4] https://antilogicalism.com/2018/03/16/the-second-sex/
[5] Technique first developed by Robert Lisle Gradd during 1959-67 for clinical assessment for wellbeing of fetal in utero.
[6] Amniotic fluid is the liquid of slight yellow color that surrounds the unborn baby (fetus) during pregnancy. It help the developing baby in moving in the womb.
[7] Branch of medicine concerned with pregnancy, childbirth and the postpartum period.
[8] CVS is procedure of diagnosing genetic or chromosomal abnormalities in the fetus by taking sample of placental tissue done before 15 weeks of gestation periods.

These techniques have allowed for reasonably precise determination of a fetus' sex, which has led to increase in the process of selective-abortion on the basis of gender in the field of bio-medical ethics.

The practice of abortion has been there throughout the history for centuries. Abortion was allowed until the 1800s in the western countries. Later it became a crime for many reasons[9] and states banned the practice universally. After the ruling of Supreme Court of the United States in Roe v. Wade[10] case (1973) the practice of abortion became legal. In many other countries, the practice of abortion is illegal or is permissible only to save the life of a woman. In India, the practice of abortion has been legal since the amendment of Medical Termination of Pregnancy Act[11] (MTP Act) in 1971. MTP Act was introduced not because of concern for women, but only as a policy of population control. Prior to implementation of the MTP Act, Act No.45 of the Indian Penal Code[12] in 1860 allowed abortion only in the case of saving the life of a pregnant woman. Abortion is an intricate issue, but it is necessary to understand the general term because it is the foundation of selective abortion, which is the main concern of this paper.

This paper will discuss the dilemma of prenatal diagnosis of the genetic disorder and sex-determination leading to selective abortion in terms of female feticide or infanticide in India

PENATAL DIAGNOSIS OF GENETIC DISORDER AND ABORTION

The ability to diagnose a newly fertilized embryo or fetuses for genetic disorders and inborn disabilities is a new technology which has resulted in an increased rate of prenatal examination. With the advancement of prenatal technology, scientists have been able to identify the genes responsible for genetic disorders such as Down syndrome, cystic fibrosis, hemophilia, beta-

[9] During that time, abortion was used to be done with crude methods, little amount of antiseptics and high rates of mortality.

[10] In Roe v. Wade case, Supreme Court's judgment allowed women to have an abortion in the first trimester of pregnancy with the help of a practiced physician in order to protect the life of a pregnant woman. According to this judgment, pregnancy is a private matter of an individual.

[11] According to this Act, a pregnant woman can get abortion up to 20 weeks of gestation with the help of practiced physicians if there are certain complications in pregnancy such as life of a pregnant woman is at risk, genetic disorder in a fetus, pregnancy caused due to rape or incest and failure of contraceptives used by married woman or her husband.
https://en.wikipedia.org/wiki/Abortion_in_India#Before_1971_(Indian_Penal_Code,_1860)

[12] Article 312 of the Indian Penal Code offered that if any person performing an illegal abortion was subject to imprisonment for up to seven years and payment of fine; if the woman was "quick with child", the punishment was imprisonment for up to seven years and payment of a fine. The same penalty was applied to a woman who induced her own miscarriage. www.un.org/esa/population/publications/abortion/doc/india.doc

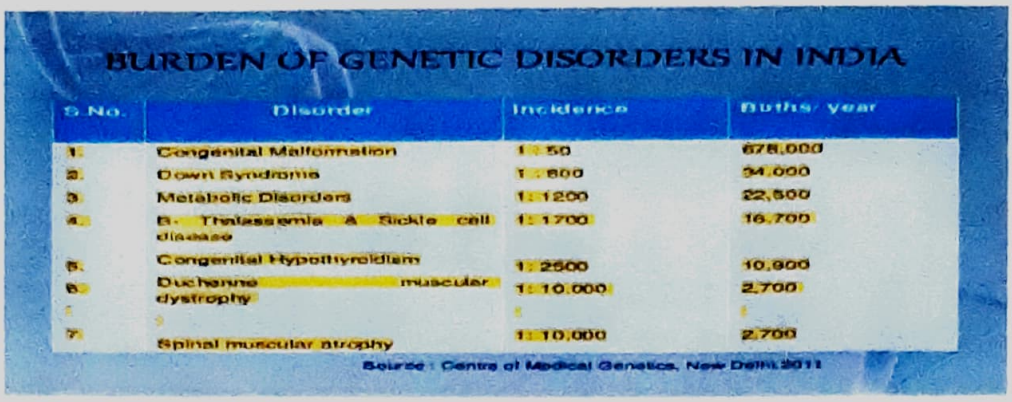
thalassemia, Huntington's disease and sickle-cell anemia. The ability to examine these diseases has led to numerous ethical thought including the quality of life of child, severity of the condition and other factors.

Now the question arises, what range of genetic diseases should be examined? This question is a concern of severity of the disorder such as treatable or untreatable diseases. These concerns are important when the physicians, and the families get to know about the prenatal genetic test. To avoid future complications during a pregnancy, the increase in the information regarding prenatal diagnosis might help a pregnant and young mother. For instance, in the case of methylmalonic acidemia[13], a metabolic disorder which can be diagnosed by CVS or amniocentesis. The only cure of this disease lies in giving a large dose of cobalamin (vitamin B-12) to the pregnant woman. Thus, testing in this case seems like a rational step in ensuring a healthy baby. According to a survey conducted by March of Dimes Birth Defect Foundation[14] 20% of abortions are done on the basis of the genetic disorder.

Examining for fetal abnormality during a pregnancy is a vital part of obstetrical care, to reduce the burden of genetic disorders. Obstetrics recommend this to everyone in the societies. Here the question is, what kind of cases should be considered for such a diagnosis? There are opposing views to this question. According to a group of physicians and geneticist, in the cases of severe disorders test should be performed such as disorders associated with intellectual disabilities and malformations. In such cases individuals become dependent on parents for their whole life and lead to long-term suffering. According to a study (ref. table 1), every year about 6, 78,000 infants are born with congenital malformations which is the highest number in comparison to other genetic disorders. According to another view, testing should be limited in between an outset of the disease and possibility of occurrence. The Line drawn by physicians and geneticist is quite difficult and there is going to be positive and negative impact of the decision ethically.

[13] Methylmalonic acidemia is an inherited disorder in which the body is unable to process certain proteins and fats (lipids) properly. The effects of methylmalonic acidemia, which usually appear in early infancy, vary from mild to life-threatening. Affected infants can experience vomiting, dehydration, weak muscle tone (hypotonia), developmental delay, excessive tiredness (lethargy), an enlarged liver (hepatomegaly), and failure to gain weight and grow at the expected rate (failure to thrive). Long-term complications can include feeding problems, intellectual disability, chronic kidney disease, and inflammation of the pancreas (pancreatitis). Without treatment, this disorder can lead to coma and death in some cases.
https://ghr.nlm.nih.gov/condition/methylmalonic-acidemia

[14] http://ehealth.eletsonline.com/2016/06/most-common-genetic-disorders-in-india/



BURDEN OF GENETIC DISORDERS IN INDIA

S.No.	Disorder	Incidence	Births/ Year
1.	Congenital Malformation	1 : 50	678,000
2.	Down Syndrome	1 : 800	34,000
3.	Metabolic Disorders	1: 1200	22,500
4.	B- Thalassemia & Sickle cell disease	1: 1700	16,700
5.	Congenital Hypothyroidism	1: 2500	10,900
6.	Duchenne muscular dystrophy	1: 10,000	2,700
7.	Spinal muscular atrophy	1: 10,000	2,700

Source : Centre of Medical Genetics, New Delhi,2011

Table 1: showing the numbers of genetic disorders per year in India according to 2011 survey.

Terminating a pregnancy on the basis of genetic disorder is possible with the availability of prenatal examination. Prenatal testing protects women from future complications such as emotional and economical strains which woman and her family will be facing in rearing a child with certain genetic and physical disabilities. Because many couples, who already had a child born with disabilities, get afraid of conceiving another baby unless prenatal testing is done. Thus, it has become essential to consider the decision of aborting a fetus by keeping all the facts in mind with the help of physicians. As it is said by Sutton[15],

"The two patients affected by prenatal diagnosis, mother and the child, are of equal value both as patients and human individuals and are endowed with the same right to life". "Intentionally and directly to harm one patient in order to promote the interests of the other is therefore unjust" (Sutton 1990)

SEX-SELECTIVE ABORTION

Abortion on the basis of the sex of a fetus is a common practice in Northern regions of India, where preference for a male heir accompanied with economic and political influences has grievously skewed the sex ratio at birth (ref. figure 1.png). According to cultural norms, the male child is considered as an "asset" who is capable of earning and continuing family lineage while the female child is a "liability" for many reasons. These preferences have led to prenatal and postnatal discrimination against a female child, which has resulted in millions of female feticide and infanticide.

[15]https://www.researchgate.net/publication/279488874_Selective_abortion_on_the_basis_of_prenatal_genetic_diagnosis_ethical_problems_faced_by_the_doctor

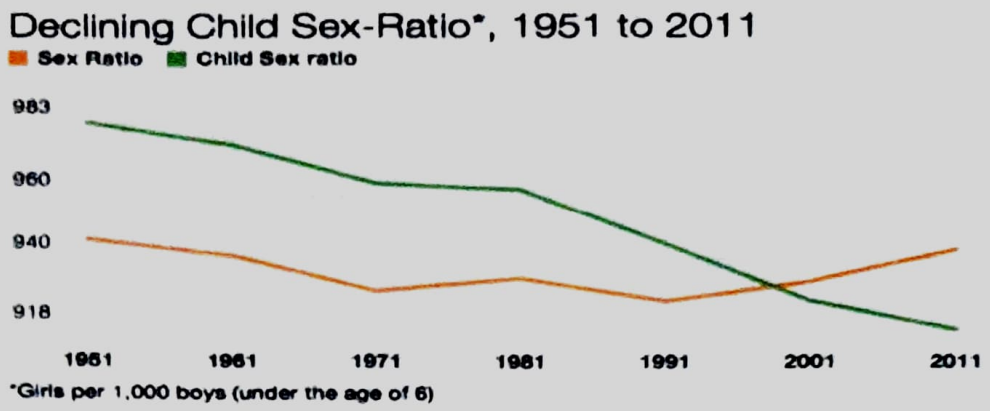


Figure 1: showing the declining rate of child sex ratio in India according to 2011 census.

A female infanticide is an act of killing a fetus on the basis of her sex within one year of its birth intentionally by using poisonous chemicals or neglecting to feed the baby. On the other hand, feticide is a deliberate termination of fetus' life within the womb on basis of its sex being female. These acts are also known as Sex-selective abortion. Since 1789, female infanticide existed in India in several districts of Rajasthan, western shores of Gujarat-Surat and Kutch, the eastern region of Uttar Pradesh. But today there are upsetting accounts of the girl child being murdered even in areas where the practice of infanticide did not even exist earlier (ref. figure 2.jpg). Increase in poverty, lack of family planning, dowry system, etc. have been stated as possible causes of such practices. A Female feticide on the other hand has increased with the advancement of prenatal examination technology. As mentioned earlier, amniocentesis, obstetrics ultrasonography and CVS can be used to determine the sex of a baby before it's born. In India these tests have become an issue of ethical debate since outcomes could mean life or death.

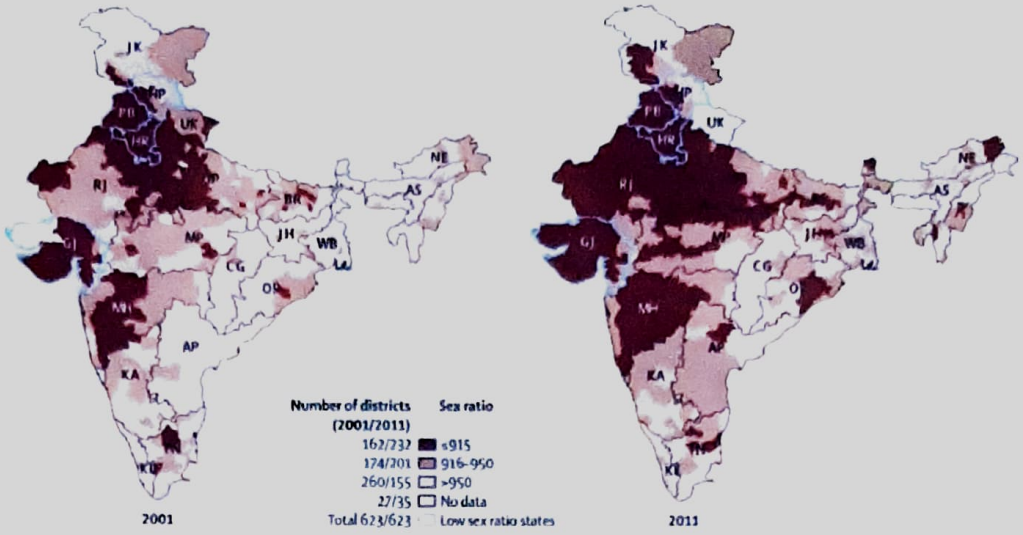
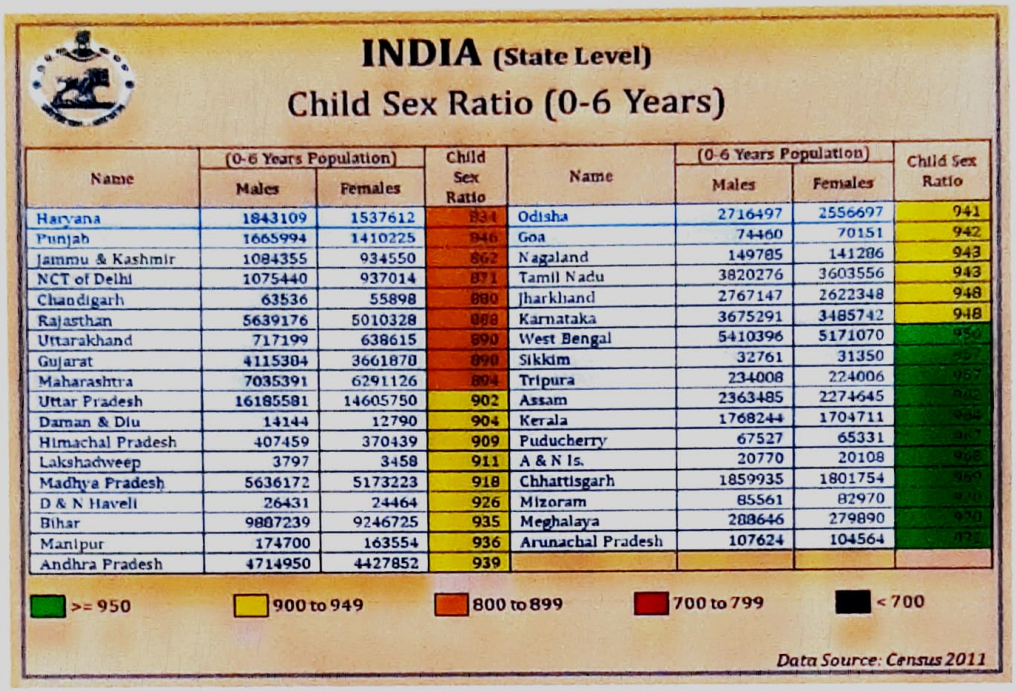


Figure 2: state wise data of girl child per 1000 boys from 2001-2011 census reports of India

In 1975, Amniocentesis was first used in India to detect deformities in a fetus at All India Institute of Medical Sciences (AIIMS) New Delhi. When people got to know that sex of a fetus can be determined through this examination, doctors at AIIMS noted that more than 11000 of couples who came forward for the test were only interested in knowing the sex of their fetus. Women with more than one or two girl child after learning about results of examination decided to have an abortion because it was a female in her womb. These techniques were misused by the doctors and individuals. Campaigns were being organized by women's group and health activist to stop the misuse of techniques in 1986. In 1994, to stop the misuse of prenatal diagnostic techniques, Pre-Conception and Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) Act (PCPNDT Act) was introduced. According to this act, prenatal examination is allowed only in the case of genetic disorders, a chromosomal disorder, congenital malformations and sex-linked disorders which can be carried out at registered hospitals. Advertising and communicating about sex of the fetus is illegal.

Unfortunately, due to some loopholes in government planning and regulations, the practice of using prenatal techniques remained in use through illegal ways and declining sex ratio of girl child at birth kept on increasing. According to 2011 census of population count (ref. table 2.jpg), sex ratio at birth (0-6 years) is 919 girls per 1000 boys in India in total. Out of which, the state with lowest child sex ratio is Haryana with 834 girls per 1000 boys. There can be many reasons for a decline in sex-ratio such as unregistered girls' data but the reality of abortion

is undeniable. When technology was used to determine the sex of a fetus, decrease in the female count was marked. Legislations against sex-selective abortion might curb the gap but the change in society will come from the changed attitude towards familial preservation.



INDIA (State Level)

Child Sex Ratio (0-6 Years)

Name	(0-6 Years Population)		Child Sex Ratio	Name	(0-6 Years Population)		Child Sex Ratio
	Males	Females			Males	Females	
Haryana	1843109	1537612	834	Odisha	2716497	2556697	941
Punjab	1665994	1410225	846	Goa	74460	70151	942
Jammu & Kashmir	1084355	934550	862	Nagaland	149785	141286	943
NCT of Delhi	1075440	937014	871	Tamil Nadu	3820276	3603556	943
Chandigarh	63536	55898	880	Jharkhand	2767147	2622348	948
Rajasthan	5639176	5010328	888	Karnataka	3675291	3485742	948
Uttarakhand	717199	638615	890	West Bengal	5410396	5171070	956
Gujarat	4115304	3661878	890	Sikkim	32761	31350	957
Maharashtra	7035391	6291126	894	Tripura	234008	224006	957
Uttar Pradesh	16185581	14605750	902	Assam	2363485	2274645	962
Daman & Diu	14144	12790	904	Kerala	1768244	1704711	964
Himachal Pradesh	407459	370439	909	Puducherry	67527	65331	967
Lakshadweep	3797	3458	911	A & N Is.	20770	20108	968
Madhya Pradesh	5636172	5173223	918	Chhattisgarh	1859935	1801754	969
D & N Haveli	26431	24464	926	Mizoram	85561	82970	970
Bihar	9887239	9246725	935	Meghalaya	288646	279890	970
Manipur	174700	163554	936	Arunachal Pradesh	107624	104564	972
Andhra Pradesh	4714950	4427852	939				

>= 950 | 900 to 949 | 800 to 899 | 700 to 799 | < 700

Data Source: Census 2011

Table 2: showing state wise data of child sex ratio in India.

CONCLUSION

The unstoppable hike in the advancement of prenatal diagnostic technology has led to astonishing developments in the field of obstetrics. Though many couples have been able to give birth to children with the help of these technologies, it has become essential take a step back to scrutinize the history, technologies and ethical dilemma surrounding problems such as genetic disorders and sex-selective abortion. The ability of examining and conceivably eliminating these problems is not intrinsically right or wrong, but one should not forget that human beings make certain choices that affects the society in some ways such as sex-selective abortion. But it is necessary to comprehend the reasons for seeking abortion such as genetic disorders, health problems, social and economic pressure due to long time sufferings. However,

there are certain ways of avoiding abortion such as going for genetic counselling, adoption, by increasing awareness regarding importance of girl child in families and societies might curb the issue of feticide and infanticide.

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