

Ending discrimination at the womb

Ethical perspectives on tackling female feticide in Asian countries

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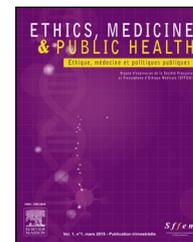
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PRACTICES AND CONCEPTS

Ending discrimination at the womb: Ethical perspectives on tackling female feticide in Asian countries



Mettre fin à la discrimination dès la grossesse : perspective éthique sur la lutte contre l'infanticide féminin dans les pays asiatiques

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Summary Female feticide has been increasingly reported in recent years in many of the Asian countries. Female feticide is associated with several demographic, sociological, and ethical challenges. Due to the advancement of the latest medical technology to screen for sex detection, female feticide has become an even bigger problem, resulting in various serious and unprecedented sex-ratio imbalances. This has helped to perpetuate gender discrimination against women, contribute to poor health in women and disrupt social and familial networks. The aim of this paper is to review and discuss the context of sex-selective abortion, control policies, and practices in Asia through the eyes of public health ethics approaches. Moreover, the paper also provides possible recommendations to mitigate the issue based on the findings and best available practices.

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MOTS CLÉS

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Paternalisme ;
Ratio entre sexes

Résumé Les cas d'infanticide féminin ont augmenté ces dernières années dans de nombreux pays asiatiques. L'infanticide féminin est associé à plusieurs défis démographiques, sociologiques et éthiques. En raison de l'avancement des technologies médicales pour la détection du sexe, l'infanticide féminin est devenu un problème encore plus important, entraînant de nombreux déséquilibres graves et sans précédent au niveau du ratio entre les deux sexes. Cela aide à perpétuer la discrimination à l'égard des femmes, contribue à la mauvaise santé des femmes et perturbe les réseaux sociaux et familiaux. L'objectif de cet article est d'examiner et de discuter le contexte de l'avortement sélectif lié au sexe, des politiques de contrôle et des pratiques en Asie à travers une approche en éthique de la santé publique. Ce texte fournit également des recommandations possibles pour améliorer ce problème en se fondant sur les constatations soulignées dans cet article et les meilleures pratiques disponibles.

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Introduction

Female feticide (the deliberate act of aborting a female fetus) has in recent years emerged as a profound social problem in Asian countries [1]. Anthropologist Barbara D. Miller contends that female feticide is being practiced predominantly but not entirely in parts of Asia, particularly in India, Pakistan, China, South Korea, Taiwan, and also among Asian diasporas living outside Asia, such as in the United Kingdom, Canada and the United States [2]. A recent study from Nepal also showed an issue of female feticide: sex-selective abortion (SSA) presence, and that the practice is becoming increasingly prevalent in the country [3]. India and China are emerging as the world's top economies; yet, they are still struggling or failing to save their unborn daughters. Female feticide, in these settings, is observed regardless of the socioeconomic status of families, for instance, female fetuses are found lying in farms, wrapped in jute bags, and floating in water [4].

The United Nations' unofficial calculations stated that "200 million females are missing in the world; women who should have been born and grown up, were killed by infanticide or selective abortion" [5]. Another study assembles findings from various countries to conclude that the number of missing females already reached around 126 million in 2010, with a steep rise in the last decades; the authors further projected SSA to peak at up to 150 million by 2035 [6]. This study also finds that more than 3 million females throughout the world will be missing every year until 2050. Female feticide in India alone outnumbers any genocide in the world [7].

Evidence suggests that female feticide is a result of son preference, and traditionally it was noticeable postnatally through female infanticide [8]. However, these days discrimination starts in the womb in the form of female feticide, which raises many public health, and ethical concerns.

This article aims to review and discuss the context of sex-selective abortion, control policies, and practices in Asia through the eyes of public health ethics approaches. Moreover, the paper also provides possible recommendations to

mitigate the issue based on the findings and best available practices.

Son preferences: why?

For any healthy society, men and women should have equal worth. The sole reason behind sex selection appears to be a preference for a male child because of several deep-seated customs favoring men, especially in East and South Asian countries. Males are more valued because of their long-standing dominance in economic, political and social dimensions [9]. Countries in these regions are governed by patriarchal communities with male control over economic, political, social and ideological domains [2]. In particular, India, China, Pakistan, and Nepal have a deep-rooted preference for sons over daughters, because of various religious, cultural, social and economic reasons, which continue to make males more socially and economically valuable than females. Religious lore in these countries, for instance, promotes son preferences, such as the Confucian tradition of ancestor worship by son. In addition, men are needed to perform death rites in Hinduism [10,11]. These religious conditions incline community members towards the necessity of having a male child, regardless of an economic position of the family. Economic reasons for son preference may include male requirements in agrarian economies, property inheritance by sons, and old age support for parents because of the absence of secure state-sponsored schemes. Social factors which reinforce the desire for sons over daughters are associated with lineage continuity, payment of a large sum of dowry on a daughter's marriage, and a male-dominated breadwinner role in traditional families. Table 1 outlines various control policies, causes and prevalence of SSA in Asian countries adapted from [11,12].

The social impacts of son preference are clearly seen in several studies. One study in India reported declining fertility as a driving force for a son preference, i.e., small families choose to have more sons [13]. In China too, the recently abolished one-child policy affected cultural and

Table 1 Overview of policies and laws related to female feticide in East and South Asian countries.
Aperçu des politiques et lois relative à l'infanticide féminin dans les pays d'Asie du Sud et de l'Est.

Countries	Prenatal sex determination	Female feticide	Underlying causes of SSA
China	Banned in 1989, preconception sex selection prohibited	Frequently performed	Confucius tradition, economic reasons, cultural factors, recently abolished one child policy
India	Prohibited in 1994, pre- and peri-conception methods banned in 2002	Frequently performed	Economic reasons, religious beliefs, cultural factors, declining fertility and family balance, dowry system in many states of the country
South Korea	Banned since 1987	No evidence after prohibition	Confucius tradition
Vietnam	Sex determination through modern and traditional means prohibited in 2003	Some evidence	Economic reasons, cultural factors
Pakistan	Under the act 1990, also abortion is illegal unless it is done to save mother's life	Anecdotal evidence	Economic reasons, cultural factors
Nepal	Strictly prohibited since 2002	Some evidence	Economic reasons, religious beliefs, cultural factors, dowry system in some districts of country

social traditions and the challenging daily living conditions increased the necessity for couples to have a son [14]. Other studies have reported that factors such as rapid economic development, advancement in technology and a declining fertility rate, are likely to widen the discrimination and ultimately intensify female feticide in developing countries [14,15]. The disinterest in having a female child has led to a situation in which families may choose to abort female fetuses despite legal restrictions; abortions can also occur when the fetus has breached the medically advised gestational limit or maternal limit for safe abortion.

Changing sex ratio amid public health concerns

For most societies, the natural sex ratio at birth (SRB) lies between 104–107 boys to 100 girls [16]. A recent study of sex ratios from global birth data confirms that there is an increase in the male–female ratio in Asian developing countries compared to developed countries, due to culturally-driven gendercide [17]. Another study reveals that male-to-female sex ratio at birth in China was around 1.20, and ranges from 1.10 in Taiwan to 1.37 in Jiangxi provinces in China. In India, the overall SRB was 1.12, and its states reported SRB ranging from normal to 1.24. Similarly, in Pakistan and Vietnam, the SRB was 1.12 and 1.11, respectively [18]. In Nepal, so far the national SRB is not affected because of SSA, but studies show the sex-ratio for a second child is 742 females per 1000 male if the first-born child is a girl [3]. According to the 2011 census of India, men outnumber women by 35 million in the population [19]. Whereas in China, males outnumber females by 32 million [20]. These

figures reflect the severe imbalances in male and female sex ratios, which have the potential to disrupt the normal functioning of any society. Moreover, the consequences will not be limited within the specific countries and regions.

India and China, which together represent 40% of the world's population, are estimated to have 12–15% more young males than females in the next 20 years [21]. These surplus males are known as “bare branches” in China, which signify that they are unable to “bear fruit” because of not being able to find a marriage partner.

These altered sex ratios are not merely numbers; they also carry a signal for future adverse public health consequences. In Asian culture where marriages are virtually universal, not finding a partner can lead to serious societal repercussions. Theories suggest that young, surplus males will be prone to pursue satisfaction through vice and violence, which can intensify socially disruptive behavior. Furthermore, these situations can result in low self-esteem, sexual frustration leading to violence, especially rape, anti-social behavior, alcohol and substance abuse [22]. If these young males together become involved in crime, they are a threat to the security, stability, and democracy of society; this might also threaten regional and international security [23].

One of the most overwhelming cases of a skewed sex ratio is evident in India's Haryana state. Single males are demanding wives in exchange for votes [24]. There is also a flourishing trade in women being trafficked from the poverty-ridden villages [25]. One study cites the consequences of an abnormal sex ratio as increasing cases of gay behavior, an expansion of prostitution and a correlation between murder and sex ratio at the Indian state level [21].

Furthermore, in South Korea, males who were born during periods of high female feticide are now reaching adulthood,

and are consequently struggling to find a female partner [26].

Policies in practice against sex selection

The United Nations' Universal Declaration of Human Rights Preamble states that the foundation of the justice, freedom, and peace in the world is the recognition of integral self-worth, of the equal and inalienable rights of all the human being [27]. Countries have the moral obligation to protect its population: especially its vulnerable members from any potential harm and hazards. Most of the Asian countries have banned female feticide legally; however, addressing the causes of feticide still need attention.

On the other hand, the most successful achievement in normalizing the gross sex ratio has been that of South Korea, which managed to bring the male–female sex ratio back from 1.13 to 1.07 after a strict policy against female feticide was introduced in 1987 [11,26]. South Korea was the first country to report female feticide and ban prenatal sex detection. Policies and laws to ban female feticide include regulation on sales of ultrasound machines and its purpose of use, and prohibition of disclosure of the sex of an unborn baby. However, the revelation of baby's sex before birth is allowed in some parts of the world, such as Europe and North America, for the purpose of baby rearing.

In China, the laws and regulations include two types of interventions. Firstly, an individual/social intervention, which promotes gender equality such as education rights, inheritance of family property, employment and old-age support. Secondly, an institutional intervention, which strictly forbids all organizations and individuals from performing fetal sex determination and sex-selective induced abortion [28].

In India, the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act was passed in 1994, which prohibited female feticide. A study in India outlines its positive and significant impact on the child sex ratio, resulting in at least 106,000 new surviving girls in rural areas. Despite these changes, however, the overall estimated number of SSA abortions in India still stands at 2.5 million per year [29].

Three other countries experiencing female feticide have various legal bans on various forms of female infanticide. Nepal legalized abortion services in March 2002; before that, it was punishable as infanticide. Since the very beginning of legalization of abortion, Nepal has prohibited abortion based on the fetal sex [30]. Abortion services in Pakistan under the principle of Islamic law is still illegal unless it is performed to save the mother's life. Vietnam also banned any modern or traditional means of fetal sex determination in 2003 after imbalance of sex ratio arose [31].

Female feticide and public health ethical concerns

Female feticide has resulted in various demographic, socio-logical, cultural, ethical and policy challenges. Female feticide has a broad range of moral and social implications, of which the most significant is very likely widespread sex

discrimination against women in the society. One challenge is that SSA clouds the legal abortion services because it is hard to differentiate whether an abortion is related to sex selection or is being carried out for other unrelated reasons [32]. In some contexts, the SSA practice can also foster an anti-abortion climate, since abortions for other reasons can be misunderstood as SSA due to sensational media coverage giving the impression that abortion for sex selection is the only kind of abortion [11].

Legally banning sex detection and abortion throughout the Asian countries is a strategy against the SSA practice; however, it has been suggested that this mechanism made the SSA practice go underground and become more expensive [33,34]. Also, without addressing the root causes of women oppression, merely prohibiting sex determination might increase the case of female infanticide or slower death from persistent negligence, thus limiting access to resources for girls.

The evidence shows that the banning of SSA is not enough to control SSA; banning SSA resembles treating a disease but not the cause of the disease [35]. As discussed earlier, women's devaluation in many Asian societies is embedded in religious beliefs and traditional cultural practices; uprooting of this culture may not be easy and immediate. As described above, female feticide, skewed sex ratios, and the related social, cultural practices are complex challenges, which need serious ethical deliberation in the societies, and also among public health professionals. Some of these challenges are discussed below in the context of four different ethical theories [36,37].

Liberalism and autonomy

Liberalism is an ideology that consists in the structuring of individual interactions in society on the basis of a set of rights that require human beings to respect each other's liberty and equality [38]. The liberal perspective promotes individuals' right to freedom and permits them to pursue their own conception of the services [37]. In the past, when women's right to have abortions was being advocated, laws and policies were made on the grounds of liberalism, under which states and laws respected the autonomy of women on deciding whether to continue their pregnancy to term [39]. This liberal agenda, together with the increasing availability of sex detection technology in many countries, helped parents to obtain a child of the desired sex, while also reducing related maternal mortality and morbidity, and the practice of unsafe abortions.

In a case of female feticide, it is challenging to discover if the choice of having a boy is made voluntarily or was forced upon the parents. Coercive external forces can be socio-economic and cultural factors, such as not being able to afford the marriage of daughter, religious beliefs, the economic utility of sons, old-age security, continuity of lineage, and a social attitude that raising a female child is analogous to nurturing a neighbor's plant [40]. Parents who are living in the culture and society, which values sons more than daughters, may feel that their only option is to have a male child. Hence, their freedom is limited by a perceived lack of choice. Furthermore, such parents may perhaps be stigmatized by their society for not having a male child.

The query then arises whether we can allow these biased reasons for performing SSA, which will further shrink the women's status in a society, in the name of liberalism. While applying a liberal perspective, the autonomy of people carrying out any action should only be allowed when they themselves bear the consequences of those actions. For instance, smoking is allowed in a personal space, but is banned in public places because it has a hazardous effect on others [41]. Similarly, if the community pays the price of parents' decision in the form of oppression, discrimination, skewed sex ratios and its impacts on society, then that is an abuse of liberal values. Thus, the practice of SSA should be banned.

Paternalism

Sometimes paternalism is perceived as the opposite of liberalism; Paternalism is the interference of a state or an individual on another person, against his or her will, and justified by the claim that the person interfered with will be better off or protected from harm [36]. The state's role may also be intrusive in order to stabilize society or welfare of the community, in another way, the state may act for the benefit of the wider community which compromises individual rights [37].

Most of the Asian countries have used a paternalistic approach by banning SSA, prohibiting the revelation of an unborn baby's sex, and regulating the sales and use of ultrasound. Laws and bans are the states' ways to get rid of the practice; they are the intrusion in the autonomy of people. Although paternalism emphasizes on policy imposition, the state's intervention can be ethically justified as a response to prevent the society from harm by limiting the individual actions. According to the paternalistic state approach, enforcing laws which are against the prevailing culture of the community, e.g. son preference and cruelty toward females starting before they are born, is ethically justified. Along with banning SSA, each state's paternalistic approach should include all the necessary actions to empower a girl to make her equally valuable to boys.

Consequentialism and utilitarianism

Consequentialism is doing the morally right thing based on the consequences to the larger societies or population [37]. In other words, no actions or desires are inherently right or wrong in themselves, they are evaluated solely by their consequences.

The idea of bringing good or bad effects are unhelpful unless we explain what makes a set of results good or better than others. Utilitarianism, a form of consequentialism, eliminates the above confusion by stating that actions which maximize utility are the only ones that are morally right. In other words, right actions are those that bring the best results, and the best results are those which maximize welfare, benefits, and well-being of the population, and are morally justifiable even if those actions are coercive and obligatory. Since, in putting such public policy involves the trade-offs in between forbidding the choice of SSA and limiting the choice of parents to ensure the right to born of female fetuses, economic evaluation perspectives can also

be applied, such as cost-benefit and cost effectiveness analysis [42]. Here, the inputs can be the resources used in developing and enforcing the policy and limiting parents' choices, whereas benefits could be the number of saved fetus lives and, in longer term, solving detrimental social issues arising due to skewed sex ratios. So, it can be reasonably argued that saving the lives of female fetuses who cannot defend their lives would be immeasurably greater benefit than protecting the interests of those families or parents per utilitarianism. Therefore, to provide the greatest overall benefit to societal public health, banning female feticide in this context is the morally right thing to do, despite limiting an individual's choice. In addition, steps to increase the utility of daughters to the same value as sons are also required to do one's best; succeeding in this would mean that people would not prefer a son over a daughter in the first place. In this regard, South Korea is one of the successful examples in restoration of male–female sex ratio after state's utilitarian intervention to ensure long-term benefit to the community.

Stewardship approach

To ethically address the dilemma of enforcing a legal ban against SSA and empowering people, the stewardship approach in public health could provide a more fruitful result [36]. In stewardship, the states are responsible for the health and well-being of both individuals and population; the state provides not only information on legal provisions but also it delivers guidance and services by enhancing competencies of communities to change their practice towards the healthier options. This approach not only limits itself to safeguarding citizens from harm caused by others, but also infers a particular responsibility of the state protecting the health and well-being of disadvantaged and vulnerable groups [36]. The stewardship approach includes all the required actions and support to empower females to make them as equally valuable as males. However, good stewardship requires development and implementation of sound policies, legislation and programs within a holistic context, especially addressing women's education deficit, socioeconomic disadvantage, health and nutritional status, and living conditions. Moreover, since stewardship tries to avoid all coercion, this approach alone is not sufficient enough to get rid of SSA; paternalistic and utilitarian approaches are also needed to justify comprehensive actions towards SSA.

Conclusions

Female feticide is the worst form of discrimination against women, thus eliminating and eradicating female feticide is of vital importance. To be realistic, this seems like a daunting task, especially in Asian countries with the various underlying root causes. Despite laws against female feticide, it is still widespread in several Asian countries, thereby, creating several demographic, sociological, and ethical challenges. Interventions against female feticide in the light of public health ethical concerns could, therefore, be justified even if they are paternalistic, consequentialist and utilitarian in their approach – despite the certain restrictions this may place on liberalism, including the freedom to have an

abortion. Female feticide cannot be addressed in isolation; a holistic intervention in political, institutional, societal and individual level is necessary to abolish the practice. There is also an urgent need to underpin awareness initiatives through effective laws and to inculcate a strong ethical code of conduct in future generations. Arguably, there is a pressing need for the implementation of the culturally-sensitive policies in the Asian context to address female feticide as a form of sex discrimination, and that will prohibit the practice and create the world in which daughters have the same right to be born as that found in western countries.

Disclosure of interest

The authors declare that they have no competing interest.

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