



University of Sussex



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# Submission of qualitative research evidence on prenatal sex-selective abortion in India and the UK

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Health: Abortion in the Developing World and the United Kingdom

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## **Submission of qualitative research evidence on prenatal sex-selective abortion in India and the UK.**

### **APPG on Population, Development and Reproductive Health: Abortion in the developing world and the UK.**

We thank the APPG on PDRH for the opportunity to provide a submission on prenatal sex-selective abortion (PSSA). Son preference and gender inequality are the underlying determinants of PSSA against females in certain regions of India and among a minority of British South families, and PSSA is also known to occur in the broader UK population for purposes of 'family balancing' and gender preference. PSSA is illegal in India yet research demonstrates how the practice has increased in recent years. Recent attempts to explicitly criminalise PSSA in the UK were unsuccessful, and abortion outside the terms of the 1967 Abortion Act remains illegal with the severest penalty being life imprisonment.

Our recommendations are informed by recent and on-going research in the UK and India led by Maya Unnithan:

**Re-visioning Evidence: Reflections on the recent controversy around gender selective abortion in the UK.** *Global Public Health*, 2017. Maya Unnithan and Sylvie Dubuc.

Reports in the British media over the last 4 years have highlighted the schisms and contestations that have accompanied the reports of gender selective abortions amongst British Asian families. The position that sex-selection may be within the terms of the 1967 Abortion Act has particularly sparked controversy amongst abortion campaigners and politicians but equally among medical practitioners and the British Pregnancy Advisory Service who have hitherto tended to stay clear of such debates. In what ways has the controversy around gender-based abortion led to new framings of the entitlement to service provision and new ways of thinking about evidence in the context of reproductive rights? We reflect on these issues drawing on critiques of what constitutes best evidence, contested notions of reproductive rights and reproductive governance, comparative work in India and China as well as our involvement with different groups of campaigners including British South Asian NGOs. The aim of the paper is to situate the medical and legal provision of abortion services in Britain within current discursive practices around gender equality, ethnicity, reproductive autonomy, probable and plausible evidence, and policies of health reform.

**Female selective abortion — beyond 'culture': Family making and gender inequality in a globalising India.** *Culture, Health & Sexuality*, 2010. Maya Unnithan.

There is an emerging global discourse on female selective abortion (FSA) as several Asian countries witness an increasing imbalance in their sex ratios in favour of boys. While there is an attendant increase in demographic and social surveys on the issue, little is understood about FSA as either a desired or contested practice of family making in the contexts in which it is practiced. Drawing on the accounts of feminists, doctors and lower, middle-class Hindu and Muslim women and their families in Rajasthan, Northern India, the paper explores differing perceptions and attitudes to FSA in the region. Focusing on the agency of pregnant women who resort to FSA, the paper suggests that gender inequality and marriage anxieties shape especially lower-middle-class women's engagement with reproductive technologies, including those of sex selection. The paper also concludes that the decisions of both Hindu and Muslim lower-middle-class women to abort female babies is informed by their shared, pragmatic understanding of the economic realities of gender discrimination and of their social obligation as wives to reproduce a particular quality of patriarchal family.

### **Priority recommendations on abortion and PSSA in the UK and India**

#### **Recommendation 1: Termination of pregnancy should be free from criminal sanctions**

Criminalising abortion in the UK and India is counterproductive to providing safe and women-centred abortion care, meaningful abortion-related legislation and services are those which:

1. Are able to meet the diverse needs of all women
2. Are conducive to removing all legal and economic barriers to accessing abortion care and social stigma surrounding women's sexual and reproductive health (SRH) decisions
3. Assure healthcare professionals that they will not be at risk of criminal sanction for providing abortion care (at a time of reduced abortion care coverage in the UK)
4. People who feel pressured or coerced into abortion and specifically PSSA for any reason should not be penalised through criminal law but encouraged to access specialist, supportive and appropriately-funded domestic abuse services

Recommendation 1 is consistent with our past measure<sup>1</sup> to caution against explicitly criminalising PSSA in the UK, which could potentially:

1. Lead to ethnic and racial profiling of women requiring SRH services and possible scenarios where NHS healthcare providers 'conscientiously object' from providing abortion care to ethnic minority women in fear of legal and professional discipline
2. Negatively affect relationships between women and healthcare providers and have the unintended consequence of making women resort to unsafe abortion care
3. Serve as a precedent to drive forward broader restrictions in abortion care provision

#### **Recommendation 2: Address the direct determinants of PSSA**

PSSA for the purpose of 'family balancing' or gender preference is unlikely to be prevented through criminalisation, but can be addressed through broader gender protection and inclusivity initiatives:

1. School and community-based gender equality programmes should be reviewed to make explicit the rights of all girls and women over SRH decisions, and the responsibility of boys and men to respect and uphold those decisions
2. Promote school and community-based gender diversity, equality and inclusivity programmes that promote valuation of girls and non-binary gender at social, political and economic levels
3. Identify structural gender devaluation by reviewing gender inequalities in access to educational, employment and economic opportunities.

#### **Recommendation 3: Promote and monitor research evidence**

On-going research to understand PSSA in the UK and India is necessary to create evidence-based and community-sensitive prevention policies at the population-level that do not isolate women or stigmatise religious and ethnic minority groups:

1. Encourage qualitative and quantitative research into the impact of shifting family dynamics on gender preference and PSSA.
2. Support the establishment of a global Abortion Research Network to track, and, when relevant, inform emerging research evidence around abortion and PSSA

#### **Recommendation 4: Consistency in prenatal ultrasound screening**

Our recommendation for decriminalisation of abortion does not mean de-regulation. We recommend consistency in antenatal ultrasound screening services across public and private healthcare services:

1. Review of variation in healthcare policies on disclosing foetal sex and the gestational time of disclosure
2. Standardised policies on disclosing foetal sex
3. Review of the optimal period of gestation to disclose foetal sex to parents in relation to legal abortion time limits

**Recommendation 5: Inform balanced public debates on abortion** We recommend informing public debates on the importance of safe and woman-centred abortion care to support fair media representation at a time when debates about abortion and PSSA have been fraught in the UK and India.

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<sup>1</sup> Sussex researchers oppose proposal to ban sex-selective abortion in the UK, 29 January 2015.  
<http://www.sussex.ac.uk/broadcast/read/28744>