Q. What are some steps that can lead to a balanced approach to address both issues of sex determination and abortion?
A. Some steps that can be urgently taken to improve the implementation of the MTP Act include:
• Ensuring better regulation and vigilance to stem illegal and unethical practices instead of imposing additional restrictions such as not allowing sale of abortion drugs or restrictions on registration of facilities for MTP services.
• Focusing communication campaigns on the issue of sex determination and selection.
• Clearing up public misconceptions by emphasizing that sex determination is illegal, while abortion is legal (for certain conditions) in the country.
• Using communication campaigns to raise the importance of seeking early and safe abortion in order to discourage abortions in the second trimester when chances of sex selection are higher.
• Ensuring better regulation and reasonable foreseeable environment instead of imposing additional restrictions such as not allowing sale of abortion drugs.
• Supporting implementation of programs and initiatives that seek to reduce gender discrimination.
• Seeking and implementing behavior-change campaigns to address the underlying social causes of sex selection and discrimination against the female child.

Q. Is sex-selective abortion illegal under the MTP Act?
A. Yes. Sex determination is not a permitted condition for seeking legal abortion under the MTP Act. Under the MTP Act, abortion in India is legal for the following conditions:
• When continuation of a pregnancy involves risk to the life of the pregnant woman or of grave injury to her physical or mental health taking into account the pregnant woman’s actual or reasonable foreseeable susceptibility to stem illegal, while abortion is legal (for certain conditions) in the country.

Q. Are all second-trimester abortions sex selective?
A. Not all second-trimester abortions are sex selective. In fact, while sex determination takes place mostly in the second trimester of pregnancy, 80 to 90 percent of reported abortions in India take place in the first trimester.

Q. What can be the consequences of restricting access to abortions for women?
A. Not all second-trimester abortions are sex selective. In fact, while sex determination takes place mostly in the second trimester of pregnancy, 80 to 90 percent of reported abortions in India take place in the first trimester.

Q. What are some steps that can lead to a balanced approach to address both issues of sex determination and abortion?
A. Some steps that can be urgently taken to improve the implementation of the MTP Act include:
• Ensuring better regulation and vigilance to stem illegal and unethical practices instead of imposing additional restrictions such as not allowing sale of abortion drugs or restrictions on registration of facilities for MTP services.
• Focusing communication campaigns on the issue of sex determination and selection.
• Clearing up public misconceptions by emphasizing that sex determination is illegal, while abortion is legal (for certain conditions) in the country.
• Using communication campaigns to raise the importance of seeking early and safe abortion in order to discourage abortions in the second trimester when chances of sex selection are higher.
• Ensuring better regulation and reasonable foreseeable environment instead of imposing additional restrictions such as not allowing sale of abortion drugs or restrictions on registration of facilities for MTP services.
• Supporting implementation of programs and initiatives that seek to reduce gender discrimination.
• Seeking and implementing behavior-change campaigns to address the underlying social causes of sex selection and discrimination against the female child.

Q. Can improved implementation of the MTP Act prevent sex-selective abortions?
A. The MTP Act clearly defines the approval requirements for private-sector facilities and reporting mechanisms for both public and private-sector facilities. However, implementation of the MTP Act is poor across the country, and data for abortion services is often missing in both the public and private sectors. Improved implementation of the MTP Act will contribute to better reporting of cases of abortion in the country and provide information on trends of abortion; the gestational age at which abortions are recorded; and the extent of use of illegal and unethical practices in private-sector facilities offering abortions. This will lead to improved access to safe, legal abortion services for conditions approved by the Act and will make realistic data available for better analysis and policymaking.

Q. Are all second-trimester abortions sex selective?
A. Some steps that can be urgently taken to improve the implementation of the MTP Act include:
• Ensuring better regulation and vigilance to stem illegal and unethical practices instead of imposing additional restrictions such as not allowing sale of abortion drugs or restrictions on registration of facilities for MTP services.
• Focusing communication campaigns on the issue of sex determination and selection.
• Clearing up public misconceptions by emphasizing that sex determination is illegal, while abortion is legal (for certain conditions) in the country.
• Using communication campaigns to raise the importance of seeking early and safe abortion in order to discourage abortions in the second trimester when chances of sex selection are higher.
• Ensuring better regulation and reasonable foreseeable environment instead of imposing additional restrictions such as not allowing sale of abortion drugs or restrictions on registration of facilities for MTP services.
• Supporting implementation of programs and initiatives that seek to reduce gender discrimination.
• Seeking and implementing behavior-change campaigns to address the underlying social causes of sex selection and discrimination against the female child.

Q. What are some steps that can be urgently taken to improve the implementation of the MTP Act?
A. Some steps that can be urgently taken to improve the implementation of the MTP Act include:
• Ensuring best regulation and vigilance to stem illegal and unethical practices instead of imposing additional restrictions such as not allowing sale of abortion drugs or restrictions on registration of facilities for MTP services.
• Focusing communication campaigns on the issue of sex determination and selection.
• Clearing up public misconceptions by emphasizing that sex determination is illegal, while abortion is legal (for certain conditions) in the country.
• Using communication campaigns to raise the importance of seeking early and safe abortion in order to discourage abortions in the second trimester when chances of sex selection are higher.
• Ensuring better regulation and reasonable foreseeable environment instead of imposing additional restrictions such as not allowing sale of abortion drugs or restrictions on registration of facilities for MTP services.
• Supporting implementation of programs and initiatives that seek to reduce gender discrimination.
• Seeking and implementing behavior-change campaigns to address the underlying social causes of sex selection and discrimination against the female child.

Gender Biased Sex Selection and Access to Safe Abortions

Frequently Asked Questions on Interlinkages

(4)

Gender biased sex selection further undermines women and girls, as it perpetuates gender discrimination and should be addressed through effective enforcement of the PCPNDT Act as well as other actions required to promote the value of girls and overall gender equality. However, we must ensure that in doing so, women’s right to safe abortion services is not compromised in any manner.

Unsafe abortions: A continuing problem

Recent census (2011) data reveals a dismal child sex ratio of 914 females per 1000 males. This is down from 927 in 2001, and 945 in 1991. The sex ratio at birth at national level increased from 1981-2000 to 998 in 2001-2009. This is still far below parity because sex selection is fine about determination of the sex of the fetus. At times, an instant reaction based on a flawed understanding leads to restrictions on access to second trimester abortions, seen as an easy solution to the problem of sex selection.

G. Is pre-natal sex selection the only reason for the skewed child sex ratio? 
No. The main reason for skewed child sex ratio is a preference – this manifests itself not only in the pre-natal period but in practices that discriminate against females even after birth. Girls killed shortly after birth or adopted outside the family are sometimes unaccounted for. Discriminatory feeding and health care practices lead to neglecting an increase in proportion of girls which is visible in the general population and under five mortality rates of some states. The ratio can be also affected by the undercounting of girls in census enumerations.

Q. Do women seek abortions only to terminate a pregnancy when the fetus is female? 
A. No. Most women who opt for an abortion do so because they cannot afford another child, because they are unmarried, because they are unaccepted, or because they have been raped. Estimates indicate that two to four percent of all abortions in the country are on ‘son selective’ grounds. According to estimates for 2001-2008, 4.5 percent of all female births did not occur because of pre-natal sex selection.

Q. What makes an abortion legal in India? 
A. Abortion is legal if it fulfills the following conditions: 
• Performed by a registered medical practitioner as defined in the MTP Act 
• Performed in a place approved under the Act 
• Performed in a place approved under the Act 
• Performed in a place approved under the Act 
• Performed by a registered medical practitioner as defined in the MTP Act 
• Performed by a registered medical practitioner as defined in the MTP Act 
• Performed by a registered medical practitioner as defined in the MTP Act 
• Performed by a registered medical practitioner as defined in the MTP Act

Q. What are the legal requirements for offering abortion services? 
A. The MTP Act clearly spells out requirements in order to provide legal and safe abortion services. 
• The Act lays out the qualifications for providers who wish to offer abortion services. 
• The Act spells out facility requirements that they wish to be eligible for approval to offer abortion services in the first and second trimesters. 
• For second trimester abortions, opinion of two registered medical practitioners as defined in the Act is mandatory.

Q. What is a pre-natal sex selection? 
A. Pre-natal sex selection is the practice of selectively terminating a pregnancy because of the sex of the fetus.

Q. What is ultrasound sonography? 
A. Ultrasound sonography is an imaging technique that uses high-frequency sound waves to create images of internal organs and structures. It is often used in pregnancy to assess the health of the fetus and to determine the sex of the fetus.

Q. What is a sex ratio at birth? 
A. The sex ratio at birth is a measure of the number of male and female live births per 1000 male live births. It is calculated by dividing the number of male births by the number of female births and multiplying by 1000.

Q. What is the difference between a legal and illegal abortion? 
A. A legal abortion is one that is performed by a registered medical practitioner in a place approved under the MTP Act. An illegal abortion is one that is performed by an unregistered medical practitioner or in a place that is not approved under the MTP Act.

Q. Can women in India legally choose to terminate a pregnancy because of the sex of the fetus? 
A. No. While studies point to a link between higher availability of sonography centres and a decline in child sex ratio, it will be wrong to solely attribute the increase in availability of USG to the increase in sex selection. Technology itself has its positives and USG has played an important role in improving maternal and newborn health outcomes across the country. The data from the National Family Health Survey (NFHS) for 2005-2006 shows that among women who had at least one USG for any of their pregnancy, 80 percent had one or more live births and among the remaining 20 percent, the availability of the medical services that have made it possible for parents to act out their preference for sons.

Q. Is there a link between higher availability of sonography centres and a decline in child sex ratio? 
A. While studies point to a link between higher availability of sonography centres and a decline in child sex ratio, it will be wrong to solely attribute the increase in availability of USG to the increase in sex selection. Technology itself has its positives and USG has played an important role in improving maternal and newborn health outcomes across the country. The data from the National Family Health Survey (NFHS) for 2005-2006 shows that among women who had at least one USG for any of their pregnancy, 80 percent had one or more live births and among the remaining 20 percent, the availability of the medical services that have made it possible for parents to act out their preference for sons.

Q. Is selective abortion the only reason for the skewed child sex ratio? 
A. No. While studies point to a link between higher availability of sonography centres and a decline in child sex ratio, it will be wrong to solely attribute the increase in availability of USG to the increase in sex selection. Technology itself has its positives and USG has played an important role in improving maternal and newborn health outcomes across the country. The data from the National Family Health Survey (NFHS) for 2005-2006 shows that among women who had at least one USG for any of their pregnancy, 80 percent had one or more live births and among the remaining 20 percent, the availability of the medical services that have made it possible for parents to act out their preference for sons.

Q. Is pre-natal sex selection the only reason for the skewed child sex ratio? 
A. No. While studies point to a link between higher availability of sonography centres and a decline in child sex ratio, it will be wrong to solely attribute the increase in availability of USG to the increase in sex selection. Technology itself has its positives and USG has played an important role in improving maternal and newborn health outcomes across the country. The data from the National Family Health Survey (NFHS) for 2005-2006 shows that among women who had at least one USG for any of their pregnancy, 80 percent had one or more live births and among the remaining 20 percent, the availability of the medical services that have made it possible for parents to act out their preference for sons.

Q. Are selective abortions always illegal? 
A. No. While studies point to a link between higher availability of sonography centres and a decline in child sex ratio, it will be wrong to solely attribute the increase in availability of USG to the increase in sex selection. Technology itself has its positives and USG has played an important role in improving maternal and newborn health outcomes across the country. The data from the National Family Health Survey (NFHS) for 2005-2006 shows that among women who had at least one USG for any of their pregnancy, 80 percent had one or more live births and among the remaining 20 percent, the availability of the medical services that have made it possible for parents to act out their preference for sons.

Q. Is pre-natal sex selection the only reason for the skewed child sex ratio? 
A. No. While studies point to a link between higher availability of sonography centres and a decline in child sex ratio, it will be wrong to solely attribute the increase in availability of USG to the increase in sex selection. Technology itself has its positives and USG has played an important role in improving maternal and newborn health outcomes across the country. The data from the National Family Health Survey (NFHS) for 2005-2006 shows that among women who had at least one USG for any of their pregnancy, 80 percent had one or more live births and among the remaining 20 percent, the availability of the medical services that have made it possible for parents to act out their preference for sons.