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Sorta-Bilajac, Iva

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Indian Bioethics: the Issue of Female Foeticide and Infanticide. A Sikh Perspective

[Iva Sorta-Bilajac](#)

[Medical Faculty](#)
[University of Rijeka](#)

ABSTRACT

A specific bioethical problem which India encounters today, in the era of prenatal diagnostics, is the problem of the foeticide or infanticide of female children. This problem has also been discussed at various international bioethical conferences as it was the case in February 2003 at the 8th *International Bioethical Roundtable* (TRT8) in the Japanese Science City of Tsukuba, and in March 2002 in Leiden (Netherlands) at the *Asian Genomics – Cultural Values and Bioethical Practice* conference. This paper presents some of the key theses resulting from the discussion at the above conferences, and also warns of the serious problem of the misuse of modern medical technology and diagnostics, which should primarily be used for a timely detection of various genetically conditioned diseases or disorders of the course of the intra-uterus life of the baby, rather than, as it is the case in India, to enable the (de)termination of the foetus according to sex. That is, the Indian society is dominated by men, and male children are highly valued, whereas female children are exceptionally discriminated against. This discrimination is manifested through female children not being provided adequate nutrition or medical care, along with pronounced emotional deprivation. The most recent and, in the same time, worst form of discrimination is exactly female foeticide or infanticide, which – this should be specifically mentioned – is most often carried out in the Indian state Tamil Nadu.

1. Introduction

The peninsular sub-continent with an ancient culture dating back to the fifth millennium is perhaps the most diverse one, both genetically and culturally. The mega biodiversity apparent from over 122,000 wild species of plants and animals and the cauldron of over 40,000 human endogamous groups reflect the geographical location of India at the tri-junction of the African, the northern Eurasian and the Oriental realms. Major ethnic groups include Indo-Aryan (72%), Dravidian (25%), Mongoloid and others (3%). Eight main different religions prevail in this world's largest democratic set-up: Hinduism (80%), Islam (14%), Christianity (2.4%), Sikhism (2%), Buddhism (0.7%), Jainism (0.5%) and

others (0.4%). Furthermore, as many as 1,500 languages and dialects specify the linguistic diversity (1).

2. *Sikhism*

The word “Sikh” means “a disciple”. Sikhs believe in an Omniscient, Omnipotent and Omnipresent God. The religion itself is very young, barely around 530 years old. It is synthetic in character. The founders, The Ten Sikh “Gurus” (teachers) adopted whatever was practical, good and useful for humanity, rejecting ritualism, formalism and parochialism in order to aim for the moral and spiritual discipline for the well-being of humanity. The laws of God work in every sphere: physical, moral and spiritual. Worldly phenomena result in bodily ailment, which is the physical law of Causation. The law of karma (predestination) is the moral law of causation moulded by our past and present actions. The spiritual law of Love is the most significant – the devotion of the Lord is love of the Lord and this assists in self-realisation leading on to salvation (2).

The individual pulsates with vitality because of the soul. The soul is pure consciousness - “the higher self” with no powers, and ego – “the lower self” has free will (faculties of mind) with the objective to be attuned to the will of God. Free will acts on the plane of ego where Providence never interferes. There is a systematic evolution of the soul as it passes through the mineral, vegetative and animal worlds. The Sikh scripture recounts 840,000 species with the human being a climax of creation, for only by being born as a human can realisation for God be achieved (3).

3. *Sikh ethics*

The main source of Sikh ethics is the holy scripture – The Adi Granth (The First Holy Manuscript) and Vaars (Verses) of Bhai Gurdas, the most famous exponent of Sikh tenets and the first interpreter of Sikh religion. The main tenets are: truthful living, purity, justice, fearlessness, love, mercifulness, generosity, tolerance, sweet speech, humility and goodness (4). The Sikh social, economic and political ethics include non-discrimination on basis of caste or creed, communal harmony, subsistence for the physical and spiritual well being, great reverence for women, the institution of marriage as a spiritual bond, no child marriage, widow re-marriage, limited and compact family, service to humanity, respect for all professions (5).

In Hindu and Sikh traditions there is hardly any distinction between religion and culture. The ethical decisions are grounded in both religious beliefs and culture values. The Sikhs take a “duty”- rather than a “rights”-based approach.

Furthermore, the ethical subject in decision-making is not the individual. A person is rather viewed as a combination of mind, soul and body in the context of family, culture and environment. Therefore approach to ethical issues, even such as Informed Consent, necessitates the person's social context as well as religious or spiritual dimensions of one's experiences (6).

4. Status of the foetus in indian literature and culture

The *Vedic* culture dates back to about 3,000 years BC. During this cultural period there were Pancha Maha Pathakas (five cardinal sins). They are: Stree Hatya (Killing of a Women), Go Hatya (Killing of a Cow), Bhruna Hatya (Killing of a foetus), Brama Hatya (Killing of a Brahmin), Shisu Hatya (Killing of a Baby). Bhruna (Sanskrit=fetus) Hatya (=kill) is a Mahapapam (Maha=great, papam=sin). Four of the five sins relate to human life: foetus (Bhruna), baby (Shishu), woman (Stree) and Brahma (all those men and women, irrespective of caste/color/creed, who have adopted the Brahmanical way of life by choice; during Vedic period one is not a Brahmin by birth but anyone who has adopted that type of life). The Vedic culture's recognition of Bhruna Hatya as a cardinal sin emphasisez the point that foetus is a person with awareness. In their view, foetus is a person just like a baby (Shishu), woman and adults. They have equated fetal life with adult life (7).

In the famous epic of *Mahabharatham*, Krishna tells Subhathra, his sister, who is pregnant with a child (Abhimanyu), how to break into the military formation of the city of Chakravyha (8). Unfortunately Krishna did not complete the story and stoped in the middle, without telling how to get out of it, once the formation is broken. At the age of 16 or so Abhimanyu got into the city of Chakravyha but did not know how to come out of it. Beeing unsuccessful in his attempt to get out of it, he was killed. This means that the child in the womb was able to listen to the story and apply and put that information into practice in real-life situation after birth. The story is from a Hindu mythology. These religious stories can be accepted or rejected and need not to be questioned. The following generalizations can be made:

1. the foetus has the ability to listen to conversations originating outside of its milieu;
2. the foetus has the ability to understand the essence of the conversation;
3. it can learn and reason out;
4. can retain it in postnatal life and put it into practice (9).

Among the Sikhs, the religious beliefs explicitly underline that the moment of conception is the rebirth of a fully developed person who has lived many previous lives. Each human being is born with a purpose and his birth is never accidental. Each person has a store of memory tracing from previous lives that is transferred

and this together with exercising free will in the present life will influence rebirth in the next-one. The life of the foetus is pristine. The Sikh scripture describes the foetus praying for salvation even upside-down while still in the womb. To be born as a human is a gift, for only in this birth, by devotion to the Lord and service to humanity, can salvation be achieved. The determination by abortion, therefore sends the soul back into the karmic cycle of rebirth (10). The Sikh Gurus strictly condemned and abhorred the practice of *female foeticide and infanticide* (for reasons of dowry and social stigma), which has not been practiced by the Sikhs. Hence, prenatal diagnosis for sex selection is traditionally condemned. However, the neo-Sikhs have been taken to prenatal diagnosis for sex selection like a duck-to-water since the standardisation of the ultrasonography for sex selection during the late 1970s (11). This has been viewed with a clear conscience because of economic stability, a personal 2-child norm and social status in the wake of the non-stringent implementation of the Prenatal Diagnostic Act.

5. *The issue of female foeticide and infanticide with specific reference to the state of tamil nadu*

The State of tamil nadu or “the Land of Tamil” is the most-southern state of India, situated in the southern Indian peninsula on the shores of the bay of bengal and the Indian Ocean. The capitol-city is Chennai (Madras). Around 62 million people live today in Tamil nadu. In terms of population, it holds the sixth position among the States and Union territories in the Country. The decadal growth rate of population during 1991-2001 slipped to 11,19%, from 15,39% during 1981-1991. The sex ratio (i.e. the number of females per thousand males) in the 2001 census of Tamil Nadu was 986, and for population from 0-6 years - 939. The interesting point is that more males have been recorded as being born in Sikh than in Hindu families, probably pointing to female foeticide and infanticide (for which no records exist).

According to recent report by the United Nations Children’s Fund (UNICEF) up to 50 million girls and women are missing from India’s population as a result of *systematic gender discrimination in India* (12). In most countries in the world, there are approximately 105 female births for every 100 males. In India, there are less than 93 women for every 100 men in the population. The accepted reason for such a disparity is the practice of *female foeticide and infanticide* in India, prompted by the existence of a *dowry system* which requires the family to pay out a great deal of money when a female child is married. *Dowry* or *Dahej* is the payment in cash or/and kind by the bride’s family to the bridegrooms family along with the giving away of the bride (called *Kanyadaan*) in the Indian marriage. *Kanyadaan* is an important part of Indian marital rites. *Kanya* means daughter, and *Daan* means gift (13). For a poor family, the birth of a girl child

can signal the beginning of financial ruin and extreme hardship. However, this anti-female bias is by no means limited to poor families. Much of the discrimination is to do with cultural beliefs and social norms. Even in the Atharva Veda it stays: “...the birth of a girl grant elsewhere; here, grant a boy...”(14). These norms themselves must be challenged if this practice is to stop.

Diagnostic teams with ultrasound scanners which detect the sex of a child advertise with catchlines such as “spend 600 rupees now and save 50,000 rupees later”. The implication is that by avoiding a girl, a family will avoid paying a large dowry on the marriage of the daughter. According to UNICEF, the problem is getting worse as scientific methods of detecting the sex of a baby and of performing abortions are improving. These methods are becoming increasingly available in rural areas of India, fuelling fears that the trend towards the abortion of female foetuses is on the increase (15).

The Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act was enacted in 1994 and was brought into operation on January 1st 1996. This Act was intended to regulate the use of pre-natal diagnostic techniques for detecting genetic and metabolic disorders, chromosomal abnormalities, certain congenital mal-formations and/or sex linked disorders. In practice, the techniques for pre-natal determination of sex of the foetus led to female foeticide and reinforced the gender bias. This technology is misused on a large scale for sex determination of the foetus, and mostly if the foetus is pronounced as female, this prompts termination of pregnancy bringing to an abrupt end the growth of an unborn child (16).

The Pre-Natal Diagnostic Techniques Act (PNDT) has been amended, and these amendments have come into operation from February 14th 2003 (17). Legally, the PNDT upholds screening only for genetic disorders in government approved institutes, yet female foeticide prevails. Falling social and moral values in all strata of society whether illiterate, highly educated or professionally qualified continues with this malpractice aided by the medical practitioners, who indulge in it for financial gains even though, recently, they have been placed under the Consumer Protection Act, 1986 (18). Those in Government hospitals and charging nominal fees, however, have been exempted. Various State government agencies and Medical associations are now questioning the declining sex ratio and the laxity in the strict implementation of the legislation. The Sikh Clergy through its Religious- and Sikh Temple- organisations has issued a decree condemning female foeticide – it is still to be seen if this will prevail among the Sikhs (19).

6. Conclusion

Deliberate discrimination against girl children takes several forms: nutritional denial, insufficient or delayed medical care, lack of attention causing emotional deprivation. The worst and the most recent one is the deliberate foeticide and infanticide of female foetuses, due to biomedical tests such as ultrasonography and the sex determination tests. This is a gross misuse of medical research procedures intended for detection of fatal diseases, which now permits the choice of bringing a baby to the world, according to the sex of the foetus. Much of the discrimination is to do with cultural beliefs and social norms. These norms themselves must be challenged if this practice is to stop.

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