

# Desire for Fetal Sex Selection among Pregnant Women Attending Antenatal Clinic

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## Abstract

*Viewing the situation of fetal sex selection, this study aims to identify the knowledge of fetal sex selection among pregnant women and to analyze the practice of fetal sex selection among pregnant women attending antenatal clinic. The general objective of the study is to assess the desire for fetal sex selection among pregnant women. This study was conducted at Patan Hospital, Lalitpur. The research was carried out using tools such as the interview-checklist. Study findings reveal that fetal sex selection is indicated in genetic disorders of the fetus but not indicated for non-medical reasons. Fetal sex selection has both positive and negative impacts on society. However, female feticide should be prohibited on the basis of fetal sex selection practice.*

**Keywords:** fetal, sex selection, knowledge, pregnant women.

## Introduction

For most women, pregnancy is connected with great expectations and joy, but for others, it is a trip to an unknown destination that may be accompanied by varying degrees of fear. Pregnant women frequently build their own image of a baby, which is an imaginative portrayal of the baby. Developing an emotional relationship between the mother and the child begins during pregnancy and continues after the baby is born. Women who treat their newborns as individuals provide them with certain characteristics and qualities. This means they construct a so-called "imagined baby" picture.

The functionalist view of gender inequality was most robustly articulated in the 1940s and 1950s. This theory suggests that gender inequalities exist as an efficient way to create a division of labor. Gender, like other social institutions, contributes to the stability of society as a whole. According to Friedrich Engels, when hunting and gathering were replaced by agriculture, a few people gained control of the productive resources and turned them into private property. Engels speculated that women were subservient to ensure that men who held property could pass it down to their biological children. In 1902, sociologist Charles H. Cooley devised the theory of the "looking-glass self." According to this notion, an individual's perspective of himself or herself is mostly reliant on how society perceives him or her. Men and women are expected to act their gender to the point of naturalization.

For many years, academia and popular literature have debated sex selection as an ethical and societal issue. Through the growth of technology such as prenatal ultrasonography and fetal

termination, a woman or a couple can ensure giving birth to a child of a favored sex for medical, personal, cultural, or economic reasons. These behaviors have been documented in nations such as China and India for years, with serious implications. The male to female ratio in these countries has been progressively skewed as a result of the availability of ultrasound technology to determine the sex of the fetus and consequent abortion of female fetuses and female infanticide. Desire for a male child is so strong that parents have no qualms about having multiple, closely spaced pregnancies, dying prematurely, or even eliminating a child before it is born. The birth of a female child is viewed as a curse with economic and societal ramifications. The preference for a son and female feticide are prominent norms in traditional Indian households, resulting in a diminishing sex ratio that has reached dangerous proportions. According to Hesketh and Xing (2001), the number of "missing" females (as a result of sex-selective abortion and female infanticide) in China and India alone was estimated to be between 61 and 80 million.

Thapa and Bajracharya (2017) investigated pregnant women's preference for fetal gender, number of children in the family, and knowledge of prenatal sex selection, as well as the impact of women's education level on fetal gender preference and desire to know the gender of fetuses. The majority of pregnant women (81%) had no preference for the gender of their fetuses; only 13% wanted to have a son during this pregnancy. More than half (56%) of the women wanted to know the gender of the fetuses in their current pregnancy. The education status of women did not have an effect on their choice of either gender or their wish to know the gender of unborn fetuses by primigravidae. Most of the primigravidae had no choice of gender for their fetuses. Most of the women regarded the two children in the family as ideal.

The authors of the study made an attempt to evaluate the influence of fetal sex determination during ultrasound in pregnancy on emotional and 'practical' experiencing late pregnancy – after the 28th week of its duration included 200 pregnant women.. Nearly all pregnant women wanted to find out the fetal sex, usually claiming that they did so out of curiosity. After they did it, about 2/3 of them stated that the emotional bond with the baby increased and the vast majority of women started preparing layettes for their future babies. Determination of fetal sex during ultrasound improves the relationship between the mother and her future baby. It also enables the woman to prepare for childbirth considering its sex by the purchase of clothes, pram and preparation of layette or baby's room (Chołubek, et. al., 2015).

Thiele et al. (2010) analyzed the ethical policy for the prevention of fetal sex selection in Canada. The Society of Obstetricians and Gynecologists of Canada has firmly stated its opposition to sex selection for non-medical reasons, as well as to the use of any technology used solely for the purpose of determining fetal sex. However, because fetal sex may be disclosed to the parents at the time of ultrasound examination if they request this information, guidance for health care professionals to assist in discouraging fetal sex selection would be useful. The study also mentioned that because no declaration of motives or reasons is required when a woman seeks a termination of pregnancy, they suggest that

health care professionals need not disclose the sex of a fetus until it has reached a gestational age at which abortion for non-medical purposes would not be possible.

Khandelwal et al. (2012) analyzed gender preference, attitude, and awareness regarding sex determination among married women attending general OPD and antenatal clinics of RDGMC Ujjain, MP, India. The preferred gender composition was an equal number of boys and girls (64.5 percent) and more boys than girls (23%). 79 percent of women were aware of the sex determination location. 69.5 percent of women were aware of the fact that fetal sex determination is a crime and 66.5 percent of women knew about the punishment for sex determination and the implication of feticide. Forty percent of women preferred male children. The conclusion of the study was that, despite the existence of preconception and prenatal diagnostic techniques (PNPCDT), there was a dire need to strengthen their law.

Ohagwu, et. al. (2014) examined the perception of male gender preference among pregnant Igbo women. The aim of this study was to investigate the perception of prenatal ultrasound patients of male gender preference in a patriarchal and gender-sensitive society. The study was a cross-sectional survey, convenience sample size of 790 pregnant women constituted the respondents. A semistructured self-completion questionnaire was designed in line with the purpose of the study. Descriptive and inferential statistical analyses were carried out, with statistical significance being considered at  $P < 0.05$ . Most of the women (88.4 percent, 698/790) were aware that fetal gender can be determined during prenatal ultrasound, while just over half of them (61.0 percent, 482/790) wanted fetal gender disclosed to them during prenatal ultrasound. More than half (58.6 percent, 463/790) of the women desired to have male babies in their present pregnancies while 20.1 percent (159/790) desired female babies and 21.3 percent (168/790) did not care if the baby was male or female. Some of the women (22.2 percent, 175/790) wanted to have male babies in their present pregnancies for various reasons predominant of which was protecting their marriages and cementing their places in their husbands' hearts. Male gender preference was strongly perceived.

There was considerable anxiety associated with prenatal gender determination and a moderate loss of interest in the pregnancy associated with disclosure of an undesired fetal gender. Sociodemographic factors had a significant influence on the perception of male gender preference. Igbo women strongly perceive male gender preference among Igbo men, and its perception is significantly influenced by sociodemographic factors. Igbo women seeking fetal gender at ultrasound may be due to male gender preference.

Sex selection is a complex topic. Not only can its widespread application influence almost all domains of life, but it also presents interesting philosophical problems concerning the nature of discrimination, the status of women, the balance between freedom of choice and reproductive autonomy, and the limits of cultural moral relativism. In Western societies, parents wish to have a well-balanced family in terms of sex. A family with an equal number of boys and girls is considered ideal.

Prenatal gender determination by ultrasonography is medically indicated for carriers of sex-linked disorders, testicular feminization syndrome, pseudo hermaphroditism, genital

anomalies, ambiguous genitalia, and determination of zygosity in multiple pregnancy. Non-medical fetal ultrasound is defined as using ultrasound to view, take a picture, or determine the gender of a fetus without a medical indication.

Most of the pregnant women desired prenatal ultrasonography mainly for fetal viability, followed by fetal gender determination. It influences fertility decisions. Male gender preference is strongly perceived and its perception is significantly influenced by sociodemographic factors. Determination of fetal sex during ultrasound improves the relationship between the mother and her future baby. It also enables the woman to prepare for childbirth considering its sex by the purchase of clothes, a pram, and preparation of a layette or baby's room. On the other hand, it also results in significant discrimination by parents against their daughters, leading to nutritional, health, and educational neglect and higher mortality among girls, as reflected in the country's skewed child sex ratio.

Abortion has been legalized in Nepal since September 2002 by the amendment to the "Muluki Ain". According to the Nepal Demographic and Health Survey (NDHS) 2016, four in ten women know that abortion is legal in Nepal. Among these women, 29% know abortion is allowable for termination of pregnancies of up to 18 weeks in the case of rape or incest and 23% know abortion is allowable for up to 12 weeks of gestation for any woman (23%). Yet, 3% of women believe that abortion can be done if the fetus is a daughter. This data indicates a practice of abortion by women if the fetus is a daughter, since Nepalese society is patriarchal and the value of a male baby is greater than a female baby.

However, according to the current law of Nepal, fetal sex selection is considered as illegal practice. The desire of knowing fetal sex determines the practice of fetal sex selection and it eventually can lead to abortion of female fetus. Some women also practice fetal sex selection due to pressure from their husbands, father in laws, mother in laws and from other relatives. Thus, an unsafe abortion after fetal sex determination can lead to major health problems to women including death.

Though sex determination and female feticide are illegal in Nepal, easy access to ultrasonography, illegal practice among physicians, and pregnant women's desire for male children are the main reasons for widespread use of sex selection. This problem is gradually increasing in Nepal. Therefore, the present study was conducted among pregnant women attending ANC to assess the level of their awareness and practice regarding sex determination and attitude towards gender.

### **The Objectives of the Study**

The study's overall goal is to determine pregnant women's desire for fetal selection. Specific goals of the study are to assess pregnant women's knowledge of fetal sex selection and to examine the practice of fetal sex selection among pregnant women attending antenatal clinics.

## Research Methodology

Both descriptive and cross-sectional research designs were used to describe the characteristics of the selected group, and both primary and secondary data were collected, with primary data taking precedence. The nature of the data is both qualitative and quantitative. This study was conducted at Patan Hospital, Lalitpur.

The pregnant women who met the inclusion criteria formed the target population. The total number of new antenatal cases attending the obstetric outpatient department of Patan Hospital in March, 2022 was 253. Among them, 50 percent were taken as sample size, which means 127 respondents were included in the study. The purposive (non-probability) sampling technique was used based on the objectives of the study. Women with uncomplicated pregnancy attending the antenatal clinic of Patan hospital was an inclusion criterion. The purpose of the research study was explained to the respondents. Permission was obtained.

## Findings

From this study, it was found that the majority of the respondents (42.9 percent) were from the age group of 20–24 years. Most of the respondents (78) in this study were from State No.3, 44 respondents belonged to the upper caste group. The majority of respondents, which was 36, had completed higher secondary level. 83 respondents were housewives. The majority of respondents' (39) husbands had completed their higher secondary level. Out of 127 respondents' husbands, 26% were abroad. 70% of respondents did not have children before the current pregnancy.

The result of the study showed that more than half of the respondents, 79 out of 127, were interested in both male and female babies equally. More than two-thirds of the respondents (74.24 percent) knew about fetal sex selection. Thirty-seven percent got knowledge about fetal sex selection during pregnancy via the media. The majority of respondents (47.6 percent) were not sure about the timing of fetal sex screening by USG. The majority of the respondents (90.48 percent) did not know about the advantages of fetal sex selection. Eighty percent were unaware of the disadvantages of fetal sex selection. Of those, 58.1 percent were unaware that fetal sex selection is illegal, and 98.1 percent were unaware of the medical indications for fetal sex selection. 51 pregnant women knew that fetal sex selection was done by USG. 60.95 percent said that fetal sex selection has a negative social impact, 66.67 percent of respondents had not experienced gender bias regarding fetal sex in their own surroundings. Among those respondents who had experienced gender bias, 33 out of 35 had experienced love for a baby boy from family members, friends, and relatives, 66 women perceived the practice of fetal sex selection as bad. Nearly two-thirds of the respondents, that is 72.38 percent, were interested in knowing more about fetal sex, 51 respondents argued that the law should be strong for the prohibition of the practice of fetal sex selection. Sixty-three agreed that government initiation would help to reduce the practice of fetal sex selection.

## Conclusion

The majority of respondents desired to know the gender of their unborn fetus. Those who were pregnant for the first time had no preference for fetal sex, but those who already had a child at home preferred the alternate sex of their live child. Because fetal sex selection is banned in Nepal, the majority of respondents did not ask about it during USG. None of the individuals in this study had had a sex-selective abortion.

It can be concluded that fetal sex selection is appropriate in cases of prenatal genetic abnormalities but not for non-medical reasons. It is essential to use medical technology correctly and to adhere to safe abortion methods. Fetal sex selection has both beneficial and harmful effects on society. Female feticide, on the other hand, should be forbidden due to fetal sex selection methods.

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