

Gender selection: Is there a growing trend?

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Gender selection is through a procedure that is gaining popularity in the United States of America. This has facilitated a huge number of people not only in America but all over the globe to choose the gender of their future child. It is said that women in Asian countries prefer to have 'boys', the trend is opposite among western women. Some couples get either boys or girls exclusively with successive pregnancies and hence desire to get at least one child with the preferred gender. The technology is known as 'Microsort' that separates X-bearing from Y-bearing sperms. There is another controversial technique called 'pre-implantation genetic diagnosis (PGD)' that uses in vitro fertilization (IVF) to create embryos outside the womb and then to implant only those of the desired gender.¹ The W.H.O.² document on 'Gender and Genetics' describe three core motivations for sex determination: preventing birth of genetically defective child, couple's desire for family balancing or from cultural, social or economic reasons. The said document also noted that in countries like India and China, the practice of sex-selective abortions has resulted in distortions of the natural sex ratio and inappropriate control over non-essential characteristics of children and pose psychological burden and harm to sex-selected offspring. The Society of Obstetricians and Gynaecologists of Canada issued a policy statement on the issue of gender selection. According to this, there is no support for measures that perpetrate discrimination in sex. It also does not support termination of pregnancy based on gender.³ The concept of Ethics come into play with a number of arguments against avoiding natural selection of gender. Besides this, it is important to keep in view a number of complications that can arise from gender selection technique. With sperm sorting procedure, there is a possibility of implantation of an inferior sperm, development of undesirable traits in selected offspring like: low intelligence, birth defects and even genetic disorders. There is also a possibility of development of gender-identity issues due to interference with natural process and emergence of deeply rooted physical and/or psychological problems with the child.⁴

A literature based study⁵ while examined cultural and religious perspectives of gender selection concluded, that according to the Jewish law, in order to fulfill the obligation of procreation, at least one son is required, so application for pre-selection of sex is valid for non-medical indication. Catholic Church forbids gender pre-selection even for medical indications. Islamic legal viewpoint is flexible, if a

couple wishes to go for pre-selection through available medical means.⁵ As mentioned earlier, cultural preference for a male child is common in Asia but more broadly in the East. Common countries in this category are Japan, China, Thailand, Malaysia and India. A Chinese study⁶ described the issue of male preference with tradition of males carrying forward the family name, notion of males providing old age security and support, male patriarchy, and rigorous gender stereotyping. Chinese laws prohibit the use of technologies for gender selection for social reasons. An Ethics committee⁷ recommendations include: "if flow cytometry or other methods of preconception for gender selection are found to be safe and effective, physicians should be free to offer preconception gender selection if the couples are 1) fully informed of the risks of failure 2) affirm that they will fully accept children of the opposite sex if preconception gender selection fails 3) are counseled about having unrealistic expectations about the behaviour of children of the preferred gender 4) are offered the opportunity to participate in research to track and assess the safety, efficacy and demographics of preconception selection". In Canada, a growing trend has been noticed about prenatal sex determination despite overwhelming advocacy against this practice. It comes into conflict with ethics, freedom of exercising human rights and silence by the law makers. Many Canadians go to United States and avail this procedure. Physician's dilemma under the circumstances is overwhelming.⁸

A locally conducted study⁹ concluded that gender disadvantage originate from a parental preference for boys over girls that lead to important implications for future life opportunities, autonomy and adult mental health. Another local study¹⁰ indicated preference of sons over daughters while affecting their contraceptive use behaviour. In terms of gender selection procedure, another study found that although the Pakistani women do show a statistically significant preference for boys over girls, the number of women willing to subject themselves to cytometric sperm separation was quite small.¹¹

More studies are needed in Pakistan in order to understand the dynamics of gender preference and subsequent gender selection approach. Anecdotal reports do indicate that people seek this facility from centres abroad in

order to fulfill their desire for selection of gender. It is however not known that how many would go for nonmedical indications. There is a growing trend for gender selection in western countries but we need to look at our local scenario. Do we know the trend in our country for sure?

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