



Intrauterine Discrimination: Sex Selection



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Opinion

The traditional approach of gender brings along certain discriminatory practices toward the female sex. Gender, which is directly related to women's social status, precludes them from equally benefiting from human rights in any field. The social status of women is determined by educational level, professional life, participation in political and decision-making mechanisms, and legal rights. The low social status and exposure to gender inequality negatively affect women's health [1]. According to different ideas, clearly gender-based selection sexual, but not necessarily sexist [2].

Sex discrimination begins with the preference for a male child at pregnancy. Some of the sexist practices that begin during the intrauterine period and are observed during infancy and childhood include sex selection, inadequate breastfeeding, abuse, neglect, and lack of proper care [3]. Male children are preferred for lineage continuity, higher income capacity and inheritance, while female children are considered as family's honors due to the social overlay of roles, and an economic burden because of the dowry tradition [1,4]. Discriminatory unethical practices, such as selective abortion of female fetuses, neglect of female children, and insufficient access of female children to healthcare services, result in misconduct of rights. The inequalities that the female sex is exposed to can even lead to deprivation of their right to life [5-8].

New reproductive technologies, like amniocentesis, preimplantation genetic diagnosis (PGD) and sperm sorting and diagnosis, developed in the late 20th century. The modern techniques allow determination of the sex of the offspring during pregnancy, making 'sex selection' through abortion possible [8]. Sex selection means determining the sex of the fetus and using this information for non-medical purposes. In the UK, the Human Fertilisation and Embryology Authority (HFEA) has strongly opposed nontherapeutic uses of these techniques; by 'therapeutic' is meant uses which prevent the passing on of sex-linked disorders [9]. The Council of Europe's Convention on Human Rights and Biomedicine provides in article 14 that "The

use of techniques of medically assisted procreation shall not be allowed for the purpose of choosing a future child's sex, except where serious hereditary sex-related disease is to be avoided" [9]. Although the use of these techniques for medical purposes is beneficial to health, they are inappropriately and unethically resorted to in sex-selective abortions [7,8].

Advances in medicine have often gone hand in hand with misuse of the advanced technology. For example, there is an increasing trend to use certain chemical kits for determination of the sex of the fetus before fetal scanning can be done for that purpose. These kits, can be obtained from any pharmacy for self-use; when performed after the tenth gestational week, these simple urine tests offer results within ten minutes. Sex-selective abortions have become more frequent in the US since 2006, when these kits became available. These kits were banned in China and India, but can be purchases in the US, Russia, Austria, Mexico, Poland, the Czech Republic, Slovakia, the United Arab Emirates, Bahrain, Jordan, Egypt, Kuwait, Lebanon, Qatar, Saudi Arabia, and Syria [10]. Early sex determination may lead to intrauterine discrimination, and disrupt the demographic balance to the detriment of women [4,6-8].

Healthcare providers must act within the confines of the laws and professional ethics. They should ensure that procedures for fetal sex determination do not lead to sex discrimination at any stage 21. Raising public awareness concerning health matters and this one, in particular, is also among the responsibilities of healthcare professionals. Necessary initiatives to put legal sanctions into effect should be undertaken where sex ratios are significantly unbalanced and illegal abortions are performed [2, 5-8,11].

Conclusion

Gender-based approaches are to the disadvantage of female children, and can lead to preference for male sex assignments and sex-based abortions. This discrimination begins in the intrauterine period, and causes an increase in negligence and abandonment, inadequate healthcare, and higher mortality

rates. Hence, the interaction between sex and gender causes a wide range of health problems varying among men and women.

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