

The Birth of a Daughter

On a hot and humid afternoon in August 2013, in a small village in Alwar, Rajasthan, I sat with an elderly lady, Rupa, the village *sarpanch* (leader). Rupa had the energy of a young child, and my legs moved quickly to keep up with her pace, as she knocked on door after door, inviting her friends to come and meet me. Within a matter of minutes, I was surrounded by women in brightly colored saris. They showered me with affection, warmly held my hands, and told me that I reminded them of their daughters. Many of these beautiful and loving women, however, were criminals.

Female sex-selective abortion or female feticide, the act of aborting a female fetus solely because of her gender, is a criminal offense in India. Unfortunately, increased availability of ultrasound machines for sex-determination and a history of preference for sons have led to selective abortions of nearly one million female fetuses each year, leading to sex ratios of less than 800 girls for 1000 boys in some regions.

Skewed sex ratios have serious implications such as increased rape and slavery. Each year over 100,000 Indian women are sold to areas where sex-selective abortion has led to a lack of females. Moving forward, I plan to start a campaign to reduce female feticide. I will be a catalyst for change to help save missing unborn girls.

I learned about sex-selective abortion for the first time last year. I was surprised and horrified that even after months of volunteering in India, I had been oblivious to the silent deaths of female fetuses every single day.

Initially, I developed a technological solution (“Ultrasafe Ultrasound”) of blurring the fetal genitalia in ultrasound images. Through lengthy interviews with women, however, I realized that long-term solutions to female feticide would require a nuanced

understanding of the women's personal attitudes, in addition to technology. This requires familiarity and intimacy.

As I sat in a circle among Rupa's friends, they explained that having one son was absolutely essential for the family. One woman said, "Which parent doesn't want to have a beautiful girl child? But society is unwilling to change." Another woman spoke of her husband's threats to throw her out of the house if she did not give birth to a male heir. And a grandmother confided that her daughter aborted her third female fetus in the hope of getting a son. The conversation left me numb on my drive back to Delhi from Alwar. These women committed the crime of female feticide, yet they justified their actions by the necessity to have a son. I remembered how I became involved in this work.

Starting late 2012, a group of undergraduates and I developed the idea behind Ultrasafe Ultrasound. While working on our business plans and technical papers, however, I constantly wondered how this technology could make a social change. I called activists in India and explained our innovation. They thought our idea could contribute to the prevention of female feticide; yet, I was not convinced, and I felt a burning desire to go to India in order to investigate further.

With an institutional review board approval, I travelled to India during the summer of 2013 on a quest to learn more about how sex-selective abortion is perceived. I interviewed Members of Parliament, non-governmental organizations, social scientists, police officers, lawyers, doctors, mothers, and fathers. Everyone I interviewed desired to end to the practice of female feticide, but there was no consensus as to how to bring about this change. Mothers and fathers said that societal norms must change; doctors said that

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criminal penalties must be enforced against those who practice female feticide; and the members of Parliament said they would strongly support a new bill to tighten the law.

My myopic view of a solution to female feticide through technology quickly disappeared. I recognized that while parents publicly condemned the practice of female feticide, they were personally guilty of it. They confided in me that their individual choices were dictated by societal norms. Technology that can block the genital organ of a fetus in a live ultrasound scan is good, but it is not enough. The solution lies in a multi-dimensional holistic approach.

Studying Geography at the University of Cambridge as a Gates-Cambridge Scholar, I studied policies surrounding female discrimination in India. Using political discourse theory, I analyzed a multitude of ethnographic interviews from political actors in Northwestern India. I found that many actors were unaware of the extent of Northern India's falling sex ratios. Others incorrectly believed that the uneducated poor were the primarily perpetrators of sex-selection. In contrast, sex-selective abortion demonstrates an interesting development paradox. Although increasing women's education and financial stability would be assumed to correlate with more balanced families, women with higher education and income are in fact more likely to bear sons over daughters. It was surprising to me that while Indian Census data clearly demonstrates the role that both high and middle income families have on India's skewed sex ratios, political actors direct both blame and policies towards poorer populations.

While I am still unsure as how to address India's discrimination towards girls, it seems clear that simplified development parameters may not be sufficient.

My experience has also demonstrated that while selective abortion of female fetuses is a serious problem in India, certain doctors have been inspiring drivers for positive change. One Ob/Gyn that I interviewed in Pune, Maharashtra said that after encountering innumerable instances of families abandoning weeping mothers after a daughter was born, he decided to deliver all girls for free and hold celebrations for their birth. As a physician, I will use medical knowledge to fight for women's access to better healthcare.