



eCommons@AKU

School of Nursing & Midwifery

Faculty of Health Sciences

3-2019

A race inside the body: Decision of the fate of newborn

Shyrose Sultan

Samreen Siraj

Zainish Zafarullah Hajani

Afsheen Hirani

Nasreen Rafiq

Follow this and additional works at: https://ecommons.aku.edu/pakistan_fhs_son



Part of the Nursing Midwifery Commons

- Nakazawa E, Abe M, Matsuki Y, Hirahara N, Sakaim N, Nakakura H, et al. [The anxieties of pregnant women who require early hospitalization in MFICUs due to threatened premature labor: interviews with pregnant women], Kagawa. Journal of the Japan Society of Maternal Health 2008;8:55–6. Japanese.
- Nishikata M. Perception process in women who experience childbirth after maternal transport. J Jpn Acad Midwife 2009;23:26–36.
- Nishiwaki T. [Recent trend of hospital food]. Hospital 2014;73:360-4. Japanese.
- O'Boyle CA. The schedule for the evaluation of individual quality of life (SEIQoL). Int J Ment Health 1994;23:3–23.
- Richter MS, Parkes C, Chaw-Kant J. Listening to the voices of hospitalized high-risk antepartum patient. J Obstet Gynecol Neonatal Nurs 2007;36:313–8.
- Rubin R. Attainment of the maternal role part 1 processes. Nursing Res 1967;16:237–45.
- Statistics of Japan. Center: e-Stat General Consultation Office for Government Statistics, https://www.e-stat.go.jp/stat-search/files?page=1&layout=datalist&toukei=00450011&tst at=000001028897&cycle=7&year=20150&month=0&tclass 1=000001053058&tclass2=000001053061&tclass3=00000 1053064; 2015 [accessed 5 February 2018].
- Tadenuma Y, Imazeki S. Anticipatory anxiety in expectant mothers hospitalized for threatened premature delivery. Matern Health 2005;46:267–74.
- Tamura T, Kawami T, Kamada M, Nishimura K, Tezuka M, Hino H. Restriction of child visitation in maternity wards in Japan: the current situation. Modern Trends Obstet Gynecol 2013:62:171–5.
- Tanaka K, Yamamoto Y, Futagami S, Fukui A, Ozaki H, Mizunuma E. A bibliographical consideration of the diagnosis, management, and treatment of threatened premature labor: focus on Cochrane Reviews. J Aomori Soc Obstet Gynecol 2004;19:91–8.
- Togashi A, Kaneko N. [Pregnant women's impressions of the MFICU environment]. Akita Prefecture Japan Society of Maternal Health Magazine 2010; 24:11–6. Japanese.
- Wettergren L, Kettis-Lindblad A, Sprangers M, Ring L. The use, feasibility and psychometric properties of an individualized quality-of-life instrument: a systematic review of the SEIQoL-DW. Qual Life Res 2009;18:737–46.

A race inside the body: decision of the fate of newborn

- Shyrose Sultan

Aga Khan University Hospital, Karachi, Pakistan

 $Email: shyrose_sultan@hotmail.com$

- Samreen Siraj ; - Zainish Zafarullah; - Afsheen Hirani; - Nasreen Rafiq

Aga Khan University Hospital, Karachi, Pakistan

Abstract

Sex-selective abortion is the killing of a girl fetus merely due to its gender. It has become an emerging problem in developing countries mainly due to lack of resources and cultural stereotypes. Illegal abortions have increased and are jeopardizing not only the gender ratio but also the health of the mother by exposing them to complications and violating their rights. The aim of this paper is to evaluate a case scenario based on many ethical dilemmas and questions that arise form it. The paper presents the problem in light of major ethical principles and theories by counteracting each argument with a counter

argument. Pakistan is a country with increasing population and gender misbalance. Hence, it is crucial to view the positive and negative side of the conflicting situation considering the larger benefit and bigger impact. Government and institutions can implement many strategies to protect the rights of women and put an end to the race between X and Y chromosome.

1. The scenario

Pregnancy news brings happiness, excitement and hope to the family. But, some wicked thoughts and unawareness, changes a joyous birth into a tragedy and a heart-wrenching story. A case of 35 years old married woman was evaluated. She was a mother of 3 daughters, belonging to a middle-class family, who came to a tertiary care hospital with intestinal perforation. Upon investigation, it was identified that the lady underwent unsafe abortion at the 7th month of pregnancy in a local hospital and thus ended up with the complication. As a matter of fact, this lady underwent abortion because an ultrasound showed the fetus of a baby girl. According to the patient, her family and husband wanted a baby boy and thus aborted the baby girl. Since it was the critical stage of pregnancy only a local hospital agreed to do the abortion.

2. Discussion

This case is of extreme ethical and moral importance as it poses direct threats towards the future and safety of our society that needs immediate action.

- 1.Is it ethical not to provide justice to the fetus that is aborted on no logical grounds?
- 2.Is it ethical to expose the mother to complications and further deteriorate her health?
- 3.Can beneficence for baby justify maleficence to mother?
- 4. Is it ethical to disclose the gender of the baby before birth?
- 5. Should healthcare providers adopt paternalism?
- 6. Should communitarianism outweigh liberalism?

These are the questions that should strike on the mind of every individual who witnesses such scenarios. This paper will discuss these questions and the possible solutions towards this problem on the grounds of ethical principles.

Pakistan is a revolutionary society and transition is the core of it. The sex ratio of Pakistan according to the census of 2017 is 105.07[1]. This indicates that only 100 women are there for 105 men in Pakistan. Percentage wise 51% are men and 48% women. This imbalance in gender ratio is a potential threat to social peace in our country. Roughly, 890,000 induced abortions happen that means 1 out of 6 pregnancies are terminated dangerously annually [2]. Gender preference is one of the highlighted reasons of induced abortions in Pakistan and is increasing in numbers [3].

3. Consequentialism vs egalitarianism

Consequentialist argues to make decisions based on the consequences that decision would impose on the individual or the society [4]. Similarly, the situation becomes worse for that newborn baby girl when she comes to world as an unwanted child. Thinking about that newborn baby girl, she might be killed, she might be

sold or may be misused. If that does not happen she would become a target of gender biasness, she would be deprived of her right of education. She would be a sufferer of domestic violence, as she grows up, making her life even more miserable. Considering such adverse consequences, abortion on the basis of gender should be permitted to save the majority from further social harms. Therefore, decision should be based on consequences and not equality for everyone as opposed by egalitarians.

Every life becomes a story and that story starts from the womb and every unborn deserves justice because it has life and is made by God. Egalitarian theory suggests equality and justice for everyone. This means that every life should have equal rights and must be treated with justice based on all grounds. Pro-life concept argues in a similar way that gender of a baby poses no threat to the life of mother or does any harm to the society and family [5]. No baby should be aborted on the basis of gender. It is an inhumane behavior, which is unacceptable. Justice is the basic principle and all individuals should be considered equal irrespective of their gender [4]. approach egalitarian consequentialism and no abortion should be done on the basis of gender, as every life is precious and equally important.

4. Autonomy vs beneficence

Mother is an autonomous human being, with every right to choose for herself. She has full reproductive autonomy. It is her choice whether she wants to be a mother or whether she wants a baby girl or not. On the grounds of pro-choice theory, only mother can choose between aborting a baby or not and it should be considered right [6]. Baby has not yet come into being, but mother is already alive and has multiple responsibilities. She might choose this to not let her baby girl suffer in this cruel world; therefore, mother holds complete autonomy in her life and decisions. Another instance where abortion should be permitted is the mother or father's hatred for a particular gender. If the parents are suffering from any psychological illness and seeing a girl or a boy neonate can aggravate their illness, then in that case abortion due to the gender of the baby might be morally right and safeguards their autonomy.

On the other hand, paternalism is an action to limit the persons' autonomy for their beneficence. Health care providers could do paternalism by not disclosing the gender of the baby, which could have caused beneficence for the baby. Moreover, paternalism would be done to save mother by not aborting the baby at 7 months of pregnancy that posed debilitating effects on mother's health. Therefore, mother's or family's autonomy could be overridden for their own benefit and such complications could be prevented.

5. Liberalism vs communitarianism

Liberalist suggests that it is one person's choice and wish that whether they want to have that baby or not and it is thoroughly their autonomy [7]. Liberalist argues that any parent would want to have sex selective abortion on the grounds that they want equal gender in their family and it might not be the preference for one gender but equality for the both the genders. Therefore, it is a single person's wish or idea.

In contrast, communitarianism theory argues that if abortion is made legal based on these terms then it can pose devastating effects on our society. If parents are allowed to choose the gender of their newborn then it changes the relationship between parent and child from one of 'gift' to one of 'contract'. Selecting the gender, eye color, skin color of their baby totally changes the baby from a blessing to a commodity. Moreover, hatred for a particular gender affects the views of everyone. The children of such families will have biased opinions and less respect for girls and would disrupt the education system by creating havoc of bias [8]. They are threatening to society, as social and cultural norms are based on the upbringing of future generations [9]. Therefore. following utilitarianism and communitarianism approach, sex- selective abortion should not be allowed for the good of majority.

6. Our position

Our position is clearly against sex selective abortion. Gender biasness is deep rooted into social and ethical problems. If sex selective abortion were legalized than gender discrimination would prevail in society. People would solely prefer boys to girls because of the gender stereotypes already developed in our society. In our society, a female baby is always associated with the system of dowry, considering her as a burden on family. However, the family of male child holds advantage of receiving dowry. Males are considered as the bread earner of the family. Males are allowed more freedom and security in the society. Consequently, society would be exposed to more discrimination. Moreover, Islam also does not permit sex selective abortion. Islam at all instances talks about gender equality and justice to everyone and states that no one has superiority over other. The Quran discourages Muslims from favoring one sex over another when having children as mentioned in Surah An-Nahl (16:58-59). Therefore gender-based selection of the baby should not be allowed. Moreover, according to the feminist theory every gender is equal with equal rights and status. On these bases sex selective abortion should not be legalized.

7. Consequences

The consequences of our position would be in the beneficence of the society but would do maleficence to the mother and baby born. At the level of society, the ban on this sex selective abortion would promote gender balance in society. If the balance in sex ratio were maintained then the society would be in harmony and the number of social crimes will be reduced. Additionally, sex selected babies would consider themselves as priority over other babies leading to disharmony in society and more bias. However, this would force people to keep producing babies until they are satisfied with a baby of their choice and make the babies suffer in poverty and hunger. Consequently, mothers would become victims of domestic violence in crime of giving birth to a baby girl. They would be forced to undergo unsafe abortion at late trimesters and would end up in complications and suffering. Moreover, the born baby might face partiality and violence. Nonetheless, these negative consequences can be countered by several interventions of bridging up this gender gap.

8. Conclusion

In a nutshell, discrimination based on gender is profoundly embedded in our society and culture. It would take years and years to uplift woman's significance in our society, guard their rights, and consider them as equal members and ultimately sustain their dignity and self-determination. Child's gender should not be perceived as determinant of their future and status. In the hospitals, ethical committees should deal such cases and counseling of the family or the mother should be done. Nurses should be educated to directly report such incidences without any fear. Pros and cons of the situation and their harmful effects on the family's future should be explained. Most of these actions are done due to misconception, unawareness and societal pressures, which could be dealt effectively.

At community level, nurses need to work through eliminating gender labels, promoting female education; their rights in domestic life and providing them with equal opportunities. Importantly, awareness of role and status of women in societies in the light Islam should be enlightened by removing the misconceptions of patriarchal society. Moreover, social stigmas associated with any gender should be eliminated to counter such preferences. Additionally, ultrasounds should not be used to disclose the gender of the baby. This would cause problems for the mother, as she would have to undergo unsafe abortion due to familial pressure and jeopardize her health.

Furthermore, illegal abortions should be of high priority for the government to take actions on. Immediate banning of such actions should be done. Multiple audits should be done to ensure no performance of unsafe abortions in the state and punitive measures should be taken against those who practice unsafe abortion. Moreover, awareness campaigns through social media and public sessions should be conducted about hazards of unsafe abortion and revolutionary gender rules and equalities. A hotline service should be started for women to reach out in case of forced abortions or domestic violence.

In the end, ban on sex selective abortion is not the way to achieve these goals, as they do not cure the core problem. This reduction in discrimination is possible by shifting our concern towards addressing circumstances that initiate this partiality. Female education should be available at easy access and within the community, so that it influences and welfares at the grass root levels. Moreover, their fundamental rights, and security should be reinforced. Non-governmental organizations should be self-reliant to develop an in depth understanding of hurdles and taboos against women and formulate operational and pertinent campaigns to eradicate the root causes.

Likewise, system of dowry should be banned in our societies so that no one considers the baby girl as a burden on them. As the part of making policies regarding these recommendations, representatives of women from urban and rural areas should be involved in implementation strategies. In a nutshell, only if the thinking and perceptions change, only then this world would be a better place for newborn female children. The apprehension is that sex selective abortion would

reinforce gender discrimination and disseminate gender norms negatively.

9. References

- 1. Pakistan Bureau of Statistics | 6th Population and Housing Census. 2017. Available from http://www.pbscensus.gov.pk/
- Ahsan A, & Jafarey SN. Unsafe abortion: global picture and situation in Pakistan. 2008.
- Qayyum K, Rehan N. Sex-selective Abortion in Rural Pakistan. Journal of Advances in Medicine and Medical Research. 2017; 22(12).
- Beauchamp TL, & Childress JF. Principles of biomedical ethics, (7th ed.). New York, NY: Oxford University Press; 2013.
- 5. Lee E. Constructing abortion as a social problem: "Sex selection" and the British abortion debate. *Feminism & psychology*. 2017 Feb; 27(1):15-33.
- 6. Chervenak FA, McCullough LB. Sex determination by ultrasound: ethical challenges of sex ratio imbalances and invidious discrimination. *Ultrasound in Obstetrics and Gynecology*. 2009 Sep 1;34(3):245-246.
- 7. Burkhardt MA, Nathaniel A. Ethics and issues in contemporary nursing, (4th ed.). Delmar, Australia: Nelson Education; 2013.
- 8. Raza A, Sohaib Murad H. Gender gap in Pakistan: a sociodemographic analysis. *International Journal of social economics*. 2010 Jun 8;37(7):541-557.
- 9. Zaidi B, Morgan SP. In the Pursuit of Sons: Additional Births or Sex-Selective Abortion in Pakistan? *Population and development review.* 2016 Dec;42(4):693-710.

For forthcoming conferences see: www.eubios.info or www.ausn.info Email to Darryl@eubios.info.

EJAIB Editor:

Darryl Macer (Chair, Accredited Universities of Sovereign Nations)

Associate Editor:

Nader Ghotbi (Ritsumeikan Asia Pacific University (APU))

Editorial Board: Akira Akabayashi (Japan), Sahin Aksoy (Turkey), Martha Marcela Rodriguez-Alanis (Mexico), Angeles Tan Alora (Philippines), Atsushi Asai (Japan), Alireza Bagheri (Iran), Gerhold Becker (Germany), Rhyddhi Chakraborty (India/UK), Shamima Lasker (Bangladesh), Minakshi Bhardwaj (UK), Christian Byk (IALES; France), Ken Daniels (New Zealand), Ole Doering (Germany), Amarbayasgalan Dorjderem (Mongolia), Hasan Erbay (Turkey), Soraj Hongladarom (Thailand), Dena Hsin (Taiwan), Rihito Kimura (Japan), Abby Lippman (Canada), Umar Jenie (Indonesia), Yasuhara Macer (Japan), Nobuko Masahiro Morioka (Japan), Anwar Nasim (Pakistan), Jing-Bao Nie (China, New Zealand), Pinit Ratanakul (Thailand), Qiu Ren Zong (China), Hyakudai Sakamoto (Japan), Sang-yong Song (Republic of Korea), Takao Takahashi (Japan), Noritoshi Tanida (Japan), Ananya Wang Tritipthumrongchok (Thailand), Yanguang (China), Daniel Wikler (USA), Jeong Ro Yoon (Republic of Korea).