

## DEFINING SEX SELECTIVE ABORTION AND ITS INFLUENCE ON WOMEN'S MENTAL HEALTH

\*Dorina Xhani, \*Fatlinda Tahiri

*\*University of Tirana, Faculty of Social Sciences, Department of Social Work and Social Policy,  
Bul. "Gjergj Fishta" 1000 Tirana, Albania*

*Corresponding author: [dxhani@yahoo.com](mailto:dxhani@yahoo.com)*

### ABSTRACT

Our aim was to gain more understanding regarding this phenomenon, by explaining the situation in the context of women's mental health. Sex selection is becoming of increasing concern not only in China, India and Pakistan, but even in Albania. In addition, the situations where abortion is restricted for sex-selection purposes, terminating a pregnancy for this reason is likely to involve an unsafe procedure. We viewed the latest documents concerning sex-selection based on the international literature and the databases of major organisations dealing with sex-selection. Social literature is used to analyze theoretical perspective in terms of the implications on mother's mental health after experiencing sex-selection. The majority of the literatures have shown that in the case of sex-selection there are complex reasons and implications that occurred in women's life. From the findings resulted that a woman can experience a range of often contradictory emotions after having a sex-selective abortion. Our conclusion was that sex selective abortion represent a concerning issue. In some cultures, the failure of the wife to bear a male child leads to sex-selection, which has shown an influence on women's health. According to the Albanian context further research is needed due to lack of information and data.

**Keywords:** *Sex-selective abortion (SSA); Son preference, Prenatal diagnosis (PND), Mental health*

### INTRODUCTION

Several studies oppose sex-selective abortion for moral and religious reasons. According to these studies, it is asserted that terminating a pregnancy based on the predicted sex of the baby is not only wrong, but that it harms women physically and psychologically<sup>1</sup>. For decades, it is discussed that having an abortion causes mental instability and even may lead to suicide. It is known that abortion itself has implications on women's health, and if there are implications or not on women's health after having sex-selective abortion, this is analysed on this article.

The high number of sex-selective abortion occurred in China, India etc. can be seen as a public health issue as it contributes to high maternal mortality<sup>2</sup>. Most abortions are caused because the pregnancy is unplanned and having a child causes a crisis for the woman. Sex-selective abortion<sup>3</sup> is the practice of terminating a pregnancy based upon the predicted sex of the baby. Sex-determination is done by the use of ultrasound tests. This technology, which is intended for diagnostic purposes and monitoring foetal and maternal health, is also used by couples to determine the sex of the foetus<sup>4</sup>. However, this way the sex-selective abortion takes place after 12 weeks of gestation. Second trimester abortion leads to unsafe health conditions for women which include risk of post-abortion complications<sup>5</sup>, obstetric morbidity and infertility, and risking the life of women<sup>6</sup>. Besides these risks, structural aspects of the healthcare system lead to an increase in maternal health risks. India has the highest second trimester abortion rate in the world<sup>7</sup> which is primarily done by uncertified providers as conducting a second trimester abortion is legally more difficult<sup>8</sup>. Performance of abortion by untrained doctors leads to even greater health risks for women.

This article aims to explore the influence of sex selection on women's mental health. According to the reviews, some women experience pain and sadness either shortly after having a sex-selection or even many years later. These emotions, however, are not unique to women who have had sex-selection or necessarily more or less common than the pain and sadness felt by many women who have placed a baby for adoption. Based on the researches from Elliot Institute<sup>9</sup>, a statistical estimate of the overall population attributable risk revealed that up to 10 percent of mental health problems among women might be attributable to abortion and sex-selection. To

another point of view, as it is published in a new study by the Britain's Royal College of Psychiatrists, women who have abortions are 81 percent more likely to experience subsequent mental health problems. Dr. Priscilla Coleman, a research psychologist at University in Ohio, is the most published researcher in the field of abortion and mental health.

Meanwhile, as summarized in the Guttmacher Institute's May 2006 report, *Abortion in Women's Lives*<sup>10</sup>, it is found that "women who are terminating pregnancies that are wanted but due to different reasons, or who lack support from their partner or parents for the abortion may feel a greater sense of loss, anxiety and distress. For most women, however, the time of greatest distress is likely to be before an abortion; after an abortion, women frequently report feeling 'relief and happiness.'" Yet this investigation review didn't end the debate. Researchers have persisted in trying to prove abortion's harmful mental health effects.

### MATERIALS AND METHODS

This article is focused on the impact of sex-selection phenomenon on women's mental health. Significantly, this paper develops the issue in the context of literature review. To this regard, the articles reviewed and analyzed for the purpose of this paper espouse an interdisciplinary perspective, focusing on its health impact towards women. This examination is not comprehensive, as it cannot possibly examine the implications on women's health as there are no official data in Albania to this regard. It generalizes the international data gathered by different studies on this, in a way that care was taken on choosing the appropriate journals. The research question is related to the impact of sex selection and son preference in women's mental health.

However, the above mentioned analysis prescribes the model of particular expressions in patriarchal cultural norms and son preference in several countries including Albania. Importantly, it exercises an insular focus that does consider the contemporary characteristics of the issue. Thus, this article attempts to explain, beyond the dominant academic discourse, son preference.

In terms of clarifying some terms utilized throughout the paper, it is important to note that both terms sex-selective abortion and sex-selection are used interchangeably and refer to the selective abortion of female fetuses.

#### *Implications on women's health*

According to the literature review, there are many implications for women's mental health and lives<sup>11</sup>. One notable consequence of the continued disproportionate importance given to boys is the huge pressure put upon women to produce sons<sup>12</sup>. This pressure can effect on the mental and physical health of women.

Currently, women seek to discover the sex of a fetus, which is usually done around the 14th to 16th week of pregnancy when the most widely used detection technique (ultrasonography) becomes effective for determining sex. In some circumstances, they may be forced by their family or community to have an abortion because they are carrying a female fetus<sup>13</sup>.

In situations where abortion is restricted for sex-selection purposes, terminating a pregnancy for this reason is likely to involve an unsafe procedure carrying high risks. Even where abortion is legal, as in India, some health-care providers have reacted to sex selection by denying access to abortion – resulting in women seeking clandestine abortions with elevated risks to their health<sup>14</sup>. These pressures to engage in sex selection in a gender discriminatory environment not only directly affect women's reproductive decisions (with implications for their health and survival) they also put women in a position where they must perpetuate the lower status of girls through son preference.

In addition, it is also women who have to bear the consequences of giving birth to an unwanted girl child. These consequences can include violence, abandonment, divorce (or being forced to live with an additional wife) or even death<sup>15</sup>. They may have to continue with pregnancies until a boy child is born, thus putting their health and life at further risk.

### Theoretical approach

Many studies have examined sex-selection on a dual theoretical framework, which are social learning and self-determination theory. Social learning theory emphasizes two different methods of learning: learning through the consequences of response and learning through modeling. This theory asserts that "social learning accomplished through observation and modeling of behavior" <sup>16</sup>. This component self-motivation to change behavior is a key difference between social learning theory and other behavioral theories.

It is important to note, however, that social learning theory shows only the outside of ideologies and not on the inside. Many values and behavioral regulations are neither spontaneous nor pleasant. Nonetheless, the acquisition of such behaviors are necessary to the socialization and integration of the individual to his community" <sup>17</sup>. At that moment, social values are accepted as personal values. Based on this, possible motivations for sex-selective abortion could involve a sense of obligation toward one's family or spouse to produce a male heir or a fear of punishment for producing a female child <sup>18</sup>. Example of motivations that would fall under this category include: "My husband wants to have a son, I will be treated badly in my family if I do not have a son, and it is expected in my culture to have a son..."

Finally, this research integrates social learning theory and self-determination theory as a mean to explore both how individuals adopt the practice of sex-selective abortion and why they choose to engage in the behavior. Flor's (1998) dissertation combined these two theories to explain the transmission of religious behavior from parents to children.

However, little is known about individuals' motivation for performing acts that the larger society might consider unpleasant or objectionable- such as sex-selective abortion. More research is needed to determine the relationship between motivation and engagement in taboo behaviors.

To conclude this theoretical analysis of the sex-selective abortion essentially attempts to explore possible reasons for the pervasiveness of sex-selective abortion regarding the perspective of women's mental health. The majority of the literature have shown that in the case of sex-selection there are complex reasons <sup>19</sup> and implications that occurred in women's life. The above mentioned practices explain this in correlation with cultural issues that show women's inferior position in the respective societies.

### The situation in Albania

The historical background shows that Albania at the time of the Communist take-over was a patrilineal and patriarchal society governed by feudal laws and traditions, with male superiority manifest in every aspect of life. All property and civic rights were vested in men. One acceptable ground for divorce, for example, was the failure of the wife to bear a male child. In short, women and girls in traditional Albania lacked almost all basic human rights. The superiority of men over women was reflected in a strong preference for male children <sup>20</sup>.

However, the recent years as a result of the economic and political stabilization show some positive signs. Sex selection has now become a new indicator of gender inequity, an issue on which this paper intends to shed some light. Abortion is a widespread phenomenon in Albania, as shown by existing data <sup>21</sup>. It can be performed in all the public clinics as well as in many certified private clinics, for pregnancies though the 12th week. Based on the Law No. 8045 "On the interruption of pregnancy", abortions are available throughout pregnancy when a fetal defect is present and when continuation of the pregnancy would endanger the life or health of the woman, as determined by a commission of three physicians. An abortion may be performed through the twenty-second week of pregnancy, if the pregnancy is the result of rape or a sex crime or there are "social reasons" for terminating the pregnancy, as determined by a three- member commission consisting of a physician, a social worker, and a lawyer. This legislation clearly does not endorse conducting abortion for sex-

selection. Also, sex selective abortion in assisted reproduction is specifically banned under the 2002 Law no.8876 'On reproductive health'<sup>22</sup>.

While abortion has increased rapidly, the use of modern contraception is still very low in the country, due to lack of knowledge about it. The sex education is just introduced in the secondary system, but it is represented by only a one-off lecture, and applied only in the secondary school system in the main cities<sup>23</sup>. In a society where abortion rate is very high, and in a traditional setting in terms of values and norms, one expects an imbalanced sex ratio at birth as a result of selective abortion. It is not by chance that the Sex Ratio at Birth values have reached figures of 114 during the period after the communism collapsed, and higher levels in some prefectures<sup>24</sup>.

While there is no information about abortion prior to the collapse of the communist regime, with illegal abortion thought to be high, the data during the transition are not reliable. The data on induced abortion differ from one source to the other. Thus in different surveys the level of induced abortion was at 73 per 1000 live births in ARHS 2002<sup>25</sup>, and in ADHS 2008 was at about 90 abortions per 1000 live births. It is believed that this is very low compared to the official figures of 200 per 1000 live births in 2002 and 272 in 2007<sup>26</sup>. This is due to the under reporting in Albania as a result of resistance coming from the existence of a patriarchal society. There are several reasons that might explain this difference. One reason might be the unwanted pregnancies that end in abortion. Another might be the illegal abortion outside the medical system or in the private clinics, and another might be the tendency to classify induced abortion as a spontaneous one or as a miscarriage. It is difficult to figure out a trend in the abortion rate where there is such an inconsistency in the data.

## RESULTS AND DISCUSSIONS

For parents with a preference for sons, sex-selective abortion guarantees the birth of male children. Studies show that sex-selective abortion increase the possibility for women to have health implications. As to the women's health issue, according to the reviews in different literatures, it was clear that the psychological effects of abortion are "minuscule" from a public health perspective. In a study<sup>27</sup> it was cited that: "Given the millions of women who have had sex-selective abortion, if severe reaction were common, there would be an epidemic of women seeking treatment. There is no evidence of such an epidemic."

Nancy Adler, professor of psychology at the University of California, San Francisco<sup>28</sup>, testified that "severe negative reactions are rare and are in line with those following other normal life stresses."

After these investigations, there is still no conclusive evidence directly linking sex-selective abortion to subsequent health problems - and not because of a lack of trying. Although it is true that some women who have had sex-selection may suffer from mental health problems later in life, the current body of research has not been able to rule out factors that could affect or explain those problems. It is also true, not surprisingly, that some women experience pain and sadness either shortly after having a sex-selection or even many years later. These emotions, however, are not unique to women who have had sex-selection or necessarily more or less common than the pain and sadness felt by many women who have placed a baby for adoption or raised an unplanned child under adverse conditions.

To sum up, if more women who have abortions have a history of depression, than we would expect to see more women after an abortion with depression. In this case, abortion doesn't cause the higher rates of depression, but abortion may be associated with depression after an abortion. This kind of misinterpretation of the findings is why studies must account for women's mental health before an abortion in order to understand whether abortion has an association with mental health, even after considering a woman's previous mental health.

### CONCLUSIONS

The practice of sex selection across Albania shows that the country is characterized by a patriarchal family system, organized along male patriline. Sons are therefore absolutely needed to perpetuate the family. On the contrary, girls are seen as transient members of their native families since they will leave it after marriage. Sons are a source of protection and support, a need reinforced by the uncertainties in the economic and social environment since the exit from communism in the early 1990s. In addition, rapid fertility decline has caused a significant reduction in average family size in the country, which is now significantly below replacement level. As a result, the probability to remain without a male child has greatly increased and parents are less ready than in the past to bear repeatedly unwanted girls for the sake of having a son. The modernization of the available reproductive equipment, the rapid development of the private healthcare system, and the liberalization of abortion has allowed parents to resort to modern methods of prenatal sex selection. The three conditions necessary for sex selection are clearly fulfilled since the deep political and economic transformations of the 1990s.

The Albanian society still remains patriarchal, there is segregation of gender roles in the private and public life and gender discrimination. These social changes do not seem sufficient to change the son preference so far. Sex selection is a typical action that people see as beneficial to their immediate interests, but it is in fact a potential violation of human rights and it can also have serious consequences to women's health and long-term consequences at the societal level. Before the introduction of any regulation, there is a need for a widespread dissemination to the public of all information about the extent of discriminatory behaviors and their future consequences not only on the societal level, but also to explore consequences on women's mental health who have experienced a sex-selection. Such awareness and advocacy campaigns will be needed to break the cycle of discrimination based on son preference and selective abortions.

Studies have shown that woman's negative emotions after an abortion may be due, at least in part, to the reaction of her partner or to those of family members, who might condemn or exclude her for having an unwanted pregnancy of baby girl. Exhale is helping to remove the stigma surrounding having an abortion, so that women and their support networks are better equipped to cope with their feelings—an essential part of the process that until recently may not have received as much attention as it deserves, especially in Albania. Much further researches on the women's health implications from sex-selective abortion in Albania - in the context of its impact towards women and society, needs to be done. To conclude, it is not unusual for a woman to experience a range of often contradictory emotions after having a selective abortion. The practice of sex selection across Albania is still poorly documented and understood. There is no sustained involvement by civil society and academic organizations into this issue. While studies exist on abortion and other aspects of reproductive health, there is a relative lack of research on the demand and supply aspects of prenatal sex selection. A self-regulation of the practices in the medical profession and among communities must be achieved through behavioural change campaigns.

### BIBLIOGRAPHY

---

1. Susan A. Cohen. (Summer 2006). "Abortion and Mental Health: Myths and Realities" *Guttmacher Policy Review*. Volume 9, Number 3.
2. Abrejo FG1, Shaikh BT, Rizvi N, 2009. 'And they kill me, only because I am a girl'...a review of sex-selective abortions in South Asia. *Eur J Contracept Reprod Health Care*. Feb;14(1):10-6
3. <http://encyclopedia.thefreedictionary.com/sex+Selective+abortion>
4. Kishor, S. and K. Gupta, 2009, 129. *Gender Equality and Womens Empowerment in India*.

5. Ganatra B, Hirve S, Rao V (2001). Sex-selective abortion: evidence from a community based study in western India. *Asia-Pacific Population Journal*, 16(2):109–124
6. Agrawal AF, Sharp NP (2008). Mating density and the strength of sexual selection against deleterious alleles in *Drosophila melanogaster*. Article PubMed 7-8
7. Johnston, Heidi Bart. 2002. *Abortion Practice in India: A Review of Literature*. Mumbai, Centre for Enquiry into Health and Allied Themes (CEHAT)/ Healthwatch, 20
8. Johnston, Heidi Bart. 2002. *Abortion Practice in India: A Review of Literature*. Mumbai, Centre for Enquiry into Health and Allied Themes (CEHAT)/ Healthwatch
9. Reardon, David. *Aborted Women, Silent No More*. Springfield, IL: Elliot Institute, 2002.
10. Guttmacher Institute, "Facts on Induced Abortions in the United States," May 2006, available online at [www.guttmacher.org/pubs/fb\\_induced\\_abortion.html](http://www.guttmacher.org/pubs/fb_induced_abortion.html).
11. UNFPA & World Vision, (2012). "Sex Imbalances at Birth in Albania" – Tirana
12. World Health Organization, (2011). "*Preventing gender-bias sex-selection*". An interagency statement OHCHR, UNFPA, UNICEF and UN
13. CEDAW & USAID, 2005. CEDAW ASSESSMENT REPORT Albania – "Women's legal rights initiative" Community-Based Study in Western India. *Asia-Pacific Population Journal* 16 (2), 109–124
14. Barbara Miller, *The Endangered Sex: Neglect of Female Children in Rural India* (Delhi: Oxford University Press, 1997); and Rohini Pande et al., "Counting Girls: Addressing Son Preference and Daughter Discrimination in India and China," presentation at the Population Association of America Meetings, 2009.
15. Ganatra B, Hirve S, Rao V (2001). Sex-selective abortion: evidence from a community based study in western India. *Asia-Pacific Population Journal*, 16(2): 2007a
16. Brody G. H., & Flor D L (1998). Maternal resources, parenting practices, and child competences in rural, single parent African American Families. *Child Development*, 69, 803-816.
17. Simoneau, H., & Bergeron, J. (2002). Factors affecting motivation during the first six weeks of treatment. *Addictive Behaviors*, 25 (121 9-1241).
18. Tucker, J., (Aug, 2010). *An Exploratory Study of Sex-Selective Abortion Among Indian Immigrants In The United States*. Master of Science in Social Work. The University of Texas at Arlington, USA.
19. Stone, D. (Dec. 2011). *Policy Paradox. The Art of Political Decision Making*. *Political Sciences*, 408.
20. UNFPA & World Vision, (2012). "Sex Imbalances at Birth in Albania" – Tirana.
21. ADHS Report 2010 Demographic and health Study in Albania, 2008-2009 – Final report, Tirana, Albania
22. Ministry of Health, 2002. *Law on Reproductive Health*. Tirana, Albania: Ministry of Health
23. Gjonça, A. 2001 *Communism, Health and Lifestyle: The Paradox of Mortality Transition in Albania, 1950-1990*. Greenwood Press. Westport, US
24. UNFPA & World Vision, (2012). "Sex Imbalances at Birth in Albania" – Tirana

25. INSTAT 2004a. Gender Perspectives in Albania, Population and Housing Census. Tirana, Albania: INSTAT.
26. ADHS Report 2010. Demographic and health Study in Albania, 2008-2009 – Final report, Tirana, Albania
27. Sugandha Nagpal, (Feb.2013). Sex-Selective Abortion in India: Exploring Institutional Dynamics and Responses. McGill Sociological Review, Volume 3:18-35. York University, Toronto.
28. Leo Montada, Sigrun-Heide Filipp, Melvin J. Lerner, 1992. 'Life Crises and Experiences of Loss in Adulthood', University of Waterloo, Canada. Nancy E. Adler University of California, San Francisco: "Abortion, a case of crisis and loss? An examination of empirical evidence" p. 155-158.