

When a Female Fetus Is Seen as a Financial Burden: Medical and Social Consequences of Sex – Selective Abortion

Mst. Mousumi Akhtar^a, Md. Abu Hasnat^b, Hissan Khandakar^c, Khandakar Kamrul Hasan^d

^a Gynecologist, Bangladesh College of Physicians and Surgeons, Dhaka, Bangladesh

^b Managing Partner, HHH Research Consultancy & Development, Dhaka, Bangladesh

^c Technical Partner, HHH Research Consultancy & Development, Dhaka, Bangladesh

^d Chairman, HHH Research Consultancy & Development, Dhaka, Bangladesh

Abstract

Sex-selective abortion motivated by the perceived financial burden of daughters is a complex issue involving medicine, economics, technology, and gender inequality. This research blog examines how economic expectations surrounding daughters can influence reproductive decisions when prenatal technologies make fetal sex identifiable. It distinguishes discriminatory sex selection from abortion care more broadly and argues that medical regulation alone cannot address the underlying problem. Financial insecurity, dowry expectations, son preference, and the unequal social valuation of daughters can shape reproductive pressure within families. Addressing this issue requires ethical medical practice, reproductive autonomy, economic security, gender equality, social protection, and a stronger recognition that human dignity cannot be determined by sex or expected economic contribution.

Keywords: Sex-selective abortion; female fetus; financial burden; medical ethics; gender inequality

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Rationale

What happens when the expected financial cost of raising a daughter becomes part of a decision about whether she should be born? This question sits at the intersection of medicine, economics, technology, and social values. Pregnancy is a biological process, but reproductive decisions take place within families and societies. They can therefore be influenced by financial insecurity, marriage expectations, inheritance practices, family pressure, and beliefs about the future economic roles of sons and daughters.

Babur et al. (2026) draw attention to the connection between the historical devaluation of female children and modern practices of sex selection. Their discussion identifies economic reasoning as one factor that can contribute to daughters being viewed as financial burdens while sons are perceived as future economic assets. Modern prenatal technologies can make fetal sex identifiable before birth. When this information is used to act on an existing preference for sons, older forms of gender discrimination can take a new technological form.

A research rationale should establish why a problem matters within its wider social and disciplinary context before developing the central argument (Hasan et al., 2026a). From a medical perspective, prenatal diagnostic technologies have legitimate clinical purposes. They can support pregnancy monitoring and the diagnosis of certain fetal conditions. The problem is not the existence of medical technology itself. The ethical concern begins when fetal sex becomes a basis for discriminatory reproductive decision-making.

This distinction is important. Sex-selective abortion should not be treated as identical to abortion care in general. The World Health Organization explains that abortion is very safe when recommended methods appropriate to the duration of pregnancy are used by people with the necessary skills. Unsafe abortion, however, remains an important preventable cause of maternal morbidity and mortality (World Health Organization [WHO], 2025). The issue examined here is therefore specifically the selection against a pregnancy because the fetus is female, particularly when financial or social pressures contribute to that decision.

Technology also requires ethical governance. Hasnat et al. (2025a), although writing in a different technological setting, emphasize the need to navigate innovation alongside institutional and ethical responsibilities. The same broader principle is relevant to reproductive technologies. Medical knowledge can create important benefits, but its social consequences depend on how that knowledge is used (Hasan et al., 2026b). A diagnostic capability becomes ethically troubling when it is transformed into a mechanism for discrimination (Al Rakib et al., 2026).

The financial dimension deserves particular attention. Research from rural India found that perceived economic burdens associated with daughters, particularly dowry, contributed to daughter aversion and influenced fertility decision-making (Diamond-Smith et al., 2008). This shows that sex selection cannot be understood only as an individual preference for boys. In some settings, it may also reflect fear of the economic consequences that families associate with having daughters.

Research Gap

The research gap lies in the separation between the fields that examine this problem. Medical research often focuses on reproductive health and abortion safety. Demographic research examines sex ratios. Economic research considers dowry, household resources, and family incentives. Gender research focuses on patriarchy



and discrimination. These perspectives are important, but the pathway through which financial reasoning becomes reproductive pressure is often less clearly integrated.

A research gap should explain what remains unresolved and why that missing knowledge matters (Hasnat et al., 2026). The central unresolved question is not simply why some families prefer sons. It is how the expected economic cost of a daughter becomes powerful enough to influence a decision about whether a pregnancy should continue. Financial pressure does not enter a clinical setting by itself. It operates through family expectations, social norms, economic dependence, and beliefs about what sons and daughters are expected to provide.

This is where a wider discussion of material valuation becomes relevant. Hasnat et al. (2025b) argue that systems strongly shaped by material self-interest can influence human behaviour and weaken concern for wider moral responsibility. Applied to this issue, the perspective raises a difficult question. What happens when the value of a future child is measured through expected financial return? A daughter may be associated with marriage expenses or economic dependency, while a son may be viewed as future income or old-age security. Human value then becomes reduced to economic calculation.

The medical consequences may also extend beyond a single abortion decision. Strong son preference can place women under continuing reproductive pressure. Families may continue childbearing in the hope of having a son. Women may also experience pressure from spouses or extended family members regarding reproductive choices. Medical research should therefore examine not only sex-selective procedures but also the wider effects of gender preference on women's reproductive autonomy, physical health, and psychological well-being.

Population-level consequences also deserve attention. Jha et al. (2011) documented substantial patterns of selective abortion of girls in India, with the likelihood of selection particularly evident following an earlier female birth. When similar household decisions are repeated across large populations, they can contribute to distorted sex ratios. Demographic research further suggests that prolonged imbalances can affect future marriage patterns and remain socially significant for decades (Guilmoto, 2012).

A further gap concerns justice. Khandakar et al. (2025) emphasizes equity, human behaviour, and justice in developing more inclusive social systems. These principles have direct relevance here. If the economic value assigned to a child influence whether that child is allowed to be born, the problem extends beyond medicine. It becomes a question about how society values human beings and whether economic circumstances can justify unequal treatment based on sex.

Future Implications

Future action should begin by recognizing that financially motivated sex selection is not simply a problem created by prenatal technology. Removing or restricting one technology cannot automatically remove the social preference that created demand for sex selection. Future implications in research blogging should connect evidence with practical directions for policy, professional practice, and social change (Khandakar et al., 2026). The response must therefore extend beyond hospitals and clinics.

Health systems have an important responsibility. Medical professionals should provide ethical, respectful, and evidence-based reproductive care. Health services should also recognize that some women may face family or social pressure related to fetal sex. At the same time, efforts to address discriminatory sex selection should



not be designed in ways that undermine access to quality abortion care or reproductive autonomy. WHO's current guideline emphasizes evidence-based decision-making and quality abortion care within appropriate health-system and policy environments (WHO, 2025).

Economic reform is equally important. The perception of daughters as financial liabilities cannot be addressed only through medical rules. Education, employment opportunities, economic independence, inheritance and property rights, and reliable social protection can change the position of women within families. Where families depend heavily on sons for future financial security, stronger social protection may also help reduce the economic foundations of son preference.

Social values must change alongside economic structures. Hasnat et al. (2025b) reminds us that behaviour is influenced by deeper systems of values and beliefs. Khandakar et al. (2025) similarly emphasizes equity and justice as foundations for responsible social development. Applied to sex selection, the principle is clear. The worth of a child cannot depend on expected financial return. A daughter should not be treated as a future expense, just as a son should not be treated simply as a financial investment.

Technology must also remain connected to ethical responsibility. Hasnat et al. (2025a) provides a broader reminder that technological innovation should operate within clear ethical and institutional boundaries. Medical science can provide information about a pregnancy, but society determines how that information is interpreted and used. Professional ethics, public awareness, and gender-sensitive health care is therefore essential.

The deeper problem begins before a family enters a clinic. It begins when society teaches that one sex offers greater economic value than another. Medicine may become the point where a discriminatory decision is carried out, but the reasoning behind that decision may have developed through years of financial pressure and social conditioning.

The future response must therefore bring medical science, economics, ethics, and social policy together. Medicine can protect reproductive health and autonomy. Economic policy can reduce the conditions that make daughters appear financially burdensome. Education can challenge gender stereotypes. Ethical governance can help prevent medical technology from becoming a tool for discrimination. Social justice can affirm that human dignity is not determined by sex or economic usefulness. Addressing these dimensions together is necessary to confront the deeper social logic that allows the anticipated financial cost of being a daughter to influence whether she is given the opportunity to be born.

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Conflict of Interests

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