SYNOPSIS

DECLINING CHILD SEX RATIO IN VADODARA CITY: A STUDY OF CAUSES, IMPACT AND CAMPAIGNS

PREPARED BY
MS. KHEVANA DESAI

UNDER THE GUIDANCE OF
DR. VEENA POONACHA
DIRECTOR
RESEARCH CENTRE FOR WOMEN’S STUDIES,
SNDT WOMEN’S UNIVERSITY,
MUMBAI

SUBMITTED TO
DEPARTMENT OF SOCIOLOGY
SNDT WOMEN’S UNIVERSITY,
MUMBAI

2015

DATE: SIGNATURE OF THE GUIDE

PLACE:
# INDEX

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>PAGE NOs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. INTRODUCTION</td>
<td>2</td>
</tr>
<tr>
<td>1.1 REGIONAL VARIATION</td>
<td>3</td>
</tr>
<tr>
<td>1.2 PURPOSE OF THE STUDY</td>
<td>5</td>
</tr>
<tr>
<td>1.3 RATIONALE OF THE STUDY</td>
<td>5</td>
</tr>
<tr>
<td>1.4 RESEARCH QUESTIONS</td>
<td>6</td>
</tr>
<tr>
<td>2. REVIEW OF LITERATURE</td>
<td>7</td>
</tr>
<tr>
<td>3. RESEARCH METHODOLOGY</td>
<td>9</td>
</tr>
<tr>
<td>3.1 METHODS OF DATA COLLECTION</td>
<td>9</td>
</tr>
<tr>
<td>3.2 GEOGRAPHICAL AREA COVERED</td>
<td>13</td>
</tr>
<tr>
<td>3.3 PROBLEMS/LIMITATIONS OF THE STUDY</td>
<td>13</td>
</tr>
<tr>
<td>4. USE AND MISUSE OF NEW REPRODUCTIVE TECHNOLOGIES (NRTs): BACKGROUND</td>
<td>13</td>
</tr>
<tr>
<td>5. ETHNOGRAPHIC BACKGROUND OF BARODA (VADODARA)</td>
<td>16</td>
</tr>
<tr>
<td>6. NORMATIVE CONSTRUCTION OF GIRL CHILD IN GUJARAT</td>
<td>17</td>
</tr>
<tr>
<td>7. FINDINGS AND ANALYSIS</td>
<td>19</td>
</tr>
<tr>
<td>7.1 OVERALL AND CAUSES OF DECLINING CHILD SEX RATIO</td>
<td>19</td>
</tr>
<tr>
<td>7.2 IMPACT OF DECLINING CHILD SEX RATIO</td>
<td>26</td>
</tr>
<tr>
<td>7.3 CAMPAIGNS</td>
<td>27</td>
</tr>
<tr>
<td>CONCLUSUON AND SUGGESTIONS</td>
<td>30</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>33</td>
</tr>
<tr>
<td>APPENDIX, NOTES AND TABLES</td>
<td>37</td>
</tr>
</tbody>
</table>
1. INTRODUCTION

This study on the declining child sex ratio in Vadodara city emerges out of the alarming demographic trend indicated in the Indian census records. Even a cursory glance of census records since 1901 to 2011 indicate this trend. It indicates that the Indian population has grown exponentially in 2011 (1.21 billion) and is the second highest in the world after China. But this expansion has not been proportionate. The census records available for 2011 indicate that the sex ratio is 940 per 1000 men. This, no doubt, represents a marginal improvement over the 2001 census data which was 933 women per 1000 men. But the point of concern is the irreversible trend of child sex ratio. The 2011 census data indicates that the Child Sex Ratio (CSR) has declined to 914 per 1000 boys from 927 in 2011. (Census of India, 2011: 90)

The ‘Towards Equality Report’ (1974) and works of scholars like Pravin Visaria (1971), Amartya Sen (1992) and Leela Visaria (2007) have argued that the adverse sex ratio in a given geographical area can be explained as a consequence of migration, rather than socio-cultural expression of misogyny. The studies also indicate that the migration pattern of a given population however, cannot explain a decline in CSR. (i.e. children in the age group of 0-6 years). For unlike sex ratio, child sex ratio is calculated on the basis of the number of surviving girls in the age group of 0-6 years. Table 1 a in the Appendix indicates this steady decline from 976 in 1961 to 927 in 2011 and a further decline to a devastating 914 in 2011.*

The demographic explanation for the rapid decline in CSR has to be therefore sought in the broader socio-cultural patterns and structures that grow and develop in a given political economy- a point powerfully highlighted by Amartya Sen through his article on ‘Missing Women’ (1990) which drew attention to the growing gender discrimination in terms of declining sex ratio. (Sen, A., 1992: 586-587). The result of the 2001 census further intensified the debates on the issue of the increasing masculinity of CSRs. (Larsen, Hatti and Gooch, 2008: 174). Retherford and Roy (2003) analysed the National Family Health Survey (NFHS)-1 and NFHS- 2 to find out the factors affecting the sex ratios in Indian states.

Following this powerful formulation, many demographic studies have been undertaken on the question of declining CSR. But these studies have focussed on the statistical analysis of demographic facts and trends.(Krishnaji, 2000; Premi, 2001; Bose, 2001; Bhat, 2002; Arnold et
However, their analysis is mainly statistical in nature. These studies do not uncover the deep rooted socio-cultural, economic or political causes for the adverse female-male ratio with particular reference to CSR. This question therefore cannot be confined to a demographic issue to be addressed by population and health policies or treated as concern of women’s organisation alone. It requires a broader, in-depth investigation within a given geographical and socio-cultural framework. This is because the census records indicate clearly that declining sex ratio is not uniform throughout the country and there are regional variations. It can therefore be deduced that the regional variation arises out of the existing local, socio-cultural dynamics. Studies done at micro level, suggest that the normative construction of girl child in the family, strong son preference for continuation of family lineage, inevitability of male child as heir of property or business and aversion to daughters due to high dowry or marriage cost have all contributed to this decline. Further the advancement in New Reproductive Technologies, small family norm, decline in fertility and the consumerist and capitalist model of development have led to the decline. (Mazumdar, 1994; Mutharayappa et al, 1997; Mallik 2003, Visaria, L., 2007; Patel, T. 2007; Ravindra R. 2007; Bora and Tygai, 2008; Larsen and Hatti, 2008; Samaiyar, 2008).

1.1 REGIONAL VARIATION

There is a considerable regional variation in demographic trends of adverse sex ratio specifically the rapid decline in the child sex ratio. This decline is particularly significant in historically female deficit states like Punjab, Haryana, Rajasthan, Delhi and other north Indian states. What is alarming, however, is that the malaise of adverse sex ratio is also evident in states that did not historically indicate such a trend. Among these states mention may be made of the rapidly industrialising states of Maharashtra and Gujarat. Another crucial factor indicated in the data is that there is contrast amongst the districts in each state and with their urban-rural and tribal components. Although the decline is evident in almost all the northern and north-western states of the country, the sharp decline for example in Haryana’s sex ratio and child sex ratio is seen right from the first census of 1871 and 1961 respectively. Since 1961 the CSR of Haryana has declined consistently from 910 to 820 in 2001 which is almost of 100 points, where as the decline in Gujarat has been sharper only in the last two census of 1991 and 2001. And this decline is almost of 50 points.
The state of Gujarat has recorded a rapid decline in the overall and the child sex ratio since the last century, especially after independence. On one hand it boasts of being one of the fastest developing states with a great economic, industrial and infrastructural growth with high level of literacy. On the other hand, its sex ratio especially the child sex ratio is falling at a devastating rate. At the turn of the century i.e. in the year 1901, the sex ratio was 954, which declined to 934 in 1991 and further declined to 919 in 2001. A point to note is that the decline in child sex ratio figures from 1991 to 2001 was of almost 45 points (i.e., from 928 to 883 Census of India, 2001). No doubt there has been a marginal improvement of just 3 points in 2011 and CSR of Gujarat stands at 886 as of the latest census records. (Census of India 2011: 91). (See Table-1a). Gujarat presents rather disturbing scenario with 43 blocks having sex ratio of less than 850. (CHETNA, 2005: 2). An estimated 47,503 female births did not occur in Gujarat during 2001-07 due to and Sex Selective Abortion. (UNFPA, 2010: 6).

Amongst the major urban centres with low CSR, the city of Vadodara has indicated a rapidly declining sex ratio and child sex ratio of just 832 girls per 1000 of boys in the age group of 0-6 years (see appendix Table 1b). (TOI, 2003: 3). Vadodara due to its distinct history and location at the heart of the state, is a place of paradoxical contrasts—of educational emancipation and social regress as indicated by the historical evidence of an unequal sex ratio. An analysis of the trend indicates that this decline has been sharp in the last two decades. What is even more telling is the rural-urban variation in the child sex ratio. The urban pocket of Vadodara is experiencing a more severe decline, which is at the core of concern in the present study. Therefore it is ironic, that “despite wearing a tag of ‘Sanskarnagari’ and being called the cosmopolitan capital of the state, Vadodara still witnesses the evil of female foeticide”. (TOI, 2002).

This study is undertaken to enquire into socio-economic and cultural reasons for the trend within a historical framework. It therefore uses the census figures as a benchmark and an indicator of possible areas for enquiry, the study looks at the factors that are responsible for the adverse trend. This synopsis is further divided on the basis of different chapters and their sub sections based on the purpose and objectives of the study.
1.2 PURPOSE/OBJECTIVE OF THE STUDY

This study examines the declining CSR in urban Vadodara, Gujarat within the broader socio-cultural and economic structures responsible for the adverse trend in the colonial and post colonial period. Seeking to understand the general trend and transition in the decline in CSR, it tries to comprehend the underlying factors responsible for the decline and examines the impact of the visible trend on the social fabric, and institution of marriage in particular. A few such exploratory studies have been undertaken in Punjab (Das Gupta, 1987) or four districts of North Indian states (John et al, 2008). This study however goes beyond the exploration of the social fabric to include an analysis of the campaigns both government and other civil society organisations to address the problem.

Some of the parameters within which the problem is located include: 1) demographic analysis of trends and transition in Gujarat against the backdrop of changing political economy; 2) Ethnographic background of Vadodara and normative construction of girl child in Gujarat. 3) The Pre Conception and Pre-Natal Diagnostic Technique (PCPNDT) (Prevention of Misuse) Act, 1994 (amendment in 2003) with focus on the use and misuse of the technology. 4) The impact of declining CSR on Society, marriage and family. 5) The campaign initiated by government and civil society organisation to address the issue. The findings and analysis of the fieldwork are undertaken against this broad framework. Some of the complex variables considered for the study include: literacy, caste, class, community traditions and normative constructions, availability and awareness of modern reproductive technology and legal implementation of the Act. These are the variables, which affect the choices of family regarding the size and sex composition of the family. And these choices later influence the sex ratio of the country. The purpose of the study is to identify the relationship between these variables.

1.3 RATIONALE FOR THE STUDY

The study of declining sex ratio is located in the broader understanding of status of women in a country. It is in the context of overall socio-economic position and cultural attitudes about women in the Indian society. A country with an unfavourable female-male ratio reflects a subordinate position of women in that society. Along with the parameters like education, employment, health and even political rights of women, it is quite essential to look at the birth
rate, chances of survival or mortality rate in order to study the women’s position in any particular society. And if these variables show any kind of negative trends, it becomes even more important to analyse the socio-economic reasons for such trends. And in a diverse country like India these reasons may vary from region to region or even from one district to the other.

Hence, the rationale of the study lies in the fact that there is a need for specific local study of declining child sex ratio in India in order to understand the ground reality, which the census report often fails to reflect. Demographic data indicate the trends but an in-depth, focused study of the structure of the society within which such an evil exists, is necessary.

At the same time there is a particular reason for selecting Vadodara city from the various different districts of Gujarat where the sex ratio is adverse. Vadodara located in the central Gujarat reflects the overall socio-cultural pattern of the neighbouring districts. It has a particular image of being the educational and cultural capital of the state with a distinct history of being a princely state. Hence, it would be interesting to know the reasons for a declining trend, its impact on the society and effectiveness of the campaign in this area. Another reason for selecting this area is familiarity with the area and language, which helps in locating and probing the issue further.

1.4 RESEARCH QUESTIONS

- What are the different socio-economic and political reasons for declining child sex ratio resulting from sex selective abortion practiced by the families in Vadodara?
- What is the role of women in the decisions regarding their fertility, size and sex composition of the family?
- What are the complex normative constructions that go against the girl child and glorify son preference?
- How has the imbalance in sex ratio impacted the people across class? Has it affected the marriage patterns or expectations of different communities?
- What is the effectiveness of the PCPNDT Act, 1994 or what is the role of legal fraternity in combating this evil?
What is the role of medical practitioners and service providers in the practice of sex determination followed by sex selective abortion?

Role of governmental and non-governmental organisations in spreading awareness and campaigning against the practice of sex selective abortion?

2. REVIEW OF LITERATURE

The literature on the problem of declining sex ratio, child sex ratio (Juvenile sex ratio) and the discussions revolving around it can be broadly classified in to

- The statistical analysis of declining sex ratio, its trends over a period of time or a particular census report.
- Empirical study at local level- state, district level, a specific urban or rural locality.
- Discussions with special reference to variables, specific causes of the problem, arguments against and in favour of the phenomenon.
- The New Reproductive Technologies (NRTs), the campaigns for and legal frame work of PCPNDT act and its implementation.

Although the decennial census reports of India showed a steady decline right from 1901. The sharp fall post independence and especially after 1981 has created a great deal of concerns amongst the academicians and social scientists. Some of the early concerns are expressed by Visaria (1971), Towards Equality report (1974) and Amartya Sen (1992). This international comparison of Asian and European countries’ sex ratio with Indian figures has been a common feature among researcher to draw attention to the dismal condition in India. Along with Amartya Sen (2003), Klasen and Wink (2003), Vibhuti Patel (2005; 2007; 2010), Jha et al (2006), Krishnaji (2000), Lhila and Simon (2008), Chakraborty and Sinha (2006) have also given statistical analysis of European, South Asian, sub-Saharan African, Chinese and Korean sex ratios to strengthen the argument of declining sex ratio has an outcome of human and technological intervention and not a natural phenomenon.

Most of the demographers and social scientists have produced statistically rich accounts of trends in sex ratio, child/juvenile sex ratio (0-6 years) or analysis of sex ratio from a particular census reports. Krishnaji (2000), Premi (2001), Bose (2001), Bhat (2002), Arnold et al (2002)

Amongst the researchers and scholars who have conducted regional, district level or local level studies to understand the decline in CSR, Das Gupta’s study on Punjab Bumiller’s study on Mumbai and Tamilnadu (1991), Shah et al’s study of Vadodara (2001), Kuruvilla’s study of Kerala (2007), Deshpande’s study of Maharashtra (2007), Visaria’s study of Gujarat and Haryana (2007), CHETNA’s study of Mehsana (2008), John et al of four north Indian states (2008 & 2009), are worth mentioning. Their analysis is based on the varied socio-cultural and economic dynamics that play an important role in shaping the child sex ratio of that region.

Son-preference and daughter aversion in the larger structure of patriarchy has been the most common and prominent feature of all the literature on factors causing sex selective abortions and subsequent declining sex ratio (Mazumdar, 1994; Mutharayappa et al, 1997; Mallik 2003, Visaria, L.2007; Patel T. 2007; Ravindra R.P, 2007; Bora and Tygai, 2008; Larsen and Hatti, 2008; Samaiyar, 2008). The socio economic and cultural reasons of son preference are well covered by these scholars. With the introduction of new reproductive technologies (NRT) there was section of society comprising of medical fraternity and bureaucrats who supported the sex determination tests. Academicians and activists have pointed out these arguments in favour of sex determination and successive sex selective abortion by juxtaposing the arguments against the whole practise. The use and misuse of NRTs has been at the centre of debate amongst the medical fraternity, social scientists and civil society organisations. (Ravindra R., 1986; Bhandari, R. 1990; Kishwar, M., 1999; Saheli, 2006; Patel, T. 2007; Bhat and Zavier, 2007).
There is also sufficient amount of literature on the campaign and the subsequent introduction and imposition of Pre-Natal Diagnostic Technique (Regulation and Misuse Prevention) act 1994 and Pre Conception Prenatal Diagnostic Technique Act (prohibition of sex selection) Act 2003. (Madhiwalla, N. 2001; Contractor, Q., 2002; Sharma, R., 2002; Gupte M., 2003; Mahabal, K. 2004 and 2005). Nivedita Menon (2004) goes a step further and highlights the constant debate between right to abortion and prevention of sex determination and sex selective abortion, as the pro-choice MTP act might give rise to an anti-women sex selective abortion.

Thus, based on the research findings and data available, this study is an attempt to contribute further to the existing repository of information available and to fill in the gaps in the data on the issue of declining child sex ratio.

3. RESEARCH METHODOLOGY

Although this study draws from the ample data available on the statistical analysis of the sex ratio, CSR and its trends, it also aims at collecting experiential data. And hence it was essential to take an approach which is in-depth, egalitarian, emancipatory, and inclusive of voices from all the sections of society. It is located in the socio-historical methods of research in general and feminist standpoint methods in particular. The study is based on a mixed method approach of data collection and analysis, where in the quantitative data is used from the secondary sources like demographic tables of census, NFHS I, II and III, Civil Registration System to understand the trend of the decline and to identify the decade where the decline has been the sharpest. And the opinions, attitudes and voices of different sections of society are collected through qualitative methods of data collection.

3.1. METHODS OF DATA COLLECTION

The study is conducted with a combination of secondary data collected from published and unpublished resources and works and primary data collected from the field. Secondary data from census reports, reports from local self governing body like municipal corporation records, archival material, reports from ministry of health, campaign material (both informative and communicative) provided by various NGOs, reports prepared by various NGOs, legal reports pertaining to the law, books, articles from various books and journals in English and Gujarati are used.
The primary data collection from the field study is undertaken with mixed method approach with personal interviews and focus group discussions being the two main methods of data collection. Although the main approach to the process of data collection has been qualitative, for better representation of the demographic details of the respondents, tabulation and other graphical forms of presentation is used. It does not attempt to ‘quantify’ the data collected since the focus is on the ‘responses’ in the field and it is nearly impossible to effectively quantify or categorise responses. The tables and graphs used are purely for the purpose of vivid and clear representation of the demographic profile of the individual respondents.

Taking into consideration the flexibility and reliability of the interview method, this study uses a combination of unstructured and the semi-structured interview method with a list of close ended and open ended questions. Since the purpose of the study was to assess the possible causes of declining child sex ratio in the city and also to get an overview of attitude towards the girl child in Vadodara, the interview schedule consists of certain direct and probing questions. The main interview schedule is divided into three major sub sections, where the first part (A) deals with the demographic details and reproductive history of the respondents. The second section (B) deals with the attitude towards the girl child and factors affecting son preference. And the third section (C) comprises of set of questions dealing with Sex Determination (SD), Sex selective abortion (SSA), PCPNDT and the impact of declining child sex ratio in society. The respondents include a cross section, in terms of caste, religion, sex, economic and educational background. Taking its diverse nature into consideration, semi structured interviews helped to get a uniformity and cross section comparability of the responses. Responses to the close ended questions are occasionally tabulated for effectual representation.

Since sex determination and sex selective abortion cannot be conducted without a medical assistance, it was necessary to understand the role played by medical practitioners like gynaecologists and radiologists as important stake holders in the practice of SD and SSA. Similarly to understand the strengths and loopholes in PCPNDT Act and the impact of its implementation, interviews were conducted with legal practitioners. Researchers from the field in their previous studies have experienced the impact of declining child sex ratio on institution of marriage in form of dearth for brides followed by bride purchase or bride trafficking. To examine this phenomenon in Vadodara, officials from marriage bureaus operating in the city were
interviewed. To understand the impact of campaign to save the girl child in the state, representatives of civil society organisation who are involved in the campaign directly or indirectly were also interviewed.

For conducting research with experts from legal machinery, medical fraternity, civil society organizations, it was necessary to just guide the interview with the focus on the problem and give enough scope and freedom of response based on their experiences. Hence, separate interview schedules with basic pointers or open ended questions were framed. The researcher was present to conduct and personally administer all the interviews. The entry point for the field work was a local civil society organisation, Sahiyar- stree sangathan, which is working in the areas of gender equality in Vadodara for more than three decades. Their established contacts across caste, class and religion enabled to gain easy entry in to the field and build an initial rapport with the respondents and participants.

Another method used is Focus Group Discussions (FGD). Since the FGD helps to bring out latent experiences and opinions, women can feel free to talk on the issues defying the taboo attached to sex selection and sex selective abortion. The issues related to reproduction and compositions of the family are often discussed by women in their peer group. Directing such a gathering through a facilitator in an FGD set up provided a rich and reliable account on the issue. A schedule with pointers to direct the discussion was used for FGDs. An audio recording of all the FGDs was done with the prior consent of the participants to maintain authenticity and validity of the research.

As proposed, the present study is based on a total of 250 respondents as the sample of the study. The sample was selected based on purposive sampling method with willingness and availability of the respondents to participate in the research. This includes individual respondents, medical practitioners, legal practitioners, civil society organisations, marriage bureaus, government officials, PNDT committee members, academicians and experts from the field. A detailed breakup of the sample is as follows.

- This includes 150 individual respondents across gender, age group, class, caste, religion and linguistic groups. An attempt is also made to maintain a balance between different marital
status which includes married, single and widowed respondents, rate of employment and nature of employment (business/service), nature of family (joint or nuclear), number of children and sex composition of children in the family. The approximate population of Vadodara city was nearing 15,00,000 when the study was proposed in 2009-2010. Since the study was a qualitative and in-depth one, systematic stratification of the population for selecting a sample was not viable. These 150 respondents are selected based on the availability and willingness to talk.

- In total five focus group discussions were conducted with a total of 60 women in all. The minimum number of women in a group was 7 and the maximum was 16. Two of these groups are selected from lower income strata in slum areas belonging to Hindu and Muslim community respectively. Other two groups consist of middle class working women from public sector establishment. The fifth group is of elite, literate and culturally inclined women. These discussions lasted from 20 minutes to maximum 40 minutes. An audio recording of all the FGDs was done with their prior consent.

- A total of 11 medical practitioners were interviewed for the research in which 8 were gynaecologists and 3 were radiologists. Of the 8 gynaecologists, 6 were private practitioners, 1 was serving in a private hospital and 1 in a government hospital. All three radiologists were practising from their private radiology centres. A balance was maintained in the location of the medical practitioner’s clinic in terms of lower class, middle class and upper class localities.

- Activists from 9 civil society organisations of Vadodara and the neighbouring city of Ahmadabad were interviewed. The civil society organisations in Ahmadabad were part of the campaigns for saving the girl child or were working for women’s health across the state and hence were included in the present study.

- 5 legal practitioners of Vadodara, particularly specialising in criminal law, were interviewed for their opinions on PCPNDT Act.

- 5 officials from marriage bureaus operating in Vadodara were interviewed to understand the impact of declining sex ratio on the institution of marriage. These bureaus work for particular caste based matrimonial alliances.

- A total of 10 respondents included government officials, member from PCPNDT committee, academicians and experts from the field.
3.2 GEOGRAPHICAL AREA AND LOCATION

The entire city of Vadodara with its urban agglomeration limits were covered in the research. The study covers the urban population residing in different parts of Vadodara including the elite areas, middle class areas and slum areas. The major areas covered include, Vaghodia road, M.S.University campus, Gotri, Chhani, Fatehganj, Alkapuri, Panigate, Bavamanpura, Kisanwadi, Maandvi, Harni, Manjalpur, Ellora Park, OP road, Productivity road, Varasia Ring road, Sangam Cross road, Sama-savli road among a few others.

3.3 PROBLEMS AND LIMITATIONS OF THE STUDY

- Considering the ethical nature of the study, receiving consent for the interview proved to be difficult and challenging.
- Being an outsider for the city, gaining entry in the field and building a rapport was challenging
- Despite of a large number of gynaecologists and radiologists practising in the city, very few agreed to participate in the research. Several attempt and visits were made to request for their participation and in most cases they were declined directly or indirectly. And hence only a limited number of medical practitioners’ opinions are included in the study.
- Although there are rampant incidents of SD or SSA in Vadodara, there has not been even a single lawyer who has fought a case under PCPNDT. And hence the opinions on the act are based on expertise and not on firsthand experiences.
- The general attitude towards SD and SSA is that it is related to reproduction and health of women and hence, very few men agreed to be interviewed on the issue.
- The proposed area being in Gujarat most of the study material was available in Gujarati, so there was a double burden of translating and analysing the data. However, being fluent in Gujarati, both written and spoken, the material and respondents were accessible.

4. USE AND MISUSE OF NEW REPRODUCTIVE TECHNOLOGIES: BACKGROUND

The new reproductive technologies entered India in mid 1970s, to be precise in 1975. The All India Institute of Medical sciences (AIIMS), New Delhi had initiated experiments using amniocentesis for detecting foetal abnormalities. The technique was used widely at AIIMS, New
Delhi, the Institute of Research on Reproduction and Harkisondas Hospital, Mumbai. Foetal sex determination was an off-shoot or a by-product of this method. (Ravindra, R.P. 1986; Bhandari, R. 1991). Knowing the sex of the foetus through amniocentesis became a popular tool for parents with a strong son preference and was often followed by abortion to make easy way to eliminate girl child.

Ultrasound in India is considered to be the most widely used and reliable method for sex determination. Often known as Sonography test (colloquially jaanch/tapaas) it has spread in India like a wild fire. Medically introduced to detect the foetal abnormalities, the test since its introduction is often (mis)used to detect the sex of the foetus. Its misuse has been seen by activists, intellectuals and women’s groups as a major factor leading to depletion of child sex ratio in India. As a result of sex-determination and sex pre-selection tests leading to selective abortions of female foetuses, sixty lakh female infants and girls are “missing” due to abuse of amniocentesis, chorion villi Biopsy, sonography, ultrasound and imaging techniques. Sex pre-selection techniques prevent arrival of female baby at a pre-conception state. Even anti-abortionists use this method to get baby boys, as it does not involve “blood-bath”. (Patel, V. 2003) UNFPA estimates, “during 2001-07 for the country as a whole, on an average nearly 5 percent of female births did not occur because of prenatal sex selection”. (UNFPA, 2010: 6).

According to a study conducted by Population Research Centre, M.S. University Baroda in 2004 on centres using ultrasound machines in the state of Gujarat, that there are about 1,735 registered centres/clinics using ultrasound machines in the state of Gujarat. Of these, 95% are owned by private sector. Further, amongst these centres, less than half of them had qualified persons (gynaecologists/radiologists) operating the ultrasound machines. Vadodara city has the second highest number of scanning centres after Ahmadabad. It was 155 in 2004 and increased to 235 in 2007-08. (Das, N., et al, 2004: 3; PNDT, 2007) The PNDT report by the government of Gujarat very clearly notes the co-relation between the number of sonography machines and the sex ratio at birth in that district. Hence, it is imperative for the present study to evaluate the extent to which the NRTs and its misuse have contributed to the decline in child sex ratio in the city of Vadodara.

The campaign against sex selective abortion has been carried on in India since 1980s. As the society became aware of rampant misuse of the technology, it caught the attention of women’s organisations and other activist groups and in 1982 recommendations were sent to government asking for limiting the use of amniocentesis, stringent punishments to medical professionals indulging in unethical practises of SD and SSA. Circulars were sent to state governments and concerned medical departments regarding banning the use of technology for abortion and making it a penal offense. However this was only pertaining to government offices (hospitals and clinics) and it further led to privatisation and commercialisation of reproductive technologies. (Mazumdar, V.1994: 3-4).

A major landmark in the movement against new reproductive technology was the formation of the Forum against Sex Determination and Sex Pre-Selection (FASDSP) in Mumbai in 1986 (though the campaign started earlier in 1980s the formal organisation was established in 1986). The FASDSP initiated its campaign in Mumbai to raise awareness on SD and SSA and secure an effective ban in 1986. Later the PNDT Bill (then known as The Maharashtra Prohibition of Amniocentesis and other Sex Determination Medical Tests Act, 1986) was introduced and passed in 1988 in Maharashtra Legislative assembly. (Patel, V., 2011: 8). It took another 5 years to pass the Bill at the Centre and form an Act in 1994. In 1988, the state of Maharashtra became the first in the country to ban pre-natal sex determination through the enactment of the Maharashtra Regulation of Pre-natal Diagnostics Techniques Act. The state of Gujarat and Karnataka followed suit subsequently. At the national level the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act (PNDT Act) was enacted on September 20, 1994. (PCPNDT handbook, 2007: 18).

In late 1990s and early 2000 anecdotal evidence with regard to the widespread use of SD continued to surface both in the media as well as through smaller pilot projects. This served to create evidence on the prevalence of SD as well as the neglect of this issue by both the national and state governments. This information proved to be substantial enough to file a Public Interest Litigation (PIL) in the Supreme Court of India. Dr Sabu George, Centre for Enquiry into Health
and Allied Themes, Mumbai (CEHAT) and the Mahila Sarvangeen Utkarsh Mandal (MASUM) filed the PIL on SD in the Supreme Court of Indian February 2000. The original petition provided evidence to validate claims that the PNDT Act, 1994, had failed to achieve its goals. The PIL also urged the Court for an amendment to the Act that would allow the inclusion of new techniques such as pre-implantation genetic diagnosis (PGD) and other pre-conception techniques.

The Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Rules 1996, amended in 2003, came into force with effect from February 14, 2003. The change in nomenclature denotes a shift in emphasis from “regulation” of techniques to “prohibition” of sex selection. (PCPNDT handbook, 2007: 4). The Act provides “for the prohibition of sex selection, before or after conception, for regulation of pre-natal diagnostic techniques for the purpose of detecting genetic abnormalities or metabolic disorders or sex linked disorders and for the prevention of their misuse for sex determination leading to female foeticide and for matters connected therewith or incidental thereto”. (Patel, V. 2011: 9). Looking at the child sex ratio figures, one can assert that PCPNDT Act- with all its provisions to curb the menace of SD and SSA, has still not been successful in its purpose. The loopholes are been looked into in this study in context of Vadodara.

5. ETHNOGRAPHIC BACKGROUND OF BARODA IN GAIKWAD AND POST-GAIKWAD PERIOD (AFTER THE MERGER IN 1949)

As it is popularly known amongst ethnographers in the Gaikwad reign, Baroda was in its ‘golden era’ where it became one of the most progressive states of British India. Women’s literacy, maternal health care and social reforms for women empowerment made a long term impact on the overall status of women in the state. In spite of the influence of general normative constructions regarding role of women, Baroda did project itself as a role model for gender equality and empowerment. However, it is important then to understand the transition from the glorious past of the state to the hitherto dismal decline in the sex ratio.

Just like many other princely states and provinces in India, Vadodara state too merged with the Independent India. It ceased to be a state and became a part of Bombay presidency and later on 1st may 1961 it became one of the 26 districts in Gujarat. Even after the merger
Vadodara continued to be a socio-economically and culturally important centre for Gujarat. Given the continuous rise in economic growth rate, literacy rate and work participation of women, the child sex ratio has been devastatingly low.

From the figures of census reports certain facts can be inferred in its primary reading:
- Vadodara city has always been had lower sex ratio than the district figures.
- Vadodara city has continuously seen a decline in the child sex ratio in last two decade (except for the figures of 2011).
- In the census of 2001 and 2011 child sex ratio is well below 900. That is much lower than the average of Gujarat and also that of India.
- The difference between urban Vadodara and rural Vadodara is startling. The sex ratio of children below the age of 1 years in rural Vadodara in 2001 was 893 where the urban figures are lowest at 797. This means that there is a vast difference in the extent of female foeticide between the urban and the rural areas. The difference is almost of 100 points. (Report by Health and Family Department, 2010: 9)
- Nine out of twelve talukas of Vadodara district has shown a declining trend in last decade (2001-2011).
- The decline in Vadodara city is one of the sharpest in the district from 1991 to 2001 with the absolute change is of -72 points.
- According to 2011 census, amongst the 26 districts of Gujarat, Vadodara district ranks 15th and 14th for the sex ratio and child sex ratio respectively.
- Almost 2000 female foetuses are eliminated every year in Vadodara city.

6. NORMATIVE CONSTRUCTION OF GIRL CHILD IN GUJARAT

The normative construction of gender roles in India, which is based on inequality, is the basis on which patriarchy and son preference emerges, bloom and survive. And these norms and standards of gender relations are the roots for son preference and daughter aversion in Indian society. Other than family norms in India, several other socio-economic structures determine the son preference namely, the kinship patterns, marriage patterns, economic activities, religious beliefs etc.
Son Preference in Gujarat is widespread like any other north-western states in the country. As discussed by Neera Desai (1983) “the sole purpose of women’s life in Gujarat during pre-British period was to get married and give birth to sons”. (Desai, N., 1983: 67) Ethnographic data collected by several researchers on ideal size and sex composition of family, revealed clearly the pressure to start the family early within a year or two, need for small family with at least one son. “Amongst Jadeja Rajputs and Kanbi community in Ahmadabad, other parts of central Gujarat and Saurashtra, ‘dudh piti’ (drowning an infant girl in a vessel full of milk) was a common tradition... One of the most common reason for doing so was rigid caste system and high expenses to be incurred on daughter’s wedding. In spite of efforts by several reformers, female infanticide was never completely eliminated from Gujarat.” (Desai, N., 1983: 316-318).

The culture, as discussed earlier plays a very important role in shaping the normative construction of a region. Son preference and devaluation of daughters are often reflected in culture, rituals, literature of Gujarat. In their folk songs, lullabies, sayings and idioms there is a clear prejudices and bias against the girls or woman in society. A series of rituals like the other north western states try to control women and their sexuality.

Gujarat historically has been one of the most prosperous states in the country. Agriculture and textile industry being the major contributor to the national income, Gujarat has been on the forefront of economic progress of the nation. Marriages in such a prosperous state are obviously an important occasion for families to incur huge expenditure. Marriage costs, more than a compulsion for parents, is a status symbol for Gujarati communities, where in one’s status is often judged by the extravagant expenditure incurred on one’s child, especially daughter’s wedding.

Thus in Gujarat, castes like the Rajputs, Leuva Patidars of Kheda and Anavils of South Gujarat have high dowry linked with hypergamy; castes like Brahmins and Banias have ‘indirect dowry’ in addition to dowry proper, and lower castes and scheduled castes have bride-price in addition to dowry. There are a few instances of bride-price, being paid among the upper castes in Gujarat, as elsewhere in India, in cases where the groom is a widower of advanced age or has a large number of children from a previous marriage, or has a physical or mental handicap, and is unable to get bride from within his own marriage circle. But such marriages among Brahmins or Banias are exceptions. As observed by Visaria (2003) in her field study in Gujarat to find out the
factors causing the phenomenon of missing girls, “dowry was a strong deterrent to have girls along with the fear that the daughters might be sent back to parental house if her in laws were not satisfied with the dowry or for any other reason”. (Visaria, L., 2003) In this context the present study looks at the attitudes of population of Vadodara towards the girl children, their marriages, dowry and son preference that further determines the survival of the daughters in the family.

7. FINDINGS AND ANALYSIS OF THE DATA

The present study is located in the urban agglomeration of Vadodara city in Vadodara district. As discussed earlier in the section on research methodology, the study uses mixed methods like interviews (with a structured interview schedule) and focus group discussions with women with partial quantification of the data for its effective representation. The purpose of the interviews was to gain an insight on the attitude towards the girl child amongst the population of Vadodara, the ideas and factors responsible for son preference, attitude and awareness regarding the problem of sex determination and sex selective abortion, its impact in society, awareness about the PCPNDT Act and the campaigns run by the government and civil society organizations to save the girl child.

TABLE NO. 7.1
CATEGORY WISE NUMBER OF RESPONDENTS

<table>
<thead>
<tr>
<th>Category of Respondents</th>
<th>Respondent (in no.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewees (General population)</td>
<td>150</td>
</tr>
<tr>
<td>Women in FGD</td>
<td>60</td>
</tr>
<tr>
<td>Medical practitioners (Gynaecologists and radiologists)</td>
<td>11</td>
</tr>
<tr>
<td>Government officials, PCPNDT members &amp; academicians</td>
<td>10</td>
</tr>
<tr>
<td>Civil society organisations/NGOs</td>
<td>09</td>
</tr>
<tr>
<td>Legal practitioners</td>
<td>05</td>
</tr>
<tr>
<td>Marriage bureaus</td>
<td>05</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>250</strong></td>
</tr>
</tbody>
</table>
A detailed analysis of the demographic background and reproductive history of the respondents and participants in FGD have been undertaken in order to understand the co-relation between different demographic variables and the attitude towards girl child. A majority of the respondents were married females in the age group of above 40 years belonging to Hindu, Gujarati speaking population, with a graduation. Most were home makers and those employed were in service sector. Majority belonged to middle class and upper middle class living in Joint families. However attempts are made to enable representation to respondents from diverse socio-economic background.

Analyzing their reproductive history and preferences, the fact that needs to be highlighted are their decisions regarding the size and sex composition of the family and means to achieve the ideal size of the family. This has a direct bearing on the sex ratio of the city. In the present study 82% of the respondents prefer two children. More than the size of the family it is the preferred sex composition of the family that indirectly affects the issue of sex determination and sex selective abortion. Only 10% of the respondents want only daughters. 45% of them wish to have at least one son. 23% of woman had undergone abortion. Of all these, 50% of them aborted posing contraceptive failure as a reason for their unwanted pregnancy. However a significant 50% admitted of going for sex selective abortion followed by sex determination test. The test involved in all these 50% SD was ultrasound sonography (USG). A majority of these abortions had happen after the first child being daughter. From the overall respondents one can infer that almost 10% of the women admitted of going for SD and SSA. A couple of them while discussing their reproductive history admitted of undergoing ‘treatment’ (undergoing pre-conception method of SD) from reputed clinics of Vadodara and surrounding areas in order to assure birth of a male child.

There were instances of multiple deliveries (of daughters) against the women’s will till they have a male child. In two to three cases there were 3-4 daughters in the family (where the women wanted only two children) and had then either undergone pre-conception methods or have adopted a child of the desired sex. Even the participants from FGDs admitted of having undergone such tests themselves or heard of women in their neighbourhood of undergoing such ‘treatments’ which assured a male child. Women from Kisanwadi and Bavamanpura group also agreed to the fact that either they or women in their locality have approached quacks or medical
practitioners who promised and convinced them of assuring birth of a male child with their ‘treatment’.

7.1.1 CAUSES: SON PREFERENCE AND DAUGHTER AVERSION

In several earlier studies, son preference has been one of the most influencing factors responsible for decisions regarding sex determination and sex selective abortion. Based on these presumptions, in the present study, respondents were asked to rank or order their reasons of son preference in the family. Majority of them (60%) believed that son is essential for continuing the family lineage. Respondents ranked economic insecurity in the old age and heir for business or property at par (18%) as the next reason for son preference. The business or propertied class like Jains, Patels or Lohanas posed heir for business or property as their reason for son preference. Younger generation (respondent below the age of 35) felt that sons provide an economic security in old age and hence, are important. The majority who believed in son as a means of continuing family lineage were from Brahmin or other dominant community. Participants from the FGDs also had a similar response. They all agreed upon the universality of son preference across groups especially for continuation of family lineage.

On the other hand dowry and marriage cost has been a major factor in considering daughters a liability or a burden. Even if there exists a practice of bride price, marriage cost has generally been borne by daughter’s parents. The flow of gifts to the groom and his family does not end at wedding functions but continues at the occasion of all major events and festivals in their daughter’s life.

<table>
<thead>
<tr>
<th>TABLE NO 7.2</th>
<th>ATTITUDES OF RESPONDENTS ON DAUGHTER AVERSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reasons for daughter aversion</td>
<td>Respondents (in %)</td>
</tr>
<tr>
<td>Dowry/marriage cost</td>
<td>45%</td>
</tr>
<tr>
<td>Protecting her virginity</td>
<td>35%</td>
</tr>
<tr>
<td>Small family/one child norm</td>
<td>05%</td>
</tr>
<tr>
<td>Considered to be someone else’s property</td>
<td>15%</td>
</tr>
</tbody>
</table>
Even amongst the participants of FGDs especially from lower and lower middle class an average of 7,00,000 -12,00,000 were spent on their daughter’s wedding and there were direct or indirect indications of demands or pressures from the in-laws family on their daughters.

7.1.2 CAUSES: ATTITUDE TOWARDS GIRL CHILD

Since the Gaikwad reign, Vadodara has been at a forefront of higher education and female literacy. There have been a lot of reforms and encouraging environment for higher education amongst girls since then. Even now women’s literacy is high especially in the urban agglomeration. But unfortunately higher education amongst girls is seen as an obstacle in her marriage because it makes it difficult to find a suitable groom if she attains qualifications better or higher than her male counterparts. When the respondents were asked about higher education being an obstacle in finding a suitable groom for their daughters a majority (around 60%) responded in affirmation. The common reason given was because the boys from certain communities do not pursue higher education and girls with a higher qualification often reject grooms on the basis of lack of intellectual compatibility.

Restrictions on women’s mobility and access to public places are tools often used to control her freedom of movement, of accessing the outside world or knowledge and also her freedom of choice to select her acquaintances. There is a clear paradox in the attitude towards the daughters where on one hand, the respondents feel that Vadodara is safe for girls, there is still an underlying fear about sending their daughter out late in the evenings. There also exists a double standard approach between the boys and the girls regarding venturing out late in the evenings.

<table>
<thead>
<tr>
<th>Acceptance for late night outings</th>
<th>Respondents in %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Should allow boys but not girls</td>
<td>48%</td>
</tr>
<tr>
<td>Should not be allowed for either of them</td>
<td>26%</td>
</tr>
<tr>
<td>Should be allowed for both of them</td>
<td>26%</td>
</tr>
</tbody>
</table>
Domestication and devaluation of women’s work is one of the major components of patriarchal division of labour. Although the work participation rate of women in India is increasing, her role in the household chores has not undergone any major shift. In the present study, as high as 98% respondents believe that working women cannot escape household responsibilities. Sharing household responsibility by both the spouses or by male members of the household is seen as an ideal situation but in reality it is not so.

Nuclear families, high literacy amongst women, increasing work participation of women have all contributed to decline in this kind of pressure, but still there have been direct and indirect pressures that women undergoes regarding their choices of reproduction. All the decisions regarding reproduction including that of abortion or sterilization are often governed by pressures by her husband or his family. Amongst the participants of FGDs such confessions were made repeatedly. Previous studies do reveal that the status of the mother who gives birth to male child rises in the family and the community compared to the mother of only girl child. A considerable 38% of them believe that a woman does get a special status in the family and more so in the community or neighbourhood if she gives birth to a male child. Women in focus group discussion as well feel the same about women’s status being improved by giving birth to a son. One can easily link this to the previous section where decisions regarding sex composition of the family are often governed by such social pressures associated with motherhood and birth of a male child.

7.1.3 CAUSES: SEX DETERMINATION, SEX SELECTIVE ABORTION AND PCPNDT ACT

As discussed earlier in the section on reproductive history of respondents, 50% of those who had undergone abortion admitted to going in for it after sex determination test and the abortion was a sex selective one. A total of 10% of the total respondent admitted to have undergone SD and SSA. But a bigger number almost 50% of the total respondents were aware about its occurrence in their locality, neighbourhood, family or community or done by their maid or a worker.

Respondents were very clear that it is the son preference in the family (76%) followed by the community pressure to have at least one son which is responsible for the practice of SD and
SSA. Merely 20% of them blame the doctors for being responsible for the existence of the practise. For them, doctors are just the service providers and are only ‘helping’ out the parents to have a desired family size and type. In fact there were respondents who believed that not even the whole family, but the mother herself should be held responsible for undergoing such tests and then deciding to terminate the pregnancy if it is the female foetus.

Almost after a decade of implementation of the amended act (PCPNDT), around 97% of the respondents were aware that revealing the sex of the foetus is illegal. ‘Test/Tapaas’ as colloquially known amongst locals of Vadodara, was allowed initially and now it is banned or not allowed, is a known fact amongst almost all the respondents. 85% of them also knew that there is an act which prohibits sex determination and sex selective abortion. However, very few actually knew the name or the details of the Act. The only thing they knew about the Act was that legally doctors are not supposed to reveal the sex of the child after sonography tests and they can be punished for doing so.

7.1.4 CAUSES: ROLE OF MEDICAL PRACTITIONERS

According to the medical practitioners interviewed - radiologists and gynaecologists from government and private hospitals and clinics, there is a continuous rise in the requests for abortions and have known of women who have undergone several abortions for reasons laid out by MTP act. In most cases it is unwanted, unplanned pregnancy or failure of contraceptives being the reason for abortion. The pregnancy is most likely to be discontinued in the second order in upper class and third and fourth order in lower class population. One child or two children norms are strictly followed by upper and upper middle class population for which they (expectant mothers) are ready to undergo abortions after the second child. One of the gynaecologists revealed that

“It is never done or asked for the first child. It is always at the time of second child. With one child norm, people want to have a son. With test tube clinics flourishing sex selection has become easier or widespread”.

Most of the medical practitioners denied divulging any kind of information regarding the sex determination tests and sex selective abortions taking place in Vadodara. However, a couple
of them did give names of the areas (location) in the city where it is known to be conducted. They named certain communities like Patel, Rajput, Marwadi, Soni and Sindhi as the most common communities for son preference and have often asked for SD tests in their clinics. They also said that contrary to the popular myth, it is the educated, rich or middle class population who have strong son preference and do try to get SD test done. The most common reasons cited by them for son preference or daughter aversion are the socio-economic importance of male child for lineage and economic security in the old age and also the communities where dowry is persistent it makes a daughter a liability for their parents.

All the respondents from medical fraternity are very well aware of the PCPNDT Act. The source of information for them was either seminars or workshop conducted for medical practitioners or administrative bodies like district health office which compels them to fulfil certain formalities under the Act. All of them have displayed the board stating the prohibition of SD in their clinics. However, they all are invariably unhappy with the documentation required to be completed with every sonography test. For them, the form filling procedure is tiresome and at the same time futile as it does not guarantee transparency from the clinic. The forms filled or entries made are also manipulated at times just to comply with the procedure.

7.1.5 CAUSES: ROLE OF LEGAL PRACTITIONERS

During the course of research it is was shocking to know that in spite of rampant cases of breach of PCPNDT Act by the medical practitioners in Vadodara as highlighted by the print media, only a few have been convicted and none arrested for violation of the act. As per the government of Gujarat’s report on PCPNDT, published by the Department of Health and Family Welfare, there have been a total of 3 medical practitioners (gynaecologists) from Vadodara who are found guilty under the PCPNDT act and their USG were sealed, but none of them have been arrested so far. This also throws the light on the legal practitioner’s role in its implementation and also their understanding of strengths and weaknesses of the law. Equally surprising was the fact that there has been not a single lawyer in Vadodara who has actually fought a case under this act. Their suggestions on the gaps in implementation of the PCPNDT highlight one of the vital factors leading to uncontrolled misuse of technology across the city.
7.2 IMPACT OF DECLINE IN CHILD SEX RATIO IN VADODARA

With decline in child sex ratio since 1990s, Gujarat is also facing problems especially in form of bride scarcity, marriage squeeze resulting in bride purchase and a sharp increase in violence against women. Although there is very little documentation of the impact of decline in CSR in Gujarat, newspapers are continuously covering the incidents of bride dearth and bride purchase in several parts of the state. One of the reasons for the lack of documentation could also be that the problem of marriage squeeze shows its impact after 20-25 years of the decline when the boys and girls enter a marriageable age. Since the sharp decline in Gujarat is evident since 1991 and more so from 2001, the impact is yet to be seen.

Apart from the respondents, interviews were also conducted with marriage bureau officials to understand the change in marriage patterns and practices as a result of male surplus and daughter deficit. The bureaus were randomly selected but tried to maintain a balance in the selection on the basis of communities. During the field research, respondents were asked if they had experienced dearth of girls for marriage in their community or in any other community in their locality or in the city at large. A majority of them (81%) agreed of having experienced scarcity of brides in their own community and other communities as well. The communities where this dearth is experienced the most are Vaishnavs, Brahmin, Lewa and Kadwa Patels, Lohana, Soni, Rajput, Jains- Marwadis, Parmar, Barot. These are some of the very community where dowry or marriage cost is very high or where son preference is very strong.

The respondents were, however not sure of the strategy used in case of such dearth amongst these communities. Around 54% of them had heard of purchasing or getting girls for marriage from tribal communities from the state or from neighbouring states. For Brahmins or Vaishnavs respondents which belong to the high caste category in the hierarchy, the strategy used to solve the problem of dearth of brides is finding a bride from lower caste marriages. Although they all were hesitant to get a bride from lower caste, for them opting for inter-caste marriage seems to be a better option to at least continue with their family lineage. Whereas some of the Patel respondents admitted that they had to ‘buy’ girls from tribal areas of Gujarat as they could not find a suitable girl from their own community or even from other lower castes in their area.
All the marriage bureaus across the city operating for specific communities also expressed a similar concern of finding it difficult to get girls for their clients who are prospective grooms looking out for brides in their community. For them, “application from girls has reduced”. “More boys’ applications are received than girls. The ratio is 70 girls to 100 boys”. And they also agreed to the increasing menace of bride purchase. They also agreed to the fact that to bridge this gap in marriage market and solve the problem of marriage squeeze there have been growing incidents of bride purchase. Though for them, it has not yet become rampant in Vadodara, but one hears of random cases in certain communities.

A majority of the respondents felt that Vadodara is safe and women feel secure in the city. But of late they all admitted that cases of violence have increased to a great extent. 54% of them feel that violence against women has increased in recent times. Merely 16% felt it is the same as earlier but now it is being highlighted more by media. No one, amongst the participants however, could co-relate this rise in violence against women to decline in child sex ratio. There wasn’t any awareness regarding the correlation between increases in abduction, rape or harassment cases against women to masculinity of sex ratio. As far as they could manage to get a bride from any other community by paying a decent ‘bride price’, they don’t perceive the problem of bride scarcity as a potential problem for increase in violence against women. But the civil society organizations working in Vadodara admit of increased in violence against women and bride trafficking.

7.3 CAMPAIGNS FOR CHANGE

Apart from the Act, there have been several governmental and non-governmental machineries which are pro-active in changing the attitude towards the girl child. Realising the disgrace associated with the birth of girl child as a burden and liability to the family and perennial threats posed to her survival, Government of India and many state governments have introduced innovative schemes of conditional cash and non-cash transfers. On the other hand awareness, consultancy and advocacy have been taken up by a large number of civil society organisations and NGO in different parts of the country. This is mainly done through extensive use of information and communication technologies (ICT) - posters, pamphlets, skits, street plays, rallies, mass media, workshops and seminars and forming lobbies and pressure groups to bring pressure on the law implementing bodies at village, district and state levels.
The implementation of PCPNDT in Vadodara has been weak. Merely three gynecologists were convicted under the Act, following a sting operation in 2004-05. There were a series of complaints under which these convictions were done. These included incomplete forms, not displaying board and also complaints regarding conduct of SD and SSA. Another two doctors who had complaints against them under the Act, were involved in a case from Ahmedabad in 2009. As per the last update on the case, there has been no further progress in the case after the complaint.

The major schemes introduced by the government of Gujarat in last two decades under conditional cash transfer (CCTs) are *Balika samriddhi Yojana* 1997 (initially was a central government scheme and later transferred to state government in 2006), *Kunwarbainu Mameru Scheme/Mangalsutra Yojana*. (1995). The schemes address the survival of girl child issue strictly amongst the lower class or scheduled caste groups. Both the schemes are mainly focused on poor households, whereas son preference and daughter elimination are widespread across different economic categories. Feminists and social activists have criticized the schemes like ‘*Kunwarbainu Mameru*’, as it universalizes marriage and essentialises dowry. With such schemes dowry is spreading in scheduled castes (SCs), Scheduled tribe (STs) and other backward classes (OBCs). The irony is that dowry was not traditionally practiced by most SC, ST, and Socially and Educationally Backward castes. They also believe that the “negative sex ratio is just a symptom of a major disease called patriarchy and have to challenge the patriarchy with short term and long term programme”. (Retrieved from radicalsocialist)

Various efforts are being made to address the issue of declining child sex ratio in Gujarat, one of the major being the ‘*Beti Bachao Campaign/abhiyaan*’ that was launched by Chief Minister on the occasion of International Women’s Day in 2005. Undedr this campaign communitites like Patels and Chowdharies took oath of preventing sex selective abortion in their own community. Gender Resource centre, an autonomous body, was an active partner of the campaign who was involved in documentation and publications with a realization that it could play a vital role in changing the perception of the society in general on such important issue. The major shortcomings of *Beti Bachao Andolan* were
Involving religious leaders in the campaign has spread a faulty message. Religious leaders have often preached ‘bhrun hatya paap chhe’ (foeticide is a sin, instead of female foeticide being sin). The message has an anti-abortion implication.

The approach to the campaign was not ‘Right-based’ but was ‘morality based’. The girl child’s survival was not a human right issue for the campaigners. The need to save the girl child was highlighted in mythological or religious context. There was also an attempt to essentialise her role as sisters or daughter-in-law, and one needs to save the girl child because society needs sisters to tie ‘rakhi’ to their brothers or as ‘daughter-in-law’ for their sons.

Taking of oath does not ensure aversion from the practise of SD or SSA. Oaths do not impose any legal binding or punitive enforcement. Hence it may not act as a deterrent for the ones who take such pledges.

In Gujarat, a great deal of work for campaigning against sex selective abortions is in the form of research, documentation and activism undertaken by organisations like Gujarat Institute of Development and Research (GiDR), Women Study Research Centre (WSRC), M.S.University, Vadodara, Sahiyar, Olakh, CHETNA, SWATI. GiDR and WSRC’S key contribution is in the form of research and documentation. People’s participation in any process of social change and transformation is absolutely necessary for a sustainable change. As it has been highlighted repetitively in this study, the problem of declining child sex ratio needs to be located in the attitude towards the girl child and belief in son preference. And hence, any campaign to address this issue needs to be aiming towards restructuring or changing people’s mindset. Involvement and participation of people at every stage of campaign is a must.

However, in Vadodara this purpose does not seem to be achieved where the awareness of the campaign both by the government and civil society organisation is what is lacking amongst the population. Only a handful of them were aware of other programmes for educating the girl child or cash incentives given by the government for their girl children. Respondents also could not differentiate between various schemes of safety and security or of reproductive health women and Beti Bachao Andolan. None of the respondents could divulge any details of campaigns undertaken by NGOs in Vadodara to save the girl child. The situation amongst the participants of focus group discussion was no different. They all were aware of PNPNDT act and
came to know about it either from news papers or from the boards displayed at gynaecologist’s clinic. They were also aware about Government of Gujarat’s campaign of ‘Beti Bachao’, but were not sure of any concrete results of the same. Experts from the field, especially social scientists as well as doctors admitted of the failure of the campaign. The combination of stricter implementation of PCPNDT and the campaigns run by government and various civil society organisations did have a positive impact which is depicted in an upward trend in child sex ratio in 2011. However the partial improvement is still way behind the national average. The campaign is yet to achieve its success and that can be done only by inclusion of all the stakeholders in addressing the issue.

CONCLUSION AND SUGGESTIONS

Through an extensive fieldwork, the study probes further into the demographic trend of decline in child sex ratio in Vadodara city. The sharpest decline is seen in the decade of 1991-2001 which is also marker by a period of rapid economic growth in Gujarat. However economic growth and literacy are seen as inversely proportionate to the child sex ratio. i.e. the more urbanised, literate, modern and economically prosperous the population, worst is the child sex ratio, which holds true in the present study as well. Urbanisation, modernisation, commercialisation and consumerism have increased the possibility of easy access to modern reproductive technologies in Vadodara and its rampant misuse in late 1990s has resulted in the sharp decline. The marginal improvement in the CSR in 2011 indicates a partial success of implementation of PCPNDT of 2004 and campaign by the government and civil society organisation. However the impact of the campaign is limited and its loopholes need a re-examining and rethinking in its strategies used.

The study reveals that the causes for the decline are placed within the larger normative construction of a girl child in Gujarati family with a strong son preference. Desirability of a son for continuation of family lineage and for economic security, as heir for the business and property on one hand, high dowry or marriage cost on the other are mainly responsible for aversion to daughters. Small family norm or one child norm as a factor influencing the ideal size and sex composition of the family (which was otherwise seen as a constraint for having one or more girl child) does hold true only partially in case of Vadodara. Population in Vadodara
stresses upon two child norm with at least one son as their ideal size of the family which further limits the chances of survival for the second daughter in the family. The decisions although made by couple are to a great extent made out of the pressures from the member of the joint family especially the in-laws and often endorsed by the bride’s parents as well. Of all the abortions declared by the respondents in the study, more than half have confessed of undergoing SD followed by SSA itself is an indicator intensity of the problem.

It is observed that Vadodara is yet to experience the far reaching impact of decline in sex ratio as it is too early to establish causal relation between, bride purchase, trafficking or increased violence against women with decline in sex ratio. Although the scarcity of bride has been experienced across all the communities and casts, the dearth has not reached the alarming level as yet. With sharp decline in sex ratio, the child population which has been overtly masculine since 1991 will be of marriageable age in another couple of years. And the male surplus will then pose a major problem. The sharpest decline of 2001 will show its impact with almost 200 surplus men per 1000 of population will definitely cause disastrous imbalance in society in general and marriage market in particular. The rise in crime and violence against women is yet to be perceived in context of decline in child sex ratio in Vadodara.

There is no doubt about the efforts being made at the government and non-government levels to curb the decline in child sex ratio. However the efforts are all lacking direction and the right approach. A co-ordinated and consensual platform needs to be created where government schemes and NGO’s advocacy can go hand in hand. The efforts have at least reached to a level where from the denial of a problem and ambivalence it has reached to the level of acceptance and recognition. Dissemination of messages requires a review and verification. Legal, medical, social, cultural, political and economic institutions all coming together to address the issue in coherence is a way forward to the problem.

SUGGESTIONS

- The larger issue of devaluation of daughter in context of dowry and high marriage cost should be dealt with more seriously. Declining child sex ratio is the symptom or an outcome of the disease, the cause lies in son-preference and daughter aversion, which needs a restricting in terms of gender roles.
Stringent and immediate action against the rampant evil of dowry under the Dowry Prohibition Act.

The issue needs to be addressed with a right based approach rather than morality base one.

Use of the term sex selective abortion and not foeticide or female foeticide as it gives out an anti-abortion message. Making it very clear that abortion is legal and sex selective abortion is not. This will ensure safe abortion and reduction in illegal and unsafe abortion practices. Better maternal and reproductive health is an essential goal to be achieved.

Spreading fear of a likely womanless society or difficulty in getting brides for young men cannot impact behaviours of people. The immediate concerns of girl child being considered as a liability needs to be addressed. Attitudinal change towards valuing daughters should be the focus of the campaign.

Sealing sonography machines is not the solution. It prevents the access to technology which otherwise can be used to detect foetal abnormalities and hampers the right of a mother to have a healthy child. Rather it is more imperative to put medical fraternity into a stricter surveillance under the Act.

‘Save the girl child’ or ‘beti bachao’ is a protectionist slogan rather it should be ‘beti vadhao’ or ‘dikrio ne tak appo’ (celebrate daughters or ‘give them a chance’) are more appropriate and affirmative in its tone.

Media is a powerful tool. Sensitising and training medial personnels can definitely create a positive image of women in society. News coverage and even entertainment slots should break the stereotypical image of women and highlight and publish positive and encouraging stories of women achievers.

A body should be constituted under the law only for conducting surprise visits at doctor’s clinics and radiology centre where ultrasound sonography is provided. The PNDT committee should allocate resources for such visits so that the wrong-doers can be caught red-handed.

Medical Council of India should take up the issue seriously and cooperate in cancelling the license of the doctors.

Giving complete power of accepting applications regarding the complaints to the Appropriate Authority (District Health Officer) does give overt power and scope for
corruption. This needs a rethinking on formulating the PCPNDT committee and its mechanisms.

Notes

*In 1961, the Child Sex Ratio (CSR) was calculated for the census records for the first time and hence, the present study takes 1961 as the base year from analysing the trend in CSR from 1961 onwards till 2011.

References


33. Patel, V. (2003) Low sex ratio is not just a population deficit but also a cultural deficit: from www.indiatogether.org (retrieved on 19/7/2014 at 8.30 am).


APPENDIX-I

TABLE 1a.
TREND IN CHILD SEX RATIO IN INDIA AND GUJARAT 1961-2001

<table>
<thead>
<tr>
<th>Year</th>
<th>Child Sex Ratio (0-6 years) India</th>
<th>Child Sex Ratio (0-6 years) Gujarat</th>
</tr>
</thead>
<tbody>
<tr>
<td>1961</td>
<td>976</td>
<td>955</td>
</tr>
<tr>
<td>1971</td>
<td>964</td>
<td>946</td>
</tr>
<tr>
<td>1981</td>
<td>962</td>
<td>947</td>
</tr>
<tr>
<td>1991</td>
<td>945</td>
<td>928</td>
</tr>
<tr>
<td>2001</td>
<td>927</td>
<td>883</td>
</tr>
<tr>
<td>2011</td>
<td>914</td>
<td>886</td>
</tr>
</tbody>
</table>


TABLE 1b.
CHILD SEX RATIO OF VADODARA DISTRICT AND CITY, 1991-2011

<table>
<thead>
<tr>
<th>Year</th>
<th>Child sex ratio 1991-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1991</td>
</tr>
<tr>
<td>Vadodara Dist.</td>
<td>934</td>
</tr>
<tr>
<td>Vadodara city</td>
<td>911</td>
</tr>
</tbody>
</table>