CHAPTER - I
INTRODUCTION

Of all demographic groups, the girl child is perhaps the most socially disadvantaged. At every stage of her life cycle from conception to adulthood, she is vulnerable to human rights abuses. It is necessary to protect the rights of the girl child particularly her right to remain alive, her right to protection from neglect and abuse, and her right to a secure family environment. The Indian Constitution promises all those who dwell in India the right to life: “No person shall be deprived of his life or personal liberty except according to procedure established by law”. How far this right is available to the Indian girl child is a vexed question. This right literally means the right to be born and remain alive. In India her birth is treated as a calamity encompasses not only the right to her mere survival but also right to childhood and right to a family and a home. The right, in fact includes a right to grow up normally, naturally and freely. The girl's first right is the right to remain alive after birth and not to be killed quickly in her first few hours, or killed slowly by neglect or indifference. Female infanticide still continues, which is evident from the falling ratio of girls to boys. Though people do not show much concern about the problem of female infanticide yet in the year 2008, 104 cases of female infanticide were reported which shows an increase of 19.5 per cent over 1999 in which 87 cases of female infanticide were reported.

Life can be bitter even before you are born
If you are a girl and still in the womb....... 

Barbara Miller coined the phrase “The Endangered Sex.” Amartya Sen used the phrase “Missing Women.” They were referring to those who are also known simply as “Unborn Girls.” These are examples of some of the sensationalist terminology social scientists and activists have been using to highlight the problem of “female infanticide or female foeticide” in India. ‘As long as we do not consider girls as natural as our boys our nation will be in a dark eclipse’ said Mahatma Gandhi
The pre-dominantly patriarchal, social, cultural, and religious set up based on the foundation that the family line runs through a male has contributed extensively to the secondary status of women in India. This has led to strong desire to avoid the birth of a female child in the family resulting in decline in the child sex ratio at an alarming rate in some of the States and Union Territories. India is in a transitional phase between the traditional and modern India, where old norms and expectations clash with modern ideas; in other words, India is experiencing a process of modernisation with considerable changes in its social and economic institutions. With its relatively sustained, high rate of growth during recent years, rapidly expanding private and service sectors, rising demand for well-educated professionals and a growing middle class, India is undergoing far-reaching changes. The Green Revolution has contributed to large productivity gains, there has been a spread of cash economy, improvements in communications and transport; the media has grown in importance and there has been an increase of contract-based relationships replacing previous personalised patron-client ones. These changes have either directly or indirectly increased the value attached to the acquisition of basic levels of information and knowledge (Kabeer, 2000). It is against this background of a traditional society in transition, a situation of fluidity, the problem of daughter discrimination needs to be conceptualised.

ISSUES OF SEX RATIO AND SEX DISCRIMINATORY SELECTION IN INDIA

In all but a few countries of the world, there are typically 105 women for every 100 men. Even though at birth boys outnumber girls by about the same proportion, studies have shown that where men and women have access to equal care, nutrition, health and medical attention, women, due to their biologically determined stronger constitution, live longer than men, and therefore outnumber them. In the industrialized countries, for example, there are, on an average, 106 women for every 100 men; in Sub-Saharan Africa, there are 102 women for every 100 men and in South-East Asia, 101 women for every 100 men. In India, on the
contrary, there are less than 93 women for every 100 men in the population. Only where societies specifically and systematically discriminate against women are fewer of them found to survive. Sex ratio of children 0-6 years captures a portion of this discrimination against females. In this age group, according to latest census report 2001, there are only 927 girls against 1000 boys. The girl child is the first and foremost need of humanity because her survival is essential for the continuation of the species.

India holds a special position in the world in terms of population. It is one of the oldest civilizations in the world. The people have inhabited it for thousands of years. No wonder, at present it constitutes one of the most crowded parts in the world. According to 1991 census, India’s population was 844 million, which had increased to 950 million by 1997 and 1027 million in 2001 census. It is estimated to increase to 1800 million by 2075.

India has a long demographic history. That is why its population has become so large by now. It must be stressed here that for major part of its demographic history the country’s population base remained limited. Our country’s population base remained between 100 to 200 million until as late as the end of 19th century. It was so because fertility and mortality remained high in India from the beginning to the end of 20th century. Thus, rate of natural increase of population remained low.

One of the major concerns of India’s demographic situation is its declining sex ratio. According to 1991 census, there were 927 females every thousand males in India. According to 2001 census, females ratio has increased 933 females per 1000 males. What is surprising is that despite of considerable improvement in life expectancy of the females in India, the sex ratio in the country is declining, at present females in India have longer life expectancy than the male for the first time. The decline in India’s sex ratio is perhaps signaling the dangers of female foeticide. Ever since pre-birth sex determination has become possible the female foetus is perhaps being aborted due to strong desire to have a son. If it is so, it is more dangerous than female infanticide of the historic times.
In India, the Census of 2001 has clearly brought to light the widening gap in the ratio of girls to boys, confirming a trend that has been in place since 1901. This is most pronounced in the youngest age group, 0-6, indicating the scale of injustice as well as the long-term social and economic consequences implied. India is, thus, a country where the natural biological sex ratio of slightly more females than males in the population is reversed, particularly in the youngest age group. Although there has been a heightened consciousness of the problem, census figures show that the sex ratio of the age group 0-6 has declined at a disturbing pace since 1981 while the overall sex ratio has risen slightly. The child sex ratios have continued to decline despite improvements in general welfare and female status and point to deeply rooted structures of gender inequality. Alongside the ongoing process of modernisation and smaller families, it appears that a substantial number of younger couples fear bringing up daughters and deliberately choose not to.

The Census results also show marked declines in areas and social groups that earlier showed more equal conditions. This indicates that discrimination against daughters has spread to new regions and from higher social strata to lower, suggesting a necessity to analyse the structural characteristics of the problem. In order to understand the economic, social, and cultural realities behind the disturbing census figures comparative case studies from different parts of India are needed. Such areas where declining child sex ratios are a relatively recent phenomenon, demonstrating the spread of the phenomenon, are of special interest.

Imbalance between two sexes has been mentioned as an important characteristic of India's demography. The sex ratio continued to be low in India. This deficiency of females was more acute in north India than in peninsula.

This North-South divide in the country was most evident in case of sex ratio. The Aryan North had comparatively low sex ratio than Dravidian South. The entire north India, with the exception of hill regions in the north-west and north-east, had a sex ratio of 850 to 900 females per 1000 males. At places it even fell below 850. Relatively high female mortality, low status granted to females, and
sex selectivity among migrants has influenced the sex ratio pattern of the Indo-Gangetic plain.

The declining sex ratio among children in the 0-6 age group (girls per 1,000 boys) acted as wake-up call more than a decade ago with the 1991 Census. Registrar General and Census Commissioner of India observed that the "preference for male children resulting in neglect of female babies, the relative gap in the health conditions between males and females, and certain types of mortality which are sex selective" were likely explanations for the phenomenon. A normal sex ratio would be about 952 girls per 1,000 boys since in India, as is the case worldwide, there are about five per cent more male births than female births. The 2001 census revealed an even further sharp decline in the girl-boy ratio among children aged 0-6 years-from 945:1000 in 1991 to 927:1000 in 2001, a truly stunning decrease. This is even more disturbing when we notice that the sex ratio for the total population of India, improved from 927 in 1991 to 933 in 2001.

The results of the 2001 Census were greatly anticipated as the chief indicator of the success, or lack of it, of government prohibition on sex-selective abortions. The 2001 Census projected the child population (ages 0-6), under normal circumstances to be about 154 million (79 million males and 75 million females) giving a girl-boy ratio of 952 girls per 1,000 boys. However, the actual 2001 Census count of the child population was 158 million with only 76 million girls compared to 82 million boys. If the 2001 Census, girl: boy ratio among children aged 0-6 years would have been 952, as projected, then the number of girls aged 0-6 years of age, according to the 2001 census, should have been around 78 million. But there were only 76 million girls in the census which means 2 million girls between 0-6 years have gone missing. Where these girls have gone is the big question? Sex-selective abortion is a large part of the answer, of course, but also the neglect of young, less valued girl children in health care and nutrition. It is high time that we weight the impact of the declining girl-boy ratio resulting in deeper and deeper socio-cultural fall out. It is time to implement the Pre-natal
Diagnostic Technique (Regulation and prevention of Misuse) Act 1994 with total dedication to be vigilant, and to ensure that sex-determination tests become a thing of the past.

In a country where the male-female ratio has already been declining over the years and female infant mortality exceeds that of male infants, these inhuman practices cannot be ignored as stray incidents because unless there are serious efforts to stop them, there are all the chances of their enveloping the entire society and women becoming an endangered species. The deficit of women in India’s population has been documented ever since the first decennial enumeration of people was conducted in the late 19th century. Over the span of more than 100 years, the deficit has progressively increased as evident from the sex ratio of the population; the number of women per 1,000 men steadily declined from 972 in 1901 to 933 in 2001. India shares with China (and other South Asian countries with the exception of Sri Lanka) this phenomenon of deficit women in the population. Both the large oriental societies of India and China are structurally patrilineal, exhibit strong son preference and here men enjoy higher status relative to women. Throughout the rest of the world, women outnumber men by 3 to 5 per cent. In India, according to the 2001 Census, there were 7 per cent more men than women.

In India, until 1980s the life expectancy of women was lower by 2-3 years than that of men. It is only in the 1990s that the trend has begun to reverse.

The sex differential in mortality in India, resulting from the discriminatory treatment received by girls and women, more than offsets their natural or biological advantage over men. Within India, the social practices and cultural ethos that undervalue women are stronger in some regions than in others. In an almost contiguous belt extending from north-west of India to parts of Rajasthan, Gujarat, and Maharashtra, the undervaluation of women is evident in the sex ratio of their population and in their juvenile sex ratio. In fact, an increase in the deficit of young girls noted in the three decennial Census of 1981, 1991 and 2001, is indicative of a strong possibility that the traditional methods of neglect of
female children are increasingly being replaced by not allowing female children to be born.

If all births in the country or a region were registered, one would be able to calculate the sex ratio at birth and surmise the extent to which female births are prevented from occurring, since sex ratio at birth is biologically determined and globally ranges between 102 and 107 male births to 100 female births. Unless there is a conscious effort at intervention by human beings, the sex ratio at birth is most unlikely to change even over a long time. However, in India except for states like Kerala, Tamil Nadu, and Goa, where registration of births is nearly complete, elsewhere births are far from systematically or fully registered. A significant proportion of births occurring at home are missed from being registered.

In the absence of accurate information on vital events, we have to depend on other sources such as the decennial Census, which have provided in record short time after the conduction of each Census, data on number of children in the age group 0-6 by sex and region (up to district level) to estimate juvenile sex ratio. Other things being equal the juvenile sex ratio also does not undergo significant change over time. In India, with a somewhat faster decline in female child mortality compared to male child mortality in the past 10-15 years, as evident from the Sample Registration System data, the juvenile sex ratio should have in recent years become more favourable to girls. However, contrary to this expectation, in the contiguous region from north to west of the country, the deficit of girls increased (and not decreased) between 1981 and 2001.

This is also the region where historically the deficit of girls increased (and not decreased) between 1981 and 2001. This is also the region where historically the deficit of women in the total population is reported to be quite substantial. So the adverse juvenile sex ratio in itself was no surprise. What triggered the alarm bell was that in spite of the overall improvements in mortality situation and a greater increase in life expectancy of women compared to that of men, indicating that the women have gained more than men from the improved health care, the deficit of girls increased.
With a population count of 1,027 million as of zero hours of March 1, 2001, India has completed its first census of the 21st century. This is also the 14th census in a series of census taking in India. The census has counted 531 million males and 496 million females giving rise to an overall sex ratio of 933 females per 1,000 males; registering an improvement of six points on the 1991 sex ratio of 927 females for every 1,000 males, which is a matter of some satisfaction. But a matter of deep concern is the decline in sex ratio of population in 0-6 age group (henceforth called child sex ratio) from 945 in 1991 to 927 in 2001. This examines the factors that are likely to be responsible for this decline. The improvement in overall sex ratio in the country has come the second time in the past 30 years; the first one was observed between 1971 and 1981 and the second one between 1991 and 2001. When the sex ratio in the total population improved in favour of females from 930 to 934 between 1971 and 1981, there was a feeling that the discrimination against women, especially against the girl child, had been stalled and one could hope for further improvement in the sex ratio. The decline in sex ratio by 7 points between 1981 and 1991 has come as a rude shock and was viewed as a matter of serious concern by the demographers and several women's organisations. The decline in sex ratio of 10 points between 1971 and 1981 was considered by many demographers to be the result of a deterioration in census count between the two censuses, since the undercount in the 1971 Census increased to 17 persons per 1,000 from an undercount of 8 persons per 1,000 in the 1961 Census [Census of India 1961 (1964); Census of India 1971 (1974).

ISSUES OF SEX RATIO AND SEX DISCRIMINATORY SELECTION IN VARIOUS STATES OF INDIA

The level of undercount in the 1971 Census, particularly in Bihar, Tamil Nadu, and Uttar Pradesh, had remained the same as in the 1961 Census; the sex ratio in 1971 would have been around 937 instead of 930. While the improvement in the overall sex ratio between 1991 and 2001 is noticed in a majority of states and union territories; among the major states Kerala, Uttaranchal and Uttar Pradesh have registered a more than 20 point increase and Bihar, Jharkhand,
Rajasthan, Tamil Nadu and West Bengal between 10 to 20 points increase. In contrast, there has been a decline in sex ratio in Gujarat and Maharashtra on the one hand, and in Haryana, Himachal Pradesh, Punjab, Chandigarh and Delhi on the other. A very substantial decline of 260 points in Daman and Diu and 141 points in Dadra and Nagar Haveli require special explanation. The 1991 Census tabulated sex ratio for the age group 0-6 and above separately for the first time. Sex ratio for the two population subgroups along with the overall sex ratio at the state level was presented. Concentrating on the states where the overall sex ratio improved substantially – Uttaranchal, Uttar Pradesh and Kerala – one finds that the child sex ratio declined by 42 points in Uttaranchal, and by 11 points in Uttar Pradesh while it improved by 5 points in Kerala. Among the other states where the improvement in overall sex ratio has been of more than 10 points, Bihar had a shortfall in child sex ratio of 15 points, Jharkhand of 13 points, and Tamil Nadu of 9 points. It is obvious that the improvement in sex ratio in the above named states has come in population aged seven and above. One needs to probe in detail as to what has been happening to children in these states, especially in Uttaranchal. The states where there has been a decline in overall sex ratio, especially Gujarat and Maharashtra on the one hand and Punjab, Haryana, Himachal Pradesh, Chandigarh, and Delhi on the other hand, the child sex ratio has declined very substantially and is a matter of serious concern requiring detailed probing. As mentioned above, the 1991 Census tabulated for the first time sex ratio for the age group 0-6 and 7 and above separately. From the single year age data by sex, it has always been possible to obtain sex ratio statistics for any age group. At the national level the ‘child sex ratio’ (CSR) (in population aged 0-6 years) declined from 962 in 1981 to 945 in 1991. These were the children born between March 1, 1984 and March 1, 1991. A decline of 17 points in the CSR in a decade was regarded as very substantial and a matter of serious concern. The data tabulated from 1961 Census onward of CSR for the country and major states along with union territory of Delhi show that, at the national level, the same declined monotonically from 1961 onward. At the state level the CSR declined by 38 points in Rajasthan, 33 points
in Punjab, 28 points in Orissa, and 26 points in Madhya Pradesh between 1981 and 1991. In fact, all the major states and Delhi showed a decline in CSR by various points between 1981 and 1991. There were 55 districts where this sex ratio was less than 910 females per 1,000 males (or, inversely, 1,100 males per 1,000 females). Among them, 10 districts – Kurukshetra, Kalka, Jind, Hissar, Amritsar, Patiala, Faridkot, Bhind, Jaisalmer and Salem – reported the 0-6 age group sex ratio below 870 (1,150 males per 1,000 females). As indicated earlier, in the 2001 Census child sex ratio has declined further by 18 points – from 945 in 1991 to 927 in 2001. This decline is found in all the states and union territories except Kerala (5 points increase), Sikkim (21 points increase), Tripura (8 points increase), and Mizoram (2 points increase). But it is a matter of serious concern that the child sex ratio declined by 82 points to mere 793 in Punjab, by 59 points in Haryana, 54 points in Himachal Pradesh and Chandigarh, 50 points in Gujarat and Delhi, and 42 points in Uttaranchal (Preti, 2001). An important concern in the present stage of India’s demographic transition relates to persisting adverse sex ratio, defined as number of females to thousand males. It has fluctuated between 927-934 between the periods 1971 to 2001. This is much lower than the sex ratio of 980 that prevailed in the early part of the 20th century in the country. It is despite medical evidence that suggests that women have a distinct advantage over men in terms of lower mortality and, therefore, longer life spans if they are symmetrically placed in terms of availability of nutrition, access to health care and medical life support. There is a significant variation in sex ratio across States. In general the female to male ratios are more favourable in the Southern and Eastern regions in comparison to the Northern and the Western regions. In 1991, the sex ratio in the four Southern States ranged between 960-1036 females for every thousand males as against close to 900 in the Western region and even lower ratio in Punjab, Haryana, and Uttar Pradesh. The sex ratio also varied between the rural and urban areas, as well as among different sections of the society. For the Scheduled Caste, Scheduled Tribes and the rest of the population it was 922, 972 and 923 females for every thousand males, respectively, as against the overall sex ratio of 927 for the country in 1991. As per one estimate it
amounts to nearly 31.8 million ‘missing females’ in the country, if the observed sex ratio for 1991 was closer to the expected sex ratio. Before one looks at factors that explain prevailing patterns in sex ratio in the country, it is quite instructive to look at juvenile sex ratios, i.e. sex ratio in the age group 0-9 years. The juvenile sex ratios are free from Sex selective migration and can be directly associated with pattern of mortality among children by sex. An improvement in the sex ratio in age group 5-9 years vis-à-vis the sex ratio in 0-4 years in favour of females, would be in keeping with expected biological trends. On other hand, a reduction in this ratio would imply higher female mortality in comparison to males, indicating discrimination against girl child in availability and access to food, nutrition, health care and, perhaps, even medical support services.

Between the population Census of 1981 and 1991, juvenile sex ratio declined from 958 to 946. The decline was in age groups 0-4 years, as well as in 5-9 years. At the national level, difference between rural and urban areas was marginal, although it widened somewhat in 1991 in comparison to 1981. The ratio was more favourable for females in age group 0-4 years than that prevailing in age group 5-9 years for both the Census years. However, the inter-State variations were quite striking. The sex ratio was relatively more favourable for females in Southern, Northeastern and Eastern States and was particularly adverse in the States of Haryana, Punjab, Rajasthan, Uttar Pradesh, and Delhi. For a majority of States both in rural and urban areas, the sex ratio was lower in age group 5-9 years than in age group 0-4 years though the differences declined over the period. The preliminary results from Census 2001 for sex ratio in age group 0-6 years were 927 females for thousand males, with a similar pattern at State level. Among the factors that explain these patterns in the sex ratios, it turns out that while female mortality was 10.5 per cent higher than male mortality in the age group 0-4 years, it was higher by 19 per cent in the age group 5-9 years in 1981. These differences in female and male age specific mortality were much higher for rural areas than for urban. In 1991, mortality differences narrowed down considerably, to the extent that male mortality marginally exceeded female mortality in urban areas for age group 5-9 years. There are, however, wide
differences in the female-male mortality at State level. For a few States, namely, Bihar, Haryana (in 1981), Madhya Pradesh, Punjab (in 1991), Rajasthan, and Uttar Pradesh the female mortality was higher than the male for both age groups. Another factor that has a bearing on female to male ratio in the population is the sex ratio at birth. The world over, proportion of male children at birth is more than that of female. The sex ratio at birth varies on an average between 943 to 952 females for every thousand males. It tends to progressively become favourable for females on account of higher mortality for males. In India, however, the sex ratio at birth has generally remained in the range of 900-910 females for every thousand males in 1980s, declining to 878 in 1993-95, improving marginally thereafter to 901 in 1996-98. At sub national level, for Southern States, it is by and large, in line with prevailing trends in the developed world, but is adverse for females in the States of Bihar, Gujarat, Haryana, Punjab, Rajasthan, and Uttar Pradesh. For Haryana and Punjab, the sex ratio at birth, in urban areas was at sub-800 levels in 1996-98. This points to the possibility of widespread prevalence of pre-natal sex determination and sex discriminatory practices. It highlights the impact of perverse social and cultural factors related to marriage practices and dowry, as well as role of women in household level decision making in an essentially patriarchal social context in these States.

The states in question are: Himachal Pradesh, Haryana, Punjab, Rajasthan, Gujarat, and Maharashtra. Delhi also very much falls in this league of states but it is not considered here because being a capital area, it experiences heavy in-migration that can vitiate our analysis to an unknown extent. (Visaria, 2004)

Sudha and Rajan cite several regional analyses of juvenile sex ratios in India on the whole. Those have indicated that more masculine juvenile sex ratios and higher female than male child mortality go hand in hand (Agnihotri, 1996; Clark and Shreeniwas, 1995; Das Gupta, 1987; Das Gupta and Bhatt, 1997; Kishore 1993). In other words, higher juvenile sex ratios at ages 0-4 are accompanied by higher female than male child mortality at ages 5-9.
"A well-known regional pattern is observed: the Northern and North-western parts of India, including the states of Punjab, Haryana, Rajasthan, and Western UP, are areas most unfavourable to the life chances of female children. Other parts of the country, including the East, Central area and the South, exhibit more balanced rates. A broad generalization has been made: the North/North-western regions of India fall within the so-called Northern cultural and demographic zone, distinguished by higher fertility, higher mortality, more masculine sex ratios, and lower status of women. This zone traditionally had a wheat-based agrarian economy (where women are less involved), and social systems marked by dowry, exogamous marriage and the seclusion of women. In contrast, the South is broadly characterized by rice-based agrarian systems (with a greater role for women), endogamous marriage systems, marriage payments that are more egalitarian between brides' and grooms' families, and less seclusion of women. Women's literacy and education levels are also much higher in the South than the North. The status of woman is higher in the South, which also has lower fertility and mortality rates and more 'normal' sex ratios (Dyson and Moore, 1983)

One more entrant into this category was Chandigarh, India’s youngest city, planned by the famous French architect Le Corbusier in the 1950s. This brand new city was supposed to be a symbol of modern India. According to the 2001 census, in the rural areas around Chandigarh there were just 852 girls to every 1000 boys in 2001. Urban Chandigarh was worse with just 844 to 1000 boys.

Himachal Pradesh has registered a substantial increase in its female literacy rate (from 37.7 in 1981 to 68.08 in 2001) as also a vast improvement in its female work participation rate (31.86 in 1981 to 43.7 in 2001) but during the same period it has seen masculinisation of its child sex ratio. The startling statistics of census 2001 — which declared that there were 897 girls per 1000 boys in Himachal Pradesh — should come as wake up call for people in the state as well as social scientists and welfare organisations.
The 1981 census figures showed 968 girls per 1000 boys in the age group of 0-6 years, thus indicating a sharp decline in the birth rate of the girl child in the past two decades. The situation is much worse in the districts of Kangra, Una and Hamirpur, where the number of baby girls has fallen to an all-time low of 836, 839 and 864, respectively, as against 1000 boys in 0-6 age group. In 1971, the male-female ratio was 1000:1008 in Kangra district, 1000:1003 in Una district and 1000:1118 in Hamirpur district. Hamirpur had the highest percentage of girls. This drastic fall in the birth rate of the girl child is not only damaging to our social fabric but will also have other far-reaching consequences. It appears that the malady of sex-determination tests and the subsequent abortion of female foetuses, which is widely prevalent in Punjab and Haryana, have caught up with the people living in these HP districts, which are contiguous to the plains. Ironically, the girl child is revered as kanjak in this land of gods and goddesses.

It would be useful to set the context by considering the case of a typical low sex ratio North Indian state of Haryana which at 861 is the worst amongst Indian states and perhaps the civilized world as against 933 females per 1000 males for India as per final results of Census of India-2001. The total sex ratio in Haryana was 865 in 1991. It is not surprising that sex ratio in all the districts of Haryana is below the national average (933). The drastic fall in sex ratio in the rural areas in last decade is seen from table 1.2 with villages with more than 25% deficit increasing by 14% to become 27.4% (almost one in every four villages has a four deficit of girls).

The sex ratio of the region known as Haryana (since its formation in 1966) was 867 in 1901, 835 in 1911, 844 in 1921, again 844 in 1931, 869 in 1941, 871 in 1951, 868 in 1961, 867 in 1971, 870 in 1981 and 865 in 1991. It is notable that sex ratio of Haryana region has been consistently low since recorded (1901) and is now at its lowest since Independence. This historical reality again indicates that there are some microeconomic factors at play which need attention. It is also vital that the sex ratio at birth at the various hospitals and institutions has been checked up and found to be grossly adverse (CRS Data). The shocking thing is
that percentage of institutional deliveries as per NFHS-2 (1998-99) are 22.3% in Haryana, these are 28.9% in H.P., 35.6% in J&K and 37.5% in Punjab.

Gender discrimination is widely prevalent in male-oriented societies of the world. In these societies, various religious, economic, political, social and legal institutions subtly emphasize a woman’s and a girl’s subordinate position. So much so that even today the girl-child to a large extent still continues to suffer from disadvantages that her mother and her grand-mother did.

The discrimination widely met out to girl child in India, a largely male-dominated society, whereby she is denied her basic fundamental rights from the day of her birth, is a problem of grave national concern (Baligar, 1999).

In India the girl occupies a far more inferior position to that of a boy child. In a culture that idolizes sons and dreads the birth of a daughter, to be borne, female comes perilously to being born less than human. Today, the rejection of the unwanted girl can begin even before her birth; prenatal sex determination tests followed by quick abortions eliminate thousands of female foetuses before they can become daughters. Those girls who manage to survive till birth and beyond find that the dice is heavily loaded against them in a world that denies them equal access to food, health care, education, employment, and simple human dignity (NFIW Bulletin, 1990).

The systems of gender discrimination originate and maintain the gender gaps visible in the society. These gender gaps can be identified through a disparity between males and females on various demographic and sociographic indicators, such as sex ratio, mortality, literacy rate, health status and work participation rate (Baligar, 1999). In India, sex ratio is defined as the number of females per 1000 males (Chandana, 1986). Europe had the highest sex ratio followed by North America and Africa. Asia, on the other hand, had the largest deficiency of females. Comparing the sex ratio of developed and less developed continents we see that most developed continents of North America and most backward continents of Africa display a preponderance of females over males. In both these cases, the sex composition is the product of high mortality of males (Chandana, 1986). The paucity of females in Asia is associated with the high
mortality among females, which is due to the neglect of females at the ages and under valuation of females relative to males (Kishore, 1993). In India, the excess female mortality in several regions is so great that females are seen as being endangered (Miller, 1981) and millions of possible females are missing (Sen, 1990). The paucity of females in India has also been attributed to the practices of female infanticide, abandonment, neglect and the selective provision of food and medical care to the females in the past. These practices continue to influence the sex ratios even today (Dickeman, 1979; Shorter, 1977; Harris, 1977; Ware, 1981; Scrimshaw, 1978, 1984). In India the sex ratios has declined throughout the twentieth century. The sex ratios in India are characterized by wide differences in rural-urban components, between various regions, between various religious groups and between various social groups (Saxena, 1982). According to Government of India (1995) the sex ratio of urban sector in the country is 894 as against the sex ratio of 939 for rural sector. The sex ratio for Hindu, Christians, Muslims, and Sikhs are 925, 994, 930, and 880 respectively (Government of India 1991). Sopher (1980) and Miller (1981) report that the sex ratio in North-western states of India are lower as compared to Southern and Eastern states. Bardhan (1974, 1988) and Miller (1981) offer an explanation for this regional contrast in terms of major crop patterns. Another explanation lies in kinship structures (Kishore, 1993), marriage traditions (Miller, 1981) of North and South India. Dyson and Moore (1983) found correlational evidence within India that variation in cultural and kinship system, represented in North India by a lower status of women and high dowry requirements, explains the regional differences in fertility and mortality and excess of female mortality in childhood thus affecting the sex ratios eventually. Bardhan (1988) relates the lower sex ratio of North India as compared to South India to the practice of female infanticide in the past in Northern and North Western states of India.

Studies in India have indicated three factors of female deselection in India, which are the economic utility, sociocultural utility, and religious functions. The factor as to economic utility is that studies indicate that sons are more likely than
daughters to provide family farm labor or provide in or for a family business, earn wages, and give old-age support for parents. Upon marriage, a son makes a daughter-in-law an addition and asset to the family providing additional assistance in household work and brings an economic reward through dowry payments, while daughters get married off and merit an economic penalty through dowry charges. The sociocultural utility factor of female deselection is that, as in China, in India's patrilineal and patriarchal system of families is that having at least one son is mandatory in order to continue the familial line, and many sons constitute additional status to families. The final factor of female deselection is the religious functions that only sons are allowed to provide, based on Hindu tradition. Hindu tradition says that sons are mandatory in order to kindle the funeral pyre of their late parents and to assist in the soul salvation. Infanticide is an age-old practice among human populations, to regulate the numbers of children and eliminate the less wanted offspring.

The practice of “exposing” girls or weak or deformed babies was noted in ancient Roman and Greek society in the West (Scrimshaw, 1984). Little is known about female infanticide in India prior to the advent of British observers (Miller, 1981). However, since then, female infanticide has been widely recorded among upper caste (especially Rajput) groups in Northern and North-Western India. Historically, the main reasons for this practice in India included the system of hypergamy, whereby women must marry into a social group above their own. Among the uppermost castes, this was impossible. Equally unthinkable were notions that the rules of hypergamy could be transgressed or that girls could remain unmarried, thus girls in these groups were killed, and boys married females from sub-castes slightly lower than their own. Nineteenth century records indicate large groups of villages in Rajasthan and Gujarat, comprising several hundred upper caste households, where no female child had been allowed to survive for many generations (Vishwanath, 1996). In that era female infanticide was also part of a set of household strategies among these same landowning upper-caste groups, to acquire further holdings and improve and consolidate their household socio-economic status. This was achieved through
manipulating the marriage of sons and acquiring dowry from daughters-in-law; daughters clearly, as dowry-takers, were a liability in this scheme of things (Clark, 1983).

Similar reasons are suggested to explain the resurgence of female infanticide in modern India. Female infanticide has been recently noted among some castes in remote village clusters in rural South India, in Tamil Nadu state, a region where this practice was historically unknown. Increasing landlessness and poverty, accompanied by an escalating custom of dowry, high gender differentials in wages, low education among women and few economic opportunities for them are suggested reasons for the rise of female infanticide here (George et al, 1992; Chunkath and Athreya, 1997). In rural North India, the practice apparently never died out. Jeffery et al (1984) state that up to the 1900’s, female infanticide was practiced among Rajput castes in Bijnor, UP state. Their study in the 1980’s in villages around Bijnor town then noted that part of a traditional birth attendant’s duties continued to be disposal of unwanted (i.e. girl) children at birth. They also report that the practice is spreading across the social spectrum to caste groups among whom it had never been practiced. A 1995 investigation by Adithi, an NGO working in rural Bihar state, revealed that female infanticide, foeticide, and excess female child mortality due to selective neglect were widespread in the 8 districts studied. Infanticide was carried out by dais (traditional birth attendants), who were coerced by the senior male kin of the woman giving birth, over-riding the protests of the women in the family. Fear of reprisals, poverty, and lack of alternative occupation led the dais to comply. Other medical practitioners such as compounders and doctors also carried out infanticide when approached by the family members of a newly born girl child. There was no difficulty in committing infanticide, because the birth and death followed quickly upon each other, with no certificate recorded for either event. Abortion of female foetuses was also conducted by unscrupulous medical practitioners, especially after techniques like sonography became widespread. The report also describes how the traditional skill of ‘dais’ in identifying the sex of a foetus in the 7th or 8th month of pregnancy is used to avert the birth of a
Estimating a count of 68,000 ‘dais’ in 7 contiguous and culturally similar districts of Bihar, and that each ‘dai’ killed about 2 infants a month (according to the interviews), Adithi estimates that the number of female infanticides each year in these districts could total as many as 16,32,000. The Adithi report also noted that earlier, only upper castes such as Rajputs and Brahmins practiced female infanticide, but it had now spread to all other groups, including Scheduled Tribes, Christians, and Muslims. The main reasons indicated were the spread of dowry with exorbitant demands; due to marginalization of women from traditional occupations and the concentration of income in the hands of men, with the consequence that women’s seclusion and dependence on men increased and men began to assert their right to emulate upper caste customs including female infanticide. Violence against women is growing, within and outside the home. Bihar has extremely low female literacy: 23.1% (Adithi, 1995). Prenatal sex determination and sex discriminatory abortion in India. Abortion was legalized in India in 1971, after a 1965 UN mission to India recommended this step to strengthen the population policy, and the Shantilal Shah Committee Report of 1966 also advocated it to reduce the numbers of illegal and unsafe abortions that were prevalent. Although the stated reasons for passing the Medical Termination of Pregnancy (M.T.P.) Act were humanitarian (to ‘help’ victims of sexual assault), health-related (to provide an alternative to those whose contraceptive measures failed) and eugenic (to reduce the numbers of ‘abnormal’ children born), there was a strong population control motivation underlying the passage of the Act (Menon, 1996). In 1975, amniocentesis techniques for detecting foetal abnormalities began to be developed in India, at the All India Institute of Medical Sciences, New Delhi. It was soon known that these tests could detect the sex of the foetus also, and doctors at the Institute noted that most of the 11,000 couples who volunteered for the test wanted to know the sex of the child and were not interested in the possibility of genetic abnormalities. Most women who already had two or more daughters and who learnt that their expected child was female went on to have an abortion (Chhachhi and Sathyamala, 1983). Between 1977 and 1985, in an effort to curb
this misuse of the technique, three circulars were sent to Central and State government departments making the use of prenatal sex determination for the purpose of abortion a penal offense (Kulkarni, 1986). A campaign against prenatal sex determination and female foeticide (termed “femicide”) was also launched by women’s groups, civil liberties groups, and health movements. In 1984, a broad-based coalition, the “Forum Against Sex Determination and Sex Pre-selection” (FASDSP) was formed, headquartered in Bombay, that monitors all aspects of the situation, documents the spread of the technique, its growing use, and legal and policy steps taken against it. As a result of these efforts, the state government of Maharashtra passed the Maharashtra Regulation of the Use of Prenatal Diagnostic Techniques Act in 1988. The states of Punjab, Gujarat, and Haryana followed suit and the Central Government passed the Prenatal Diagnostic Technique (Regulation and Prevention of Misuse) Act in 1994. The Act states that determining and communicating the sex of a foetus is illegal; that genetic tests can be carried out only in registered facilities; and only offered to those women who meet certain medical criteria, such as being over age 35, having a family history of genetic disorders, etc. However, these acts are full of loopholes. Most of the restrictions pertain to government facilities. Private laboratories and clinics are not banned from carrying out sex determination tests: they are only required to be registered. Second, the government can overrule the decisions of the body set up to monitor facilities, which is empowered to suspend or cancel the licenses of offending clinics or laboratories. The government can also exempt any facility from the Act. While in Maharashtra the monitoring committee included representatives of NGO’s, the State Directorate of Medical Education and Research, and the Indian Council of Medical Research, the Central Government Act appointed only two State employees as regulators. Given the dubious record of the State as a monitoring body, the Act is thus considerably weakened. Furthermore, an ordinary citizen cannot directly move the courts, but must approach the monitoring body, which can refuse to release any records if it is deemed in the public interest to keep them sealed. Moreover, these regulations cover ultrasonography facilities to a much lesser extent, and
this technique is also being widely used for sex determination. The possibility that newer technologies will be developed to determine the sex of the foetus has not been allowed for (Arora, 1996; Menon, 1996; Sengupta, 1992). The result of such partial regulation is that sex determination and selection facilities have privatized, commercialized, and mushroomed. Doctors indicated that despite bans, they would continue to communicate the sex of the foetus to parents who wanted to know, verbally rather in writing, and would hike the fees of the test to compensate for the legal risk. The bans in Maharashtra did not have much impact, as sex determination facilities have continued to burgeon (Kishwar, 1995). Some systematic studies clearly indicate the increasing spread and acceptability of the techniques.

The land rich states of Haryana, Punjab, and Uttar Pradesh are said to be the "Bermuda Triangle," where girls go missing. Madhya Pradesh reported 29.8 per cent cases at national level in 2000 followed by Maharashtra (19.2%). There is perhaps nothing more shameful than the fact that some 40 to 50 million girls and women are “missing” from the Indian population. To kill her means to kill coming generations. Denial of her right to live means denial of right to life to future generations. To honour her right to live amounts to honouring the right to life of future generations. But unfortunately, even this right is not provided to a girl child. All the studies in this connection have revealed that every measure is taken to eliminate the girl child by selective abortions and by female infanticide. The gender bias becomes manifest even when the child is in the mother’s womb and attains the form of foeticide and infanticide if the girl child is born. The patriarchal community considers the female child as a liability to family and society. Female infanticide, instead of being considered only a legal crime, should also be looked at from the social angle so that a viable solution can be found for solving this problem.

The studies reveal that female infanticide knows no caste, community, or socio-economic barriers. The popular conception that female infanticide was confined to the Kallar and Thevar communities in Madurai and the Gounders in Salem was wrong. It was also prevalent among communities like the Vanniars,
Pariyars and Pallars in other areas. In one village, the Panchayat (council) head had just eliminated his third daughter. In another, the richest and most powerful landlord had killed off his fourth. In Dharmapuri, one of the worst affected areas, an average of 105 baby girls was killed every month in 1997. Evidence supporting this was collected from the records of the primary health centres operating in these areas. Between 1994 and 1997, almost 3,000 baby girls died here as soon as they were born. Which meant three female infants were killed each day in that area alone? Female infanticide is prevalent in several parts of the country, though it is perhaps best documented in Tamil Nadu. In parts of Gujarat mothers have been known to drown newborn infant girls in milk. In Andhra Pradesh, tribal women have been selling their baby girls to unscrupulous agents. The list is endless. The killing of girl babies is frequently practiced in Thar Desert area of Rajasthan, particularly among the Bhil Rajput family. The infant is subjected to asphyxial deaths through manual strangulation or through administration of Opium. The male-female ratio in this area is 750 females per one thousand males. The figure of Jaisalmer district is 800 female per thousand males and among the Bhatti Rajput family, it is very low, that is 550 females per one thousand males, as per 1991 census. In Rajasthan, there are entire villages where no girls have been born for decades. Recently, a history was made when Devra a remote village received a baraat after 110 years. For a century and 10 years, this remote village in Barmer district of Rajasthan did not receive a single baraat. And simply because, it was ensured that no girl born in this village survived after birth. A girl child does not live very long. In fact, she is killed immediately after birth—either drowned in a tub of milk or fed affine (opium) or simply smothered with a pillow. But Inder Singh’s daughter escaped and lived to bring home to the village both a baraat and history. That she survived not because her father or family was any different from the other Rajputs of the village. She was plain lucky. Just a few months into her pregnancy, her mother left for her maayke (parent’s home) in another village, which though is not averse to girl infanticide, does not make a fetish of it like Devra does. Besides, what helped the girl was that her mother’s family was considered to be uccha vichar.
ISSUES OF SEX RATIO AND SEX DISCRIMINATORY SELECTION IN PUNJAB

Punjab is the state where agriculture economy is dominant. The level of development and per capita income is high in this state compared to all other states of India. During 1987-88 only 7 per cent of the population was estimated to be below the poverty line which is comparatively very low among all other Indian states. In 1991, the sex ratio of Punjab was 882 females per 1000 males, compared with 927 females per 1000 males for India. And there has been a steady decline in the sex ratio over the years.

Among Indian states, historically Punjab in the North-west has had the most imbalanced sex ratios. The excessing mortality of females is commonly hypothesized to be due to discrimination against females, particularly female children, relative to males, in the allocation of food and health care within the household (Das Gupta, 1987). Punjab was the “first state to start the commercial use of amniocentesis and all educated respondents indicated positively to a question “known about the test and found it useful” (Marie, 1990).

A study by De Sweemer et al. (1983) reveals that Punjabis have a preference for removing unwanted daughters as early as possible by such means as infanticide, neglect at early ages, and most recently, foeticide. If the girl is allowed to be born, she means hole in the pocket of parents. (Marie, 1990). Although, female foeticide could be one of the reasons for the decline in the sex ratio, researchers however feel that female foeticide cannot be advanced as a major contributory factor behind the decline in the sex ratio of the Indian population between 1981 and 1991 (Rajan et al, 1991, 1992). According to earlier researchers (Bardan 1974, 1982 & Das Gupta 1987), some of the possible hypotheses related to sex discrimination in Punjab are: (1) The neglect of female children is related to the low participation of female labour in agriculture and in income accelerating activities in general; (2) The Punjabi parents' attitudes
towards girls are related to the fact that married women can do almost nothing for their natal kin (Surrender et al., 1997).

Sex ratios in Punjab are similarly grim at the district level. Census report reveals that only Hoshiarpur has a sex ratio which is at least comparable with the national average and only two districts, viz. Hoshiarpur and Nawanshahr, have a sex ratio above 900. All the other 15 districts have sex ratios lower than 900. Hoshiarpur ranks at the top, with a sex ratio of 935 and Ludhiana at the bottom with a sex ratio of a mere 824. Comparing inter-district rankings between 1991 and 2001, it can be seen that although the top and bottom status of Hoshiarpur and Ludhiana remain unchanged, there are considerable shifts in district ranks. Muktsar, for instance, has improved from 11th to 4th place, while Patiala has dropped from 10th place to 15th. Only Ferozepur and Moga have shown no variation in ranks, continuing at 6th and 7th place respectively. Significantly, only five districts have shown an improvement in sex ratio, with the highest increase in Nawanshahr of 13 points, followed by Hoshiarpur (11), Muktsar (6), Mansa (2), and Amritsar (1). All others reveal a regression, the highest being in Ludhiana and Fatehgarh Sahib (20 points each). There are wide variations between rural and urban areas. The rural sex ratio is generally higher than the urban one. Among the districts, it is noteworthy that Hoshiarpur ranks at the top in its rural sex ratio, but 3rd in urban sex ratio. Nawanshahr is at the top in urban sex ratio. Paradoxically, Ludhiana is 17th in urban sex ratio, but 10th in rural sex ratio. This seems to justify the hypothesis of male in-migration as the cause of a low sex ratio. But Fatehgarh Sahib is last in rural sex ratio and 16th in urban sex ratio. It is significant to note further, that Faridkot, Mansa, Ropar and Patiala have better sex ratios in urban areas in contrast to the generally prevailing trend in Punjab, reflective, perhaps of greater ‘son preference’ in rural areas, particularly in districts with a lower level of urbanisation. Punjab has shown a consistently adverse sex ratio over time. It was, however, heartening to see that the low sex ratio, apart from a sharp fall in early decades of the twentieth century was slowly inching upwards until 1991. Alarmingly, the 2001 Census reveals a drop to a pre-1981 status, a case of one-step forward, and two steps back. A district-wise
analysis does not reveal a consistently rising or declining trend for each of the districts. Districts which show a positive trend in one census show a decline in the next and vice versa. Between 1951-61, Moga, Muktsar, Faridkot, and Bathinda witnessed a decline in sex ratios. In the next decade, it was Hoshiarpur, Nawanshahr, and Ludhiana, which showed a declining trend. But, significantly, during 1971-81, all districts showed a perceptible increase in sex ratio. Post 1981, four districts—Gurdaspur, Kapurthala, Ludhiana and Muktsar—saw a negative trend, but in the current census, as many as 11 districts, for the first time since Independence, have shown a decline in sex ratio. Policy makers are continuing to grapple with these figures. The 0-6 age group portrays future trends. Data on this group is presented in Table 6.7, and the analysis is very disturbing. Punjab has the lowest child sex ratio in the country (793). It has witnessed a decrease of 82 points, which is the highest among states, although almost all the states show some degree of regression; Sikkim, Mizoram, Tripura, Lakshadweep and Kerala have witnessed some increase. Punjab’s districts show some appalling rates of regression. None of the districts show a positive trend. As a matter of fact, the lowest decline is as high as 48 points. Fatehgarh Sahib witnessed the highest decline of 120 points, and Moga, the lowest of 48 points. The decline is above the state average, in as many as nine districts. However, its extent and area varies. In some districts, urban areas show a greater adversity in sex ratio as in Gurdaspur, Amritsar, Kapurthala, Jalandhar, Nawanshahr, Moga, and Bathinda. In all the other districts, rural areas present a higher degree of decline. Sarala Gopalan and Mira Shiva reported that “Of the 55 districts in the country that have less than 900 girls per 1000 boys, 28 districts are in Haryana and Punjab". A comparison between districts on the general sex ratio and the sex ratio in the 0-6 age group reveals intriguing results. Ludhiana, which ranks at the bottom in general sex ratio, ranks 3rd in sex ratio in the 0-6 age group. In contrast, Hoshiarpur (first in general sex ratio) is at 4th place. Moga and Ferozepur, ranking 7th and 6th respectively in overall sex ratio are at the top with a sex ratio of 819, while Fatehgarh Sahib continues to rank last with sex ratio at a mere 754. The fact that of the 10 districts with the lowest child sex ratio in the
whole of India seven belong to Punjab, viz. Fatehgarh Sahib, Patiala, Gurdaspur, Kapurthala, Bathinda, Mansa, Amritsar, is once again appalling. The other three belong to Haryana. In 1991, three of such districts fell in Punjab; the others belonged to Tamil Nadu (1), Madhya Pradesh (1), Rajasthan (1) and Haryana (4). It is therefore alarming that by 2001, the number of districts have increased from 3 to 7. Decline in the sex ratio at birth, from 946 in 1981 to 854 in 1991, is equally indicative of increasing foeticide. It is difficult to arrive at a set of reasons for these low sex ratios. Punjab has a high level of development and ranks comparatively high in the HDI. Thus poverty cannot be cited as the foremost reason for a declining sex ratio. The causes of a poor sex ratio cannot be traced to literacy either. Notably, the district with the highest sex ratio, viz. Hoshiarpur, also has the highest overall and female literacy rates, but the districts with lowest sex ratio, Ludhiana and Fatehgarh Sahib (17th and 16th respectively) are also ranked considerably high in literacy rates. Ludhiana is ranked 5th in overall literacy and 3rd in female literacy, while Fatehgarh Sahib is ranked 7th in overall literacy and 6th in female literacy. So the link with education too is difficult to sustain. Nor can industrialisation and urbanisation be accepted as causes. Ludhiana is the industrial hub of the state and in-migration of labour is stated as one of the causes of the adverse sex ratio. However, Fatehgarh Sahib is a semi-urban, rural area and the same causes would not hold true here. The declining sex ratio therefore must be considered along with factors of improved life expectancy, greater availability of health services and declining female mortality. A lower female death rate and higher life expectancy, seen along with a declining sex ratio can only indicate the increasing incidence of female foeticide as well as negligence of the girl child. Perhaps this was due to the large number of Sex determination Clinics which continued to proliferate all over the state in clear violation of the Prenatal Diagnostic Techniques Act.

A technology developed to eliminate birth defects was being used to deny the girl child the right to be born. The Government has been alarmed on this situation and the enforcement of the Act has been made strict. That the five head priests of the Akal Takht have declared the practice of killing the girl child as
“bajjar kurahif” (unpardonable sin) is encouraging. Since this is a stern directive and not a request with excommunication as punishment, it reveals how concerned community leaders are. To understand the paradox of a declining sex ratio in the face of improvement of economic indicators, there is a need to examine the gamut of socioeconomic and cultural variables, which make the Punjab women equal yet unequal, marginalised yet valorised. Not only must the issues be correctly identified but the state must undertake wide ranging measures by which cultural and social attitudes are changed and legal strictures put in place. A study in Punjab recorded a female to male mortality ratio of 0.75 among 0-4 years of age in the case of the first child. The ratio rose to 1.23 for the second child and doubled to 1.53 for the fourth or later children. It was found that mortality rates were even higher amongst second-born girls if the first surviving child was a girl. These variations reveal that the benefits of medical advances and improved health care delivery system reach greater number of male than female children. In her analysis of Khanna in Ludhiana District, Monica Dasgupta, further shows that girl children are selectively eliminated as part of a woman’s family building strategy that aims to have more sons than daughters. If not infanticide, then death is caused by neglect. She reaches the startling conclusion that education has not altered these results. The declining sex ratio, rising rates of female infanticide and foeticide, the poor workforce participation of women, restriction of women in the informal sector where there is a high incidence of exploitation, both sexual and otherwise, the high rates of crimes against women and continued exclusion of women from the public sphere, indicates that the economic prosperity in the state has not been able to ensure a better quality of life for Punjab's women (PHRD, 2004).

Within Punjab, the district Ludhiana has the lowest sex ratio of 844, which may be explained on the basis of immigration of males in Ludhiana from other areas. Hoshiarpur has the highest sex ratio of 919. Sex ratio of Bathinda and Patiala districts have 880; and that of Faridkot is 882, Sangrur and Rupnagar Districts have 870; Amritsar 873; Ferozepur 894; Kapurthala 896; Jalandhar 899 and Gurdaspur has 903 females per 1000 males (Government of India, 1991).
Sex ratio of urban population in Punjab is computed to be 868 and that of rural population in 888 (Government of India, 1995). The Scheduled Castes population has a sex ratio of 873 in Punjab (Government of India, 1991). Socio-cultural and biological factors together influence the overall demographic composition of a population and its sex ratio (SR).

The subordinate status of women in India is largely a result of patriarchy and its influences on the social, cultural, and religious aspects of life. A patriarchal structure is based on the foundation that the family line runs through a male – that is, all descent and inheritance are traced through the male. This has resulted in an exalted status for the male and reduced the woman to a secondary position, dependent on and controlled by different men in the family—father, brother, husband, son—at the various stages of her life.

This unequal relationship governs the rules of marriage, which is considered a process whereby the father passes on his burden, his daughter, to the husband, whose family demands a high price—a dowry—for taking on the burden. It often takes generations to repay the debts incurred to pay the dowry and other marriage expenses. Marriage only reaffirms the woman's subordinate status, giving her no say in the running of her life or any control over her body or bodily integrity.

The subjugated position of women makes them vulnerable to various forms of violence, both within and outside the family—domestic violence, rape, sexual abuse, dowry harassment, trafficking. Perhaps the most horrifying form of this gender-specific violence is female infanticide. For centuries, elders who should have been the caregivers, have used various methods to eliminate the newborn girl child—starving her, crushing her under the bed, poisoning her, burying her alive, abandoning her on a rubbish heap or street corner.

What was once seen as a barbaric practice has, chillingly, now become increasingly accepted, albeit sometimes in more "technically advanced" forms. Female infanticide has found a partner in female foeticide, to give India a low sex ratio and a consistently falling female population.
An examination of the causes for eliminating the girl child indicates that they are rooted in rituals and perceptions that go back centuries: the fear of having to pay for a girl’s dowry, the belief that for true salvation a son should perform the last rites, the conviction that lineage and inheritance run through the male line and that a son will look after his parents in their old age, whereas the daughters will belong to another family. Tied up to all this is the old perception of seeing only men as the bread earners.

Ironically, in some villages the elimination of the girl child has created such a shortage of girls that families purchase brides from other villages for paltry sums. But this is only one of the consequences that any community that eliminates its girls is going to face. An unbalanced sex ratio not only spells economic and social disaster but also means an uncertain future and a poor quality of life for surviving girls and their families.

But the harsh reality is that, however antiquated the reasons for it, preference for a male child and the practice of eliminating the girl child continues. In fact, it has increased rather than declined with the spread of education. In some cases, parents are prepared to accept the daughter if she happens to be the first child but thereafter they want only sons.

Ironically, progress in science and technology and the easy availability of new machines that are able to identify the sex of the foetus, has spawned another form of violence – female foeticide, killing the girl child in the womb. For several parents, there is no – or less – moral guilt attached to elimination of a foetus, as compared to killing the girl child after she is born.

These sex-selective abortions are preceded by sex identification, which is done by amniocentesis, chorion villus biopsy and, the most popular technique: ultrasonography. Interestingly, all these techniques and machines are not new. Some of them have been in use in India since 1975 – but primarily for the determination of genetic abnormalities, which is what they were created for. However, in the past few decades, they are being misused to determine the sex of the foetus. If it is, an abortion inevitably follows.
Unlike female infanticide, female foeticide requires a medical practitioner to determine the sex of the foetus. This could have been a great deterrent in effectively countering female foeticide if, from the very beginning, doctors had refused to allow this technology to be used for sex-identification and sex-selection. Unfortunately, several medical practitioners have become witting or unwitting facilitators of foeticide, colluding with parents and other relatives of the unborn child to do sex determination tests. Easy, quick money was a motivation for some of them; and a few others simply saw it as another medical service or even a way of helping parents and stopping female infanticide. As a consequence, sex determination centres have mushroomed all over the country, even in small and remote towns. In many cases, these centres are not manned by qualified doctors but by technicians. What started as a trickle soon became a flood. Alarm bells started ringing when the Census and other statistics revealed a drastic fall in the sex ratio, especially in urban areas and among educated population segments. While the predominant programmes in Punjab target the spread of technology in checking female foeticide, sex ratios have been highly imbalanced prior to the invention of technologies of pre-birth sex selection. Sex ratios register a further decline after birth when these technologies are inapplicable. Moreover within defined locales social groups resort to female foeticide differentially in accordance with historically defined male child preference.

Historically, Punjab has had the dubious distinction of having a highly masculine sex ratio. In fact with the advance towards the 21st century, the adverse sex ratio in Punjab has improved. At the turn of the century, the Punjab sex ratio stood at 832, improved to 882 in 1991, and fell comparatively to 874 in 2001. The historically adverse sex ratio testifies to the unfavourable condition of women in Punjab.

The lack of technology has not been a hindrance to the disposal of unwanted females. Yet misappropriation of technology is indicated in the adverse sex ratio at birth as well as in the sharp decline in the sex ratio in subsequent years. In Punjab, the child sex decline in the sex ratio in subsequent years. In
Punjab, the child sex ratio at birth was 946 in 1981 and it fell to 854 in 1991. In both the decades the sex ratio at birth was higher and it declined for the one year age groups. In 1981 the sex ratio at birth was 946 while for infants it fell to 921.

Similarly in 1991 the sex ratio at birth was higher at 854 and for one year of birth, it fell to 845. The fall in the infant sex ratio and also in the other age groups reflects factors that operate after birth, such as cultural neglect to replace technology. This states an example of neglect of a premature girl child needed to be keeping in an incubator that would have cost Rs 25,000. The family decided that his amount could be better utilized as a fixed deposit for her dowry, if she survived without medical care. The baby was not provided the needed medical attention and died.

‘The birth of a son enhances my status while that of a girl lowers my head. Land is the mother for Jats and looking after it is akin to caring for your mother. If boys are there the land will be looked after. But if there are only girls then the land will be sold. Boys are the owners of land. They are tree of the house that flowers and fruits,’ states a Jat woman from Punjab (Dagar, 2001).

The legitimacy to male child preference can be gauged from the existence of local traditional practices to acquire a male child and include place of worship designed specifically to acquire a male child (Baba Buddaji Gurudwara), the presence of hakims/dais specializing in potions and quackery, the presence of local places of pilgrimage and pirs that grant male child to the seeker (Chintpurni Jwalaji, Dargah of Lakkhon da Pir) (Dagar, 2001).

Doctors with established practices in cities of Punjab mentioned in interviews that a tangible clientele for sex discriminatory selection comes from NRIs. In one 45 minutes interview with a renowned gynecologist in Amritsar the researcher recorded three calls from UK seeking appointment for sex determination and one for a sex-selective procedure.

According to an Amritdhari (baptized Sikh) female respondent settled and working in a ticketing agency in Canada but visiting her in-laws in Ropar was undergoing female foeticide in Ropar after the birth of three daughters. ‘When the first daughter was born it didn’t matter much but we were upset when the second
child was also a girl and felt doomed when the third was also a girl. Then the family supported me to use a doctor’s service to ensure the fourth child was a son (Dagar, 2003).

Certain regions of our vast and diverse society historically have had a stronger and more virulent preference for sons. Punjab, Haryana, and Rajasthan for example have always had a deficit of women. Certain villages in Rajasthan have, in fact, not had a single female birth in decades according to old Government records.

Some sordid details of the nexus came to light when Krishna Kumar, a dynamic deputy commissioner was posted in Nawanshahr district. When he conducted detailed surveys of villages which came under his purview, he found to his shock that some of them had a sex ratio of less than 450 girls to 1000 boys. This was much lower than the figures projected in the 2001 census. He decided to take an aggressive stance. As for female foeticide, it is so widespread that in some interior villages of Punjab and Haryana, they say the mobile scan is more easily available than water supply!

Extreme poverty and a restricted mindset that revolves around the concept that boys means working hands, hence more income, while daughters implies expenditure, also forces parents to kill their newly born daughters. There is a saying in Tamil Nadu that “the value of a girl goes down every time the value of gold goes up”.

A significant number of girls are not alive, often because they have not been allowed to live, either through selective abortion following sex-determination in pregnancy, or due to neglect for just a day or only hours after birth. A traditionally strong preference for a son, combined with the mounting pressures in modern society to have a small family have contributed to the phenomenon of female foeticide and infanticide. In India the girl child is treated as a liability, a curse. Because of our socio-economic conditions, she always suffers, sometimes even when she is in her mother’s womb. Due to gender bias she is treated as an inferior being. Economic constraints always create a hurdle for the girl child as well as for her parents. They have to pay the “groom price” for her daughter. So
in India majority of the people do not like to have a girl child. Alarming percentage of our society goes to abort the female foetus or sometimes to kill their baby girl within a short period of her birth. In the 56th year of Independence still the right to life of the girl child is not protected. How can we claim to be independent, civilized and honouring the right to life of a girl child guaranteed under Article-21 of the Indian Constitution. The girl child of today is the woman of tomorrow. Unless the entire society begins to fight their murders, female infanticide and foeticide will be part of our Indian culture (Misra, 2000).

The popularity of female deselection in India could be attributed to socio-economic reasons. There is a belief by certain people in India that female children are inherently less worthy because they leave home and family when they marry. The high number of "dowry deaths" (about 7,000 were reported in India in 2003), in which brides are murdered by the grooms’ family members or commit suicide after suffering abuse and neglect, is also a major factor in gender preference.

A 1982 study of Ludhiana, an urban area in Punjab state, questioned 126 randomly selected individuals, of whom approximately half each were male and female; and the majority of whom were educated and middle class. All the respondents had heard of the amniocentesis test; 66% of them thought it was intended for sex determination; few knew that it was actually for detecting foetal abnormalities. While 73% of the women and 59% of the men believed that a girl should be aborted if the couple already had two or more daughters, only 25% of the respondents felt that a boy should be aborted if the couple already had two or more sons. The reasons given indicated the nature of male-dominated society, dowry problems, and greater responsibilities in bringing up daughters, and social pressure to bear sons. Over 71% of the respondents felt that amniocentesis as a sex determination test should not be banned (Singh and Jain, 1985). These results were uncannily echoed over a decade later, in rural Maharashtra state, among six villages of Pune district, three with road and access to a health facility, and three others more remote and without these amenities. Results indicated that 49 out of the 67 women interviewed in-depth were aware of ultrasound
and/or amniocentesis techniques and 45 per cent of those who knew approved of aborting female foetuses. Only four women were aware that such tests were for actually for the detection of foetal abnormalities (Gupte, Bandewar and Pisal, 1997). The spread of awareness of these techniques to rural areas is thus clearly documented.

Female foeticide, which is a two-step practice, includes the detection of the unborn baby in the womb of the mother and the abortion of the girl child. Female foeticide is a gross violation of many a rights. It violates the right to life of the unborn child. It is a very strong manifestation of violence against women, a violation of their human rights. Many women suffer from psychological trauma as a result of forcibly undergoing repeated abortions.

In Punjab, where the literacy rate is nearly 70 per cent, CNN-IBN's Nilanjana Bose finds out that there exist places of worship marked exclusively for people who want a male child. The temples are frequented by couples that come with just one prayer — give us a son.

Imagine a world where praying at a temple could get you a male child. Such places of worship, marked exclusively for people who want a male child, spread across Punjab. So popular are these temples that they get thousands of visitors a day, with just one prayer on their lips — that they be blessed with a son.

For years, people from India and abroad, have been flocking to temples and gurudwaras like this one, spread all across Punjab in the hope of a male child. Devotees — of all faiths — here are usually childless couples or young women who come to pray for a son in the future. Visitors here say that asking for a girl is not even an option. These devotees are made to eat a single roti and an onion, which according to the priests in these places is a definite guarantor of a boy. Sixty kilometers away from Amritsar in Dhyanpur, at the Baba Lalji temple, a dip in a well on full moon nights followed by medication specially prepared by the head priest is the way to ensure that a boy is born.

Authorities discovered scores of foetuses from as many as two wells in Patiala, Punjab sometime early in September in 2006. The wells were located
behind a private nursing home where illegal abortion, a heinous crime against humanity was carried out at will. Dr Pritam Singh and his wife, little more than quacks, ran the clinic. The authorities dug out the foetuses over a couple of days which would have been girls for sure. This shocking news comes at a time when the whole country fights a losing battle to balance the sex ratio which dips lower and lower over the years. The commonly prevalent illegal abortions coupled with female infanticide reveal the sick mindset of our society and the manner in which it treats its women. The accidental discovery of the two 'death wells' in Patiala, probably never to be known such 'deposits' of foetuses in other parts of Punjab, a high percentage of female infanticide and a preferential desire for male children account for its dubious first place among all other states and union territories, in the male-female ratio (Central Chronicle, 2006).

Gender discrimination replicates itself from generation to generation, violate the rights of the girl child, and choke her further development. Low weight at birth, insufficient feeding, inadequate care and nutrition depletions caused by repeated bouts of illness culminate overtime in a girl child. Deprivation in feeding and care that impair growth in the critical first years may also reduce cognitive development and learning abilities and failure in early growth. Gender discrimination comprises with poverty, crush girls sense of autonomy and self as well as their potential. Persisting gender inequalities, existing cultural beliefs and practices permeates into almost every aspect of the growing girl's, social and cultural environment and our value system. In spite of all the efforts made, and insight into girl child, profile indicates negative sex ratio, higher female child mortality rate, and lesser access to food, health, and care. Female foeticide, though prevalent in many parts of the country remain largely invisible. Sex pre-selection is prevalent in states like Maharashtra, Tamil Nadu, Haryana, Rajasthan, and Punjab. A girl child also runs the risk of female infanticide by deliberate killing or neglect at the time of birth and during the vulnerable period of infancy. The number of children desired and their preferred sex composition are a reflection of women's status. The kinship structure prevalent lays great value on reproduction in general and sons in particular. In
the patriarchal family structure a young women’s prestige or recognition in her husband’s home is based on her fertility in general and the birth of a son in particular. Several studies have found that almost all societies have valued sons more than daughters and have shown a marked preference for male children. Son preference is both a cause and a consequence of the low status of women. It is a consequence because it arises as a result of women being considered fit to play only unimportant roles and thus being valued less. It is a cause because this under-valuation, in turn, has led to lower investment in females as a result of which they are only able to play a peripheral role in society, causing a further lowering of their status. In a bollywood movie ‘Matrubhoomi’ some time in the future in a village in eastern India, there only a few women left. As a result, five brothers are married to one woman -- who then takes turns brutalising her every night. This may be the figment of a Bollywood film-maker’s imagination, but activists say the film, Matrubhoomi is a wakeup call in a country plagued by two of the most horrific crimes against women: infanticide and female foeticide. Daughters aren’t wanted in India. So many female foetuses are illegally aborted that baby boys now hugely outnumber baby girls take an aggressive stance.

Punjab has a long history of doing away with newborn girls. The preferred method today is foeticide after a sex determination test, but centuries ago the practice was to bury them. This tradition perhaps goes back to the days of repeated invasions by Muslim armies from the northwest, which used to carry off girls as booty for their own pleasure or to be sold in the slave markets of the Middle East. Today, it is the extortionate dowries that parents of girls have to provide upon marriage. The custom of polyandry in Punjab probably arose out of the shortage of girls - the eldest son of a family would take a wife, his younger brothers would also have access to her. One of Guru Nanak’s quoted hymns condemns the denigration of women: ‘We are born of women and nurtured by them, we fall in love with them, and they bear us sons and daughters. How can you belittle women who give birth to kings?’ His words had little impact - the killing of newborn girls continued as before, though practised more among the land-owning zamindars than by the common folk. At the end of the first Sikh war,
when the British annexed half of the Sikh kingdom, the Sikh zamindars of the region met John Lawrence, who had been appointed commissioner, to confirm their land holdings. He insisted on their signing pledges that they would not bury lepers alive, refrain from burning widows, and stop burying newborn girls. The zamindars protested, saying Lawrence had promised that the two sides would not interfere with each others’ religious customs. Lawrence agreed that he had indeed done so, adding that British religious custom was to hang anyone who followed these practices. That put an end to sati and the murder of lepers, and though female infanticide was checked, it probably continued surreptitiously.