CHAPTER - II
REVIEW OF LITERATURE

Review of literature is one of the most important steps of any research project. It explains researcher that the worthwhile idea he or she had thought has also been thought before to some degree. A literature review is designed to identify related research and to set the current research project within a conceptual and theoretical context. So, before tracing out framework for the present study, it was considered necessary to review the studies conducted in the past in the related field, to know what earlier researchers have done on the problem close to the present study or on the problems allied to it. It is also very necessary to study the work of others even to keep one informed of the research that his or her predecessors have done in their related field. According to Cooper (1988) "a literature review uses as its database reports of primary or original scholarship and does not report new primary scholarship itself. The primary reports used in the literature may be verbal, but in the vast majority of cases reports are written documents. The types of scholarship may be empirical, theoretical, critical/analytic, or methodological in nature. Second a literature review seeks to describe summaries, evaluate, clarify and/or integrate the content of primary reports". Emphasizing the importance of the survey of the related literature, Good, Barr and Scates (1947) have pointed out that survey of related literature helps us to know whether evidence already solves problems adequately, without further investigation and thus may save duplication. It may contribute to the general scholarship of investigators by providing ideas, theories and explanations valuable in formulating the problem and may also suggest the appropriate method of research followed.

Thus, review of literature forms an important chapter of any thesis where its purpose is to provide the background to and justification for the research undertaken. It also helps in paving the way for understanding the potentialities of the problem in hand. Therefore, after keeping all this in mind, researcher
reviewed the related literature, which she could collect and pile up from various available sources.

In spite of the well known biological advantage enjoyed by women, India remains one amongst a handful of countries where males outnumber females. Much of this disparity can be attributed to higher child mortality faced by Indian girls as compared to boys. While this fact is well documented in the literature (Miller 1981; Bardhan 1974; Rosenzweig and Schultz 1982), what is even more surprising is that the disparity has widened even as India has experienced record growth rates and a steady decline in poverty. A number of studies have been directed to this topic, the research in this area has been piecemeal and the results are often contradictory. While most researchers agree that a strong preference for sons over daughters underlies this phenomenon, there is little agreement on the major causes underlying these preferences.

- The chapter is divided into six divisions:
- Falling Sex Ratio: Matter of Concern
- Sex-determination: The Technology
- Sex-Selective Abortion: When Desire meets Technology
- Female Infanticide: A Penniless Move To Fulfill Desire
- Son Preference: The Desire
- Daughter: As a Burden
- Women: The Battered Half

**FALLING SEX RATIO: A MATTER OF CONCERN**

One of the most important outcomes of Census 2001 was the observation that the Child Sex Ratio (CSR) has declined significantly in the country. We no longer argue whether one sex is superior to the other. But are the males and females equal in number? It is an important question. If men are in excess, some will not get partners and in certain societies the ‘bride price’ will go up. Truly speaking, the equality in number of males and females in all countries and at all time is an ideal seldom attained. Even if an equal number of male and female babies are born, their chances of survival at various ages are very unequal. The world sex ratio as per 1998 data was 986. The Sex ratio of advanced and developed countries like U.S.A. (1029), Japan (1041), Indonesia (1004), Brazil...
Dreze and Sen (1996) have termed the low sex ratio in India as a “missing women” phenomenon: on the basis of sub-Saharan ratios, the number of “missing women” in India is estimated to be between 35-37 million (Dreze and Sen, 1996; Klasen, 1994). The adverse sex ratio is discussed (Sen, 2001) in the context of the preference that many South (and East) Asian families have preference for sons over daughters ("son preference") and the impact of such preference on the marriage market (Edlund, 1999), fertility (Bhatt and Zavier, 2003) and dowry (Botticini and Siow, 2003) has also been studied.

The Census 2001 has revealed some interesting and worrying features with regard to sex ratio. With a population count of 1,027 million as of zero hours of March 1, 2001 India completed its first Census of 21st century. The Census has counted 531 million males and 496 million females giving rise to an overall sex ratio of 933 females per thousand 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 from 945 in 1991 to 927 in 2001 (Census, 2001).

Census 2001 shows the worst states to be Haryana, Punjab, Delhi and Chandigarh, whereas the best are Kerala, Tamil Nadu, Chattisgarh and andhra Pradesh. Analysis of child sex ratio (0-6 age group) across India as per 2001 census shows that while the country figure declined significantly (a decline of 18 points for 945 in 1991 to 927 in 2001) it fell most alarmingly during 1991-2001 in the Northern belt of India. For instance it fell in Punjab from 875 to 793 (a decrease of 82 points), in Haryana from 879 to 819 (a decrease of 60 points), in Chandigarh from 899 to 845 (a decrease of 54 points) and in Delhi from 915-865 (a decrease of 50 points). There is a decline in sex ratio in each and every district in these states.
### Table 2.1: Sex Ratio of India, states, UT in Year 1991 and 2001
(Females per 1000 males)

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>India / States / UT</th>
<th>1991</th>
<th>2001</th>
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<tbody>
<tr>
<td>1</td>
<td>Jammu and Kashmir</td>
<td>896</td>
<td>900</td>
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<tr>
<td>2</td>
<td>Himachal Pradesh</td>
<td>976</td>
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<td>3</td>
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<td>4</td>
<td>Chandigarh</td>
<td>790</td>
<td>773</td>
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<td>5</td>
<td>Uttaranchal</td>
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<td>964</td>
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<td>6</td>
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<td>865</td>
<td>861</td>
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<tr>
<td>35</td>
<td>Andaman &amp; Nicobar Islands</td>
<td>818</td>
<td>846</td>
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Source: Census of India, 2001
In this regard Krishna Raj (2001) has rightly commented that this is a sad status of the improvement that has occurred in the adult sex ratio across the country over the decades. “Though the situation has been going from bad to worse despite concerted efforts by the government and voluntary organisations, the fact that the decline in rural areas is sharper than in towns is a very disturbing indicator” remarked Dr. Reena Singh from the Population Research Centre (Chauhan, 2004).

In Punjab, the trend contrary to that in the country was of an improving child sex ratio till 1981. After 1980s Punjab has seen a sharp loss of points while the fall in all India figures has been consistent over the years (Sharma, 2004).

According to 2001 Census data, Sikh community in the country has the lowest sex-ratio. The community has only 780 females for 1000 men against the national average of 927 per 1000.

Awasthi opines (2004 (a)), “Should the low sex ratio among Sikhs be read as comment on the community?” Careful analysis of the Census data suggests that the problem is specific to the region and not the community.

The Census data puts the all India sex ratio among Sikhs at 893 women for 1000 men. In Punjab, their ratio is marginally better at 897 women for 1000 men.

According to Singh (2004), more serious is the dubious distinction now enjoyed by Sikhs on its advanced sex ratio. Blame it on the Jat Sikh preference for the male child, a particular agricultural society or technology replacing foetocide with infanticide, but the notoriety cannot be washed away that a majority of Sikhs reside in Punjab implies that the poor sex ratio in Punjab-897-gets reflected in a poor report card for Sikhs as well. Further he adds son preference and sex discriminatory abortion are more likely to occur in wealthier families where the wife does not work outside the home. “In these homes, women are valued more for their reproductive role, as mothers and sexual caretakers, than as productive citizens in their own right. They are more likely to be susceptible to family pressure for a son.” Singh (2004) concurs, “There are medical practitioners who are ethical, but there is a lot of money to be made from this
practice.” She does note however, that the fact that female birth rates are lowest among the most affluent, points to a demand that shows no sign of subsiding—despite legislation and judicial sanction. “If you can afford to buy a car, a refrigerator and a microwave, then maybe you can afford to make sure you have a son as well.” Family structure also plays a role.

Evidently, over 200 girls are missing for every 1000 born, assuming that at births the number of boys and girls is the same. The increasing bias in favour of the male child and availability of modern techniques for sex specific abortions has led to this situation. The Sikh community has had a distorted sex ratio for several decades forcing men to marry in other communities. Sociologists are worried that the low sex ratio will lead to increase in sex related crime against women (Awasthi, 2004 (b)).

The peculiar fact about the Sikh community is that 80 per cent of them reside in Punjab. So the low sex ratio among Punjab Sikhs brings down their all India figure. But before any one judges the community on the basis of its sex ratio the question to ask is how good are the ratios of other communities in Punjab?

The lack of affordability of a girl child, coupled with high living costs are some of the reasons of lower sex ratio in states like Punjab, Haryana and Uttar Pradesh (Walia and Verma, 2004). Swaminathan (2000) reported in a study that men born during 1980-84 were likely to face six per cent shortage of potential brides. Men born there often may experience a still greater shortage.

In considering sex ratios in India, one must examine two questions- (1) what are the causes of excess female mortality? and (2) why did the sex ratio steadily decline between 1901 and 2001? (Mayer, 1999).

According to the 1991 census, the sex ratio which is powerful indicator of the status of women and girls stood at 927 females per 1000 males (The girl child in India: A data sheet). In 1901, the sex ratio was 972, in 1951 it lowered down to 946 and in 1991 to 927. All the Indian states except Kerala (1040 females to 1000 males) have sex ratio adverse to females. It is true that nature ensures that a preponderance of conceptions is male. The sex ratio at birth is
usually about 105 males per 100 females (Newland, 1979). However in India, the natural norm of sex ratio at birth is progressively removed. The sex-ratio at birth for 1981-83 stood at 108.9 males per 100 females and in 1989-91 it was 110.1 males per 100 females. Studies by Visaria (1971) and Wyon and Gordon (1971) attribute the discrepant sex ratio to higher female mortality.

The preference for sons has led to such practices as killing infant girls, which was illegal but still practiced in some parts of this nation of 1.05 million people. In the 2001 census count of children aged 6 or under, there were 927 girls for every 1,000 boys-down from 945 girls in 1991 and 962 in 1981.

The statistics mean that there are anywhere from 20 million to 40 million “missing” women in India—the results of girls aborted or killed in infancy, according to census reports. India’s 2001 census found the widening of the sex ratio, which is sharpest in most economically developed states of India. “As prosperity goes up, the sex ratio seems to go down!”

Indian population was characterized by a considerable deficiency of females. It was the product of continuing high female mortality at all ages. Indian sex ratios are highly masculine. Unlike western countries the urban sex ratio in case of India suffered from greater deficiency of females than the rural sex ratios due to male selective in migration from rural areas to urban areas. This migration takes place namely due to push factors operating in rural areas.

Although during 1971-81, the sex ratio improved only marginally from 931 to 934 females per 1000 males, yet there were wide regional differences in the pattern of change in sex ratio when examined at micro level. By and large, the eastern half of India recorded a decline in its sex ratio, while the western half recorded an increase in sex ratio.

An Indian survey of family planning practice found that as many 57%, the best sex composition of children, was one which had two or more sons and varying number of daughters but never have halved sons more than daughters and even when where is no preference for sons, very few cultures actively prefer daughters.
The term sex ratio is used in India. Some countries prefer the term Female-Male Ratio (FMR). The proportion of women in the Indian population, 927 women per 1000 men, is strikingly below the world average of about 990 women per 1000 men (Sen, 1987). This ratio, female-male ratio, has steadily declined from 972 in 1901 to 927 in 1991 (Bose, 1991). There is adequate evidence to show that:

a) The low FMRs mainly arise out of higher female over male mortality (Visaria, 1971).

b) The sex differentials in mortality are in turn a result of discrimination against women, which operates through their unequal access to life sustaining inputs, like food, nutrition and health care (Miller, 1981). It is the lowness and the decline of female-male ratio that is the main concern of study a sex ratio.

While reviewing the literature it came into light that this issue has been the most debated question among social activists and many scholars. Neither the ‘lowness’ nor the decline in the female-male ratio is, however, uniform across the country. These vary by region, by social group, age group and levels of prosperity (Agnihotri, 1996; Dyson and Moore, 1983; Miller, 1981 1985).

Visaria’s analysis, sex ratio of the population of India (1971) is acclaimed as the first landmark in this debate. The analysis enabled the debate to turn towards the causes and correlates of these mortality differential and low female-male ratio. Miller’s in-depth analysis (1981) followed a decade later. It highlighted the socio-cultural discrimination that resulted in unequal access for the girl child to life sustaining inputs like food, nutrition, health care and parental care, vis-à-vis male children in the family. Miller termed this “extended infanticide”.

The scheduled castes and scheduled tribes, constituting 16% and 8%, respectively of the country’s population, represent historically disadvantaged sections of the society. Differences in sex ratio patterns among the scheduled tribe, scheduled caste and the general category have not attracted attention in the literature (Agnihotri, 2000). Generally high female-male ratio among the S.T’s in Madhya Pradesh is explicitly discussed by Dange (1972). Generally, infant
mortality was found to be higher among Hindus than among non-Hindus and in Hindus it was higher among the scheduled castes than among upper caste Hindus (Omran and Stanley, 1976; Kielmann et al., 1978; Registrar General of India 1983, Gunasekaran, 1988; Rajaretnam, 1990).

Chaudhary (1985) conducted a pilot study amongst agricultural labour households in Birbhum district of West Bengal. It was found that in no agricultural labour household were aged parents economically dependent either on daughters or sons-in-law or on daughter’s son. This is, by and large, the case all over India. This economic situation is a major factor that tilts the balance in favour of the male child.

In a hospital sample of 700 women in India, all who were told that they would have sons, opted to continue their pregnancy, whereas only 4 per cent of women expecting daughters did not have abortions. Even seriously defective male foetuses were rejected (Ramanamma and Bambawale, 1980 quoted in Ware 1981: 124). In another hospital based study of amniocentesis in India, among parents who know the gender of the foetus, only one but of 8000 aborted foetuses was male (Sohoni, 1990).

A study undertaken by the Government of Maharashtra revealed that at least 50,000 amniocentesis tests for sex-determination were conducted annually in Mumbai city alone. If a test showed a female foetus, the next step was termination of the pregnancy (Anjali, 1987). A study by Daswani and Britto (1984), reported by Bajpai (1990), revealed that in 1984, in Mumbai alone, 40,000 female foetuses were aborted. The study also showed that in one hospital, out of 8,000 abortions, 7,999 were female and only one was male.

Ramanamma and Bambawale (1980) studied the records of three hospitals for the period June 1976 to June 1977. They found that in one of the hospitals, 700 women sought sex detection. Out of 450 women, who were informed that they would have a daughter, 95.5 per cent underwent abortion. However, all 250 women (100 per cent) who were informed that they were carrying a male foetus, carried on with the pregnancy even though in some cases they were warned of a possibility of a genetic disorder.
Venkataramani (1986) and Krishnaswami (1988) have reported the rampant practice of female infanticide among the Kallar community of Usilampatti taluk in Madurai district of Tamilnadu. Likewise a survey of 1,250 families in five blocks of Salem by two voluntary bodies’ viz. Community Services Guide, Madras, Aditi of Patna pointed to the prevalence of female infanticide among the Vanniyar and Goudar community (The Week, 1992). The practice of female infanticide among the Bhati community in Jaiselmer, Rajasthan has resulted in a sex ratio of approximately 550 (India Today, 1988). This sex ratio is one of the lowest in the world. Another study conducted by Aditi (1995) in Bihar pointed to the prevalence female infanticide in Sitamarhi, Purnea and Bhagalpur and Katihar districts of Bihar. This practice originated within the Rajputs but has since spread to many other caste groups including Bhumihars, Brahmins, Kayasthas, Yadavs and scheduled castes like Dushads. It will be safe to state that the unusual differentials in mortality are mainly responsible for the worsening female ratio in India. One view is that this decline is sign of another persistent phenomenon in Indian Society- the neglect of females at all ages right from birth to death (Visaria, 2007). A study by Joe Varghese (2002) and others of births in three public and five private hospitals in Delhi between 1993 and 2002 found that sex ratios get worse according to birth order. Thus, if the sex ratio at birth is 925 girls for every 1,000 boys among first-born children, it is 731:1,000 among second children and 407:1,000 among third children. The sex ratio among second children is 959:1,000 if the first child is a boy; if it is a girl, it is 542:1,000 and if the second child, too, is a girl, among third children there are only 219 girls for every 1,000 boys.

A population-based study based on 1998 data, recently published in The Lancet, reinforced Varghese’s conclusions. The sex ratio for first order births was found to be 871 girls for every 1,000 boys, compared to the expected sex ratio of 950-980: 1,000. If the first child had been a girl, the sex ratio of second children was as low as 759 girls for every 1,000 boys. This got further skewed to 719:1,000 for the third child, if both first and second children had been girls. Such skewed sex ratios were possible only with sex discriminatory abortion.
The skewed sex ratio in the child population is of concern to anthropologists as a physical manifestation of patriarchal ideologies. In an anthropological study in a north Indian rural community, Wadley found that couples chose high fertility and sex-specific mortality to achieve a desired family composition in the larger context of social and economic change and that these practices increasingly place female lives in danger. Based on an ethnographic research in one Haryana Village, Khanna suggests that the availability of new reproductive technologies provided the Shahargaon Jat community with an alternate family building strategy to high fertility and sex-specific child mortality. In his study, he found that couples were maintaining a low fertility rate by using contraceptives and achieving the ideal family composition by exploiting reproductive technologies. He concludes, “These family composition strategies limit family size and the number of daughters in a family in the context of an urbanizing economy dominated by an agricultural ethos and patriarchal ideology” (Khanna, 1997).

**SEX-DETERMINATION: THE TECHNOLOGY**

Advances in medical science have resulted in sex-determination and sex pre-selection techniques such as sonography, foetoscopy, needling, chorion villi biopsy (CVB) and the most popular, amniocentesis and ultrasound are becoming the most popular household names not only in the urban India but also in the rural India. Indian metropolis are the major centers for sex-determination (SD) and sex pre-selection (SP) tests with sophisticated laboratories’ but the techniques of amniocentesis and ultrasound are used even in the clinics of small towns and cities of Gujarat, Maharashtra, Karnataka, Uttar Pradesh, Bihar, Madhya Pradesh, Punjab, West Bengal, Tamil Nadu and Rajasthan. During 1980s in other countries, the sex-determination tests were very expensive and under strict government control, while in India the sex-determination test could be done for Rs 70 to Rs. 500 (about US $6 to $40). Hence, not only upper class but even working class people could avail themselves of this facility. A survey of several slums in Bombay showed that many women had undergone the test and after learning that the foetus was female, had an abortion in the 18th or 19th week.
of pregnancy. Their argument was that it was better to spend Rs. 200 or even Rs. 800 now than to give birth to a female baby and spend thousands of rupees for her marriage when she grew up. Three sociologists conducted micro-research in Bijnor district of Uttar Pradesh. Intensive field work in two villages over a period of a year and an interview survey of 301 recently delivered women drawn from randomly selected villages in two community developed blocks adjacent to Bijnor town convinced them of the fact that “Clinical services offering amniocentesis to inform women of the sex of their foetuses have appeared in North India in the past 10 years. They fit into cultural patterns in which girls are devalued”. According to the 1981 Census, the sex ratio of Uttar Pradesh and Bijnor district respectively, were 886 and 863 girls per 1000 boys. The researchers also discovered that female infanticide practiced in Bijnor district until 1900, has been limited to Rajputs and Jats who considered the birth of a daughter as a loss of prestige. By contrast, the abuse of amniocentesis for the purpose of female foeticide is now prevalent in all communities.

In Delhi, the All India Institute of Medical Science began conducting a sample survey of amniocentesis in 1974 to find out about foetal genetic condition and easily managed to enroll 11000 pregnant women as volunteers for its research. Main interest of these volunteers was to know sex of the foetus. Once the results were out, those women who were told they were carrying female foetuses, demanded abortion. This experience motivated the health minister to ban sex-determination tests for sex discriminatory selection in all government run Hospitals in 1978. Since the private sector started expanding its tentacles in this field so rapidly that by early 1980s amniocentesis and other sex discriminatory selection tests became bread and butter for many gynecologists.

A sociological research project in Punjab in 1982 selected, in its sample, 50% men and 50% women as respondents for their questionnaire on the opinions of men and women regarding sex-determination tests. Among male respondents were businessmen and white-collar employees of the income group of Rs.1000/- to Rs.3500/- per month, while female respondents were mainly housewives. All of them knew about the test and found it useful. Why not?
Punjab was the first to start the commercial use of this test as early as in 1979. It was the advertisement in the newspaper regarding the New Bhandari Ante-Natal sex-determination Clinics in Amritsar that first activised the press and women’s groups did denounce the practice. A committee to examine the issues of sex-determination tests and female foeticide, formed at the initiative of the government of Maharashtra in 1986, appointed Dr. Sanjeev Kulkarni of the Foundation of Research in Community Health to investigate the prevalence of this test in Bombay. Forty-two gynecologists were interviewed by Dr. Sanjeev Kulkarni (who is himself a gynecologist). His findings disclosed that about 84% of the gynecologists interviewed were performing amniocentesis for sex-determination tests. These 42 doctors were found to perform on-an average 270 amniocentesis tests per month. Some of them had been performing the tests for 10-12 years. But the majority of them started doing so only in the last five years. Women from all classes, but predominantly middle class and lower class of women, opted for the test. About 29% of the doctors said that up to 10% of the women who came for the test already had one or more sons. A majority of doctors feel that by providing this service they were doing humanitarian work. Some doctors feel that the test was an effective measure of population control. With the draft of the 8th Five-year Plan, the Government of India aimed to achieve a Net Reproduction Rate of one (i.e. the replacement of the mother by only one daughter). For this objective sex-determination and sex pre-selection were seen as handy the logic being a lesser number of women means less reproduction (Patel, 2003).

According to Geeta Arvamudan (2007) India’s first sex-determination clinic opened in Amritsar in Punjab in 1979. It used amniocentesis to determine the sex of the unborn baby. Women’s organizations across the country staged protests, but they were helpless as this new and revolutionary test was permitted by the Medical Termination of Pregnancy (MTP) Act because it was also used for detecting foetal abnormalities. So it could not be banned. There was no law which prevented the doctors from using the same equipment for determining the sex of the unborn baby. Soon more sex-determination clinics came up. Their
slogan: ‘Pay Rs.500 now. Save Rs.50,000 later’, became even more popular than the government’s family planning slogan ‘Hum do, hamare do’ (We two, our two). The logic was if you paid the Rs.500 to eliminate your girl child you would save the Rs 50,000 which you would have to pay as her dowry later.

A 1985 survey in Bombay revealed that 90 per cent of amniocentesis centers were involved in sex-determination and nearly 96 per cent of the foetuses aborted were female. One estimate that shocked many, from academicians to activists, was that between 1983 and 1987, about 78,000 female foetuses were aborted after sex-determination tests as per Times of India editorial in June, 1982 (Times of India, 1982). The article by Achin Vanayak in the same paper revealed that almost 100% of 15,914 abortions during 1984-85 by a well-known abortion centre in Bombay were undertaken after sex-determination tests.

In 1980, Ramanamma and Bambawale studied the records of three hospitals in Pune and found that between June 1976 and June 1977, 700 women had asked for sex-determination in one of the hospitals. 95 per cent of the women who were told they would have a daughter went in for an abortion. On the other hand, 100 per cent of the women who were told they would have a son kept the baby even though they were warned that in some cases the child might have a genetic disorder.

According to an article in the New Scientist, in 1986 there were about 248 clinics and laboratories in Mumbai. Every year about 16,000 sex-determination tests were being done in Mumbai alone. Between 1983 and 1986, about 75,000 female foetuses were aborted.

The most disturbing evidence was presented in a study conducted by a subcommittee of the Federation of Obstetricians' and Gynecologists’ Societies of India. Out of 8,000 cases, the study reported that 7,999 were aborted when the test results showed a female foetus (Ravindra 1986: The Statesman, 1984). Another survey was done by Professor R. P. Ravindra of the Pharmacy College of the S.N.D.T. University of Bombay. In his research on 1000 cases in Bombay,
he could not find a single case of a male foetus being aborted, whereas 97 per cent of the foetuses identified as female were aborted (Ravindra 1986).

Finally, another set of comprehensive results was produced by Sanjeev Kulkarni of the Foundation for Research in Community Health. For his report, titled ‘Sex-Determination Tests and Female Foeticide in Greater Bombay’, he interviewed fifty gynecologists, 84 per cent of them admitted that they were performing sex-determination tests. It was estimated that about 50,000 sex-selective abortions were taking place annually in Bombay by 1987. There were 250 clinics in Bombay alone and 600 in the whole state of Maharashtra (Health Monitor, 1988). Sudha and Rajan (1982) provide some evidence collected through surveys and interviews:

"A 1982 study in Ludhiana, an urban area in Punjab state, randomly sampled 126 individuals, of whom approximately half each were male and female and most of whom were educated and middle class. All the respondents had heard of the amniocentesis test, 66 per cent of them thought it was intended for sex-determination, few knew that it was actually for detecting foetal abnormalities. While 73 per cent of the women and 59 per cent of the men believed that a girl should be aborted if the couple already had two or more daughters, only 25 per cent 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 per cent 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 actually for the detection of foetal abnormalities.
(Gupte et al., 1997). The spread of awareness of these techniques to rural areas is thus clearly documented.

The ultrasound scan for detecting genetic abnormalities in the foetus had come to India in the early 1980s. By the late eighties it had established itself firmly as a major tool for determining the sex of the unborn child (Arvamudan, 2006).

A study on the functioning of Ultrasound Sonography Centres in Karnataka conducted by the Population Research Centre at the Institute of Social and Economic Change (ISEC), Bangalore, revealed that by the beginning of 2004, there were 1621 ultrasound sonography centres in Karnataka for which registration had been granted. Over 25 per cent of them had neither an owner nor an operator who was qualified to use of machines available for scanning. Although all those using the sonography machines were required by law to register their machines and to keep proper records, most of them did not. When caught they usually pleaded ignorance.

A study conducted by the Gokhale Institute of Politics and Economics in Maharashtra in 2004, established a clear correlation between the number of sonography centres and decline in child sex ratio. The average sex ratio for districts with more than 100 sonography centres was 901 and for districts with less than 100 sonography centres it was 937, a difference of 36 points. Maharashtra, the report said, had the dubious distinction of having the maximum number of sonography centres in the country. Most of them were privately owned and located in the wealthy urban and rural pockets of the state.

This almost universal desire for more sons than daughters does get translated in actual behaviour as was evident from the sex ratio of live births that was discussed earlier. In the focus group discussions also, women from all communities categorically indicated that if the first-born child was a daughter, then the couples would want to and do find out the sex of the next child. Most of the clinics used a process perfected by Dr. Ericsson in the 1980s. The sex of the baby is determined by the sperm which fertilizes the egg. The egg only has X chromosomes. The sperm can carry either an X or a Y chromosome. The baby
would be a boy only if the egg was fertilized by a sperm carrying a Y chromosome. The Ericsson technique is based on the fact that sperm carrying the Y chromosomes move faster than the ones carrying the X chromosome.

Women knew where to go for sex-determination tests, how much the tests cost, etc. They were aware that such tests were not done in public hospitals. One had to go to private facilities, majority of which according to them also provided abortion services. In fact almost all women were able to describe the sex-determination procedure quite accurately and in great detail.

Women also indicated that after the birth of a daughter when they became pregnant again there was some pressure from the elders in the family to ensure that the next child was a boy. Women themselves also wanted to produce a son. There is a deep internalization of patriarchal values that are linked to their sense of security. The son preference was internalized to such an extent that women had no hesitation in saying that they would want the sex of the foetus to be known if they had already given birth to one daughter.

Although almost all of them had to consult and get permission of their husbands (partly because the sex-determination test involved a cost of few hundred rupees), they themselves saw nothing wrong in finding out the sex of the foetus. As articulated by a Kshatriya woman from Gujarat or a Chaudhary woman from Haryana.

"We have to go for the test if the first child is a girl. If we don’t go for the test, we may end up giving birth to three or more daughters in the false hope of getting a son”.

"Women definitely get the test done.......if it is a girl they abort the foetus and if it is a boy, they keep the baby. Everybody knows about the test ....the women themselves want to know whether they are carrying a male or a female child."

Although the parents or parents-in-law of the women, who very probably had given birth to several children, it appears that they do not wish their daughters-in-law to do so. As the women as indicated in the earlier times and so the parents had no choice but to bear several children. But in present times, the
mother-in-law herself often suggests that the daughter-in-law should get the sex-determination test done, especially after producing one daughter.

The parents of the girls wish that their daughters produce at least one son because their well-being and status in the families of the in-laws, depends to a great extent, on bearing sons. Mothers-in-law also have changed with the time. They are also aware of the price rise. They might have had raised their several children but it’s difficult to raise more children today. (Backward caste woman from Haryana) (Visaria, 2007).

A study by Kulkarni in Mumbai reports that in 1986, doctors performing sex-determination tests revealed that the majority of their clients were form the middle class and other from the upper class with a very small number from the lower classes (Gupta 2000). Moreover, some of the medical procedures for sex selection are so expensive that the clientele perforce is from the upper income groups (Visaria, 2007).

The Foundation for Research in Reproduction in Mumbai, while performing the Ericsson technique 3-4 insertions for a pregnancy found that ninety six per cent of its initial clients wanted a son and two thirds of them were from the business community (Gupta, 2000). Similar reporting is done by Ravinder regarding a doctor who had a diary of 450 ‘cases’ of sex-determination tests. According to the doctor, initially only moneyed people from the middle castes came for the tests. They keep coming even now but the main Clientele has changed. Now it is the educated middle class’ (Ravinder, 1993). Another study in Delhi reports a substantial clientele from educated women. One study, for example, indicated that in Jaipur, capital of Rajasthan, pre-natal sex-determination tests resulted in the abortions of about 3500 female foetuses annually. The UNICEF reported that a 1984 study on abortions after pre-natal sex-determination in Mumbai found that 7999 out of 8000 of the aborted foetuses were females. ‘Sex-determination,’ the UNICEF report stated, ‘has become a lucrative business’.

Surveys conducted in 2001 in Punjab found that among the upper income group, 53 per cent of the families surveyed had gone in for pre-natal diagnostic
tests. The percentage of families who admitted to using these tests went down in proportion to the decreasing income (and presumably education) levels. Among the low income group, just 19 per cent said they used the test.

In 2005, the United Nations Fund for Population (UNFPA) published some gruesome findings from a study on sex-selective abortions in Rajasthan. The study cited the case of Mrs. Ravi who was a teacher in a public school. Her husband was a senior executive in a multinational. They had two daughters. In her quest for a son, Mrs. Ravi underwent nine sex-determination tests and had eight pregnancies medically terminated. She died two days after her son was born. According to estimates from UNICEF, "more than a million children die each year because they are female" According to the Chandigarh (Punjab) based Institute for Development and Communication, during 2002-2003 every ninth household in the state acknowledged sex discriminatory abortion with the help of ante-natal sex-determination tests. Voluntary Health Association of India has published its research report based on fieldwork in Kurukshetra in Haryana, Fatehgarh Sahib in Punjab and Kangra in Himachal Pradesh that have worst child sex ratio as per 2001 Census. The study surveyed 1401 households in villages, interviewed 999 married women, 72 doctors and 64 Panchayat members. It revealed that, "the immediate cause for the practice of female foeticide is that daughters are perceived as economic and social burden to the family due to several factors such as dowry, the danger to her chastity and worry about getting her married" (Patel, 2003).

A study was conducted from May 1990 to December 1991 at Brown Memorial Hospital Christian Medical College, Ludhiana, Punjab, India. It shows that pre-natal sex-determination was reported for 9.1% (54/596) of infants. Many few mothers of girls reported having had foetal sex-determination (5/236, 2%) than mothers of boys (49/360, 14%). Of the five girls whose mothers had foetal sex-determination, all either had a male twin or had been incorrectly identified as male by ultrasonography. Foetal sex-determination in all cases was performed by ultrasonography.
The number of boys whose sex had been determined pre-natally varied greatly with the sex of older siblings. Foetal sex-determination had been done on less than 2% of the infants with no older siblings - 18% of infants with one sister and no brother and over 60% of those with two or more sisters and no brothers. The presence of even one brother in the family greatly decreased the likelihood of foetal sex-determination having been done. The sex ratio at birth of those children born at the hospital was in the normal range (104-106 boys per 100 girls) until the mid-1980s, when it began to increase. In 1993 the sex ratio at birth was 132 boys per 100 girls. In this study of infants seen at a large hospital as newborns, inpatients and outpatients’ foetal sex-determination was reported by the mother for 13.6% of boys and 2.1% of girls. The large difference between mothers of boys and girls probably reflects abortion of foetuses that were detected to be female. This is corroborated by the finding that the only girls whose sex had been determined pre-natally were either incorrectly identified as being male or had a male twin. This suggests that most families that are willing to have foetal sex-determination are planning to abort foetuses that are found to be female. Because male foetuses are not aborted, the frequency of foetal sex-determination reported for boys probably approximates to the true rate of foetal sex-determination for both male and female foetuses (Booth et al., 1994).

**SEX DISCRIMINATORY ABORTIONS: WHEN DESIRE MEETS TECHNOLOGY**

The neglect of and discriminatory behaviour against girls leading to excess female mortality has been widely documented by several studies (Das Gupta, 1987; Kishore, 1995; Miller, 1989 and Visaria, 1971). But the recent increase in the juvenile sex ratios discussed above has very likely resulted from the rapid spread of ultrasound and amniocentesis test for sex-determination in many parts of the country, followed by sex-selective abortions. Because of simplicity of the tests and their easy availability on the one hand and strong son preference on the other hand, female-specific abortions appear to have become popular and widely used.
It is important to understand the emergence of this phenomenon in a wider perspective. India pioneered in legalizing induced abortion under the medical termination of pregnancy (MTP) Act, 1971 that specifies the reasons for which an abortion can legally be performed. The Act also clearly specifies who can legally perform the abortions and the kind of facilities in which they can be carried out. The United Nations says an estimated 2,000 unborn girls are illegally aborted every day in India.

In 2006, in a series of reports entitled "Kokh Me Katl", or Murder in the Womb, two journalists working for India's Sahara Samay television channel found 100 doctors, in both private and government hospitals, who were prepared to perform illegal terminations of girl foetuses. In the grainy TV pictures, doctors from four states and 36 cities talked with chilling casualness about how to dump the remains. Many were not bothered about the foetus's age, just that it was a girl that could be got rid of. The average cost of the procedure was a few thousand rupees (around £30). (The Guardian, 2007).

The remains of female foetuses and new-born babies have also been found in 30 bags dumped in a dry well near a private clinic in the East Indian state of Orissa (The Times of India, 2007).

Since 1981, Amritsar has been the seed farm of female foeticide. There are doctors who wanted the government to promote sex-determination tests to reduce population growth. Many gynecologists see female foeticide as a medical solution to son preference and find nothing unethical in it (Lancet, 1983). Some economists argued that sex-determination test would result in better status of women based on 'supply and demand' logic. Ignoring that cultural practices as son preference are not predictable by economic principles (Arora, 1996).

In one study of middle class Indians in Punjab, 63% of women and 54% of men felt that amniocentesis should be undertaken if the couple has no son and more than two daughters. If that test shows that the foetus is female, 73% of women and 60% of men felt that it should be aborted. The top three reasons cited for aborting a female foetus include “a male dominated society” (23%),...
“social stigma attached to having a daughter” (19%) and “difficult to afford a dowry” (17%) (Singh, 1992).

Attitudes towards sex discriminatory abortion in a highly educated sample from cosmopolitan Delhi was examined in another study by Shah and Taneja. In this population, 59% of women and 63% of men held highly negative opinions towards sex discriminatory abortion, 36% of women and 37% of men had somewhat negative opinions and 5% of women and 0% of men had positive opinions. Again, women tended to support sex discriminatory abortion more than men, however, the overall population seemed not to agree with the practice. When asked what steps might be taken to prevent its occurrence, the vast majority stated that the key component for change was education of individual women, as well as the general public (Shah and Taneja, 1992).

The stipulated conditions are such that abortions performed by trained doctors who are not registered in facilities not specifically approved for abortion services are termed illegal. According to Chhabra and Nuna (1993), in India illegal abortions may be 8 to 11 times as high as legal abortions. While the intention is to provide women with safe, legal, timely abortion services, given the stringent nature of the Medical Termination of Pregnancy Act, many safe abortions may be classified as not legal. At the same time, the availability of and access to legal abortion services is so limited for a large proportion of women living in remote rural areas, that in the three decades since the passing of the Act, many abortions not only take place outside the ambit of the Act but are often performed in unsafe conditions leading to post-abortion complication and also to death.

A woman could also legally abort her foetus if it was found to be ‘abnormal’. But what was normal and what was abnormal? Women, who wanted to abort a female foetus, often used the same justifications as women who wanted to get rid of an ‘abnormal’ one. According to Leela Visaria, in the minds of the parents, a medically abnormal foetus and a female foetus were accorded ‘similar status’. Both of them were ‘sociologically’ undesirable.
Abortion can be legally availed if a pregnancy carries the risk of grave physical injury to a woman, or endangers her mental health or when pregnancy results from a contraceptive failure or from rape or is likely to result in the birth of a child with physical or mental abnormalities. Methods to detect deformities in the foetus such as amniocentesis and sonography that use ultrasound technology providing valuable and early information on a range of physical problems have become available in the country, thanks to largely private medical practitioners who are eager to use newer technologies for diagnosis. However, the technologies that help detect physical or mental abnormalities in the unborn child can also identify the sex of the foetus at no extra cost or effort.

There was increasing indirect evidence from some parts of India that termination of pregnancies was resorted not for the reasons stated under the MTP Act but because there is a strong son preference leading to female selective abortions. The gender bias vibrantly aided by a combination of medical technology that helped detect the sex of the foetus on the one hand and the liberal abortion law that helped couples to abort female foetus on the other. In view of this, the Indian government, responding to the petition made by non-governmental organisations and women’s groups, passed an Act prohibiting the practice of pre-natal diagnosis of sex of the foetus (Pre-Natal Diagnostic Techniques (PNDT) Act of 1994).

Under the Act, individual practitioners, clinics, or centres cannot conduct tests to determine the sex of the foetus or inform the couples about it. However, in spite of putting monitoring systems in place, both at the state and the central levels and with the Act in place for 6-8 years at the time of the 2001 Census, it is fairly evident that in many places, the Act has been violated with impunity. Since the two activities of sex detection of the foetus and abortion need not be linked at the stage of using the services, it has become possible to evade the law in connivance with the clinics having ultrasound facilities and doing sonography (Visaria, 2007).

A study conducted by Kaur (1993), was undertaken in order to study the reasons for female foeticide in a sociological perspective. Nearly, three-fourths of
the respondents (72 per cent) considered abortion or medical termination of pregnancy "a sin as it is a murder and a rejection of God's will". However, their bias against the female child came out strongly when subsequently they were asked if they would favour termination of pregnancy if they knew that the foetus is female, an overwhelming majority (95 per cent) answered "Yes". Only five per cent answered "No", these women considered it to be a sin. On probing among the former majority group, it was found that 46 per cent were actually prepared to terminate a pregnancy if the foetus were female, while the remaining 54 per cent despite a favourable attitude said that they would not actually do so as they had either completed their family or had two sons. The 46 per cent who were in favour of female foeticide revealed a strong son preference. While about half of them wanted one son, the other half wanted two sons and considered 3-4 children as the 'ideal family size'. It may be noted that while only 28 per cent of the respondents did not consider abortion a sin, 46 per cent were ready to undergo an abortion if the amniocentesis test showed a female foetus, thereby indicating that at least 18 per cent of the respondents were ready to abort a female foetus even though they considered it a sin. This explains the paradox of social compulsion and individual choice. According to social norms they considered abortion a sin and yet, female foeticide was acceptable.

The main reasons for harbouring a favourable attitude towards female foeticide have been categorised into economic reasons and son preference. Son preference has been found to be very strong in the case of scheduled caste respondents while it is lowest among other castes. The majority of the respondents gave economic reasons as the basis of their favourable attitude towards female foeticide. Attitude towards female foeticide is most favourable when a combination of both reasons prevails.

Evidence of sex-selective abortion tends to be strongest in families that already have two children. This pattern no doubt reflects the fact that the total fertility rate for India is about three. Because a large proportion of women wish to stop childbearing after having three children, they are especially likely to have a strong gender preference for the third child. (Rutherford and Roy, 2003).
Ramanamma and Bambawale (1980) studied the records of three hospitals in Pune for the period of June 1976 to June 1977. They found that in one of the hospitals, 700 women sought sex detection. Out of 450 women who were informed that they would have a daughter, 95.5 per cent underwent abortion. However, all 250 women (100 per cent) who were informed that they were carrying a male foetus, carried on with the pregnancy even though in some cases they were warned of a possibility of genetic disorders.

Kulkarni (1986) studied 50 gynecologists in Bombay which revealed that 64.3 per cent of them carried out amniocentesis tests solely for sex-determinations.

A study by Daswani and Britto (1987) revealed that in 1984, in Mumbai alone, 70,000 female foetuses were aborted. The study also showed that in one hospital, out of 8,000 abortions, 7,999 were females and only one male (cf. Bajpai, 1990).

Desai (1994) reports that there are posters in Bombay advertising sex-determination tests that read, "It is better to pay Rs 500 now than Rs 50,000 (in dowry) later."

Mittal (1994) opined that it is shame that instead of condemning it as a heinous act people patronize it and defer their action by saying "It is blessing for couples who already have girls and do not want another. It is better to be killed in the mother's womb than burnt by the mothers-in-laws."

Jha (1997) reported that despite legislations to ban female foeticide, the worst manifestation of gender preference continues unabated in the country leading to gender imbalance. About 20 lakh female foetuses were being aborted in the country every year.

Gangrade (1998) conducted a study in six hospitals in Mumbai on 8000 abortions and found that 7,999 of the cases included a female foetus. It may be pointed out here that medical technologies and procedure have enabled not only sex selective abortions but also sex selective conception. A report in a popular daily is a pointer to the role played by medical science in catering to the desires of the people who crave for a male child. A farmer couple, both over 60, wanted...
a male child as an heir. The wife's menstrual cycle was reinduced and fertilization of a mature egg and a 'Y' sperm was obtained by chromosomal separation to ensure a male child. This was done in vitro and after fertilization the embryo was transferred into the woman. After few weeks an ultrasound which confirmed not only the pregnancy but also a male foetus. The doctors and couples were delighted and proud of their success. A reference may here be made of the Delhi Artificial Insemination (Human) Act of 1995. Though the Act clearly prohibits the segregation of 'XX' and 'XY' chromosomes so that couples do not resort to pre-conception sex discriminatory selection. In Punjab, one comes across several advertisements saying "Plan your family by 'X' – 'Y' separation of sperms" (Dutt, 1998).

Gurung (1999) in a study conducted in Dehradun observed that there were 13 clinics in the district for sex-determination of unborn foetus. Most of them were not registered. Patients used to come from Garhwal, Chakrata and Uttarkashi for sex-determination of the foetus. The knowledge about ultrasound sex-determination test was prevalent even in remote areas there.

It is interesting to note that Indians living abroad are also indulged in this practice. Srivastava (2000) conducted a study on some Indian families settled in United Sates of America and Canada and revealed that though gender discrimination in developed countries was hardly heard of, but Indian women there also underwent female foeticide. The desire for a male child was so strong that they opted for female foeticide openly in these countries. This mindset of the Indians was usually exploited by the doctors abroad who advertised in the daily newspapers and magazines that they were willing to perform female foeticide. It implied that people abroad had also begun to cash on the Indian mentality. Son preference has been associated with sex-selective abortion of female foetuses and even with female infanticide (Sudha and Rajan, 1999; Arnold et al., 2002).

According to Prasad (2003), it has been reflected that among 1000 foeticide 995 are of girl foetus. In the prosperous cities, there are provisions of sex-determination tests and the people of upper and middle class are practising these. This has increased the number of female foeticide.
A study by Krishnamurthy (2003) on sex selective abortions reveals that its ratio increases with increasing level of education of mother. Educated mothers go for sex selective abortions in larger proportions to avoid girls and to have boys. Moreover, the incidence of sex selective abortions is highest in Punjab.

Preference for a male child seemed to be higher among the educated and rich sections of society, says a study by the Center for Social Research. In an analysis of the data on child sex ratio, the centre points out that rich and educated class have greater access to ultrasound clinics where sex-determination tests of the foetus are done scrupulously. Besides the decline is attributed to the attitude towards a daughter who would leave her parental home on marriage and low status of women in society (The Hindu, 2005).

According to Dogra (2006), Punjab has the worst sex ratio in the country. Female foeticide is at an alarming high. The worst culprits are the affluent.

It's a girl? No, it's a boy? This is just a quaint reminder of how random births once used to be in Haryana. Today, expectant mothers do not have to wonder what sex their child is going to be thanks to ingenious neighbourhood doctors, they have worked out their very own sex-determination code. If the doctor tells to come and get the report on Monday, it's a boy. Friday means a girl (The Sunday Times of India, 2006).

In a family planning survey conducted by Aggarwal (1962) on married women living in four villages near Delhi, it was revealed that the women wanted more than one son. The ideal family compositions, according to respondents, were either three males and one female or two males and two females. Few females wanted more than five children unless all of them were daughters. The women wanted a daughter only if they had no living daughter. But, preference was for more sons.

In another study conducted in rural areas near Delhi, Mathur (1984) found a higher son preference (60 per cent) among women. These women were aged between 18 and 25 years and their education level ranged from primary to post-graduation.
According to Samuel (1965) one of the motives for having children was the desire to have a son. Using data from the Mysore Population Study, he found that this was true of 84 per cent of rural women and 93 per cent of rural men. In the urban areas this motive held true for 71 per cent women and 73 per cent of men.

Investigations in a Gujarat village by Poffenberger and Poffenberger (1973) also pointed to a higher son preference amongst the women. A majority of the women, i.e. 62 per cent, said that they would have six or more daughters if necessary in order get a son while only 35 per cent of the men felt the same. They also emphasized the need to have a son as support in old age and perceived more disadvantages in having daughters.

An analysis of the social, demographic and economic determinants of the sex preference scale was done by Lahiri (1984). The sample mainly consisted of currently married men from urban areas in India. A high son preference was found in all the groups.

Desai, Apte and Parwani (1986), in their study on women having health, marital and economic problems, found that more female than male children were unwanted at birth.

The value of male and female children was also studied by Reddy and Mahadevan (1986). The analysis of the values attached to the children revealed that a male child was considered necessary for old age security by 89 per cent of the couple while 82 per cent wanted boys for performing the death rites. Other reasons for male preference included management of the family lineage (75 per cent).

The Third All-India Family Planning Survey was conducted by the Operations Research Group in 1991 (cf. Anju Bala, 2000). The surveyed couples came from both urban (42.5 per cent) as well as rural areas (55.7 per cent). The survey showed that the average preferred family norm was three to four children, with a heavy preference for additional sons.
Kaushik (1993), in a study on family norms and attitudes towards girls, interviewed both girls and their mothers. It was found that over 58 per cent respondents wanted more sons and fewer daughters.

Just as we were digesting all the bad news from the 2001 census, The Lancet came out with a startling article written by two researchers, Prabhat Jha of St Michael’s Hospital at the University of Toronto, Canada and Rajesh Kumar of the Postgraduate Institute of Medical Research in Chandigarh. They had collected data from a national survey conducted among 1.1 million households in 1998. Their findings were both distressing and shocking. Around 10 million female foetuses may have been aborted in India over the past two decades, they said, because of ultrasound scanning and a traditional preference for boys. This kind of pre-selection, they said, had caused the loss of about 50,000 female foetuses every year. Based on the natural sex ratio in other countries, around 13.6 to 13.8 million girls should have been born in India in 1997. But actually just 13.1 million of them emerged from their mothers’ wombs. On the fiftieth anniversary year of her independence, half-a-million girls had been denied the right even to be born in a country which prided itself on being the largest democracy in the world.

According to Saheli, a Delhi-based NGO, nearly 78,000 female foetuses were aborted between 1978 and 1982. Over the next ten years, the number of sex-determination clinics across the country multiplied. One survey estimated that between 1986 and 1987 about 50,000 female foetuses had been aborted. In the early days, the sex of the unborn baby was detected by using a process called amniocentesis. In 2005 around 23,000 female foetuses were aborted in Delhi according to India TV, June 28 2006 (cf. Arvamudan, 2007)

According to a study done by Walia (2006), the approval rating for sex discriminatory selection is extremely high in Punjab. She interviewed 240 people in three districts, split equally between non-farming and farming communities. The districts included Ludhiana, which has a low sex ratio, Bathinda that could be considered medium and Ferozepur that has a relatively better sex ratio than these other districts.
She found that in Ludhiana, 67.50 per cent of the farming respondents and 50 per cent of the non-farming approved of sex discriminatory abortions. Of these 82.97 per cent said that they did not see anything wrong in the act because of the problem of dowry. They said marriages were expensive and the cost of living was high. In Bathinda district, a slightly lower percentage approved of sex discriminatory selection. But even here an overwhelming majority said the reason they resorted to it was because of dowry.

The Kallar mothers in Tamil Nadu and many others in our country, with their practices of female infanticide and female foeticide bring into focus women's feeling of helplessness of being stifled. These practices of female infanticide and female foeticide are pointers to how the individuality of women is mortgaged to the traditional values where a son is regarded as priceless asset while daughter a worthless creature.

Different methods are used to kill the female foetuses and infants. The new technologies of sex-determination and sex pre-selection are depriving them this right even before birth. The phenomenon of medical murder of female foetuses in recent studies has shown disturbing trends in our country.

Even a woman who does not mind giving birth to a girl is often pressured by her husband or in-law into having sex-determination tests and aborting the foetus if turns out to be female. A daughter is seen as a liability a burden.

Sex-selective abortions are the root cause of this sudden shortfall as the missing numbers mostly belong to the 0-5 age groups. Sex differential child mortality and infanticide are measures of sex preference under the son preference hypothesis. One may find a higher percentage of mortality and infanticide for female children than for male children i.e. a systematic aversion to girls rather than boys. Under the above criteria, one may place India in the category of higher son preference for there is a history of female infanticide (Wyon and Gordon, 1971) and a higher mortality rate for female children (Carsen, 1976) attributed usually to neglect.

According to the economic theory of fertility (Willis, 1973; Becker, 1991; Cigno, 1991), the demand for children is a function of individual preference and
the cost of rearing children. A preference for child of a particular sex may also affect the treatment of sons and daughters and even their chances of survival (Arnold et al., 1998) discrimination against female starts early (Human Development report, 1990).

Social discrimination against the female child is evident in society (Gupta, 1994; c.f Anju Bala, 2000) and several reports of female infanticide in India are found (Gurusamy, 1990; Rai, 1992; Surya, 1992, Rajiretnam, 1993; cf. Anju Bala, 2000). The abuse of amniocentesis is prevalent among all, irrespective of their class, caste, religion, education, or cultural background (Jeffrey and Jeffrey, 1984). This indicates that discrimination against the girls has widespread sociological roots. Female foeticide reinforces a girl’s current subordinate position (Bennett, 1983). George et al., (1992) in a study in South India and Pebley and Amin (1991) in Ludhiana found sex differential child mortality with male having lower rates than females after the first month of life. The generally neglect of female child and high birth rate contribute to the high female mortality at childhood and during reproductive period.

Mahadevan and Jayasree (1989) found factors such as parents’ requirements for economic support in old age, physical support for the family, participation in village affairs and the need to meet family obligations to be far more significant than issue of dowry payment in Kerala, Andhra Pradesh and Uttar Pradesh. Nirula (1995) has found that a parental expectation of old age security is strengthened if they have both large land holdings and sons. The patriarchal societies show a bias in favour of male children which is born out of greater male participation in productive activities and certain social beliefs. Research studies suggest that parents with strong son preference consider their daughters to be less valuable and provide inferior care to daughters in terms of food, prevention of diseases and accidents and treatment of sick children (Chen et al., 1981; Kynch and Sen, 1983; Nadarajah, 1983; Basu, 1989; Faveau et al., 1991; Muhuri and Preston, 1991; Nag, 1991; Pebley and Amin, 1991; Kielmann et al., 1993; c.f Anju Bala, 2000). Less value was attached to the girl child who was viewed as a transient member of the family (Inkeles and Smith, 1974;
Boys, on the other hand, ensure the continuation of the lineage and the family name. The birth of a son elevates a man’s status since the family lineage is traced through male progeny, a father of an only daughter becomes an object of sympathy and pity (Baligar, 1999). The social utility stems from the kinship and descent system, the status and strength provided to the family by sons and the premium to be expected from having a son in the form of dowry payments (Karve, 1965; Kapadia, 1966; Dyson and Moore, 1983; and Caldwell et al., 1985).

Goody’s (1976, 1990) model links dowry, marriage, and female status. Dyson and Moore (1983) find co-relational evidence within India that variation in cultural and kinship system represented in the North by a lower status of women and high dowry requirement explains regional differences in fertility, mortality, and excess female mortality during childhood.

Harkness and Super (1996) noticed that education was a strong predictor of differences in attitudes between parents. States such as Kerala, with high levels of female literacy also have a higher number of females per 1000 males as compared to other parts of India. Children born to mothers with no education are about 25% more likely to die than children born to women with at least some education (Kost and Amin, 1992). Das Gupta and Bhatt (1995) state that educated mothers have low fertility which tends to be accompanied by a high gender bias. On the other hand, the analysis by Murthi et al. (1995) of women’s education and sex bias, argues against the possibility that women’s education may increase sex ratio.

Anju (2000) states the under-mentioned factors that influence social selection for number and sex of offspring. These factors are:-

- Family
- Marriage
- Educational
- Economic
- Cultural and Religious
- Caste

Major factors responsible for female disadvantage and male preferences are:

- Perpetuation of the progeny or survival of the lineage.
• Old age parental social security.
• Agro economic factors
• Kinship network and cultural tradition
• Religious attitude and beliefs.

Das Gupta (1987) found in her study in Ludhiana district, Punjab that families spent more than twice as much on health care for boys in the first two years of life. She also finds that discrimination against the girl child is more in families who already have several girls. These findings are similar to those of Muhuri and Preston (1991) from Bangladesh. She argues that this pattern reflects entrenched cultural patterns of preference of sons in Punjab.

At the family level, discrimination against female children may depend on birth order and the gender composition of other children. Arnold and Kuo (1984) in an extensive study on the value of children and son preference document that parents in societies where sons are strongly preferred, wish to have daughters as well, but fewer in number than sons. Jejeebhoy (1993) explored the linkage between family size and outcomes like educational attainment, work and future expectations for children. The results suggested that the most important determinants were education, economic status and family size, which have an effect on the children’s position especially on their gender roles.

Several studies suggest that cultural factors have played an important role in determining fertility trends. (Basu, 1992; Jeffery and Jeffery 1997; Das Gupta, 1987). While attention has been drawn to the importance of cultural factors in studying demographic behaviour; few studies have examined in detail the relations between cultural and economic aspects. One important cultural (and economic) feature is the value attached to sons. Many social scientists have argued that with increasing welfare and economic development the importance of factors such as son preference would decline. However, some recent studies have shown that son preference has, in fact, increased alongside lower fertility and rising economic and social welfare.

During the last two decades, considerable debate has taken place, particularly in India, on the imbalance in sex ratio and the question of ‘missing women’. In a significant article titled as “More than 100 million women are
missing”, Amartya Sen (1990) brought to focus the increasing gender discrimination by analyzing the male female ratio. He argued rather convincingly that the problem of missing women is “clearly one of the more momentous, neglected, problem facing worlds today”. Miller (1981) in her anthropological study of ‘neglect of female children in north India’ illustrated the strong relationship between culture and mortality. It is the cultural bias against females in north India, which brings into play neglect and mistreatment of unknown numbers of children. According to her, the solution to this problematic future lies “in giving high priority to achieving gender equality in economic entitlement and increased awareness of the social importance of equal health and survival of males and females” (Miller, 1981).

There have been a number of studies which have attempted to illustrate how the decline in fertility will affect gender bias and more imbalances in juvenile sex ratios (Clark, 2000; Das Gupta and Bhatt, 1997; Croll 2002; Bhatt and Zavier, 2003 and Vella 2005). A substantial decline in fertility presupposes a desire for fewer children and the means to limit the family size. Both these conditions can be achieved with increase in social and economic development. It is generally accepted that the pace of demographic transition is closely associated with the levels of socio-economic development.

However, there are evidences to show that, even in the poorer regions, substantial decline in fertility has occurred through political interventions, in the form of family planning programme. However, social and economic development and governmental interventions do not ensure any substantial change in the cultural ethos of the society. One important factor (both cultural and economical) that determines the level of fertility transition is son preference. In developing societies, it is believed that a major barrier for decline in fertility was the prevalence of strong son preference, irrespective of socio-economic development. It is also argued that with the increase in welfare and economic development, the influence of son preference would decline gradually. These assumptions are being questioned by some studies indicating that there has been an increase in son preference during the years of fertility decline. This
occurs not only in poorer communities but also in populations where women have taken education, employment and have achieved considerable social status.

Das Gupta (1987) has found that excess female mortality for second and subsequent parity daughters was 32 per cent higher than their siblings for uneducated mothers and 136 per cent higher if the mothers were educated. Basu (1992) has made similar observation by saying that “although her capacity to increase the chances of survival of her children seems to increase with education, the typical Uttar Pradesh women’s ability to treat her male and female offspring equally actually decreases”. The existence of strong son preference has resulted in the desire to prevent the birth of daughters by carefully balancing the desired family size and desired sex composition of the children. In other words, the decline in fertility partly explains the raising masculinity of many populations (Das Gupta and Bhatt, 1997 and Croll, 2000). It is hypothesized that as fertility declines, two opposing forces could affect the child sex ratio, what is called as ‘parity effect’, which leads to a reduction of sex bias and ‘intensification effect’, which increases it. Considering this dimension, there is a need to examine the influence of the mirror of image of son preference, namely, the daughter discrimination. Does a strong son preference ultimately result in deliberate discrimination against daughters? Miller (1981) has stated that “the problem is that son preference is so strong in some areas of India and amongst some classes that daughters must logically suffer in order that family’s personal and culturally mandated needs are fulfilled”. Logically, this would mean that stronger the son preference, more intense the daughter discrimination. Rather than going through repeated pregnancies bearing daughters in an attempt to produce male progeny, small family and reduced fertility seems to imply that unborn daughters are the first to be ‘sacrificed’. Generally, both infanticide and fatal neglect of female children seem to have been supplemented by sex identification and sex discriminatory abortion to achieve the desired family size and gender composition. Better opportunities for women’s education, increasing labour force participation and an enhanced exposure and freedom do not guarantee equal status for daughters as that of sons. In many Indian communities, daughters are
associated with a double loss. Firstly, a daughter leaves the natal family after her marriage and the benefits from investments made on her upbringing accrue to the new family, constituting a loss to her natal family. This is further compounded by the burden of expenses for her marriage, particularly dowry. Sons, on the other hand, are considered as assets worthy of short and long-term investment. In India, the birth of a boy is, thus, a time for celebration while a birth of a girl, especially second or subsequent one, is often viewed as time of crisis (Bumiller, 1991). Apart from these economic considerations there are cultural factors that support son preference. All these factors put together contribute to the assumption and firm belief that daughters cannot substitute sons. A common explanation for the existence of son preference and daughter discrimination is that sons can provide old age support. In India, a majority of the old parents live with married children, who, to an overwhelming majority, are sons. Indian context characterized by high levels of uncertainty, where no institutional alternative to the family as a source of social insurance has emerged, parental decisions are likely to be powerfully motivated by their concerns about their own security in the old age. The existence of such an understanding and commitment between parents and sons, called as inter-generational contract, is one of the factors that appears to have remained unchanged through overall socio-economic changes. Sons are also important because they alone are entitled to perform the funeral rituals of the parents. Added to this, most women have limited or no possibility to contribute towards their parents’ welfare. This creates an apparent dichotomy between the value of a girl to her parents and that of a woman to her in-laws.

Dowry is a considerable burden for the bride’s family. In the era of globalization and increase in consumerism, dowry payment is more of a rule than an exception. Many communities, where the practice of dowry was totally absent, have now started making huge payments at the time of marriage. In many families, even after the payment of dowry there is continuing uni-directional flow of resources from a women’s parental household to her in-laws.

It has also become more costly to raise children as education has become more important and a necessity irrespective of the sex of the child. The
increasing cost of education and marriage of girls is a major drain on the household resources, which acts as a strong disincentive to have daughters.

The underlying workings of female discrimination are undoubtedly highly complex. However, a number of broad factors have been identified which together create a situation where sons are preferred and daughters are neglected. The patterns of inheritance are typically patrilineal in India with property passing from father to son (Miller, 1981; Das Gupta; 1987; Kabeer, 1996 and Croll, 2000). Upon marriage the bride leaves her natal home to live with the family of her husband. In this exogamous lineage system women are left out. They become dispensable essentially because they count for very little as individuals. There is a double loss of a daughter leaving the family together with the fact that the benefits from investments made in a daughter's upbringing will accrue to the new family. In other words, even though a woman's status might improve, it does not change the nature of the social order, as it does not directly correlate to a change in her position within it. While valuing adult women's contributions to the household, the system generates strong disincentives to raising daughters.

Educational status of parents, especially that of the father, usually correlates strongly with occupation and therefore, with household income. The ultimate implication in many cases shows a correlation between these factors and infant survival especially in the first week of life (Achyut et al., 1997). A low level of education of the mother was found closely associated with infant mortality (Roy et al., 1979; Caldwell et al., 1983; Registrar General of India, 1983; Mahadevan, 1989 and; Rajaretnam, 1990).

Educated women often have higher aspirations for their children, combined with lower expectations from them in term of labour services provided (United Nations, 1993). They may reduce desired family size if there is a perceived difference between the number of children and their personal achievements.

Simmons et al., (1982) study found that reduced differences between female and male child mortality among Indian households were seen where
mothers were better educated. In her analysis of data from Khanna in Punjab, Das Gupta (1987) found a positive bivariate association between anti-female bias and maternal education and she suggested that educated women are in better position to "keep in mortality of undesired children high by withholding the requisite care."

Das Gupta and Mari Bhatt (1995) state that educated mothers have low fertility, which tends to be accompanied by a higher gender bias. On the other hand, the analysis by Murthi et al., (1995) of women's education and sex bias, argues against the possibility that women's education may increase sex bias.

Anand and Murdoch (1998) are of the opinion that when the economic returns from investing in the health and education of boys are greater than the returns from investing in girls, sons are often treated better than daughters. Baligar (1999) feels that generally a girl is considered to be economically unproductive to her family and this is because the investment made for a girl brings no returns. Instead at the time of her marriage, a suitable dowry has to be given to her, draining the family resources. The preference for sons is greater in the Northern states (Basu, 1992).

The thesis of increasing poverty and landlessness as forces of change affecting fertility sees the family as a mediating institution. Poverty weakens the strength of family ties (Adnan, 1993) and raises the relative cost of rearing children (Kabeer, 1994; c.f Anju Bala, 2000).

Chandana (1998) reports that the religious background of a person influences his mental attitude towards family planning and family size. In India, son preference arises out of son's capacity to fulfill certain rituals. Mukhopadhay and Savitri (1998) write that among Hindus sons have crucial religious role after the death of the parent that traditionally daughters cannot fulfill.

Continuity of clan or lineage is considered an important role of progeny in the Hindu religion. The Hindu code of conduct considers continuity as one of the duties of family members. The continuity of family name can only be achieved through a male offspring (in patriarchal societies) who will keep the title of his father which has been passed from generation to generation (Nirula and Morgan,
Certain other cultural traditions also make sons more necessary or valuable.

According to data published by a United Nations Population Fund (UNFPA) study entitled ‘Sex-Selective Abortion and Fertility Decline in Haryana and Punjab’, nearly 62,000 sex-selective abortions were conducted in Haryana during 1996-98, while 51,000 such tests took place in the state of Punjab.

The report claims that female foeticide in urban Haryana comprises 81 per cent of all abortions, while in Punjab the figure is 26 per cent. Data from the National Family Health Survey (NFHS) and the Sample Research Survey (SRS) states that there was a five-fold increase in female foeticide in Haryana as compared to 18 per cent in Punjab. This has lowered the total fertility rate (TFR) in both states. According to the 1991 census, these two states registered the highest number of missing children within the age-group zero to six years. (The Indian Express, 2001).

In population where sex selective abortion is not practiced the SRB for the first order birth is relatively higher (Agnihotri, 2000) and decreases for higher order births and again goes up for further orders.

A study by the Christian Medical Association of India proves that wealth and education have nothing to do with aborting a female foetus (IBN LIVE). Indians have terminated 10 million girl babies in the last 20 years. This shocking reality has been uncovered in a study done by medical journal Lancet, which also reveals that female foeticide is not a phenomenon restricted to rural India.

**FEMALE INFANTICIDE: A PENNILESS MOVE TO FULFILL DESIRE**

Female infanticide is not uncommon in Indian society. In the late eighteenth century, infanticide was initially documented by British officials who recorded it in their dairies during their travels. The scope of the problem of infanticide became clear in 1871, in the setting of India’s first census survey. At that time it was noted that there was a significantly abnormal sex ratio of 940 women to 1000 men. This prompted the British to pass The Infanticide Act in 1870, making it illegal. But the Infanticide Act was difficult to enforce in a country
where most birth took place in the home and where vital registration was not commonly done. This inhuman practice continues even today (Patel, 2003).

Sir Jonathan Duncan was the first to present officially earliest known evidence of infanticide in India amongst the Rajkumar tribe of Junapore areas of Banaras district in 1789 (Pakrasi, 1970). According to Balfour (1985) the Jhare Rajputs of Gujarat, Kattywar (Gujarat) and Kutch, Jut (Jat), the Rathore Rajputs of Jaipur and Jodhpur, the Sourah of Ganjam, the polyandric Toda race on the Nilgiri hills and the Naga tribes of Assam also practiced female infanticide in India.

The polyandrous Toda of Nilgiri Hills in Southern India practiced female infanticide, which maintained a certain demographic imbalance, before independence. The British found it difficult to eradicate the practice of female infanticide among the Toda much after it was legally banned (Dube, 1993). During the later half of the nineteenth century, administrative, police, census and other official reports refer to the practice of infanticide in certain parts of India particularly in the United Provinces, Punjab, Rajasthan, Jammu and Kashmir and parts of Gujarat (Chandrasekhar, 1972; Jain and Visaria, 1988).

According to Rai (1992), 51 per cent of the families in the Salem district of Tamil Nadu were found killing baby girls within a week of their birth. It was also observed that in a particular village of Tamil Nadu, among Telugu Naickers even male infanticide was practised after having one child of each sex. But such cases were few when compared to female infanticide.

It has been pointed out by Pakrasi (1970) that the Jharejas had to sustain the cruel custom of female infanticide only to get rid forever of the twin difficulties organically related to: (a) procurement of suitable son-in-laws from families of equal, if not, higher rank and (b) defrayal of an heavy amount as marriage expenses in marrying daughters. Sundrapandiyan (1985) in the Usilampatti village of Tamil Nadu observed that, people are of the belief, "if we kill female babies immediately after their birth, the chance of having a male child son is very high". People in this village according to Elangovan (1986) feel that, "as we have the right to have a child, we do have the right for killing the same". It is also noted
in this study that there is a fear among the people for using the family planning methods, because of their possible side effects.

Although the reasons are plenty for killing the female infants, the important among them are apprehension about dowry and various superstitious beliefs in which witches and astrologers play a dubious role (Mani, 1993). This barbaric act of killing of infants reflects the prevailing low status for women in society.

As a result of the practice of female infanticide among the Bhati community in Jaisalmer (Rajasthan) the sex ratio is one of the lowest in the world at approximately 550 (India Today, 1988).

Studies that have carried out since –and reported in Frontline, (1997) and Economic and Political Weekly, (1997) – have established that the practice is widespread in a contiguous belt of districts running south to north along the western corridor of the state. The belt runs from Madurai to Theni in the south through Dindigul, Karur, Namakkal and Salem to Dharmapuri and Vellore in the north. Data on female infant deaths due to ‘social cause’, an euphemism for female infanticide from primary health centre (PHC) records show that, on an average, around 3,000 cases of female foeticide occur in a year in Tamil Nadu. This amounts to around one-sixth to one-fifth of all female infant deaths in the state. Of these Dharmapuri and Salem account for 1,000 to 1,200 each.

New born girl children are very often mercilessly killed by poisoning within a day of their birth by the Kallar community in Usilampatti village in Madurai of Tamil Nadu (Gupta, 1990).

George et al., (1992) conducted a study of 12 villages in Uttar Pradesh and revealed that 33 female infant deaths were reported in six months and 19 were actually the cases of female infanticide. The reasons given by respondents were hypergamy and increase in dowry.

Rai (1992) in a study in Salem district in Tamil Nadu concluded that 1,747 female infants belonging to 19 blocks were killed since 1989 due to social reasons. As much as 44 per cent women had admitted that female infants were killed within their families and another 38 per cent admitted that they would do the same if they had more than one daughter.
In Punjab, female infanticide was crudely prevalent—Bedis came to be known as killers of daughter, Sodhis of Ambala, Patiala, Nabha; Jats of Multan, Gujrawala, Jhelum and Muslims of Jhelum and Ferozepur also killed their daughters (Devendra, 1993).

Vasanthi (1994) carried out a study in Bhind district of Madhya Pradesh and revealed that among the Gujjars of the area, a woman was customarily required to spend a night with a Muslim family. To save them from insult, the women, therefore, killed their infant daughters. The role of hypergamy, huge dowry and exorbitant expenses on marriage further forced them to commit the heinous crime. The sex ratio was very low viz., Gujjars - 392, Yadavs - 400, Rajputs - 417, Jats - 583 and Brahmins - 714.

In Tamil Nadu, people were of the belief that if one kills female babies immediately after birth, the chances of having a male baby soon were very high. The material used for killing infants included oleander berries, milk of erukkam flower or by burying the female infants alive (Sundrapandiyan, 1995).

Mishra (2000) reported that the practice of female infanticide was rampant in many states of India. It required less than Rs. 25 to snuff life out of a baby girl in several parts of the country. Family members other than the mother mostly directed this discrimination. Among the Kallar community of Madurai district of Tamil Nadu, a woman who dared not kill her infant daughter was abandoned by her husband.

In Bihar, holding the baby from the waist and shaking it back and forth snaps the spinal cord. Sometimes a child is stuffed in a clay pot. Babies are also fed with salt to increase their blood pressure, death follows in a few minutes. Grains of paddy husk are also fed to slit the tender gullet. According to a report in Nexus, in a certain block in Katiihar district, 35 dais accepted having killed three to four babies a month, making the total number of female babies who are killed approximately 560 per month. Ten dais in the Sitamarhi districts claim to have killed 1-2 babies a month. In this state alone there is approximately five lakhs dais and the number of female babies killed can just be imagined. These dais are the only link between the family and the mother and a great amount of pressure
is put on the *dai* to kill the baby if the baby is a female (The Hindustan times, 2001).

Sociologists pointed out that almost all the communities which had a tradition of female infanticide had now taken scientific means of elimination in a big way. For example, the Kallars of Usilampatti deep down in south India, were originally a nomadic group from north India where female infanticide was probably a tradition. Similarly, the Jadejas of Kutch, who also practiced female infanticide, came originally from Rajasthan where it was again a tradition. Originally adversity made these communities get rid of their daughters after they were born. Now prosperity had helped them to find more efficient means to continue the practice of eliminating their daughters, even before they were born.

In Punjab and Haryana, the area from which the Patels originally came, girl babies were traditionally and ceremoniously fed opium and buried alive in a sealed earthen pot. In Gujarat, the 'tradition' among the Patels was called *doodh pithi*. Here the opium and the pot remained the same. The method of elimination was slightly different. After the just-born infant girl was given a drop of opium, she was ceremonially drowned in an earthen pot of milk. Girls had always been scarce in this community, but now with the growing popularity and availability of the scan, they were in danger of becoming extinct (Arvamudan, 2007).

In June 2004, in an article titled 'Instant Injustice', Vijaya Pushkarna, the Chandigarh correspondent of The Week magazine wrote about a just-born female infant who was strangled by her mother in a hospital in Chandigarh. On a cold January night,' she wrote, 'the silence at the Post Graduate Institute in Chandigarh was pierced by the wails of a baby girl. It smothers Geeta sat by its side unmoved. After a while, she started hitting the newborn as if to stifle its cries. The commotion attracted the duty nurse who advised Geeta to feed the baby instead of thrashing it. Sometime later, the baby stopped crying. The next day the nurse realized the secret behind the baby's silence. It had been strangled.'
Geeta confessed to the police that she had strangled her daughter because she could not afford another girl. Vijaya Pushkarna wrote about bodies of babies found in drains and rubbish dumps. She also quoted gynecologist Gurdeep Kaur, who told her that because of the tightening of the laws, people were finding it difficult to get sex-determination tests done and so they were either killing or abandoning their girl children. Female infanticide seemed to be making a comeback. Forced polyandry, purchasing women as sex slaves and household chattels, female infanticide... could the status of women be worse? When sex-selective technology becomes available, people shift from postnatal to pre-natal sex selection (Goodkind, 1996).

According to The Pioneer, October 28, 2001 Female infanticide is all too common in a number of villages in Rajasthan and the sex ratio of boys to girls is abnormally skewed. Girls are visibly absent in the Rathore Rajput community of Haathisingh village in the Barmer district of western Rajasthan. There are only two girls in the entire clan of 200-odd Rathore families. A conservative estimate puts the sex ratio here at 400 male children to two female children. There is rampant infanticide in Rajasthan. The village of Devra in Jaisalmer district shot to fame in 1997 when, after a period of 110 years, Devra celebrated the marriage of the first female in the village to have survived to see her wedding day.

Barbara D. Miller (1981) makes a spine chilling report, "Not all groups practised female infanticide, but there are grim reports that a few entire villages in the northwestern plains had never raised one daughter."

SON PREFERENCE: THE DESIRE

The existence of strong preference for sons in India, particularly in northern parts of the country, has now been thoroughly established through wide variety of data (Williamson, 1976; Miller, 1981 and Arnold et al., 1998). There also exists considerable body of research that shows that, in the Indian context, son preference has a sizable positive effect on fertility and contraceptive practice (Das, 1987; Malhotra et al., 1995; Murthi et al., 1995; Mutharayappa et al., 1997 and Kulkarni, 1999). At the same time, there has been a growing international concern on the issue of 'missing' females and the increasing masculinity of
India's population (Sen, 1989; Coale, 1991; Das Gupta and Bhatt, 1997; Mayer, 1999; Griffiths et al., 2000; Sudha and Rajan, 1999 and Agnihotri 2000). A girl faces deprivation throughout her life. Preference for sons is obvious from the brutal traditions that are prevalent in India (Bambawale, 1992).

The preference for sons compared to daughters in classical Hinduism is reflected, for example, in the scriptural provisions for divorce: in the Mahabharata, a husband has sanction to terminate a marriage if a wife… acts as she pleases, who is sterile or gives birth only to daughters or whose children die young. (Deshpande, 1978: 93).

The strength of son preference varies considerably from one part of the country to another, as do socioeconomic conditions and levels of fertility and mortality. Of particular importance is the fact that son preference has been found to be consistently stronger in northern India than in the South (Basu, 1992; Bhatia, 1978; Kanitkar and Murthy, 1983; Khan and Gupta, 1987; Khan and Prasad, 1983).

Previous studies have found that a number of cultural, social and economic factors influence the relative benefits and costs of sons and daughters and ultimately parents' gender preferences (Arnold et al., 1975; Bulatao, 1981; Espenshade, 1977; Friedman, Hechter and Kanazawa, 1994; C. Vlasoff, 1990; M. Vlasoff 1979). Studies in India have identified three major factors that underlie son preference. One is the economic utility of sons. Sons are more likely than daughters to provide family labour on the farm or in a family business, earn wages and support their parents during old age, although there is some recognition that sons are no longer a dependable source of old-age support (Bardhan, 1988; Basu, 1989; Dharmalingam, 1996; Mamdani, 1972 and Miller, 1981). Upon marriage, a son brings a daughter-in-law into his family and she provides additional help around the house as well as an economic reward in the form of dowry payments. Another important advantage of having sons is their socio-cultural utility. In the context of India's patrilineal and patriarchal family system, having one son is imperative for the continuation of the family line and many sons provide additional status to the family (J. Caldwell, Reddy and P.
A strong preference for sons may be an obstacle to fertility decline if couples continue having children after reaching their overall family-size goal because they are not satisfied with the sex composition of their children. Existing studies, however, do not demonstrate a consistently strong effect of son preference on fertility (Arnold, 1997; Arnold, 1992; Bairagi and Langsten, 1986; Das, 1984, 1987, 1989; Haddad et al., 1996; Koenig and Foo, 1992; Operations Research Group 1990; Parasuraman, Roy and Sureender, 1994; Park, 1986; and Srinivas, 1977). Moreover, fertility has declined dramatically in some countries where son preference is still widespread—for example, in South Korea and China. Research on the relationship between son preference and fertility is confounded by the observation that the link is weak in both high-fertility and low-fertility populations. In high-fertility societies, most couples continue to have children regardless of the number of sons and daughters they already have. In low-fertility societies, the influence of son preference is also weak because few couples want to have more than one or two children even if they do not achieve their ideal number of sons and daughters. The effect of son preference on fertility, therefore, is thought to be most pronounced in countries like India that are in the middle of the fertility transition.

The shift to smaller families now evident in India has not, however, been accompanied by a concurrent shift in the social and economic pressure that underlie the preference for sons over daughters (George, 1997). In patriarchal cultures, son preference intensifies in the transition period when fertility is declining (Das Gupta and Visaria, 1996).

A study conducted by George and Dahiya in Haryana in 1996 shows that families continued to have children till they had adequate number of surviving sons. Consequently, small families had more sons while large families had more daughters. That family size is inversely related to sex ratio suggests differential stopping by contraception. It appears that most women want to have at least two
sons. When two surviving sons are ensured nearly 50 per cent of women use sterilization. There is some evidence that with two sons and one daughter nearly 75 per cent of women use sterilization. Their findings about completed families (sterilized women) are consistent with that reported for India (Arnold, 1996). Sex ratio of surviving children of sterilized couples is significantly higher than that for couples not using any contraception (1.25 vs 0.97). The marginal excess of girls in total study children (1342 females vs 1300 males) is itself a reflection of intense son preference. Their sample consists of all women in the villages that had a pregnancy outcome in the last five years and the study children comprise all their children and this included some mothers who were desperate for sons, for instance, seven were willing to have six to nine girls just to have one or two sons. Female foeticide is occurring in many cities of India is well known (Miller, 1985; Booth et al., 1997 and Kishwar, 1995). The following observations from urban clinic studies are consistent with their findings: (1) sex ratio at birth increases with birth order (2) Families with only daughters are more likely to practice female foeticide. The latter is evident from our finding that the highest distortion of sex ratio at birth is among families with no sons. A significant outcome from our study is that certain rural families are unable to tolerate even the first child to be a female and therefore, will abort it. Our finding contradicts Dasgupta and Visaria’s claim that women are unlikely to use sex-determination test for the first pregnancy (Das Gupta and Visaria, 1996). Their reasoning is based on the fact deliberate girl child neglect often spares the first girl. This extrapolation of human behaviour from female infanticide to female foeticide is fallacious. As a Lancet editorial argued, new technology will create new problems for the society (Lancet, 1974). The evidences from Delhi (Khanna, 1997) as well as South Korea are also supportive of this observation (Park and Cho, 1995 and Leete, 1996). Their data indicates that the proportion of families aborting female foetuses in the first pregnancy has been increasing over the past five years (George and Dahiya, 1998).

A study conducted by Singh and Arora in (2006) revealed that despite the ban on sex-determination tests, the practice still continues in north India through
private clinics. Even female foeticide is practiced. Most of our respondents favoured sons and daughters were seen as a burden. This son syndrome is a reflection on the low status of females in our society.

A survey conducted by the Institute for Development and Communication highlights a few features of the prevailing scenario in Punjab: (1) Thirty-three per cent of respondents acknowledged having undergone sex-determination tests in 2001 (2) In 2000, 45 % mentioned use of methods to ensure birth of male child (3) Strata and locational variance in practice of female foeticide: 53% respondents belonging to upper income group were found to be the largest users of pre-natal tests, middle income and lower income mentioned 39% and 19% respectively, urban (38 %), rural (33%), semi-urban (27%) (4) Eighty-one per cent mentioned the necessity of a male child. In this females constituted 84% and males 78 % ( PHDR, 2004). Women with high socio-economic status are more likely than other women to practice sex-selective abortion, they are less likely than others to express a strong preference for sons. In other words, the propensity to use sex-selective abortion rises sharply with socioeconomic status, more than compensating for the lower levels of son preference expressed by high-status women (Retherford and Roy, 2003).

The result of the National Family Health Survey (1993) reveals that in Punjab out of all respondents, almost 59 per cent women opt for their next child to be a son. Only 6 per cent opt for their next child to be a daughter. Although this relationship to an extent depends on the sex combination of the living children, the above mentioned survey results show that regardless of the sex combination of living children, son preference persists. The prevalence of infanticide in the state is not known, women having a favourable attitude towards female foeticide would show differential treatment for a girl child compared to a male child and hence, would experience more female child deaths compared to those women who disapprove of female foeticide.

This view of daughters being in some sense ‘inferior’ to sons pervades the Hindu scriptures. This is reflected in the large literature that has examined gender differentials in marriage in India (Mukhopadhay, 2000 and Kapadia, 2000)
and marriage-related issues such as dowry (Anderson, 2003; Sen, 1998; Deolalikar and Rao, 1998). Gender biases have also been investigated more widely in the context of Indian demography and development (Kishore, 1993; Krishnaraj, Sudarshan and Shariff, 1998; Murthi, Guio and Dreze, 1995; Bhatt and Zavier, 2003). Das Gupta (1987) emphasized that patrilineal descent is a key organizing principle of the Jat Kinship system (the dominant group in Punjab are the Jats, a land owning caste, in which son is given more preference over daughter). He further added that cultural practices may contribute to low sex ratio in Punjab. He stated: “There is no question of women owning land. If she insists on her right to inherit land equally under the civil law, she would stand a good chance of being murdered.”

In Hinduism, ‘at the end of the (Sraddha) ceremony, the performer asks, “Let me, O fathers, have a hero for a son!” (Radhakrishnan, 1947). A common Vedic blessing for newly married Hindu women is ‘May you be the mother of a hundred sons’. The Mysore Population Study described one of the traditional Vedic blessings for married women popularly used in Karnataka ‘May she bear ten sons and make of her husband an eleventh!’ which is also a good example of son-preference in Hindu societies (United Nations, 1961).

During the discussions with women both in Gujarat and in Haryana, it was clearly indicated that majority of the women accepted the outcome of the first pregnancy—whether it was a boy or a girl. However, if the first born child was a daughter, then the upper caste women were overtly or covertly pressurized to ensure that the second and or the third child was a boy and to take appropriate measures. Although the women from lower castes experienced this pressure from the family to a much lesser extent, many among them have started either emulating the women from the upper castes or have started thinking the same way.

Thus the son preference was very evident among all social groups in both Gujarat and Haryana states even when the desired number of children had come down to two or three. No group of women indicated that they would want more
than two or three children. They came up with fairly rational explanations about why many children are not desired in the present times and situation.

However, in spite of wanting fewer children compared to their parents, women are influenced by the other members of the family on the decision of size of the family, women were asked to imagine a hypothetical situation of having all the freedom to choose the number and the sex composition of their children. Among those who indicated that they would like to have three children the overwhelming response was for two sons and one daughter.

However, some who indicated that they would like to have only two children preferred at least one of them to be a son. However, if the two children turned out to be girls then they would almost certainly opt for a third child with a hope that it would be son, to support his parents in their old age and yet, the desire for a son was very strong among women of all social groups, As one backward community woman in Gujarat put it:

“Yes we wait for the son. We must have a son; howsoever he may turn out to be. We would always hope for a son. After all the daughter will go away after her marriage. The son will stay with us and takes care of us.”

Women from the upper castes that practice dowry (Chaudhary in Haryana and Chaudhary and Patel in Gujarat) even voiced that if the first child born to them was a boy, then they would be satisfied with just one child. The menace is not of the dowry system but of lifelong presents that have to be given to the girls from the day she marries till her death and also to her children was a strong deterrent to having girls.

Alongwith that a fear was articulated that the daughter might be sent back to the parental house if her in-laws were not satisfied with the presents that have been demanded or that she has been given on various occasions by her natal family or for any other reason. There is trouble for daughters. They may find a good family or a bad family after their marriage. They (daughters) may come back home. If they have trouble with their in-laws they may be sent back by their in-laws. In earlier times, the women used to do backbreaking labour, look after the cattle after their marriage. These days girls do not do that.
economic problem, the in-laws will send the girl back to her parental home. So, a girl is always the reason for the tension of her parents (Patel woman from Gujarat).

A girl requires a dowry when she has to be married which is a cause for anxiety. Finding a suitable groom and hoping that she will settle down happily in her new home is always a source of worry for parents (A woman from Haryana) (Visaria, 2007).

International literature on micro consequences of high fertility argues that in families with large number of children, implicit choices have to be made regarding which children to invest in and often daughters lose out in favour of sons (Montgomery and Lloyd, 1996). This would suggest that high fertility may be one of the causes of discrimination against daughters (Arnold, Choe and Roy, 1998) and would be consistent with Muhuri and Preston’s (1991) findings in Bangladesh that girls who already have one or more sisters are more likely to experience child mortality than first born daughters or sons. However, in view of worsening sex ratio even as fertility is declining, Gupta and Bhatt (1997) argue that, fertility decline without a change in son preference, is precisely the trigger that leads to greater discrimination against daughters. As long as families insist on having one or more sons and fertility declines, one of the way of accommodating a preference for boys with lower fertility is to discriminate against girls and this either engages in female infanticide or sex selective abortion.

**DAUGHTER: A BURDEN**

The customary claim of a daughter on parental property may be absent but her claim on her parental and eventually on her brother’s property, especially by way of customary gifts to her, members of her conjugal family and her children, is highly significant and often substantial. Similar is the claim of her offspring on her brother for his presence and for customary gifts, at least until his sister is alive. The importance of the son is thus, not just for the mother and the power that comes to her through his birth, but it is important for the sister throughout her life to have a brother to carry on the supply of customary gifts to her and her conjugal family. A son’s father’s confidence is enhanced in dealing
with dowry and the ensuing gifts if they have sons who provide social and economic support as male members of the bride giving family. Besides, a brother is the emotional shield for a sister and also to her husband, in case of any untoward eventuality or misfortunes. In the present times when money and wealth are accorded supreme importance, dowry and gifts at life-cycle rituals are always welcome. It is easy money and glitzy gizmos are status symbols and more so when they come as dowry or customary gifts. These symbolize the higher status of wife receivers and their recurrent honoring through customary gifts from wife givers. It works as a spiral. Gift receivers enhance their social standing before neighbours and kin through receiving gifts. This in turn enhances the social standing of gift givers and that of their daughter/sister in her conjugal family. Those castes that practiced bride wealth justify the practice as it brings honour to their daughter in her conjugal family. Well-oiled warmth in ties between the two sets of families is expected to continue. The improved economic standing happens on the side. There are numerous accounts of the prevalence of strategies for discrimination against girl children. This has ranged from female infanticide (George, 1997; Venkatachalam and Srinivasan, 1993; Chunkath and Athreya, 1997 and Das Gupta, 1987) to care and food related deprivation. Although a daughter provides help in housework before marriage, she is considered to be an economic liability to her parents mainly because of the heavy dowry payment demanded by the groom’s family (Kishore 1995), as well as the high cost of the wedding, which is generally the responsibility of the bride’s family to bear. Socially, the utility of having daughters is small compared with their cost. Although daughters are often considered to provide more emotional satisfaction to parents than sons (Dharmalingam, 1996; PRC, Lucknow University and IIPS, 1994), they typically become a member of their husband’s family after marriage and may have little continuing contact with their natal family. Parents also bear a large burden in arranging a suitable marriage for their daughters and protecting their chastity before marriage. At the wedding ceremony, in many cases the father of the bride has to assume a humiliatingly low posture in the presence of the groom and his family. According to Hindu
tradition, however, there is one important reason for having a daughter: her parents can earn religious merit by selflessly giving her away in marriage (kanyadaan). Some parents also cite the need to have a daughter to cry at the time of their death (Dharmalingam, 1996).

If dowry is a resource for one party, it is a loss of resource for another. There is a style of negotiating dowry among middle-class Punjabis in Delhi and Punjab. It is commonly said, ‘We want only the girl in barely three clothes ‘(teen kapron mein ladki chaahiye). But this is only a manner of speaking and never to be taken literally. Dowry communicates love, affection, respect and honour. Of course, giving dowry is not merely economic cost and/or loss because it enhances status and honour of both dowry givers and receivers. The economic burdensomeness of the daughter heightens. Dowry (payment in cash and kind by the bride’s family to the groom’s family) – though illegal – is thriving. It has spread to all communities: rich, poor, upper caste and lower caste. The spread of a consumer culture and the availability of branded products have made dowry very lucrative. In several places, notably in Punjab, the shift to cash crops and greater liquid wealth has also fuelled the practice of dowry. Thus, a daughter’s marriage is a prohibitively expensive proposition for parents (Gupte, 2003).

It has often been pointed out that one of the key motivations for sex-selective abortions in India is the institution of dowry, which makes girls more of an “economic burden” than the boys. “Economically a female child is considered a drain on the family purse” (Ramanamma and Bambawale, 1980, as cited in Grant, 1998). Punjabis commonly express that a daughter takes/receives all the time in the proverb, ‘Kuanri Khaaye rotiyan te byayi khaaye botiyan’, literally, unmarried one eats bread and a married one eats you up. She takes even after death, a married daughter’s cremation expenses come from her natal home for her last rites to be duly performed. This signifies that the wedding and dowry is not the end of a series of expenses incurred on a daughter. A Punjabi upper-middle class mother in her sixties used this proverb if a daughter is not given enough gifts, Ghar ki deewaren roti hain, literally, walls of the house weep. This explains the importance of keeping a daughter and her conjugal family happy to
keep one’s own house happy, including its material structure (the walls). Socio-cultural trends in India also place women at an increased disadvantage. The traditional patrilineal, patrilocal and exogamous marriage and kinship systems prevailing over much of the subcontinent have always placed women in a low-status, precarious position, until they earn their place in the patrilineal society by bearing sons. Although the southern part of the sub-continent had more endogamous and egalitarian marriage systems, with matrilineal family forms in many Southwestern coastal communities, social change in these regions has tended to move towards normatively patrilineal systems. Significantly, scholars also note the spread of dowry nationwide to communities and castes where it had never been the custom. Insufficient research attention has been paid to this phenomenon. The bulk of sociological or anthropological research in India on the topic of kinship is abstract and descriptive in nature, viewing women as objects of study and exchange and not problematising the underlying causal and consequential gender relations (Aggarwal, 1994 and Ramaswamy, 1993). Some scholars have begun to address this issue (Paliwala and Risseeuw, 1996), but there is little scrutiny of the relationship between kinship organization, gender relations and women’s life and death chances.

Some attribute the spread of dowry to the process of ‘Sanskritisation’, whereby lower castes achieve upward caste and class mobility by emulating the customs of the upper castes, including dowry and female seclusion. Others attribute the changes to the young age structure of the country: the greater ratio of young marriageable girls to potential mates in the higher age group increases the ‘price’ of grooms (Rao, 1993). The rise of consumerism is also implicated, drawing people into a growing web of expectations and demands. The continued importance of kin networks for economic resource mobilization, the spread of the dowry custom, the growing amounts of dowry changing hands and the increasing importance of resource acquisition strategies for family status enhancement, have led to the concentration of wealth in families where the ratio of male children is greater and female children are therefore increasingly seen as liabilities (Clark, 1987 and Heyer, 1992). The practice of sex selective abortion
exists and, in fact, flourishes, one must first examine the cultural basis of son preference in India. The reasons behind what has been called “son mania” are both multifaceted and deeply imbedded in Indian culture (Ramanamma, 1980). They are also, unfortunately, inextricably entwined with a corresponding discrimination against daughters. In the ancient Indian text, the Atharva Veda, mantras are written to change the sex of the foetus from a girl to a boy. A son’s birth is linked to “a sunrise in the abode of gods” and “to have a son is as essential as taking food at least once a day,” whereas a daughter’s birth is a cause for great sadness and disappointment (Ramanamma, 1980).

Although gynecologists certainly have a financial interest in the practice, their views generally reflect those of much of the rest of the country (Singh, 1992; Shah and Taneja, 1992 and Kusum, 1993). Another frequent argument used by supporters of sex selective abortion is that the decline in the sex ratio as a result of this practice will result in an elevation of the status of women and reform of the dowry system. Feminists have responded to this disturbing contention by saying that a decreased ratio does not improve the status of women, it simply reflects it. Moreover, there are no indications that the declining ratio over the past century has elevated the position of women or eliminated dowries. In fact, despite the lowest sex ratio in the past century, the status of women in India arguably has never been lower, as demonstrated by the recent increased incidence of bride burning and dowry deaths.

A dowry death is defined as the unnatural death of a woman caused by burns or bodily injury occurring within the first 7 years of marriage, if it can be shown that the woman was subjected to cruelty by her husband or her husband’s relatives shortly before death in connection with a demand for dowry (Johnson, 1996 and Prasad, 1996). Nearly 5,000 women were reported to have suffered this type of death in 1994, about 1 dowry death for every 100,000 women (NCRB, 1995). The actual number is certainly larger, as there are many deaths that should be reported as a dowry death and are not. While studies have shown that dowry-related violence against women occurs among all subgroups of the population, the rates are higher among the poor and the lower castes. Alcoholism
is also associated with increase in violence against women (Rao and Bloch, 1993). The rural peasantry was of the opinion that the presence of a male child was a social deterrent to anti-social elements to harass the family. In particular, this came handy to avoid harassment on account of dowry. “If the girl has brothers then her in-laws think that the family is strong and will think many times before attempting to harass her.” (If a girl does not have brothers then the impression is that the family is not strong enough and people try to exploit and harass girls and may even eye their land and property).

A woman’s natal family owes her even until her death. Obviously her parents are usually dead when she is old herself. It is her brother/s who is expected to provide for the expenses for her last rites upon her death.

While talking about daughters, the Lewa Patidars of Nadiad, Borsad, Napad and Mahuda parganas told the Collector of Kaira district, J. Webb in 1849 that:

Respectable persons give their daughters in marriage incurring the expenses according to their abilities, but amongst our people the expenses are daily increasing, whilst during the former administration (Maratha rule), we used to obtain the management of the villages from the state on our own responsibility and, therefore, made the collections on our own authority, consequently our means were kept up; at present we have no such means (MSS, 1849).

The interviews of Patidars and Rajputs with British officials point to the new difficulties they faced. The Patidars telling the officials (the members of this caste told the same thing to the Ahmedabad Collector in 1847) of their inability to pay land revenue and large dowries demanded by the groom’s side since the revenue contracts were done away with, does provide a clue. However, it is not possible to say what impact this problem had on female sex ratios and if female infanticide was accentuated due to British revenue policies. Figures on female to male ratios for the pre-colonial period, which would enable a comparison with sex ratios during colonial rule, are not available.

We find qualitative and quantitative data in the historical records, which relate sex ratio to the social status of clans and lineages, which controlled
territory during the 19th century. The data reveal that among Rajputs, the clan, which controlled the largest territory and occupied the topmost position in the Rajput hypergamous hierarchy, resorted to very extensive female infanticide. Thus, in the mid 19th century, among Rajputs of Banaras division, the top position in the Rajput hierarchy was held by the Suryavamshish of Amroha Pargana in Gorakhpur district. They controlled 78 villages and were acknowledge to be the highest by all the Rajputs in the region. A census of 1856 revealed that the Suryavamshish had in the 78 villages, 721 boys to only 129 girls below six years of age. That is, only 15 per cent were girls. The same census also revealed that 10 of the Suryavamshi villages had no Rajput girls and marriage of Rajput girls was a 'rare occurrence' in many Suryavamshi villages. Though placed in a tight spot due to British revenue policies and lack of mobility as noted above, Rajput clans, which ranked below the Suryavamshis, had somewhat better female to male child sex ratios. Thus, the Rajkumars of Ungli Pargana in Jaunpur district controlled 42 villages. They gave the daughters they preserved to the Suryavamshis and had a CSR of 283 boys to 80 girls below 6 years that is 22 per cent were girls (Moore, 1868).

In peninsular Gujarat, the Jadejas occupied the top position in the Gujarati Rajput hierarchy and controlled the large chunk of territory (9,931 sq. ml.) A census of 1834 showed that in 32 taluks where they resided, the Jadejas had 102 males and only 20 females in the age group one year and below. The same census also showed that Jadeja males of 20 years of age and below, were 1,422 and Jadeja females of all ages were only 603 (SRBG, 1856). Female infanticide was no less extensive among the Jethwa Rajputs who held the number two position below the Jadejas in the Gujarati Rajput hierarchy. Alexander Walker, the resident at Baroda reported to Duncan in 1800 that his enquiries showed that in the family of the Rana of Porbandar, the head of the Jethwa clan, not a single female child had been preserved for more than a hundred years.

The data on sex ratios in the records for the Lewa Patidars and Kanbis reveal that the top stratum in this caste, comprising the Lewa Patidars of twelve
villages known as Baragam in the Charotar area of central Gujarat, had much worse female sex ratios than other Lewa Kanbis. The Kanbis had 73 to 75 females per 100 males for a major part of the 19th century (Clark 1983), from 1847 onwards. British local officials talk of very low numbers of females in what they called the ‘aristocratic’ Patidar villages in Charotar. A census of 1871 showed that the number of females in the twelve top-ranking Patidar villages in Charotar, ranged from 39 to 53 girls to 100 boys below 12 years of age (Cooke, 1875). The census of 1891, 1901 and 1911 also showed that the Patidar villages in Charotar had a very low proportion of females. For example, the census of 1911 showed that five of the twelve Patidar villages under Baroda had less than 700 females per 1,000 males (Census, 1911).

For Sikh Khatri of Punjab, the records again suggest that the top rung in the hypergamous ladder consisting of Bedi Khutris, who claimed descent from Guru Nanak, the founder of the Sikh faith, practiced female infanticide more extensively than other Khutris. The information on female infanticide for Bedi Khutris range from Major Lake’s report of 1851 to the Punjab Board of Administration that ‘the Bedees are an influential caste of Sikh Khutris who have destroyed all their female offspring for the last four hundred years’.

Fear of violence in married life—bride burning, wife bashing, divorce and the ensuing stigma is an emotional cost in having a daughter. It is this social discourse that charts out a daughter as a social and economic burden, whose upbringing is enormously painstaking and uncertain until she has children, at least a son. The fewer daughters one has the lesser the occasions of standing in attendance for daughters’ conjugal family and drain on one’s material resources. Thus, it is thought ideal to have not more than one daughter, especially when not more than two children are seen as an ideal for a couple to have.

Giving additional gifts to a daughter and her conjugal family at all life cycle ceremonies and festive occasions is also a means of earning punya (religious merits) for the parents and the brother. Huani/huasni (a generic term in Rajasthan for a married daughter of the household/family brings punya to the natal kin by receiving gifts from them. Those who have no daughters do so for
daughter of the male agnates. Marrying off *jethuti* (daughter of the husband's elder brother) earns more *punya* and *glow*, i.e. symbolic capital than marrying off one's biological daughter, was often stated by people in the village studied by Patel (1994). According to news in nerve news.com under title 'Where unwanted girls are called *Kafi, Unchahi*'. It was written that in few villages in Haryana people give strange name to their daughters believing it will help in not having more daughters in the family. Earlier, one could find a few *Bhateri* (meaning 'enough') *Devis* in every village. Now, *Kaafi Devi* is more common. One Rohtak village - Ghadikheri - has four *Kaafi Devis*. All are the third or fourth daughters in a family, with no son. The trend began when one mother delivered a son after naming her fourth daughter *Kaafi*. 'Now it's almost a trend at Ghadikheri,' observes Sabita Devi, an anganwadi mother and child care supervisor. 'Families wanting a son name their last daughter *Kaafi*.' A sample of some of the names given to infant girls are: Dhappan (a full stomach), *Maafi* (forgive) Devi, *Mariya* (deathly), *Badho* (excessive) Devi and *Bas Kar* (stop it). Activists have even found a girl named 'Enough Kumari' in a Sonipat village. In Punjab Rajji (means enough) is very common name of girls. (www.nervenews.com)

**WOMEN: THE BATTERED HALF**

The status of women in India has been a chequered one as it has seen many ups and downs. In the Vedic Age 1500-1000 BC, they were worshipped as goddesses. In the Muslim age 1026-1756 AD their status suffered a sharp decline and in the British regime they were looked down upon as 'slaves of slaves' (Sachdeva 1998)

The high female infant mortality rates (Miller, 1985), the practice of female infanticide (Krishnaswami, 1988), the neglect of female children with regard to access to health services, nutrition (Sen and Sengupta, 1983) and education (Mankekar, 1985) and the sexual abuse of girls (Bhalerao, 1985) are manifestations of a deep-rooted patriarchal bias against women. This negative bias has assumed an alarming dimension in the recent past, with the utilization of the amniocentesis test for detecting the sex of the foetus, followed by a selective abortion of the foetus if the test shows it is female. Apart from considerable risk
to the foetus and the woman, the utilization of pre-natal diagnostic techniques for
the selective abortion of female foetuses perpetuates the negative social worth of
women. Education often domesticates women rather than liberates them (Das
Gupta, 1987; Clark and Shreeniwas, 1995). In a patrilineal kinship system where
marriages are arranged on principles of dowry and hypergamy and where
women are objects of exchange along with other forms of wealth, excess female
mortality is argued to be an inevitable outcome (Clark, 1987). Contradictions
notwithstanding, a pattern is discernible where increasing economic
marginalization and social devaluation make daughters increasingly come to be
seen as liabilities. Families, therefore, respond by discouraging the birth and
survival of female children. Numerous studies document widespread gender
inequality within households in the allocation of food and health care where
women and girl children have last priority. This directly heightens female mortality

A study conducted by Desai et al., 1999 shows the cause of gender
disparity in case of infant mortality. The data for the study was taken from the
National Family Health Survey – II conducted in 1998-99. This was a nationwide
survey with a random sample of 89,199 ever-married women aged 15-49. In
addition to information in birth history, survival status of children and age at
death, this survey also collected information on parental education, employment
status, household ownership of land and a large number of consumer assets.
The unique characteristics of the survey in comparison to its predecessor NFHS-I
(1992-93) was its focus on variables measuring women’s empowerment,
particularly women’s role in household decision making, their control over
resources and experience of domestic violence.

The paper was focused on all children born in the past 10 years, giving a
sample of 108,002 children. Of these, 8,144 children died before reaching age 5
and 1,443 children died between age 1 and 5. In general, infant mortality is less
preventable than child mortality and hence, gender disparities to be more
important for child mortality rather than infant mortality. Indeed this was the case,
controlling for household wealth (as indexed by ownership of consumer

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durables), region and parental education, female children experience higher mortality at all ages following the neonatal period. Between months 1 and 12, girls are 20% more likely to die than boys, between ages 1 and 5 years, girls are 40% more likely to die than boys.

Kishore (1993) finds that in more developed districts, survival chances of girls are reduced. Similarly, Murthi et al., (1995) findings suggest that districts with higher levels of poverty decrease female disadvantage in child mortality. Furthermore, at the household level, it appears there is less discrimination of girls in poorer household (Miller, 1981; Krishnaji, 1987). Literature from the neighboring Bangladesh suggests that gender discrimination is lower among poorer households than among the richer ones (Muhuri and Preston, 1991; D, Souza and Bhuiya, 1982 Bairagi and Langsten, 1986)

Literature on women's status often argues that woman's labour force participation increases women’s value to the household resulting in higher investments in female children in spite of a cultural preference for sons (Rosenzweig and Schultz, 1982 and Miller, 1981).

Two significant longitudinal studies undertaken in the Punjab region in the 1950s and 1970s demonstrated that the cultural practices of neglect of female children and delays in provision of health care during illness led to significantly higher mortality among girls compared to boys (Wyon and Gordon, 1971 and Tylor, et al., 1983). A revisit in the 1980s to the Khanna Tehsil, studied by Wyon and Gordon, suggested that the attitudes towards girls and women had hardly changed in this intervening period (Das Gupta, 1987).

In the Indian context, women construct their sense of self largely in terms of the relationships and traditional gender roles, that, in-turn reinforce the code of living for others. The process of socialisation of Hindu girls in the natal home in patrilineal India through rituals, ceremonies and the use of language (proverbs, blessings, songs, modes of chastisement and in several other ways) is geared to emphasising and dramatising the woman's inherently temporary membership in her natal group and her non-functionality from the point of view of perpetuation of the group and the continuity of the family (Dube, 1988). The socialisation
process, particularly in India, is derived from the cultural ideology and practices of gender inequality are translated into the daily lives of females. Excessive value is attached to traditional roles and responsibilities, especially in the family context. Girls are consistently shortchanged in their share of resources and implicit or explicit justification is given for this (for example, 'girls need less food than boys because boys work harder', 'looking after girls are like ploughing other people's fields'). It is a common saying in India, *Ladka marey kambakh ka; Ladki marey bhaagwaan ki* ("It's a fool who loses his male child and the fortunate one who loses a girl child"). The differential entitlement to resource shares also shifts the responsibility for care and nurturance of women. Moreover, the care relationship is linked to notions of self-sacrifice, thereby creating a 'culture of female sacrifice' (Papanek, 1990). The entire process elicits ambiguous or negative feelings regarding one's self-worths. (Cf. Das Gupta, 1987).

Aristotle wrote: “The mental and physical differences between men and women are such that women are not only inferior, but fitted for a different role in life. Woman’s partnership with man, necessary for the procreation of children and the survival of the species, is the basis for the family unit; but the wife must be the subordinate partner, the husband lord and master.”

How much people might indulge in tall talk, in no country or age were women given full freedom in religious and social matters, nor are they given their rights to this day (Sarkar, 1995). Unmarried Hindu goddesses in Indian mythology are often portrayed as dangerous and violent, while married goddesses are reputed for their tranquility and obedience (Kinsley, 1988). Polygyny is tolerated in Hindu scriptures, but only in the absence of male offspring, this again reflects a strong degree of son preference. Although it is illegal, Hindu marriages are often accompanied by the giving and taking of dowries which reflects the existence of hypergamy in the marriage market – women being given in marriage to wealthier men within the same caste group (Caldwell, Reddy and Caldwell, 1983). The dowry essentially operates as an economic compensation for the man's family for undertaking the marriage (Rao, 1993). But, since this implies that investments in daughters are less recoverable
for Hindus compared to Muslims, it engenders a greater degree of both son-preference and daughter-aversion among Hindus. This is exacerbated by the fact that in Hinduism, women and men are viewed differently. For example, Vyasa argues in the Mahabharata that ‘A woman is supposed to have one husband, a man many wives. ... A woman may have a second husband for progeny in case of difficulty’ (Deshpande, 1978). Although polygyny became illegal for Hindus in India in 1955 with the Hindu Marriage Act legislation, the theology of Hinduism encourages the early marriage of women compared to men and treats men and women differently.

It is generally said that the state of development of a society can be judged from the status a woman occupies in it. A woman performs a number of roles in the family, community and the wider social system. Her status in the society is determined by her composite status depending upon her various positions and roles. To an extent, it also depends upon her consciousness of her own status. In the final analysis, the status is “the conjunction of positions a woman occupies as a worker, student, wife, mother, the power and prestige attached to these positions and the right and duties she is expected to exercise.” The status of a woman can best be measured by the extent of control that she has over her own life, derived from access to knowledge, economic resources and political power and the degree of autonomy enjoyed by her in the process of decision making and choice at crucial points in the life cycle. Accordingly, a woman’s status in society is to be analysed in terms of her participation in decision making and her access to opportunities in education, training, employment and income as well as her ability to control the number and spacing of her children. The role that a society assigns to woman in real life determines the extent and level of her participation in the social, economic, cultural and political processes which, in-turn shapes the demographic portrait of a country. Women in the Indian society occupy a low status. They have been discriminated against in all walks of life, accentuating social, economic and cultural inequalities. The sex-based discrimination deprives them of exercise and enjoyment of human rights and fundamental freedoms in all spheres of life. A host of factors are
responsible for this sorry state of affairs, including the religion. In India, the religious factor has been of utmost importance in determining the status of women since it exerts powerful influence on the thought, culture and behaviour of the people. It permeates their personal and family lives as nothing else does and it also regulates inter-personal and intergroup relations. In short, there is hardly any aspect of social conduct which is not affected by the sanctions of religion.

It is a sad comment that women have been denied the freedom and opportunity to develop as full-fledged individuals. They have been debarred from making their proper contributions to social and economic advancement as their development has been held in check due to various cultural, social and historical factors. The religious factors have contributed in a significant way in creating bias against them and in keeping them in a state of backwardness. In most Indian religious systems, women have been considered an impediment in the religious path leading to salvation or given only a secondary place in the conduct of religious life and institutions. They have not even been considered worthy of attaining the highest religious goal salvation.

The Digambara sect of Jainism maintains that women cannot obtain moksha. They cannot become siddhas. The very fact that God has created them as women deprived them of entering into heaven or attaining any salvation. They must be reborn as men to get release from the cycle of birth and death. In this way even God is made to practice discrimination against women. The position of women in Hinduism is no better. Their fate has been hanging in between that of Durga and Devdasi, closer to Devdasithan than to Durga. For a long time, because of high valuation placed on the ideal of sanyasa in Hinduism, women were despised as the source of worldliness. They were regarded as the “torch lighting to way to hell.” They were held in low esteem. They were regarded a living picture of lust and greed. They were considered to be a bad influence on men, a positive hindrance in their spiritual journey. Sant Kabir asked men to shun the company of women as ‘Kabira tin ki kya gat jo nit nari kai sang.’ She was looked down upon as a potential temptress. Sant Tulsidas, the revered Hindu poet and author of Ram Charit Manas, placed woman at part with a Sudra and
animal when he said, ‘Dhol gavar sudar pasu nari, teeno tarran key adhikari. The Yogis stressed the need of renouncing worldly life and renouncing women for the attainment of salvation. Yogi Gorakh Nath called women baghani, a she-wolf who robbed man of his youthful vigour. Yogis take vow to remain celibates forever. The founders of Buddhism, Lord Buddha, too forsake celibacy. Ramanuj, the chief exponent of Vaisnavism, held women and Sudras to be sin-born and refused to admit them as a Vaishnava. Sankra Deva, another Vaisnava saint of the fourteenth century commented, “Of all the terrible aspirations of the world, woman is the ugliest. A slight side glance of her’s captivates even the hearts of celebrated sages. Her sight destroys prayer, penance and meditation. Knowing this, the wise keep away from the company of women.” Women were, thus, dishonoured and viewed lowly by the Hindu society. It was the religious beliefs that finally culminated in the formation of social attitude despising women. Nathism, Vaisnavism and some other sects of Hinduism spurned the householder’s life. They were for monasticism and celibacy. Chandogya and Mundaka Upanishads recommended sanyasa and brahmacharya for the realization of God. Woman was no better than that for the downtrodden Sudra. She was considered an unhealthy influence on man and therefore, relegated to the cultural backwaters.

In India, woman was reduced to the status of slave ever since the establishment of Brahman’s dominance and enforcement of Manu’s code. It is true that during the Vedic period, women commanded respect and no religious or social work was considered to be complete without the active support of one’s wife. Women had the right to education and knowledge. Boys and girls used to get their education together. Even among the authors of the Vedas, there were said to be twenty-two women. Women like Gargi and Maitreyi were revered as seers. But Manusmriti, the Veda of the Brahmanical revival, laid down the fundamental and outrageous doctrine of woman’s perpetual subjection. Says Manu, “In childhood, a female must be subject to her father; in youth to her husband; when her lord is dead, to her son: a woman must never be independent.” The position of women in Hindu society was governed by rules
and regulations lay down by Manu. It seems that there was a deliberate attempt in the Dharma Shastra of Manu to lower the rank of women. A woman was considered inferior to man in all respects. The natural affectionate relationship between husband and wife was marred by the degraded and inferior position in which woman was placed. A woman was required to worship her husband as God whatever his failings. According to Manu, “Though destitute of virtue or seeking pleasure (elsewhere) or devoid of good qualities (yet) a husband must be constantly worshipped as a God by a faithful wife. She was not to grumble or show any disrespect in any manner. On the other hand, the husband was fully empowered to take action against the erring wife. She who shows disrespect to (a husband) who is addicted to (some evil) passion, is a drunkard, or diseased, shall be deserted for three months (and be) deprived of her ornaments and the furniture. She who drinks spirituous liquor, is of bad conduct, rebellious, diseased, mischievous or wasteful, may at any time be superseded”. The husband was authorised to supersede his wife even on much less serious grounds. "A barren wife may be superseded in the eighth year, she whose children (all) die in the tenth, she who bears only daughters in the eleventh, but she who is quarrelsome without delay". The poor wife was made to bear all the insults and humiliations and degradation with stoic calmness. If she made any protest, she was beaten with a rope or a split bamboo and humiliated. She had no rights. She was no match to her husband. Commenting on the sad plight of women, Mazumdar (1994) says, "the poor wife was expected to follow her husband even in death by burning herself alive, but the husband, having given sacred fires to his wife who dies before him, may marry again and again kindle the fires". Strangest of all, women who once even composed Vedic hymns were not allowed to study the Vedas and perform sacrificial rites. Women were, thus, condemned to a life of permanent degradation and misery. They were required to observe strict purdah and confined to the four walls of the house. Their mobility was constrained. They were denied access to education and got caught in the whirlpool of ignorance. A woman had no identity of her own. Marriage became her only career and goal in life. Child marriages came to be practised. They
became a rule rather than the exception because it was considered obligatory for parents to marry off their daughters before they attained the age of puberty. In the case of husband's death a woman could not marry, as widow remarriage was strictly prohibited by Manu. So child-widows became a familiar phenomenon who had to go through a hell of life and bear various atrocities. In the case of married women barrenness was considered sinful. The birth of a son was the most desired thing. It led to frequent pregnancies and poor health of women. The birth of a female child was a sign of misfortune. So female infanticide came to be practised. A female child was not even entitled to the basic human right to live in the world. Similarly, a woman had no right to live after the death of her husband. So sati – widow cremation was practised. It was only the birth of a male child that improved the position of a woman in her family and society.

The iniquitous barrier which the Hindu society had raised between man and woman drained the strength and liveliness of social and domestic life. The stifling environment obstructed development of a woman's mental and intellectual faculties, shortened her life and in turn sapped the strength and vitality of domestic and national life.

During the Vedic period, women and men were treated equally. The Aryan women had complete control over the household and hers was a predominant influence on the children. She even enjoyed the privilege of suyamvara or choosing the life partner from many suitors. The Brahamanical literature, the epics and post epic literature are replete with instances illustrating bridal choice. It is believed that the wife in the Vedic Age was the husband's companion in weal and woe, mistress of the household and partner in all his activities, temporal and spiritual (Asthana, 1974).

In the matter of religious life which was an important and very ascorbing aspect of the daily life of the people during this period, women actively participated. There were many social sacrifices performed by women. In many important Yagnas performed during the Vedic and post Vedic period, the lady of the house not only participated but she formed an important indispensable part of the ceremony. Widow remarriage was allowed during this period (Altekar, 1959).
The position of women slowly underwent certain changes as they started confirming themselves to household. In the later Vedic period, woman became more a bridal figure than a feminine figure.

In the IX chapter of Manu Samhita and Manu Smriti the status of women has been discriminately indicated wherein it has been viewed from patriarchal angle and, therefore, represented as low. A few Sanskrit shlokas may be cited in order to locate the way the women status has been evaluated in texts. For example, the aforesaid scripts depicted that *Pita rakhsati kaumare bharta rakshati jwaubane rakshati stabare putra na stree swatantra mahart.*

This means the female is never worth liberated and hence at childhood she is kept guarded by father, during youth remains under the protection of husband and during the old age protected and takes care of by the son. That her feeling of insecurity in our ancient time and her dependency on male members at all times reflects in another verse as stated below:

*Ne kashti jositah saktahprashahya parirakshitum.Yeterupajogostu saktastah parirakshitum*

Manu in his scripts further stated that while offering security to the women, they need to be controlled due to the fact that they have been possessing powerful vies. Befitting to that similarly, it is stated that no female can be controlled by force. They can only be controlled by tricks and tactical moves.

*Paro durjanasansargah patya cha barahoatanam Swapneanograhahasascha narinam dusanani satt*

There are six vices of a woman and these are: liquor habit, unscrupulous friendship, staying away from husband, aimlessly moving here and there, untime sleep and living with outsiders. In certain contexts Manu has equated women even with the material goods and the domesticated animals (Panda, 2002).

Another Indian scholar Chanakya says: “River, armed soldiers, animals with horns and paws, king and women must not be trusted. Telling lies, acting without thinking, foolishness are the instinctive defects in women. You can learn manners from the princes, politeness from scholars, falsehood from gambles and wickedness from woman. Fire, water ignorance, shaker royal family and women
are the cause of destruction, therefore beware of them; friends, servants and women shin the company of poor man, they come back to him when he become rich again (Kautilya; Arthashastra pp. 253-258). About infant marriage Manu has said: “A man aged 30 is to marry a girl of twelve; or a man of 24, a damsel of 8; a breach of this rule makes a man sinful”.

In the Rig Veda (10-95-10) it states, “The friendship of women does not last long. Their nature is like that of the hyena.” Manu characterizes women as loving ornaments, having impure desires, being full of wrath, dishonesty, malice and bad conduct (Manu 9.17). In the Atharva Veda one verse states that “a wife is given by God to a husband to serve him and to bear him children. Further she is referred to by her husband as his subordinate and slave.” (Atharva Veda 14.01.52). Hinduism is the only religion where women are considered as innately promiscuous. The Puranas state that “…as a butcher is not satisfied with the slaughter of any number of animals, similarly women will not be satisfied with any number of men.” Hindu literature truly pours hatred on women, calling them thieves, dacoits, pirates, thirsty tigresses and hypocrite cats. In one scripture it states, “the following eight qualities are characteristic qualities of women. They are: uttering lies, unsteadiness, deceit, stupidity, greed, impurity, wickedness and rashness.” (Sukra 3-163) (cf. Loveleen Khinda, 2007).

In the Mahabharata, (Anusasana Parava, Section XXXVIII), the great Indian religious epic, there is an entire chapter in which an Apsara talks in detail about the character of women and says how they are the root of all problems and how they are always looking for another man, no matter how good their husband may be. How, because of this, a woman never deserves to be independent – as she can never be trusted! We can still read these lines in many places in India:”The husband is the highest guru, service to the husband is the highest service.” or “The husband is the be-all and end-all of life, Verily, the husband is god; the husband is greater than heaven, the husband is the ruler of destiny.”

Angira declares; (in Udvabataattwa), "Damsels of eight, nine and ten years are respectively Gauri, Rohini and Kanya and all the girls above ten are called Rajaswala women in their catamenia, when, therefore, a girl has reached
the tenth year, she is to be immediately disposed off in marriage and such marriages even though celebrated in an interdicted nuptial season will not be held culpable." It further says, "one goes to the Nak world by giving a Gauri in marriage, to Vaikunth by Rohini or hell by giving a Rajasvala in marriage. A girl of 8 years (Gauri) is thought to have the same virtue as Goddess Durga who was given by her father to Shiva in marriage at that age."

This kind of scholarship, thus, created a paradoxical and contradictory image of women. On the one hand, she was the embodiment of purity and spiritual power and on the other, essentially weak and dependent creature needing the constant guardianship and protection of men. The religious scriptures sanctified the strong patriarchal social structure in which marriage, motherhood and service to the husband became the most valuable attributes of women and which perpetuated the negation of the woman's personality which culminated amongst the caste Hindu in the practice of sati the immolation of the widow on the dead husband's pyre. Later, the concept of the cult of the Shakti was revived around the fifth century of the Christian era. But it failed to make more than very limited inroads into the entrenched patriarchal pattern prescribed by the "Smritis".

The Hindu revivalist movement of the nineteenth century the Arya Samaj, the Brahma Samaj, the Rama Krishna Mission harkened back to the Vedic percepts. A position of honour for women and a concern for their present position became a tenet of the revivalist trends. These movements contributed to a lack of hostility towards the women's question and the availability of the models of female equality in the Hindu scriptures and justified actions to improve the status of women (Evevett, 1978).

During the golden periods of Indian history under the Mauryas and the Guptas, there was a gradual erosion of women's rights. Regressive customs like child marriage, purdah and sati began in the turbulent times that followed. The position of common women did not improve during Muslim rule. At the time of the advent of the British rule, the position of women in India was at its lowest ebb. Child marriage was in vogue. Sati was evidently prevalent. Female literacy was
considered as a source of moral danger. Dancing girls had lucrative professions (Devadass, 1976).

The nineteenth century movements for social change and religious reform were confined within the framework of religion. They were not secular in nature. Their main thrust was to improve the position of women within the family. They were not addressed to the introduction of radical changes in the total social structure inimical to several of its sections including women. Their major focus was education for women, which aimed at making women better wives and mothers and reducing incompatibilities within the family between educated males and uneducated females. Additionally, their aims were legislative action to rise the age of marriage, promotion of widow remarriage and female right to property. But all these were not quite critical issues for the larger mass of the people, hence the reforms remained elitist and limited in their approach to the women's question (Chatterjee, 1990).

The nineteenth century India saw a series of four notable social reform activities initiated both by administrators and dedicated reformers to remedy injustice heaped upon the womenfolk of the day. These efforts were motivated more by a humanitarian concern rather than deliberate attempts to enhance the status of women. The year 1808 can be termed as a watershed in the history of women's emancipation movement in India, when Col. Walker a British Resident in Western India made a strong plea to the government of the day for "repression" of the evil practice of female infanticide. With the appearance of Raja Ram Mohan Roy on the social horizon of India there was an emergence of an ebullient campaign to eradicate the horrid and heinous practice of Sati or co-cremation of widows on the funeral pyre of their deceased husbands.

In 1855, Ishwarchandra Vidyasagar took up cudgels for remarriage of widows. About two decades later, in 1884 Behramjee M. Malabari, a social reformer of Western India launched a movement to condemn infant marriages and enforced widowhood. These efforts were duly supported by Brahmo Samaj in Bengal, Arya Samaj in the north and by Prarthana-Samaj and enlightened social leaders like Mahadeo Govind Ranade, R.G. Bhandarkar, G.G. Agarkar,
G.K. Gokhle and D.K. Karve in the Western India. The campaign for widow remarriage was very effective considering that it resulted in an enactment of legislation within a year's time after a petition was submitted by Ishwarchandra Vidya Sagar in October, 1855. The Act did not satisfy its critics as it did not contain a valid definition of widow remarriage. The Act also failed to lay down a minimum age of widows for remarriage as many of them were infant widows of seven or eight. The reformers had hoped that at least such marriages could be valid only if undertaken after attaining the age of majority or the age of consent. Further the Act was silent on whether a widow could marry at her own discretion or is the consent of parents or guardians necessary. Also whether a widow could be married to a person who is already married or whether she could contract a valid marriage out of her own caste.

These social problems were taken up to be tackled with purposeful legislative action such as Sati Regulation XVII of 1829, Act no. VIII of 1870 -An Act for prevention of murder of female infants, Widow Remarriage Act XV of 1856, Age of consent Bill of 1890 and Infant Marriage Prevention Bill 1899 (which was not enacted until 1929 as Sharda Act). By the end of nineteenth century women had emerged as leaders of the women's movements. In the 1920s and 1930s women participated in the non-cooperation and civil disobedience movements against the British and many of them served Jail sentences.

The All India Women's Conference became the major vehicle for the women's movement, shifting from welfare requests to demands for full political and legal equality for women virtually in all areas. When India finally became independent, the congress government implemented many demands of the All India Women's Conference including legislation for prohibiting polygamy, liberalising divorce and granting equal inheritance rights to women. Mahatma Gandhi placed the question of women's emancipation in its proper perspective as an integral part of a larger process of social transformation. For Gandhiji, freedom of the nation was the sum total of the freedom of all individuals. Gandhiji had shown us the light even in those early days of freedom struggle. He said," Women have been suppressed under custom and law for which man was
responsible and in the shaping of which she has no hand....Woman has as much right to shape her destiny as man has to shape his....It is up to men to see that they enable them to realise their full status and play their part as equal of men.” Gandhiji gave us the right advice in dealing with the question of social justice to women. He opined that - “She has the right to participate in the minute details of the activities of man and she is entitled to a supreme place in her own sphere of activity as man is in his” (Gandhi, 1947).

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 rate, literacy rate, health status and work participation rate.

An eminent study says “it seems that women's future decisions to accept contraception are clearly linked to the number of living sons among her surviving children. In a society experiencing fertility transition the preference for at least two surviving sons is going to emerge as a major constraint for the family planning program, especially in the north. Thus, it is important that the Indian Government instead of propagating the two-child family norm across the board, emphasize those policies that actively enhance women's status and change attitudes towards female children” (Malhi and Jerath, 1997).

According to the United Nations the status of women in society can be determined by her composite status which can be ascertained by the extent of control that she has over her own life derived from access to knowledge, economic resources and the degree of autonomy enjoyed in the process of decision making and choice at crucial points in her life cycle. Social status can be assessed by such data as access to food, education, age at marriage, ownership of land, employment and work participation and the existence of enabling enactment's relating to public welfare. Another significant set of data that has an impact on the status of women is the availability of amenities necessary for decent standard of living for the family. In so far as access to health care also generally women do not get the best treatment when they fall ill. In addition the
consciousness of being ill is more manifest among men than among women who
always voluntarily suppress their ailment (Kynch and Sen, 1983). Since the
female literacy rate is low (39 per cent in 1991), the percentage of women
employees in Central and State governments is much lower than that of men (the
percentage being 7.50 and 34.91 respectively in 1990) (Gopalan, 1995).