CHAPTER VIII
STATUS OF WOMEN – AN EMPIRICAL SURVEY

In an attempt to evaluate the status of women in the society an empirical study was conducted aimed at identifying the causes of low status accorded to women and also the issues and problems incidental thereto, specifically female foeticide, female infanticide and pre-conception sex selection. Having regard of the magnitude of the problem and its repercussions, it was felt necessary to delve into the individual, collective and social psychology of the people concerned. Keeping in mind the extremely sensitive nature of the problem under study, every care was taken to introduce the issues gently in a gentle yet directive manner.

With regard to the objectives of the survey and the informational needs, separate questionnaires were prepared for different categories of respondents to have in-depth view of the situation and their perceptions. The doctors, advocates, judicial officers and the police were given questionnaires\(^1\) so as to capture their views and perceptions for nearly fair representative data related to the problem. Structured interview schedules\(^2\) were canvassed to the ever-married female respondents within the age group 18 to 48 years to elicit such information as would throw some light on the issue of sex-selective abortions. Separate interview schedules were prepared for this category of respondents belonging to literate and illiterate and rural and urban background.

The study is based on the samples of 50 respondents. The State of Haryana having the lowest overall sex ratio, and second lowest in the age group 0-6 years has been selected for the empirical study. Quantitative analysis has been kept to the minimum. Two districts of Haryana – Sonepat and Kurukshetra were selected for empirical study.

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1 See Annexures I,II, III & IV for doctors, advocates, judicial officers and the police respectively
2 See Annexure V for married female respondents.
Both of these districts fall in the bottom ten districts with lowest sex-ratios in India both in rural as well as in the urban category. Kurukshetra is one of the educationally forward districts in the State with historical and religious significance while Sonepat is an industrially developing district. In two villages and one urban location from each district the respondents were randomly selected for canvassing interview schedules.

Filled questionnaires and interview schedules were collected and processed for the final analysis. The responses have been helpful in drawing certain inferences regarding the problem.

Various questions relating to female foeticide, female infanticide and pre-conception sex selection having direct bearing on the status of women were posed to all categories of respondents, related some way or the other with the problem:

1. Does female foeticide have any bearing on the status of women?
2. When do you think family is complete?
3. What is the ideal number of children in the family?
4. Do you think that one son is necessary?
5. Do you think taking life of a foetus is equal to taking life of an infant?
6. What are the causes of female foeticide?
7. What are the likely consequences of sex selective abortions?
8. Are you aware about the laws dealing with sex selective abortions?
9. Are the present legislations effective for the control of female foeticide?
10. Do you think the implementation machinery under PNDT Act is sufficient to deal with this problem?
11. Do you think there are shortcomings in the present legislation?
12. Do you think that we can achieve the goal of preventing female foeticide completely?
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Relevant data has been prepared for various parameters in graphical form and is given below:

A. Pre Natal History

a).

Have you ever gone for pre-conception sex selection?

The above response makes it amply clear that not even a single respondent went for pre-conception or during conception sex selection. Further probing showed that a small majority from rural areas and even from urban areas do rely on quacks or sadhus for conceiving the child of desired sex.

b).

Have you ever gone for sex determination during any pregnancy?
In response to the question whether the respondents had ever gone for sex-determination during any pregnancy, only 15% of the respondents said 'yes' and the majority of 85% said 'no'. The extent of negative response might be attributed to the clandestine nature of the act as well as to the awareness of the fact that the act in itself is a crime.

c).

What method did you adopt for sex determination

Ultrasonography is the only method adopted to determine the sex of the foetus by the respondents. They do not seem to be aware of any other method for determining the foetal sex.

d).

Who accompanied you for ultrasonography?
On being asked that who had accompanied the respondents for ultrasonography, 30% said that they were accompanied by their husbands, 30% agreed that they went on their own, 20% said that mother-in-law accompanied them and 20% of the respondents did not respond to the query.

The inference that can be drawn from the analysis of responses is that it is not only the family pressure that can be blamed but the husband and wife themselves too are taking such decisions to plan and limit their families.

B. Abortion

a).

Have you ever gone for abortion?

b).

If yes, in which trimester?
In answer to the question whether they have ever gone for abortion 40% of the respondents answered in affirmative while response of 60% was in the negative. When asked about the trimester in which abortion was done, 90% of the respondents said that it was in the first trimester and only 10% agreed to have got it done in the second trimester. The responses still seem to be impacted by the awareness about the illegality of second trimester abortions.

c).

If Yes, for what reasons?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miscarriage</td>
<td>20%</td>
</tr>
<tr>
<td>Family Pressure</td>
<td>20%</td>
</tr>
<tr>
<td>Contraceptive Failure</td>
<td>60%</td>
</tr>
<tr>
<td>Any Other</td>
<td>0%</td>
</tr>
</tbody>
</table>

On being asked about the reasons for going for abortion, 20% said it was miscarriage, 20% blamed it on family pressure and 60% said that it was an unplanned pregnancy because of contraceptive failure. The analysis of the responses on abortion as depicted in the charts above would be helpful in drawing the following inference and conclusion:

- Abortion is considered to be a stigma and the women are not willing to share such information.
- Knowledge about sex determined abortions being a crime people are apprehensive to talk about it.
d).

Are you aware that repeated abortions affect the woman's health adversely?

On questioning to their response to awareness about adverse effect of repeated abortions on women's health, majority of respondents answered in affirmative. However 20% of the ever-married female respondents because of ignorance answered in the negative.

e).

On what grounds do you generally do abortions? (Doctors)

Doctors on being questioned about the grounds on which they generally do abortions agreed that 45% of all the abortions are done on the ground of contraceptive failure. It is the earliest way to cover up an illegal abortion as there's no proof of the same.
Do you give counselling to the patients and their family before abortion? (Doctors)

95% of the doctors claimed that they give counselling to the patients and their relatives before abortion. Only 5% doctors answered in the negative. From the elaborate discussions with various doctors it was found that in government sector for first trimester abortion 90% of the patients receive counselling before MTP and no second trimester abortion is done. In private sector only 50% doctors give counselling in first trimester and more than 90% doctors do not indulge in second trimester abortions.

Further discussions with the doctors revealed that a small percentage of doctors (gynaecologists/radiologists) i.e. 5-10% are indulging in second trimester sex-determination and termination of pregnancies but people who are motivated and very keen for getting female foeticide done are able to reach out to these doctors to avail their services. Because of the awareness about law, its strict implementation and the actions taken against the doctors, most of the private clinics and nursing homes have stopped catering to the needs of son obsessed parents.
C. Post-Natal History

a).

Breast feed started after delivery within two hours

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>40%</td>
<td>60%</td>
</tr>
</tbody>
</table>

Discrimination in breast-feeding practice is evident from the chart above. As regards duration of breast-feeding in case of male and female infants much difference could not be found from the responses. However, in depth probing led them to admit that the girls are breast fed for a shorter duration in comparison to boys. Reason for shorter lactating period is that the mother can conceive quickly in a hope of a son.

b).

Medical attention received after birth - taken to hospital/institutional care

<table>
<thead>
<tr>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>90%</td>
<td>50%</td>
</tr>
</tbody>
</table>
In urban areas almost equal medical attention is given to the male and the female infants as per the responses. Whereas in the rural areas discriminatory trend is evident from the figures that only 50% of girls were either taken to hospital or received institutional care whereas 90% male infants received proper/ trained medical attention in case of illness after birth.

The respondents when asked about immunization of their children for vaccination for preventable diseases came up with quite positive responses. However, rural-urban differentials can be seen in the graphical representation.

Analysis of the graphical responses leads us to conclude that in urban areas couples already have small and planned families and they don’t tend to medically neglect their children, whether male or female.

While in the rural areas discriminatory practices are quite evident as depicted by the graphical representation. In case of boys the parents don’t want to take any chance while for girls the attitude is very casual and parents rely more on home remedies.

Such differential treatment in medical attention and immunization in the rural areas leads to the inference of discriminatory neglect of the female infants during their post-natal period, which proves to be a major survival threat.
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D. Family Planning

a).

Are you aware of family planning methods to control the family size?

5% 5%
90%

Awareness about family planning methods to control the family size was found to be quite high. 5% of the females have however showed ignorance.

b).

Use of Family Planning Method

Urban Rural

Intra Uterine Device 60% 50%
Oral Pills 10% 3%
Condoms 15% 28%
Withdrawal 2% 2%
Abstinence 2% 3%
Female Sterilization 5% 10%
Male Sterilization 5% 5%
Respondents when asked about the information regarding use of family planning methods by the couples revealed that Intra Uterine Device is the most common method for spacing both in rural and urban areas. Differential use of condoms can also be seen with 28% in urban areas and 15% in the rural areas. Male sterilization both in rural and urban areas is almost equal.

- It can be concluded by these figures that the onus of family planning is primarily on the females and the males hardly share the responsibility in such matters.
- Another conclusion that can be drawn is that a very small number of couples go for sterilization and remain fertile throughout their reproductive span.

c).

Analysis of the graphical representation above makes us to conclude that mostly it is the husband and the wife who have collective say in matters of deciding about the children. However 30% blame it on in-laws.
E. Gender Perceptions and Female Foeticide

a).

When do you think a family is complete?

One son one daughter was considered to constitute ‘complete family’ by 60% of respondents followed by ‘two sons’ with 30%. A very small percentage of respondents even accepted one daughter (2%), two daughters (1%) as complete family. ‘Sex does not matter’ also got 2% response. The overwhelming obsession of parents still seems to be with sons.

b).

Reasons /Factors behind female foeticide?

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The respondents identified son preference as the major factor behind female foeticide as is shown in the chart above and is followed by dowry and social security. Different categories of people perceived these factors to be responsible for the menace of female foeticide in varying degrees, depending upon their respective backgrounds. Various studies have found a diabolic link between technological advancement in medical sciences and the incidence of sex selective abortions. However, majority of respondents have not attributed it to be a significant factor behind female foeticide. The reason behind such low response could be that in the perception of respondents the social factors have predominant impact on the social attitudes. However, it may be safely concluded that no single factor can be held responsible for the practice of female foeticide. It is the result of cumulative interplay of various factors.

c).

What are the likely consequences of sex-selective abortions?

<table>
<thead>
<tr>
<th>Consequence</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvement in Status</td>
<td>4%</td>
</tr>
<tr>
<td>Start bride price</td>
<td>4%</td>
</tr>
<tr>
<td>Increase Dowry</td>
<td>0%</td>
</tr>
<tr>
<td>Decrease Dowry</td>
<td>3%</td>
</tr>
<tr>
<td>Sex related crimes</td>
<td>13%</td>
</tr>
<tr>
<td>Demographic imbalance</td>
<td>76%</td>
</tr>
</tbody>
</table>

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An overwhelming majority of 76% respondents perceived that sex selective abortions would lead to demographic imbalance. 13% however felt that it will increase sex related crimes. There were opposing views regarding scarcity of women, 4% felt that it will lead to improvement in the status of women while 3% felt that it will decrease dowry practice.

Apart from these perceptions one should not be oblivious of the fact that going against nature would be devastating for the social and moral health of society and would be creating challenges for the sustenance of humanity.

d).

Do you think aborting a foetus is ethical/moral?

![Bar Chart]

The majority of respondents think that aborting a foetus is unethical and immoral. Surprisingly 5% of doctors, 10% of Judges, 15% of police and 20% of ever-married females think it otherwise.

It may be concluded from the above chart that the perception of small number of respondents is reflected in comparison to killing of infant in which moral costs are quite high. Even though small in number, this response shows the casual attitude towards abortion.
e).

Do you agree that taking life of a foetus is equivalent to taking life of a child?

Different responses have been offered by the respondents to the question whether taking life of a foetus is equivalent to taking life of a child. Interestingly 75% of the doctors answered in the negative while 25% responded in the affirmative. 100% of advocates and judges feel that taking life of the foetus is equivalent to taking life of the child.

The response of the doctors carries significance. However it seems that the doctors have failed to differentiate between 'embryo' and 'foetus' in scientific terminology. Out of all the ever-married female respondents only 5% responded in the affirmative, 30% in the negative while 65% did not share their views. The negative view is the evidence of the absence of guilt in the respondents.
F. **Awareness about abortion laws.**

a).

Awareness about abortion laws seem to be universal. It means that all the respondents have the knowledge that there is some law dealing with abortions. So much so, this much awareness was found even among the rural married women.

In-depth inquiry brought forth the fact that majority of respondents in rural areas do not identify first trimester abortions with law rather they consider it to be a matter of personal domain. They identify unmarried pregnancies and second trimester abortions after sex determination as illegal.

Further inquiry into the matter revealed that 40%-50% of urban females and only 10% rural females knew that the law covers even first trimester abortions.
Do you think decriminalization of abortion under Medical Termination of Pregnancy Act, 1971 is a good step?

90% of doctors, judges and police respectively agreed to the fact that decriminalisation of abortion under the MTP Act is a good step. Somehow advocates seem to be divided on the issue – only 45% of them agree to it whereas rest 45% do not consider it to be a good step. Among the married women only 20% considered it to be a good step while the majority of 75% women opted to be quiet on the issue.

Analysis of the responses on decriminalisation of abortion under MTP Act as depicted in the charts above gives out the following conclusions:

1. Majority of respondents agreed that decriminalisation of abortion is a good step.
2. Divided response of the advocates is quite unexpected. A small number of advocates were not even sure whether it was a good step or not. It shows that the advocates are not fully acquainted with the provisions of the M.T.P. Act.
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3. Among married females 20% considered it to be a good step, 5% answered in the negative, but the majority 75% did not comment on the issue. Such a response was not an unexpected one for obvious reasons that most of the females do not tend to open up on such issues with ease.

Above analysis is the perception of different categories of respondents and some of them do not seem to have taken into account the factors necessitating this legislation.

c).

Are you aware of grounds of seeking abortion under MTP Act?

Grounds of abortion under the MTP Act are generally in the knowledge of all the respondents of different categories except ever-married females. Only 20% of the females were aware of these grounds.
d).

Are you satisfied with all the grounds of medical termination of pregnancy under the Act? (Not satisfied)

The above graphical representation depicts varied and contrast responses. Majority of respondents consider contraceptive failure as a ground for abortion not to be satisfactory.

Above analysis gives insight into the perceptions of the respondents.

- Most of the doctors find all the grounds for medical termination of pregnancy to be satisfactory. Only 10% doctors find rape and 20% doctors find contraceptive failure to be an unsatisfactory ground. Majority of doctors feel that generally genuine cases of contraceptive failure do come.

- Having regarded to the fact that all the spacing methods/contraceptives are not hundred percent foolproof, majority of doctors consider it to be a reasonable and satisfactory ground for medical termination of pregnancy in the first trimester.

- However, 60% of judges, 25% each of the advocates and police do not seem to be satisfied with contraceptive failure as a ground for abortion.
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- Married females did not give very encouraging response. Most of them did not comment very openly. Negative response shows the insensitivity of people towards genuine need of females.

- A number of respondents felt that in theory all the grounds seem to be satisfactory but they apprehended misuse of these grounds to cover up illegal abortions for various reasons.

30% and 20% of police and judicial officers respectively reported to have dealt with a case of female foeticide and 40% of doctors also agreed to have dealt with such a case but only before PNDT Act came into force. Interestingly not even a single advocate reported to have dealt with such a case. A very interesting observation can be made from the responses above is

- From the doctors' response it may be deduced that before the PNDT Act came into force, doctors had been indulging in the practice of female foeticide without impunity. Post PNDT Act period, majority of doctors seem to have shunned this practice, at least openly. This depicts the deterrent effect of law on a large number of doctors.
- Police response shows that a small number of cases have been reported with the police too.

Do you find any lacunae in the Medical Termination of Pregnancy Act, 1971?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>No Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>75%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advocates</td>
<td>60%</td>
<td>40%</td>
<td></td>
</tr>
<tr>
<td>Judges</td>
<td>20%</td>
<td>60%</td>
<td></td>
</tr>
<tr>
<td>Police</td>
<td>20%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Married Females</td>
<td>100%</td>
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Whether law for abortions is being misused?

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<th>Yes</th>
<th>No</th>
<th>No Comments</th>
</tr>
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<tbody>
<tr>
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<td>60%</td>
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</tr>
<tr>
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<td>100%</td>
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Majority of doctors and the police (75% each) find no lacunae in the Act. 60% of advocates 40% of Judges, 20% each doctors, police and ever married women however felt that there were lacunae in the
Act. 75% of ever-married women, either because of ignorance or for obvious reasons did not give any response.

Majority of respondents felt that the law for abortions is being misused, with a few exceptions as 20% doctors, 15% advocates, 10% police and 20% married female respondents felt it otherwise. The doctors however emphasized that it is only in case of second trimester sex determined abortions the provisions of the MTP Act are being abused for satisfying the demands of patriarchal society.

It can be concluded that among the ever married women there is awareness about the existence of law dealing with abortions but the majority of women do not know the detailed provisions of the law even broadly.

h).

Do you know foeticide is a crime under Indian Penal Code also?

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<tr>
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<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>Advocates</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>Judges</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>Police</td>
<td>95%</td>
<td>5%</td>
</tr>
<tr>
<td>Married Females</td>
<td>90%</td>
<td>10%</td>
</tr>
</tbody>
</table>

General perception is to identify abortion only with the specific abortion laws *i.e.* Medical Termination of Pregnancy Act, 1971.

Except advocates, judges and police, there is hardly any awareness that foeticide/abortion is also a crime under the Indian Penal Code. 80% of doctors are ignorant of this fact.
G. Sex Determination and Sex Pre-selection – General Perception and Law.

a).

Are you aware of the pre-natal diagnostic techniques that make it possible to know sex of the foetus?

Majority of respondents on being asked about the awareness whether it is possible by pre-natal diagnostic techniques to know the sex of the foetus and also whether it is possible by pre-conception methods to opt the desired sex of the foetus, offered a positive response for the former whereas negative for the latter.
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- There is general awareness that it is possible to know the sex of the foetus with only a few exceptions. The practice of foetal sex determination has been accepted and internalised by the society and is rife in all sections of society.
- However, awareness about the pre-conception sex-selection seems to be less in comparison to pre-natal diagnostic techniques to know the sex of the foetus. Many doctors (60%) also seem to be unaware of these techniques.
- Foetal sex determination is serving the purpose of the society to dispose off foetus of unwanted sex at an early stage of pregnancy and without much trouble.
- Sex-determination methods are economical and easily accessible and without guilt feeling of having killed a child.
- Pre-conception sex selection methods are unaffordable serving only a few rich.

c).

Are you aware that PNDT Act bans both the pre-conception and pre-natal diagnostic techniques for sex selection and sex determination?

People in general are not aware that PPNDT Act also bans pre-conception diagnostic techniques as is depicted by the responses of ever-married females. This awareness is quite less even among the police and the advocates. 70% of doctors and 80% of judges however knew that the Act bans both the techniques.
d).

Are you aware of any action taken under MTP Act and PNDT Act?

Though majority of respondents were aware of an action taken under the Medical Termination of Pregnancy Act and the Pre-Conception and Pre-natal Diagnostic Techniques (Prohibition of Sex-Selection) Act, 1994, however quite a number of police and advocates (55% and 25% respectively) did not know about any such action. Surprisingly 5% doctors also showed their ignorance.

Following conclusions may be drawn from the graphical representation in the chart above concerning lack of awareness about action taken under the law.

- Lack of proper publicity.
- No active and primary involvement of police in the action to be taken under these Acts.
- Pre occupation of police with other grave crimes.
- Lack of awareness of the provisions among police, advocates and general public.
- Very less litigation under these legislations.
- Casual attitude towards the cases of female foeticide.
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e).

Are the present Legislations effective for the control of female foeticide?

Widely different responses have been offered by different categories of respondents when asked about the effectiveness of legislations to control female foeticide.

Responses are more or less equally divided. 80% of judges and 70% of police felt that the present legislations are effective whereas 70% of advocates and 60% of doctors felt that these were not effective to control the menace of female foeticide.

Response of general public was not very significant as most of the ever married female respondents did not share their views.

f).

Do you think the implementation machinery under the PNDT Act is sufficient to deal with this problem?
Responses are again split almost equally regarding whether the implementation machinery under PNDT Act is sufficient to deal with the problem of female foeticide or sex-selective abortions. 80% of Judges and 70% of the police officials feel that the machinery is sufficient whereas 55% doctors and 70% advocates feel that it is not sufficient.

However, responses of the judges and the police officials carry weight as former is to interpret and apply law and the latter is to enforce the same.

g).

Do you think there are shortcomings in the present Legislations?

h).

Do you feel there is some resistance in the enforcement of female foeticide laws?
Majority of respondents find shortcomings in the present legislations.

The prevailing perception among all the respondents generally is that there is some resistance in the enforcement of female foeticide laws. This signifies lack of zeal and shows casual attitude towards the crime of female foeticide.

i).

Do you think that the enforcement agencies get any response from the citizens for its actions taken for prevention, control and abetment of female foeticide?

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>No Comments</th>
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</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>30%</td>
<td>70%</td>
<td>0%</td>
</tr>
<tr>
<td>Advocates</td>
<td>80%</td>
<td>20%</td>
<td>0%</td>
</tr>
<tr>
<td>Judges</td>
<td>75%</td>
<td>25%</td>
<td>0%</td>
</tr>
<tr>
<td>Police</td>
<td>50%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td>Married Females</td>
<td>10%</td>
<td>90%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Majority of advocates (80%) and judges (75%) feel that the enforcement agencies do get response from the citizens for its action taken for prevention, control and abetment of female foeticide. While majority of police officials and almost half of the doctors do not feel the same.

Whatever be the response it is only passive. There is no overt condemnation of the practice of female foeticide among the citizens generally.
Do you think that we can achieve the goal of preventing female foeticide completely?

The goal of preventing female foeticide completely got mixed response but the majority of respondents were quite optimistic. 80% of advocates and 80% of judges were quite positive in achieving the goal. People in general are not sure whether this goal can be achieved or not as can be seen in the response of married females as 85% did not comment on this query.

H. **Awareness about women related laws.**

- Abortion is permitted under law subject to specified grounds
- Law bans foetal sex determination for sex selective abortions
- Law bans pre conception sex selection
- Dowry is illegal
- Law against domestic violence
- Child Marriage is illegal

![Bar chart showing awareness of women related laws among married females.](image-url)
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• Though there is almost universal awareness that abortions are legal but only 10% knew about the fact that legal abortions have to be subject to specified conditions.
• There is high level of awareness about the sex determined selective abortions. 90% of the respondents knew that it is a crime.
• Only 2% respondents seemed to be aware of pre-conception sex-selection laws and 5% while knew that domestic violence is punishable under law.
• Awareness about dowry laws was found to be among 70% while about child marriage laws among 80% of the respondents.
• Despite the awareness about these laws, people openly violate the provisions of these legislations.

I. Awareness about development schemes and programs amongst respondents.
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- The general awareness about different schemes and programmes initiated by various government departments was found to be low.

- Majority of respondents were found to be aware of the schemes providing monetary assistance. 80% of respondents were aware of a scheme for monetary assistance for marriage and 70% knew about 'Ladli'. However only 40% respondents knew about Mahila Cooperative Development Bank Scheme.

- Awareness about the schemes attempting to mobilize and enhance potential of adolescent girls by way of instructions, training and learning was found to be reasonable. 55% were aware of Girl to Girl Approach and 60% of Balika Mandal.

- Response to the employment and development schemes was not very encouraging. Only 20% knew about TRYSEM, 25% about JRY and 35% about DWCRA.

J. Number of complaints filed under PNDT Act. 3

![Graph showing number of complaints filed in the CJM Courts for Violations of Various Provisions of PNDT Act]

Number of complaints filed in the CJM Courts for Violations of Various Provisions of PNDT Act

Source: Health Department Haryana

See Annexure VII for list of complaints filed in the Courts of the Chief Judicial Magistrates for violations of various provisions of PNDT Act.

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It is evident from the above chart that number of complaints filed from 2001 to 2006 has been very irregular and very less. It may be concluded that after the directions given by the Apex Court maximum number of filing of complaints went up to 6 to 7 from 2001 to 2003. Thereafter the number of complaints has fallen down. The reason for this may be attributed to the deterrence of strict implementation and awareness about the provisions of PNDT Act. Now majority of doctors do not readily and openly indulge in practice of female foeticide.

K. Suggestions of respondents.

- 90% respondents emphasized on education of females to improve their status.
• 39% suggested reservation in government jobs, state and national legislatures and panchayats so as to empower the women.
• 40% respondents felt that making them financially independent and self-reliant would enhance the worth of females.
• Change in attitude of the society has been regarded as fundamental for improving the status of women by 80% of respondents.
• Incentives to the couples having daughters by 10% and discouraging the customs that deprive the daughters’ parents of social security after marriage have been suggested by 8% of respondents.
• 50% respondents favour providing information on women related laws, programmes and schemes.
• 30% respondents felt that the people should be made aware of the multi-dimensional implications of the practice of female foeticide.
• Strict implementation of women specific laws has been considered to be important by 75% respondents while 15% feel that self regulation by the doctors not being party to this heinous crime would be helpful in preventing the menace of female foeticide which would help in changing the perceptions and attitudes towards women in the society.

CONCLUSIONS
On the basis of analytical evaluation various conclusions may be recapitulated as under:
1. The response to the fundamental question that whether female foeticide has any bearing on the status of women, was in the affirmative manifesting the unwantedness of the female sex.
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2. Reaction to the practice of female foeticide was mixed. Majority of respondents felt that it was a crime against nature, against society, against females but a very small number of respondents also felt that it was an effective mode of family planning.

3. A general feeling prevails that there is no proper implementation of the laws. General public is not aware of the actions taken or convictions made under the Acts as is clear from the responses of the married females.

4. For the majority of people 'complete family' means 'one son one daughter', some respondents even considered two sons to make a family complete. Negligible number of respondents however felt that sex does not matter or one or two daughters also make a family complete. Such positive response, though very small in number, is like a silver lining in the cloud. Predominant obsession is still with the sons.

5. Son preference has been perceived as the main cause of female foeticide by the majority of respondents. However no single factor can be made responsible for the practice rather interplay of all the factors or some of the factors cumulatively leads to unwantedness of daughters resulting in sex selective abortions.

6. Awareness about pre-conception sex-selection methods is quite less as compared to sex-determination methods among the respondents.

7. Responses of the ever-married females has shown that ultrasonography is the only prevalent method to determine the sex of the foetus. Respondents do not seem to be aware of any other method to determine the foetal sex. Not even a single respondent has gone for any scientific method of sex-selection either pre-conception or during conception. However a small number of respondents had gone to the quacks or spiritual gurus for conceiving the preferred/desired sex.
8. Another significant observation deduced from the analytical study is that nowadays more and more couples are taking decisions on their own to plan and limit their families, family pressure is not solely to be blamed.

9. As per the responses awareness about existence of abortion laws is universal. In-depth probing revealed that majority of ever married female respondents in the rural areas and a small number of females in urban areas regard only second trimester sex determined abortions to be illegal. They perceive first trimester abortions as personal matter where law has nothing to do with it.

10. Majority of respondents feel that the abortion laws are being misused in case of second trimester abortions which are more specifically taking place for sex-selective termination of pregnancies because foetal sex can be determined in the second trimester only.

11. Majority of females are well aware of the fact that repeated abortions have adverse effect on their health but they feel that it is their necessity and they have no choice in the matter.

12. People in general are neither aware of nor feel very actively concerned with the action taken under the Medical Termination of Pregnancy Act, 1971 or Pre-Conception and Pre-Natal Diagnostic Techniques (Prevention and Regulation) Act, 1994. It is primarily because of the casual approach and lack of proper publicity of such events.

13. Divergent views have been evoked by different categories of respondents as to the effectiveness of the present legislations to control female foeticide and also as to the sufficiency of implementation machinery under the PPNDT Act. Judges and the police are more or less satisfied with the effectiveness on both counts while doctors and advocates are not convinced. Response

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of judges and police officials are significant as they are responsible for the interpretation and application of law respectively and have been dealing with such cases.

14. There is general feeling among the respondents that there is some resistance in the enforcement of female foeticide laws. It has also been felt that the response to the enforcement agencies from the citizens for its actions taken for prevention, control and abetment of female foeticide is only passive in nature. Due to such casual attitude towards this crime there is no overt condemnation of the practice on the part of citizens.

15. It may be pertinent to mention here that the questionnaire used focussed primarily on female foeticide, and not on infanticide. The design of the questionnaire was to some extent ‘deliberate’ and ‘carefully planned and thought-out’ so as to enable not only ease of administration for the researcher and the respondents alike, but also to ensure (as much as possible) to obtain qualitatively meaningful and honest information on this ‘sensitive’ issue. Post-hoc impressions confirmed this *a priori* hypothesis and plan as the researcher encountered extreme levels of reluctance on many occasions while trying to elicit information on the issue of foeticide only. However, many of the questions covered in the questionnaire could conceptually address issues related to infanticide. Hence, although the respondents did not provide any direct responses on infanticide, it may be possible to safely hypothesize that the findings obtained for foeticide can be extrapolated (to a reasonable extent) for infanticide too.