CHAPTER – 7

FEMALE FOETICIDE:
SOCIAL RESPONSE

"The demographic dynamics of Indian society are likely to have severe repercussions because of the inherent and traditional bias against women. This is operating as a negative force to produce a skewed society of the future."

The position of the female child is more miserable in India than in any other part of the world. The reasons have to be located in socio-psychological domains. Our patriarchal society welcomes sons alone and daughters are considered a burden and a liability. According to Manu, the lawgiver, a woman cannot attain ‘moksha’ and has to be reborn as a man for redemption. According to him, a woman is a field and man is the master (owner). It demonstrates her inferior position. Furthermore, a man cannot attain ‘moksha’ unless he has a son. A male offspring alone guarantees ‘moksha’. Manu states: "A man can gain both worlds through a son and gains eternity through a grandson." He prescribed that a woman who gives birth to daughters may be left in the eleventh year of marriage. This was the social reality in the later Vedic period.

Indian society permitted celibacy for men but it did not permit the same for women, who were expected to find their salvation in marriage and service of the husband and family. Sons were deemed welcome and essential for continuity and perpetuation of the family. Daughters were a liability, meant to be disposed of either by female infanticide or through early marriage and now through female foeticide. The girl child is so much hated by the society that she is not even allowed to take birth. She faces inequality everywhere, but in India she often does not even get a fighting chance to lead a healthy and productive life. Instead, girls are devalued as human beings from the day they are born and even before they are born.
Gender ratio in our country is shifting heavily in favour of males. A continuing decline in sex ratio secondary to sex-selective abortion has many potentially serious consequences. According to the data from the 1991 Census survey, there are approximately 35-45 million missing Indian women. This figure is calculated by determining the number of women that would be expected in any population given the number of men and the usual sex ratio. The actual number of women determined by Census is then subtracted from this figure resulting in the number of “missing women”. This number may be due to a decreased birth rate of female infants, increased mortality rate of women throughout their life cycle, Census measurement errors, or a combination of any of the above reasons. At the present rate of decline, an anticipated additional 5 million women will be unaccounted for by the end of this decade. Although there are no historical models to learn about the implications of lack of women related to men, one fairly obvious social consequence is that there are not enough women for the men to marry. This paucity of potential brides might result in girls being married at a younger age. Increasing number of child brides will further contribute to the poor status of women, as they will be less likely to finish school or develop job skills before marriage.

From the beginning, many evil customs are prevailing in our society which are against women and the girl child, eg. female infanticide. These evil practices are still prevalent with some change in its form. States like Punjab, Haryana, Gujarat and Maharashtra, have already reached an alarming level because of female foeticide and female infanticide. The release of Census data of 2001 has shown that India’s unfavourable sex ratio is 933 females per 1000 males. It reveals the number of females per thousand males. Natural sex ratio is favourable to females, yet in developing countries it is adversely represented. If we have a look at worldwide data, there are typically 105 women for every 100 men. Studies have shown that where men and women have access to equal care, nutrition, and health, they have a stronger constitution. In the industrial countries there are an average 106 women for every 100 men. In sub-Saharan Africa, there are 102 women for every 100
men and in South East Asia, 101 women for every 100 men. On the contrary, in India there are less than 93 women for every 100 men.

The reason for such decline is female foeticide and female infanticide. In a nutshell, we can say female foeticide has the following impact on society:

(i) It leads to a declining sex ratio.

(ii) Detrimental effect on the physical and psychological health of the women due to multiple pregnancies and abortions.

(iii) Increase in crime and violence against women due to decreasing number of females.

(iv) The continuing decline in the number of females may lead to social problems like dowry deaths, child marriages, bride-selling, kidnapping, rape etc.

7.1 SOCIAL RESPONSE: NEGATIVE ASPECT AND POSITIVE ASPECT

Keeping in view the dimensions and magnitude of this problem, we can see that it is a social problem and social problems can be increased and decreased by society only. The society includes in itself our families, social institutions, educational institutions, social organisations, NGOs, doctors, government administration, media, police, political and religious leaders and religions. They are the guards and protectors of society. What role they play in curbing this evil depends on their attitude and participation in increasing or decreasing this problem. Let us discuss their contribution and efforts regarding female foeticide and female infanticide.

7.1.1 ROLE OF GOVERNMENT AND ADMINISTRATION

The Indian Government has opposed the practice of female infanticide and sex-selective abortions, but has been slow and ineffective in bringing about reform. Under pressure from feminist groups, the Indian government prohibited pre-natal sex-determination testing in government hospitals. The measure had little or no effect other than encouraging the proliferation of
private sex-test clinics. As in 1988, the Maharashtra Government enacted the Maharashtra Regulation of Pre-Natal Diagnostic Techniques Act. But because of some loopholes and increased availability of illegal services in neighboring states, the practice continued unabated. Also in 1988, the Indian Government established a committee to study sex-selective abortions and make recommendations on how to deal with them. In response to this task, the committee introduced the Pre-Natal Diagnostic Techniques Regulation and Prevention of Misuse Bill, 1991, and on the basis of this, the PNDT Act, 1994 was enacted. This legislation is certainly a valuable, albeit tardy, step towards eradicating the practice of sex-selective abortions but it clearly is not enough. There are no statistics available since the passage of the Bill regarding changes in the practice, however one might extrapolate from experiences with infanticide. Based upon a conservative estimate 50,000-80,000 foetuses are aborted every year¹.

Despite this, at present many effective steps are being taken by the government and our administration to end this practice. The government has planned sting operations by appointing decoy couples to nab doctors and medical practitioners and diagnostic centres engaged in female foeticide, especially in northern states like Delhi, Haryana, and Punjab².

Not just this; the UT Administration will start a capacity-building programme to check the declining female sex ratio in the city (Chandigarh). Efforts will be made to bridge the gap between various stakeholders within the community to eliminate the gender-bias. A programme of gender sensitisation will be conducted based on research by various departments. Earlier, it was decided to chalk out a plan to combat the declining female sex ratio and three sections were demarcated -- slums, villagers and town population. A workshop will be conducted to tackle the menace of female foeticide and check the declining female sex-ratio³.

² The Tribune – 4 May, 2005.
³ The times of India- 29 May 2005 [U.T. to check female foeticide].
The Chandigarh Administration has also launched the Apni Beti Apna Dhan scheme, with the aim to improve the distorted sex-ratio in the Union Territory. Under this scheme an amount of Rs 5,000 has to be invested in the name of the girl child for enhancing her career prospects. This amount along with interest will be paid to her when she attains the age of 18.

A scheme was also launched by the Punjab Government for the girl child and to encourage the birth of the girl child to balance the skewed sex ratio and to motivate couples to adopt the terminal method of sterilisation to check population growth. So far it has been a non-starter. Many other schemes were also launched by different state governments (discussed in CH-X).

7.1.2 ROLE OF MEDICAL PROFESSION

There is a major financial incentive for private clinics who find a way to remain in business. Furthermore, minimal regulatory practices within the Indian medical infrastructure help in the development of an illegal sex-test market. Two decades ago, doctors used to openly advertise sex-selection tests for families desperate for male heirs. In the 1990s, Dr Aniruddha Malpani’s Clinic in Mumbai in upmarket Colaba became associated with infertility treatment. His website advertised how one could choose the gender of the unborn child, claiming to be one of the few in the world to pre-select embryos to guarantee a son. Today Dr Malpani is facing criminal charges for misusing pre-implantation diagnostic techniques like fish for sex selection. Dr Malpani is quick to defend himself. In a democracy, people should be allowed to make decisions. In any case, how many can afford pre-implantation tests? Only the rich go for such costly tests, he asserts. But statistics show that it is the rich who yearn for male off spring more than anybody else and doctors are making the most of it. If medical ethics had not failed, we would not have had millions of missing girls. Clearly, had the medical community refused to

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4 The Times of India – 28 May 2005.
be a party to the crime, female foeticide would not have been a grim reality. The lure of fast bucks is enough to make doctors, who are supposed to counsel and protect women pressurised by families to produce male children, feed on their vulnerability. The Medical Termination of Pregnancy Act, 1971, was enacted to ensure reproductive freedom and makes abortion on demand legal up to 12 weeks of normal pregnancy and up to 20 weeks on medical grounds. But the law has been grossly misused and abortion has become a thriving business in India. Some doctors prescribe abortion under the gusise of various medical reasons. Abortions can be done for charges ranging between Rs 3,000 and Rs. 30,000 in urban areas.

Sex determination is done at one clinic and the abortion at another, making it difficult to accuse patients of female foeticide. Often such frantic procedures are carried out in the makeshift operation theatres using unsterilised kit, adding to the risk to the woman. As Dr Sohani Verma of Apollo Hospital in Delhi points out, " complications arising out of abortions remain one of the biggest causes of death of young women in India". Doctors are smart when it comes to ducking the law. They rely on code words. So sentences like “the sky is blue” and “your baby is fine and will play football” (indicating that the child is male) or “yor are in the pink of health” and “your child is like a doll” (denoting a female child), help convey the message subtly.

Shefallee Vasudev, the writer of the article “Missing Girl Child” in India Today, narrated a true story herself. She says that in Kailash Colony, a posh area in South Delhi dotted with nursing homes, “I walk into one which has huge boards proclaiming 24-hours emergency services and all kinds of diagnostic and medical facilities. I tell the receptionist I want to meet a gynaecologist and that it is not an emergency. I am told the doctor on call has already scrubbed for a survey but a quick consultation can be arranged. Soon, I am ushered into the ante-room of the operation theatre. All that I am carrying are some old reports of an abdominal ultrasound. I told the gynaecologist that I am in my mid-30’s; hypertensive, have a 14 year-old son but am pregnant again. I also tell her that my in- laws are pressuring me to continue with the pregnancy only if the child is male. So will you do a sex
determination test for me and an abortion if I don’t want to continue the pregnancy? The doctor said, “Do you know it is illegal. But I will call a radiologist who will do it. It will be done after you complete 12 weeks of pregnancy. Not once the doctor asked me why an educated woman like me could not stand up to my in-laws. Nor does she caution me about the risks of an abortion at my age. No personal details or medical background are sought. The doctor isn’t even curious why I am insisting on a male child when I already have one. Worse, she is not even interested whether I really am pregnant. Because I am not. She said, “Till then take these tablets and get a plain ultrasound done right now”.

As per the law, a doctor is not only supposed to counsel a patient against a sex-determination test and a related abortion, but is supposed to make sure that upon admitting a patient, the hospital insists on a certificate signed by the patient with full name and personal details, that no sex-selection test will be asked for. Even if a routine ultrasound is done, the doctor should not disclose the sex of the child. Far from that, the Kailash Colony doctor writes out the name, address, and phone number of the “radiologist who will do it.” “Will it cost me more than a routine ultrasound,” I ask her. “Yes, it will cost Rs. 2,000,” she says, her voice softer. “Will I be caught,” I ask her. “Just don’t talk about it to anybody,” she replies with a disinterested half-smile.

Talk to a several ultrasonologists and they claim that 25 per cent of the cases coming to them are for sex-determination of which, 20 per cent patients come on their own. Earlier the trend was to get an ultrasound done for the third child, but now most of them come for the second child, reason being the family planning policy. People want two children only, but no female child. Many doctors discourage these parents by giving no written reports and so not claiming 100 per cent accuracy, but a majority on other side help such parents by giving reports in writing.

A patient coming to the doctor is a mother with one daughter who does not want a second daughter. In order to avoid mental trauma, an aspect which

7 Ibid.
is covered under MTP Act, she wants her pregnancy terminated. The doctor has no reason to refuse except moral. Now, this is exploitation of the law. But the legal aspect on the other hand is not violated. In the recent years, we do see an increasing trend of undergoing medical termination of pregnancy, the highest number being in the age group of 25-34, which are the most reproductive years. Isn’t it only because of female foeticide?

A number of quacks at Jassur, Nurpur (H.P.) have been carrying out illegal abortion in their ill-equipped hospitals endangering lives of poor rural women of the area. The MTP Act not withstanding the illegal abortions are going on with impunity thanks to the apathy of the health and police authorities. The quacks are charging Rs. 1000 for one abortion. **Ms. Poonam Devi** (23) wife of Mr. Kartar Singh of Jarroli village in the sub-division has become victim of illegal abortion conducted by a private doctor. ⁸ Not only this in Patiala the mass grave of female foeticide discovered behind a private hospital at Patran near Patiala is only a tip of the ice-berg. Recently here, a mass grave of female foetus was detected in a vacant plot owned by quacks Pritam Singh, an ex-serviceman and his wife Amarjit Kaur of this town, by a high level team of State Health Authorities after a raid in the premises of the local Sahib Hospital run by these quacks. They had been allegedly involved in illegal abortions for the past many years. ⁹ The existence of PNDT Act in the Statute Book, which makes it a cognizable offence, made no difference to the couple who raked in enormous profit in killing girls in the wombs.

Anyway, doctors have great contribution in increasing this problem. For their lust for money, they favour parents performing illegal abortions following sex-determination tests. There are a number of cases of doctors who abet directly or indirectly in the commission of such brutal crime.

### 7.1.3 ROLE OF POLICE

In civilized society, implementation of law is in the hands of the police. But the attitude of the police and its carelessness towards reported cases is a

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⁹ Graveyard of unborn daughters – over 100 female fetuses dug out of well near Patiala; The Tribune, Aug. 9, 2006.
major cause of female foeticide and female infanticide. When a case is reported to the police, it usually does not result in successful prosecution of those who have committed the crime. Too often, FIRs filed after the incident, are incomplete. The chances of successful prosecution are, therefore, greatly reduced and with many other crimes demanding attention there is not much enthusiasm for taking cases of female foeticide/infanticide to court. At the village level, the police has used the threat of registering cases of female foeticide/infanticide as an opportunity to extract bribes to cover up cases. Health officials in Salem informed that there had been occasions when the local police approached them for a list of all female births, so that they could visit the parents concerned and seek undue favours. One organisation which reported cases of female infanticide to the police, subsequently found that the parents were reporting the deaths of female infants from natural causes or when they were stillborn. So in most of the cases, the police assists them by making false reports.

There is another side of the picture also. In Haryana, the name of Mr Baljit Singh Dahiya is well known for checking this evil. He is the Director-General of Health Services, Haryana. It was reported a day before Diwali that a four-month pregnant woman, Mrs Amarjit Kaur, was admitted to the Madan Ultrasound and Test-tube Baby Centre at Ambala for an abortion that would cost Rs 12,000. She died during the procedure. Protests by the family prompted the police to arrest the doctor couple – Ajay and Namrata Madan. When Mr Dahiya received information, he immediately swung into action and got clauses of the PNDT Act added to the FIR. Medical experts later discovered that the clinic had proceeded with Amarjit Kaur’s abortion despite a suspended registration. The authorities suspect that the abortion was done to get rid of a female foetus. This Jat land, the second biggest culprit after Punjab in the downslide in the child sex ratio, has also earned praise for the most proactive drive against female foeticide. It is led by Mr Dahiya, an ordinary-looking Haryana Jat with extraordinary zeal. He says: “Deterrent action against unscrupulous doctors is the only antidote.” Mr Dahiya now heads the state task force on enforcement of the PNDT Act. Since August
2001, when he registered three criminal cases in Faridabad district under the PNDT Act – the first in the country - he has become a local here. His work helped lodge 17 criminal complaints and two prosecutions besides seizure of 34 ultrasound machines from clinics found violating the PNDT Act. Haryana still has 760 ultrasound clinics – besides 66 genetic counselling centres which are far more than what the small state needs. His task force adopts ingenious methods to conduct surprise raids at the clinics and catch the doctors red-handed by sending decoy customers. He strongly feels that if doctors stopped doing pre-natal sex-determination tests, it would reduce the incidence of female foeticide by 90 per cent. Not surprisingly, Mr Dahiya’s campaign now spells terror for ultrasound clinics.

7.1.4 ROLE OF RELIGION, OR RELIGIOUS GROUPS, OR LEADERS

India is a multi-religious country. Hindus, Muslims, Christians and Sikhs are the main religions in India. No religion is in favour of female foeticide/infanticide.

Hinduism reveals that “abortion is a bad karma”. According to Hindu Shashtras, “To kill one woman is equivalent to killing one hundred Brahmins. To kill one child is equal to killing one hundred women.”

The Koran proclaims: “On the day of the judgement, the female infant buried alive will question for what crime she was killed.”

It indicates that a similar thing is supposed to happen in the case of the female child, who is under-estimated on the ground that she is a girl, not a boy. “To Allah belongs the dominion of the heavens and earth. He creates, what He wills and plans. He bestows children, male or female, according to his will or He bestows both males and females and he leaves barren whom He wills.

The Koran vehemently condemns such attitude towards daughters and states: “When news is brought to one of them of the birth of a female child,

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12 Ai: 16: 58-9
his face darkens and he is filled with inward grief. With shame does he hide himself from the people because of the bad news. He shall retain it (the female child) on sufferance and contempt or bury it in the dust. What an evil choice they decide on."

In many places girls are thought to be good or bad omens. Islam teaches us not to believe in any omen, let alone women or girl.

Sikhism is also against this attitude of society towards the girl child. Guru Nanak Dev, the first Guru of Sikhs, had mentioned very clearly in Gurbani:

“So Kiyon Manda Akhiyae, Jit Jammae Rajan”13

“Jo Kaniya Mare, So Khooni Tankhaiya”14

“Sikh Hoye Kanya Mare, Panji Malie Varte So Pakka Tankhaiya”.15

“Kudimaar Masand Jo, Meenae Ka Prasad, Le Jo In Kae Heath Ka, Janam Gawave Baad”.16

Guru Granth Sahib is against female foeticide/infanticide. But the concept of honour killing of girls, prevalent among Jat Sikhs, has now been copied by the other castes. The concept of party of identity and evolution of Sikhs as a martial race have contributed to the practice of female infanticide, which metamorphosed into female foeticide. Instances abound of female foetuses being aborted in Bathinda district. A man with the consent of his first wife, who had as many as 14 abortions, married another woman, just for a male child.

On April 18, the five Singh Sahiban issued a Hukumnama (edict) from Akal Takht that any Sikh indulging in female foeticide could be

14 Takht Nama – Rahitnama Hazuri.
15 Dohira – Rahitnama Bhai Parhlad Singh.
16 Dohira – Rahitnama Bhai Parhlad Singh.
excommunicated as the practice was forbidden by the Shiromani Gurdwara Parbandhak Committee.  

The Sikh clergy, in collaboration with NGOs and heads of other religious sects, has initiated an action plan to ensure that the message reaches the grassroots. Alarmed at the falling female sex-ratio among the affluent people of Punjab, Akal Takht chief Jathedar Joginder Singh Vedanti had notified that female foeticide was against Sikh tenets and offenders would be ex-communicated. One has not heard of a single case of ex-communication. Sikhs have the worst track record for sex-selection. There are just 786 females for every 1000 males in the 0-6 age group. 

In fact, in Punjab both Sikhs and Hindus do not want to have girls because they do not want daughters to get a share in their agricultural landholdings, which are already shrinking. So there is not enough stress on changing social attitudes. The possible success of the anit-foeticide programme of the clergy carries the inherent danger of revival of female infanticide, which could be carried out surreptitiously, even if a tough stance is adopted by religious authorities.

The Jains are known for their pacifist behaviour. The traditional Jain religious leaders wear a mask around their mouth and walk without shoes or chappals, because they do not want to kill any living being either by inhaling it or unwittingly trampling on it. But apparently, they are not so squeamish about doing away with the life struggling for existence in the womb. After the Sikhs, the Jains have the worst record for sex-ratio -- 870 females to a thousand males.

Muslims in the country have been much maligned for having too many children. But as a religious group they are more gender-just than Sikhs, Jains, Hindus, and even Buddhists. They have a robust sex-ratio of 950 females to 1,000 males. The Christians have the best record 964 females to 1000 females.

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17 The Tribune : 19th April 2001
The national religious leaders’ convention brought together the heads of all major religions in India besides ministers, opposition party leaders, demographers, bureaucrats and social workers. The group will attempt to make efforts to stem the alarming rise in abortions of female foetuses. This is a positive step aimed at eliminating this problem.\textsuperscript{19}

7.1.5 ROLE OF GOVERNMENT POLICIES AND EDUCATION

The two-child norm being followed by at least half a dozen states in the country has only compounded the problem. With strong preference for sons in India, the slogan of yesteryear, “we two, ours two”, which propagated the concept of a small family that included a daughter and a son, is unfortunately being interpreted now as a slogan for two sons. They are seen as indispensable members for conducting the last rites of parents and for carrying forward the family name. With the demand for dowry increasing, girls are being seen as a liability. In fact, the slogans seen in different parts of Haryana before the clampdown under the PNDT Act was “Spend Rs 5,000 now (on sex-test and abortion) and save Rs 5 lakh as dowry later.” Fortunately, the Central Government was pushed into realising the consequences of the two-child policy recently when a public interest litigation was filed in the Delhi High Court seeking implementation of the National Population Policy of 2000. There is no insistence on the two-child norm in the family planning programme and couples can have as many children as they want, the government affidavit stated. It had no intention of implementing a centralised, target-oriented family planning programme; it added and to the relief of NGOs, confirmed, “The programme was voluntary”. So families can decide in their bedrooms the number of children they want instead of it being decided in the corridors of Nirman Bhawan.

What measures other than legislation, can be taken to abolish sex-selective abortion and female infanticide? The most important tool for change is improving the status of women through education. Education at the primary school level focussed on women’s rights and building girls’ self-esteem,\textsuperscript{19} New Delhi- June 23, 2001, EDT.

\textsuperscript{19} New Delhi- June 23, 2001, EDT.
increased programmes for literacy and job training, more opportunities for higher education for women and public education campaigns about women’s issues are the only ways to begin true reforms. The risk is high because a majority of the people involved in such crime are highly educated and influential. The example of doctors is glaring. Otherwise also, people from respectable, rich and educated families resort to sex-selective abortions boldly and without any hesitation.

The review of literature shows that a good deal of work on role of education and status of women has been done. Some of the studies are cited below:

According to George, parents need to be calculative in choosing the sex of the next child and the decision is based on the birth order, sex-sequence of previous children and number of sons. Transferred reproductive technology in India is resulting in reinforcement of patriarchal values as professional medical organisations seem to be indifferent to clinical misconduct.\(^{20}\)

A study by Mallhi suggests that while “female literacy improves the survival chances of both sexes in north as well as south India, female economic participation reduced the survival chances of males and females in south India, but improves female childhood survival in north India. It is suggested that gainful employment of women, particularly in areas where female childhood mortality is high and women’s status is low, would be an important factor in reducing gender differentials in childhood mortality.\(^{21}\)

Education to women, who are ignorant, can generate new awareness, because ignorance is the real cause of female foeticide/infanticide indirectly. High literacy rate, emphasis on female education and the increasing participation of women in the workforce have contributed to the perception that a girl child is not a burden.


\(^{21}\) Do women’s literacy and work participation differently affect the female childhood mortality in South and North India- P.Malhi, 1996.
But still there are shortfalls. Girls and mothers were interviewed separately. The analysis of the findings revealed that the birth of a girl child was desired and celebrated by only 2 per cent of the families, irrespective of the socio-economic and education levels. In many cases, mothers are unwilling to give birth to a girl child and if they are born, to give them all facilities equal to their brothers. The impartial attitude of mothers towards the girl child is more prominent. The majority of mothers feel that the more the sons, the greater the family prestige.

Surveys since the late 1970s have sought to explore female literacy and its role in the reduction of fertility. The data available, however, has not been used for a multiple regression analysis of the relationship. Without overall development, literacy, although a critical pre-conditioner, affected fertility reduction in small percentage terms.\(^{22}\)

It is generally recognised that female literacy reduces fertility. How far it will be helpful in reducing instances of female foeticide/infanticide, is an important question. However, its answer will be negative because the community committing this crime is mostly highly educated and wealthy. People helping them in abortions or sex-determination tests are also educated.

The girl child in India is amongst the most deprived in the whole world and this is due to a host of related factors like poverty, lack of education, health facilities and social awareness. The female literacy figures for the backward states are 17 per cent in Rajasthan, 19 per cent in Bihar, 21 per cent in UP and 23 per cent in MP.\(^{23}\)

Literacy on its own does not help unless backed by the environment and society. Experiences have shown that even highly educated women resort to female foeticide. Educational status of the society that one lives in, availability of sex-determination tests and willingness of medical personnel to perform abortions contribute to this practice.


India is moving towards technological advancement but persisting mysterious social norms need complete overhauling. Increase in literacy has had an adverse effect on the female birth rate. Female foeticide/infanticide has increased in urban locales at a much faster rate than in the rural areas as seen in Chandigarh, Ludhiana (Punjab), and Faridabad (Haryana). In Ludhina there are more than 20 educational institutes, including professional colleges e.g. two medical colleges, 2 engineering colleges, Law Institute, BDS College, eleven arts colleges and Punjab Agricultural University and the number of girls in these institutes is more than boys. However, the sex ratio is lowest at 763/1000 with 16,000 cases of female foeticide occurring in a year. Chandigarh, the Union Territory and capital of Punjab and Haryana, though the most established centre of education, has a fertility growth rate of almost 18 per cent and a sex ratio of 773/1000. Places like Bombay, Delhi, and Tamil Nadu with high level of education, report maximum use of PNDT techniques. Such places also witness the maximum number of cases relating to female foeticide and female infanticide, taking the advantage of education.

Female foeticide is just one facet of the vast anti-women behavioural spectrum in India. How much choice educated urban women have is itself a debatable issue, says Dr Suchitra Dalvie, Medical Director, Family Planning Association of India (FPAI). But Dalvie’s argument is only one half of the truth. The tragedy is that even women who have the choice, opt for a male child. Ask Savita Dhingra, a 27-year-old mechanical engineer. She has had three abortions after her marriage and is yet to have her first child. Ultrasound tests have revealed that she was carrying a female foetus each time. Dhingra is unapologetic. “I always wanted a son as my first child. “Issi mein aurat ki izzat hai (Only then will a woman be respected)”, she says.24

On the other hand, there are hundreds of cases of forced sex-determination tests, forced abortions, family wars and property disputes, all for want of a son. The technologically-assisted male-producing industry is now running rampant in urban India.

24 Supra Note - 6
Education, exposure and affluence have not brought values such as equality. It has brought consumerism and a co-modification of relationships. Women prefer sons, as it is often the only way to increase their status in the otherwise subordinate life. Easy sex-determination and latest abortion techniques have reduced the risk rate for women. Even rising education levels have not shattered the myth that having a son is the solution to every emotional, economic, spiritual and social problem in life. Education has got nothing to do with it.

7.1.6 ROLE OF NGOS AND OTHER SOCIAL ORGANIZATION

In the early eighties, some women’s groups in Bombay found that medical techniques like amniocentesis, which involve removal of amniotic fluid from the placenta to detect genetic abnormalities, was being misused to discover the sex of the foetus. This led to formation of the Bombay-based Forum Against Sex-Determination and pre-selection in 1986 comprising men and women, including some doctors. They launched a campaign not just to raise awareness about the misuse of these technologies, but to also show its link to the status of women in India, deprived even the chance to be born.

When the leading magazine India Today exposed female infanticide in Usilampatti in 1986, Tamil Nadu, the government asserted that the practice was confined only to that particular place in the state. There were several discussions on the issue in the Indian Parliament and in the Legislative Assembly of Tamil Nadu. Following consultations with UNICEF and NGOs, the then Chief Minister, Ms. Jayalalitha, announced the Jayalalitha Scheme For Protection of the Girl Child in October, 1992 and the Cradle Babies’ Scheme.

Most of the NGOs and the medical profession are concerned over female foeticide for the past two decades. However, they have failed to recognise the link which has led to its rapid spread. The first private clinic for sex-determination and sex-selective abortions was set up in 1979 in Amritsar. This trend soon spread to other cities in north India and western India, resulting in adversely influencing the sex-ratio in those parts of the country. A
10-year gap ensued before the proliferation of these clinics began in southern India. In the early eighties, attention was being paid to the issue of female foeticide/infanticide, but activists (NGOs) had not anticipated the problem of female foeticide. Despite expression of concern from the mid-nineties about the prevalence of female foeticide in rural areas, NGOs and others involved in work against infanticide did not prioritise action against foeticide. Even elementary steps were not taken. For instance there was no lobbying with the state to set up mechanisms to register sex-determination clinics as mandated in 1994 and there was also failure to confront the medical profession’s insensitivity to the gross violation of medical ethics.

At a recent multi-disciplinary meeting called by the Central Welfare Board at the beginning of the year in Delhi, the Secretary, Women and Child Development Department, revealed that out of the 12,000 NGOs working for women and children, the majority is in south and east. It is a sad revelation that there is a veritable vacuum in the north.

The SAARC Year of the Girl Child is over, yet I have neither heard nor read about any national policy for the girl child nor any step by voluntary organisations to launch such a scheme or strategy. It is only after each stage of gender discrimination that a corresponding action strategy will have to be formulated. Starting with the foetus stage, every hindrance in her proper development should be identified and then the resources of voluntary organisations should be requisitioned to deal with them step by step.

Now many voluntary organisations like the Indian Council for Child Welfare, Young Women’s Christian Association, Bhartiya Gramin Mahila Sangh and other voluntary health organisations are running balwaris and creches. They are also involved in awareness generation campaigns to formulate schemes for checking the problem of female foeticide/infanticide. A consultation25 on the menace of female foeticide in the context of growing gender violence was organized in Chandigarh and Fatehgah Sahib on May 20 and 21 by the Voluntary Health Association of India and the Voluntary

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Health Association, Punjab. It was argued that female foeticide would not stop as long as other manifestations of gender violence continued in society. Such violence, it was pointed out, could be in the form of domestic violence stemming from dowry demands, son preference and so on. It also blamed the consumerist culture stimulated by forces of globalisation and liberalisation for impinging the well-being of women. The easy availability of technology had proved inimical to the interests of women.

Social scientists, members of women’s organisations and demographers (including the late Asok Mitra) have, over a period of time, expressed concern over India’s declining sex ratio. NGOs, voluntary organisations, women’s organisations, women’s groups and activists can play the role of catalysts for gender development in a country. They occupy a very significant position in the Indian women’s movement. Voluntary effort has been instrumental in promoting legislation and social action against gender violence. It is observed that women’s organisations carry weight when it comes to attracting the attention of the government about women’s issues. But there are some problems in the working of NGOs; eg. how should be the working of NGOs and how many of them are conscious of the concept of short or long-term planning with the ultimate idea of developing human resources through active participation of the community at large. No worthwhile leadership emerges at the local level. NGOs need a more professional approach in their functioning. Our weakest link is monitoring and evaluation. A number of NGOs have been involved in a broad range of activities and programmes for the prevention and eradication of female foeticide/infanticide. These may be grouped broadly as individual intervention such as:

(i) Reporting specific cases of female foeticide/infanticide to the police in an attempt to discourage the practice.

(ii) Counselling of expectant mothers and their families by social workers starting from the time of detection of pregnancy.
(iii) Helping parents to get the monetary incentives offered under the girl child protection schemes.

(iv) Better child area support to mothers through the establishment of creches and feeding programmes.

(v) Projects for improving women’s access to education, health and economic resources.

(vi) Conscience-raising of women about their subordination in a patriarchal society.

Recently, sounding a stern warning for those perpetrating and indulging in female foeticide, activists of various NGOs held a ‘siapa’ in front of Thukral Nursing Home in Bathinda. The protest was organized under the banner of the Youth Clubs Organizations, The Eknoor Welfare Society, Dost Welfare Society, NGOs and the PNDT Cell. The protesters called for a social boycott of those committing the heinous act of female foeticide.26

Hence NGOs’ strategies focussed on preventing individual cases of female foeticide/infanticide are usually ignored by the communities. So they have to use threatening tactics for families who may commit female infanticide after being brought to the notice of the police. In their attempt to foil instances of misreporting, NGO workers seek the help of doctors to examine new-born girls suspected to be at risk of female infanticide to confirm that they are healthy, thus preparing to have medical opinion ready if a case is to be filed with the police. But with people committing female foeticide/infanticide far away from the area of operation of NGOs, the challenge of the voluntary organisations is all the more tough. Long-term social intervention strategies, which enhance women’s status, pursued both by the government and NGOs are most likely to succeed in reducing and eventually eradicating female foeticide/infanticide. These would have a better chance of success if social, cultural, and political leaders of Indian society were to take a public stand against it and put forward actions leading to social transformation and gender-

equality. However as the rate of these deaths is reduced, it will become more and more difficult to know whether the practice is continuing unless the whole community is involved.

7.1.7 ROLE OF FAMILY

The family constitutes the basis of society and therefore, warrants special attention. The family extends the widest and most comprehensive protection and assistance to its members for their mental, physical and psychological growth. It caters to the individual's needs and preferences through its resources and helps in overall development. In fact, formal and school education only helps in widening the horizon and perspectives of a person, but his basic character is moulded through informal education and the environment that the family provides. A child from a stable and supportive family background has a better chance to develop into a healthy and happy human being. It helps to inculcate in children the basic social heritage and facilitate their initial adjustment to the world in which they must live. The stability, nature, environment and quality of the family is determined by more than one factor such as factors related to socio-economic, religious, political, educational and health aspects. The family can also become the source of inequality, exploitation and violence. In the patriarchal structure of the family, roles, responsibilities, control and distribution of resources are strictly determined by age, gender and generation. As a result, the same family treats its male and female children, men and women, young and old members differently. In fact, the impact of general differences can adversely affect the very fabric or our family life. Besides, the patriarchal social structure affects all the spheres of our lives. A female child is looked down upon and suffers discrimination in access to food, education, property, healthcare and affection. Though she carries multiple burdens of households work, reproductive responsibilities and income generation, her nutritional status is ignored by the family and even by herself. Good health services are not equally distributed to all family members. Moreover, there is often a hierarchy of preferences to decide who should receive expensive medicines and treatment when needed even in the family and invariably a female member is the ultimate sufferer.
She does not even have the right to take birth. If she is born, then she is not allowed to live for long. If she is allowed, then she has to face many problems throughout her life. Her life is not a bed of roses; from womb to tomb, she is a sufferer. The reason is our patriarchal family structure and our family mind-set. The girl child has not been given any right to survive in the family which is a basic unit of society. If her own family can’t tolerate her, then how can society accommodate her? If today, the sex ratio is low in India, the main reason is our own attitude. We are aware of everything, but we don’t want to accept the reality and we don’t want to change our viewpoint regarding female births and position. We know we are creating a biological imbalance in society and ultimately we shall be the sufferers, but still we are not ready to change ourselves. And we talk about our family traditions and ‘sanskars’. I don’t think ‘sanskars’ can teach us to kill a living being, a beautiful creature.

A majority of parents accept the two-child norm. With the present-day cost of living, it is difficult to bring up even one child. So if the first child is a girl, the couple wants the second to be a boy and they go for repeated MTPs till the desired son is born. I presume, they feel justified, because abortion is legal. The termination is done before 20 weeks, which is the cut-off mark, conforming to family planning norms. But in a case where two sons are already present in a family and again there is pregnancy with no chance of abortion, then where does family planning go?

The changing trends in technology, composition of population, democratic values and secularism have brought about changes in the Indian family. Though illegal, the pressure to restrict family size coupled with deeply entrenched cultural preference for sons has made way for the easy availability of sex-selective abortions across India.

7.1.8 ROLE OF THE MEDIA

Now-a-days, media is a great source of reaching out to every problem. On the small screen as well as the big screen, programmes relating to women or current issues are telecast. Advertisements against the evil in the form of
campaigns and awareness among the people is the best way to keep people away from such sins. You can take the example of the movie ‘Pinjar’ based upon Amrita Pritam’s novel. It is really a good movie, which criticises the exploitation of women. It shows how, even at the age of 50, parents opt to have a male child.

Not only this, a voluntary organisation cooperated with the Indian Government in producing a 28 minute film ‘Amajaa’. The film explores and challenges the reason why people from all classes continue to prefer sons to daughters and it is an innovative method of addressing the issues behind female foeticide/infanticide in India. It has been translated into many Indian languages and is being shown on the national and regional networks. ‘Amajaa’ has become an icon for campaign against female foeticide/infanticide all over the country, being played regularly at a variety of workshops and meetings. As a result, there has been wide television, radio and newspaper coverage of the issue and it has been estimated that the film itself has reached 86 per cent of the population.

7.1.9 ROLE OF NEW SCIENTIFIC TECHNIQUES

Science is playing a contributory role in increasing the evil. The old techniques were already damaging and new ones are now in the market. You can now determine the sex of the foetus at home, thanks to new inventions.

The bigger challenge for the government and civil society is changing the mindset of the people to give equal status to daughters and sons and stopping the senseless killing of the female foetus. Karl Marx maintained: “Social progress can be measured exactly by the social position of the fair sex – the ugly ones included.” Orson Wells, who made one of the greatest films, Citizen Kane, conceded: “The basic and essential human being is the woman and all that we are doing is trying to brighten up the place. That why all the birds who belong to our sex have feathers because males have got to try and justify their existence.”

The fact of the matter is that men and women are like the two hands, equal but not identical. You can’t put on the right hand glove on the left hand.
even thought it is identical in the matter of size. The slogan “Made for each other”, absolutely fits the situation of men and women. Men and women complement each other, but what will happen, when there will be no female to complement a male? So it is mandatory to give the female her rightful place, which is essential for the progress of any society. Moreover, how far can this war of the sexes be carried?27

In the end, we can say conscience-raising and gender sensitisation of women and families should aim, in the first instance, at better care for girls who are most vulnerable to neglect as demonstrated in the four-year project in 12 North Arcot villages, where the first case of female infanticide among other forms of gross neglect of girl children was detected.

Lets hope the “girl child” gets her due in the ‘Decade of the Girl Child.’

27 “Battle of the Sexes” – By Samra Rahman – HT, June 7, 2005