CHAPTER – 2
FEMALE FOETICIDE:
A HISTORICITY

“A woman is never fit for independence and requires male protection in the form of father, husband and son, respectively, throughout her life”.

— Manu

Human society is in flux. With the passage of time, it has been beset with a host of problems. In the developing world, the problems are all the more formidable. The process of development has brought in its wake a socio-cultural upheaval affecting the age-old traditional ways of life in the congenial rural milieu. With family always being the most important part of society, it exists only as a process. We can understand it only through a study of its change in society. The family is a group defined by a relationship sufficiently precise and enduring to provide for the procreation and upbringing of children. Generally we see a traditional family unit consisting of a mother, father and children, but in this traditionally defined family, the number of girls always remained low. This was primarily due to the practice of female infanticide in the past and female foeticide at present. Girls are continuously being killed in every society.

Demographic research over the past two decades has confirmed that preference for sons over daughters remains entrenched in many countries throughout the world. In such settings, religious traditions and social norms coupled with economic discrimination against women and girls conspire to ensure that young boys have greater access to education, health care and even food as compared to their sisters. Such neglect leads to marked higher rates of illiteracy, malnutrition and poor health among girls. In the worst case, discrimination against girls takes the form of female infanticide, in which girls are killed immediately after their birth. These practices have evolved in recent
years to include the use of modern technologies to determine the sex of the children in the womb and the subsequent use of sex-selective abortions to avoid the birth of a girl child altogether. The result of such practice is evident in the growing imbalance in sex ratio in some countries today; eg. Pakistan, Bangladesh, Korea, Sri Lanka, China etc.

Such is the case in India, where the combined effects of historical discrimination against girls and the use of advanced technology for sex-selection are now clear. Data collected in the 2001 Census reveals that the juvenile sex ratio has declined steadily over the past decade from 945 girls per 1000 boys (age 0-6 years) in 1991 to 927 girls per 1000 boys in 2001. This decline has been attributed both to excessive neo-natal female mortality due to the spread of female infanticide and to the rapidly expanding use of pre-natal diagnostic technology for the purpose of sex determination (SD) followed by use of sex-selection abortion (SSA).¹

Briefly, we can say that there are two main reasons of this increasing problem of female foeticide and female infanticide. Before we indulge in discussing the reasons, we must know about the history and growth of this problem which has remained deeply embedded in the human psyche.

2.1 FEMALE FOETICIDE AND FEMALE INFANTICIDE – A HISTORICITY

2.1.1 Origin and development

The unfavourable atmosphere that developed against woman from the samriti age was further polluted by customs that cropped up during the Mughal period. The custom of dowry entirely changed the scenario and as a result, the birth of the girl child got a very poor and hostile response in the families and even among people in the society at large. In order to escape from future foreseeable problems, people started the practice of killing the female child immediately after her birth.²

¹ “India’s Missing Women”-Anupriyo Mallick, Social Welfare-July 2004 Vol. 51
² Genocide of Women in Hindus: Vedic Obliteration of Girls – Sita Aggarwal, Ch-I (Internet)
Female infanticide arose from the general Vedic attitude towards women. The large dowry prescribed by the Vedas meant that a girl was seen as burden. The woman, who gave birth to a girl child, was treated with scorn as much stigma was attached to her. Hence, infanticide arose as a convenient way of getting rid of the burden.

Holy Aryan texts sanctioned this custom thus: “Tasmat striyam jatam parasyanti ut pamamsam haranti” meaning rejection of a female child when born and taking up a male.

The horrible custom of female infanticide was orderly practised by the barbaric Vedic Aryan tribes who invaded India.

It were these Vedic nomads who introduced this highly undesirable practice. Indeed, such deep-rooted was the desire for the male offspring.

In Atharva Veda: 6.2.3: it has been written very clearly: “Let a female child be born somewhere else; here let a male child be born.”

The real reason for this truly barbaric practice lies deep in the bloodstained verses of the Vedas. There were several reasons for the practice of female infanticide during the Vedic dark age. (circa 1500 BC -500BC) and the Brahminical dark ages (circa 1000 BC- 1000 AD) all of which were related to the prevailing socio-economic cultural environment of the Vedic age, eg:

- Obliterating female children was a convenient way of alleviating financial ruin in the Vedic period.
- Women were of little use to Aryan war tribes. Hence their members were reduced in order to maintain the war effectiveness of the tribe.

These were the wonderful truths about the most spiritual religion of Hinduism. The inhuman Hindu female infanticide was not due to any corruption, but was and is fully sanctioned by the core of Hindu religions scriptures --the Vedas. This is the truth about the wonderful religion of Hindus.

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3 Atharva Veda – VI 23 (cf. Peri)
2.2.2 LATER BRAHMINIC FEMALE INFANTICIDE

The custom of Vedic female infanticide continued during the Sutric (circa 500 BC- 200 AD) and the Puranic dark ages (200 AD – 1000 AD). During this era, the Brahmins consolidated the power they had obtained during the Vedic dark ages to the height of absolutism. Infanticide was one such method which helped to preserve the Brahminical power. The population was hence washed with the so-called holy ideas which prescribed beastly practices.

There were several other reasons why the Brahmins crudely enforced Vedic female infanticide. The Brahmin race has always feared being overwhelmed by the sheer numbers of non-Brahmins. Hence, they resorted to the inhuman means. Female infanticide struck at the very roots of the non-Brahminical races, many of whom totally disappeared from the face of the earth like the Greeks, the Bactrians, Panchals, Kashalas as Sauresenas.

The shortage of women led to unending wars amongst the non-Brahmins for the available women. This was amply demonstrated in Rajasthan, where the male-female ratio dipped to 10:01. As a result a never ending series of wars over women devastated the Rajputs for centuries. The brave Rajputs would often have to throw up the baby girl and chop her with the unsheathed swords as she fell. As a result of Brahmin brain washing, the Rajputs considered it brave to kill their own female child.

The manner in which the bigoted Brahmins prescribed death for the female infant was heart rending. Often the parents were forced to cut up the child and then feed the flesh to the animals. Sometimes the child was be smothered by the midwife. Vivekananda himself refers to a painting showing a Hindu woman throwing her children to the crocodiles of the Ganges, widely distributed in the west.

In the neo-Brahminist government of India, the genocide of women continued at full pace. The English-Aryans connived with the Brahimin-Aryans in the mass murder of girls. As expected, female infanticide actually spread during the British Raj. One tenth of each generation of females is
exterminated due to prevailing Hindu customs. Indeed during the first 50 years of Independence, more than 50 million girls have been killed in India.

The holy texts of the Vedas sanction apartheid as mass murder of the baby girls. The magnitude is staggering. As long as the Vedas are followed, there shall exist immense hardships for women as the mass murder of the children shall continue since these are prescribed in these sacred texts. Since such passages cannot be deleted in the modern times, nor can the Vedas be modified, all Indian feminists must fight against all forms of Vedic religion. Unless they do so, Indian women shall forever remain enslaved under Vedic tyranny.

2.2.3 MUGHAL PERIOD FEMALE INFANCIDE

"During the Mughal period, the female child in the Rajput families, was considered a curse and the brothers of these girls used to become their first enemy. Considering the position of the brother-in-law low, they used to instigate the killings of the unborn female child of the family. Though this crude system was neither supported by the Vedas or Puranas, nor by the Koran or the Bible, it prevailed in society and became widespread. For these barbaric child killings, pills of tobacco, poison or 'bhang' etc were used. In some cases, mothers' breasts were smeared with opium or juice of the poisonous 'dhatura' to kill the new-born child."4

2.2.4 COLONIAL EXPERIENCE (BRITISH PERIOD) FEMALE INFANCIDE

When the East India Company came to India, it found female infanticide widely prevalent amongst the higher classes of the Hindu community. Several scholars have also documented it in British colonial rule. In the year 1789, Jonathan Duncan, a member of the East India Company's civil services, first discovered the prevalence of female infanticide among the Rajputs in Benaras. In a letter to Lord Cornwallis, he said: "I am well assured and it is my duty not to keep such enormities however sanctioned by usage,

4 Crime against Working Women; Prabhat Chander Tripath, 1998, pp – 5758
and within the knowledge of the government. There is a frequent practice among the tribe of the Raj Kumars to extirpate their daughters by causing their mothers to refuse them nurture; whence this race men do often, from necessity, marry into other Rajput families.\(^5\)

In the year 1856, an officer was appointed by the British government to make a special investigation regarding female infanticide, in Benaras division. This officer, Mr Moor, personally visited the villages and during investigation, he suspected that the crime existed. In 62 villages, he found that there was no female child under the age of 6 years. In one subdivision of the district, he visited 38 villages and found that in 10 villages, there was no girl child.\(^6\)

"Archival records on female infanticide show the different perceptions, colonisers and their subjects had on the issue. Colonial officials characterised it as inhuman and a crime. On the other hand, castes which practised it, usually those higher in the hierarchy, justified it on the grounds that they could not afford the huge dowry or the incalculable marriage expenses on a daughter's marriage. British efforts to stop female infanticide or change the social norms that contributed to the practice proved a failure. The failure of the colonial state shows the resilience of institutionalised norms to which female infanticide was related and about which little still remains known".\(^7\)

Archival records on female infanticide during the colonial rule tell us about castes which practised female infanticide. They also tell us about the institutional ramifications of the practice and how female infanticide was related to caste dominance, status maintenance and dowry avoidance. The complications of British revenue policies for the castes which practised female infanticide and the strategies adopted by the colonial rulers to get rid of the practice are also highlighted.

In December 1789, Jonathan Duncan, a British resident at Benares, first discovered female infanticide among Rajkumar Rajputs in Jaunpur district

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\(^5\) Supra Note. 2  
\(^6\) In Act XVIII of 1870 (The Female Infanticide Prevention Act, 1876)  
\(^7\) Supra Note 2
of Benaras division. The discovery was made when he was touring the district to settle revenue-related issues. Right from the time of Duncan’s discovery, the Rajputs in the north, west and central India, which means undivided Punjab, Rajasthan, UP Malwa and Saurashtra, figure very prominently in the records as a caste which resorted to extensive female infanticide. British officials reported in 1817 that female infanticide was so extensive among the Jadejas, a Rajput clan in peninsular Gujarat, that whole taluks inhabited by the clan were without any Jadeja female children. In 1856, an official appointed to investigate female infanticide in Benares division found through a Census in 418 villages that Rajput female children were deficient in 308 villages. Of these, 62 villages, nearly one-fifth, had no Rajput female children below six years. The other castes, which the records say, killed their female children were the Lewa Kanbis and Patidars of central Gujarat and Jats, Ahirs, Gujar, Khutris and Moyal Brahmins in north India.

When the Census enumerations were launched in the last quarter of the 19th century, it was found that the same castes, which according to archival records, practised female infanticide, also figured in the Census reports as having low female sex ratios. Perhaps taking a cue from the records, the author refers to the Rajputs and Lewa Patidars as having a stigma or a tradition of female infanticide since ancient times. The 1921 Census reports classified castes into two categories, namely castes having a tradition of female infanticide and castes without such a tradition (see table). This Census provides figures from 1901 to 1921 to show that in Punjab, Hindu Jats and Gujar with a tradition of female infanticide had a much lower number of females per thousand males as compared to castes without such a tradition which included Muslim Rajputs, Muslim Jats, Chamar, Kanet, Arain, Kumhar, Kurmi, Brahmin, Dhobi, Teli and Lodha. What is interesting about this Census classification is that in Punjab, the Hindu Rajpus are shown as having 822 (1901), 756(1911) and 796 (1921) females per thousand males, while Muslim Rajputs had 883 (1901), 841(1911) and 864(1921) females per thousand males. The Hindu Jats had fewer females: 795 (1901), 774(1911)
and 789(1921) as compared to 859(1901), 807(1911) and 820 (1921) females per thousand males among the Muslim Jats.

The classification in the 1921 Census also seems to suggest that the lower castes which did not own much landed property such as Chamars, Kumhars, Dhobis, Telis, Lodhas and Kurmis had a much higher proportion of females. At that point of time, they did not have a tradition of female infanticide perhaps because the problem of status maintenance through dowry avoidance and female infanticide which clearly existed among the upper castes did not exist among them. However, it is difficult to conclude from this that the lower castes will not or will never practice female infanticide because Sanskritisation, acquisition of assets, modern education and dowry adoption can push the lower castes towards female neglect and infanticide. Indeed recent data for the Chamars and Scheduled Castes in UP suggest that the Dalit castes are moving in the direction of deficiency of females and possibly female infanticide or foeticide. Thus in 1901, the Chamars in UP had a female-male ratio of 986, but by 1981 the female-male ratio among Chamars in the same state had dropped to only 880. Again in 1901, the female-male ratio among SCs in UP was 970; by 1981 it was down to 892. Drawing attention to these figures, Mr Sen notes that so far as gender relations are concerned the Schedule Castes in UP are now more like the higher castes.

Records provide information on the lower castes being influenced by the higher castes so far as female infanticide is concerned. The author found that two other castes, Tuggas and Kolis, who had a fair proportion of girls all over the district, practise female infanticide only in one tehsil.

When one examines the female infanticide records, what strikes one is the overwhelming evidence of dominant castes like Patidars, Rajputs, Jats and Ahirs - all of them were hypergamous trying to maintain their social economic status through dowry avoidance and female infanticide. British officials open speak in their reports of Rajputs as of high status, seeking lofty marriage alliances for their daughters and resorting to avoidance of...
substantial dowry payment which could lead to alienation of their hereditary agriculture land. Mr Thomson, the magistrate of Azamgarh district in the north-western part of India, found in 1936 that among of body of Rajputs numbering 10,000 not a single woman was forthcoming. Here the birth of a daughter was considered a serious calamity and the unfortunate infant was seldom spared.

Rajputs had a martial ethos as noted by anthropological studies (Hitchcock 1959, Steed 1950) and they generally did not take advantage of the avenues for social mobility which opened up during colonial rule. By freezing the political boundaries, the British certainly complicated matters for the dominant Rajput lineages in north India and peninsular Gujarat. Since territorial expansion was ruled out, the Rajputs’ only economic resource was agricultural land. A further complication introduced by colonial rule was the strict mode of collecting land revenue, sale of land for revenue arrears of those who failed or were unable to pay revenue, and doing away with the lucrative revenue contract system of pre-colonial times.

BS Cohn (1987) after a detailed study of the archival records for the Benares region, found that in the 19th century, the Rajputs in the region were engaged in a running battle with the auction purchaser to somehow prevent sale of their hereditary land. Cohn further notes that faced with the prospects of sale of their hereditary land, revenue demands of the British and heavy dowry demands from the grooms’ side, the Rajputs had to make a choice between expensive marriage(s) of daughters and maintenance of their socio-economic status. They chose the latter, avoided heavy dowry and practised female infanticide.

As regards the British doing away with the lucrative revenue contract system of precolonial times in certain regions (Shah 2002) and the complications of this policy for the marriage of daughters, we find the Lewa Patidars of Nadiad, Borsad, Napad and Mahuda Parganas telling the Collector of Kaira district, J Webb in 1849: “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."

The interviews of Patidars and Rajputs with British officials point to the new difficulties they faced. The Patidars informing 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 dowry as 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 reveals that among Rajputs, the clan which controlled the largest territory and occupied the topmost position in the Rajput hypergamous hierarchy, resorted to extensive female infanticide. Thus in the middle of the 19th century, among Rajputs of Benares division, the top position in the hierarchy was held by the Suryavamshis of Amroha Pargana in Gorakhpur district. They controlled 78 villages and were acknowledged to be the highest by all the Rajputs in the region. The Census of 1856 revealed that the Suryavamshis had in the 78 villages 721 boys to only 129 girls below six years of age (only 15 per cent). The same Census also revealed that 10 of the Suryavamishi villages had no Rajput girls and marriage of Rajput girls was a rare occurrence in many Suryavamishi 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 Suryavamishis, had somewhat better female to make 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, i.e 22 per cent were girls.

**Table 2.1: Sex ratio :Census 1901, 1911, 1921**

<table>
<thead>
<tr>
<th>Caste</th>
<th>Category</th>
<th>1901</th>
<th>1911</th>
<th>1921</th>
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<tbody>
<tr>
<td><strong>Punjab</strong></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Jat (Hindi)</td>
<td>A</td>
<td>795</td>
<td>774</td>
<td>789</td>
</tr>
<tr>
<td>Khutri</td>
<td>A</td>
<td>808</td>
<td>802</td>
<td>811</td>
</tr>
<tr>
<td>Rajput (Hindu)</td>
<td>A</td>
<td>822</td>
<td>756</td>
<td>796</td>
</tr>
<tr>
<td>Gujar</td>
<td>A</td>
<td>799</td>
<td>763</td>
<td>778</td>
</tr>
<tr>
<td>Jat (Muslim)</td>
<td>B</td>
<td>859</td>
<td>807</td>
<td>820</td>
</tr>
<tr>
<td>Rajput (Muslim)</td>
<td>B</td>
<td>883</td>
<td>841</td>
<td>864</td>
</tr>
<tr>
<td>Chamar</td>
<td>B</td>
<td>871</td>
<td>836</td>
<td>845</td>
</tr>
<tr>
<td>Kanet</td>
<td>B</td>
<td>924</td>
<td>947</td>
<td>936</td>
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<tr>
<td>Arain</td>
<td>B</td>
<td>877</td>
<td>807</td>
<td>830</td>
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<td>Jat (Hindu)</td>
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<td>852</td>
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<td>763</td>
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<td>Rajput (Hindu)</td>
<td>A</td>
<td>887</td>
<td>873</td>
<td>877</td>
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<td>Gujar</td>
<td>A</td>
<td>802</td>
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<td>785</td>
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<tr>
<td>Brahmin</td>
<td>B</td>
<td>923</td>
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<td>895</td>
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<tr>
<td>Chamar</td>
<td>B</td>
<td>986</td>
<td>958</td>
<td>960</td>
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<tr>
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<td>B</td>
<td>931</td>
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<tr>
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<td>778</td>
<td>722</td>
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<tr>
<td>Jat (Hindu)</td>
<td>A</td>
<td>830</td>
<td>851</td>
<td>840</td>
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<td>Gujar</td>
<td>A</td>
<td>834</td>
<td>846</td>
<td>837</td>
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<tr>
<td>Brahmin</td>
<td>B</td>
<td>925</td>
<td>937</td>
<td>920</td>
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<td>B</td>
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<tr>
<td>Teli</td>
<td>B</td>
<td>908</td>
<td>930</td>
<td>941</td>
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<tr>
<td>Lodha</td>
<td>B</td>
<td>911</td>
<td>916</td>
<td>895</td>
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In peninsular Gujarat, the Jadejas occupied the top sopt. 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 1422 and Jadeja females of all ages were only 603. 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 12 villages known as Baragamin the Charotar area of central Gujarat had much worse female sex ratios than other Lewa Kanbis. The Kanbis had 73 to 75 females per hundred 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. The Census of 1872 showed that the number of females in the 12 top ranking Patidar villages in Charotar ranged from 39 to 53 girls to 100 boys below 12 years of age. The Census of 1901 and 1911 also showed that the Patidar villages in Charotar had very low proportion of females. For example, the Census of 1911 also showed that the Patidar villages under Baroda had less than 700 females per 1,000 males.

For Sikh Khutris of Punjab, the records again suggest that the top rung in the hypergamous ladder consisting of Bedi Khutris who claimed to be descendants of Guru Nanak, practised female infanticide more extensively than other Khutris. The information on female infanticide for Bedi Khutris ranges from Lake’s report of 1851 to that of the Punjab Board of Administration which say that “the Bedees are an influential caste of Sikh Khutri who have destroyed all their female offspring for the last 400 years.” The Punjab correspondence for the years 1848-49 to 1850-51 showed that
the Bedi Khutris had 28 boys to 10 girls in 1848-49, 24 boys to 6 girls in 1849-50 and 20 boys to 12 girls in 1850-51.

Though female infanticide records and later the Census refer to low female sex ratios among Jats, Ahirs and Gujars in north India, detailed information on whether the top rung in these castes resorted to more extensive female infanticide than those of lower status is not available. There is information that the princely Jat houses of Bharatpur, Nabha, Jind, Kythal, Patiala and Faridkot practised female infanticide extensively.

Since the Lewa Patidars, Jadejas and Suryavamshi Rajputs were acknowledged to be highest in the hypergamous hierarchy in the respective region, they wished to maintain the position. Moreover, the top stratum had restricted options in selecting eligible grooms. Consequently, they practised more extensive female infanticide than others in their caste. The point is that for those at the top of the hypergamous hierarchy, the complications of bringing up girls went beyond dowry avoidance. Going by reports of British officials in the records, this is how the establishment perceived the extensive female infanticide among the high status Patidars and Rajputs. “It seems to me to have substance and it may be erroneous to regard it as the colonizers perception.” As noted before, the British certainly complicated matters for the castes, which resorted to female infanticide. However, it would be simplistic to suggest as some scholars have done that the complications contributing to female infanticide were mainly due to British revenue policies or support to the dominant castes by the political rulers. A close reading of the socio-political history of Gujarat region shows that even during pre-colonial Maratha rule and Muslim rule, there were influential Patidars in the Charotar villages who were tax collectors and rulers of villages. The Maratha and Muslim rulers tried to be friendly to the Charotar Patidars. Even during the pre-colonial rule, the Patidari or Narwadari villages which paid fixed revenues enjoyed a higher status than Senja villages inhabited mostly by Kanbis who paid variable revenue (Shah: 2002). Hence the complications of status hierarchy, hypergamy and the friendship between the political authority and the local dominant caste existed before colonial rule. Among Gujarati Rajputs, the
freezing of the political boundaries giving clans like the Jadejas the highest position among Gujarati Rajputs happened before colonial rule. It is not possible to date it precisely but it is safe to assume that the Rajput territorial boundaries got frozen after the conquest of Gujarat by Mughal Emperor Akbar which gave the Rajputs of peninsular Gujarat the top position in the regional Rajput hierarchy.

Since caste Census was discontinued after Independence, it is difficult now to relate sex ratios to caste and status within caste which one could do earlier on the basis of the female infanticide records and the Census. Nevertheless, it is possible to point to continuity and change which arguably has been a core feature of Indian society. When one compares the information in the records on female infanticide to the region specific Census data on sex ratios since Independence, one is struck by the fact that though caste no longer figures now in the Census, the regions which the records speak as having female infanticide are the same. Thus while the records speak of undivided Punjab as having female infanticide among certain castes, now it is Punjab and Haryana which have shown very consistently as having not only low but also declining female to male sex ratios since Independence. The child sex ratio (girls per 1,000 boys aged 0-6) in Punjab declined from 894 in 1961 to 793 in 2001. In Haryana, the child sex ratio plummeted from 910 in 1961 to 820 in 2001. Gujarat, Rajasthan and Uttar Pradesh, which figured in the records as areas where a number of castes practised female infanticide, continue to figure as areas with low female to male sex ratios. Given the low female to male sex ratios in the Jat dominated districts in UP and also in Punjab and Haryana, it is not difficult to surmise that this caste which resorted to female infanticide in colonial times is now practising female foeticide. A look at the district-wise sex ratios in Gujarat from 1901 to 1971 shows that compared to other districts, Kheda district (Kaira during colonial days) which was the site of the Patidar dominance since pre-colonial times, has not only lower but also declining female to male sex ratio. The sex ratio in Kheda district dropped from 897 in 1901 to 894 in 1971. It was only 865 in 1911 and 875 in 1931.
A suggestive pattern which emerges from the female infanticide records is that (a) the hypergamous castes which practised female infanticide were dominant at the level in parts of north and west India and (b) they claimed Kshatriya status and tried to cultivate a material ideology. It is interesting to note here that the records never refer to trading or merchant castes such as the Banias who were mostly urban based as practising female infanticide. Nor do the Kayasths, who were scribes or took to service since medieval times, find a mention. Except in Punjab, the Brahmins do not figure in the records in connection with female infanticide in any other part of north, west or south India though they were dominant in some rural areas.

The records speak of the lower-level Rajputs and Kanbis seeking wives from the Kolis or tribals due to shortage of marriageable women at the lower levels of the hypergamous hierarchy. Established brokers were approached who procured women for a fee. Invariably, the lower-level Rajputs and Kanbis paid bride price and brokerage. The deal was, however, kept a secret and generally came to light when the woman was ill-treated in her husband's household. At the middle and lower levels of the status hierarchy among Kanbis and Rajputs, families faced a double financial burden of dowry payment for marrying their daughter's hypergamously and bride price for marrying sons.

The caste specific information on female infanticide available in the records and the data on sex ratios for regions are clearly indicative of how long the practice has been around in certain communities. The first reference to female infanticide among Jats in Punjab is in an 1857 publication by John Cave Brown on Indian infanticide. The Census data for the colonial period and the recent 2001 Census suggests that the Jats in Punjab have been practising female infanticide, now foeticide for over 150 years. For Lewa Patidars and Kanbis of central Gujarat, the first mention of low female sex ratios goes back to 1847. The long history of female infanticide in these castes shows how well entrenched the practice is in the social structure of certain dominant castes. Unfortunately, for reasons of status mobility and possibly other reasons we can guess, the other non-dominant castes are following their bad example.
Once we accept the fact that female infanticide is rooted in the social structure of certain castes for a century and a half, the reality that it is not easy to eradicate also needs to be faced. The colonial ruler’s efforts to stop female infanticide may be instructive but perhaps inoperative in democratic India.

The official records on female infanticide do not tell us everything we want to know, particularly the castes, which practised female infanticide. In addition, there is always the problem of official bias. Despite these limitations, the records show the very different perceptions of the coloniser and the other. While the colonial officials who were called upon to deal with female infanticide in the course of their official career, called it inhuman, obnoxious, barbaric and a crime, the castes which practised female infanticide in their interviews with the officials justified it by saying that they killed their female infants because they could not afford huge dowry. This prompted officials like Walker to call the Jadejas an avaricious lot who wished to keep their wealth intact by destroying their female children. The differing viewpoints bring out the fact that on the one side there was a modern, reformist colonial state which viewed female infanticide as an obnoxious custom or a crime, which should be eradicated. On the other side, the castes which practised female infanticide had well-entrenched social norms such as dowry, hypergamy, caste endogamy, clan exogamy and so on which made the marriage of daughters a very complicated affair. These castes did not regard female infanticide as a crime. That there was no meeting ground between these perceptions is evident from the fact that British efforts to stop female infanticide or change social norms, which contributed to the practice, were a failure. Coercion yielded temporary results. Starting from Duncan’s efforts among the Rajkumar Rajputs of Jaunpur district in 1789 to the passing of the Female Infanticide Act in March, 1870, British efforts to stop female infanticide covered a period of nearly 100 years. The continuing low female to male sex ratios among castes known to practise female infanticide as revealed by the Census from 1891 onwards is proof enough that the British efforts at eradicating female infanticide did not make much headway.
Jonathan Duncan was an orientalist by conviction. As the resident at Benares and as Governor of Bombay (1795-1812) he obtained written agreements signed by Rajkumar Rajputs in 1789 and Jadeja Rajputs in 1808. The agreements stated that the signatories would thenceforth desist from killing their female children since such an act was a sin according to the Hindu shastras. How successful Duncan was is clear from Major Ballantine’s report of June 20, 1817, which showed that many talukas in Kathiawad inhabited by Jadeja Rajputs had only one female child while some did not have even one. Ballantine cited the case of Drappa taluka, which had more than 400 Jadeja families but there was "not a single female child in any of them". As for the Rajkumars, it had earlier been mentioned that the female to male sex ratio in this Rajput clan was low as revealed by the Census of 1856.

To stop female infanticide, the British tried persuading the castes, which practised it to reduce dowry and wedding expenses. In 1804 and 1850 meetings were organized in the North Western provinces and Punjab to obtain agreement from the castes to the effect that they would impose self-regulation by cutting down on wedding expenditure. The agreements did not lead to any concrete result. Later, British officials admitted that the agreements were a non-starter because the problem of hypergamy, which mainly contributed to expensive weddings of girls, had not been addressed. Perhaps taking a cue from this experience, the British tried to curb hypergamy and encouraged reciprocal marriages to stop female infanticide.

Since the Lewa Kanbis, who sought marriage alliances for their daughters in aristocratic Lewa Patidar families of Charotar, were excluded by the latter unless they offered as ‘ekadas’ or ‘gols’. These endogamous circles had rules, which were sometimes written on stamp paper. The rules prohibited the members of the ‘gol’ from marrying their daughter in a higher status family or circle. To counter hypergamy and female infanticide, the British encouraged the formation of ‘gols’ and tried to strengthen the existing ones. British efforts bore fruit in terms of the number of ‘gols’ formed. By 1872 there were 49 ‘gols’ in Karia district alone. However, the ‘gols’ failed to check hypergamy. Ambitious members of the ‘gols’ flouted its rules and married their
daughters hypergamously with large dowry. British efforts to promote the 'gols' started in 1847. The Census of 1849 showed that there were in British Kaira, 72.84 Kanbi females per hundred males. This moved by 1872 to a sex ratio improved by less than one percentage point. It shows the degree of success attained by the British in checking hypergamy and female infanticide by promoting endogamous marriage circles. The efforts of Wilkinson in 1836 to curb hypergamy to stop female infanticide among the Rajput chiefs in central India and similar efforts by McCloyd in 1853 among the Bedi Khutris of Punjab also did not yield the desired results.

Thus the Female Infanticide Act of 1870 also did not produce any significant result as far as suppression of the practice was concerned. This is evident from the Census figures and comments of Census officials. The author of the 1911 (India) report says: “The figures for certain communities show that there is still in their case a great dearth of females but there is very little direct evidence that it is due to actual infanticide and it may equally well be the result of, more or less, deliberate neglect of girls.” There is evidence that deliberate neglect of girls was there even before the Female Infanticide Act was passed. One is reminded of WR Moore’s observation in his report of 1856. When he asked the Rajputs why they had no female children, they told him: ‘Sookh jatain hain’ (they dry up).

**2.2.4.1 Post-Independence scenario**

When one looks at the knowledge gained about female infanticide and the socio-economic institutions related to it from the colonial period to the present, it is clearly diminishing knowledge which confronts the researcher and all those deeply concerned with the problem. Based on the interviews of British officials with castes which practised female infanticide, the records throw considerable light. The Census till 1931, continues to relate caste to female infanticide as the records do, but they are bereft of the kind of information which the records provide. What we find after 1931 and in the post-Independence period is a whole lot of region-wise statistics, which shows that female infanticide had changed to female foeticide wherever sex
determination facilities were available. It is certainly alarming to find that the practice is spreading like wildfire. However, none of the detailed information, which the records throw up on the socio-economic matrix in which female infanticide was located, is now available. This is an important point which needs to be stressed in the present-day context. It is sometimes assumed that since female infanticide and female foeticide are related to dowry, the problem will be solved once dowry is eradicated through efficient law enforcement or some other method like generating public opinion against it. However, what leads to dowry in the first place is often not asked. The colonial experience is instructive. From the use of the shastra to coercion and social engineering, the colonial state tried almost everything to stop the practice. Its failure shows the resilience of institutionalised norms to which female infanticide was related and about which we still know so little. It is not surprising therefore, that facile suggestions are being made that this most blatant form of discrimination against females can be tackled by somehow removing preference for son and dowry. Matters do not seem that simple. How does one tackle firmly-entrenched institutionalised norms of which dowry and son preference are a part? Faced with a daunting task such as removing gender discrimination, the government and non-governmental agencies who are doing their bit to solve the problem, certainly deserve praise and admiration. But we must know what we are up against and here the colonial experience is a pointer.

Putting together the information in the records, anthropological studies and other sources, the perception of the analyst of female infanticide during colonial rule is in terms of its caste specificity, hypergamy, hierarchy, status maintenance, dowry avoidance and so on. However, is that all there is to analysing the records? Is female infanticide just a matter of sex ratios and statistics? Were the perpetrators of female infanticide all heartless souls who steeled themselves from human emotions and sacrificed their female infants at the altar of pride and social status to protect their ancestral land through dowry avoidance? Does not the element of compulsion leading to female infanticide reported by more than one British official give some indication that those who practised female infanticide felt caught up in the social structure of
which they were a part? Raising such questions is not to say that the practice is any way justified because of social compulsions. Following Durkheim, one may say that there is no wishing away the social compulsions and these need to be addressed to get rid of female infanticide and female foeticide.

Finally, it is necessary to ask if female infanticide, now foeticide in urban centres, is the only one to persist since colonial times. A number of pernicious social practices concerning women, which the social reformers of the colonial era tried to eradicate, are still with us. Sati in UP and Rajasthan has been reported while child marriage persists in rural India. The prohibition of widow re-marriage among upper caste Hindus and the Sanskritisation of lower castes is still to be reckoned with. Given the persistence of these customs, it can be argued that modernity with its ideology of equality of the sexes intruded into Indian society without significant changes in the position of women.

2.2.5 FEMALE INFANTICIDE TO FEMALE FOETICIDE

The concept of female infanticide has changed now by a series of related scientific and medical developments. It has become possible to determine the sex of the unborn in a way that is accurate, easy, painless and completely safe. Ultrasound application has evolved a spontaneous demand for its use in obstetrics gynaecology. In the world’s most populous nation, it is being used to determine the sex of the unborn. The non-invasive technique of ultrasound scanning helps to screen the mother and foetus in complete safety, convenience and without trauma.

In many cultures, government permitted, if not encouraged, the killing of handicapped female infants or otherwise unwanted children. In Greece, for example, the murder of female infants was so common in 200 BC that among 6,000 families living in Delphi no more than 1 per cent had two daughters. Among the rest 99 per cent families, nearly as many had one child as daughter. Among all there were only 28 daughter to 118 sons.8

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8 Female Infanticide and Female Foeticide, Marina Porras
With advancement, amniocentesis helped in the test of the amniotic fluid, deformities as well as the sex of the unborn child. The amniocentesis is popularly known as the sex-determination test, whose real purpose is to detect abnormalities in the foetus. The gross abuse of amniocentesis highlights how the scientific breakthroughs have a different effect upon different civilisations with their individualistic set of prevailing customs and traditions.

Another form, which is coming up after amniocentesis is CVB. The chorionic villi biopsy, which is more certain and sophisticated, is also an extension of oppression on women. Apart from this, the newer methods like Ericcson’s method to separate the ‘y’ chromosome carrying male sperms through centrifuge methods followed by artificial insemination are also being used.9

The female infanticide had converted into female foeticide because of the trading business in abortion. It is increasing day by day due the unchecked commercial sector in the form of nursing homes, installation of ultrasonography devices in various towns and localities and our advertising agencies. In 1998 there was an advertisement in the Diwali special number of a renowned Marathi magazine: [1]. “Amniocentesis is a developed science. To misuse it for abortion is a great sin. Better go in for sex-selection. Read this book, consult your family doctor for a sure way of begetting sons.”10

The scientific advancement is for the betterment of society. The life-saving techniques of ultrasonography and amniocentesis, if used for gender specifications, become a curse for the society instead of a boon. Such techniques are coming under increasing attacks from the peer groups. A Mumbai-based gynaecologist claims that diet formulae can help you choose the sex of your child, which he claims has ensured him 98 per cent success

9 Women’s Health and Science, Mira Shiva- Women’s Link – July-Sept 1997 pp 36
10 Female Foeticide : A Legal Analysis, Manuptra (Bennet Coleman Co. Ltd) e-mail prathibhans@hotmail.com
rate among his patients. With pre-conceptional sex-determination, the doctor claims, couples can plan their family. However, another Mumbai-based gynaecologist has criticised such unethical promises. While the doctor in question claims that he is not mutilating the cause of the girl child, such methods encourage hidden intention of begetting a male child among parents.

Thus in India, because of Hindu beliefs and the rigid caste system, young girls were murdered as a matter of routine. When demographic statistics were first collected in the 19th century, it was discovered that in some villages there were no baby girls at all. In a total of 30 others, there were 348 boys to 54 girls. In Bombay, the number of girls alive in 1834 was 603. So this practice of female infanticide dating back to centuries has now taken the form of female foeticide in modern India with the help of sex-selective abortion which targets female foetuses exclusively.

2.3 CAUSES OR FACTORS RESPONSIBLE FOR THE EVIL OF FEMALE FOETICIDE AND FEMALE INFANTICIDE

The demographic dynamics of Indian society are likely to have severe repercussions because of the inherent traditional bias against women. This is operating in a negative form to produce a skewed society of the future. Gender ratio in our country is shifting heavily in favour of males, which has already reached an alarming level. There are basically two reasons for this position.

2.3.1 PATRIARCHAL SOCIETY

The roots of gender-bias are deeply embedded in our patriarchal society. "With the patriarchal values embedded deeply in every aspect of life, factors which have contributed to the prosperity of the people in the state have perpetuated the preference for the male child. Technology is only an instrument. Before blaming it all on the sex-determination clinics, there is need to debate on the discrimination a girl child faces in terms of mother’s care, medical services, nutrition, education, inheritance and even the right to a dignified life. Ironically, while the women are deprived of their rights, they
are treated as the hallmark of the family's honour, though only to get targeted while setting family disputes."\textsuperscript{11}

Despite this patriarchal set-up, we draw up so many other reasons related to it, i.e.

i. Socio-cultural causes

ii. Economic reasons

iii. Political reasons

iv. Crime against women in society

2.3.1.1 Socio-cultural causes

The reasons behind what has been called son mania are multi-faceted and deeply embedded 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 likened to "a sunrise in the abode of gods" and to have a son is as essential as taking food at least once a day. A daughter's birth is a cause for great sadness and disappointment (Ramanamma, 1980).\textsuperscript{12}

Indian society is patrilineal, patriarchal and patrilocal. Sons carry on the family name. They are also entrusted with the task of supporting their parents in old age. Parents live as extended families with their sons, daughters-in-law, and grandchildren. Daughters, on the other hand, become part of their husband’s family after marriage and do not make any further contribution to their parents household. Indian sayings such as “bringing up a girl is like watering a neighbour’s plants” exemplify the feeling of wasted expenditure on raising a daughter. Indian men are responsible for the funeral rites of their parents and are the only ones who can light the funeral pyre. Some feel that they will be able to achieve ‘Moksha’ (transcending the circle of reincarnation

\textsuperscript{11} Dr Renuka Dogra, a scholar on issues related to the development of women.

\textsuperscript{12} India’s Missing Women, Anupriyo Mallick, Social Welfare, July 2004. Vol. 51, No 04
through performance of good deeds) through their sons. Thus the importance of having sons continues beyond mortal life in Indian tradition.

For ages, human psyche has been beset with notions of superiority accruing from a worldwide practice of domination and control on the part of man and the propagation of a particular ideology which attempts to relegate and demean the strength of womanhood. In the analysis of the structural framework of women’s subordination in India, Uma Chakravarti says: “Caste hierarchy and gender hierarchy are the organising principles of the Brahminical social order and are closely inter-connected.”

The birth of a girl child often puts immense pressure on the parents with regard to dowry to be given at the time of her wedding. The inferiority of women and the rights of the girl child have long been debated. The practice of female foeticide is a product of the belief in the inferiority of women. Nevertheless sex-selection is actually the product of that belief that son is supposed to carry forward the ‘vansh’ while the daughter will go away to another house.

2.3.1.2 Economic factors (imbalance)

One of the reasons of this evil is economic imbalance. Our civilization has developed through various stages of development. Once upon a time, India was the richest country with developed economy. But after a number of conquests by foreign invaders at different periods, India became a poor country. There is no equality. If one part of the country has wealth and industries, people on the other side are below the poverty line, and cannot even afford two square meals a day. How can such people afford the expenses of their children? So their mentality is to have a male child only so that they can avoid the marriage expenses their daughters. Even the growing incidence of dowry deaths is linked to financial hardship.

But this is not the case only with the poor. Even among the rich, such cases are rampant.

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13 Structural Framework of Women’s Subordination in India, Uma Chakravarti, The Tribune, 2001
In Chandra Prakash Dwivedi’s cinematic adoption of Amrita Pritams's Novel ‘Pinjar’ the three daughters of an affluent Amritsar-based zamindar jump in joy hugging each other when their middle-aged mother delivers a baby boy. Soon after the eldest daughter is abducted by a Muslim youth, but she manages to escape and return to her parents. But her parents refuse to take back the kidnapped and humiliated girl and curse her saying she should have died before birth. That was the pre-Partition India when girls were considered a burden and parents killed their new-born girls. Half a century later, modern urban India, which should have provided the blueprint for a completely new order, cultural thought and practice, still clings to the same beliefs. Education, global exposure and affluence, all of which translate into easier access to expensive technology, have made it easier to select the child. Despite a stringent law, doctors and patients manage to evade it.

One of the most publicised reasons for this disparity is the dowry system. In many parts of India, particularly in the North, the parents of the bride must give money and gifts to the groom’s family as part of the marriage agreement. Formerly, brides were only expected to work in fields and thus presumed to be an economic burden on the husband. The bride’s family, therefore, compensated the groom’s family with dowry. Presumably in an attempt to emulate higher castes, the custom of dowry-giving has, over the past several decades, spread throughout the social structure in India.

The dowry in present times, frequently surpasses two to three times the bride’s family’s yearly income. Refusal to offer dowry seals a girl’s fate as a spinster and brings shame to the family name. Failure to deliver the offered dowry or honour further results in dowry deaths.

Another economic disadvantage of daughters in India is their relatively low learning potential. As in many other countries, although women work as hard or harder than their male counterparts, they make very little money. The long hours spent in cooking, cleaning and caring for the children are viewed as “sitting at home all day”. Even the time spent in the fields is not considered significant since men do much of the heavy lifting. Frequently illiterate due to
lack of schooling, women in India are generally unable to secure high-paying work and are, therefore, financially dependent on the men in the family. As a result it is felt that for a family’s economic advantage, it is necessary to minimise the number of daughters.

Since many of the reasons behind preference for a son are economically based, it is ironic that the most extreme sex ratio is seen in the higher castes who tend to have most of the wealth. The reason for this discrimination against daughters in these groups seems to be related more to issues of family pride than to concern over money. Indian culture requires that a girl marry into a family of a caste equivalent to, or preferably higher, than her own. She then adopts that caste as her own and is thus “elevated”. Boys, conversely are encouraged to marry below their castes to maximise dowry potential. As a result, it is frequently difficult to find an appropriate husband for a daughter of an upper class family, which has the potential of putting great shame on the household. In addition, some of the higher castes, such as Rajputs, Kshatriyas or warriors take great pride in their fierceness. Daughters did not fit well into their culture and were potentially a source of vulnerability in the family. Sons, on the other hand, were a source of pride and strength. The roles of sons in exerting control over farm resources in protecting the community against dacoits and in the army of the state may have been factors influencing the generalised preference for sons.

Parents often start calculating the cost that will incur in raising their daughter i.e. expenses related to child rearing, education, health and at the time of marriage. It is not a custom in our culture for parents to take any money from their daughter even if she starts earning. This means that the money spent on the girl child’s upbringing will not yield any monetary benefit later. In many areas women are still not encouraged to gain financial independence.

2.3.1.3 Political reasons:

The issue of female foeticide does not attract the interests of political parties and thus there is little political interest in bringing innovative policies to
deal with the problem. Weak enforcement of the existing policies and laws aiming to curb the practice of selective abortions is the norm.

The history of northern India, where preference for a son is the strongest, is characterised by numerous foreign invasions requiring the men to fight. Women did not contribute to the defence and were thus a source of weakness in the community. The South, on the other hand, did not have a similar need to protect itself against foreign invaders and has a correspondingly low incidence of infanticide and sex-selective abortion.

Another reason given for the prevalence of sex-selection abortion is India's attempt to control its population. Although the government has not adopted coercive methods since the Emergency in the 1970s under Indira Gandhi's rule, it has become increasingly unfashionable to have a large family in India. The ideal family size, particularly among the high socio-economic classes is two children. Given that at least one son is necessary, families with two daughters become increasingly anxious about the sex of their expected child. Multiple surveys have been undertaken to determine the general population's view towards the practice of sex-selective abortion. In one study of middle class Indians in Punjab, 63 per cent of women and 54 per cent 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 per cent of women and 60 per cent of men felt that it should be aborted. The survey indicated that women tended to support sex-selective abortion more than men.

Feminists say 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 dowry. 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 recent incidents of bride burning and dowry deaths.

14 India's Missing Women, Anupriyo Mallick, Social Welfare, July 2004
2.3.1.4 Crime against women prevailing in society:

Due to the above outlined socio-cultural, economic and political reasons, the harsh practice of female foeticide is rampant and indeed is resulting in denial of rights to women.

The present status of Indian women is such that no girl would like to be born as a girl the next time. The cosmos in which we are living is the creation of women. Even then, women are viewed as an unwanted burden on the family. Dilip Kaur Tiwana has rightly said:

“When she takes birth, you become gloomy; when she sits back home, you call her crazy; when she marries you, your burn her; when she loves you, you insult her; but can you live without her? Your daughter, your mother? Your sister? Your wife?”

The greatness of the country is viewed by the amount of respect and liberty the women enjoy in it, but in India the adverse vicissitudes of women in rape, dowry, kidnapping, abduction, sati, devdasi custom and prostitution, domestic violence and sexual harassment are not stray phenomenon. They are widespread and deep-rooted, rendering liberty and respect meaningless. Society is filled with crime against women, and parents are afraid of their daughter’s future. To get rid of all of their tension, they avoid the birth of a girl child, so that they do not have to face problems like rape, dowry or bride burning etc.

Rape is the most obnoxious and gravest form of human rights violation that can occur in any society. It is violation with violence, an outrage by all canons. Whenever a woman is ravished, civilization takes one step backwards.¹⁶

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¹⁵ Are We Disrupting Natural Law, DK Tiwana, The Tribune, 19.8.01
¹⁶ Phul Singh vs State of Haryana, AIR 1980, SC 249
Rape is not merely a physical assault but destructively hits the personality of the victim, observed the Supreme Court in the case of Gurmit Singh vs State of Punjab.\textsuperscript{17}

Undoubtedly rape is as heinous a crime as murder. Acquaintance rape and data rape are now widespread problems among adolescents and youngsters all over the world. However, despite several observations by the Law Commission of India, there are reports about rape being committed every one hour in the country. On an average, two child rapes are reported every day. But as is well known, numerous others go unreported largely because of the stigma associated with the crime as also because the final justice takes long in coming. According an Amnesty International report, "millions of women around the world are raped every day. Official reports in the United States reveal that 700,000 women are raped each year."\textsuperscript{18}

There is no crime more depraved than the abuse of innocent children. The studies have reported that women aged 16 – 24 experience rape at rates four times higher than the assault rate of all women, making the college [and high school] years the most vulnerable for women.\textsuperscript{19} It is estimated that almost 25 per cent of college women have been victims of rape or attempted rape since the age of 14.\textsuperscript{20}

Acquaintance rape is but one aspect of the large set of problems related to sexual assault of college students. Other related problems include rape by strangers, drug-induced rape, sexual assault, (eg. sexual battery), verbal coercion to obtain sexual favours, indecent exposure in college libraries, peeping Toms on college campuses, obscene phone calls made to college students, sexual harassment, abuse in college-dating relationship (including violence other than sexual victimisation) and stalking of college

\textsuperscript{17} AIR 1996 SC
\textsuperscript{18} Child Rape – Save the Innocents, Dr BR Sharma & Dr Manish Gupta, Social Welfare, Dec 2004.
students.\textsuperscript{21} There were 3259 cases in 1994, 3320 cases in 1995, 3475 cases in 1996, 3644 cases in 1992 and 3433 cases in 1998. Available data in the age category of 16 to 18 years reveals that no case of rape was reported during the year of 1999. In the age category of up to 16 years, MP topped the list of rape cases (19.9%), Maharashtra (11.1%) AP (7.1%), Delhi (5.9%) and West Bengal (5.3%).\textsuperscript{22}

According to another report, Madhya Pradesh topped the list of rape cases (2256) followed by UP (1366) and Maharashtra (1277). Crime statistics from the NCRB for the decade 1989-1999 consistently shows that rape of minors below 16 years is more than 25% of the total rape cases. In 1999, children alone accounted for 26.4% of the total rape cases.\textsuperscript{23}

As many as 56 of the girls surveyed had been sexually abused before the age 10. Of this number, 50 had been abused by a family member or a friend of the family.\textsuperscript{24}

National crime records based on the 2001 Census recorded statistics of victims of rape cases during 1997. Children alone accounted for 20.4% of the cases. During 1999, an increase of 13.2% in child rape cases (below 10 years) and a decline of 30.9% in case of victims in the age group of 11-15 years was registered as compared to 1999.\textsuperscript{25}

A number of rape cases can be traced through daily newspapers and magazines. In 2000 (Sudhakar case in Maharashtra) a 20-year-old school teacher was raped by the Headmaster and a colleague. In 2001 (Subhash Chander case, Rajasthan) a five-year-old girl was raped and murdered. In November 2002, a student of Delhi’s Maulana Azad Medical College was raped in a broad daylight. In March 2003, a retired Colonel, S.K. Parthy, raped a 17-year-old pregnant domestic help. In September 2003, an employee of a posh south Delhi restaurant raped a 14-year-old girl aided by many

\textsuperscript{22} The Agony of Child Rape, Gupta KN, Social Welfare 2002 49(1) 25-51.
\textsuperscript{23} Violence against Women, A Cry for Justice, M. Joshi, Social Welfare(48) pp 3 - 4
\textsuperscript{24} Child Sexual Abuse – Facts and Facets – Anupriya Mallick, Social Welfare, 2002 (49)
\textsuperscript{25} Supra Note 28
colleagues. A 13-year-old TB patient was raped by Dr V.K. Nigam of Holy Angels Hospital during the same period.26

A recent report in a newspaper referred to a Mumbai cop who raped a minor in Chowky in Marine Drive.27 According to another report, a 16-year-old girl was killed after being raped.28

A 15-year-old girl, Sheela, working as a domestic help in Panchkula, was raped and killed by the employer.29

What can be more brutal than a seven-month-old baby being raped by a relative, a migrant from UP.30 A survey31 on child abuse (rape) conducted in 2003 revealed that there was an increase as compared to the preceding years.

Table 2.2:

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>2113</td>
</tr>
<tr>
<td>2002</td>
<td>2,532</td>
</tr>
<tr>
<td>2003</td>
<td>2,949</td>
</tr>
</tbody>
</table>

Table 2.3: Child rape cases – increase during 2001-2003

<table>
<thead>
<tr>
<th>S.No.</th>
<th>States</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Andhra Pradesh</td>
<td>84</td>
<td>137</td>
<td>383</td>
</tr>
<tr>
<td>2</td>
<td>Haryana</td>
<td>108</td>
<td>84</td>
<td>77</td>
</tr>
<tr>
<td>3</td>
<td>Delhi</td>
<td>113</td>
<td>138</td>
<td>140</td>
</tr>
<tr>
<td>4</td>
<td>M.P.</td>
<td>390</td>
<td>517</td>
<td>699</td>
</tr>
<tr>
<td>5</td>
<td>Maharashtra</td>
<td>367</td>
<td>491</td>
<td>605</td>
</tr>
<tr>
<td>6</td>
<td>U.P.</td>
<td>562</td>
<td>416</td>
<td>301</td>
</tr>
</tbody>
</table>

27 The times of India, New Delhi/Chandigarh, 05-05-05
28 The Tribune, 06-05-05
29 The Tribune, Chd, April 15, 2005
30 The Tribune, 16-5-2005
31 Survey on Child Abuse – Innocence at Stake, Nandini R. Iyer, India Today, May 2, 2005
After rape, the most heinous crime against women, especially girls, is abduction. The motive behind abduction of young unmarried girls is mainly developing sexual relations and encouraging prostitution. Abducting a minor female is for the purpose of satisfying sexual lust because a child is easily accessible as the abductors in such cases are usually known to the victim.

Kidnapped as children, abducted as teenagers or lured to cities with the promise of employment, thousands of women end up in the four walls of sleazy brothels.\textsuperscript{32}

In a case of kidnapping and rape, the father was accused of committing the offence for immoral and unlawful purpose. (Smt. Sudesh Jakhu vs K.C.J.).\textsuperscript{33} The accused father allegedly raped his own daughter in the office and then in a hotel.

A four-year-old girl, missing from her house, was found raped and dead in a tank. A youth of the same locality had abducted the girl and killed her after raping her.\textsuperscript{34}

Assault or criminal force on a woman with the intent to outrage her modesty is another problem being faced by women. In the case of Monisha Verma, a girl student from Indraprastha College, New Delhi, DTC bus crew molested and injured her in convinace with the bus driver. This is not an isolated case. It is difficult to bring to book high-profile politicians and officials but in certain cases like Rupan Deol Bajaj’s case, success was achieved. In another case, a 10-year-old girl, Guddan Sharma, was drugged, kicked and punched and her breasts were squeezed by 40 men. Even passersby remained mute witnesses. The victim’s breasts were scarred with scissors and sticks were pushed into her vagina. She was paraded naked in the

\textsuperscript{32} Survey on Child Abuse – Innocence at Stake, Nandini R. Iyer, India Today, May 2, 2005
\textsuperscript{33} Enforcement of Women’s Rights Against their Criminal Exploitation, Gurpal Singh – Sociological Journal 1980 Vol XIV P 89
\textsuperscript{34} 1998 Cr C.J. 2428 (Delhi) ; (38) The Asian Age, Dec 24, 1999.
streets and tied to a tractor. Later, she set herself on fire and died in hospital.\textsuperscript{35}

**Prostitution**: Child prostitution is rampant in this country and is more visible in big cities. Several sources put the number of child prostitutes in India at 400,000 while some estimate that there are up to 500,000 children working in the sex industry. The Indian Council of Medical Research estimates that there are a total of 1 million prostitutes in India. Different sources estimate that 20-50 per cent of all prostitutes in India are below the age of 18.\textsuperscript{36} Rajat Sharma, the host of ‘Aaj Ki Baat’ on Star Plus reported that according to a study in poverty-stricken areas of MP, AP, Nagaland etc, girls are sold by the families or are lured with the promise of jobs in cities and then sold in cities where they work as sex workers and get AIDS. Nearly 40 per cent of sex workers are HIV positive.\textsuperscript{37}

Other problems like sexual harassment at workplaces and domestic violence are also common. In such an environment, giving birth to a girl child is really a risk. The fear of parents that their daughters have to survive in this society with these problems compel them to adopt practices like female foeticide and infanticide.

Hence, because of the above-mentioned reasons, discrimination against the girl child starts before her birth. Home is generally a place where the child loves to live with her family but most of the crimes are committed in homes only. So ignorance about human rights, Fundamental Rights and legal rights of the girl child and ignorance about the government’s attitude to such crimes are factors responsible for female foeticide and female infanticide.\textsuperscript{38}

2.4 **MISUSE OF MODERN TECHNIQUES RELATING TO PRE-NATAL SEX DETERMINATION**

\textsuperscript{35} The Week, Aug 20, 2000
\textsuperscript{37} ‘Aaj Ki Baat’ – Star Plus, Feb 16, 2000, 11.45 pm
\textsuperscript{38} Gender Bias – This LOC Remains the Same, Vamila Patil, The Tribune. Her World, June 10,2001
Rampant misuse of modern technology, a collective failure of medical ethics and inability to shed notions of a male heir have pushed female foeticide in affluent India to a shocking high. The biggest shift has been in technology. Easy sex determination and latest abortion techniques have reduced the risk rate for women, earlier exposed to fatal complications on termination of advanced pregnancies. Falling infant mortality rates and later the two-child norm also made male children the most wanted. Tamil writer Vasanthi, author of influential novel Kadas Varai (Till the End) agrees that the “new-born culture mindset is that of extreme consumerism, which has trapped even the educated element.”

Delhi is a prominent battlefield. There are roughly 700 ultrasound machines in the national Capital itself. A senior official from the Department of Family Welfare confirms that there are 21,000 registered ultrasound centres in India. A random inspection resulted in 400 cases of seal and seizure because they were not registered with the government. As in 40-50 cases, the centres were advertising sex determination tests. That is not all. Abortion pills like MTP and Misprost which should not be sold without a doctor’s prescription are available off the counters. Taken without guidance, they can lead to ectopiciaemia, excessive bleeding and even death.

2.4.1 SEX-DETERMINATION TECHNIQUES

Early history: Pre-natal sex determination techniques were introduced only in the early seventies. Although touted officially as an aid in reducing genetic defects, much of the Indian public has turned to these tests to find out if it is a boy or not. It is an irony that women are blamed for delivering baby girls, when it is now well established that man’s semen always determines the sex of the child.

The eighties proved to be a watershed. The developmental model nurtured and worshipped by policy planners over the world is under siege. Technology, the propelling force behind this model, is no longer a holy cow. No doubt the corridors of power, both in the First as well as the Third World countries, still echo the ‘trickle down theory.’ The collapse of Communism in
Europe has further strengthened the mirage of the development model created by the blend of technology and capitalism. However, its edifice is slowly cracking. Growing sections of the population are becoming increasingly sceptical about the claims of the ‘trickle down’ theory. What were once considered to be the very temples of modern civilisation are being perceived by many as its tombs.39

In the First World, the (often inter-mingling) streams of Illyrian, feminist and environmentalist thoughts have led the dissenting voice against the established concepts of development science and technology. They have raised issues of crucial importance e.g. appropriateness of technology in a given social milieu; marginalisation of women and other oppressed sections and disenchantment with the developmental model. This is reflected in the form of various protest movements. The Green Revolution and nuclear energy - most sinning weapons from the development armour, are big challenges. Chipko, Baliapal, Narmada have only added to the long list. The battle lines are becoming sharper.

The emergence of new reproductive technologies concerning modern medical techniques targeted at women's bodies, and products which include sex selection techniques, have added yet another important dimension to this conflict. So far, medical technology and special reproductive technology needed no justification. Its benevolent nature was taken for granted. However, in the countries of their the advent, NRTs triggered a chain of debates within and outside the medical community. Several social, demographic, ethical, legal and philosophical issues have been raised.

However, even the complex issues like rights of the unborn children, surrogacy, and informed consent debated so far represent only the proverbial tip of the iceberg. As the debates have shown, the NRTs have the ability to alter not only the face but the very soul of human civilisation. The impact of these technologies would be felt the most in Third World countries like India.

where these technologies are most likely to be used, abused or misused. The worst victims would be women, who become the targets of these technologies.

At first, mostly affluent women had access to pre-natal tests when the non-incisive and cheaper techniques of ultrasound were introduced twenty years ago. By liberalising the law on abortion, the medical Termination of Pregnancy Act, 1973 allows abortion on selective basis through the techniques of amniocentesis test. The scientific advancement was soon put to use for sex-determination purely with the intention of aborting the female foetus. The practice became a flourishing business for many doctors throughout the country. In 1977, a leading hospital in Bombay, Harkrishan Das Hospital, inaugurated its pre-natal sex-determination clinic by describing it as a humane and beneficial test. In 1979, an advertisement by an Amritsar-based doctor about ante-natal sex-determination clinic caught the attention of the media and in 1982 a wrong diagnosis leading to abortion of a female child created a lot of hue and cry. In fact, on January 6, 1994, an episode of ‘ABC News Prime Time Live’ – a weekly television news journal shown in the United States, estimated (accurate figures are unavailable) that over three thousand female foetuses were aborted everyday in India. The figure now is one million per year.40

Methods of sex determination: The following are the common methods of sex determination during pregnancy.41

(i) Amniocentesis: Amniocentesis came to India in the mid- seventies. In this technique, amniotic fluid is drawn from the amniotic sac through a long needle inserted in the abdomen to detect foetus cells present in the fluid. It is normally done after 15-17 weeks of pregnancy.

40 Will India Ban on Pre-Natal Sex-Determination Slow Abortion of Girls, by VG Jadic Rajan : HT, 2000
41 Modi’s Medical Jurisprudence
(ii) Chorionic villi biopsy: Elongated cells of the chorion (tissue surrounding the foetus) are removed and tested. It can be done as early as 6-13 weeks of pregnancy.

(iii) Ultrasound: With the help of sound wave a visual image of the foetus can be obtained on a screen. It is normally done around the tenth week of pregnancy in order to detect foetal abnormalities. This is the most common method that is being used to detect sex of the unborn child.

There are some other easy techniques prevalent among people are:

(i) Laminaria test :- A poisoning medicine is delivered through the mouth of the uterus so that the baby dies inside.

(ii) Dilatation and curetage test :- By opening the uterus, it is washed with spirit to remove pregnancy.

(iii) Suction and evacuation: By giving an excessive dose of medicine to a pregnant woman.

(iv) By serving pills leading to medical termination of pregnancy.

(v) Apart from this, there are also pre-conception techniques like Ericsson’s method (X and Y chromosome separation).

(vi) Pre-implantation genetic diagnosis that involves chromosomal analysis. This is being used in order to select the sex of the child.

With the help of these tests, a family wanting to produce male heirs can easily know the sex of the child in the womb. There is no need for the pregnant woman to undergo the entire term of pregnancy and also the difficult process of child birth before getting to know whether the infant is a girl or a boy. Medical advancements have created by default, a win situation for all; the family, the clinic, the doctor and the woman who, for the first time by herself or coerced by her family, may actually opt for the sex of the child by separately conceiving and aborting. Her mental and reproductive health may get battered in the process.

Impact of sex determination techniques on a woman:

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(i) Physical impact: There are several ill effects of sex determination techniques. Amniocentesis can induce abortion or premature death of the woman. The use of a needle can lead to spread of infection. In some cases, the foetus may suffer haemorrhage, bleeding or breathing problems. The needle can even pierce the foetus causing death or permanent disability.

Chorionic villi biopsy can also lead to abortion, spread of infection and limb defects. There may be bleeding during the time when the sample is taken which in turn may lead to mental and physical defects in the baby.

Since these tests are often followed by brutal abortion of the female foetus, these have an adverse effect on the woman's physical health. The pregnant woman's health may be affected and in some cases her own life may be threatened. Due to complications during abortion, sepsis, tetanus, haemorrhage can occur because of incomplete abortion or injury to any internal organs that may lead to infertility.

(ii) Psycho-emotional impact: All sensitive and empathetic persons, especially mothers, will agree that women undergo the same physical stress coupled with psychological and emotional thoughts and feelings during pregnancy, irrespective of the sex of the unborn child. Thus, for a mother who is nurturing a life within, nothing can be more traumatic than relatives pressurising her to alter the course of nature. The psychological impact is far more lasting than the physical one as there may be a sense of guilt. Loss of self esteem, crying, mental trauma, depression, nervous breakdown, self-destructive behaviour, sleep disturbances and nightmares are natural consequences.

2.4.2 SEX-DETERMINATION TESTS - PRESENT STATUS

Sex-determination tests like amniocentesis and CVB were originally developed as pre-determination tests (PDTs). Amniocentesis was independently discovered in 1954 by research groups working in Terrossalem, Copenhagen, New York and Minneopoliss. It was suggested that the prevalence of certain genetic disorders in the royal family of England contributed to the surge of research interests in this field.
Certain hereditary anomalies like haemophilia are sex-linked i.e. they affect only males while females are mere carriers. Hence, PDTs were also used for sex determination (SD) in order to confirm the diagnosis. In most parts of the world, PDTs are employed exclusively for detection of genetic or other congenital anomalies. However, in India ever since their inception in the early 70s, they are being misused almost exclusively for SD and subsequently for sex-selective abortions.

At present, amniocentesis and CVB are the most popular SDTs in India. In the past 15 years, SD clinics have mushroomed in most parts of north and western India. The exact number of these clinics cannot be ascertained as there is no provision for their registration because many of them operate clandestinely. However, newspaper reports and feedback received from voluntary groups have confirmed the presence of SD clinics in UP, MP, Delhi, Punjab, Haryana, West Bengal, Goa, Gujarat, and Maharashtra with the last two topping the list. These studies have also confirmed the fact that contrary to international standards, most such clinics do not have basic facilities like ultrasound cover in aseptic area. In fact, in most cases, an SD clinic has nothing but a doctor with an anesthesised sense of ethics, holding a hypodermic needle for insertion into a pregnant woman's abdomen.

The extent of proliferation of the SD menace can be gauged from the example of Maharashtra, one of the most progressive states in India with a rich heritage of progressive social movements. It is at present a strong fort of women's movement. Ramanamma and Bambawale's study reported 700 cases of SD one hospital in Bombay from June 1976 to June 1977 of these. Of these, 250 were reported to be male, none of whom were aborted. Of the 450 reported to be female, 430 were aborted. A public hospital in Bombay reported 900 cases of amniocentesis within two years. An SD clinic in a small town Dhule boasted of 450 cases within 18 months. A study sponsored by the Government of Maharashtra in 1983 revealed that 84 per cent of the gynaecologists in Bombay were using PDTs for SD. The extrapolation of this sample study put the probable number of SD tests in one year for the city of
Bombay alone at 40,000. The city of Ahmedabad in Gujarat also reported about 20,000 SD cases per year. In Gujarat and Maharashtra the SD menace has percolated to every town, right up to the tehsil level or even below. Most reports on SD clinics indicate that the phenomenon of SD leading to sex-selective abortions has transcended all barriers of caste, class and community. For example in Bombay in 1986, with the charges varying from Rs 100 to Rs 3,000 depending on the paying ability of the clients, slum dwellers to film stars opted for SD. A report about a newly opened SD clinic in Calcutta mentioned that Marwaris (and other non-Bengalis) were its main clients. However, it is worth noting that in most SD clinics, the early clients were from particular castes and communities. In a short period of time, people from all sections of society opted for SD with the educated middle class forming the main clientele. The southern and eastern states of India have remained, at least till now, almost free from the SD menace except for an SD clinic in Karnataka which had to be closed down under public pressure like the one in Calcutta mentioned above.42

Several such examples can be cited to emphasise the fact that in our socio-cultural milieu, people can go to any extent and even sacrifice their money and health to beget a son. One can imagine the response once a simple, cheap and effective method of SPS become a reality. These techniques meant for detection of congenital malformations, which may or may not be sex-linked, are being misused.

2.4.3 ILLEGAL ABORTIONS

- Medical definition of female foeticide is killing of foetus or induced abortion.

- Abortion is expulsion of products of conception pre-maturely. It may contain only the fertilised ovum or a developing child of any womb age. Sometimes, the term abortion is limited to the womb during the period

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of conception of three months or more. The terms miscarriage and premature births are used to indicate un-induced expulsion of foetus which takes place during the third or sixth to ninth months of pregnancy, respectively.

Medical and legal definition of abortion/termination of pregnancy: Abortion is a nasty problem, a source of social and legal discord, uncertainty, medical and psychiatric confusion and personal anguish. There is hardly any religious group in the world whose members are not in agreement on the moral issues of abortion. The speed with which laws of different nations have been changed in recent years in either a conservative or a liberal direction testifies the worldwide uncertainty and flux.

Hutchinson’s New 20th Century Encyclopedia defines abortion as expulsion of the foetus before it has reached a state of development sufficient to permit it to live outside the uterus.43

The practice of abortion has been found hazardous to the health of woman, who is pregnant. In most of the cases the abortion was forcefully carried out to prevent the birth of the female child. In the process most of the women also lost their lives. In India termination of pregnancy by unregistered medical practitioners and quacks is quite common. The reasons for such abortions are many which include superstitious and illegitimate pregnancies.44

Abortion may be (i) Accidental

(ii) Spontaneous

(iii) Induced

(i) Accidental abortions are the result of some accident. It may be suffocation, extreme grief or emotional disturbance. These lead to abortion.

(ii) Spontaneous:— This results from malfunctioning of the body itself.

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43 Hutchison New 20th Century Encyclopedia- 1920-EM Hoarely
44 Woman and Law – GB Reddy, pp 132
Induced abortions are those which are caused by human efforts. These are of two types, criminal and medical.

(a) Medical abortions are those which are necessitated by medical considerations for the benefit of the mother.

(b) Criminal abortions are those which are carried out to terminate the unwanted pregnancy. It is abortion of an illegitimate child of unmarried girls, widows, victims of rape, professional prostitutes or in cases related to family planning.

A community-based study documented that 16.8 per cent of the abortions were after detection that the foetus was female. It is difficult to come across any community-based study which could reveal sex-selective abortion rates. A woman underwent nine sex selective abortions consequently after having three daughters. (CEHAT unpublished Report) \(^{45}\)

The decreasing sex ratio has also been considered as one of the indicators suggesting increased sex-selective abortions. A study shows that 24 per cent of the brides approved sex-selective abortions to justify their position, considering it as a right of every woman. \(^{46}\)

They consider it as something beneficial for society. They say that when the techniques are available for sex determination, why not adopt it. The government should allow sex determination, otherwise what is the use of these (sonography) machines, they say.

Those going in for sex-selective abortions were generally charged more in comparison to other abortions. Similarly abortions in the case of unconventional or illegitimate pregnancies were carried out after charging exorbitant sums and women had to bear the humiliation and ill-treatment at the hands of medical practitioners. Hence, female foeticide is increasing due to the unchecked commercial interests in the form of nursing homes equipped

\(^{45}\) Abortion Services and Providers Perceptions Gender Dimensions – Sunita Badewar- EPW. May 24,2003

\(^{46}\) Ibid
with ultra-sonography devices. In various localities, it has become a profitable trade.

The practice of sex-selection has proved directly harmful to girls who have survived infancy. Dr Vidhudi Patel narrates a true story of the impact of sex-determination on one family. Two sisters in Punjab committed suicide. They left behind a note for their parents to convey their feelings. They were bright and creative and used to write poetry. They wrote that when their mother went for the sex-determination test at the time of her third pregnancy, they suddenly feel unimportant and unwanted. Thus, they had decided to end their lives.

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 of females. There are many more such examples.

2.5 FEMALE INFANTICIDE AND TECHNIQUES

In the past, female infanticide occurred through various inhuman means. The use of sap of caldripus plant or paddy grains or some other poisonous substance like pesticides were in usage. The female infants used to be killed by pressing the nose and the mouth of the girl child or leaving the new-born baby out during the winters. Though female infanticide was outlawed in 1870 by the Female Infanticide Prevention Act, still this gruesome practice is prevalent in many parts of the country.

In some Kallar families, husbands grew plants from the time their wives conceived so that they could be administered poison if a daughter was born. Among the Bhatti community of Rajasthan, female infants were routinely killed before they saw the light of the day outside the mud hovels. The methods were as primitive as tradition. A bagful of sand was used to suffocate the child, a heavy dose of opium did the trick in other cases or when the new born was tough enough to resist both, she was simply strangulated. All this was

47 Human Rights and Female Foeticide, Alansir, MA. 1995, pp 160
done by the mother while the other women goaded her to do away with the unwanted sibling.

Moreover, though the ritual of guessing and anticipating the sex of the unborn child goes back to the age when probably man first learnt the power of association. Persons in the medical field have always tried to determine the sex of the unborn through a variety of unscientific and curious methods based on interpretation of appetite, tastes, dreams and walk of expectant mothers. But the guess work failed to unravel the mystery of the gender of the foetus as due to lack of scientific tools the new-born babies of unwanted sex used to be killed.49

But barbarous infliction of an ignominous death by the unhappy mother was predicted only due to her successive sensibility and being instigated and guided by prejudices of time. She, by hardening her heart against the softest instinct of nature, harms no one but herself by killing the new-born child. To avoid future problems and with a view to prevent further addition to the misfortunes of a family, a female child was condemned to a life of indignity. The offence continued in society on one pretext or the other, but in the changed progressive scenario, even the zygote is not allowed the see the light of the day.

Pre-natal sex-selective abortion is an easy way out for killing the unborn daughter but if by chance the girl child takes birth, there are many techniques to get rid of her, which are very cruel and inhuman. These are:-

(i) By lacing the milk with the sap of a poisonous plant.

(ii) By giving the babies husks of paddy to swallow.

(iii) The babies are deliberately weakened and dehydrated by their own parents.

(iv) By giving an excessive dose of sleeping pills.

By wrapping the infant in a wet towel or dipping the child in cold water as soon as she is born.

By feeding a drop of alcohol to cause diarrhoea.

By placing her outside the house so that she could die due to cold.

By throwing the newly-born child on a heap of dust at night.

Killed by the ‘dais’, who incidentally helped in her birth.

Thus the use and misuse of new scientific techniques and medicines shows that in the changing world, the surviving young girls and women will not forget that they were spared the foetal guillotine merely to be used as baby manufacturing machines.50

It is amazing that this is the same country where each and every soul was regarded as an inseparable fragment of the ‘pramatama’. Now as man’s struggle assumes menacing proportions, the oppression of women in visible and invisible ways has apparently multiplied manifold. Murder, Rape, bride-burning, prostitution, divorce and now female foeticide and infanticide are a new experience. We read newspapers or hear stories, but all we do is just hang our heads in shame.51

Thus, although the reasons for growth of female foeticide and infanticide are not difficult to trace, the birth of a girl child even today invites scorn. Due to illegal acts of people involved in killing of girls, the sex ratio is declining rapidly in the country. The day is not far when there would be no girl child around.

50 The Medical Perspective of the State of the Girl Child as the action strategy. Dr Sarla Gopran, Prof. of Obstractive and Gynaecology, PGIMR, Chd.

51 Without Girls, House is Soul-less, Dalip Kaur Tiwana, The Tribune (Her World) 15.5.2003