CHAPTER-VII
CONCLUSION AND SUGGESTIONS

VII.1 CONCLUSION:

Female foeticide is an age old evil which refuses to end in our country. Earlier the daughter eliminating spree was easily visible in the female infanticide. With the change of times the law has moved and so has the technology. The daughter eliminating male aspiring rage for ultrasound(DEMARU) is practiced in our country.

We can witness that the child sex ratio (CSR) is plummeting with every passing year. It was 983 in 1951 during the first census but after that it has fallen with every census and it has reached an abysmal 914 in the last census of 2011 clearly indicating some foreign hand interfering with the law of Nature. In the population--wise second largest country of the world, population wise the number of females should be biologically accepted ratio of atleast 1025:1000 but it is merely 914 as per the latest census. Our promise gains substance from sex ratio in developed countries amongst the developed countries. The female sex ratio in U.S.A. is 1050 :1000 whereas it is 1055 in Japan, 1167 in Russia and 1050 :1000 in Britain. Even in the Kerela State of our own country female population, is 1084 per 1000 males. The clear reason is the intervening action of the humans in the nature. The large scale use of ultrasound techniques and female foeticide is the reason for this understandably marked difference.

If we go by the statistics of the various districts of Punjab, we can ourselves reckon that the daughter -hatred syndrome has been constantly increasing. Despite the fact that Punjab is a comparatively rich State of India, but this State has a history of eliminating the girl child. As it can be seen from the table below during the period between 1991-2001 it had reached 876 from 882 of 1981-1991but it rose to 893 during 2001-2011. The demographers however question the new data of Punjab Sex Ratio. They feel that a state which as per the 2001 census was one of the worst performers as per the CSR has reached such a rise of 893:1000 males can have such a high rise.
TABLE VII.1

Showing the Sex Ratio of various districts of Punjab from 1951-2011:

<table>
<thead>
<tr>
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<td>Amritsar</td>
<td>841</td>
<td>854</td>
<td>856</td>
<td>871</td>
<td>873</td>
<td>876</td>
<td>884</td>
</tr>
<tr>
<td>Barnala</td>
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<td>-</td>
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<td>-</td>
<td>-</td>
<td>871</td>
<td>876</td>
</tr>
<tr>
<td>Bathinda</td>
<td>839</td>
<td>834</td>
<td>851</td>
<td>861</td>
<td>884</td>
<td>870</td>
<td>865</td>
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<tr>
<td>Faridkot</td>
<td>856</td>
<td>849</td>
<td>866</td>
<td>879</td>
<td>883</td>
<td>883</td>
<td>889</td>
</tr>
<tr>
<td>Fategarh Sahib</td>
<td>773</td>
<td>815</td>
<td>831</td>
<td>841</td>
<td>871</td>
<td>854</td>
<td>871</td>
</tr>
<tr>
<td>Ferozepur</td>
<td>835</td>
<td>840</td>
<td>876</td>
<td>884</td>
<td>895</td>
<td>885</td>
<td>893</td>
</tr>
<tr>
<td>Gurdaspur</td>
<td>846</td>
<td>869</td>
<td>890</td>
<td>907</td>
<td>903</td>
<td>897</td>
<td>895</td>
</tr>
<tr>
<td>Hoshiarpur</td>
<td>877</td>
<td>902</td>
<td>899</td>
<td>919</td>
<td>924</td>
<td>935</td>
<td>962</td>
</tr>
<tr>
<td>Jalandhar</td>
<td>857</td>
<td>867</td>
<td>883</td>
<td>890</td>
<td>897</td>
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</tr>
<tr>
<td>Kapurthala</td>
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<td>886</td>
<td>889</td>
<td>898</td>
<td>896</td>
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<td>912</td>
</tr>
<tr>
<td>Ludhiana</td>
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<td>856</td>
<td>848</td>
<td>806</td>
<td>844</td>
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<tr>
<td>Mansa</td>
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<td>830</td>
<td>852</td>
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<td>873</td>
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<td>880</td>
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<td>Moga</td>
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<td>866</td>
<td>881</td>
<td>884</td>
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<td>893</td>
</tr>
<tr>
<td>Muktsar</td>
<td>862</td>
<td>846</td>
<td>863</td>
<td>885</td>
<td>880</td>
<td>891</td>
<td>895</td>
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<td>Nawanshahr</td>
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<td>887</td>
<td>898</td>
<td>900</td>
<td>914</td>
<td>954</td>
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<td>Patiala</td>
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<td>831</td>
<td>850</td>
<td>870</td>
<td>882</td>
<td>868</td>
<td>888</td>
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<tr>
<td>Rupnagar</td>
<td>812</td>
<td>812</td>
<td>854</td>
<td>862</td>
<td>870</td>
<td>871</td>
<td>913</td>
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</tr>
<tr>
<td>Sangrur</td>
<td>820</td>
<td>832</td>
<td>840</td>
<td>860</td>
<td>870</td>
<td>871</td>
<td>883</td>
</tr>
<tr>
<td>Mohali</td>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>840</td>
<td>878</td>
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<tr>
<td>Tarn Taran</td>
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<td>-</td>
<td>887</td>
<td>898</td>
<td></td>
</tr>
<tr>
<td>Punjab</td>
<td>844</td>
<td>854</td>
<td>865</td>
<td>879</td>
<td>882</td>
<td>876</td>
<td>893</td>
</tr>
</tbody>
</table>

Source: [www.pbhealth.gov.in](http://www.pbhealth.gov.in) as on 24 February 2014.

It is vivid from the above table that the best performance in 2011 is of the Doaba region of Punjab in Hoshiarpur it is 962 in Nawanshahr the sex ratio is 954 while in Jalandhar it is 913 in Kapurthala it is 912. The other belts have improved but the improvement is marginal as compared to the Doaba region. Amritsar which represents the Majha region of Punjab has shown the CSR of 884 while the Tarn Taran district showed it to be 898. The Malwa belt of Punjab represented generally by Ludhiana and Bathinda had CSR of 869 and 865 respectively.

Daughters in India have always been less preferred. In Kautilya’s *Arthashastra* it is mentioned that the sole purpose of wife is to bring forth a son ‘*Putra hi striyaha*’. There are mantras in *Atharva Veda* which are chanted upon conception so that the if foetus is a female will be transformed into a male. Tulsidas in his *Ram Charit Manas* has endorsed the low position of women during that time: “*Dhol, ganwar, pashu, shudra*

*Ye sab tadan ke adhikari.*”

Even Christianity does not recognize women as important part of the society. She is to be treated as a mere subservient to men. *The Testament* mentions at one place “let the woman learn in silence with all subjection”.

The Islam as such does not give equal rights to women. A few muslim scholars called women ‘Devil’s whip’ but the Hadis of Prophet Mohammed say, “If a daughter is born to a person and he brings her up, giving her good education and training in various arts of life, I shall myself stand between him and hellfire.”
During the British era things underwent a change. Several social reformers raised their heads in favour of women and this resulted in passage of various legislations improving the condition of women. It was during this period that *The Sati Regulation Act, 1929*, *The Widow Remarriage Act, 1856*, *The Prohibition of Female Infanticide Act 1870* were passed. Since then the law has been moving at a slow spade for ameliorating the condition of women.

It has been observed from the secondary sources of our research that the evil of female foeticide continues to be practiced in our country because of a variety of reasons: ranging from economic worthlessness of the female children to the evil custom of dowry, with which the people attach daughters, son preference because of religious attainments and social needs etc. Our study has an empirical part. District Jalandhar was preferred as the ‘Universe’ of our study. Out of this universe, for our study 104 women were selected who favoured sex determination tests. The views of the respondents were taken. The sampled women belonged to different strata of society, viz. middle income group, low income group, high income group, educated or uneducated, belonging to upper class or lower class, of all religions and rural, semi urban and urban areas. An effort was made to know as to why the people were son crazy and what made many of them to favour sex determination tests.

An alarming situation in the State of Punjab had motivated this researcher to dig out the reasons for this patently deterrent law having remained only a paper tiger. For a meaningful study, the law and social realities subjected to it were critically examined. In addition to it the Census Data, demographic data published by the other agencies and the statistics collected from the office of Social Welfare Department was also analyzed to identify the status of women population in the Indian society and more particularly in Punjab State. In addition to this data was taken from the Family Welfare Department as to the enforcement of the PC and PNDT Act, 1994.

This study reveals that the causes of female foeticide and infanticide lie buried deep in the social structure of our society. It has been found that this evil is a result of a number of social ills and the reasons for this practice are so inter-mingled that it is hard to determine a single factor for the prevalence of this menace.
Table no. VII.2

Showing the reasons cited by women for preference of sons:

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vanshavridhi</td>
<td>46 (44.23%)</td>
</tr>
<tr>
<td>Daughters are economic burden</td>
<td>13 (12.52%)</td>
</tr>
<tr>
<td>Daughters are social burden</td>
<td>7 (6.73%)</td>
</tr>
<tr>
<td>Old Age Support</td>
<td>21 (20.19%)</td>
</tr>
<tr>
<td>Rituals</td>
<td>17 (16.34%)</td>
</tr>
</tbody>
</table>

Source: Field Study

From our empirical study, it has been found that the concept of Vanshavridhi loomed large over all the categories of women. 46 (44.23%) women said a son is essential to carry on the lineancy. According to Vashishtha when a father sees the face of his living son on his birth, the debt is transferred, attains immortality and, there are innumerable heaven for a man who has a son and there is no place in heaven for a sonless man. The son keeps the continuity of lineage. Then there is the religious obligation to carry on the Vansha or lineage and in order to get the boon of a male—a number of females are sacrificed. It was found that out of 104 respondents 16.34% (17) admitted that a son is essential for the rituals.

Most of the parents who have only daughters feared for their social security in old age. It was found that 20.19% (21) of respondents wanted a son as the sons could provide them old age support. Though the Supreme Court in its landmark judgment in Dr. (Mrs.) Vijaya Arbat Vs Kashi Rao Sawai, has observed that the old parents can claim maintainence from their married daughters if they are earning but the Indian mindset is typically of a traditional culture. the judgment has largely not been accepted by the society. Parents would prefer to die than to take maintainence from their daughter.

\(^1(1987) SCJ 524.\)
Another reason given for the existence of female foeticide is the problem of huge dowries needed to marry daughters. 12.52% (13) of women expressed the view that a female issue is a potential burden on the family. The dowry or groom price is so staggeringly high, irrespective of the class, that generations may have to work hard to repay the debts incurred during marriage.

In today’s material world, a women has been made a commodity and marriage has become more of a business alliance than a sacred bond between two partners. The mental outlook of Indian Society can be traced in an old folk song popular in Uttar Pradesh:

‘Prabhuji mein tori binti karon,
Paiyan padoo baar baar,
Agle janam mohe Bitiya na dijo,
Narak chahe dijo dar………….”

It means:
“Oh God I beg of you,
I touch your feet time and again,
Next birth don’t give me a daughter,
Give me hell instead…….”

A study of National Law School of India University, Hyderabad also reveals this bad practice. “We were told in Gohad Block (Bhind district, Madhya Pradesh) that when a child is born, the men collect in one room and the women in another. If the child is a male, they bang a thali (metal plate) or fire shots in the air to announce his birth. If a girl is born ,an elderly woman of the house goes to the members and asks “Barat rakhni hai ya lautani hai?” (shall we welcome the marriage procession or shall we bid it to return), every woman leaves the room and the mother of the newly born is asked to put tobacco in the girl’s
mouth. There is no question of resistance as it would mean that the mother herself is at risk of either being killed or thrown out of the house.”

An old man in Rajasthan town was known in his neighbourhood for his popular address for new born babies in the locality. Everytime he heard of someone having got a son, he said, ”oh so Muffatlal (a free lad) has arrived.” If it was a daughter, he would say, ”oh so came the Ayee Chuki (enough of coming)”. He used such a terminology because a son’s upbringing and education cost is evened out through the dowry he commands at his wedding.

The social activists point out the nexus between dowry customs and daughter disadvantage, and irrational justification of solving one discrimination (dowry) by resorting to another (foeticide). The Dowry Prohibition Act has failed to satisfy its objective and bridge the gap of demands and social realities.

It was felt by 6.73% (7) of female respondents of our research that crime against women is ever increasing and it is becoming a herculean task to keep their daughters’ dignity safe. This is regarded as one of the major causes that people prefer not to have female children. They are responsibilities; their chastity is required to be protected always. Even a careerist woman decides to keep a male foetus, because she knows that in her absence from the home, it will be difficult to look after the girls and provide them with a secure environment. What happened in Delhi on 16 December 2012 or more recently on 17 April, 2013 with a girl child of merely five years is a reason enough of the fact that women deem girl children to be a social burden. In Ludhiana in the year 2009 a little infant girl of 6 months was raped by a migrant labour and in Surat an old lady of 90 years was made the sacrifice of the lust of a 25 year old man. Age no bar, no female in India is safe. According to the National Crime Records Bureau 2012, a total of 244270 incidents of crime against women (both under Indian Penal Code-IPC and Special and Local Laws-SLL) were reported in the country out of which 8233 dowry deaths were reported, and 24923 were rape cases.

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1 Tulsi Patel, “Eliminating the Female Foetus” in Tulsi Patel (ed) Sex Selective Abortion in India Gender Society and New Reproductive Technologies, Sage Publications, New Delhi, p-150.
However the major result emerging out of this study seems to be the fact that the women want to keep their family size small but this small happy family of theirs must consist of a son. The table vividly shows that the sample wants a small family consisting of two children largely but everyone wants that atleast one of the child should be a male.

**Table no.VII.3**

**Showing the preference of the subjects for the number of children:**

<table>
<thead>
<tr>
<th>Number of Children</th>
<th>Preference</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 child</td>
<td></td>
<td>7 (6.73%)</td>
</tr>
<tr>
<td>2 Children</td>
<td></td>
<td>85 (81.73%)</td>
</tr>
<tr>
<td>(a) 1 male 1 female</td>
<td></td>
<td>68 (80%)</td>
</tr>
<tr>
<td>(b) Both male</td>
<td></td>
<td>17 (20%)</td>
</tr>
<tr>
<td>(c) Both female</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>3 Children</td>
<td></td>
<td>12% (11.53%)</td>
</tr>
<tr>
<td>(a) All male</td>
<td></td>
<td>2 (16.66%)</td>
</tr>
<tr>
<td>(b) Atleast 2 males</td>
<td></td>
<td>8 (66.66%)</td>
</tr>
<tr>
<td>(c) Atleast 1 male</td>
<td></td>
<td>2 (16.66%)</td>
</tr>
</tbody>
</table>

**Source:** Field Study

It has been found that practically all subjects of our sample wanted that the sex determination tests should be permitted. Since selective preference for sons and daughters has been found engrained in all the subjects and this leads to selecting them during pregnancy. Further information that when such selection should be permitted there exists some difference amongst subjects as shown in the following table:
The study reveals the situation not only of son preference but also of daughter dis-preference which leads people to take extreme measures like elimination of unwanted female foetus. This evil is perpetuating because of the fact that it has socio-cultural and religious support. The son eccentric society has not accepted the law against sex determination tests. All the reasons like economic burdensomeness of daughter, social responsibilities of daughters and their future being unsafe have all contributed to the fact that the law has failed to check the growing evil of female foeticide.

In 1860 the Indian Penal Code was enacted. This Code in sections 312-316 under Chapter16 provided punishment for causing miscarriage with consent or without consent of the woman. As per Sec.312, the offence of foeticide may be committed with or without the consent of woman. The said offence is non-cognizable and non-compoundable. If the
miscarriage is not caused in good faith then the offender may be punished for a period of three years or fined or both and if the miscarriage is caused without the women’s consent the same may attract 10 years imprisonment and fine.

The need for liberalizing the law relating to induced abortions was felt in India. Therefore, the Central Family Planning Board expressed anxiety on the reported increase in the number of induced abortions under unsanitary conditions affecting the health and life of the pregnant women. Accordingly, *the Medical Termination of Pregnancy Act* was passed in the year 1971. The main objective of the Act is to save the pregnant women’s health and strength. Abortion is an offence for which the mother as well as the abortionist is punished except where it is induced to save her life. Luckily or unluckily, the time of the Act’s passage clashed with the time when hard efforts were being made by the Government to control population. This was the time when targets were fixed for all government departments to bring family planning cases and abortion was an accepted family planning practice. The Act though was not designed for the purpose of limiting the family size, yet knowledgeable people including many in the medical profession and in the government took as a measure for bringing down the population, particularly in view of explanation (II) of sub section (2) of section 3 of *The Medical Pregnancy Act 1971*. The abortions under the Act can be justified in a few cases alone eg;

When the continuance of the pregnancy would involve a risk to the life of the pregnant woman, the child if born would suffer from severe abnormalities, where continuance of pregnancy would cause great mental injury to woman and where pregnancy is the result of the failure of a contraceptive device.

The developments in medical science relating to pre–natal–diagnostic techniques added a new dimension to the whole issue. It became possible to use pre-natal diagnostic techniques for finding out the sex of the foetus in mother’s womb. This technique came as a boon for the Indian society. In this cultural milieu, pre-natal sex determination shops came up in every town, mohalla and street. It is noteworthy that the government departments, who were given family planning targets, persuaded and even in few cases pressurized the pregnant women to undergo abortions to achieve their family planning targets. The Doctors
of All India Institute of Medical Sciences (AIIMS) started using these techniques to produce only sons. The poor Indians soon realized that it was possible to keep the family size small and at the same time to have sons. The gross misuse of technology enlightened a gynaecologist at the same Institute to step into and check this evil. She had discovered that in most of the cases- female foetuses were aborted even when there was no genetic disorder. At this the Indian Council of Medical Research came into action. It directed the AIIMS to use these tests only for research purposes and sought to put an end to this practice. But by then it was too late. The people had come to know that there could be a supervening event which could prevent birth of unwanted daughters.

This worsening situation pressurized the government to enact the Pre-Natal Diagonostic Techniques (Regulation and Prevention of Misuse) Act, 1994. With the advancement of science and technology, certain techniques have been developed by which even before conception, the sex of the child can be selected. Therefore certain amendments have been made in the PNDT Act, 1994 and now it has been entitled as the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994. It prohibits sex selection completely either before or after conception. It regulates the use of pre-natal diagnostic techniques for legal or medical purposes and prevents misuse for illegal purposes.

As per Sec.3 of the Act no medical geneticist, gynaecologist, paediatrician, registered medical practitioner or any other person shall conduct or cause to be conducted or aid in conducting by himself or through any other person, any pre-natal diagnostic technique at a place other than a place registered under this Act except for the purposes of detecting any chromosomal deformities. Advertising sex selection in any form is punishable under the Act and nobody by any means can disclose the sex of the foetus to the prospective parents or anybody else as per the Act. Further, the genetic clinics have to keep a record of the ultrasound tests conducted in their laboratories otherwise an adverse opinion may be formed that the test was conducted for the purpose of sex determination. It would be deemed that the female was forced to undergo the test unless there is an evidence to the

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In case a RMP is convicted under this Act, the State Medical Council may remove that RMP’s name from its register till the final disposal of the case. In case such a RMP is convicted then his name may be cut from the State Medical Council’s Register for a period of 5 years for the first conviction and if the RMP is convicted again then his name may be permanently removed from the Register of State Medical Council. If any person seeks the help of any genetic clinic or imaging center for the purpose of sex selection then he may be punished with an imprisonment of 3 years and fine upto Rs.50,000/- for the first such act and for the second such act it may increase to 5 years imprisonment and fine may increase to Rs.1 lakh.

Since infanticide requires at least nine months, female foeticide up to three months, female embryocide potentially just a few weeks, and sperm separation a few days; it is becoming easier to produce only boys. Sex determination is done by methods like amniocentesis, chorion villus biopsy etc. The discovery of cheaper ultrasound technique has proved to be a nemesis of the female foetus in India. In recent times, many new and sophisticated reproductive technologies have come up complicating the problem of female foeticide. The menu is an elaborate one: Karyo-Typing, which analyses chromosomal abnormalities and incidentally reveals the sex of the foetus, a procedure that takes around 11 days and costs around Rs.5000/-, Flouroscent in situ hybridisation, which has 95% accuracy, takes two days and costs Rs.10000/-, Comparative Genomic Hybridisation requires two days; Polymerase Chain Reaction, the results of which are available in a day with a cost of Rs.5000/-, and Pre-Implantation Genetic Diagnosis (PGD) where the results take about a week. There is so much advancement in the science and technology that a pregnant woman can easily get the sex determination test kit at home and conduct it herself. No expertise is needed. The test kit is readily available online you can get it on www.tellmepinkorblue.com. Thereafter the role of doctor comes into sight where if the sex determination test kit shows as is said “NEGATIVE”, abortion from a qualified doctor is sought.

Sec.24 of the PNDT Act 1994 and sec.106 of the Indian Evidence Act are in consonance with each other. Sec.114 of the Indian Evidence Act provides unequivocally that
the Court may presume existence of certain facts. This rule seems to have been incorporated in the PCPNDT Act as well. Section 24 of the *PC and PNDT 1994* says that unless the contrary is proved it would be deemed by the court that the woman was compelled by her husband or any other relative if it is shown that she underwent an ultrasound but not for any of the purposes which are mentioned in Sec.4 of the Act.

The PNDT Act u/s 30 provides that the Appropriate Authority, if is under a belief that illegal practice of sex determination test is being done in any genetic clinic or centre, then at all reasonable hours the Authority may enter and search the premises and that the provisions of the *Criminal Procedure Code* shall further apply to this section. Correspondingly, if we have a look at the *Criminal Procedure Code*, it declares that the police may enter and seize any document or place as per sections 94-106.

Reading minutely it comes into fore that the *Criminal Procedure Code 1973* does not mention any time when the search may be conducted. Sec 100 further provides that in absence of specific provisions of any other Act, the provisions of Section 100 would apply.\(^4\). Even if we go through the PCPNDT Act its section 30 declares that provisions of the Cr.PC shall be applicable in this Act on searches and seizures.

In *A.P. Kuttan Vs State of Kerela*,\(^5\) it was held that though there is no such provision but still it is not proper to make searches in night unless there are unavoidable circumstances. It thus can be seen that the wording of section 30 of the PCPNDT Act that the search can be carried out at reasonable hours in fact frustrates the very purpose of search as the illegal practices are usually carried out at unreasonable hours when there is least possibility of searches.

PCPNDT Act is comparatively a new piece of legislation, at times the judicial officers themselves do not know the new legislations. As in case of Ahmedabad the judicial

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\(^4\) *Sidama Vs State of Mysore*, AIR 1966 Mysore 289

\(^5\) 1962 Ker LT 996
officer who was presented a case under this law admitted that, “Even I am not aware of any such law.”

To determine what has made this law a dead letter, a Structured Interview Schedule was prepared and it was applied on 20 respondents and it included the law teachers, doctors and practising advocates. This exercise brought us to the conclusion that it is improper implementation which is largely responsible for this law’s failure.

*Table VII. 4*

**Showing the reasons for rendering the law ineffective by the experts**:

<table>
<thead>
<tr>
<th>Reason</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law is not strict</td>
<td>1 (5%)</td>
</tr>
<tr>
<td>Law is not properly implemented</td>
<td>13 (65%)</td>
</tr>
<tr>
<td>Law is against social needs</td>
<td>6 (30%)</td>
</tr>
</tbody>
</table>

*Source:* Field Study

It is clear from the above table that 1 scholar thinks that because the law is less stringent the law has not been able to check this evil, a large number of respondents 65% (13) opine that the law has been unsuccessful because of lack of proper implementation. On the other hand, 30% (6) opined that the law has not been fruitful because of the fact that it is not in consonance with the needs of the society.

The people seem to be quite perplexed as the government itself wants a small family norm to be practiced, yet it opposes the sex determination tests. They argue that since every family wants at least one son if not two, the best way to ensure a small family, is to go for the test and act as per the results. Today even the parents aspire for a better life for themselves, and for this the number of children has to be curtailed, which can now be fine tuned more carefully with sonography.

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6 *Satyameva Jayate, DD-I, 11.00 am, 6 May, 2006.*
From the results, it is crystal clear that no family is considered complete till at least one son is present in it even though two daughters are there. An ideal family should consist of two children but out of these two children both cannot be females, they can be males or 1 male and 1 female but never two females. Son preference can be seen amongst all the classes, whether rich or poor, working non working, sikhs hindus, all want at least one son in the family.

The Nawanshahr model adopted by the Deputy Commissioner of the district in the years 2005-2007 deserves to be applauded here. It was observed by him that the law or the social groups in their individual efforts cannot fight this evil, what is needed is a concerted hearted campaign at the administrative level as well as the social action groups level.

VII.2 HYPOTHESES TESTED

While conducting the study in hand, the following hypotheses were formulated:

1. Desire to have a son in the family is responsible for female foeticide.
2. The religions and the social groups generally emphasise the essential need of a son in every family.
4. A collusion between those approaching for sex-determination tests and consequent female foeticide and doctors undertaking these as well as those enforcing the law, results in high rate of crimes under the PC and PNDT Act 1994.

From the observation of this research work as concluded heretofore, this has been proved that the sonship is the urge of all the families and its essential presence in the family by the religious sects and their preachers. This gap of socio-religious realities and the law makes the law latter helpless and a paper-tiger. Resultantly, collusion between doctors,

7The report presented by the Deputy Commissioner Nawanshahr to the State Government of Punjab in August 2005.
enforcers of law and those approaching with an urge to have male children makes the situation worse as is visible in India and State of Punjab. Hence, our hypotheses stand proved.

From the observation of our research work, the following suggestions flow out:

VII.3 STATUTORY AMENDMENTS:

It has been witnessed that despite the presence of law to check female foeticide it continues to be practiced all over the country though clandestinely but taking support from legal infirmities.

1) The Act has some inconsistencies. The provisions of Sections 27 and 28 are a blockade in the implementation of the Act. Section 27 of the Act provides that every offence under this Act shall be cognizable, non-bailable and non compoundable. This indicates that police can take cognizance in the case based on the first information report (FIR) however, Sec.28 of the Act categorically states, “No Court can take cognizance of an offence under this Act except on a complaint made by:-
   a) The Appropriate Authority concerned, or any officer authorized in this behalf by the Central Government or State Government, as the case may be or the Appropriate Authority or,
   b) A person who has not given notice of not less than fifteen days to the Appropriate Authority of his intention to send a complaint to the court.

   It therefore is suggested that any person is allowed to make complaints under this Act as and when he comes to know of certain illegal activity under this Act. The need for a prior 15 days notice should be dispensed with.

2) Section 3, Clause (2) leaves a room for people to take advantage of the loophole of the Act. The reason is that it is negatively worded, it reads “ who all cannot conduct the pre-natal-diagnostic-techniques.” The words in the Act should be ‘who all can conduct these tests.’ This will clear the law’s stand as to who can conduct these tests.
3) Section 3 of the PNDT Act is also mute about the manufacturing of the ultrasound equipment. Since manufacturing is the first step towards misuse, specific guidelines in respect of the manufacture of the equipment to be used for sex-determination are essential. The manufacturing licence should be issued only to government institutions so that their monitoring is possible. The next in the line is licensing. If licenses for pre-natal diagnosis were granted only to government institutions, the task of vigilance would become easier. The ban on misuse of the techniques for Sex Determination imposed on government institutions has not been properly implemented ever since its passage. There is no provision which states that portable pre-natal diagnostic techniques machinery/equipment, which are the main culprits behind sex determination tests must be registered. Stringent rules have to be developed to prevent the extension of the ultrasound machines to non-MBBS doctors. Also if the doctor does not possess post graduate qualification in Radiology, the registering authority should be fully satisfied with the experience and training requirements stipulated within the Act. Identification of mobile ultrasound machines should be taken on priority because it perpetrates structured violence in the form of door-to-door delivery of the sex determination services. This has emerged as a growing menace, and has gone largely unchecked.

4) Though after amendment to section 4, clause (3) and (4), the provisions of this section have become stricter but it is again is weak. There is no requirement of any documentary proof which must be presented that a particular condition of pregnant woman actually existed that necessitated the use of pre-natal diagnostic techniques. It thus is desirable that the lady undergoing these tests has a proof which shows that the test is to be done for such and such purpose.

5) As per Section 16, Sub-clause (iv) discretionary powers to the boards are granted to lay down the code of conduct for employees of genetic clinics etc. It is essential that its powers are divided between the Appropriate Authority and the Supervisory Board.

6) The inclusion of a new Section 16-A in the Act regarding the powers of the Supervisory Board has given rise to a new problem. It does not make a mention in
what manner the powers have to be divided between the various authorities to fulfill their duties and functions as specified in the Act. This Section has another serious anomaly i.e. the Section has adopted an approach which has consistently proved ineffective. The approach should have been a grass-root level approach. The classic example of Nawan Shahar deserves a mention here where all and sundry right from the administrative authorities to common man have worked and improved the sex ratio in that district. So, Panchayat-level machinery functioning together with local rural institutions like the ‘anganwadis’ and schools would be an ideal way to tackle and restrain the problem of misuse of PNDT.

7) As per Sec. 17 of the Act there has to be an Appropriate Authority as well as an Advisory Committee but it does not lay prescribe any specific duty upon any Authority under the Act to prohibit sex-determination and regulation of PNDT techniques. There is no penalty attached for non-performance of duties, or acts of commission or omission. There is a need to amend the Act here and it needs that a separate cell of the Appropriate Authority which needs to look at the sex prohibition activities and the Advisory Committee has to see to it that the non performance is severely dealt with.

8) The PNDT Rules 1996 do provide that the medical professionals of genetic clinics, genetic laboratories etc. need to have certain qualifications. But it does not mention anything which authority shall issue the same. So there must be a specific duty upon the Appropriate Authority or the Advisory Committee to lay down the qualifications which need to be fulfilled by the Genetic Clinics and their technicians.

9) It is noteworthy that two new categories of units that is Ultrasound Clinics and Imaging Centres can be opened though they need to be registered but it is not essential for them to keep records in the manner prescribed under the Rules (i.e. strict referral system), unless the test is in any way related to pregnancy. So it needs to be clearly mentioned that which records they need to keep and which ones they need not maintain.

10) Section 7(3) says that a Central Supervisory Board shall be there. It has members like Secretary to the Government of India, incharge of Department of Family
Welfare, scientists etc. but it has no statutory representation from radiologists or sinologists. Accordingly it is essential that the necessary amendments are made in this regard.

11) The Act as well as the Rules are quiet as to what course of action would be taken in case the advice of the Advisory Committee clashes with the opinion of the Appropriate Authority. However, since the decision-making powers are vested in the Appropriate Authority, the final decision has to be taken by him/her. So it is needed that the Act sees to it that the advice of the Advisory Committee was given due weight before reaching at a final decision.

12) The police have little participation in the implementation of the Act. The Appropriate Authorities alone have been given the power of investigation and inspection of units as well as the search and seizure of offending objects. It has been seen that the Appropriate Authorities feel it is dangerous for a lone medical officer to raid the premise of a unit more so when the unit has political support. A provision under the Act must be created which says that the Appropriate Authority while raiding a centre will take the help of police and shall be accompanied by a social activist.

13) Section 17 of the Act creates an Appropriate Authority by the notification in the official gazette for the whole or part of the State for the purpose of this Act. The Appropriate Authority is that pivot around which the entire Act revolves. Under the Act the Appropriate Authority has been given the responsibility to grant, suspend or cancel registration, to enforce standards prescribed, to investigate complaints of breach, to seek and consider advice, to take appropriate legal action, to create awareness, to supervise the implementation of provisions, to recommend modifications in the Act and the Rules, and to take actions as necessary for implementation of the Act. Therefore when the responsibility of the Appropriate Authority has been so well laid down in the Act, it is desirable that a system of accountability and fixing of responsibility of the District and the State Appropriate Authority should also be worked out clearly.

14) The penal provisions in the Act are not as stringent as they should be. There have been no final convictions under the PNDT Act so far. Sec.23 says that a medical
practitioner found indulging in sex determination would have his license removed from the register of the Council for 5 years in case of first conviction and permanently in case of second conviction. Not even a single case of permanent cancellation of license has been there ever since the Act was enforced.\(^8\) A person who seeks this test can be punished with imprisonment of 3 years and fine upto Rs. 50,000 for the first conviction and for the second conviction the punishment increases to 5 years and fine increases to 1 lakh Rs. It is essential that the penal provisions are made stricter as 3 years imprisonment for first conviction and 5 years imprisonment for second offence under the Act are too lenient.

15) Section 5’s mandates that every woman who undergoes these tests must give her written consent for the same the concerned radiologist must inform the woman about the side effects of ultrasound and also he should not communicate the woman about the sex of the foetus. What is needed is that sample of each lady be taken, codified and sent to the designated ultra sound clinic for the tests. This way the ultrasonologist and the pregnant woman’s family will not be in close contact and the doctor would not be allowed to disclose the sex of the foetus. This is because though the Act’s provision restrains, the Doctor from conveying in any manner the sex of the foetus, otherwise it is very tough to determine whether the doctors have exercised this restraint or not.

16) Because the offence of female foeticide is committed by illegal termination of pregnancy the provisions of *the Medical Termination of Pregnancy Act-1971* also need to be amended. Under the MTP-Act as per Sec.-3 the right on demand abortion is extended to the 20\(^{th}\) week of pregnancy on certification by two doctors. It is around 15\(^{th}\) week of pregnancy that sex of the foetus can be determined by sonography. If the purpose of the lawmakers in granting right of abortion was to recognize the rights of women, then it should have been restrained to 12\(^{th}\) week of pregnancy. It would have automatically curtailed on demand female foeticide. For rape induced pregnancy and congenital anomalies therapeutiic abortion can be availed under section 312 of IPC.

\(^8\) *Satyamava Jayate*, DD-1, 6 May 2012.
17) Sec. 3 explanation II of 1971 Act leaves an ample scope for the wrongdoers to make hay. They can easily avail of an abortion on the ground of this provision that the pregnancy was a result of failure of a contraceptive device. This section needs to be amended. It must provide that in case a lady wishes to get her abortion done under this provision she has to get it done before 12th week of pregnancy.

18) Section 114 of the Indian Evidence Act also needs amendment. It is suggested that Sec 114-B be added on the lines of Sec114-A and it should specifically provide that where it is not specifically shown, it would be deemed that the women’s consent was obtained forcibly by her relatives on Form G which is to be mandatorily filled by every women undergoing pre-natal diagnostic techniques.

19) The wording of section 30 PNDT Act needs to undergo a change like the Criminal Procedure Code it should leave it open ended as to when the raid can be conducted.

**VII.4 EXECUTIVE ACTIONS:**

Professor Amartya Sen, the renowned economist and Noble prize winner in his book “The Argumentative Indian” felt the need to say, “Because of the legitimate fear that sex selective abortions might occur in India and serve as a new vehicle of India’s traditional anti female bias, some years ago the Indian Parliament banned the use of sex determination techniques for foetuses, except when as a byproduct of some necessary medical investigations. But it appears that the enforcement of this law has been comprehensively neglected”.

1) It has been seen that a strong political will and honesty in the enforcement of PCPNDT Act can curb the evil of female foeticide to a great extent. Whatever the law may be, it has to be executed efficiently to save it from becoming a dead letter. It has been proved that if the administrator takes personal efforts in solving a problem even an evil like female foeticide can be curtailed as was done by Mr. Krishan Kumar at the time of his appointment as the Deputy Commissioner of Nawanshahar. When Krishan Kumar was given the reigns as Deputy Commissioner of Nawanshahar in 2005, the sex ratio of 0-1 years was extremely poor at 780 females per 1000 males as it can be read from the following statistical table:
### TABLE NO.VII.5

**Showing the Sex Ratio Of Nawan-Shahar District from 2001-2012:**

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
<th>Child Sex Ratio (0-1) Yr.</th>
<th>Male</th>
<th>Female</th>
<th>Child Sex Ratio (0-1) Yr.</th>
<th>Overall</th>
<th>Child Sex Ratio (0-1) Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>1681</td>
<td>1206</td>
<td>717</td>
<td>4543</td>
<td>3355</td>
<td>738</td>
<td>732</td>
<td></td>
</tr>
<tr>
<td>2002</td>
<td>1826</td>
<td>1372</td>
<td>751</td>
<td>4365</td>
<td>3370</td>
<td>772</td>
<td>765</td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td>2049</td>
<td>1642</td>
<td>801</td>
<td>3780</td>
<td>3109</td>
<td>822</td>
<td>815</td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>2174</td>
<td>1784</td>
<td>820</td>
<td>2677</td>
<td>2073</td>
<td>774</td>
<td>795</td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td>2265</td>
<td>1767</td>
<td>780</td>
<td>4712</td>
<td>3922</td>
<td>832</td>
<td>832</td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>2020</td>
<td>1800</td>
<td>879</td>
<td>5042</td>
<td>4607</td>
<td>913</td>
<td>896</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>2075</td>
<td>1950</td>
<td>939</td>
<td>5021</td>
<td>4901</td>
<td>976</td>
<td>957</td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>2140</td>
<td>2040</td>
<td>953</td>
<td>5011</td>
<td>4800</td>
<td>957</td>
<td>955</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>2011</td>
<td>1980</td>
<td>984</td>
<td>4800</td>
<td>4611</td>
<td>960</td>
<td>972</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>2230</td>
<td>2010</td>
<td>901</td>
<td>3590</td>
<td>3310</td>
<td>922</td>
<td>912</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>2010</td>
<td>1950</td>
<td>970</td>
<td>5030</td>
<td>4670</td>
<td>928</td>
<td>949</td>
<td></td>
</tr>
<tr>
<td>2012 Jan-March</td>
<td>1027</td>
<td>1001</td>
<td>975</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>975</td>
<td></td>
</tr>
</tbody>
</table>

**Source:** Upkar NGO, Nawan-Shahar.
The data reveals the ratio was merely 801 in 2003, in 2004 it was 820 and had fallen to 780 in urban areas. It was due to consistent efforts of the administration headed by the Deputy Commissioner that the sex ratio of Nawanshahr witnessed a rise of 101 points in 2006. It was due to the untiring efforts of Mr. Krishan Kumar that in 2007 the sex ratio of the city touched 939. The Nawanshahr Model proved very successful. He was transferred in 2007 but the sex ratio has not changed much. This model has been followed by his successors and it has been reaping rich fruits with few dwindlings. The CSR was reportedly 953,984, 901,970 in 2008, 2009, 2010 and 2011 respectively. This model has received a lot of appreciation by the Punjab and Haryana High Court in Girish Memorial Charitable Trust Vs State of Haryana. The Honourable Court directed all the Deputy Commissioners to emulate the Nawanshahr Model. It is suggested that these directions of the High Court must be implemented in letter and spirit. It will be better if the Honourable Supreme Court gives such a direction for the entire country.

2) The Union Health and Family Welfare Ministry has made a “National Surveillance Cell” to check and control the menace of this problem. The Cell constitutes retired police personnel (a Director-General, two inspectors-general), members of NGOs and citizen groups, and the Director-General of Health Services. They would conduct surprise checks on diagnostic clinics to ensure better implementation of the PNDT Act. This Task Force will send decoy customers to track down suspected units practicing sex selective abortions. Those caught will have their license cancelled. The Task Force will initially operate in the worst effected States- Gujarat, Punjab, Haryana and Rajasthan. In Ludhiana (Punjab) the District Administration and the State Health Department launched a computerized “Integrated Monitoring Scheme”, first of its kind in the country, to check misuse of technology for female foecide. This software would record details of pregnant women and their family. It would book a patient as “SUSPECT” case if she has only female children or no male issue. The patients who get ultrasound done between 12-18 weeks of pregnancy would be nailed. For the implementation of the same Ludhiana City has been divided into 5

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9 [www.indiakanoon.org](http://www.indiakanoon.org) as on 20 December 2013.
zones and 3 member team of senior government doctors, a member NGO and an IMA member would conduct surprise checks. A website to nail the doctors carrying out this heinous crime has been formulated by a Delhi based NGO Datamation foundation which receives online complaints against the offenders of the *PC and PNDT Act, 1994*. A website has been developed. The complainants can provide anonymous complaints here against the private practitioners and nursing homes. The PNDT cell of the Ministry of Health and Family Welfare submits the complaints to the District Health Offices and also tracks the supplier of these machines. It is suggested that without delay the ‘National Surveillance Cell’ be introduced in every state of India.

3) There should be a provision for mandatory meeting and discussions on monitoring of cases pertaining to the *PC & PNDT Act* as a regular part of the agenda of the monthly meeting of the District Magistrate, Superintendent of Police, and District Judge. This seems essential as the menace of sex determination is also seen as a law and orders problem, which needs monitoring, and follow up at the district level by high-level authority. This step would also register an affirmative administrative will.

4) A 'Task Force' should be created to focus on interventions for the implementation of the *PC & PNDT Act* at the micro level. It can intervene into a smaller planning area and thus have a better control over the situation, as against a scattered intervention over a spread-out planning area. Such a task force can be put under direct control and monitoring of the Chief Minister or the Chief Secretary to ensure guidance, and to start the micro learning at the state level.

5) It has been seen that the evidence in case of PC and PNDT cases is built up of primary and secondary evidences. To a very large extent this evidence is to be derived from the records that are necessarily to be maintained at the genetic clinic, genetic laboratory or the genetic centre. Thus these reports should be regularly monitored and audited, along with the data from ultrasound centres, data of Birth-Death registration and Pregnancy registration.

6) Well-designed financial incentives by Government can transform negative perceptions regarding daughters and make people view them as assets. Incentives can effect behaviour changes and attitude about girls. Girl children should be
provided free and compulsory education up to any level particularly technical and professional education. This would decrease the so called ‘heavy investment on girl children’ made by the parents on their daughters. They would stop thinking their daughters as liability. Government should start various employment schemes for females where 100% reservation could be made for women in different occupations. For the marriages, poor parents must be given adequate grants by government and *Dowry Prohibition Act* must be strictly enforced by appointing surveillance committees to work with association of the NGOs.

7) Empowerment of women will automatically decrease female foeticide and for the purpose, 33% women reservation in State Assemblies and Parliament can improve the situation.

8) The government should implement the girl child favouring schemes with political will and enthusiasm.

9) Efforts and provisions should be made to provide social security to parents who are above 65 years of age and have only daughters. They should be provided with old age pension if they do not have a son. Because most of the parents who have only daughters feared for their social security in old age. Though The SC in its epoch judgment has said that the old parents can claim maintainence from their married daughters if they are earning\(^\text{10}\), but the Indian mindset is Indian mindset, the judgment has not been accepted by the society.

10) The Ministry of Women and Child Welfare should send congratulatory greetings to couples who become parents of a girl child. The government by dispatching such greetings could spread awareness that the birth of a girl is a joyous occasion and it would generally the mother help who usually is being maltreated for giving birth to a daughter. Alongwith such greetings, the Government schemes for daughters may also be sent so that parents feel secure.

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\(^{10}\) Dr.(Mrs.)Vijaya Arbat Vs Kashi Rao Sawai, *(1987) 1 SCJ 524.*
VII.5 JUDICIAL REMEDIES:

Indian Judiciary turns to be the last ray of hope not only in case of litigation but also for enforcement of constitutional provisions and rights of weaker sections in the society. For the day to day working of subordinate judiciary in Punjab, it is suggested as under:

1) In Maharashtra the Public Prosecutors and Judicial Officers are given a training in PCPNDT Act at a judicial colloquium, held by the government of Maharashtra with the UNFPA (United Nations Population Activities) for speedy redressal of the cases under this law. Such a training must also be given to Judicial Officers in Punjab.

2) The cases relating to female foeticide should be strictly dealt with and should be expeditiously decided. For the purpose, the courts must work on day to day basis and differently from the routine civil cases.

3) The Acquittal of PNDT cases can be satisfactorily dealt with by subordinate court by their intervention in investigation, challans and witnesses going hostile.

VII.6 SOCIAL EFFORTS:

Sarvodaya Leader Vinobha Bhave likened the people to numeral 1 (one) while the government to 0 (zero). He said the value of zeroes placed after one increases but no value of zero is there without one. Awakening of the collective consciousness is the need of the day. Change of heart and attitude is what is needed.

People both in urban and rural areas need to be made aware about the need of a female child in the social life as that of the son. A progressive legislation alone cannot solve social problems. The people must be aware of the ‘progressive legislation’, which has certain deterrent facets. Many women are compelled to undergo test and seek abortion on acceptable as well as unacceptable grounds.

1) The desire for a son is deep-rooted in both rural and urban areas. The social cultural and religious fiber of India is predominantly patriarchal contributing extensively to the secondary status of women. Our social structure is patrilineal and it has made people crazy for sons. It is commonly seen in India that here the family businesses
run in the name of sons eg. Walia and sons, Kohli and sons. If we talk of female equality then why is it not Walia and daughters? Under cooperate kin-lineage, the property is divided among the members of the group based on residential patterns. This resulted in the loss of the women’s right to ownership of family property as she moves into a new kin group after marriage. So patriarchal societies imply a preference for sons as they want to make sure that the property remains within the kin group. *The Hindu Succession Act -1956*, after amendment though gives women the right to succession of her father property but if she puts a claim on it, she is isolated or socially boycotted. This fear that on growing up she may put a claim on her share of the property is Act the back of the mind of the people and the evil as they call it, is nipped in the bud. The society should recognize the presence of females in business, socio-cultural institutions and rituals as well as in succession rights given by the law. It is suggested that the Indian people should be made to realize that even daughters raise their ‘Vansh’, for this the surnames of their daughters should not be changed. So that traditional Indian people do not have this feeling that if they do not have a son their "vansh" would come to an end. This might change the view of the people that their family name continues.

2) The caste groups must actively work against sex determination and female foeticide.

3) The genesis of sex selective abortions lies in 'strong gender bias' that has been internalized by society through the years. The possible courses of action for the effective implementation of the PC & PNDT Act is to increase sensitization and concern for gender based discrimination and educate the masses about the utility of the girl child. The following efforts can be made:

4) In the light of the lax functioning of the laws barring a few cases of success in the country, we can say that an alert civil society group parallel to the statutory body must involve itself actively itself or in pursuing the Appropriate Authority to monitor the implementation and fulfillment of the requirements of the law.

5) The civil society needs to contribute in effective monitoring of the objectives of the Act. We all can dissuade sex-selective abortions amongst our own families, friends,
relatives and acquaintances, and also play a positive role in equal positioning of the 'woman' and the 'girl child' in society, thereby reducing gender based discrimination. This thinking needs to be reflected into everyday actions at home, outside and in the workplace so that gender biases may be reduced.

6) Individuals in civil society need to come forward for helping to catch the sex determination industry by preparing themselves as decoys, filing of complaints to the Appropriate Authority and if needed, play the pivotal role in making a private complaint.

7) Public awareness on the civil registration of births for appropriate records is essential and no efforts should be spared to ensure 100% birth registration.

8) The civil societies should be used as catalysts between the government agencies and the NGOs like Upkar in Nawanshahr.

9) Giving equal space and opportunity to females in all spheres of everyday life whether they are homes, work places or schools etc.

10) Examples of individuals taking Anti-dowry stands should be properly highlighted.

11) Adolescent girls and the boys should be educated the role played by the biological father in determining the sex of the child.

12) The daughter's right to succession in the family property should be enforced.

13) The act of the girls taking care of their old parents should be publicly applauded and well recognized in society.

14) Girls performing the last rites of their parents should be accepted as a normal code of conduct and looked upon with respect.

15) Crime against women is ever increasing. This is regarded as one of the major causes that people prefer not to have female children. They are responsibilities, their chastity is required to be protected always. In Ludhiana in the year 2009 a little infant girl of 6 months was raped by a migrant labour and in Surat an old lady of 90 years was made the sacrifice of the lust of a 25 year old man. On an average, every single day 42 women are raped and almost 18 cases of dowry deaths occur each passing day. Further, 5 women are estimated to face cruelty every hour, while in similar
amount of time, 4 cases of molestation are reported. According to the latest National Crime Records Bureau 2012, a total of 244470 incidents of crime against women (both under Indian Penal Code-IPC and Special and Local Laws-SLL) were reported in the country. It is essential that in the background of such a social milieu the women are promised a safe environment for their daughter.

It is not a handiwork of a few enlightened citizens. Such consensus is a function of social development. A change in the whole society its thinking is required. A change in material conditions of life needs to be accompanied by a change in cultural preferences in favour of women. We need to realize is that female foeticide is not a result of criminal intent, but it exists because of the compulsions raised by rapid victimization of the females for materialistic, financial and other gains. This evil practice can be put to an end by uprooting evils of dowry and sexual harassment and making the environment more safe and welcoming for the females.

VII.7 RELIGIOUS EFFORTS:

In India the religion is the principal magistrate of the society. What the legal fear cannot do it is quite likely that in such a country the religious fear will force the people to act in a particular manner.

Religious Gurus can play an important role by spreading awareness about female foeticide. They can create awareness about wrong myths and wrong beliefs mostly spread in each religion about the status of girl child. Religious education can play a role by preaching against female foeticide, dowry and discrimination against the girl children. Jathedars of Takahat Shri Damdama Sahib and Anandpur Sahib have come forward in a big way in lending cooperation and support in improving sex-ratio in the state as their preaching and advocacy has a lot of impact on the mindset of the society. They have issued a Hukamnama from Akal Takht that any Sikh indulging in female foeticide will be excommunicated. Further Radhasoami Dera Beas in Punjab has a large following, they have started showing a documentary before their sermons for saving the unborn daughters and various books have also been published by the Dera favoring women and calling for their rights.
The religious bodies should come forward against the sex determination tests and abortions or otherwise practices posed to be working for son births in their respective Mandirs/Deras etc. A new interpretation to the old scriptures prescribing for a son and his religious duties in the family need to be given and the same must also be popularized. The inter-religion meetings can be more helpful. State can come forward to initiate such deliberations and consensual decisions from the temporal seats of all religions. Like Christians in Kerela all religious groups must come forward to help daughters in their education and marriage.

VII.8 ACTIONS AT THE LEVEL OF MEDICAL PROFESSIONALS:

Selective abortion is totally illegal, unconstitutional, and a criminal act on the part of the doctor. It is one organized crime against women encouraged by professionals. The doctors justify their heinous act they say however women abort the foetus by going to dais and quacks. The amendments to the PNDT Act to curb the practice of female foeticide were resisted strongly by a powerful lobby of the doctors. A question arises: ‘Why do the doctors with good intentions not want regulations.

It is essential that the doctors pledge to take steps to help eradicate this evil by the following means:

1) The experts available in the profession must device methods to put to an end these malpractices.
2) The units that have been registered have to equip themselves towards honoring the spirit and purpose of the Act and fulfilling the administrative requirements of maintaining of record and submission of the same to the Appropriate Authority by the 5th of every month.
3) Consciousness of medical ethics needs to be spread in the medical fraternity and the public.
4) Healthy inter-linkages between private and government doctors need to be encouraged in order to ensure better health of the profession. They may also need to initiate a complaint on their medical colleagues indulging in unlawful acts.
5) If found guilty by the court, the implicated doctors should also be punished with isolation by their own fraternity and Medical Councils.

6) The medical fraternity has a social accountability and they need to strongly oppose sex selection and pre-birth elimination of females.

7) The doctors can act as counselors and dissuade the families from undergoing these tests.

VII.9 MISCELLANEOUS ACTIONS:

The evil is so big that a continuous effort to put a stop to it is needed to be made by the whole society. Accordingly our humble suggestions:

1) There must be an optimum use of the technology. Technology is neutral in value. It can be used for the advancement of mankind as well as for his extermination. Female foeticide was facilitated by ultrasound which was developed to detect the anomalies in the foetus. But the technology has moved a step further and developed an ‘Ultrasafe ultrasound’ which would put an end to sex determination tests. This software has been developed by Ms. Sonya Davey of University of Pennsylvania, this comes as an add on software which would blur the genetelia of the foetus and retain all other medical information. This way the sex of the foetus will not be known to the doctors conducting ultrasounds. It is suggested that all the hospitals providing ultrasound facilities must compulsorily have the ‘ultrasafe ultrasound’.

It needs to be believed by all that the major weakness of this Act has been its poor implementation.

2) Seminars, declamations, debates, women awareness camps, wall writings and pamphlets about female foeticide can create awareness.

3) Self dependent groups panchayat Pradhans, Zila Parishad members, Block Samiti members, women self dependent groups, Mahila Mandals can do a lot of work against female foeticide.
4) Spreading awareness amongst the people about this crime by building awareness, sensitization and education of various social groups and platforms (such as colleges, community meetings, elected representatives) in rural and urban areas.

5) Media is one of the most powerful influencing agents in the community; its reach in even the remotest possible areas of the country needs to be fully utilized. Also the 'message' to be disseminated to the media should be well thought out, simple and unambiguous.

6) In Punjab, people are quite addicted to music and often listen to their favourite singers. Singers can make their music in the background of social message against female foeticide. They can come to the aid of unborn daughter by their special song based on female foeticide. Many such songs have been sung by the famous Punjabi singer –Hans Raj Hans, his actions need to be emulated by the other popular singers.

7) Writers and poets can also support the cause of females by composing such poems which denigrate female foeticide.

8) Moral education should be made an essential part of school and college education. Children should be taught to respect the fair sex and refrain from practices of dowry, female foeticide and gender bias.