

Research Paper

Female Foeticide in India: Some Observations

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Ladnun, Rajasthan**ABSTRACT**

The problem of the "missing" girl child or the practice of female foeticide is not uncommon to the country. This practice robs missing daughters not only of their right to a healthy environment, good nutrition and education and the opportunity to reach their full potential, but most basically, their right to birth. Among the 18 indicators of women empowerment, sex ratio is the 1st and most important indicator for social empowerment of women. Although the census 2001 has registered marginal improvement in the overall sex ratio from 927 female per 1000 male in 1991 to 933 females in 2001, the sex ratio in the age group 0-6 has sharply declined from 945 in 1991 to 927 in 2001.

The decline has been very sharp in the prosperous north Indian states of Punjab, Haryana and Delhi. In Punjab the gap in the sex ratio in the age group of 0 to 6 years has reached an all time high of 207, while it is 155 in Chandigarh, 121 in Haryana and 135 in Delhi. The ratio has declined even in Maharashtra, Karnataka, Tamilnadu, Gujrat, Andhra Pradesh and West Bengal which have done better in other gender development indices (NIPCCD 2008).

Sex Selection and Female Foeticide

The phenomenon of missing daughters over the past two decades is the biggest challenge to India's growth and development today. Failure to protect the girl child is no longer just a health issue but an important child protection issue, deserving immediate and utmost attention. The 2001 census data and other studies illustrate the terrible impact of sex selection in India over the last decade-and-a-half. The child sex ratio (0-6 years) declined from 945 girls per 1,000 boys in 1991 to 927 in the 2001 census. The 10 districts with the worst sex ratios in the country- all below 800- specially all in Haryana and Punjab.

A study of births in three public and five private hospitals in Delhi between 1993 and 2002 found that sex ratios get worse according to birth order. Thus if the sex ratio for the 1st born is 923 girls for every 1,000 boys among first-born children, it is 731: 1000 among second children and 407: 1000 among third children, as the desperation for a son increases with increasing birth order. In another study it founds that in Andhra Pradesh, the child sex ration decline is to tune of 11 points from 975 in 1991 to 964 in 2001. The factors influencing sex ration are son preference, sex selected abortions [Rajni, A (2007), Vergeshese, Joe., et.al (2008)].

Table -1

Sex ratio among the states in India

State	1991	2001
Punjab	875	793
Haryana	879	820
Gujrat	928	878
Maharashtra	946	917

(Source: census of India, 2001)

The 2001 census report revealed that low sex ratio in Haryana, particularly in the urban areas and attributed it to the male selective migration to the urban areas and also to easy access to sex selective technology. Some of the prevailing facts in the state of Haryana: one of them was that women-both Hindus and Muslims – in Purdah were made to believe that they were not equal and the girl child made to feel burdensome and a liability. The horrible fact that a buffalo being worth more than a woman. Buffaloes are sold for Rs 25000 to Rs 30000 which a woman can be sold for Rs 5000/- (Sister Gertrude, Deepti Ashram, Haryana-Experiences in the states: Govt. and voluntary Sector Responses”).

In Delhi, the literacy rate was 81.8 against the national average i.e 65.4 and also the per capita income is higher than the national average. However, the situation of the girl child had worsened. It was in Delhi that the first foetal sex determination facility was made available. Today, one in seven girl's fetuses are eliminated due to the intense discrimination against girls. Pregnancy has become the riskiest phase in the life-cycle of a woman in Delhi. The most disheartening and discouraging facts were the active participation of the medical profession in escalating this evil through new technologies, starting from ultra-sonography to sophisticated sex-selection processes. The

culpable role played by new technology, has also been proved by the recent census report where the 10 best rated districts in the country are those "where technology has not reached and nature plays a more dominant role." A study by NIPCCD-2008 found that the mushrooming of ultrasound clinics and the ability to pay for abortions has been expressed by all the respondents as the major factors responsible for contributing to the declining sex ratio. The main reason perceived for not wanting daughters is 'Dowry' system by all the respondents. By and large abortions in Haryana have been performed in the hospital or in a private clinic. In Delhi apart from hospital and private clinics, women are taking a high risk by getting abortions, done through Dais at home. The availability of ultrasound facility for detecting a child's sex, has been reported by women (88%), men (78%), dais (30.8%), CDPOs (66.7%), supervisors (81.8%), AWWs (63.3%), MOs (33.3%), LHV's (70%) and ANMs (73.3%).

Similarly, Bose, Ashish (2001) has examined the most alarming finding namely, the sharp decline in the female/ male ratio, among the children in the 0-6 age group, in the face of an increase in the sex ratio of the total population. In 1991 the sex ratio for the total population was 927, it increased to 933 in 2001, an increase of six points, in contrast, the sex ratio of the child population (0-6 age group) which was 945 in 1991 decrease to 927, a decrease of 18 points. He explained in short the girl child (below 6 years) has lost out badly inspite of numerous projects and programmes, seminars and conferences focusing attention on the girl child for over a decade. He explained the decline in the sex ratio of the child population is a secular trend. In 1961, the sex ratio in the 0-6 age group was 946, it declined to 964 in 1971, to 962 in 1981 and to 945 in 1991. But the sharpest decline has been during 1991-2001. He examined the causes for decline of the sex ratio of the child population. They are:

- Neglect of the girl child resulting in their higher mortality at younger ages.
- Higher maternal mortality
- Sex selective female abortion
- Female infanticide
- Change in sex ratio at birth

He explained that there is no doubt that increasing use of prenatal sex determination tests and female foeticide must have contributed significantly to the significant decline in the sex ratio in the last two decades. Sen, Amartya (2003) points out in his cover story essay in frontline, "taking together all the evidences that exists, it is clear that sharp fall in child sex ratio reflects on not arising in female child mortality, but a fall in female births vis-à-vis male births, and is almost certainly connected with increased availability and use of gender determination of fetuses." Similarly, In the Article 'Girl Child' Mira Seth explained, the position of the girl child seems to have deteriorated after the first millennia, especially the north Indian states, due to widespread polygamy and practice of sex selection among upper class women became rampant. Delhi locally, rampant use of ultrasound to determine the sex of the foetus for eliminating it if found to be female, and easy access to this facility since early 80s, is seen to be the single dominated factor contributing to the rapid decline in the child sex ratio. Reportedly, there are about 28,565 ultrasound clinics currently in our country (Pereira, Maxwell 2006).

Factors:

Son preference is influenced by many socio-economic and cultural factors such as: the son being

responsible for carrying forward the family name, contributing to family income/ occupation being considered a source of support during old age, of religious rites at the time of cremation; practice of dowry and the daughter was being viewed as "Paraya dhan". Further, in agricultural households, due to rivalries and animosity resulting from land disputes, male off springs are considered as a source of power. In other way, Parents also feel that they have to spend large amounts on the marriage of their daughters, along with offering dowries. Even if the girl is educated and employed, the benefits go to her-in-laws, not to her parents. Hence, having girls and spending on them is "burdensome". When the son is educated and employed, he provides security to the parents. The son also brings dowry at the time of the marriage. In other way the rural people are thinking the son is considered as security of the old age of the parents and the obsession for a son is a structural and cultural affliction of Indian society. The possibility of diagnosing genetic defects initiated research on ante-natal sex determination.

Other reasons for adverse sex ratio could be preference for son, neglect of girl child resulting in higher mortality rate at a younger age, higher maternal mortality rate and decrease in life expectancy of women. Mankar Jyoti (2008) mentioned that exploitation of the women by the women is one of the major cause behind female foeticide, this study may help in giving guidelines to take up corrective actions to change their attitude towards girl child. (Social Welfare, July-Aug, Vol. 55, No. 4-5).

The increase in rate of female foeticide is a result of the greed and unethical practices of the medical community. The enforcement of the laws against female foeticide is poor, with a very low rate of prosecution of offenders, including the medical practitioners, and extremely poor conviction rate. Bahuguna, Jugran Nitin (2010) quoted regarding "Does Delhi wants Girls". Medical technologies have played a crucial role in reinforcing negative patriarchal systems that demand male heirs. Amnicentesis was first introduced in India in 1975 by the All- India Institute of Medical Sciences (AIIMS), Delhi for detecting congenital deformities in fetuses. By the mid 1980s, it was being largely misused to determine the sex of the unborn child and to carry out sex-selective abortions in Maharashtra, Punjab and Haryana. Dr Bedi says "Doctors and community are actively involved in this crime of female foeticide".

Similarly, another study stated that the sex determination clinics have mushroomed in the past two decades in big towns and cities of India. Only in 1985 about 40,000 female fetuses were selectively aborted in Bombay. 8000 cases of abortion in a clinic showed that 7999 of them involved female foetus (Bag K.R, 2008). For every two million ultrasounds and one million abortions are done and most of these abortions are female foeticide," says Dr Puneet Bedi, an gynaecologist with Appollo Hospital. Child sex ratio has marked a sharp decline to below 900 girls per 1000 boys in Haryana, Delhi, Punjab and Gujrat as per the 2001 census. Surprisingly, the southwest district of Delhi, Kurukshetra in Haryana and Chandigarh which are considered the prosperous regions, have recorded the worst 50 point decline in the child sex ratio in the last decade (The Asian Age (14-09-2005).

Female Foeticide: Social Implication

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

The position of the female child is more miserable in India than

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

Indian society permitted celibacy for men but did not permit the same for women, who were expected to find their salvation in marriage and service of the husband and family. The girl child is so much hated by the society that she is not even allowed to take birth. She faces inequality everywhere but in India she often does not even get a fighting chance to lead a healthy and productive life. Instead, girls are devalued as human beings from the day they are born and even before they are born.

Gender ratio in our country in our country is shifting heavily in favour of males. A continuing decline in sex ratio secondary to sex-selective abortion has many potentially serious consequences. Although there are no historical models to learn about the implications of lack of women related to men, one fairly obvious social consequence is that there are not enough women for the men to marry. This paucity of potential brides might result in girls being married at a younger age. Increasing number of child brides will further contribute to the poor status of women, as they will be less likely to finish school or develop job skills before marriage.

Lack of women in the future society can lead to rape, polyandry and other such as social abnormalities. UNFPA also pointed out the child sex ratio is a powerful indicator of social health of any society. Sex selection has seen many faces and forms: From female infanticide to female foeticide and the technologically sophisticated pre-conceptual sex selection. The adverse child sex ratio can severely impact the delicate equilibrium of nature and destroy our moral and social fabric. Contrary to what many believe, lesser number of girls in a society will not enhance their status. Instead, this could lead to increase violence against women, rape, abduction, trafficking and onset of practices such as polyandry. In certain parts of the country, women are being 'bought' as brides too. Dr. Syeda Hameed member, planning commission spoke in the National Seminar on Female Foeticide: Challenges (Sept 13-14, 2005) & strategies for change, (Sarojini Naidu Centre for Women's Studies, Jamia) of Millennium Development Goal (MDG) and how the eight-goals target have to be reached by the year 2015. However, so far, India is on target (for the period ending 2005) as far as poverty and education is concerned; while child mortality and female foeticide are nowhere near the mark. She also expressed that there were over 150 districts, where the sex ratio was very adverse and the situation was only getting worse.

The census statistics showed that "The sharp decline in sex ratio is a matter of great concern, as it is expected to lead to serious demographic imbalances and social consequences." (Dr Girija Vyas, Chairperson, NCW). Female foeticide is a gross violation of many rights; namely: the right of a female child to be born, right of a woman to take decisions about her health and family, her right to satisfying and health sex life, to decide about pregnancy, and access to

safe, effective, affordable and acceptable methods of family planning and the right to a safe pregnancy, child birth and a healthy infant.

Other Consequences:

- Loss of women is likely to have negative consequences on the economy, since women are a vital part of India's labour force.

- Devaluation of girls will also give impetus to the practice girls being married at younger age. Increased numbers of child brides further contributes to the poor status of women, as they are less likely to finish school or develop job skills before marriage. Young brides and their children are more likely to suffer from increased morbidity and mortality associated with early childbirth.

- Moreover, there will be an increase in acts of violence against girls and women, e.g rape, abduction, trafficking

- Ironically, in some villages the elimination of the girl child has created such a shortage of girls that families purchase brides from other villages for paltry sums. Women are also being forced into polyandry, or being "shared" by brothers and have suffered violence for refusing to do so. An unbalanced sex ratio not only spells economic and social disaster but also means an uncertain future and a poor quality of life for surviving girls and their families.

- The adverse child sex ratio reflects the real status of the girl child in the country, challenging the constitutional and policy commitments of equality and non-discrimination. It is a gross violation of the human rights of the girl child. The lack of medical ethics by practitioner for the selective determination and elimination of the girl child is a crime against society and must be prosecuted.

- The evil of drastic fall in sex ratio has the potentiality of bringing violence, crime and end to remaining social values, ethics and a state of complete chaos.

The Government Response

The practice of female foeticide is in direct violation of both the international convention on the elimination of all forms of discrimination against women (CEDAW) of 1979 and the UN Convention on the Rights of the Child (UNCRC), 1989. The CEDAW is considered to be equivalent to an international bill of rights for women, defining what constitutes discrimination and providing an agenda for action. Non-registration of medical facilities, the use of pre-natal diagnostic techniques, communication of the sex determination, and non-maintenance of records are all actions that violate the letter and spirit of both CEDAW and UNCRC.

The Govt. of India has taken steps to abolish female foeticide. The first legislation against female foeticide, enacted in 1978, banned the misuse of amniocentesis in government health care institutions. In 1994, a substantial legislation, the Pre-Natal Diagnostic Technique Act (PNDT) was adopted. This Act aimed to regulate diagnostic equipment by allowing for its use only in regulated institutions. In 2003, this law was amended and strengthened and Pre-natal Diagnostic Techniques Act (PCPNDT) of 2003. In addition to prohibiting determination and disclosure of the sex of the foetus and making it illegal to advertise pre-natal diagnostic capability, it recognizes the significant criminal role of doctors in contributing to this problem. The 2003 amendment to the PNDT Act is more explicit about the use, regulation and monitoring of prenatal diagnostic equipment of up to five years and a fine of up to Rs 1,00,000 for violators of the Act.

Because the legislation of abortion in 1971 provided an outlet for families to avoid having female babies, the

Amendment of the medical termination of pregnancy Act was drafted in 2002 to prevent the continued use of abortion as a means to such a destructive and unethical end. While it was established as illegal in 1971 to abort a healthy foetus, particularly that of a girl child, the Amendment of 2002 establishes strict guidelines as to where and by whom medical terminations of pregnancy may be carried out and imposes severe punishments, including imprisonment, on those who violate the Act.

As a part of measures taken to change the mindset of the society, some exemplary states administrations have taken lead in combating this problem and found positive response. With the sex ratio declining steadily in Haryana due to female foeticide, the "Ladli" scheme for the girl child was drawn up by the State Govt. to provide incentives to the family. Under this scheme, a sum of Rs 5000/- per annum for 5 years is paid to couples giving birth to a second girl child (Rs 25000/-) for each of the two girl children. This money is invested in kisan vikas patras in the joint names of the second girl child and the mother. In case the mother is not alive, then this money is transferred to a joint account of the second girl child and father.

Similarly, the Government of Himanchal Pradesh lunched a scheme named "Beti Hai Anmul" and for BPL families to incentivize the birth of girl child up to two children and encourage families to place scholarship upto 12th standard through conditional cash transfer. As per the state's latest evaluation on sex ratio, the state has improved from 904 females for 1000 males in 2008 to 922 (Indian Express, November 28, 2010). Uttarakhand state has also given fixed deposit of amount 5000/- to a newborn girl child from BPL families under "Nandadevi Kanya Scheme" to stop female foeticide in state (Times of India, January 4, 2010).

Participation by Civil Society and Media

NGOs in association with governmental organizations have made efforts to eliminate the problem of female foeticide. For example, in 2005 Swami Agnivesh, a child rights advocate, led 2,000 km interfaith pilgrimage through five of the worst afflicted states. They were welcomed by the leaders of over 40 towns with rallies and programmes to raise awareness about female foeticide. A similar awareness initiative has been taken place around country. In Mumbai, an organization called "Population First" launched a five year campaign in 2005 with the slogan, "celebrate her life because she is precious." The programme engages Mumbai communities to alter social prejudices against girls. The Campaign works with various stakeholders including NGOs, media, medical professionals, opinion makers, role models, youth icons and the communities. Smaller scale campaigns targeting the medical community have produced tangible results. Many religious leaders have been eager to join the fight against female foeticide. For example, sikh leaders have committed to excommunicate from the gurdawara any individuals who resort to sex selection, and religious leaders in Delhi have aligned on the issue.

Media has participated in the campaign and highlighted the problem through investigative reports and articles providing clinching evidence to prosecute the guilty. Media involvement, however, has not been limited to investigative reporting and exposure journalism. In association with the Government and NGOs the media has launched widespread awareness campaigns in the form of video spots on national and private television stations. One national network even presents a weekly TV series, which

confronts the plight of the girl child.

Areas of Concern

- Effective implementation of PCPNDT needs to be assured through, ensuring registration, curbing the spread of mobile ultrasound, regulating sale of new machines; ensuring compliance of the Act like keeping records and submitting them to the authorities in time, preferably online like the birth records are being done now; monitoring the functioning of these ultrasound clinics, complete audit of all pregnancy ultrasounds across the country (audit all F forms submitted).

- Another problem is that the appropriate authorities don't know their functions and responsibilities. Appropriate authorities do not have the necessary expertise and experience in legal matters. Deputing of medical professionals, or regulatory bodies under the PNDT Act, has not been an effective way to check the practice of sex determination, as doctors tend to be reluctant to book their fellow doctors.

- Lack of adequate medical facilities is leading to increasing reach of private health service providers, whose practices are difficult to monitor.

Suggestions:

- Sensitization should be done in all departments of universities and training should be conducted to enable the campaign to reach the remotest of villages. Cultural practices such as celebrations and festivals should be utilized for campaigns and that communication must reach the masses.

- There is a need to form linkages socio-cultural-health-economic-political and legal in order to fight the declining sex ratio.

- On private institutions over which no effective control could be exercised, they should not be issued with licenses for carrying out prenatal diagnostic procedures and techniques. Only Govt. hospitals should be facilitated with these services.

- Monitoring of Act's implementation is required.

- Offensive advertisements must be reported and action must be taken

- Notice boards at clinics/hospitals/nursing homes must state that sex determination is punishable.

- Ultrasound machines and other sex determination techniques to be sold only to registered clinics coupled with affidavits/undertaking not to use them for sex determination.

- Men and women of our society need counseling to change their mindset.

- All men should know that they are responsible for determining the sex of the child and not only women.

- Mentality of people should be changed. Killing of the foetus is against human rights.

- Sex selective abortion have a bad effect on the health of the women – should be conveyed to the people through media.

- Licenses of the doctors who perform sex selective abortions should be cancelled.

- Value your daughter. Each one of us can change our immediate environment by treating our daughters equal to our sons. If each of us looks at the girl child with a changed mindset, it will break the prevailing social apathy.

- Changing mindset includes the attitudes and thinking processes for both girls and boys. Girls need, and should expect, equal access to education, nutrition, health, employment and productive resources. Boys and men should perceive girls not as sub-servant beings but as empowered individuals who are equal partners.

- On the basis of literatures review and empirical

evidences, the Government of India should start a central flagship programme for BPL families through conditional cash transfer in form of fixed deposit (Kishan Vikas Patra) in favour of new born girl child upto 2nd girl child to combat the female foeticide in the country. The guideline to encash the fixed money should be on written document i.e. the only eligible candidate (the girl child) can be encashed the fixed money after completion of 18 years old.

Other suggestions:

The Health System and Implementation of PNDT

- Medical Audits are of primary importance. Medical audits need to be made mandatory and strictly enforced.

- The DMO, DC and SP (District level Officials) need to be proactive on the issue.

The importance of Law

- The fact that the amended PNDT Act is a cognizable, non-bailable and compoundable offence, such that the offender may be arrested without warrant needs to be widely publicized.

- The law can act as a deterrent and as an instrument of change if the state could establish its credibility by punishing the guilty.

Integrating the issue with ongoing programmes

- Sensitization of the youth on the issues was seen as non-negotiable. The existing forums that have youth participation, like the National Service Scheme, Nehru Yuva Kendra and other Youth centric agencies must have female foeticide on their agenda. The central/state government needs to facilitate such a focus

- Residents' welfare Associations could be given a social policing role. That (a) keep track of the growth of such clinics (b) discourages the use of sex determination and selection (c) aid in social audits.

- Anganwadi workers, SHGs and other women's groups at the community level, could be given training to monitor such practices and talk about the issues.

- Counseling facilities should be made available to pregnant women at all maternity clinics and hospitals by the well trained/professional counsellors.

The Importance of Research and Documentation

- Review of existing research, understanding of redressal mechanisms of and knowledge of public opinion.

- The research must incorporate an action programme. Research needs to be used as means for identification of areas of intervention and not solely for academic purposes.

- The religious dimensions to the problems need special attention.

- More qualitative research studies are required to understand cultural norms that lead to sex selection and female foeticide by which new strategies can be made for further policy formulation.

The importance of the media

- Positive images of women should be encouraged.

- Print and electronic media can play an important role for the impact of female foeticide on society.

Conclusion:

Mahatma Gandhi, the father of the Nation said that "man and woman will attain equality only when the birth of a girl is celebrated with as much joy as in the case of a boy" (social welfare, vol.55, no.7, Oct 2008, P2).

So that all children have the right to be protected against all forms of harm and hurt, loss and deprivation. Protection measures must address social, psychological,

physical, mental, emotional and material risk, danger and damage. Protection must also safeguard and defend children against discrimination of all kinds, including neglect. Girl

children are especially at risk of violation of their protection rights simply because they are girls. In societies and communities where women are not respected, the girl child is not valued. In many parts of India, she is in danger of being unwelcome even before birth and is denied fair care and treatment right from birth and through the childhood years. Much of what should be considered maltreatment is socially regarded as the 'normal/accepted' way to treat a girl child in the home or community. The girl child stands unprotected from the traumatic potential of much that is considered customary. From the stand point of human rights, this places her in need of both preventive and corrective protection.

Keeping in view the dimensions and magnitude of this problem, we can see that it is a social problem that can be increased or decreased by society only. The society includes itself our families, social institutions, educational institutions, social organizations, NGOs, doctors, govt., administration, media, police, political & religious leaders. They are the guard and protector of society. So their contribution & efforts regarding female foeticide and infanticide is very important.

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