

## **PREVENTIVE MEASURES FOR ELIMINATION OF FEMALE FOETICIDE**

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India's legal framework stipulates equal rights for all, regardless of gender. In practice, however, unequal power equations between males and females have led to violations of women's reproductive rights. The girl child has often been a victim to the worst forms of discrimination. Gender bias, deep-rooted prejudices, and discrimination against the girl child have led to many cases of female feticide in the country. Strong male preference, with the extreme consequence of elimination of the female child, has continued to increase rather than decline with the spread of education and economic development. This trend has been helped further with the progress in science and technology. Now, modern techniques are available to select the sex of fetus before or after conception. Female infanticide now in most places has been replaced by female feticide. Denial to a girl child of her right to live is one of the heinous violations of the right to life. It has, however, been reported that the moral guilt attached to elimination of the girl child after she is born is not felt equally if the child is eliminated while still in the womb.

The decline in the child sex ratio is not a problem of numbers alone. The very status of women, and the gains that have been made in this regard over the years, are at stake. The likelihood is that with fewer women in society, violence against women in all forms would go up. This atmosphere of insecurity would lead women to confine within the four walls of their home. This is not the only manifestation of the threat of serious disruption in the social fabric. If this decline is not checked the delicate equilibrium of nature can be permanently destroyed. Female infanticide may occur as the deliberate murder of a girl infant or young girl child or as the result of neglect. Selective abortion appears to be increasing as a result of new sex-detecting, prenatal technologies. Worldwide, there are several cultural and economic reasons for the preference of sons over daughters.

Female infanticide and selective abortion are most often practiced in societies where it is believed that having a girl child is culturally and economically less advantageous than having a boy child.

Parents who strongly prefer sons but who can support only a small family may choose to murder or abort a girl and attempt to have a female infanticide.” Female infanticide may be committed deliberately or through neglect. In some cultures, female infanticide is so widely known as a traditional practice that the methods are part of community lore.

Neglect that results in female infanticide is more widespread and insidious. There often is a correlation between a strong son preference and a health disadvantage for females, a disadvantage exacerbated when resources are scarce. The World Health Organization (WHO) reports that men and boys often receive preference within households, including higher expenditures on medicines and health care. Among humans, females are biologically stronger than males, yet data on mortality and nutrition for girls suggest that in many settings their social disadvantages outweigh their biological advantages.

Medical technology makes it easier for parents to discover the sex of a fetus at earlier and earlier stages of pregnancy. Such techniques have been developed to check a fetus for genetic or birth disorders, but in societies where son preference is strong, parents are eager to discover the sex of a fetus as soon as possible. As this technology spreads around the world, many women from communities with a preference for boys practice selective abortion, and abort fetuses solely because they are female. Acting on son preference at an even earlier stage, clinics that offer pre-pregnancy sex-selective technology are doing a booming business despite laws against sex-discriminatory techniques. In countries where female fetuses are aborted in favor of male fetuses, there has been a steady decline in the number of female births over the past decade. Coupled with a higher mortality rate for girl children due to neglect or murder, the ratio of women to men has noticeably fallen in comparison to countries where female infanticide and selective abortion are not practiced

Traditional cultural practices reflect deeply rooted values and beliefs. Son preference is exhibited in many cultures and is not unique to developing countries or rural areas, although it is stronger in countries where patriarchy and patriliney are prevalent. Societies that expect women to live and express themselves within narrowly defined gender roles also often exhibit cultural practices that benefit men and harm women and girl children.

Family lineage and the family name are carried on by male children in many societies, leading parents concerned about their family’s future generations to hope for a son and possibly murder

or abort girl children in order to get an heir. Some societies practice rigid social customs that make girls much more expensive to raise than boys. In parts of India, for example, families are expected to hold religious or social ceremonies for a girl that would not be held for a boy. These ceremonies can be very expensive—often requiring a family to provide a feast or gifts for everyone in their village. “Proper” ceremonies for even one girl can ruin an already poor family, and inadequate ceremonies are grave social disgraces. A family may choose to kill a girl child rather than take on the expense, indicating the belief that a family’s social status outweighs the value of a girl child’s life.

People who determine the value of a girl child only in terms of wealth have little regard for her value as a person. If tradition determines that she can only materially benefit her husband’s family when she is grown, and her family lost wealth spent on her upbringing, then her value is slight. Women who live in societies where they are made miserable through injustice and inequality may not want to raise daughters who will live lives as unhappy as their own. Women have used this excuse as a rationale for killing their girl children. “Many women in feudal areas of India don’t want to have a daughter who would go through the same misery, humiliation and dependence that seemed to define their own lives.

It is difficult to determine how many girl children have been lost to female infanticide and selective abortion. More than two thirds of the world’s population, according to the UNHCHR, live in countries where death rates are not published by sex. However, the population numbers in countries where female infanticide and selective abortion are practiced often show a disproportionate ratio of women to men. Researchers sometimes disagree as to the precise causes of gender skews in population ratios, but evidence from smaller geographic areas where sex-selective practices are known to occur is very convincing.

The cultural and economic factors that lead to female infanticide and selective abortion are part of the vicious cycle of discrimination against women and their devaluation. The preference for sons, however, is not the only reason for the practice of female infanticide and selective abortion. There are actual disincentives and costs associated with raising girl children that influence choices made in communities where this abuse is practiced. The same social practices reflect a community’s low estimation of women in general. In general, girls still have lower economic earning potential than boys. A poor family may not want the added expense of another child unless that child will someday bring economic wealth back to the family. “Compared with men, women have fewer

opportunities for paid employment and less access to skill training that would make such employment possible,”

As the Indian government increased criminal penalties for female infanticide, the availability of sex-determining technologies such as ultrasound scanning has led to a rise in sex-selective abortion. The Indian Medical Association (IMA) estimates that five million female fetuses are aborted each year, and estimated in 1999 that India had approximately 20,000 ultrasound clinics, most unregistered and staffed by unqualified doctors.<sup>27</sup> In the Indian states of Punjab, Haryana and Uttar Pradesh, mobile vans take sex-detection clinics to outlying villages. “You will find an ultrasound machine even in a village which has a road over which only a bullock cart can go, and electricity to run the machine and nothing else,” said one ultrasonographer, as reported in *The Hindu*, a national newspaper.

Because the Indian demand for fetal sex-determination is so great, doctors can ask for high fees, which have resulted in an increase in fetal sex-determination and abortion businesses and abuses. For example, the IMA revealed that some sex-determination centers perform ultrasound scanning weeks before the fetal sex can be determined and charge women to undergo repeated and unnecessary ultrasonography. Unethical scan centers and doctors have told expectant parents they have a female fetus in order to collect the abortion money

### **Current Scenario**

The Census 2001 indicates that while there is an increase in the overall sex ratio of the country (927 females per 1000 males in 1991 to 933 females per 1000 males in 2001), the child sex ratio (in the 0-6 age group) has shown a decline in almost all the States as compared to the 1991 Census. There are 16 districts in the country having less than 800 girls per 1000 boys. Out of these 10 are in Punjab, 5 in Haryana and 1 in Gujarat. This means for every 1000 boys 200 girls are missing in these districts. Further, there were 70 districts in the country in 2001 where the decline in child sex ratio was more than 50 points when compared with the 1991 Census.

Some recent studies conducted to examine the reasons for decline in child sex ratio has also revealed that apart from a strong preference for sons and a low valuation of girls, increasing dowry demands, difficulties involved in bringing up a girl child and an easy availability of

ultrasound and abortion services by various private clinics are the main reasons for the increase in female foeticide in the country.

### **The Girl Child -**

- 1 out of every 3 girls does not live to see her 15th birthday
- One-third of these deaths take place at birth
- Every sixth girl child's death is due to gender discrimination
- Females are victimised far more than males during childhood
- 1 out of every 10 women reported some kind of child sexual abuse during childhood, chiefly by known persons
- 1 out of 4 girls is sexually abused before the age of 4
- 19% are abused between the ages of 4 and 8
- 28% are abused between the ages of 8 and 12
- 35% are abused between the ages of 12 and 16
- 1 out of 6 girls will not live to see their 12th birthday
- 3 lakh more girls than boys die every year
- Female mortality exceeds male mortality in 224 out of 402 districts in India
- Death rate among girls below the age of 4 years is higher than that of boys. Even if she escapes infanticide or foeticide, a girl child is less likely to receive immunisation, nutrition or medical treatment compared to a male child
- 53% of girls in the age group of 5 to 9 years are illiterate
- Every year 27,06,000 children under 5 years die in India. And the deaths of girl children are higher than those of male children.

Source: [www.cry.org](http://www.cry.org)

### **Legal initiative**

To check female foeticide, the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 was enacted. The Act came into force in 1996. By itself it is a comprehensive legislation which lays down the situations in which the use of pre-natal diagnostic techniques is prohibited as also where it is regulated. It has provisions for establishing mechanisms responsible for policy making under the Act and also those responsible for the implementation of the Act.

The penalties for various offences are also elaborated.

During the course of the implementation of this Act, certain inadequacies and practical difficulties in its administration came to the Government's notice. At the same time newer techniques have been developed to select the sex of the child even before conception leading to a further decline in the sex ratio. These developments were also taken note of by the Supreme Court in its various orders in a public interest litigation filed by an NGO, CEHAT & Others versus Union of India & Others. The Court had laid down that amendments to the PNDT Act and the amended Act came into force from February 14, 2003. Its main purpose has been to ban the use of sex-selection techniques before or after conception as well as the misuse of pre-natal diagnostic techniques for sex-selective abortions and to regulate such techniques.

The implementation of the Act rests with the States and Union Territories. As a part of the implementation of the Act, appropriate authorities are constituted and each is assisted by an eight-member advisory committee. The committee consists of doctors, lawyers, social workers, and officers dealing with the media. Supervisory Boards have also been constituted under the chairpersonship of the Minister of Health and Family Welfare to oversee the implementation of the Act.

As per the reports received from States/UTs more than 21,600 centres conducting pre-natal diagnostic procedure including ultrasonography have been registered under the PC&PNDT Act. So far more than 400 complaints have been filed in various courts for violation of the Act and Rules.

### **Awareness Campaign**

To deal with a problem that has roots in social behaviour and prejudice, mere legislation is not enough. Various activities have been undertaken to create awareness against the practice of pre-natal determination of sex and female foeticide. To implement the provisions of the Act the help of media units like AIR, Doordarshan, Song and Drama Division, Directorate of Field Publicity, Press Information Bureau, Films Division and DAVP is also being sought. Workshops and seminars have been organized through voluntary organizations at State, regional, district and

block levels to create awareness against this social evil. Cooperation has also been sought from religious leaders, as well as the medical fraternity to curb the practice.

A concerted effort involving all sections of the society is necessary to change the prevalent social thinking and remove the gender-based discrimination if the goal of a balanced sex ratio is to be achieved. Keeping this in view, the Government has recently launched a “Save the Girl Child Campaign”. One of its main objectives is to lessen the preference for a son by highlighting the achievements of young girls. To achieve the long-term vision, efforts are afloat to create an environment where sons and daughters are equally valued. Such efforts cannot take place in isolation or in relation to a single issue of female foeticide. They have to be integrated into the larger advocacy and communication efforts that are already taking place.

Framing a social problem in the formal and specific language of law has first clearly defined all the key players and their roles in promoting the practice and, second, put in place institutional mechanisms to enforce norms that will regulate the practice. Legislation and regulation provide a framework within which the role of multiple actors and institutions can be concretely measured and evaluated. For instance, regulation has a critical impact on the larger medical and pharmaceutical industry that has sprung up around reproduction in general and SD in particular, of which doctors are only a part.

The difficulties and gaps in regulating the use of technologies like obstetric ultrasound for SD should not become the basis for an argument against regulation. A number of measures can be taken to ensure effective implementation. For example under both the MTP Act, 1971 and the PNNDT Act, 1994, specific sites have been classified for legal provision of these services. Universal registration of these sites and listing of diagnostic equipment, granting licenses and requiring that they be prominently displayed, among others, could help curb misuse.

The PNNDT Act can be the first step in a broader effort to regulate the private health care sector. The law, as currently implemented, fails in that it does not specify the role that has been played almost single-handedly by the private sector in spreading SD and SSA across the country. It is worth noting that SD was banned in all public facilities in the mid-seventies. Having discussed the usefulness of laws it is important to point out that they are at best a first step in addressing deep-rooted injustice. George (2002), one of the three petitioners of the PIL, points out that a law and effective use of the judiciary can bring pressure on the executive branch of government to do

a better job of monitoring use of these technologies, guide medical ethics that till date have been seriously lacking with regard to SD and SSA, and at the same time serve as a catalyst to address deep-rooted patriarchal norms within Indian society.

### **Eradication of Sex-Related Harmful Practices**

Related to the problem of gender bias and the persistent discrimination against the girl child are the sex-related harmful practices of female foeticide and female infanticide leading to the most un-wanted abortions and the present high rates of female infant mortality of 70.8 (1999), female child mortality of 24.5 (1997) and maternal mortality of 407 (1998) (More details under the section on 'Development of Children'). Based on the 1991 Census, 65 districts have been identified as problem districts, with sex ratio abnormally in favour of males between 1,100 to 1,218 males for 1,000 females in the states of Andhra Pradesh, Bihar, Delhi, Gujarat, Haryana, Madhya Pradesh, Punjab, Rajasthan, Tamil Nadu and Uttar Pradesh. Besides, a multi-centric study sponsored by the Department of Women and Child Development in 1993 also confirmed that while Female Foeticide is being practised all over the country, the Female Infanticide exists as a local phenomenon amongst certain communities. The Tenth Plan will, therefore, initiate action to enforce effectively both the Indian Penal Code, 1860 and the Pre-natal Diagnostic Technique (Regulation and Prevention of Misuse) Act, 1994 to control/eradicate the female foeticide and female infanticide, respectively with a very close vigil and surveillance along with severe punishment for the guilty. Along with this, long-term measures of sensitizing the society to change their mind-set which is negatively disposed towards the girl child –as un-wanted, neglected and discriminated both within and outside her home, will also be put into action throughout the country with a special focus on the problem districts and problem communities.

### **Strategy for elimination of female foeticide**

As observed, it is not poverty alone that makes families kills their children. The community, too acts in strange ways to perpetuate the crime by ridiculing couples who do not have a mal child illiteracy, ignorance of the welfare scheme available for the girl child and poverty alleviation and the legal implication of indulging in female infanticide, and the dowry system are some of the reasons for failure of the schemes and interventions undertaken by the government and NGOs to eradicate female infanticide.



The long-term strategies should include education and empowerment of women. Empowerment of rural marginalized women and education to improve their lot will heighten their status in the society. As the women sangams and the federation gain in importance and play a greater role in the development of the area, it is hoped that their presence and the politico-economic strength they enable will help curb the practice.

Media-both print and electronic-plays a very significant role in removing gender bias and developing a positive image of the girl child in the society, but in a county like ours where there are problems in reaching the backward rural and tribal areas, a mix of mass media with various traditional forms of communication may provide a more effective alternative to influence the illiterate and the poor.

Enhancing sensitization to gender issues to influence the policy makers, planners, administrators and enforcement machinery is another important strategy. The nodal Department of Women and Child Development has already launched special efforts to develop a positive image of the girl child and women.

It is not easy to change overnight the attitude of even women towards female infanticide. Even if the women are prepared to understand and accept the need to change, the social situation and the family environment prevent them from doing so. Therefore, young married couples and pregnant women were given counseling so that they could cope with the situation, because they are surrounded by in laws and neighbors who are pro-female infanticide.

The practice of using amniocentesis for sex determination shall be banned through law and practitioners indulging in or abetting such acts shall be punished severely. Amniocentesis, where necessary, will be performed only in government or approved medical institutions to prevent the practice of using amniocentesis for purpose of sex determination. Public education on the illegality of fetal sex determination and sex selection abortion will be accompanied by positive messages on the value of daughters. Advertising of sex determination techniques shall be banned forthwith and stringent measures will be taken against the offenders.

Media will be effectively use to bring about attitudinal changes towards the girl child. There should be a trust on elimination of gender disparities in infant and under-5 child mortality, though

gender sensitive monitoring in mortality starting from the field level. Priority will be given for educating parents on the importance of providing adequate food for the girl child.

Extensive use of media for the sensitive promotion of a positive image of women and girls. Development of school based strategies for inculcating of positive self-image amongst girls. Concerted efforts to break the gender stereotypes particularly at the +2 level. Conscious inputs into curriculum, textbooks, teacher education institutional planning supported by career guidance, counseling. Special awareness generation programmes and campaigns to sensitize the public.

The strategy includes keeping a close watch on the pregnant women for six months (three months before delivery and three months after it) to this end, panchayat-level vigilance committees are to be formed, comprising two leaders from each sangam to undertake vigilance work in their respective villages. A special committee is to be formed within the federation, where main job would be to keep a watch on pregnant women. Activate advisory, planning supervisory committees to work closely with the district administration and block-level officers of various departments like health, nutrition, police, BDO, village administrative officer and teachers.

Female infanticide programmes should include strategies to modify and liberalize the traditional cultural values that are strongly held by the affected communities. Form a Collective of like-minded NGOs at the district level. For any such programmes to be effective, it must cultivate in the affected communities more positive attitudes and acceptance of social change, particularly in relation to girl children. Such intervention programmes should target middle socio-economic groups in which the tendency and probability of female infanticide is supposed to be higher.

Also, these programmes should target the male population of the affected communities, since compared to females, males are more vulnerable to developing a tendency towards female infanticide. Since the probability of female infanticide is indicated in many of the affected communities. NGOs working in these areas must build up legal and social pressure to counter this practice. Intervention programmes for dias must be implemented.

Reporting of these deaths must be systematized. Some kind of vigilant monitoring committee or group should be formed in the Panchayats, including the Chowkidar of each village. Keep track of

births and deaths. Maintain a record of birth/deaths sex wise as well as age wise, and Monitor the upbringing of girl children in terms of nutrition and preventive health care.