

## Female Foeticide

*Madhu Gurung*

*Prabhuji mein tori binti karoon  
Paiyan Paroon bar bar  
Agle Janam Mohe Bitiya Na Dije  
Narak Dije Chahe Dar...*

*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...*

*-- Folk Song From Uttar Pradesh*

### Introduction

Every year, as millions of women marry, they dream of starting a family, of having their homes filled with tiny cries and the happy laughter of gurgling babies. In India however, pregnancy is too often followed by the question of whether the unborn child is a girl or a boy.

"Chhore Pe Baje Thali, Chhori Pe Thekere Phoren" is an old sentiment in the Indian state of Haryana which means "announce the birth of a son by beating of brass plates but at the birth of a daughter break earthen pots." Marriage in the Hindu fold of life is still traditionally considered essential for procreation and the continuation of the 'vansh' (lineage). Blessings showered on the bride during a wedding, consist of the line "Ashta Putra Sowbhagyavati Bhave" meaning "May you be blessed with eight sons." Thereafter on conception, mantras from the Atharva Veda, one of four most sacred books of Hinduism, are prescribed for chanting so that if the foetus is female it will be transformed into a male.

The traditional joint family is patriarchal. Even though migration and increasing urbanisation has led to more nuclear families, the patriarchal ways are still embedded in the psyche of the Indian man. Despite the legal emancipation of women in India, their education and employment in modern occupations, the traditional bias regarding female children has not undergone a change.

In most parts of the country son is a major obsession. One son is a cause for joy while two are seen as a lifetime for celebration, the traditional thinking being that if one dies, at least the other will live to take care of the parents. In the bargain, pressures on the woman to produce a son are unending. The girl child is seen as an economic drain as her marriage and dowry crushes her family under huge burden of debts.

### Aim

The aim of this study is to analyse the aspects of infanticide and foeticide in India, their causes, intervention steps taken by the government and to recommend remedial measures to eliminate the menace.

### **The Problem**

A 1997 UNFPA report "India Towards Population and Development Goals", estimates that 48 million women are missing from India's population. The report states that, "If the sex ratio of 1036 females per 1000 males observed in the state of Kerala in 1991 had prevailed in the whole country, the number of females would be 455 million instead of the 407 million (in the 1991 census). Thus, there is a case of between 32 to 48 million missing females in the Indian society as of 1991 that needs to be explained."

This deficit of women has been known to exist even in British India from the time the first census was done in 1881 and has only worsened in every subsequent census with the exception in 1981 when it rose in favour of females.

The 1991 census is only indicative of this disturbing trend when elsewhere in the world women outnumber men by 3 to 5 percent. There are 95 to 97 males to 100 females in Europe, USA and Japan with the ratio being as low as 88 males to 100 females in Russia primarily due to the casualties suffered in the wars. India and China share this deficit phenomenon indicating 6 to 8 percent more men than females. Both societies have been traditionally patrilineal and men have enjoyed a much higher status than women.

Almost a quarter of India's population consists of girls below 20 years of age. The adolescent girl who is an embodiment of childhood and womanhood, is barely a shadow in our national policy and is neglected in the fields of health, education and development programmes. Thousands of female infants are murdered in their mother's wombs or are born to die, the justification being that a girl child is better dead in a society which views her as a financial burden.

According to the UNICEF, 40 to 50 million girls have gone 'missing' in India since 1901- missing because they were not allowed to be born, or if born, murdered immediately thereafter. Today, India tops the list as far as illegal abortions and female infanticide are concerned. Of the 15 million illegal abortions carried out in the world in 1997, India accounted for four million, 90% of which were intended to eliminate the girl child.

'Saheli,' a Delhi based NGO, has reported that between 1978-82, nearly 78,000 female foetuses were aborted after sex determination tests in the country.

Between 1986-87, 30,000 to 50,000 female foetuses had been aborted. Between 1982-92, the number of sex determination clinics multiplied manifold and nearly 13,000 sex determination tests were estimated to have been done in seven Delhi clinics themselves.

Sex determination techniques began to be publicised through advertisements in newspapers, in trains, buses on walls and pamphlets. Selling the idea of preventing the birth of an unwanted girl child became the order of the day.

Though earliest efforts to eradicate female infanticide in India were made in the nineteenth century during the British rule, the problem of foeticide is a new phenomenon. Although there exists a very comprehensive law on abortion, which is also applicable to the abortion of female foetuses, the very motive of female foeticide forced a review of the existing laws.

Abortion was first legalised under the Indian Penal Code(IPC), which makes the causing of a miscarriage (if not done in good faith to save the life of the woman), an offence punishable with imprisonment up to seven years. Both, the doctor and the concerned woman, are punishable under this. In case carried out without the consent of the woman (a woman under a misconception, a woman with an unsound mind or in an intoxicated state, and a girl below 12 years of age), the person carrying out such an act is punishable for life. The most important provision in the IPC, was the prohibition in killing of a foetus after the twentieth week of pregnancy by when the foetus is recognised as having become "quick," for which the offender was liable for imprisonment up to 10 years.

The IPC being very strict, did not allow abortions except where there was danger to the life of the mother. As a result, this led to a number of 'underground' abortions and consequently to health related problems for the woman. A necessity was therefore felt to review the IPC and make it more lenient. Social scientists are quick to point out that on the contrary, it was around this time that the hysteria of over-population had caught on in the country, which was the actual reason for the government agreeing to review the IPC. Legalising abortions was considered a tool for population control. The Medical Termination of Pregnancy Act,1971(MTP Act), was therefore enacted.

The MTP Act was enacted for the purpose of safeguarding the rights of the pregnant woman. This was conceived primarily (1) as a health measure- when there is a danger to the life or risk to the physical or mental health of a woman (deemed to include failure of contraception for a married woman and a pregnancy caused due to rape): (2) on humanitarian grounds such as in the case of a lunatic woman and (3) eugenic grounds- where there is a substantial risk that the child if born, would suffer from deformities and esisdiseases.

The Act gives a medical practitioner (one before 12 weeks and the concurrence of two between 12 to 20 weeks), the discretion to decide whether such grounds exist. After 20 weeks, abortions could be done without any certification but only when absolutely necessary to save the life of the mother. As abortions before 20 weeks of pregnancy were legal, female foeticide could not be banned per se. The requirement of a new law was therefore felt, to prevent the misuse of the MTP Act for sex selective abortions.

Amniocentesis first began in India in 1974 as a part of a sample survey conducted by the All India Institute of Medical Sciences (AIIMS), New Delhi, to detect foetal abnormalities. These tests were stopped by the Indian Council of Medical Research (ICMR), but their value had been leaked and 1979 saw the first sex determination clinic opening up in Amritsar, Punjab. Even though women organisations across the country took up cudgels to get rid of this new menace, in the face of the MTP Act, they were helpless. This was because the amniocentesis test was claimed to be used for detection of foetal abnormalities which was permitted by the MTP Act. That the test was conducted between the 14th to 18th week of pregnancy, and abortions were permitted up to the 20th week, subject to certification, was an issue that could not be contested.

In the absence of any law, all the central government could do was to issue circulars prior to 1985, banning the misuse of medical technology for sex determination in all government institutions. This however, led to the mushrooming of private clinics all over the country. In 1986, the Forum Against Sex Determination and Sex Pre-selection (FASDSP), a social action group in Mumbai, initiated a campaign. Succumbing to public pressure, the Maharashtra government enacted the Maharashtra Regulation of Pre-Natal Diagnostic Techniques Act 1988, the first anti sex determination drive in the country.

This was followed by a similar Act being introduced in Punjab in May 1994. Both these were however repealed by the enactment of a central legislation, that is, The Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 28 September 1994, which banned sex determination tests all over the country. This Act carries a three-year imprisonment sentence and a Rs10,000 fine for offenders. The implementation of this act initially faced problems as monitoring agencies had to be identified at all levels. It was therefore only in 1997 when the responsibility was delegated that actual implementation of the act began.

Despite this, there is still a social complacency among all sections of society, which needs to be corrected at the earliest. Who will be the watchdog to ensure that the ban is effectively implemented? A great deal of attention is being paid to the status and well being of the girl child by the government, UN agencies,

NGOs and welfare organisations. But if a girl child does not even have the right to be born, then where do we begin?

Since the law against sex determination was passed, most people feel their conscience has been assuaged. But the problem has gone underground. Media attention has been flimsy, reporting a few instances with no serious focus on the issue.

What dictates the priority our society attaches to the male child? Does an ancient and primitive mindset have the right to decide the fate of the girl child? Shouldn't concrete and viable steps be taken at the government level to ensure she gets a better 'deal'? While infanticide has a cultural history in India, foeticide is a relatively new phenomenon, permeating societies which had no previous record of infanticide. Aborting of female foetuses has resulted in a skewed sex ratio. What happens to the next generation? There has not been sufficient (if at all) debate and dialogue on the pros and cons of the skewed sex ratio in India. This therefore, needs to be monitored and reported in its correct perspective.

### **The Demography of Missing Women**

Census figures reveal that while the number of children is rising, their proportion to the total population is falling. Further analysis reveals that there is a gender dimension to the visible decline in children being born. In nearly every society, about 105 live males are born for every 100 live females, that is, the international sex ratio is 105. Demographers explain that this is so, because mortality is higher for male babies. Biologically, girl babies are stronger. In India this ratio was 104.7 in 1921, 107.5 in 1971 thereafter further dipping to 107.9 in the last census of 1991. There has thus been a progressive deficit in the women's sex ratio from four million in 1901 to 32 million in 1991. This can also be seen from the increase in the masculine ratio from 1029 males to 1000 females in 1901 to 1079 males per 1000 females in 1991.

Gender inequality manifests and accentuates in a declining adult sex ratio measured as the number of females to 1000 males. [Table 1](#) and [Table 2](#) provide data on sex ratio in India and major states.

**Table 1: Sex Ratio: 1901- 1991**

Year	Females per 100 Males
1901	972
1911	964
1921	955
1931	946

1941	945
1951	945
1961	941
1971	930
1981	935
1991	929

**Table-2: Female-Male Ratios in India and Major States**

State	1901	1991	Change
India	972	929	-47
Bihar	1054	911	-143
Tamil Nadu	1044	974	-70
Orissa	1037	971	-66
Kerala	1004	1036	+32
Madhya Pradesh	990	931	-59
Andhra Pradesh	985	972	-13
Karnataka	983	960	-23
Maharashtra	978	934	-44
Gujarat	954	934	-20
West Bengal	945	917	-28
Uttar Pradesh	937	882	-61
Assam	919	923	-4
Rajasthan	905	910	+5
Himachal Pradesh	884	976	+92
Haryana	867	874	-7
Punjab	832	888	+56
Other States & UTs	943	887	+56

It can be seen that only Himachal Pradesh, Punjab, Kerala, and Rajasthan show an increase. However, in the case of Rajasthan, it is very marginal and the ratio continues to be below the national average. Punjab too, despite showing a substantial increase is well below the mark and is still the third lowest in the country.

Inspite of being the South Asian Association Regional Co-operation (SAARC) 'Decade of the Girl Child', the future of the girl child in India is very grim. Of the 1.2 crore girls born in India every year, as many as 30 lakhs do not live to celebrate their 15th birthday. The juvenile sex ratio too is steadily worsening. In the 0-4 years group, there were 961 girls for every 1000 boys in 1981 which fell to 955 in 1991.

Ironically, the deficit of women is more noticeable in the urban than the rural population- a factor which is frequently attributed to male migration from rural to urban areas. The deficit has now percolated down to the rural areas as well, indicating an overall decrease of women in the country. The district analysis of the child sex ratio in rural areas calculated from the 1991 census, shows that there are only 42 districts, making up 10 percent of the country, where the sex ratio is in favour of girls. Of these, 31 districts have a sizable tribal population. On the other hand, there are 31 districts like two in Tamil Nadu, one in Kerala, and 11 out of 12 districts in Punjab, where there are less than 900 girls to 1000 boys.

Satish Agnihotri, an expert on the sex ratio, calls the land rich states of Haryana, Punjab and Uttar Pradesh the "Bermuda Triangle," where girls go missing. District level data of the Census 1991 has been collated by Dr Ashish Bose in the reference book "Demographic Diversity of India." Bose points out that the sex ratio in Uttar Pradesh is 882 females per 1000 males; in Punjab it is 888 females per 1000 males and in Haryana it is the lowest at 874 females per 1000 males. Ironically, the phenomenon of son preference has reached alarming proportions in India's most prosperous states, rather than the most "backward" ones.

Thanks to the green revolution in these states, agriculture became remunerative in the 1960s. Besides, as prices of real estate escalated in industrialising areas or areas adjoining cities, farmers began selling their land and became prosperous. The new found prosperity and growing education, has not diminished the patriarchal bias for sons. A son is still the man who will carry on the family name and take care of old parents. The girl child is just a pebble in the dust, neglected or simply discarded.

Equally interesting is the joint paper brought out by the Indian social scientist couple, Pravin and Leela Visaria, "Demographic Characteristics of India's Population and its Social Groups," which brings to the forefront, caste wise demographic deficiencies of women, removing a lot of pre-conceived notions people had about castes and communities.

It points out that despite tremendous social, political and economic advantages enjoyed by India's caste Hindu population, their record when it comes to prejudices against women, remains the worst. In sharp contrast, the least discrimination against girls exists among the marginalised and impoverished schedule tribes. This is because tribal women enjoy a fair amount of equality with men.

Anti-female prejudices are not as crude and blatant among predominantly urbanised and well-educated Jains and Christians. The deficit of women is the

lowest among the Christians and the highest amongst the Sikhs. The Buddhists also report lower deficit of women than the Hindus and Muslims.

Much has been written about what could be the reason for the deficit of women. Analysts argue that to take the lowest deficit State in the country as the base for calculation, for instance Kerala in the case of India, is not correct. This is because conditions vary from one State to another depending on the caste and community. Ever since the deficit of women was noted in the population of India, there have been various hypotheses advanced to explain this and various factors have been identified. The possible reasons are under-numeration of women, out-migration of females and above all, greater excess of males at birth due to factors such as female infanticide and foeticide. While under-numeration and out-migration are valid reasons, the deficit due to them would be marginal. Female infanticide and foeticide can therefore be cited as being the main reasons for the eight percent deficit of women which exists in the Indian population today.

### **Female Foeticide : Indicators**

"Raising a female child is like watering your neighbour's plant" is a popular proverb still doing the rounds in the Indian State of Tamil Nadu's Salem district. Historically, traditional pattern of neglect and deprivation of females including infanticide, were an integral part of society. Daughters were the expendable offspring as the value system put the premium on sons. Female infanticide kept the size of the family small.

Reports indicate that 105 female infants had been killed every month in Dharmapuri district of Tamil Nadu in 1997. The methods used were gruesome-choking the infant with salt or sand, tearing her intestines with a meal of coarse grain, or in an act of betrayal, rubbing poison on the mother's breasts.

Female infanticide in the State of Tamil Nadu has received worldwide attention. As early as the 19th century, the British had reported infanticide among certain communities in the State like the Todas and Kallars. Feeding paddy soaked in milk or the poisonous sap of the calotropis plant, are the traditional ways for killing an unwanted infant. As reported in his research by Dr Sabu George a social scientist and demographer, the fact that this technique was known throughout the State, proved the prevalence of the practice for quite sometime. All the cases detected, happened during the early neo-natal period, that is during the first seven days of the infant's life. The infant was done to death by a senior woman in the family, mostly the paternal grandmother, and in some cases by the 'dai' (birth attendants).



Due to the crack-down of law enforcing agencies, female infanticide though still practiced, was controlled to a great extent. However, with development of technology for the pre-natal determination of sex of the child, infanticide has been replaced by female foeticide. What was meant to be a test to detect only genetic abnormalities in a foetus, began to be misused for sex selective abortions.

Affluent families can now detect the sex of the foetus and abort it if required, which is an easier alternative. Interestingly, sex ratio of children at birth in urban areas shows a wider gap than rural areas. Easy availability of diagnostic techniques is one major reason. However, sex specific infant mortality was higher in rural areas. Most girl babies died because of neglect and lack of care.

Though there has been no national census to determine the sex ratio at birth, a number of independent surveys have been carried out which adequately indicate the practice of female foeticide. The information for 1998 given in Table 3, is supportive of this trend.

**Table 3:** Sex Ratio at Birth and of Children Alive (0-6 years) in the state of Madhya Pradesh

	Reported Births	Born Alive	Now Live	Sex-ratio at Birth	Sex-ratio of Live Births	Sex-ratio of existing Children
Male	166	151	136	1000	1000	1000
Female	139	117	68	837	775	500

Sex determination tests became immensely popular in the late '80s. It resulted in a further skewed sex-ratio all over the country. One such study conducted in Ludhiana to calculate the effect of such tests on the secondary sex ratio (SSR), that is, the number of males born to 100 females, revealed the figures given in Table 4 below.

**Table 4:** SSR for the district of Ludhiana (Punjab)

Year	1981	1982	1983	1984	1985	1986	1987	1988
SSR	105	105	113	113	113	112	114	122

Another study conducted, this time in rural Haryana, further confirms the occurrence of female foeticide. This survey (Table 5) showed that if the number of reported sex selective abortions were added to the existing sex ratio, the number of girls would exceed boys.

**Table 5:** Age-Sex Profile of child Population in Rural Haryana: 0-1 category 0-5 category

	Reported Cases		Reported Cases	
	Existing Sex-Ratio	After Adding	Existing Sex-Ratio	After Adding
Male	15	15	94	94
Female	10	17	65	93
Female-male ratio	667	1133	691	989

The demand for sons has created a whole new medical industry, ranging from dubious "miracle drugs" to expensive and unsafe tests conducted by unqualified medical personnel, followed by abortions in ill equipped clinics under hazardous conditions.

Earlier, doctors employed the controversial amniocentesis test done between 14 to 18 weeks to determine the sex of the foetus. The relatively non-invasive ultrasound technique which earlier conducted the test between 26 to 28 weeks of pregnancy, has also been improved upon. Today, the sex of a foetus can be determined by more sophisticated machines within 13 to 14 weeks of pregnancy by trans-vaginal sonography and by 14 to 16 weeks through abdominal ultrasound. These methods have rendered sex determination cheap and easy. Sophisticated methods too have hit the market. The Ericsson method which separates the X and Y chromosomes from the sperm and then injects back only the Y chromosome into the womb to ensure a boy, costs Rs15,000 to 20,000.

The Pre-implantation Genetic Diagnosis(PGD) helps to determine the sex of even an unrecognizable foetus. As early as three days after fertilisation one or two cells are removed from an 8-10 celled embryo which is then re-implanted into the uterus. Its cost-Rs100,000 per treatment cycle is beyond the common man's pocket and is a deterrent.

Most of the doctors I met, denied having performed any sex determination tests. A few were honest enough to admit to having performed the tests, defending their action by claiming to have rendered "social justice."

India's capital city has not escaped the biases of the North Indian hinterland. Dr Saraswati Raju and Professor Mahender Kumar Premi of the Centre for Study of Regional Development at Jawahar Lal Nehru University, studied records of three hospitals in Delhi where 35,000 births occurred between 1987 and 1992 and found that the sex ratio went up from 106 girls to 100 boys in the initial year to 109 in the last year.

Dr Raju also tried to see the problem geographically by grouping northern and southern states into two halves and plotting census figures from 1901 to 1991

across the Indian map. Says Raju, "I found the pattern of declining female sex ratio had spread from the north to the south . What was disturbing was the decline in the female sex ratio in societies where no previous history of such discrimination existed."

### **The Psychology behind Foeticide, its Causes and Implications**

The issue of the status of women within the development debate, has been more prominent in the last 20 years—thanks to the women's movement, the international conferences on women and women's entry into the work force in growing numbers.

On the other hand, there is some evidence that many women are willing partners in the decision to have sex determination tests and abort if the foetus is female. Where does this decision come from? Is it a result of women's socialisation? Or, viewed another way, are women actually far sighted enough to prefer to abort their female children rather than subject them to lives of perpetual unwantedness?

"We have a success rate that has gone up from 97.4 to 97.8 percent. It is all there in our records from the women who have followed our method and have had sons," boasts Dr Geeta Shroff of Nu Tech Mediworld, a fertility clinic in Dehi's Malviya Nagar. Here Dr Shroff and her mother Dr Barthakur have spawned their own home-spun recipe of conceiving a son by a method they term revolutionary.

As a fertility clinic, New Delhi's Nu Tech Mediworld, could be one of the many nondescript clinics that dot this bustling metro. But it has become the 'Mecca' of desperate women searching for any panacea to produce a male heir. "Ninety-nine percent of the people who come to us , come for a son," says Dr Barthakur. "Our method is simple , it requires no medicine, no surgery and above all there's no 'hanky-panky' in it." The method requires a meticulous recording of the woman's basal body temperature for a month. The theory being that body temperature peaks when ovulation takes place and this is the best time for conception.

Scientific research already shows that X and Y chromosomes released by the sperm have distinct characteristics. The X chromosomes move faster and die faster while the Y is slower and has a longer span of life. When the body temperature peaks, ovulation takes place, which means that the egg, which has a Y chromosome, is released into the ampulla within the woman's fallopian tube. The theory is that the fast moving X chromosomes will fertilise the egg resulting in the XY combination and conception of a boy. But if conception takes place later, it will be a YY combination, that is, a girl.

"The majority of women who come to us - nearly 90 percent—have undergone two abortions at least in the hope of a son. A child who is born through this method will be a wanted one and will have a good quality of life," says Dr Barthakur. "Our method will bring down female infanticide and foeticide and save women the trauma of repeated abortions."

As caterers to the "son phobia," Nu Tech Mediworld has little panacea to offer women other than to let them continue with their desperate hope. Building up expectations among women who have an already fragile psyche, having been women disappointed many times before, is a dangerous business.

The medical fraternity is not impressed. Says Dr Sharda Jain, an obstetrician, gynecologist and Secretary of the Indian Medical Association (IMA), "This method was used for infertility techniques to monitor the rise of body temperature by 0.5 degree for the egg to ovulate. That was when new techniques were not available. Now through ultrasound, follicle monitoring can ascertain when the egg would be discharged."

"I am skeptical as basal body temperature has not been scientifically evaluated. I discount the success rate," says Vinay Aggarwal, National Coordinator, IMA.

At 44, a patient I met looked more like a woman who was fighting her flab by joining a slimming clinic. The fact however, was that she had been instructed to reduce her weight to conceive a child again. This lady has two daughters aged 11 and seven years and has had nine abortions for the elusive male child. "Dr Geeta gives everyone a son. I hope she will give me one as well," she says fervently.

When asked the reason for her desperation to have a son, her voice cracks, "I want a son as we have a big business. I want what my husband has built from 'scratch' to go to his own blood. I can't think of adoption. My daughters will marry and go away, our son would stay and look after the family."

What is it that gets women to try again and again at the cost of their bodies, their mind and their fragile sense of self? Why do women throng the ultra sound centres paying anything between Rs1000 to 2000 for sex detection/ Why do they selectively abort paying between Rs3000 to 10,000? What makes women willing partners in the act of foeticide?

The main reason why women acquiesce in foeticide, is their own survival. Years of conditioning make women feel that a son is the only way to ensure a happier and secure life. Many feel that their status in society would increase, as a mother of a son is viewed favourably. What remains unspoken of, is that they may be

replaced by a younger and more fertile woman. What is never asserted is the woman's right to her body.

Another woman I met, felt that her body clock was racing against her greatest desire for a son, as being 42 years of age she had two daughters. "You know how important a son is in the Indian society," she says. "My husband is the only son in his family and so my in-laws want it as well." She has already undergone two abortions. The last one left her, according to Dr Shroff, "absolutely deranged and made hospitalisation necessary."

What comes into sharp focus is the mother-in-law's role in determining which child will live and which one will have its life snuffed out. Is the mother-in-law so powerful that the men in the family toe the line?

Sociologist Rina Dhar comments that "Patriarchy in India is so strong, that traditional man-woman relations are deeply embedded in the psyche. While the mother-in-law may appear the instigator, the husband and son are actually the silent perpetuators of the crime. There is a method in their silence." The mother-in-law only follows the cue that is expected of her.

When the sex determination tests got banned, it achieved a tool to curb blatant use of sex determination and selective abortions. What it could not change were the social attitudes. The banning only made the tests costlier as they went underground and are now being conducted with the connivance of the society as a whole—a society which still believes that a son is a must for a family.

In the Hindu religion too, a woman has no place. Dr Radhakrishnan, late President of India, wrote that Hinduism was a way of life rather than a form of thought, for it is primarily concerned with codes of practice than with beliefs. 'Dharma,' or right action, regulates the most intimate details of daily life and "moksha' is the ultimate satisfaction.

The four-fold system of the "Purusharthas' which outline an ideal life cycle, are directed towards the goal of attaining 'moksha.' This form of salvation or perfection could be finally achieved through sons, who after lighting the funeral pyre, can offer ancestor-worship. Women are not suited to performing religious training and knowledge. They are therefore expected to lead a life of dutiful subjugation so that they may be reborn a man in the next life and thus be gifted with religious privileges.

Historically, female infanticide was common among certain castes and tribes such as Rajputs, Jats, Gujars, Ahirs and Sikhs. It was a custom widely accepted among these warrior tribes, where sons were needed to defend the honour and

more important, the territories of the tribe. In Punjab, because of martial and agricultural traditions, there has always been a demand for sons to go into battle or who would plough fields during peace time.

Militancy in the 1980s only reinforced the traditional bias for a son. The daughter on the other hand, had to be protected and given away in marriage with dowry. Prosperity, ironically, enhanced the demand for dowry. In today's Punjab, the birth of a daughter is greeted with, "May God give us a better deal next time."

Much has been written about why Indians want fewer girls. The most obvious reason is that girls have to be married off and that entails huge expense on ceremonies and the dowry. Dowry demands are growing with rise in consumerism. The dowry trap pushes many families into debt. Rural families are forced to sell land, urban poor resort to selling their houses or getting into huge debts.

Inevitably, girls are seen as an unwelcome drain on family finances. In rural Haryana, Punjab and Uttar Pradesh, farmers and daily wage workers take loans and make their wives undergo scanning and selective abortions to ensure they bear only sons. The calculation is clear: better to pay a little now than to pay a huge sum later on. Despite the Anti Dowry Act, the practice continues as society thinks that a girl's parents must pay to "unburden" themselves of their daughters.

With the prevalence of caste and community based systems in India, female purity often becomes synonymous with male honour and as a result, virginity can be lost only through marriage and to a man of equal if not higher status. Huge dowries are thus required as incentive for a man from a higher birth order to marry a woman from a lower birth order and therefore, the daughter becomes an avoidable social and economic burden.

The government's population policy has also had an impact on the incidence of foeticide. While earlier, female children with lower birth orders usually had a fair chance of surviving, the target based population policy has changed this position now. The world-wide acceptance of the 'small family norm' has made even first born female children unacceptable and as a consequence the increase in female foeticide.

Since India's family programme in the 1950s, nothing has convinced couples to have smaller families more than their economic reality. Media, especially television, has convinced people, that not making use of advanced technology to ensure a 'choice family' is being irrational and unfair to the mother who has to go undergo the burden of repeated pregnancies in the quest for producing a

male heir. Urbanisation and rising aspirations for the next generation, have led people to want fewer children.

Young married couples out to start a family, feel that the availability of sex determination techniques assists them in choosing the sex of the child they wish to have. Therefore, it is all the more important for them to have sons, as the perception persists that boys make more economic sense. Whether their choice would result in a skewed sex ratio leading to social problems for the girl child, is not given adequate thought to.

The Hindu Property Act, which was meant to elevate the status of women, only made matters worse. As per this act, a daughter has an equal share in the property of her parents, even though after marriage she became an integral part of her husband's family. In order to ensure that hard earned property is not frittered away to a different family, female foeticide was the best course available.

Social scientists agree, that traditionally the status of women in a patriarchal society has always been low. As a result her health, nutrition and education have been neglected. Literacy rates in India for men in the year 1991 was 63.86 percent as compared to 39.42 percent for women. It has been recorded that in 1993-94, 46.4 percent girls enrolled themselves at the primary level which dropped to 15.7 percent at the middle level and to 8.1 percent at the higher secondary level.

Today 130 million children do not go to school, of which 70 percent are girls. In India 300 million adults cannot read or write, of which 200 million are girls. Inferior education lowers a girl's self esteem, her employment opportunities and therefore her ability to participate in the decision-making process. Educated women would tend to delay marriage and also have lesser children. Above all, being economically independent would result in empowerment and as a consequence an improvement in the status of women which Indian patriarchal societies are unwilling to accept.

An imbalance in the sex ratio would have an impact on marriageable ages for women in the future. Child marriages which are on the decline, would once again be resorted to, bringing with it illiteracy and further deterioration in the status of women. Another adverse impact of a skewed sex ratio would be "wife-sharing," as is prevalent even now in some rural areas. An obvious fallout of this would be higher maternal mortality rates and a drop in the overall health standards of women. Sex related violence against women would also see new proportions.

More males than females should logically spell an increase in the "value" and status of women. This however, is unlikely as the social gap that exists in the Indian society between a man and a woman, would widen, worsening the situation further.

In attempting to gauge the actual magnitude of the problem, I travelled extensively in the three worst effected States of Punjab, Haryana and Uttar Pradesh interviewing a wide spectrum of people- - medical practitioners, health authorities, women and men from different walks of life, documenting the social attitudes and acceptance towards sex selection. I also visited Begowal, a village in Punjab, where the panchayat has taken upon itself the task of getting the practice of female foeticide banned, warning all offenders of expulsion from the village. Presented below are five of my area study reports concerning the problem in each of these States.

### **Area Study 1: Punjab (Chandigarh)**

Twenty kms from Chandigarh, the ribboned metalled road leads to Majri village. On the outskirts looms a huge banyan tree, sheltering a herd of buffaloes from the noon day sun. Children dressed in sky blue uniforms are returning from school. They are all boys. They chase each other in youthful exuberance, deftly jumping around the buffaloes. Suddenly a pink apparition flits across the shadowy recesses of the tree. It's a girl in a pink salwar suit. The first girl I see after 20 boys.

Boys far outnumber girls in Punjab. It's a pattern that can be seen in both towns and villages. The sex ratio is appalling. While the 1991 Census showed an all India sex ratio of 929 females per 1000 males, the sex ratio for Punjab was 888. Three districts showed the most inverse sex ratio. In Amritsar the ratio was 881 females per 1000 males, while in Bhatinda and Faridkot it was 884 females per 1000 males. In Chandigarh, the sex ratio was 793 females to 1000 males.

It is here in the most prosperous hinterland of India that the girl child has little value in comparison to her brother. Traditionally, the bias towards sons manifested itself in neglect of girls during infancy and at times in infanticide by smothering or poisoning newborn girls.

Today, modern diagnostic techniques enable selective abortions of female foetuses. In 1994, following an outcry by women's rights activists, the amniocentesis test was banned by the Punjab government. Yet the situation has only worsened. Tests are now conducted clandestinely at ultra sound clinics. Ultra sound makes the detection of the sex of an unborn child easier than



amniocentesis and at an earlier stage of pregnancy. Demographers agree that sex determination tests are responsible for Punjab's worsening sex ratio.

Those girl babies who are not aborted have a difficult life ahead. The Punjabi girl's life is punctuated with hard work, little rest, insufficient nutrition and after marriage crippling psychological pressures to produce a male heir.

In Majri, 11-year old Monica has just returned from school when I meet her. But unlike her 13-year old brother Rakesh, she is scouring the utensils used for lunch. Her tiny hands ply the handpump, her hair falling over her forehead. Flies buzz around, but she works unconcerned.

In sharp contrast, Rakesh lies on the charpoy(cot) inside, bare-chested, in a pair of shorts. It is hot and oppressive due to "load shedding"(electricity rationing). His mother, Asha Rani, fans him with a cloth fan. An anganwadi(social) worker, she has just returned from work. Two older girls are cleaning the kitchen.

"My daughters will make very good wives," says Asha Rani. "They all work around the house. They have to, as they have to marry and go to their in-laws' home." Her eldest, Shaloo, giggles and hides her face in her dupatta. "Shaloo will marry according to the circumstances," says Asha Rani. Her face shadows. "It will depend on the dowry we can give."

Asha Rani's husband is an agricultural labourer, so the burden of providing three dowries will be a heavy one.

The moment she sees the camera, Asha Rani pulls up two chairs and forces her son to put on trousers and a shirt. She sits on one chair, her son on the other. The three daughters squat on the bare floor.

The pattern repeats itself everywhere.

Six houses away, 60-year old Sunehri has four daughters and a son. Her son Sukhdev is the village postman and has two sons. Sunehri is suitably proud of her grandsons, "They will carry on the vansh (family name)."

Her daughter-in-law Manju pulls at her dupatta and covers her face the moment her sasur (father-in-law) walks in. She stands outside in the courtyard when the photographs are being taken. "She can't sit in the same room as her sasur," declares Sunehri, dismissing her.

But Manju's status is better than her neighbour Poonam's. After the birth of a daughter, Poonam was made to undergo ultrasound tests and abort two female

foetuses. Poonam is now supposedly carrying a son, confirmed through an ultrasound test. "Who needs a guddi (daughter)?" questions her mother-in-law.

Poonam's health has deteriorated after the abortions, but her determination to have a son hasn't. "If a son hadn't been confirmed this time, I would have aborted again," she admits.

Says Dr. Tulika Singh, a government doctor, "Women are very clear they want a son. The urban family may test for a son after the first child, the rural family may do it after the birth of two daughters."

A survey carried out by the Voluntary Health Association of Punjab (VHAP), in 10 villages which fall within a 29 km radius of Chandigarh, found that boys outnumbered girls in every village.

Taking the record of live births in 1997-1998 from anganwadi workers and chowkidars, as well as employing ground teams, the VHAP uncovered alarming disparities.

In Nabha Saheb, 130 boys were born but only 103 girls. In Dayalpura 359 boys were born, compared to 347 girls. Two km from Dayalpura in Naryali, which has a Muslim majority, the sex ratio was no different: 182 boys born in comparison to 137 girls.

"The figures speak for themselves. The survey showed that most people from the villages went to Chandigarh for scanning, selectively aborting female foetuses. Ironically they were using scientific methods to keep traditional attitudes in place," says Manisha Bhalla who was in the VHAP survey team.

Manmohan Sharma, executive secretary of the VHAP, says, "Foeticide is rampant in Punjab. Son preference is deeply rooted in Punjabi society." He attributes this to Punjab's long martial history. With adult men away fighting wars, sons were needed to protect the land and the women. Women, being vulnerable to rape, were considered a liability. In the eighties, militancy in Punjab reinforced traditional martial "Punjabiath" and pushed people back into a feudal mindset believes Sharma.

Comments demographer Ashish Bose, "The reason why sons are important is survival. With no social security in India, life as you grow older is more difficult. While daughters marry and leave home, it's the sons who stay on and look after the land and parents. Sons make better economic sense."

The green revolution in the 1960s made Punjab the most prosperous state in India. According to the Statistical Abstract of Punjab, the per capita income for 1994-1995 was Rs 14,525 and by 1996-1997 the figure had jumped to Rs 18,213. But despite prosperity the status of women remains low.

While Chandigarh presents picture-perfect women in smart salwar suits, driving cars and scooters to work or college, they have little control over the Punjabi stereotype. Although a little freedom and mobility has been given to women, the hierarchical power structure, where man is the boss and decider, has not changed.

In a society where prosperity still depends largely on the size of one's landholdings, education has not changed mindsets. The mean age of marriage for women is 20.5 years and dowry demands are exorbitant. Most families get into debt trying to give dowry to daughters. Many are forced to sell their land. Inevitably, people calculate that it is better to do away with a female foetus than to be burdened with debts or part with land.

"It's cruel. If you have a daughter, you are pitied and your social status is dismal. Better to have a son than to listen to all the taunts," said 38-year old Paramjit Kaur, an anganwadi worker from Barnala in district Sangrur. Kaur admitted that she underwent ultrasound and aborted two girls before she finally got her desired son.

The authorities are well aware of the problem. As Director Health Services, Union Territory of Chandigarh, Dr R.S. Sandhu admits that despite the Punjab Pre-Natal Diagnostic Techniques (Control & Regulation) Act, 1994, they have been unable to enforce its implementation because of social connivance. Two years back when the health department gave a public interest advertisement asking people to report such practices, there was not a single complaint.

"We need to be given more authority, something like TADA, where we should put behind bars those people who we know for a fact are carrying out scanning and abortions. Let them prove their innocence. We have put up our proposal to the central government. Until then we have no power and no control," says Sandhu.

### **Area Study 2: Punjab (Ludhiana)**

"In Ludhiana there's a doctor round every corner," says taxi driver Parminder Singh Ranghi, as he negotiates the rickshaw-filled roads of this bustling, prosperous industrial city. Ranghi isn't joking. Doctors abound in Ludhiana as

nowhere in India. The most sought after doctors are obstetricians and gynaecologists, for babies, especially boy babies, are big business here.

As the pioneer of the Ericsson method in Ludhiana, Dr Iqbal Singh Ahuja's thriving practice swarms with hopeful couples. Situated above his nursing home is an exclusive laboratory with state-of-the-art equipment for separation of the X and Y chromosomes from male sperm, according to the Ericsson method. The Y sperm is then injected back into the woman's womb to ensure a baby boy.

"Everyone wants a boy," says Dr Iqbal, whose fame as a gynaecologist is awesome. A former President of the Indian Medical Association of Punjab, he is currently the Ludhiana President of the Indian Academy of Medical Specialists. He was responsible for the first test tube baby boy in Punjab.

"There are three categories of doctors here -- the super specialists who handle gynae, obstetrics, in-vitro fertilisation, or other fields like neurology, radiology, cardiology. The second category is those of the pretenders who claim to be super specialists, put elaborate ads in newspapers, fool patients and earn more than the real ones. The third category are general practitioners," says Dr Iqbal.

For a fee of Rs 15,000 to Rs 20,000, Dr Iqbal offers couples the much needed son. "I'm preventing divorces and second marriages just for a son," he claims. He disagrees he is playing God and insists that he does the Ericsson only for patients who already have two daughters and want a son for "society's sake". His success rate, he says, is 70 percent. "Normally God's success rate is 50 percent anyway," he admits when questioned if nature played its part.

Doctors like him are completely unconcerned about how the new techniques will affect the already fragile demographic sex ratio of Punjab, where prosperity has not brought about change in the old patriarchal, macho attitudes. It's ironical that the state with the highest per capita income in the country should have the lowest sex ratio.

Census figures for nearly a century show that Punjab's sex ratio was always less than 900 females per 1000 males, due to traditional infanticide and female foeticide. By the 1991 Census, Punjab's sex ratio had fallen to 888 women per 1000 men, as compared to the national sex ratio of 929 women per 1000 men. Of the ten districts in the country with the most inverse sex ratio, three are in Punjab. The female sex ratio is 861 in Amritsar, 863 in Faridkot and 865 in Bhatinda.

With new technologies coming in, the disparity between the sexes is expected to escalate. It is this alarming trend that made Women Against Oppression, a

Chandigarh-based voluntary group, file a writ petition with the Human Rights Commission, Punjab seeking that the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act be strictly implemented.

Aruna Kumari, who heads Women Against Oppression organisation says, "It was only after our petition, that the authorities removed hoardings like "Plan your family by X-Y separation" which lined the roads from Chandigarh to Ludhiana. In Punjab there must be at least 1200 sex determination centres none of which are registered and hence not authorised by the Act to carry out any tests."

"While the government says that it wants to strictly implement the Act, Amritsar district has registered the worst sex ratio in the country. We are demanding accountability from the government appointed agency. We are also asking that new techniques like the Ericsson method which would further affect the already inverse sex ratio, should come under the purview of the law."

The first preventive legislation in the country was the Maharashtra Pre-Natal Diagnostic Techniques Act, 1988. Punjab followed with the Punjab Pre-Natal Diagnostic Techniques (Control & Regulation) Act in 1994. Meanwhile, in 1991, the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Bill had been introduced in Parliament but it was only passed in 1994. From January 1, 1996, the central Act was enforced in Punjab, making the Punjab Act of 1994 redundant.

But it took Punjab two years to appoint an appropriate authority to implement the Act. It was only in December 1997 that the Directorate of Health Services and Family Welfare, Punjab, was appointed the authority.

Spurred by the Women Against Oppression petition, the Directorate of Health Services sent a team to Ludhiana to clinics conducting the Ericsson method but were told that this method does not come under the purview of the Pre-natal Diagnostic Act which bans testing of the foetus and selective abortion if it is a female. The Ericsson ensures that the foetus is male and hence the question of an abortion doesn't arise.

"We are not doing Ericsson," insist Drs Sumeet and Sumita Sofat, whose clinic was among those investigated by representatives of the health directorate. Both gynaecologists were hailed in the dailies recently for enabling the "unique pregnancy" of 60-year old Karamjit Kaur by re-inducing her menstrual cycle and fertilising her mature eggs through chromosomal separation to ensure a male child. The process was done in-vitro and the embryo was transferred back into

the uterus. The experiment failed. "The woman aborted," says Dr Sumeet Sofat whose unique pregnancy came under a cloud as fraud.

"Everyone talks of new techniques which will affect the sex ratio, why is no one speaking about the questionable practices that are prevailing? Y-Virilin capsules for selective parenthood are being prescribed by gynaecologists for ensuring the birth of a boy," alleges Dr Sumeet Sofat. Dr Iqbal on the other hand dismisses the Y-Virilin capsules as mere "morale boosters" for hopeful parents.

These doctors say that there is little scientific evidence to establish the effectiveness of drugs like Y-Virilin (manufactured by a Pune based ayurvedic firm). But the hold that such medicines have on the minds of desperate people is strong.

Dr Aruna Dhar, who has practised at the Christian Medical College (CMC) for the past 35 years, says her biggest fear now is that the number of newborns with congenital abnormalities could go up. "As soon as they miss their period the women take a 'pudiya' or a 'goli' given by some family Baba. I have asked my patients to bring these to me, to analyse the chemical contents. No one has brought anything but they admit to having taken medicines before they come for checkups. In fact most women come for their checkups after they have had an ultrasound and are sure they are carrying a son."

The CMC's March 1997- March 1998 birth record shows that 560 boy babies were born to 440 girl babies. Between March 1998 and March 1999, 578 boys were born to 422 girls. Comments Dr. Dhar, "Everyone wants a 'munna'. It will take years of education to change the attitude and needs of the people."

Dr Dhar's words are echoed in rival Dayanand Medical College.

Dr Usha Midha, a senior gynaecologist, admits that there has been a "significant increase in birth of male babies. Of every 10 births that I assist there are 7 to 8 boys and 2 to 3 girls."

While doctors compete to bring in new techniques to pander to the ever growing demand for sons, petitioners like Women Against Oppression have to wait their turn to be heard. They are however determined to take the case to the High Court and then to the Supreme Court.

Says Aruna Kumari, "What is frustrating is that the government monitoring agency gets bogged down by the Act which should be updated and amended to include all new techniques of sex selection as well. Doctors doing the Ericsson and other new techniques insist that the methods are non-invasive and not

hazardous. But no one is speaking about the spirit of the Act which is aimed at correcting the decline in the population of women."

### **Area Study 3: Haryana (Rohtak)**

"Why do I need another son, why do you have two eyes and not one," questions Savitri, who has had an abortion at Rohtak, half an hour's bus drive from her village Bhalli Anandpur. She already has a three-year old son. Like her mother and grandmother before her she says, "ek ghar mein jitne lath uthane wale honge utna sir utha kar chal saken." (A house that has many men to wield stick, can hold its head high.") The child she aborted showed up in the ultrasound as a girl. Son is a major obsession in Haryana like most of Northern India. One son is a cause for joy but two sons are seen as a lifetime of celebration, the traditional thinking being if one dies, at least the other will take care of the parents. In the bargain, pressures on the woman to produce a son are unending.

Haryana's proximity to Delhi has led to a lot of metro values and ways proliferating the state, eroding traditional values with nothing to replace it with. Urban consumer dreams have spun their yarns leaving the once simple people in the money-myself-bind. As a result a new breed of rustic smart have cropped up, unable to completely break free of their conventional mould yet trying to emulate the city culture.

If the Green Revolution of the 60s brought prosperity it also changed the class structure in the traditional society. The landed became more prosperous and set up brick kilns, factories, whole sale grain business or took to politics which is considered very paying. The middle class became comfortably rich and the lower income group of scheduled castes became the new middle class. However, in the new heirachial structure the old feudalistic traditions in the man-woman relations remained unchanged.

Dr V.S. Dahiya, is a doctor at the Rohtak Medical College. He has been associated with SEARCH, the State Resource Centre based at Rohtak ( sponsored by the Human Resource Development) and has authored a research paper along with demographer Sabu George on Female Foeticide in Haryana which has been published in the Economic and Political Weekly. Says Dahiya, " The society is in a state of flux, the work culture with the green revolution has shifted from man to machine. The manual work is still burdened on women."

"Women contribute approximately 75 percent of the agriculture and cottage industry. Yet they hardly have even 10 percent right to decision making," says Pramod Gauri, director SEARCH. "There is no gender equity." The main difference between the women of Punjab and Haryana, both agro- based societies

is that women in Punjab get a better deal. Besides not having to work in the fields, they have more autonomy and freedom to move around unveiled. The 1991 Census put the literacy rate for Punjabi women at 49.72 percent which was on the rise. In contrast the literacy rates for Haryanvi women was 40.94 percent and progress here has been slow.

The buck does not stop there, while the mean age of marriage for women in Punjab is 20 in Haryana it is as early as 16. Women become mothers early with little perception of how many children they will bear or when, save for the one hounding factor –a son is a must. Says 36 year old Kaushalya, "I wanted to have two children but I have four. If I say no when my husband wants "it" I get beaten up like "dangar" (animal). The other women of Balli Anandpur nod in agreement. Any contraceptive methods, even the family planning operations are undertaken by women. The men are spared as they "might lose their strength," says Kaushalya who underwent tubectomy after she had completed her family of four sons."

In the brick-lined bustling lanes of Balli Anandpur women are everywhere. They slave tirelessly from dawn to late night. The traditional dress of ghaghra, kameez and chumdri has been replaced with a more comfortable Punjabi suit and the heavy silver jewellery with more trendier gold. The old custom of keeping the face veiled still persists.

In sharp contrast a coterie of men can be seen on charpoys inhaling deeply from their hookahs as they play cards. These gatherings are gossip meets. So deeply ingrained are the traditional ways of the feudal system, that they have little compunctions of having their women slave away. They grin and pose for photographs.

"The 'Chaudhary cult' (landlord) is so strong that there is no way it can be replaced by the 'Chaudhrian,'" (landlady) says Dr Dahiya explaining that in her clearly demarcated role a woman can never be the 'head'. Despite the younger generation blindly following the urban values, the traditional ways of Haryanvi machoism in the man-woman identity can never change. Women still find themselves ensconced in the traditional mould, victims of their own social orientation, with little space for manouvre. This is especially true when they are to have a child.

The easy availability of diagnostic techniques in Haryana's remote villages are thanks to mobile doctors who get their ultra sound equipment to the doorstep making sex determination easy and accessible. An anesthetist in the busy by-lanes of Rohtak speaking on the promise of anonymity does brisk business. In his



40s, unmarried with slight receding hairline, he chain-smokes in his clinic which smells faintly of antiseptic and more of cigarette fumes.

He has stipulated days to visit the nearby villages of Gohana and Jhajjar. "I am doing social service," he says. "I am saving people from a lifetime of debts. You won't believe it but even labourers who have no shoes on their feet borrow money and come to me with Rs 800 saying please save us." His charges for an ultra sound test are between Rs 500 to Rs 1000. Despite the ban the people still pay. This doctor is not qualified but he is unconcerned as his patients let him play God. "My patients have never asked for my qualifications. If I qualify and register for ultrasound, I will be caught in the chain of paying off the authorities for ultrasound these days means sex selection. My patients will suffer as they then will have to pay me more."

He seems content to let things remain as they are and insists that he is doing nothing wrong. "Our culture is such," says the anesthetist admitting that majority of women come for tests accompanied by women rather than their own spouse. Everyone hopes the tests reveal they are carrying a son. "Many women break down, others accept it as their fate. Son does away with social and financial security. More and more people now come to me after the birth of one daughter."

But the obsession for the son just does not begin and end with the ultrasound and selective abortion. The Baba's 'golis' and 'pudiyas' promising sons have their own blind following. Angoori is the village Dai at Bhalli Anandpur. She has her own concoction of magic pills. "After the woman's menstrual cycle ends, the blue of the peacock feathers roasted on a hot tava with jaggery and made into pills, taken first thing in the morning with cow milk or ganga jal three days in a row will surely produce a son." She boasts of a 100 percent success rate. The hold of people like Angoori and Babas cannot be scorned for dubious drugs for selective parenthood are flooding the market pandering to people's desperation for sons.

But apparently 70 year old Dayanand the village's blacksmith and his 65 year old wife Kishan Devi had not known of Angoori's magic pills for they went through 14 daughters, 11 of whom survive today for the elusive son. "If you get him a second wife he would try yet again," jeers Kishan Devi. "We have had enough problems to marry them off. The boy's side would say we can't marry the girl who does not have a single brother in her family. She will be an ill omen for us. She won't be able to produce a son like her mother." Kishan Devi has cataract in both her eyes. The couple's eldest daughter now looks after the old couple.

Manjeet Rathi teaches English at the Maharishi Dayanand University in Rohtak. Rathi is involved in adult education schemes in villages around Rohtak. Says

Manjeet, "The status of women is very bad, the traditional bias is still continuing. If a woman has a son her status increases and she is fed 10 sher ghee and given 40- days complete bed rest in comparison to a woman who has a daughter. She gets just 5 sher ghee and is made to do all the work after just 10-12 days."

As Sarpanch of Balli Anandpur, Anita Palarwah is finishing her fourth year. She is washing her utensils as we enter. The buffaloes are tied at the entrance hall and under a fan her father-in-law is having his afternoon nap. He sleeps unconcerned as the buffaloes chew cud and defecate. Flies buzz everywhere, they swarm Anita's room. Like the women of her village Anita too works tirelessly from morning to night. Her eyes are lined with fatigue. "Sarpanchi is difficult," she says and shrugs when questioned about the discrimination between the sexes. "It's tough being a girl. It's a big security hazard. They have to be guarded all the time. That's why we marry off girls early." Anita herself married when she was 17 after she finished her matriculation. She has two children a daughter and a son.

But Anita who was vocal and vivacious becomes quiet when her husband Satpal enters the room. He has a two-day stubble, bloodshot eyes and walks with a swagger of a bully.

"All the decisions in this village are taken by me," he says, "my wife has to be only present for her signatures are required in the documents." Satpal epitomises the men of his village. He becomes sullen when prodded for more answers. His only answer to difference between boys and girls is, boys are better.

The social desire for sons have trapped women in the never-ending bind for a boy-child at any cost. They leave no stone unturned in their quest to produce a male heir. It is little wonder that despite the widespread use of ultrasound and sex selective abortions, there were only two reported cases of foeticide in Mohindergarh and Jakkhal. Authorities agreed that the charges could not be substantiated.

Says Dr Rukhmani Garg, Deputy Director Haryana's Family Welfare, "while we know that overall abortion figures in Haryana, excluding Ambala, Karnal and Yamuna Nagar, amounted to 19,434 abortions in the month of February 1999. And till the second week of March 1999 there were 4382 abortions. What we don't know is from the total of 23,816 in these two months how many were actually sex-selective abortions."

Says Dr Hari Om Gupta, Deputy Director Haryana's Maternal and Child Health, "Doctors give verbal verdicts, there is nothing in black and white to substantiate the charges. The social welfare department has initiated many government

schemes for girls, where the government pays money for their education. Despite that people see sons as social security."

The fate of the girl-child if born has its own price. A report on population conducted by Centre for Rural and Industrial Development (CRID), Chandigarh, between 1987 -1994 in Haryana, found female children between the age of one to five years having 81 percent higher mortality risks than male children. Moreover the infant mortality rates were nearly one and a half times as high in rural as in urban areas.

The 1991 Census showed Haryana's sex ratio at 874 females to 1000 males, already lower than the All India sex ratio of 927 females for 1000 males. In fact four districts, Jind, Hissar, Kaithal and Kurukshetra all fall in Haryana and account for the country's 10 worst inverse sex ratio districts.

Says Dahiya, "I don't see the obsession for sons changing in the future. Even if laws are amended and strengthened, people in Haryana respond to them like tortoises, withdrawing till the threat is gone or find ways to bypass them. The youth may have got the trappings of modernism but the social orientation is such that they will continue with traditional ways." The change has to come from society which agrees that a girl child has a right to life and blossom as a woman.

#### **Area Study 4: Uttar Pradesh (Dehra Dun)**

The road to Kandoli village is ten kms past the impressive Indian Military Academy. It curves gently to open up to a panorama of lime green rice fields. The air is fragrant with the smell of basmati rice. In the distance are the blue mountain ranges of the Shivaliks and tiny white houses of Mussoorie. The road converts into a track full of stones abundantly available in the dry river bed of river Tons. Our jeep groans as the road gets steep until we reach the village.

The village school is in session, the voices of young children rise and fall as they say their lessons aloud. Some are busy painting on the school verandah under the watchful eye of the old school master Kuwar Singh Pundir. At 56 he is a tall thin man with gentle eyes. He is the headmaster of the Prathmik Vidhayala, Kandoli (Lower) and has four more years to go before he retires. His father migrated 60 years ago like most of the villagers from Chamoli in the Garhwal hills. He tells me that the people of Kandoli are called Kathmali.

Under the shade of the huge peepul tree which acts like an awing on the verandah, Pundir and a young 28 year old teacher, Sunil Kumar, sit with attendance registers. The children sit on durries and jostle each other in youthful abandon. "We have 58 children in our school - 29 boys and 29 girls." Pundir can't

disguise his pride when he talks of his students. He is himself a father of four girls, three of whom were married when they turned 18 and the youngest, now 20, has been bethrowed. When questioned if he wishes his daughters to have sons, he shrugs, "We have no discrimination in Garhwal between daughters and sons. My middle daughter has two daughters and they are welcome," he replies.

Sunil Kumar who had been silent till then, interrupts, "There is discrimination of course, everyone wants a boy so why hide it. Majburi hai, nowadays economics determines less children. Everyone wants to have just two children and one must be a boy." Kumar isn't married but agrees that when he does, he will want a son.

Two generations - Pundir and Kumar, the change in attitudes startling and conspicuous, the old order giving way to the new like everywhere in India.

Garhwal has no history of infanticide, girls were never considered a burden because the tradition of the bride price they fetched. When the girl married, the heavy gold 'nath' she wore on her wedding determined how prosperous the man was.

But then the social order in the hills has been different to those of the plains. Says Dr Kiran Rawat a sociologist, who belongs to Kotdwar and who is currently working with the Himalayan Environment Studies and Conservation Organisation (HESCO), "Men migrate in search of work and so looking after home, fields and children, is left to the women. Women have children as working hands are required. Of course boys are desired but only to carry on the vansh. Families go through as many children it takes to produce one heir. They are not disappointed if they had a daughter, they just try again."

"But behind the traditional acceptance for a girl child there are subtle biases. It was in the food a girl child is fed, the attention to her health or the education she is given in comparison to a boy --all seen from the point of view that the boy had to leave home to work outside."

In a recent study conducted by HESCO in the Garhwal hills to determine gender bias in technology, some alarming facts emerged. HESCO identified 25 routine activities like fetching water, foraging for food and grass, working the fields, cooking etc; to find that women worked 16 hours daily in the hills. In fact, the survey revealed that there were no modern technological innovations which could be applied to the daily activities of rural women. Innovation in technologies like ploughing benefitted men as it was their job. The work for women remained as taxing and back breaking.

"The infrastructure in the Uttar Pradesh(UP) hills is very bad -- women still have to walk miles to get water as there are no pipelines or taps. They still have to collect firewood, get grass for the cattle, weed, harvest, thrash the crop, cook and look after children. Most have little time for themselves, leave alone their own personal hygiene. More than 90 percent of them are anemic and about 80 percent suffer from luechorrea or ulcers. Women are hardy in the hills. They don't complain, probably because men aren't there and they know they have to do all the work. Till they fall in bed unable to work anymore, are they actually taken seriously and given medications," says Dr Rawat.

In more remote areas of Garhwal especially those contiguous to Kumaon hills, Dr Rawat speaks of superstitions attached to rites of passage in a woman's life. When girls reach menstruation, they are forced to live in cow sheds during their menarche. They are not supposed to touch the water, the chula or even enter the house as she is considered impure The cowshed is also the place where a woman will deliver the baby, the area between the cattle and the birthing area is demarcated by cow-dung. "This is the discrimination which has traditionally been going on in the hills. But in comparison to the plains there was no history of killing girl babies, only their well being is neglected," says Dr Rawat.

UNICEF's, Lucknow representative Madhvi Ashok was in Dehra Dun for a two day workshop on the girl child. Says Ashok, "According to the 1997 Government of India Sample Registration System (SRS) statistics, out of 1000 children born 92 boys die in comparison to 105 girls, which means that 5 lakh children die every year before reaching the age of one. According to the 1991 Census UP's population was 13.9 crores. In 1999 the estimated population is 16.8 crores, of which three crores are under 14, so we are talking of a lot of children dying. Worst 85 percent die due to preventable causes like birthing practise, tetanus shots for the mother, nutrition or lack of medical aid in case of complications."

According to the UNICEF figures the international maternal mortality rate is 200 -202 women for every one lakh births. The All India figure for the same is 440 to 473. In UP, especially the hill regions, it is the highest in the country at 707 deaths for every lakh births.

"The condition of women is dire in UP. There are only 17.2 percent institutional births as most are either happening at home or go unregistered," says Ashok. "In the Uttrakhand area many women are dying because the odds are against them. Most marry early. UP's average age of marriage is between 15-18 years, though it's the legal age, most women are not physically or mentally ready to have children. Auxilliary Nurse-cum-Midwife(ANM) and Anganwadi workers can't reach remote areas so the women are deprived of nutritional advice, checkups and immunisation."

The migration of men to the plains is gradually making its presence felt in these hill regions. Dehra Dun is the first stop over for a vast majority . In fact if Uttarakhand becomes a State, Dehra Dun is expected to become it's capital. Once considered the retirees paradise with schools and military institutions that produced Army Chiefs, bureaucrats, industrialists and army personnel, the city has expanded gargantuan and unwieldy. Today it is second on the list of the Voluntary Income Disclosure Scheme.

"Hill men come to the valley, they undergo gentrification, most don't go back, they marry again and settle here with their new wives, work and children. There are a lot of cases of desertion in the hills. For the women back home dependent on their husband's money order, it's slow suicide. The men who return back home take back the social attitudes and the ways of the plains with them," says Avdesh Kaushal who runs an NGO, Rural Litigation and Entitlement Kendra (RLEK). "The obsession for a son is one of the worst things that has hit the hill society. What is sad is that it has crept into a society where such traditional bias did not exist. Having a daughter was no 'matam'(crime) nor was not having a son at all."

In 1991, Uttar Pradesh's sex ratio was 882 females to 1000 males but in the hills of Garhwal the female sex ratio was higher. In Chamoli it was 1059 females to 1000 males and in Tehri Garhwal it was 1073 females to 1000 males. Male migration was said to be a major factor in this distorted sex ratio. In comparison the nodal towns where men from the hill region first descend and formed a base, the female sex ratio was a lot less. In Dehra Dun, given the fact there was a mixed population of Punjabi, Garhwali, Gurkhas, plain 'UP-ites,' the sex ratio was 851 females to 1000 males, much lower than the All India sex ratio of 927 females per 1000 males.

The situation is worst now," says Dr Asha Rawal, President of the Gynaecological Association of Dehra Dun. Dr Rawal runs a nursing home and an ultra sound clinic on the East Canal road. "I have patients coming from Uttarkashi, Chakrata, Kotdwar, Tehri Garhwal, Nayagaum, Barkot. They all want sons and ask for sex determination. Even in such remote places they have heard about such techniques. It's very tough telling them that girls are good and will look after them in their old age. Even if the first born is a girl, she is not welcome. It's not that this is just with the people from the hills. Dehra Dun has a mixed population and everyone wants a son."

"What is worst is sex determination can be done after three to four months which takes the pregnancy to the second trimester. Yet despite the risks, people are willing to try again and again. Some take it as a tool to limit their family. When I

refuse they go to other doctors. I have had a patient who wanted me to take away her second daughter and throw her away."

Today there are 13 ultrasound clinics in Dehra Dun. Most of them are not registered. For that matter, UP does not have stringent laws for nursing homes either. "There is no registration of Nursing Homes Act in UP," says Mr J.P. Sharma of the UP Voluntary Health Association(UP VHA). "Some quacks were even conning people with fake unheard of degrees like 'HPIF' which to my horror I was told stood for 'High School Passed Inter Failed.' A recent study conducted by UP VHA and Technology and Research Network on Bio-Medical Waste Management and Handling in Dehra Dun town found that most of the nursing staff were not qualified.

Not far away from the Rawal Nursing Home, a gynaecologist does brisk business. Her nursing home is in the heart of the city. Outside her consultation room, couples sit waiting for their turn. Two heavily pregnant women lie on the bench, the corridor is a hub of activity, nurses and midwives move up and down. Inside the nursing home five women are in various states of labour, their relatives hover anxiously around.

Ramesh Bisht also waits as his wife goes in for a checkup. He admits this is his wife's third pregnancy. The Bishts have two daughters and they hope this time round it will be a son. "What will you do if it's a daughter," I ask. "Test kara ke safai karayenge," he says, his eyes stoic. The wife returns, the doctor has asked them to come back again after a fortnight for an ultrasound. When I questioned the gynaecologist if she was qualified to do ultrasound she shrugs, "its so easy, when you do it once or twice you can do it again. And madam, we do not do female foeticide here," she says as she leaves to do an ultrasound. "I don't have an equipment but go for interesting cases to the ultra-sonologist."

An assistant working in the same nursing home refusing to be named, needs little encouragement to talk. After the doctor leaves he shows me blank reference slips of ultra sonologists ready to be filled, even giving me some to keep. He confirms that most gynaecologists and private nursing home doctors, take a cut from ultra-sonologists for referring patients for ultra sound and sex determination. An ultra sound costs Rs 400, sex determination anything between Rs 900 to Rs 1100. The abortion costs between Rs 500 to a 1000 and more in more complicated cases.

"Doctors with private practises earn a lot of money cashing in on people's desire for sons," says Dr Renuka Nathani, a gynaecologist in the Doon hospital, the city's biggest government hospital. The corridor outside the labour room is crammed with beds, women are lying or sitting, their faces grim with pain as

they wait their turns in the labour room. The wards have a high ceiling and eight beds, most of them occupied . Well-fed dogs lie under beds of young mothers. People move around ignoring their presence.

Kamla Bisht lets me take a picture of her with her newly born son. Her neighbour too has had a son. The two women sit content and are quiet when their other room-mate Meera, refuses to be photographed with her twin daughters. Meera smiles but her eyes remain blank and says, "bhagwan ki marzi."

### **Area Study 5: Begowal (Punjab) -- A Village Fights Back**

Some 24 kms from bustling Ludhiana, the brown waters of a canal crawl under a green canopy of trees. The splashing happy sounds of the water-wheel make music. The road ahead is lined with Ashoka trees and bushes of magenta hibiscus. The golden sunflower fields that lie beyond make you feel you have reached a picnic spot. Only, it's Begowal.

Begowal is a village in Punjab that is making history because of the unique vision of its progressive panchayat. Like other villages in this prosperous state, Begowal boasts of large whitewashed pucca houses and well-stocked shops.

But unlike the average village, Begowal's streets are brick-lined, bordered by covered drains, and remarkably clean. No cattle roam around here splattering dung. They are all safely confined in scientifically designed corrugated-roof sheds. The dung goes to cemented tanks, to be converted into gobar gas. A garbage disposal system managed by the panchayat keeps the village sanitary.

In 1993 when Rajvinder Singh Mangat, then in his early 30s, was elected the sarpanch, he had dreams for his village. Money was not a major problem, since 150-odd villagers are earning dollar incomes abroad. The government contributed its share. Mangat worked tirelessly to build roads and drains, set up a milk cooperative and veterinary clinic, a modern dispensary and ambulance service and even an air-conditioned panchayat ghar. A landscaped garden is currently coming up in the children's park.

Mangat's vision did not stop at brick and stone. He told villagers that change should not stop at the dish antennas on their roofs or the telephones in their homes. He was able to inspire people to take a hard look at negative traditional attitudes. He appealed to them to give girl children a fair deal. Defying all social norms of a patriarchal society, the panchayat urged village women not to undergo ultrasound and abort girl babies.



Begowal is perhaps the only village in Punjab to adopt a traditional method to combat the growing menace of modern science which is creating a demographic upset. The state with the highest per capita income, ironically has one of the lowest sex ratios in the country. Punjab's sex ratio in the 1991 Census was only 888 females per 1000 males, whereas the All India sex ratio was 929 girls per 1000 males.

While ultrasound clinics are springing up all over Punjab to enable sex detection followed by female foeticide, Begowal is boldly swimming against the tide. The 5000 inhabitants of Begowal are an example of a community's quest for change.

In 1998, when Mangat's five-year tenure ended, his sister-in-law Rajinder Kaur took over as sarpanch. As the first woman sarpanch of the village, Kaur, who is a matriculate, has the daunting task of carrying the village with her on Mangat's path.

"We issue this appeal every time the villagers gather. I am a woman myself. I have a daughter and I think the time has come for us to change the attitude that girls are a burden to the family," says Kaur.

Like in most parts of northern India, the traditional attitude towards women in Punjabi society has always been negative. Historically, in the many wars that Punjab fought against intruders, women were seen as a liability as they had to be protected. A son was treasured as he meant one more man to fight and one more man to plough the fields. Long after the daughter married and went away, the son stayed on to look after his parents. In a country where no system of social security and insurance exists, sons are a lifetime's insurance against old age.

The green revolution of the 1960s brought with it prosperity but also created a consumer-hungry society. Girls became even more of a liability. Dowry grew into a major burden for parents of girls, who had to pay a man to be protector and provider for their daughter.

Says Manmohan Sharma, general secretary Voluntary Health Association of Punjab (VHAP), "Suicide of farmers in Punjab is a reality. The cause is not so much crop failure but the inability to repay debts incurred for a daughter's marriage."

The yearning to have a son is also due to the possibility of being able to exploit greener pastures abroad. The VHAP says that there are roughly 1200 ultrasound clinics in Punjab and most of them are not registered.

Dowry is the major reason why parents selectively abort girl babies. The technique of amniocentesis in the 1980s became a way to escape the dowry trap. But after the government banned its use by passing the Pre-Natal Diagnostic Techniques (Prevention and Misuse) Act, doctors switched to the non-invasive ultrasound method. Demographers expect the sex ratio in Punjab to decline further. The Census 2000 would definitely record the inverse sex ratio trend.

The militancy of the '80s further fuelled the need for sons who could be cast in the traditional martial mould. Today, cutting across caste barriers and education levels, the son is still considered the much desired heir.

Begowal's panchayat has a difficult task ahead of it. But grey-haired panchayat member Sukhbir Kaur is not deterred. "We want this to be like a social movement. It never works if you force people. I myself have two daughters and they are doing their college from Ludhiana."

"I have two sons and a daughter," adds Manjeet Kaur who looks after her husband paralysed in a road accident. "I don't differentiate between them."

The birth records at the village's two Anganwadi centres indicate there is little discrimination. In Ward I, 16 births were recorded from January to April 1998, eight were boys and eight girls. From May to November 1998 there were 13 births, eight boys and five girls. Between December 1998 and February 1999, of the six children born, four were boys and two were girls. If the records are studied over a longer period, it becomes evident that the village sex ratio is fairly even. (Internationally, the sex ratio is 105 boys born to every 100 girls.)

In the playschool run by Anganwadi workers, in the 3 - 6 years category there were 25 children enrolled in ward I -- 14 boys and 11 girls. In ward II there are 15 boys and 10 girls. Says Manjeet Kaur, the Anganwadi worker, "Our villagers send both boys and girls to school. People want even their girls to study and make something of their lives. After class 10 both sexes go to study in Dorahe or Ludhiana."

Clearly, the panchayat's appeal has had immediate, tangible results. The community seems determined that the change is here to stay. Says Rajvinder Kaur, "I don't know if you can call it a pioneering effort. We are just trying to do long-denied justice to the girl child."

From my area studies, it is evident that the obsession with sons is deeply ingrained in the Indian psyche, particularly in the northern states of Punjab, Haryana and Uttar Pradesh. Thanks to rising consumerism and escalating dowry demands, nobody wants a daughter.

## **Intervention Measures and Recommendations**

Legal Reforms. There are some inherent weaknesses in the existing laws. Though most laws are made in India with great fervour, their execution is the main issue. The fact that there has not been a single conviction since the law came into force in 1994, is one indicator of its loopholes.

There were two reported cases of foeticide last year in two districts of Haryana -- Mohindergarh and Jakhhal, but the charges could not be substantiated. The law only pushed sex determination clinics underground and had no hold over social connivance that accompanied selective abortion.

In a well researched book, Female Infanticide and Foeticide—A Legal Perspective, three students of the National Law School, Bangalore, A Radhakrishnan, S Alam and D. Kapur, point out that, "the reason why the law has proved ineffective is because it is difficult to regulate all clinics that use ultrasound for sex determination as well as for a host of other purposes. The mere fact that tests such as amniocentesis, chorion biopsy, ultrasound etc, have been allowed by the law for purposes of detecting genetic abnormalities in the foetus, they cannot be banned."

"There are more than 20,000 ultrasound machines in India and less than one percent of them are registered under the law. In Punjab it is estimated that there are 1000-1500 ultra sound centres," says social scientist and demographer Sabu George. Ultrasound as a non-invasive method of sex determination has replaced the earlier techniques of amniocentesis and chorion biopsy.

Ultrasound however, is done between 26 to 28 weeks which brings the pregnancy to its second trimester. Most selective abortions that are happening all over India are therefore done in the second trimester, violating the MTP Act of 1971, which permits abortions only up to the twentieth week of pregnancy after being certified by two doctors.

While the law sought to punish sex determination, it is rendered ineffective because of the liberal MTP Act which allows abortion on the ground of mental trauma. This is left to the discretion of the doctor to define and is grossly misused for monetary benefit. Results of sex determination tests are given verbally by doctors and is difficult to prove. More complex, is to prove that a woman is having an abortion because she is carrying a female foetus.

The law clearly states that, "no human being can take the life of another human being." Morally speaking, killing a foetus is not the same as killing an infant,

point out the three law students. Legally too, killing an infant amounts to homicide while killing a foetus does not. It also raises further questions of whether a mother has legal rights to kill a foetus, which is a part of her, without killing herself? The real outrage is killing a female foetus.

Says Dr Mira Shiva of the Voluntary Health Association of India, "While the law has not been able to force a single conviction, the most perceptible change has been that the blatant hoardings and advertisements on sex determination, have disappeared ." But this is not to say that disappearance of advertisements has resulted in sex selective abortions reducing. It hasn't.

Worse still, the Act does not provide for third party vigilance, which means, besides the doctor and the mother, other complainants are not entertained. This has been one of the major reasons for there being no convictions so far.

Another question which the law has no answer to is, who should be punished -- the mother, husband, relatives or the doctor?

Says Laxmi Murthy, an activist from Delhi-based women's group Saheli, which campaigned for the law, "Most groups like ours, are reluctant to report instances of female foeticide because the law penalises the mother. For her, it's "double penalisation," as she is pressured to produce a son and has to undergo tests and abortions. Since it has social connivance, everyone works to keep it underground."

New technologies now feed the 'need for a son.' Earlier techniques were aimed at detecting the sex of the foetus leading to its selective abortion, but new technologies are all aimed to give the couple a choice of sex selection. The X-Y sperm separation and the Pre-implantation Genetic Diagnosis (PGD) are done as early as three days after fertilisation. These techniques need to be viewed in this light and covered under the law.

In fact, the Women Against Oppression, a women's group based in Punjab, has already filed a writ petition against these new techniques with the National Human Rights Commission of India. Says Aruna Kumari, leader of this organisation, "When we asked the concerned doctors to stop such practices, we were told that they were not covered by the law."

The question that needs to be addressed is what should be done to make the law more effective. The first option could be that procedures like amniocentesis, chorion biopsy and other tests that are used for detection of genetic abnormalities, be banned completely. According to Article 2 of the Convention of Rights of the Child, a disabled child has as much right to be born as a normal

child. Such a policy could effectively take care of female foeticide done under the guise of testing for genetic abnormalities.

The other option could be that while ultrasound cannot be banned because of its multiple uses, any abortion after this period (26 to 28 weeks) should be seriously regulated.

But with improvement in ultrasound techniques this too needs to be reviewed as sex determination can be done as early as 13-14 weeks. Sex selective abortions can be resorted to earlier than 20 weeks like amniocentesis and chorion biopsy. This will now only strengthen the hands of erring doctors and weaken the law.

"Most people try to assuage their conscience saying, that in foeticide 'usko mahsoos toh nahi hota (It does not feel anything) and that it is not the same as killing an infant, which is more tangible. In foeticide there is no aggrieved party" says Mira Shiva. " But if you look at the whole concept of violence-- rape, dowry deaths and battering, till we create safe spaces for women, foeticide will only be the start of the cycle of violence against them."

To push for amendments within the existing law may be an answer in the long run, but more importantly, the endeavour should be to make the existing law work. Says demographer Ashish Bose, "Like the police, women too must insist on a 'zero-tolerance' mode and not tolerate any violence perpetuated on them. And if the Indian Medical Association(IMA) and Medical Council India(MCI) 'de-register' a few erring doctors and keep a strict vigilance over such practices, the aim would be achieved."

Actions by the Medical Community. In August '99, when the IMA organised a two-day workshop in New Delhi and roped in the sleepy MCI, they publicly acknowledged for the first time, that one of the main reasons why the Pre Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act 1994 had failed, was because of the connivance of doctors in sex determination and selective abortions. Given the fact that the medical community had been cashing in on the popular demand for a son, this was a bold step that created ripples within them and earned the organisers accolades. It was however, only the tip of the iceberg But in revealing this, the IMA had opened the pandora's box which had been lying junked and buried under public apathy for too long.

Having broken away from the passive 'head-in-the-sand' attitude, the IMA and the MCI are now determined to join hands to enforce the code of medical ethics, forgotten for lucrative practices, and initiate strict disciplinary proceedings against 'errant doctors'.

The IMA has already made a "test complaint" against four doctors to the MCI, who violated the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act. IMA insists that they are ready to report on erring doctors and push for 'justified punishment' if their appeal is not taken seriously. This obviously is a positive step and followed by a well planned and coordinated publicity campaign throughout the country, would have far reaching effects.

As President of the MCI, Ketan Desai says, "medical practice is limited to only those who are practicing by ethical means, not to those who are involved in such inhuman and heinous acts. Any complaint received by the MCI will be promptly dealt with by the ethical committee." Roughly 1,30,000 doctors country-wide, are registered under the MCI and such a bold step, the organisers hope, will act as a deterrent.

The IMA has set itself a six months strategy till December '99, to reach out to members of their fraternity to "create awareness and put our house in order," says Dr Sharda Jain a Delhi-based gynaecologist and the organising secretary, IMA.

Already the IMA's letter of appeal has fielded favourable response from the Federation of Obstetrics and Gynaecologist Society of India (FOGSI), which has 13,000 members. The response from FOGSI's president, Dr Mehru Hansotia, has been swift and prompt agreeing to "join hands and spread the message far and wide." Says Dr Hansotia, "Son obsession is like a social hypnosis, it'll never stop but we will make our members aware." FOGSI is still to evolve a strategy to make its members more socially responsible.

Similar letters of appeal have been sent out to the Ultrasonologists Association of India, Indian Radiology and Imaging Association, health ministries and The Indian Council of Medical Research. The letter will also be published in the widely circulated journal of the Medical Association in October '99 so as to reach as many doctors as possible.

Dr Vinay Agarwal, secretary IMA, College of General Practitioners and national coordinator of the present campaign says, "We have set ourselves targets. Besides the letters, IMA had a meeting in the Bangalore Law School on medico-legal issues of female foeticide and the report is awaited. The IMA will also be holding four regional one day workshops on the same issue in Hyderabad, Ahmedabad, Bhopal and Chandigarh, after which we will formulate a national forum as we want everybody to be with us."

The IMA would soon be meeting health officials as well. Says Dr Agarwal, "Our struggle has just begun. We are working with the National Commission for

Women and through them hope to reach out to school and college students. Gender sensitisation should start at their level. On November 16 we will hold a rally in Delhi's boat club. IMA intends to take out a white paper on female foeticide in India."

Social Reforms. Dr Satyamala, epidemiologist and feminist who led the agitation for the law blames, "Patriarchy as the root cause or the underlying disease." She calls femicide and foeticide as "its manifestations. While legal constraints, restrictions and remedies curtailing such practice and technologies are crucial, they on their own can work only at the symptomatic level. Eradication can only be effected by direct attack on patriarchy,"

The Human Development Report 95(HDR95), has ranked 116 countries in terms of the Gender Empowerment Measure(GEM). The HDR 95 focuses on three inputs in deciding the ranking- income earning power, share in managerial employment and representation in parliament. India ranks 101st out of 116 nations studied as she has only seven percent parliamentarians, two percent managers and administrators and 21 percent technical workers in the country who are women. The empowerment of women is essential for her development. Reservation of one-third seats for women from panchayats to district level elections, is a positive step. This needs to be also made applicable in parliament now.

Government schemes to save the girl child, as was done in Tamil Nadu in 1992 and in the country in 1997, were mere 'face-saving' actions. It is easier said than done to root out a centuries old, social order. And for the old order to phase out, it is important to create a new one. It can be done -- if we replicate the Kerala model, we will be able to have educated, economically independent and empowered women who would then be part of decision-making bodies. Its impact would be an overall improvement in the status of women.

Despite this, if patriarchy still prevails in India and women continue to be dominated, at least she would have the 'pluses' on her side. It may be idealistic but not impossible. Before women drum for social conscience and accountability, they will have to take the initiative to create a new social order.

The IMA's spade-work may well be the first step.

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