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THE DEPRIVED, DISCRIMINATED  
AND DAMNED GIRL CHILD: STORY OF  
DECLINING CHILD SEX RATIOS IN INDIA

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# **THE DEPRIVED, DISCRIMINATED AND DAMNED GIRL CHILD: STORY OF DECLINING CHILD SEX RATIOS IN INDIA**

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*This article traces the different elements that explain and help understand the phenomena of declining child sex ratios in India along with the debates on the subject, with specific focus on urban locations. The gender discriminatory practices prevalent in India stem from the influence of patriarchy and the lower status of women which result in higher female child mortality rates as compared to males, intra household inequalities in consumption, heinous practice of demanding exorbitant dowries for marrying girls, abandonment of girls and so on. The misuse of medical technologies - evolved to identify abnormalities in foetal stages - as tools for identification of the sex of the foetus instead, and resort to sex-selective abortion of female fetuses have come to light since the eighties. This female foeticide is in many ways more horrific, as it is also practiced by the educated, better off sections of the population, and is more rampant among urban locales.*

Over the years, the disinterest and unwantedness of girl children in India has become more glaring and prominent. This is reflected poignantly in the continuously declining child sex ratios (defined here as number of females per 1000 males among 0-6 years population), the higher female infant and child mortality rates as compared to the male counterparts and from the information regarding the incidence of female foeticide and infanticide. The discriminatory treatment meted out in nutrition and health to boys and girls are further substantiated by the intra-household inequalities in consumption across gender which depicts the elements of deprivation faced by the girl child. In addition to these biases, girl children also face abandonment and exposure. The undervaluation of women stemming from the lower status ascribed to them is passed on to the girl child, adding on to their unwantedness. Practices of exorbitant dowry payments to get daughters married and the overwhelming fear of sexual exploitation and abuse in a socio-environmental milieu where women are treated with disdain serve as other prominent deterrents to the girl child's arrival in Indian homes.

Patrilineal property transfers, religious and ritualistic practices and other patriarchal social structures together lay emphasis on the need for a male offspring. This forms the base for a family which should have at least one or more boys. The lower status ascribed to women stemming from societal beliefs and practices that view them as burdens, costs and dangers to family honour and dignity further intensifies this male preference. While these factors have a strong influence among the propertied, well-to-do, upper castes, their spread over to other castes and communities over time is noted. The tribal populations who remain out of the caste system follow a relatively more egalitarian system and are noted

as being less gender discriminatory as compared to other social groups. However, changes over time with increasing monetization and individual oriented socio-economic development have disturbed the values of tribal populations in some regions as well. The sex ratios are most strikingly imbalanced and declining over the years among the younger cohorts of most regions and among different social groups.

Evil, greed-driven practices such as dowry demands have a significant role in enhancing the non-desirability of girls, given the near universality of marriages in India. The centrality of the reproductive role of women remains more or less constant, dwarfing all other dimensions of their lives (Baru, 2003; Datta, 2003). Hence, marriage plays a significant role in determining even the need for women. The campaign against female foeticide therefore uses the plea that there will be 'no girls for your son' argument for allowing girls their right to be born. Ironically, it is the social pressure of getting girls married off and the demands of dowry from the boy groom-to-be and his family that have so heightened the unwantedness of girls.

The increasing masculinisation of sex ratios highlights the son preference attitudes among most patriarchal societies. Early explanations focused on undercounting and non-enumeration of females (Visaria, 1971; Kanitkar, 1991). Socio-cultural and religious factors together with patrilineal property transfers were other factors proffered for the male fetishism. With modernization and smaller family norms, the emphasis on sons heightens (Dasgupta and Bhat, 1998). The technological innovations and their misuses facilitate the exercise of such preferences by elimination of the girl child prior to birth or even pre-conception (Lingam, 1998; Patel, 1997).

The medico-technological advancement and innovations to detect and avert genetic disorders have been put to misutilisation for sex identification of fetuses and even as measures of pre-conception choice of gender. The legal provisions banning such misuse prove inadequate due to the mutual benefits for demanders and suppliers of such services (Bose, 2002). The exercise of right to abortion, measures for population control and fertility checks as making available pro-woman choices by ensuring to women control over their own bodies and reproductive decisions to some extent are put to contestation amidst the abuse of these provisions, thereby making them anti-women.

Patriarchal biases are prevalent in different spheres - all adding up to the discrimination against the girl child and her future. These resilient forces of patriarchal institutions operate directly as well as through women's own agency, making it extremely difficult to put in place corrective measures without hurting the women involved. Women's own interests may be reverted as regressive forces set in to purportedly correct anti-women biases. The employ of religious groups for advocacy against female foeticide, without questioning their approach to women's equality per se; or unleashing of scope for anti-abortion groups to stress upon reversion of the right to abortion on the plea of its misuse are lurking dangers.

Medical professionals consider themselves as service providers by serving the demand for not facilitating the birth of girl children who are unwanted (Bose, 2002). Further, some of them even feel that they are promoting the cause of family planning by helping families

choosing sex composition (Hoskins and Holmes, 1984; Lingam, 1998). However, some of the concerned medical professionals have joined the campaign against misuse of technologies and in the interest of safeguarding their image from maligning due to their involvement in such sex detection based selective female foeticide.

The falling supply of women, using standard economic logic was considered to serve in favour of women as they become scarce, thereby enhancing their value in the marriage market. Such a consideration does not account for the multilayered nuances which help form the notions of value and status ascription within extremely complex socio-economic and cultural contexts. The locations where women are relatively scarce like in the state of Haryana for instance, have witnessed women being brought in from other states for marriage (Kaur, 2004). Sexual trafficking is often dangerous interwoven in parallel with the channels employed to procure the women. Poverty and false information regarding bright future and happy married life propels women into traps laid out for them. The utter lack of information on their legal rights, the low levels of education among the women and their desperation for matrimony, which the socialization process highlights as the sole objective of their lives, makes the women extremely vulnerable.

The diversity of the vast Indian population of more than 1.1 billion persons spread across 3.3 million square kilometers, which is divided into 28 administrative states and seven Union Territories, stems from multiple and crosscutting identities derived from religion, language, caste, region and myriad cultural customs and practices, many of which are dynamic in as much as they are constantly evolving. Nevertheless, the hold of patriarchy and subordination of women is one of the overarching elements of these diverse peoples. Even increasing literacy levels among urban women from 64 per cent in 1991 to 73 per cent in 2001 as well as many of them joining the labourforce does not entirely make them free from this oppression. The double burden of managing paid work along with household responsibility which continues to remain entirely theirs, keeps women tied up and tangled in the power hierarchies that subjugate them to male authority.

The economically poor, with nearly 26 per cent of the population being calculated as living below the poverty line (based on Planning Commission, India estimates for 1999-2000), consist of proportionately larger numbers of the scheduled castes and tribes among the asset-less and deprived. Ironically, neither education nor affluence seems to have brought about any significant change in attitudes towards and value of women (Patel, 2004). The pointers for major culprits resorting to heinous criminal acts of killing girls seem to be in the direction of the prosperous as reflected in the data analysis of child sex ratio across regions of India. The economically developed states with a higher state domestic product and lower levels of households living below the poverty line such as Punjab, Haryana, Gujarat, Maharashtra, Himachal Pradesh, Delhi (most of which are northern states with some western ones) display very low child sex ratios, which are declining further. The poorer states, and among them the scheduled castes and tribes as well as the slum dwellers who clearly are among the economically less endowed populations, record relatively better sex ratios among children of 0- 6 years.

After this introduction, the broader contours of the issues concerning sex ratios in India are presented in the second section. The third section provides a regional analysis of the child sex ratio in India based on Census data on the states and Union Territories for 2001. The gender inequalities and class dimensions pertaining to the child sex ratios are elucidated in the fourth section. The concluding section discusses some of the debates and conflicts arising from the misuses of various rights and developments that have occurred over time to reflect upon the social changes that are essential to ameliorate the situation whereby women are treated as equals in their own right and not undervalued for being women.

### **Child Sex Ratios – Beyond a demographic indicator**

The sex ratio is a demographic indicator which depicts the balance of males and females in the population. The decline in sex ratios for India has been noted by demographers since long (Mitra, 1979; Visaria, 1971). The linking of this demographic parameter with the concern over women's lower status and the unequal treatment meted out to them, led to the emergence of sex ratios as a composite indicator of women's status (CSWI, 1975). Search for explanations as to why the sex ratios have been declining began over the last quarter of the twentieth century (Kanitkar, 1991; Dyson and Crook, 1984). The resurgence of women's groups (often associated with the 'third' wave of feminism), establishment of the women's studies centers in India and gaining interest in research on gender issues provided the appropriate environment for this phenomena to take firm roots in domains of enquiry - be it research, policy, advocacy or law.

The sex ratios in India defined as numbers of females per 1000 males have been noted for their deficit in female population from the beginning of the twentieth century. Early explanations on this shortfall dwelt upon the hypothesis of undercounting of females during the Census enumeration. Given the low significance of women and the operation of patriarchal values, it was felt that non-reportage of female members may be common which was attributed as the cause for their deficit. This debate was contested especially with improvements in Census enumeration and better coverage of females (Kundu and Sahu, 1991). The research on mortality rates over a long period convincingly highlighted the impact of unusually high mortality of females as compared to males, being the cause for deficit of females as reflected in the sex ratios (Clark, 1987; Visaria, 1985).

The anti-girl child sentiments have always been prominent in Indian society. The more landed, propertied and well-to-do - the greater the stress on male off-springs - at least, one or two per family. The larger family size offered a certain buffer to the anti-girl stance not becoming an overt and active one. However, with declining fertility rates and the stress on smaller family sizes, the male craze attitudes have become more prominent (Dasgupta and Bhat, 1998). The scenario of declining sex ratios with fewer girls as an impact of governmental policy of 'one child norm' is noted prominently in the context of China (Porrás, 1996, cited in Gendercide Watch).

The one element, which directly distorts sex ratios across regions/states in India, is that of migration. The shift of rural persons to urban areas for better livelihood opportunities

is quite common and this is one of the causes for increasing urbanization in India. In cases where male migration occurs into cities, leaving behind women and children, the adult sex ratios can get masculine due to this factor. This can negate or question the analysis, which considers masculinisation of sex ratios as an indicator of gender biases and discrimination in society (CSWI, 1975). Looking at the children alone, that is, population within 0-6 years of age overcomes this problem to a large extent. The child sex ratio is a very robust indicator since it is not affected by any noise factors such as migration in case of the adult sex ratios (Agnihotri, 2000). However, researchers working on sex ratios over time and across states have accounted for the migration occurring, by adjusting the figures of sex ratios. Even after accounting for the shifting population, the decline in sex ratios is witnessed (Banerjee and Jain, 2001).

One of the most prominent explanatory elements of declining child sex ratio is that of mortality among infants and children. The extent of mortality noted for India and among most states is quite high as compared to many of the developing countries of the world. Nevertheless, it is noteworthy that the mortality rates are in fact declining over time with the improvements in the health sphere.

The reduction of male mortality at younger ages due to the improvements in health services and the existence of gender bias in availing health care facilities may account for a share of the imbalance (Bardhan, 1982; Khan et al., 1988). Nevertheless, demographers claim that this is inadequate in explaining the extent of imbalance. Especially since mortality rates have been declining with improvements in health conditions and fertility rates have also been steadily falling, the smaller number of women in the population has posed a challenge to demographers, social scientists and women's studies researchers (Bhat, 2002).

This decline in mortality rates seen in conjunction with the declining child sex ratios raises a quandary, as to what is causing this fall? Is it a matter of genetics, whereby the sex ratio at birth itself is declining and fewer girls than boys are being conceived? Or is it a reflection of the inaccuracies in the calculated mortality rates, given the large segments of Indian population who are outside the coverage of institutional health services and even civil registration systems functional in the country? The abortion of female fetuses after sex determination tests is highlighted as one of the explanations. Can the magnitude of decline in sex ratios be accounted for by this factor alone? This would hint at female foeticide being resorted to at a rate which is very high.

A number of reasons are provided by the researchers which link up to the son preference, gender bias against girls in health care, nutrition, food allocation and so on. The desired family size and gender composition of children under the prevalent regime of male preference work towards elimination of girls, in the foetal stages through intervention of advanced scientific technologies, in the infancy stages through (killing infants adopting a number of methods) or neglect and discrimination (Lingam, 1998).

If a family is to have one or two children, then at least one of them ought to be a boy! To ensure a family unit of one or two children, selection of the sex of the child so as to include at least one boy becomes a critical parameter (Jejeebhoy, 1993). Therefore, analysis

based on birth order of children clearly shows that while the first girl child may survive, the next order girls face tremendous risk of abortion, or neglect. The association of parents and families with the first born child and the novelty element may also be a factor. However, the importance of having a male offspring among certain households, regions and communities seem to overrule any such sentimentality.

The social pressures of marriage for girls, and the practice of increasing greed-driven dowry demands have become extremely unreasonable over time. These practices have spread into communities and regions where these were lesser known as being mandatory. The rising probability of such returns on male children is gaining attractiveness, just as the mounting social compulsion of having to provide for dowry is serving as a factor to avoid girls being born into families (Patel, 2004). The use of available techniques to determine the sex of the child and doing away with the birth of girls is implicitly considered as a safeguard against future calamity and hardships that is bound to befall upon the household when it is time to get them married. Hence, the early advertisements in the eighties and nineties suggesting “spend Rs. 500 now in order to save Rs. five lakhs in future” (Lingam, 1998; Mazumdar, 1994). The social menace of dowry has indeed become a major factor against the girl children, especially among the relatively better off sections of the population, since they are the ones who have to safeguard and in some cases even enhance their social status by investing heavily for their daughters dowries. Ironically, most of this expenditure goes into pomp and show, the glitter of external celebrations that are most of the times wasteful and hence, hardly an investment!

While these are India specific factors of explanations sought from the socio-cultural spheres, it is pertinent to also note that the declining sex ratios phenomena is not unique to India or the Asian countries. What is interesting and also of concern is that the sex ratios are declining world over. This strong male preference is witnessed not only in India but also in other societies in Japan, China, North Korea and so on (Krishnaji, 2000; Filmer, et al., 1998). This is especially so in societies where a cultural tradition of son preference is strong. Even in areas where there are fewer signs of overt gender discrimination and anti-female biases, a decline in child sex ratios is noted. The literature on the subject is linking the phenomena to the lowering family size and fertility decline. The probability of attaining a better balance probably increases with more numbers of children per family.

Perceptions affect behaviour and often influence research as well. The poor were expected to harbour anti-girl sentiments, since they would be looking for more working hands, which necessarily are to be male since women's work is anyway unrecognized and undervalued, if not completely unpaid. The poorer economic position was viewed as another element that propels anti-girl child stance since socio-culturally, substantial resources are needed for girls' marriage alliances, dowry etc. However, research of sex ratios across socio economic groups, highlighted the reverse picture. The worse sex ratios were noted among the better-off, relatively economically prosperous regions. Thus, reflecting the practiced gender bias among the economically better off. This was noted as the 'prosperity effect' of sex ratios (Miller, 1981; Agnihotri, 2000).



Similarly, the socio-economically weaker sections of Scheduled castes (SCs) and Scheduled tribes (STs) have a better/more balanced sex ratio than the total population. This holds true even among the children from 0-6 years. The STs, off course, have the better sex ratios. States of the south, where gender equality indicators reveal more positive scenario as compared to the North, have a more balanced sex ratio (Rustagi, 2003). However, the decline in the child sex ratios even in the hitherto relatively lesser gender biased states is a matter of concern. The phenomena are a reflection of the operation of strong patriarchal values across the length and breadth of the country. Androcentric patriarchal mindsets strive and aim for male offspring's – even if this implies resort to murder and crime!

Female infanticide and killing of girl children as soon as they were born has been associated with conservative, pre-modern practices derived from male fetishism. Such practices were also resorted to in locations of difficult geophysical areas, such as on the Arctic Coast among the Eskimo groups, with extremely limited resources as a mechanism to cope with the specific circumstances (Balikci, 1967; Freeman, 1971). Even under such a scenario, these practices led to much inhuman and uncivilized adult behaviour due to shortage of female members. It may be shocking – but is true – that many households resort to such practices in this day and age! Media reports on abandoned dead bodies of new born girls, trashing of aborted female fetuses, and the dreadful practices of cold blooded murder of girls by midwives or older women who assist in the delivery of the child, reveal the heartrending tails of how patriarchy operates in preventing girls even of their right to be born (Dogra, 2006; Muthulakshmi, 1997; Sudha and Rajan, 1999; Sunanda, 1995).

The most conservative and crude methods are adopted to eliminate and do away with the girl child. Families enter into the agreement with the midwives prior to the delivery that if the child turns out to be a girl, then she need not show her to them. Rather, she may resort to employing any of the means available with her to kill the girl infant, either by using a wet towel to smother her breath and suffocate her to death, or to sniff calatropis to her nostrils or feed her on it - that will definitely kill her. It is futile to deliberate on whether the employ of this crude method is worse or using the sophisticated modern technique and aborting the foetus is bad, for both of these are done with the same objective and serve a similar end - eliminating the girl child! (Lingam, 1998; Menon-Sen and Shiva Kumar, 2001; George, et al., 1992).

Since both the demanders and service providers are perceptibly benefiting from such resort, it is extremely difficult to check on these practices. Also, the deed is done in substantial privacy – even when it is happening in hospitals – and therefore remains hidden to public enquiry (Bose, 2002). The absence of legal sanctions against socially camouflaged practices tends to perpetuate the unlawful acts of elimination of females. The law against infanticide not only proved inadequate to prevent the cases as they were privately executed, while it could not address the newer practices of technological sex-detection based female foeticide.

The legal provisions as they existed began being questioned in the 1980s and 1990s, when instances of female foeticide came into limelight. The practice of elimination of female foetuses prior to their birth itself was facilitated by the onset of technological medical aids such

as sonography, amniocentesis and so on (Hoskins and Holmes, 1984; Patel, 1997; Lingam, 1998). The introduction of medical technological innovations to facilitate identification of abnormalities in foetal stages within the womb was being misused in a number of instances to determine the sex of the foetus. These unlawful uses of technology called for legal reforms and introduction of fresh legislation to make such usage illegal and punishable.

The co-operation of medical professionals for monetary benefits and that of clients for their son-craze and anti-female biases made it extremely difficult to create measures to check or prevent such practices. Clearly, mere imposition of legal provisions against such misuse of sonography techniques was inadequate to control these practices (Bose, 2002). Due to the hand-in-glove relation among the suppliers and demanders of these services, alternative mechanisms had to be thought of in order to impose restrictions and control these malpractices.

Spread of the misutilisation of these medical techniques for sex-determination by various means took place. The medical practitioners did not have to indulge in very active publicity since the service demanders seemed to have the information in most cases. In any case, there were little restrictions on public advertisement of such facilities as occurred when the Gen-select advertisement appeared in national dailies touted as new from the United States (“gender selection is now a reality!”). It was only subsequently that some women’s groups objected to this and filed a court case against the newspaper.

The irony of even media based social messages serving as advertisement to the option being available among masses hitherto unaware of it were witnessed. Ironically, even the legal imposition of placing a placard stating that sex detection is not undertaken in the clinic/centre often served as an advertisement that such a thing is possible. A complete failure of generation of legal sanction or fear of punishment by the use of publicity materials questioned the mode of using media as well as highlighted the resistance of the social mindsets against girls.

### **Trends and Patterns of Child Sex Ratios in India**

Any analyses of indicators are subject to the availability of data. In order to provide a flavour of the trends across the states of India, child sex ratios have been calculated for two decadal time periods of 1991 and 2001. Although there are 28 states as per the 2001 Census, only 24 have been included here. This is because of the following reasons: first, three new states were bifurcated from Bihar, Madhya Pradesh and Uttar Pradesh, namely Jharkhand, Chattisgarh and Uttaranchal; second, the state of Jammu and Kashmir was not surveyed for the 1991 Census due to disturbances in the state; and lastly this comparison leaves out the Union Territories of India. For the pattern of sex ratios, however, all the 35 states and Union Territories for the year of 2001 (that is, the latest Census of India) have been included in the analysis to provide a complete picture of how child sex ratios fare in the country.

The actual scenario over the last decade 1991-2001 regarding child sex ratios for all the states of India is presented in Table 1. This reveals the low proportion of girls in the states of Punjab, Haryana, Gujarat, Himachal Pradesh, Rajasthan, Uttar Pradesh and Maharashtra. The declining trend is almost universal, except for the states of Sikkim, Tripura, Kerala and Mizoram. Although not conclusive, historical prevalence of matriliney, women’s control over property and resources, greater economic participation and a more significant role in decision-making are some of the likely factors that may explain the better demographic balance and the improvements in the sex ratios in these states.

Table 1  
**Child Sex Ratio over the Decade 1991-2001 among States**  
**(Number of female per 1000 males for 0-6 years population)**

Rank 2001	States	Child Sex Ratio		Rank	Difference
		2001	1991	1991	2001-1991
1	Punjab	793	875	1	-82
2	Haryana	820	879	2	-59
3	Gujarat	879	928	4	-49
4	Himachal Pradesh	897	951	8	-54
5	Rajasthan	909	916	3	-7
6	Uttar Pradesh	915	928	5	-13
7	Maharashtra	917	946	6	-29
	INDIA	927	945		-18
8	Goa	933	964	13	-31
9	Madhya Pradesh	933	952	9	-19
10	Bihar	938	959	11	-21
11	Tamilnadu	939	948	7	-9
12	Karnataka	949	960	12	-11
13	Orissa	950	967	15	-17
14	Manipur	961	974	19	-13
15	Arunachal Pradesh	961	982	22	-21
16	Kerala	963	958	10	5
17	West Bengal	963	967	16	-4
18	Andhra Pradesh	964	975	20	-11
19	Assam	964	975	21	-11
20	Mizoram	971	969	18	2
21	Tripura	975	967	17	8
22	Nagaland	975	993	24	-18
23	Meghalaya	975	986	23	-11
24	Sikkim	986	965	14	21

*Note:* 1. All Union Territories have been excluded; 2. Three states of India - Bihar, Madhya Pradesh and Uttar Pradesh - were bifurcated to create the new states of Jharkhand, Chattisgarh and Uttaranchal respectively in 1997. In order to compare across the two decadal censuses -1991 and 2001 – the erstwhile states prior to bifurcation have been used for analysis; 3. The state of Jammu and Kashmir is excluded since no Census could be undertaken in the state for 1991.

*Source:* Calculated from Census of India, 1991 and 2001; see Rustagi, 2003, p.12.

On the other extreme end, lower proportion of women in the north-western regions of the country has also been witnessed since the beginning of the twentieth century (Dreze and Sen, 1995). However, the rate of decline in that share has been rapid over the decades. Research studies through fieldwork have highlighted the lower status of women in these societies as explanations for the adverse sex ratios (Dasgupta, 1987). Explanations for women's plight have ranged from invasion, kidnapping, sexual assault to son preference. Subsequent decline as is continuing even today draws upon prevalent factors of dowry, foeticide, increasing financial burden, smaller family size, wherein one or more boys are considered desirable, sometimes mandatory.

Contrary to the expectation that the economic burden of bringing up a daughter would compel the poor to resort to various measures against the girl child's survival, it is those who have the means to exercise such choice by using their economic prosperity, who pose a threat to girls being born and their survival. This is exemplified in the states of Punjab, Haryana, Gujarat and Maharashtra (all of which are prosperous states within the country), sliding down on the child sex ratios indicator. The role of advanced scientific technologies in facilitating the elimination of female foetuses has been highlighted by many researchers and groups in the various states where its adoption is attaining severe limits. This is facilitated by the connivance of greedy medical professionals. Such access is more easy and prominent in urban locations and among the relatively well-to-do prosperous states. The urban areas display consistently worse sex ratios and child sex ratios with very few exceptions (see table 2).

Table 2  
Ranks based on Child Sex Ratios across locations among  
States and Union Territories (UTs) of India

State/Union Territories	Child Sex Ratio for 2001			
	Total	Rank T	Urban	Rank U
India	927		906	
Jammu & Kashmir	941	14	873	8
Himachal Pradesh	896	6	844	4
Punjab	798	1	796	1
Chandigarh*	845	3	845	5
Uttaranchal	908	7	872	7
Haryana	819	2	808	2
Delhi*	868	4	870	6
Rajasthan	909	8	887	9
Uttar Pradesh	916	10	890	11
Bihar	942	15	924	16
Sikkim	963	25	922	15
Arunachal Pradesh	964	26	980	35
Nagaland	964	27	939	22
Manipur	957	19	961	31
Mizoram	964	28	963	32
Tripura	966	31	948	26
Meghalaya	973	33	969	34
Assam	965	29	943	24
West Bengal	960	22	948	27
Jharkhand	965	30	930	18
Orissa	953	18	933	19
Chhattisgarh	975	34	938	21
Madhya Pradesh	932	12	907	13
Gujarat	883	5	837	3
Daman & Diu*	926	11	943	25
Dadra & Nagar Haveli*	979	35	888	10
Maharashtra	913	9	908	14
Andhra Pradesh	961	24	955	28
Karnataka	946	17	940	23
Goa	938	13	924	17
Lakshadweep*	959	21	900	12
Kerala	960	23	958	30
Tamil Nadu	942	16	955	29
Pondicherry*	967	32	967	33
Andaman & Nicobar Islands*	957	20	936	20

Note: Rank\_T refers to CSR rank for total areas and Rank U pertains to Urban areas.

\* Union Territories

Source: Calculated from Census of India, 2001.

As the legal provisions make efforts to tighten their grip on the problem, the cost to be incurred by the demanders escalates. Having to pay higher sums to abort female fetuses ensures that these illegal services are more accessible to the prosperous and better off sections of Indian population who can afford such costs.

### **Gender Inequalities and Class Dimensions**

There can be no denying of the fact that the declining child sex ratio is a reflection of the prevalence of the gender biases in society, given the nature of the manifestation of the phenomenon in certain parts of India, among some sections more prominently than in others. The impact of patriarchal influences is discrimination against girls in various spheres which in turn affects the sex ratios as well. The son preference attitudes together with the unwantedness of girls manifest itself in different forms. Discriminatory treatment in the spheres of health and nutrition adversely affect girls, increasing their mortality during infancy and childhood (Bardhan, 1982; Basu and Basu, 1991). While the poor witness higher mortality among children, in most cases both the boys and girls face similar nutritional deprivation. In other words, such deprivation is not necessarily and overtly discriminatory to the girl child.

However, the female infant mortality rates in most parts of India are higher than that of the male infant mortality rates. This hints at the relatively higher levels of gender discrimination being practiced among the non-poor. An examination of data provided by the Census 2001 on slum populations serves as a good proxy for the poor. The sex ratios among slum and non-slum populations are very revealing in this respect. They highlight that the poor are relatively less overtly gender discriminatory when it comes to the unwantedness of the female child or elimination of female fetuses.

The abandoned children and the children reaching adoption centres in different parts of the country are disproportionately girls (Fruzzetti, 2006; Lilani, 1995). The demand for male children among prospective adoptive parents puts a premium upon the boys, while girls are available in larger numbers and therefore promoted by the adoption agencies and their counselors. However, systematic data from these centres and agencies is lacking for undertaking a more comprehensive understanding on dimensions of patriarchal mindsets in the country.

### **Health and Nutrition Related Concerns**

At the all India level, in opposition to the biological and medically known robustness of girl children, a higher infant mortality rate (IMR) among females is noted when compared with that for males. The various factors that affect the gender differentials in mortality rates of infants and children, beyond the health-nutrition-physical elements, overbearingly dwell upon the patriarchal mindsets which result in gender discriminating behaviour against girl children. Even among children beyond the infancy years above one year up to 5 years, the girls often face higher mortality rates in comparison to boys. This is the case in India for both rural and urban areas, although IMRs for urban areas are generally lower than that of villages in India (see Rustagi, 2003).

The incidence of deaths among children is reported every year by the Sample Registration System (SRS) data generated by the Registrar General's Office. Infant mortality rate among females is the probability of infant deaths among every 1000 infants before attaining the age of one year. Mortality rate among infants share a high proportion in the overall mortality rates. Mortality rates are the highest in the infancy stages as compared to all other ages. Male infants are known to be more susceptible than females due to biological and genetic reasons. However, in India, the female infant mortality rate surpasses that of males which is reflective of the socio-cultural influences on mortality (Kishor, 1993; Visaria, 1985).

Table 3  
**Infant Mortality Rates – India 2001**

	All	Male	Female
Total	66	64	68
Rural	72	70	74
Urban	42	41	44

Source: Sample Registration System, 2001, Registrar General, India.

When viewed over time, the mortality rates for the country have been improving as they have continuously moved downwards. Nevertheless, the decline in mortality rates have not bridged or tampered with the gender disparities. The female infant mortality rate (IMR) defined as number of female infant deaths per 1000 live births have continued to remain higher than that for male infants. The scenario across states, however, differs - with a number of states reporting higher male IMRs as well.

The intra-household disparities in consumption behaviour have highlighted the gender discrimination against females (Haddad and Kanbur, 1990; Tinker, 1990). These practices of discrimination start very early in age for children, right from the birth time, through infancy and beyond. The prevalence of such discriminatory behaviour over time can impact upon the mortality rate differentials across sex (Basu, 1989).

As discussed extensively, the girl child being the undesired one is often neglected and deficient in the levels of nutrition required at any age (Levinson, 1974; Khan, et al., 1988). The general scenario of males being the primary earning member and the perception that supports gender discriminatory behaviour is that earning members should be taken care of in terms of food and nutrition to ensure steady flow of income. Illness or weakness among earners can debilitate the poor households doubly by loss of earning for periods resulting in indebtedness and further poverty.

Among poorer households, the likelihood of both boys and girls among infants suffering due to malnutrition or being prone to mortality is almost equally high. The gender biases become starker among those with the wherewithal to provide nutrition for infants. It is among these households where a choice in favour of males - while withdrawing from or depriving girls - is made. The practices of the male craving households to kill an infant girl so that early conception is made feasible opening up another chance of having a male child is often noted. Similarly, the stopping of breastfeeding for girls in a shorten span of time is another

mechanism, since it is often believed that further conception is prevented during periods of breastfeeding. Many studies have noted the shorter period of breastfeeding girls, thereby depriving them of healthy and immunization building inputs from a young infancy stage!

### **Natural Chances for Girl Child among the Poor**

The prosperity – poverty connection to lower sex ratios has been drawn effectively in the literature to show the urban, better-off locations having worse sex ratios as compared to the rural, poorer masses (Miller, 1981; Rustagi, 2000). The Census of India 2001 provides detailed slum population data. This reveals very stark patterns of lower levels of gender discrimination in terms of girl child elimination or female unwantedness. The sex ratios among slum populations are far higher than the non-slum populations in most of the states.

Metropolitan cities and some of the newer growing million plus cities also reflect the same situation with slum populations having better sex ratios, in comparison to the non-slum inhabitants. As many as 17 of the 26 States and Union Territories (for which slum population data is provided) reported higher sex ratios among slum dwellers compared to the non-slum residents (Chakrawerti, 2005).

The child sex ratio (CSR) defined as the number of girls per 1000 boys in the age group of 0-6 years for slum population is 919, which is significantly higher than the 904 recorded for non-slum urban areas. The CSR – an indicator which accounts for the noise factor of migration into urban cities and their seeking residence in slums – reflects an even clearer picture of the lower incidence of such gender biased elimination or pre-birth selection being practiced among the poor urbanites.

Of the 26 States/UTs in 21 of them the slum CSR is higher than their non-slum counterparts. Chandigarh, an UT known for the poor CSRs records a very stark difference across slum and non-slum populations. While the CSR among slums of Chandigarh is 917, the non-slum inhabitants record a low 825 girls per 1000 boys.

Among the 27 million plus cities, 22 of them record higher CSR among slum dwellers as compared to the rest of the population, with another 2 cities recording the same CSRs among both slum and non-slum areas (Chakrawerti, 2005).

No other data set could have provided a clearer picture of who the ‘guilty’ are and how erroneous the typical association of even these practices of sex determination based girl child discrimination being a cause of poverty turns out to be. Poverty in itself debilitates in various ways, but does not turn the poor populations into being anti-female and girl child murderers. What is horrifyingly surprising is that the middle class - lower-middle, middle-middle or upper-middle – have all been caught up in the stronghold of patriarchal resilient gender ideologies. These attitudinal and behavioural norms are intensified through socio-cultural mores which pressurizes them to follow costly and unaffordable practices. Such an expectation in turn makes them so materialistic as to convert them into even resorting to barbaric behaviour, such as the decision to throttle their newborn girl children!

The animistic and inhuman murder is made technologically sophisticated when resorted through pre-birth sex determination based abortion of female foetuses. The cost of these

medical facilities cannot be afforded by the really poor; it is the non-poor who use these techniques. Also, the poor view any additional member as another working hand, and therefore a productive economic investment that will fetch returns. For the poor, the cost of investment into any child is relatively lower when compared to that of the non-poor. Additionally, the mortality rate of infants and children being higher due to lower levels of nutrition and access to health care facilities, the slum dwellers tend to have a different approach to children and their protection. Survival of children - irrespective of gender - is a struggle slum dwellers go through; hence the reverse practice of killing any child would be against the grains of their existential philosophies.

### Crimes against Children

Crime data procured from police records are subject to inherent lacunae stemming from non-reportage and so on, especially applicable in cases of violence such as infanticide, foeticide and so on. Relatively larger number of cases are registered under the crime head 'exposure and abandonment'. In 2003, the NCRB data on crimes against children recorded an incidence of 722 cases under exposure and abandonment. Maximum cases are recorded in Maharashtra, Rajasthan, Madhya Pradesh, Gujarat, Andhra Pradesh and Haryana.

Table 4  
Incidence of Selected Crimes Against Children

Cases	2001	2002	2003
Foeticide	55	84	57
Infanticide	133	115	103
Exposure and Abandonment	678	644	722

Source: NCRB, 2001-2003 years.

A total of 57 cases have been registered under foeticide for 2003, while more than 100 cases are listed under infanticide (see Table 4). The states prominent for incidence of infanticide are Madhya Pradesh, Uttar Pradesh, Tamil Nadu, Maharashtra, Rajasthan and Punjab. There is little doubt of the fact that these figures are gross underestimates due to the non-reportage and poor recognition of these acts as being criminal. Estimated numbers from one of the controversial studies reported in the Lancet suggest what is considered a conservative number of nearly 10 million female fetuses being aborted in the last two decades in the country (reported in Dogra, 2006, p.67). This is based on the estimation of the missing girls calculated from sex ratios. However, what is distressing about this and other similar studies is what they show about the higher chances of pregnancy termination if one child is a girl and the second is tested to be a female foetus. The incidence of such behaviour being higher in case of the educated mothers is brought out by the Lancet study (reported in Raaj, 2006) and another Delhi based selected hospitals focused study by the Christian Medical Association of India (Bagga, 2005).



### **Abandonment and Adoption**

The disinterest for girls is reflected in certain other ways, where parents abandon them or give them up for adoption to organizations involved in these tasks. While the NCRB provides information on exposure and abandonment of children, unfortunately it does not give the gender disaggregated data. Therefore, even if we know the numbers of children abandoned, it is difficult to ascertain how many of these are girls.

However, the media news and other sets of information from common sources of knowledge make it obvious that girl children are most often the unwanted ones. Another set of information that hints at this is the presence of larger numbers of girls in adoption centers (Fruzzetti, 2006). Visits to most of the adoption homes show that girls are in plenty among children available for adoption.

The relative undervaluation of girls even in adoption centres is an additional matter of concern. While the average charges to adopt a girl child may be around Rs. 10,000 (US \$ 222 approximately), a boy, on the other hand, will require at least twice more monetary payment. Since boys are desirable and so much more in demand, there are clandestine deals through which boys are procured at times and the cost for adopting male children is pitched at exorbitant rates. Thus, even among children within adoption centres, the girl child tends to be undervalued.

The lower cost of adopting girls, their availability in larger numbers and the added advantage of choice among the available girl children are probably the reasons for the visibly higher adoption of girls. This is to emphasise that it is not as much a favoured preference for girls among adopting parents/adults which is the cause for their adoption, as it is these factors that make it more difficult, due to longer waiting periods, non-availability of male infants and the high demand based spiraling of costs for procuring them.

While it may be a policy to create demand for adoption of girls by willing parents and among some of the social circles, this may in fact be a politically correct and favourable behavioural response, nevertheless, the reality that results in the adoption of girl children seems to hint at other practical, logistical reasons.

Maintenance and regular generation of data from adoption centres in the country on the statistics of children by sex that are available in these institutions and the rate of their being sought for adoption will be a very useful set of information. Other details that are relevant are the age of the children along with the mode of procuring by the agencies.

Processing of application forms handed over to adoption centres with the specifications regarding the child preferred for adoption and other details can be another useful source of data. Do prospective adoptive parents state their preferences regarding the gender of the child? In the absence of such information being available on a systematic basis, only inputs from interviews with adoption centres and informal sources form the basis for emphasizing the significance and utility of such information. What such information provides may be the expected – however, it will aid and assist in drawing stronger conclusions and making the arguments based on the resilience of gender ideologies more forcefully. What is today seen as more of an argument being pushed by some activists and agenda setters will be more

convincingly acceptable to all – lay persons, middle class, educated persons, who are part of the society which is practicing this gender discriminatory behaviour.

### **Concluding Remarks**

The debates around declining child sex ratios are juxtaposed to the population policy and its emphasis on reduction of the high population growth rate in the country, which in turn facilitated the otherwise controversial right to abortion in early seventies; the advancement of medical technologies oriented to identify abnormalities and disorders during foetal stages of pregnancy, which almost from its introduction became associated with the sex detection involved therein and came to be misused for sex selective female foeticide; and to understanding the social group/s which indulge in these discriminatory practices since earlier methods to do away with girl children through infanticide were linked to specific communities and regions, associated with poverty and inability to bear the economic and social burden of nurturing girls.

Among certain specific geographical locations, the scarce resources and harsh conditions were sought to be balanced through resorting to female infanticide. This was even lauded as an innovative mechanism to keep population growth under check. Reducing the numbers of women not only took care of these generations provisions but also served as a check of increasing population in the next generation. Thus, infanticide or selective elimination of girls was one effective population control mechanism! However, shortage of women meant inadequate females to marry and affected the need for one's own progeny as well. Violence in terms of killing for women, wife snatching and other socially unpardonable behaviour in a global civilized society was noted in the context.

The need to control population growth facilitated introduction of measures which encouraged use of techniques so as to prevent unwanted pregnancies, conceptions and deliveries. The fight for the right to abortion (not granted in most countries of the world) arose as a means to liberate women and not compel them to bear children when they do not intend to do so. It received support from the advocates of population control. Abortion was also viewed as a much needed option in circumstances where the population control measures were inadequate or where these failed.

The granting of the right to abortion became legal with the enacting of the Medical Termination of Pregnancy (MTP) Act in 1971. This was viewed as a progressive measure, since the earlier stringent approach towards abortion resulted in a large number of 'illegal', 'underground' abortions in extremely unhealthy and unsafe manner, affecting women's lives. Although the law was enacted seemingly with the purpose of safeguarding the rights of pregnant women, the underlying pressure to grant the green signal received impetus from the need felt for controlling the growth in India's population. The implementation also followed the principles of population control despite the law stipulating various caveats under which the right to abortion is to be granted, such as health reasons, on humanitarian grounds and eugenic grounds.

In light of the choices being made available to society for planning their families some of the socio cultural considerations, predominantly those emanating from patriarchal structures also came into operation. One of the prominent ones is the sex determination techniques to plan the sex of one's offsprings. Some of the other preferences relate to racism, the yearning for 'white' or 'fair-skinned' children, or children with pre-specified physical traits and so on.

If restricting the number of children that is strongly advocated by the planners and policymakers is not a problematic issue, then why should choice of sex of the children per family matter? Infanticide was practiced on the sly, in secrecy among certain communities much more than among others. Specific historical and community factors were linked to the adoption of such practices to eliminate females as in the case of Kallars in Tamil Nadu, or war-faring communities of Rajputs and so on. The operation of such practices in rural areas, among illiterate and often poor masses seemed to be the obvious connections drawn.

The spread and identification of elimination of females being practiced among literate, urban and prosperous households has thrown up a paradox defying easy explanations. The son preference and extreme levels of daughters unwantedness witnessed is a sign of the stronghold of patriarchal values and unequal, discriminatory treatment to girls.

Women's rights over their own bodies and having the right to make decisions regarding their reproductive roles must be granted legally and become socially acceptable. At the same time, the misuse of abortion to eliminate girl children while still in their foetal stages subsequent to sex determination tests needs to be prevented. The responsibility of medical professionals in prevention of such misuse is tremendous. Campaigns against female foeticide in the country are therefore shifting focus in a more concerted fashion upon this community, employing all methods available to expose the crime committed within private spaces of hospitals or clinics.

In addition to these advocacy campaigns, research studies on the subject are essential for awareness generation on these aspects of societal deviancy, which have spread roots very widely and seem to be expanding their outreach for all the wrong reasons. A continued emphasis on generation of systematic data from different sources on diverse dimensions are required in order to shed clearer light on this complex phenomenon of declining girl children. The issue of 'missing' girl children is an outcome of patriarchal under valuation of women in Indian society, which needs to be anchored as a human rights subject that aims for gender equality. The need to recognize equal sex ratios as public goods has also been argued by Miller (1981). The right to equality for women and elimination of discrimination against women ratified with the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) form the background within which the efforts to improve the status of women are located (Menon-Sen and Shiva Kumar, 2001, p.13). The Millenium Development Goals (MDGs) includes gender equality as an overarching objective of the United Nations compact towards human development.

The constraints towards women's empowerment, such as education, health care, access to institutions and political participation, income generation, dignity of work and protection from violence need to be addressed to improve women's status. On the legal front, the

existing gaps in provisions have to be bridged and amendments made to provide more teeth to enable effective execution of laws against misuse of medical facilities. This, along with constant efforts to create effective mechanisms to operationalise legislative provisions by building bridges and involving more partners will be essential, to safeguard the future of the girl child. Efforts oriented to address the problem of declining sex ratios and improving the gender balances necessarily need to work towards changing the prevalent mindsets in order to enhance women's status. This requires a multi-dimensional approach to tackle the deep-rooted patriarchal ideologies that perpetually undervalue and lower the status of women.

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