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Female Infanticide and Feticide: The Declining Sex Ratio

Paper by

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Introduction

The biological difference between a man and a woman has been converted, over the ages, into inequalities of various natures. This is not limited to any society or age, and India is no exception.

When James Mill wrote in his *History of India* in 1817 that the condition of women in a society is an index of that society's place in civilization, he made 'women', 'modernity' and 'nation' become inseparable elements in a connected discourse on civilization. This fact is increasingly seen in the new development indicators, which not only place emphasis on the growth levels of the economy, but also stress on the emergence of strong social indicators. Gender development is one of them, and the Gender Development Index is often used to state the development of the countries of the world by the Human Development Report.

One of the most heinous ways of discrimination against women in a society is through female foeticide. To discriminate against a woman when she enters what is often referred to as a 'man's world' is one thing. To not even let her be born to face that world, is quite another. Why is female foeticide practiced by some? The answer lies in a complex array of interconnected and intricate reasons, which probably have roots in culture and society, but have a strong economic angle as well. The practice has got a further boost with the introduction of advanced technology.

What is female foeticide?

Female foeticide is a practice of selective elimination of the female foetus after prenatal sex determination or sex pre-selection, thus avoiding the birth of a girl child*.

Essentially, female foeticide is a two-step practice. The first step involves the detection of the sex of the unborn baby in the womb of the mother. This could be done at the behest of the mother, or father, or both or under family pressure. Sex of the baby could be detected through *pre-conception* and *post-conception methods*. The pre-conception methods include ericsson method (X and Y chromosome separation) and pre-implantation genetic diagnosis. However, it is the post-conception methods that are in much wider use, namely: andamniocentesis,

* CAPF: A Handbook of Guidelines

chronic villus sampling and ultra-sonography. Once the sex of the baby is detected, the second step involves a decision taken by the mother, or father, or both or under pressure from the family to have or not have the child.

Legislation-wise, sex determination of unborn child is banned under Pre-conception and prenatal Diagnostic Techniques Act, 1994. Moreover, utilization of ultra-sonography, amniocentesis to determine and communicate the sex of an unborn is punishable under the law since January 1996.

As far as abortion (or what is also called therapeutic abortion) itself is concerned, it was legalized in India in 1971 with the Medical Termination of Pregnancy Act. Under the two main laws (Medical Termination of Pregnancy (MTP) Act 1971 and the Pre Natal Diagnostic Techniques (PNDT) Act 1994), the Indian government has conceded that abortion may be carried out if there is (a) danger to the life of the mother in child birth, (b) if the child is at risk of being born handicapped, or (c) if the woman has conceived the child as a result of rape. Women are also allowed the right to abortion if they wish to do so in the interest of keeping the family small. However, it is often seen that the decision of abortion is taken immediately after the detection that the unborn child is a female, especially if it is a second or third female child.

Roots of female foeticide

In 1871, when India's first census survey was conducted by the British, the scope of the problem of infanticide became visible. The sex ratio was 940 females to 1000 males in pre-independence India. British statisticians and survey conductors noted that this rate was the inverse of the rate as prevalent in England and other countries. In most developed countries, sex ratio has been more favorable to the females.

The British passed an act banning infanticide (Female Infanticide Act 1870). But this act was difficult to implement or put into practice because most births happened at home, and registration of births was not common. Hence the number of mysterious child mortality cases remained unaccounted. Autopsies were not performed except in unusual cases, and hence it was always difficult to ascertain the cause of the death of a child. This law led to the practice being carried out away from public eye. Technology changed the mode of getting rid of a girl child. Female infanticide took the form of female foeticide.

Consequences of female foeticide

Female foeticide is a gross violation of many rights. The first is the right of the unborn child to life. The second right violated is that of the woman's right over her body. Often the decision not to have the child is taken by the man (husband) or the family and the opinion of the mother who painfully bears the child is rarely considered. At the macro level, this has an impact on the sex ratio of the country.

In turn, distorted child sex ratio has a number of important implications for the nation as such. Lesser women in population may further worsen their status in the society. In particular, it may give a rise to violence against women, sexual harassment, rape and abduction. Experts also predict forced polyandry, increased prostitution and the respective rise of HIV as the indirect cost of female foeticide. On the women's part, the alarming consequences are psychological disorders and health hazards caused by poorly conducted sex-determination procedures and numerous abortions. And it is women's health that significantly determines health and reproduction of the nation.

Is the phenomenon specific to India?

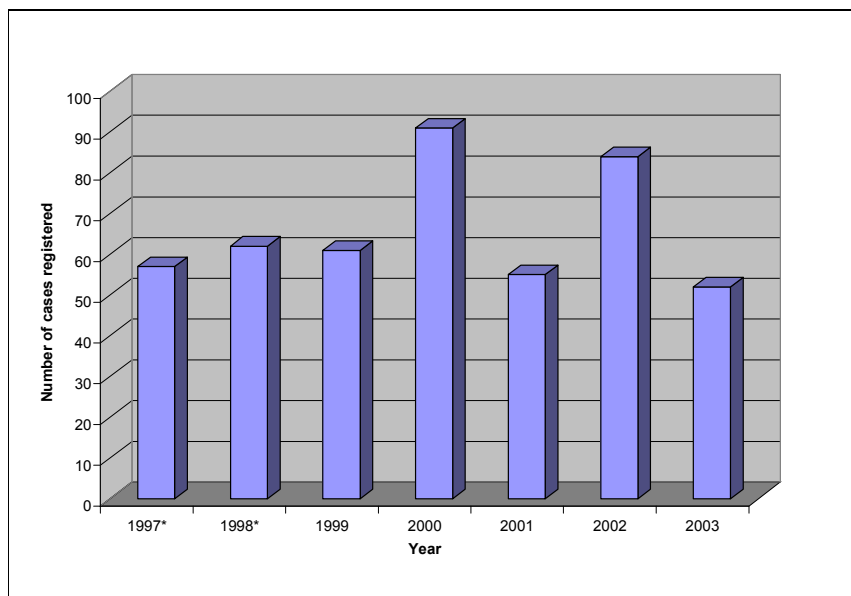
Although much has been attributed to the traditional and moribund old Indian cultural practices, the truth, as revealed by data, is that *female foeticide is not specific to India*. The areas affected by the problem are found generally to be in South Asia, the Middle East (Algeria, Jordan, Syria, Turkey) and parts of Africa (Algeria, Egypt, Cameroon, Morocco, Libya, Liberia, Tunisia, Madagascar, Senegal). In Latin America, there is evidence of abnormal sex ratios in mortality figures in Ecuador, Mexico, Peru and Uruguay. The problem is also rampant in the People's Republic of China, a country greatly prided for its effective population stabilization policy. It must also be noted that since two thirds of the world's population live in countries where registration of deaths does not occur and where the death rates are not published by sex (Census 2001), it is very difficult to ascertain the total gravity of the problem.

Situational Analysis – A Reality Check

As pointed out by Minister of state for Health and Family Welfare Panabaka Lakshmi, as female foeticides take place secretly, no authentic figures are available[†]. Census 2001 reveals only the number of the cases registered with police under “Crime against women” (Fig. 1): these figures appear incredibly small.

In the absence of the adequate statistics on female foeticide only may use indirect indicators to assess the scope of the phenomenon. Only regarding usage of ultrasound, as per reports received on 31st October 2005 from states and UTs, 27399 units /clinics using ultrasound, image scanners etc have been registered under pre-conception and pre-natal diagnostic techniques (PC and PNDT) Act 1994[‡]. And this is considering not well-developed healthcare system in the country. This figure does not obviously provide for unregistered equipment in usage. Whereas ultrasound may be available for middle and upper class urban women, still nearly three-fourths of the women in the suburban area knew about the sex determination test according to some research[§].

Figure 1. Incidence of Female Foeticide in India (official statistics)



[†] New Kerala. 09 Dec 2005

[‡] New Kerala 09 Dec 2005

[§] Kaur, M. (1993)

Source: Census of India, 2001

Another study reveals that out of 15 million abortions carried out in the world in 1997, India alone accounted for 4 million (27%), 90 per cent of which were intended to eliminate the girl child** while Indian population comprised 16,5% of world population in 1997††.

A significant effort to estimate the occurrence of female foeticide was undertaken by the researchers from the University of Toronto in Canada and the Institute of Medical Education in Chandigarh, India, who studied almost 134,000 births in 1997 among 6 million people living in 1.1 million households who are part of the ongoing Indian National Survey. Based on the natural sex ratio from other countries, the researchers estimated that 13.6 to 13.8 million girls should have been born in India in 1997 but the actual number was 13.1 million. The deficit amounts to between 590,000 and 740,000 female births. Therefore, the scientists conservatively estimate that prenatal sex determination and selective abortion accounts for 500,000 missing girls yearly. If this practice has been common for most of the past two decades since access to ultrasound became widespread, then a figure of 10 million missing female births would not be unreasonable‡‡.

The research team found that when the first birth was a girl, at the second birth there were 759 girls born to every 1,000 boys. At the third birth, the sex ratio declined further to 719 girls to every 1,000 boys when the first two births were girls. By contrast, when the first or second child was a boy, the number of girls born at second or subsequent births exceeded the number of boys§§.

Indeed, the scope of female foeticide could be assessed through an indicator such as Child Sex Ratio (CSR), or the number of girls in the age group of 0 to 6 years per thousand boys of the same age group. Indeed, the practice of eliminating female foetuses is believed

** Nigam, S. (2001)

†† Demographic Yearbook System, UN.

‡‡ The Indian Express. Monday, January 09, 2006

§§ The Indian Express. Monday, January 09, 2006

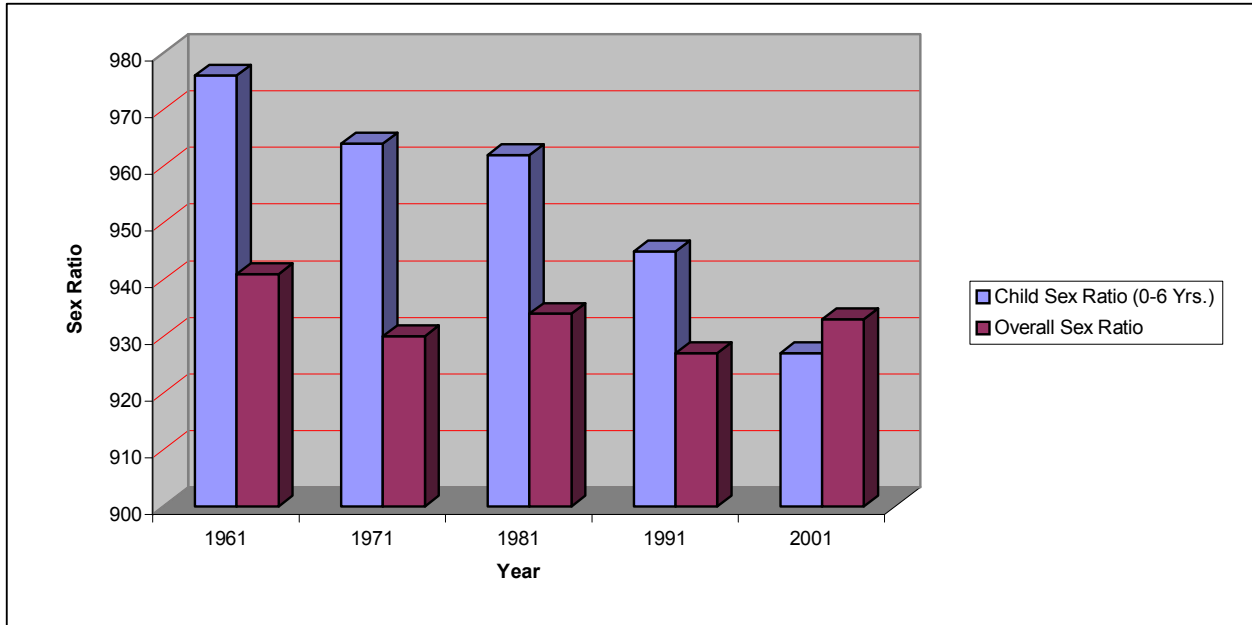


Figure 2. Child Sex Ratio (0-6 years) and Overall Sex Ratio in India.

Source: Census of India, 2001.

The Census Commission's latest analysis (2001) has shown that the child sex ratio in India is turning dangerously masculine. The trends show that the female sex ratio in the 0-6 age group or the child sex ratio has fallen in all the metro cities except Kochi, Asansol and Madurai.***

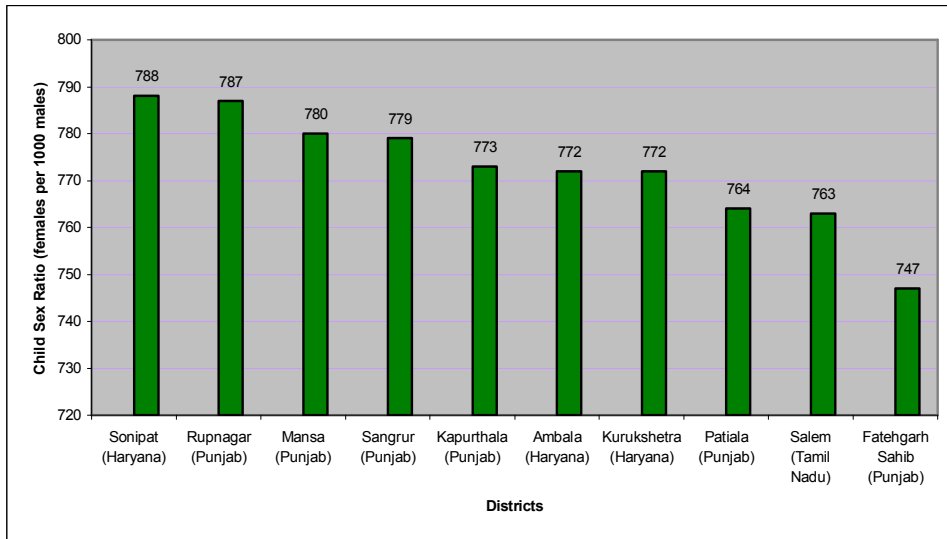
1. Regional Differences

Female foeticide is fast emerging as a problem that affects all parts of the country. However, one can clearly see regional fluctuations in the figures that are available.

In the Northern region, the child sex ratio is dismal for the states of Punjab, Haryana, Delhi, Gujarat, Rajasthan, Uttar Pradesh and Maharashtra. The backward states of Bihar and Jharkhand seem to be much better off than the more prosperous states in this comparison. The North East Region shows healthy sex ratios. The North East inhabits certain tribes, for example in Meghalaya, which are matriarchal in nature, and this could also be a possible reason for this trend.

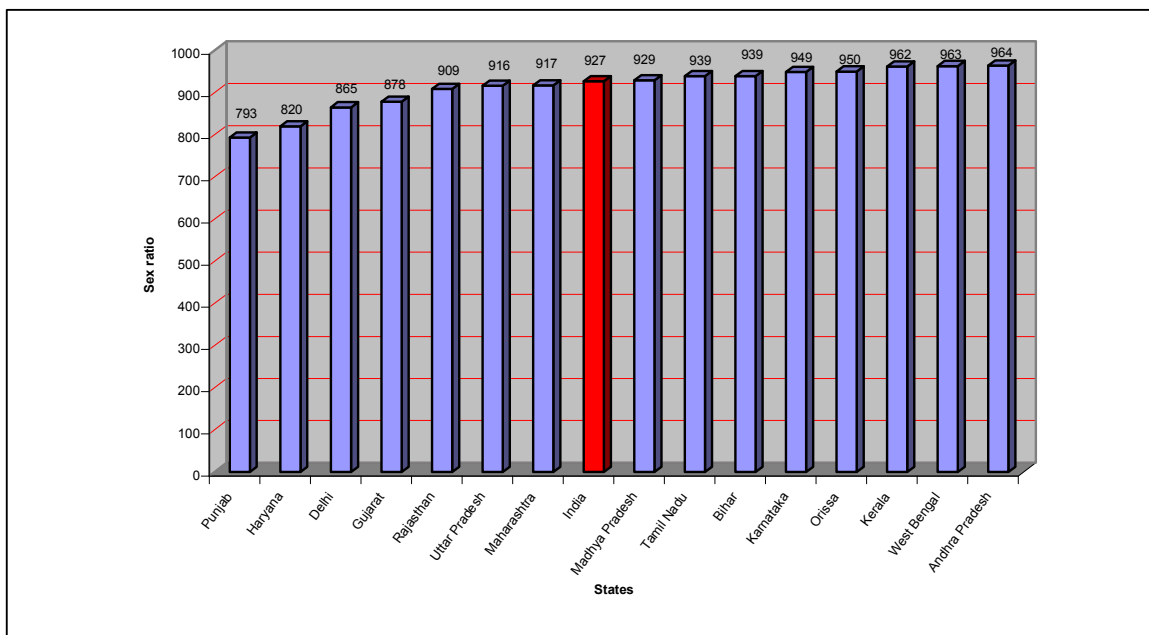
*** Rai, U. 2003

Figure 3: Child Sex Ratio -- The Worst-Hit Districts in India (2001)



Source: Census of India, 2001

Figure 4: Child Sex Ratio – state-wise (2001)



Source: Census of India, 2001.

Foeticide has always been considered a problem for northern India, but this reality is undergoing a transformation even in the 100% literate state of Kerala. The sex ratio in Kerala for females may be 1058 females for 1000 males, which is very heartening. However, the tide is turning, as the child sex ratio is as low as 962 females to 1000 males. One of the districts with the highest prevalence of female foeticide in India is Salem in Tamil Nadu with the child sex ratio being staggeringly low at 763 females to 1000 males^{†††}.

While it has been long established that the southern region is more gender egalitarian than the north in marriage systems, status of women, and child outcomes, evidence suggests that in the late 1980s and 1990s, gender bias has penetrated south India too.^{‡‡‡} This must send warning bells ringing for policy makers and social scientists.

2. Differences over Income and Wealth Levels

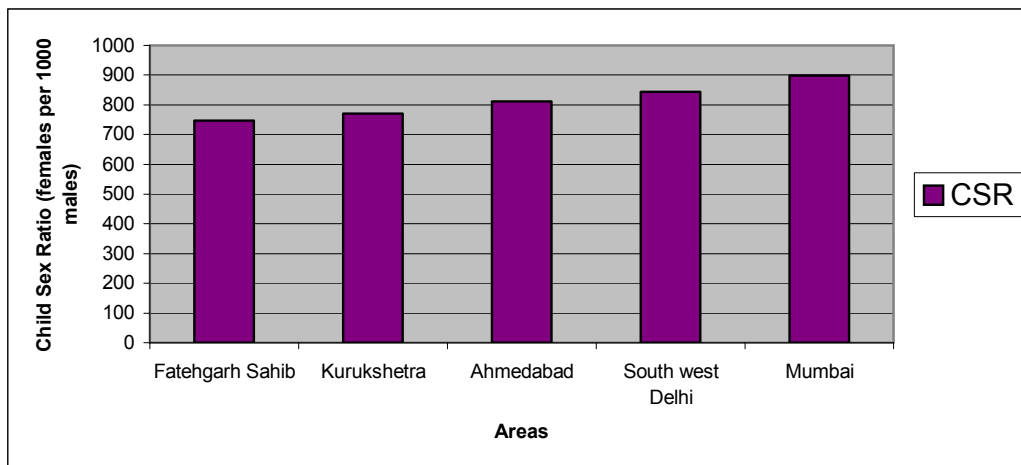
Income and wealth, usually taken as symbols of prosperity and development, have not led to a change in the social mindset of the people. The highly prosperous areas of the country are not immune to the trend of female foeticide (as seen in the figure). Areas of Punjab and Haryana are the most prosperous states in the country, and Gujarat and Maharashtra the most industrialized. Yet the practice pervades these prosperous states as well. The child sex ratio stands at a mere 747 in Fatehgarh Sahib District in Punjab, the lowest in the country. That is, there are only 747 girls to 1000 boys in the district. The Kurukshetra district of Haryana has the ratio as low as 772, Ahmedabad has a ratio of 814 and South West Delhi has 845^{§§§}. These regions again are among the most prosperous in the country. The ratio in Mumbai is also seen to be falling at 898.

^{†††} All data from Census of India 2001

^{‡‡‡} Sudha, S. & Rajan, S. Irudaya. 2003

^{§§§} All data from the Census of India, 2001

Figure 5: High Prosperity Areas with Dismal Child Sex Ratios



Source: Base Data from Census of India, 2001

The case of South-West Delhi is most peculiar. In the various zones in Delhi, the South-West zone is inhabited by the middle and upper strata of society. The women in this area are usually educated and a large number are employed.

Evidence has shown that women in paid workforce contribute economically to the household, and raise their value as well as those of their daughters. They are less dependent on the male members for their finances, and take several decisions independently. Yet the highest incidence of female foeticide in the same setting is alarming and intriguing.

It is seen through this case study that although the working woman's status may improve, but the patriarchal societal ideology remains rooted in place. Societal gender inequality keeps them from being viewed or paid as equal participants (Varma, 1993)****.

Unlike the belief that foeticide occurs where people are poor, illiterate and unaware, the highest ratios of foeticide have been observed in economically developed areas. Punjab and Haryana today are India's most prosperous states. These are the states where introduction of technologies like those for the Green Revolution have revolutionized the prosperity of the people. The states, at the same time, are also providing the maximum number of sex

**** Sudha, S. & Rajan, S. Irudaya.2003

determination clinics. According to a UNICEF study, with the advancement of technology the problem is on a rise^{††††}.

After these analyses, the relationship between empowerment through education also suffers a setback. The all-India male literacy rate stands at about 75.9% while the female literacy rate is as low as 54.2%, a 22-percentage point gap^{††††}. The issue of whether education breaks gender biases needs much exploration. It is true that education may enable men and women to become rational actors in a modernizing economy. But it may not automatically lead them to transform the social system. This linkage needs to be explored.

3. Differences by Social and Religious Groups

An analysis of the census data reveals that among the various religious communities, the Sikhs have the worst track record for sex selection. There are just 786 females to every 1000 males in the 0 to 6 age groups^{§§§§}. After the Sikhs, it is the Jains, who have a dismal sex ratio of 870 females to a 1000 males[§]. Muslims fair well with regard to a sex ratio of 950 females to 1000 males[§]. The best sex ratio is of Christians, at 964 females to 1000 males[§].

The linkage between culture, religion and foeticide has always been considered an important one. Several researchers have pointed out that the practice of female foeticide has received religious sanction, which has led to the masses adopting such values. Quotes like the following from the Atharva Veda "... birth of a girl grant elsewhere; here, grant a boy..."^{*****}, have been used to substantiate this argument.

But there has been an opposite view that is also doing strong rounds. The existence of religious texts that criticize foeticide are also available. The Vedas also say that *the foetus is a*

†††† Sorta-Bilajac, I. 2004

†††† Sudha, S. & Rajan, S. Irudaya.2003

§§§§ Data from Usha, R. 2004

§§§§ Sorta-Bilajac, Iva. 2004

*person with awareness, and that foetal life equals adult life*⁹. Hence killing of the foetus is as good as murdering another person. However, what seems like a more rational viewpoint is that in the globalized world, where interests have become primarily material in nature, the scope for individuals to live only by old traditional practices is very small. In his process several good and bad cultural practices have been lost, but for the preference of a male child.

The Causes behind Female Foeticide

The causes behind female foeticide can be classified under four heads: (a) social; (b) economic; (c) political; (d) technology-related. However, demand side (socio-economic) factors seem to be primary reasons for the wide spread of FF whereas state-of-the-art supply-side (technical and political) factors essentially fuel or at least tolerate prevailing social request.

a. The Social Causes

The social causes emanate from religious beliefs, sanctions and practices.

The majority of the people who follow Hindu faith believe that a son alone can perform the last rites, which ensure salvation of the soul after death. It is the son who carries the family name and lineage. Parents are considered to be the “trustees” of their daughters, who belongs to ‘another family’ and in reality, is only a ‘guest’ till she is married off into her matrimonial home.

The practice of dowry is an economic burden on the parental family and further reduces the status of women and the desire to have a daughter.

b. Economic Causes

The economic causes are the reasons, which are primarily materialistic in nature. It is often difficult to separate economic causes from social causes. A brief listing of the economic causes is given below.

- Sons provide the workforce as they bring in a bride seen as “an extra pair of hands”.

- Sons are the source of family income and have to provide for parents in their old age.
- Daughters do not stay with the family. Hence parents do not profit from any investments made in the daughter. Daughters do not become the support for parents in their old age.
- Dowry is a huge financial burden on the families. This burden leads to the daughter being perceived as a liability.
- The issue of inheritance rights is a sensitive one. The large female foeticide taking place in primarily agricultural areas is attributed to the fact that with equal inheritance rights given to the girls, families fear that agricultural land would get fragmented as the daughter marries and moves away.
- Labour market discriminations are an important form of economic discrimination. Women are less likely to work in as high positions as compared to their male colleagues. Women are often paid lesser than their male counterparts even when they are more productive than their male colleagues. Women's earnings in India are only 38% of the male earnings (HDR 2004).

c. Technology-related Causes

The technological causes are the ones that gave birth to the problem of foeticide. Before diagnostic techniques for detection of the sex of the foetus were available, one could not carry out sex-selected abortions at all. Hence with technology, a new way to get rid of the unwanted girl child was discovered.

Previously, the birth of the girl child was often not declared openly, and the girl was even put to death. This process was extremely cumbersome. There was tremendous guilt associated with the act, as it was difficult to distance oneself from killing a baby. Sometimes emotional attachments led mothers to not let their (girl) child being killed. The girl child in such cases would be abandoned. Foeticide is a natural corollary of infanticide, a result of the introduction of technology.

Compared to infanticide, foeticide was a more acceptable means of disposing of the unwanted girl child. Infanticide was an overtly barbaric and inhuman practice. Foeticide on the other

hand, was and is carried out by skilled professionals. It is a 'medical' practice, an oft-given justification. It uses scientific techniques, hardware and skills, and reduces tremendously, the guilt factor associated with the entire exercise.

According to an observation made by the UNICEF, the problem of female foeticide has been rising, as technology has been improving. The different technologies for sex determination are increasingly being available in rural areas also, and this is fuelling fears that sex-determined abortions will only increase in the future.^{††††} These circumstances make the agenda of bioethics pivotal.

c. Causes due to Governance and Policies

The policy reasons pertain to the governance-related factors that have accelerated the problem of foeticide. India was one of the first nations in the world to have a family planning policy (1952). The two-child norm has been inculcated to the people through public awareness campaigns, rather than through coercion. As urbanization has taken place and families have been becoming increasingly nuclear, there is a realization of the economic benefits of the small family. But at the same time, the ingrained values such as son preference have remained in tact. In urban India, where by and large people adopt a small family number female foeticide often is practiced to limit the size of the family.

Are Sex Selected Abortions a Matter of Choice?

Often parents and medical practitioners label the issue of foeticide as one of reproductive 'choice'. However, this choice has been used as a way of systematic discrimination against the girl child. Advertisements like spend Rs 5000 now, and save Rs 5,00,000 later^{††††} become a part of this inhuman practice, and make it sound like an economic investment.

Very often, this 'choice' is completely based on the notions of son preference. Son preference refers to a range of values and attitudes, which are manifested in many different practices, their central focus being the neglect of the daughter and over emphasis on the virtues of the son. There are many cases where the women have no say in the matter of their own

^{††††} Sorta-Bilajac, I. 2004

^{††††} Sorta-Bilajac, I. 2004

reproductive health. Fear of violence, rejection, and also the desire for a higher status in the house in decision-making matters are causes that drive the woman to agree to foeticide. Technologies like the sex selection provide women the base from which they negotiate and secure their positions in their families. This is particularly seen with young mothers, who look forward to a son, in order to strengthen their status and position in their family. Figure 10 gives an idea of the percentage of women allowed to take autonomous decisions in the house pertaining to issues regarding their own health care.

But often women are seen to be consciously making this choice of aborting the female foetus. What are the reasons that drive this choice? Often mothers who suffer discrimination their entire lives do not wish to pass this legacy to their girl child. As in the case of India, girls in most of the developing world receive less attention and resources than boys. They face a 'double jeopardy'^{§§§§§} of increasing prenatal elimination, together with persistent postnatal risk.

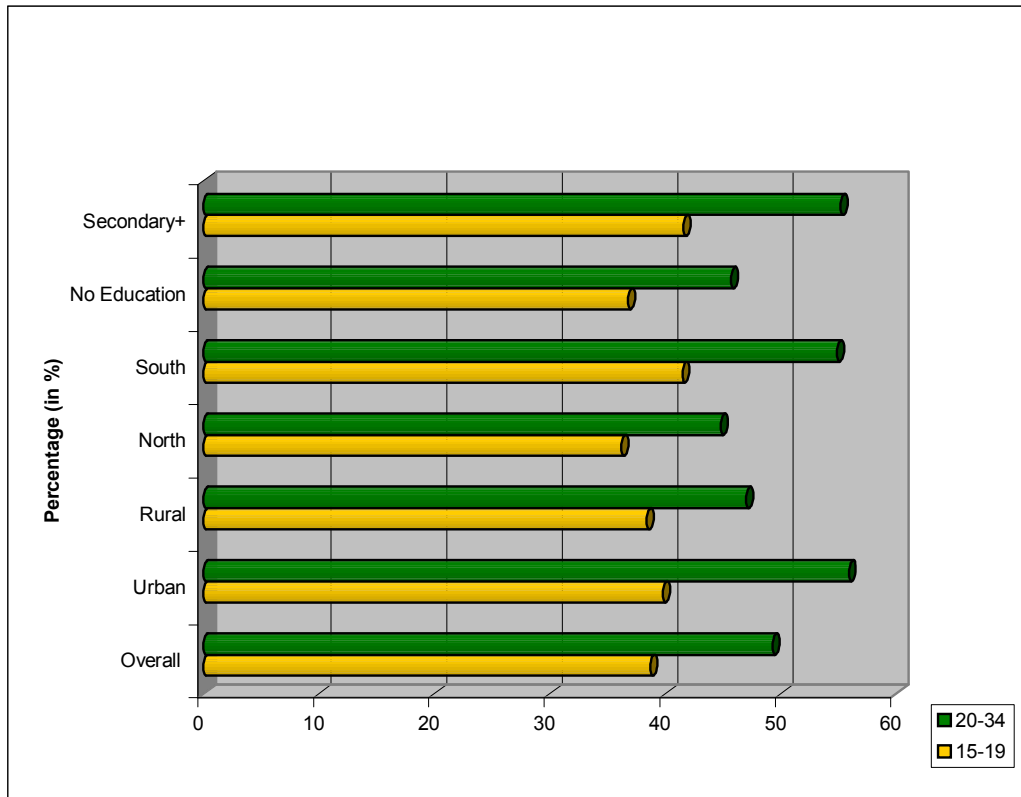
To realize the strength of the social pressure on woman, one may think of the following data. According to a study of suburban women 95% of them would favor termination of pregnancy if they knew that the foetus is female. 46% of them were actually prepared to terminate a pregnancy if the foetus were female, while the remaining 54 percent despite a favorable attitude, said that they would not actually do so as they had either completed their family or had two sons. Moreover, 18 percent of the respondents were ready to abort a female foetus even though they considered it a sin^{*****}. This explains the paradox of social compulsion and individual choice. According to social norms they considered abortion a sin, and yet, female foeticide was acceptable.

Abortion, for some is an option, which seems to be psychologically easier to bear than neglecting a living child. Despite the increasing female education and work participation awareness, socio-economic advancement is still viewed as largely achieved through men and families value sons accordingly. The inter-linkage between the productive and the reproductive domains (represented by work and marriage) leads to women's work and education being subjected to the dictates of marriage necessities.

^{§§§§§} Sudha, S. & Rajan, S. Irudaya. 2003

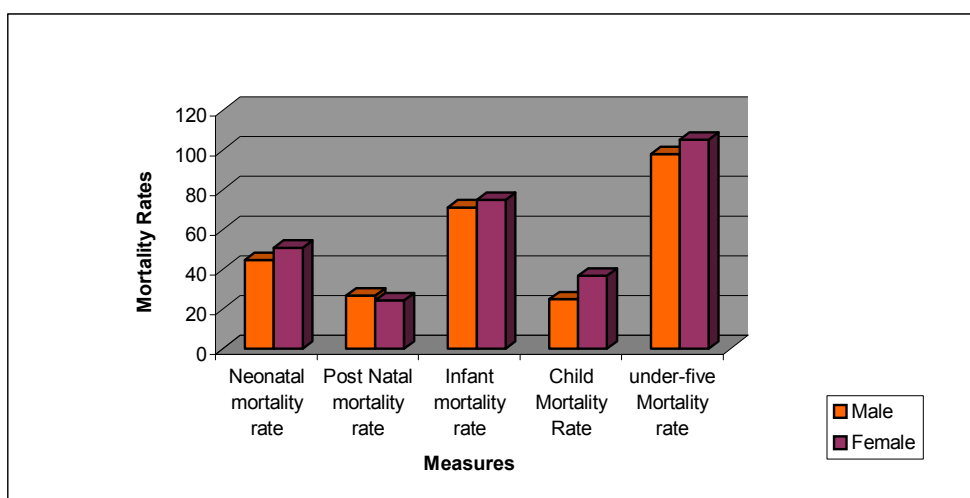
^{*****} Kaur, M. (1993)

Figure 10: Decision-Making Authority: Percentage of Women Involved in Household Decisions regarding own Health-Care



Source: K.G. Santhya & S J Jejeebhoy

Figure 11: Mortality Rates of Males & Females



Source: NFHS-2, 2000

Current initiatives against female foeticide

Female foeticide is not just a medical issue. It is a social issue, an economic concern, and a development crisis. Therefore, efforts to address it come from various sides.

The PNDT Act has been in force for several years now. Sex selection is recognized as a crime. All ultra sound clinics have to be registered. The Medical Council of India can suspend/cancel the registration of doctors caught doing sex selection, or an abortion based on sex selection. In 2002 PNDT Amendment Act came into force with more stringent conditions. From now on the person who seeks the aid of a genetic or ultrasound clinic or medical geneticist for sex selection can face imprisonment for a three year period and be required to pay a fine of Rs 50,000. The same measures apply to those providing such aid. However despite the threat of law, foeticide continues as rampant as ever. Female foeticide is a clandestine business for which an exact figure is difficult to obtain.

Despite the hue and cry about the missing girls, only 312 cases have been prosecuted in 2005 (as on 31.7.2005)^{††††††} with 24% cases coming from Delhi, 17% from Punjab and 15% from Tamil Nadu. However, not a single person has been convicted. 68% of the cases registered

^{††††††} Rai, Usha. 2004

are for the non-registration of the ultrasound clinics or machines; communicating the sex of the foetus and for advertisements that promote sex selection constituted 8% of the cases each^{††††††}.

A number of campaigns were initiated by religious leaders. So, in November 2005, a caravan of 25 vehicles and 200 people has been criss-crossing northern and western states of India with the religious leaders of various faiths, including Islam, Christianity, Hinduism and Jainism, are participating in the march against female foeticide^{§§§§§§}. Findings on the research part feed media that raise awareness of the general public.

Combating the Problem

As far as the reasons behind female foeticide are deeply rooted in the socio-economic system of Hindu society, the issue of female foeticide is very difficult to single out and address separately. As noted above, institution of dowry, limited access of women to the organized labour market and low status of women in the society as such form a strong basis for son preference that in turn realizes itself in the spread of female foeticide. Therefore, some significant improvements here are possible only when the whole set of issues is addressed.

Also, any plan of action to counter the threat that is posed by the issue of female foeticide has to take into consideration all the stakeholders involved. These stakeholders would go on to counter this issue in a multi pronged way.

- **The Government** – The government can make a difference at the policy level through interventions by the organs of the state. The government's response so far has mainly been in the form of legislative support. This includes:
 - a) Dowry Prohibition Act 1961 – This saw revisions in 1983 and 1985.
 - b) Maharashtra Regulation of Prenatal Diagnostic Techniques Act 1988.
 - c) PNDT Act (The Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection Act) in 1994.

^{††††††} Lok Sabha Unstarred Question No. 2623, dated 10.8.2005.

^{§§§§§§} BBC News 2005/11/12

d) Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Amendment Act, 2002

There must be adequate administrative machinery to see that the laws are implemented in a proper manner. The law enforcement agencies like the judiciary must set precedents so that the malpractices can be countered and preventive measures can be undertaken for any such future practices. For example, the clinics using ultrasound equipment to detect probable health hazards of children to be born, are to maintain proper documentation of each ultrasound check. In practice, this requirement is not fulfilled and there is no control over it from the officials. Special surveillance is to be carried out to the clinics practicing ultrasound techniques. Not at least, the revealed cases of malpractice should receive publicity and be unconditionally prosecuted.

- **Parents** – Efforts must be made so as to change the values of son preference and patriarchy in society. There is need for a gender-balanced society. Practices like counseling, especially marriage counseling could be an effective way of restructuring gender relationships. There is a need to address the myths prevalent of sons and daughters and a concerted effort should be made to bring in the attitudinal change.
- **Medical practitioners** – There is an urgent need to enforce a system of ethics in the medical profession, especially in the context of monitoring of the medical services that are available to people regarding ultrasonography etc. The licenses given to private clinics should be properly verified and re-examined over a period of time. Importantly enough, the medical community itself should endorse intolerance to its members who assist in sex-selective abortion. Even though the state law clearly defines sex-selective abortion as a crime, provisions against it should be present in a code of conduct for the medical practitioners. It should be made clear among physicians that sex-selective abortion is an unprincipled practices that cannot not only carried out by also tolerated. This should encourage medical practitioners to report on the colleagues known to be involved in female foeticide cases.
- **Religious leaders** – Often the practice of foeticide stems from the incorrect interpretation of the rituals of a religion. Hence a way to make a difference in the attitudes of the people can be through a more contemporary adaptation and

interpretation of religious and cultural norms. Hence religious leaders and culture clubs could play an important role in changing the orientation of the people towards this discriminatory practice.

- **Media** – The media is an important agent of social change. The regressive representation of women by audio-visual media leaves much to be desired. Media can also create positive role models, bring about new precedents, and set examples, which the masses can imbibe into their day-to-day life. Hence there is tremendous opportunity on the shoulders of this pillar of society, not just as an awareness-generating agent, but also for bringing about larger social change. In particular, it is media that could emphasize the criminal nature of female foeticide and inform about its scope as well as its horrifying consequences for the nation.
- **NGO's and research agencies** – NGO's are important agents in research and sensitization on burning social issues. By gathering and then disseminating information on the problem they give rise to the social awareness in the general public, which in turn creates a basis for social change. When female foeticide is concerned, some more research effort is needed in learning about the scope of the phenomenon to promote public awareness. Also, the mechanics of decision making that precedes any female foeticide should be understood so that further counseling and training could be targeted at the people involved and their misbeliefs. Finally, these are NGO's that should create opportunities for various stakeholders of female foeticide issue to come together to share their understanding and strategies and plan on their joint efforts to combat female foeticide.

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