

JANUARY, 2002

INSTITUTE FOR DEVELOPMENT AND COMMUNICATION, CHANDIGARH

**IDENTIFYING AND CONTROLLING
FEMALE FOETICIDE AND
INFANTICIDE IN PUNJAB**

Sponsored by: Department of Women and Child Development,
Ministry of Human Resource Development, Government of India
and Punjab State Human Rights Commission, Chandigarh.

Rainuka Dagar

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PREFACE

The study *Life Enhancing Mechanisms and Life Depriving Outcomes : A Case of Female Foeticide* underlines the need for a holistic intervention to ensure that a girl child not only gets the right to birth, but also the right to a dignified life. This is pertinent as down the decades the female has been denied the right to life through female infanticide, cultural neglect and blatant use of violence.

The study has rightly raised the question, whether the decline in sex ratio can be attributed to an easy access to technology or to the social practice of patriarchy. Technology per se cannot bring about the collapse of ideologies like patriarchy. Therefore, targeting technology only amounts to attributing an autonomous space to it to promote or negate the deep rooted cultural practices. Economic affluence and technological advancement cannot on their own counter the cultural practices, the core of which happen to be male child preference. The study has also shown that the adverse sex ratio is accompanied by other unfavourable gender indices like wife beating, rape, bigamy, sexual abuse and dowry abuse. For instance, the study shows that the districts which experience adverse sex ratio also registered a higher incidence of violence against women.

Another important fact the study highlights is that the child sex ratio declined sharply from 1980s onwards. It can be inferred that the era of terrorism, growth of religious fundamentalism, complete absence of political intervention, lack of gender sensitivity in planning and failure to launch any social reform movement are some of the major factors which contributed to the inability in ensuring a dignified life to a girl child in Punjab.

To meet the challenges of the declining sex ratio, first and foremost the **females' right to life has to be valued by the society**. This means combating male child preference and its associated legitimacy. This will further help to tackle the violation of **right to birth** by checking misuse of technology through legal measures. This would only be effective once the community supports these measures. There is an urgent need to sensitise people on gender issues and productive worth of girl child alongwith undermining the norms, values and practices that have historically promoted male child preference, which shall act as guarantee for effective implementation of law.

We are also grateful to Mr. K.K. Bhatnagar, IAS, Principal Secretary to Government of Punjab, Punjab State Human Rights Commission for his interest and support to the project. We are also thankful to the Department of Women and Child Development, Ministry of Human Resource Development, Government of India for sponsoring the project.

We are appreciative of the untiring efforts of the research team consisting Ms. Sangeeta Puri, Mr. Harsh Chopra, Mr. Ramanjit Kapoor and Ms. Alyonika Kapoor in the field.

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Above all, we are indebted to our respondents without their candid cooperation the study would not have been possible.

Pramod Kumar
Director

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INTRODUCTION

The release of the provisional sex ratio of the census 2001, has created an upheaval by questioning some of the premises of the development paradigm. The 21st century has been ushered in as the age of technology with the belief that technology is the hallmark of civilization, progress and development. In the environs of visible affluence, the destitution of the female makes a myth of development being a panacea for all social evils. India's unfavourable sex ratio of 933 is claimant to women's detrimental status. Moreover, the developed states with a high per capita income have registered a decline in the sex ratio. These states include Punjab, Gujarat, Maharashtra, Delhi and Goa (refer to table A1 in the annexure). Can it be surmised that developed societies with ready access to technology cause a decline in the sex ratio? Or is it the social practice of patriarchy that appropriates technology to reinforce itself. The resolution of this issue is important as the strategy to correct the sex imbalance will depend on the assumed problem. Technology, in the guise of prenatal diagnostic tests, and its ready accessibility in the developed states, particularly in Punjab is being blamed for the decline in the sex ratio and is thus targeted for its redress. If technology alone is targeted then the premise is that the method is the cause of the alarmingly poor sex ratio. The question that then needs to be asked is why are life-enhancing mechanisms resulting in life-depriving outcomes?

SEX RATIO IN INDIA: AN OVERVIEW

The sex ratio is a composite indicator of women's status. It reveals the number of females per thousand males. The natural sex ratio is favorable to the female yet in the developing countries it is adversely represented.

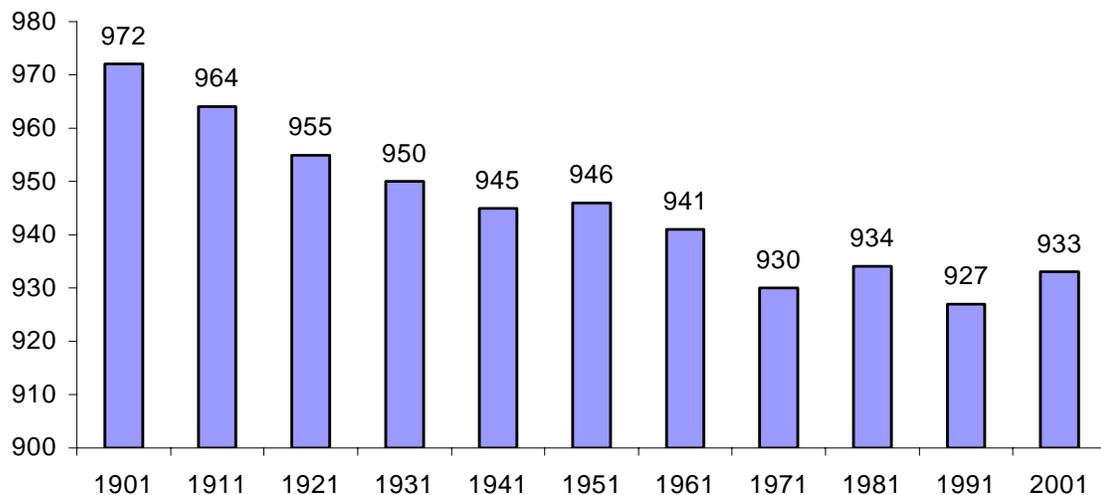
'In all but a few countries of the world, there are typically 105 women for every 100 men. Even though at birth, boys outnumber girls by about the same proportion, studies have shown that where men and women have access to equal care, nutrition, health

and medical attention, women, due to their biologically determined stronger constitution, live longer than men, and, therefore, outnumber them. In the industrialised countries, for example, there are, on an average, 106 women for every 100 men. In Sub-Saharan Africa, there are 102 women for every 100 men and in South-East Asia, 101 women for every 100 men. In India, on the contrary, there are less than 93 women for every 100 men. Only where societies specifically and systematically discriminate against women, fewer of them are found to survive.¹

In other words, socio-cultural factors impinge to distort the natural sex numbers. India's sex ratio throughout the 20th century and in the 21st century reflects a masculine sex ratio. In fact, one that has declined from the natural sex ratio where females outnumber males. In 1901, India's sex ratio was 972, deficit in the number of females to proclaim intrusion of social factors in its disruption. The sex ratio decline steadily in the years 1901 to 1971 (with a negligible increase in 1951) to improve marginally to 934 and has hovered around 930. In 2001 it stands at 933 to affirm the presence of unfavourable conditions for women's survival.

Graph -1

Sex ratio of India from 1901-2001



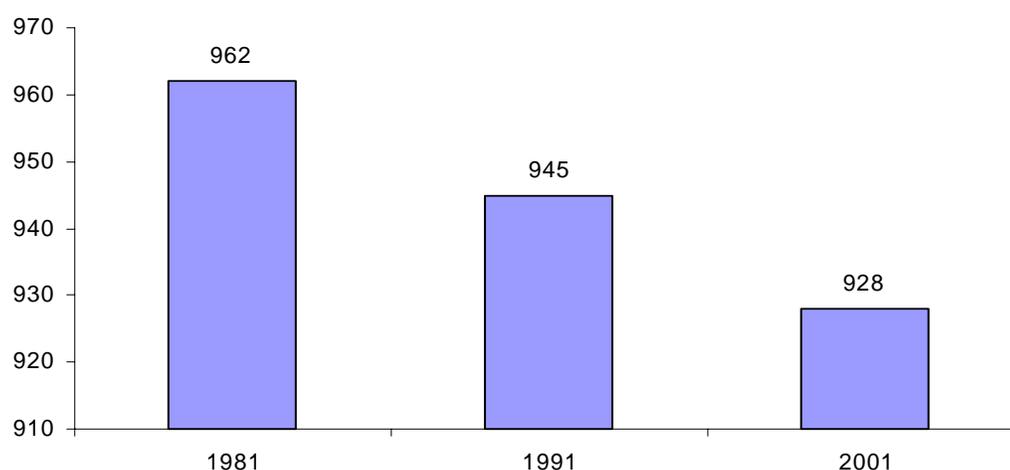
¹ UNICEF (1995), The Progress of Indian States New Delhi: UNICEF, p,57.

The age specific sex ratios are indicative of increased mortality rates in accordance to age groups. In India it is the sex ratio under the child categories (0-4, 5-9 and 10-14) that are disruptive to the natural sex ratio (refer table A2 in annexure)

While the development of infrastructure and health facilities addressed child mortality, the socio-cultural assertion of male child preference ensured the continued decline of the child sex ratio. The 0-6 child sex ratio fell to 928 in 2001 from 962 in 1981.

Graph -2

0-6 age group child sex ratio in India for the year 1981, 1991 and 2001



This age group reflects the most adverse sex ratio. The decline in the number of girl children can be inferred to be caused by high girl child mortality including female infanticide or due to female foeticide. Even though the biological sex ratio at birth is naturally masculine with 104 – 107 male live births per 100 females², a fall from this number and its continued fall after birth is indicative of the presence of unnatural factors. Data show that both female infant and girl child mortality is higher than that of the males (refer table A3 and A4 in annexure). The presence of sex determination clinics and subsequent abortions, no doubt, have affected this child sex ratio. The prevalence of female foeticide has been captured from case studies of clinics, from its

² Visaria, P. (1971) The Sex Ratio of the Population of India, Monograph 10, Census of India 1961, New Delhi: Office of the Registrar General, India

use by pregnant women and also reported cases.³ In India, for the years 1998 and 1999, 62 and 61 number of female foeticide cases have been registered. For the sex ratio to confirm female foeticide, the sex ratios at birth need to be analysed. The sex ratio at birth from 1961 to 1991 has shown a drastic decline pointing to widespread use of female foeticide.

Table - 1				
Sex ratio at birth in India 1961 - 1991				
Years	1961	1971	1981	1991
India	994	989	967	939
Source : 1. Census of India 1981, 1991; Socio cultural Tables, series 1, India Part IVA 2. Provisional Population Totals (Paper 1 of 2001) Supplement District Totals Census of India 2001 Series 1, India				

The appropriation of technology to abort female foetus has further aggravated the masculine sex ratio of India. However, it must be noted that it is not only the use of technology in pre-sex selection and sex detection methods that is denying birth right to the female – the age old practice of female infanticide continues, with reports of such incidents accounting for a substantial 12.6 per cent of the total incidents of infanticide and foeticide registered in India.

Table -2				
Reported cases of Infanticide and foeticide in Punjab and India				
States/India	Infanticide		Foeticide	
	1998	1999	1998	1999
Punjab	3	11	2	3
	2.6	12.6	3.2	4.9
India	114	87	62	61
Source: India. Ministry of Home Affairs. Crime in India 1999 New Delhi : National Crime Records Bureau, 2001, p. 222				

³ Patel, V. (1984) Amniocentesis and Female Foeticide: Misuse of Medical Technology, Socialist Health Review Vol. 1(2) September, pp. 69-71.

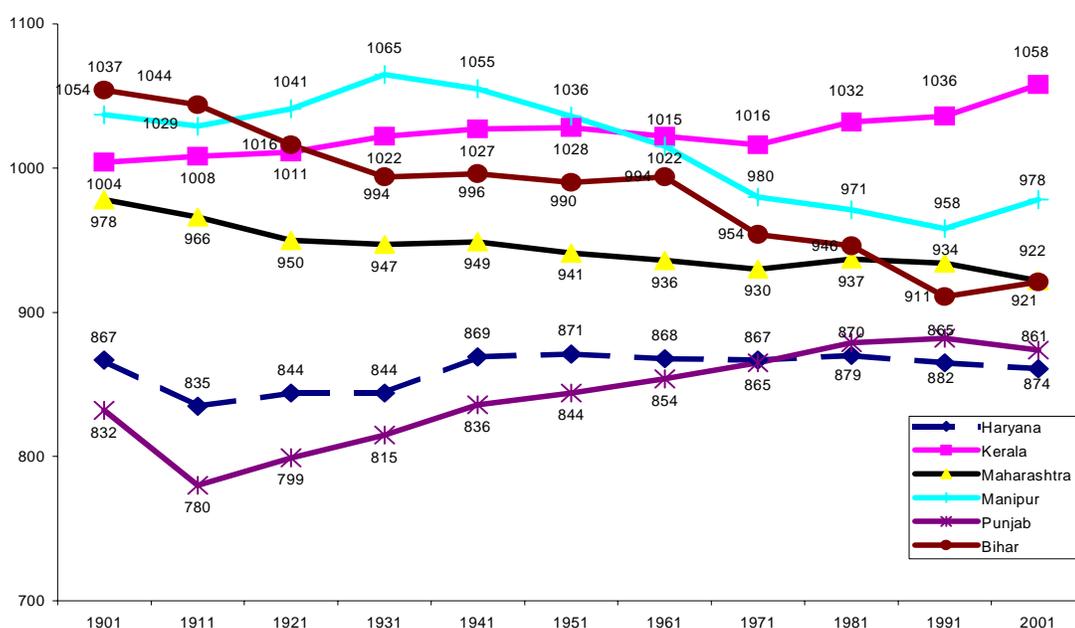
Kulkarni, S. (1986) Prenatal Sex Determination Tests and Female Foeticide in Bombay City – A Study (Mimeograph), Foundation for Research in Community Health (FRCH), Bombay.

- **Statewise Variations In Sex Ratio**

The all-India averages of sex ratios from 1901 to 2001 are increasingly masculine. However, large variations exist in the sex ratios of the states of India. For instance, in 1901 the north-eastern states of Mizoram, Manipur, Maghalaya and Orissa and Bihar had the more natural feminine sex ratios. While at the same time, other states including the north-eastern state of Assam, Haryana, Punjab and Rajasthan had masculine sex ratios.

Graph -3

Sex ratio in selected states of India (1901-2001)



A similar situation is presented by the sex ratios in 2001, though some states have changed their trend from masculine to feminine and vice versa. Kerala continues to boast of the most feminine sex ratio while Bihar, most of the north-eastern states and Orissa have registered a decline from the natural sex ratio. While states like Punjab and Haryana have retained a masculine sex ratio. In so far as the child sex ratios in the age 0-6 group are concerned, most of the states have registered a deterioration in the child sex ratio, though some states like Meghalaya, Mizoram and Kerala have shown an

improvement from 1991 to 2001 in their child sex ratios (refer to table A5 in annexure). Punjab and Haryana continue to maintain their unfavourable condition for the female as also for the girl child. In 1991, seven out of the 10 districts with the most adverse sex ratio belonged to these states.⁴ The situation has further deteriorated in 2001 with these states accounting for all the 15 districts in the country with the lowest sex ratio. In fact, available figures from 591 districts reflect that the district with the best sex ratio in Punjab falls at .55 percentile and in Haryana the district with the most favourable sex ratio falls at 1.1 percentile.

In other words, 99.4 and 98.9 per cent of the districts have a better sex ratio than the districts in Punjab and Haryana respectively. The gravity of the situation is further compounded by the fact that it is only these two states that show no variations in the sex ratio of their districts. States like Gujarat and Maharashtra do have districts with a very adverse sex ratio but at the same time they have districts with an average that is better than the all India average (refer table A6 in annexure).

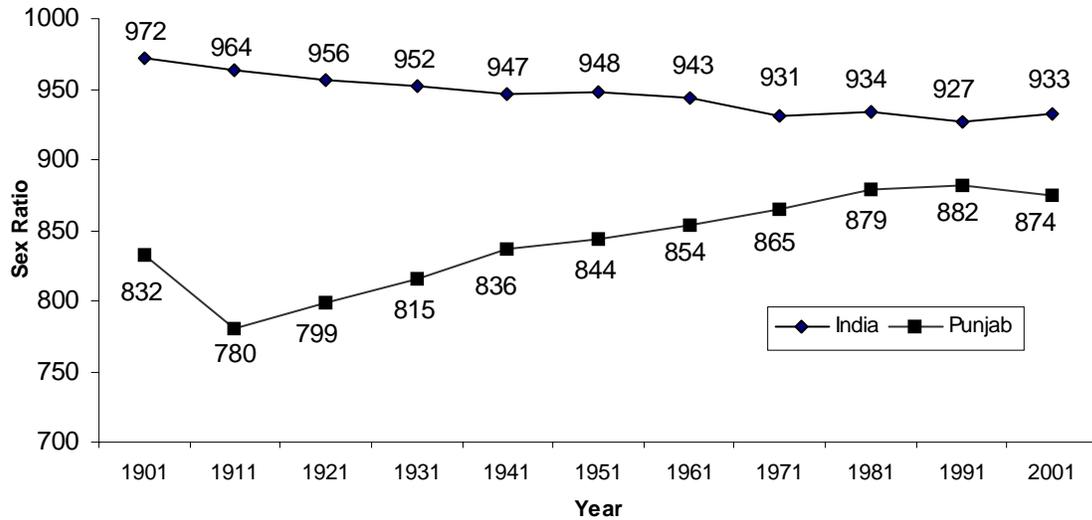
- Historically Punjab and Haryana have had the most adverse sex ratio in the country.
- Punjab and Haryana account for all the 15 districts in the country with the most adverse child sex ratio in 2001.
- According to 2001 census every 5th girl child in Punjab is missing because of her gender.

ANALYSIS OF SEX RATIO IN PUNJAB

The adverse sex ratio in Punjab is not recent, in fact from the time census figures are available, i.e. 1901, Punjab has had the dubious distinction of being the Indian state with the most negative sex ratio until 1971, and continued to be among the states with a high imbalance in male and female numbers (See graph 4).

⁴ UNICEF op.cit. (1995).

Graph -4
Sex Ratio of India and Punjab 1901-2001



The historical adverse sex ratio testifies to the persistent unfavourable condition of women in Punjab. The lack of technology has never hindered the disposal of unwanted females. At the turn of the century, it was female infanticide that was practised in Punjab.⁵ The point is that the violation of the right to birth of a girl is agitated against when society does not sanction the right to birth itself as is evident from the legitimacy granted to the use traditional methods to predetermine male sex of the foetus.

Technological advance is only usurped to perpetuate the retrograde social set-up. Ultrasound and amniocenteses technologies were evolved to detect foetus abnormalities, but these are used to identify female foetus. The declining sex ratio, especially in the 0 to 6 years age group, from 875 in 1991 to 793 in 2001 (refer table – A7 in the Annexure) shows that the female gender is perceived as a liability and the

⁵ Refer Gupta, Jyotsana Agnihotri (2000) 'New Reproductive Technologies, Women's Health and Autonomy : Freedom or dependency New Delhi : Sage publication, pp. 530-531

male gender as an asset. It is the lack of a male child that is considered a curse rather than female foeticide. In other words, the abuse of female foeticide is taken to be the remedy.

Historically, Punjab has had fewer women than was biologically designated. In 1901, the sex ratio was 832, while the Indian average was 972. Certain factors in Punjab were more predisposing in their influence on these numbers, than they were in the rest of India. In fact, among the states, Punjab represented the worst conditions for female survival.

According to the 2001 census, every fifth female in Punjab is “missing” or has not survived because of her gender.

The negative sex ratio is composite in its claim of unnaturally fewer females than males. Males could outnumber females either because women do not have the right to life

(female foeticide), are killed subsequent to birth (female infanticide) or are discriminated against in survival conditions after birth. It is the birth, infant, and child sex ratios that reveal the nature of discrimination that the female faces. That the sex ratios at birth and in different age groups reveal

Box - 1 FEMALE INFANTICIDE: NO ROOM FOR ANY FEMALE CHILD
Macro data suggest that it is subsequent girl order births, rather than the first girl child who suffers severe neglect or even infanticide. ⁶ However, there are cases where even one girl child may no longer be acceptable. A daily wage earning couple were parents to two boys, and thereafter a third child was born who happened to be a girl. They felt that girls were only a burden and were not in favour of keeping even one girl child. On at the suggestion of the husband, the dai strangled the child. After the female infanticide, the couple had another child, a boy.

⁶ Gupta, Monica Das (1987) Selective Discrimination Against Female Children in Rural Punjab, India Population and Development Review

the play of socio-cultural factors in determining female life chances. Adverse sex ratio at birth indicates that even prior to birth, certain factors influence the sex of the foetus to be male. This could be at the time of conception, gestation or delivery.

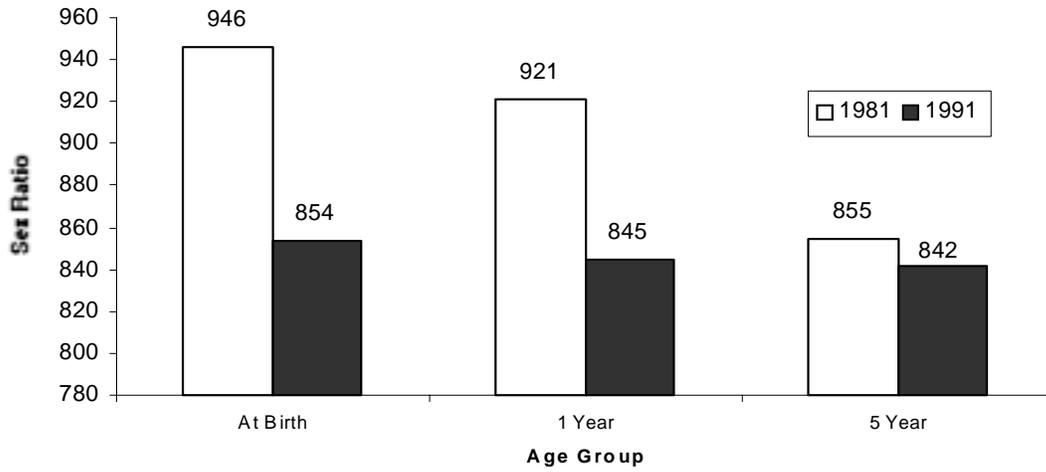
Thus it is only the sex ratio at birth that can point at the misuse of prenatal diagnostic techniques to determine male child preference. However, the decline in the sex ratio after birth (infant sex ratio and other age groups) stress the importance of neglect and care sans technology to influence the natural number of males and females. Though female infanticide is practised as is reflected from the 11 reported cases in Punjab in 1999 (refer table -2), and the field study also uncovered some unreported cases – where a father was willing to pay doctors to inject and kill an unwanted girl infant. Yet in most cases, dissatisfaction with the female sex of the child was reflected in the indifference shown to the health and nutrition requirements of the child resulting in death.

Box - 2
MODERNISING FEMALE INFANTICIDE
Incidents of female infanticide involving neglect, especially on birth where women elders of the family suggested to the dai that the child be declared stillborn were relatively common. In such situations no one paid any attention to the girl baby – no feeding, clothing and in a few hours baby dies. But science seems to have invaded the realm of post-birth negation to life also. In one case, a man who had the sixth child, also a female, approached an RMP to inject some lethal drug and kill the unwanted girl child. The man was a Jat Sikh from the middle peasantry and presented the logic that the RMP charged Rs. 200/- as his commission for referring pregnant women for sex determination tests, he could charge double the amount, Rs. 400/- to kill the girl child. The RMP refused, but the girl child could not survive more than three days.

Misappropriation of 'technology' is indicated in both the adverse sex ratio at birth as well as the sharp decline in the sex ratio at birth of subsequent years. In Punjab the child sex ratio at birth was **946** in 1981 and it fell to **854** in 1991 (figures for 2001 are not available).

Graph -5

Age Group Wise Sex Ratio of Punjab for Years 1981, 1991



However, for both the decades of 1981 and 1991, the sex ratio at birth was higher and it declined for the one-year age group. In 1981, the sex ratio at birth was **946**, while for infants it fell to **921**. Similarly in 1991, the sex ratio at birth was higher at **854** than after one year of birth, which fell to **845**. The fall in the infant sex ratio and also in the other age groups reflects factors that operate after birth, such as cultural neglect replace technology. To state an example of neglect – a premature girl child needed to be kept in an incubator that would have cost Rs. 25,000/-. The family decided that this amount could be better utilised as a fixed deposit for her dowry, if she survived without medical care. The baby was not provided the needed medical attention and died. Higher female child mortality has affected the decline in age specific sex ratios. In Punjab, infant and child mortality in 1991 is higher for females than males in all age groups (refer to tables A3 and A4 in the annexure). Female child mortality increases in the one to four age group when social factors continue to intervene to affect survival.⁷ In fact in Punjab the sex ratio in the 10-14 years age

⁷ According to a report by the World Bank deaths of young girls in India exceed those of young boys by almost one third of a million every year. Even sixth infant death is specifically due to gender discrimination.

Chatterjee, M. (1990), Indian Women: Their Health and Economic Productivity World Bank Discussion Paper 109 Washington: The World Bank.

group in 1991 is the most adverse at 876 (refer table A8 in annexure). Cultural predispositions of male child preference can be inferred from the sex ratio in the rural and urban areas also. Rural Punjab has registered a higher decline in the sex ratio in the 0-6 years age group even though the overall sex ratio of rural Punjab is better than urban Punjab. (Refer table A9 in annexure).

The systematic and consistent adverse sex ratio at birth (0-6 years), higher female infant and child mortality rate and the increasingly adverse sex ratio with increasing age reflect the importance and negative impact of social factors that intervene to negate life chances of the females.⁸ In rural Khanna, Monica Das Gupta found clear evidence in 1984 of the role of behavioural factors in raising the mortality rate of girls. She reported that after the first month of life, environmental and care related factors that are susceptible to societal manipulations come into play.⁹

- **Regional sex ratios**

Besides the variations in the sex ratio among child age groups, regional variations in the sex ratio reflect social impediments to the natural sex ratio. While the 2001 sex ratio of Punjab is among the lowest in the country, large variations within the districts exist. Ludhiana, with 824, has the lowest female representation while Hoshiarpur with 935 has the most favourable sex ratio. The map provides a visual display of areas (demarcated in blocks) reflecting different ranges of sex ratio. These areas show a consistency in the sex ratio over the years.

⁸ Analysing data on female mortality in India, Sunita Kishor concludes that discrimination against female children starts early, and is maintained as the female child grows. A critical manifestation of this discrimination is the under allocation of medicine and food to the female offspring. This gender bias in the allocation of critical life-sustaining resources appears to be the mechanism that gives rise to gender differences in mortality.

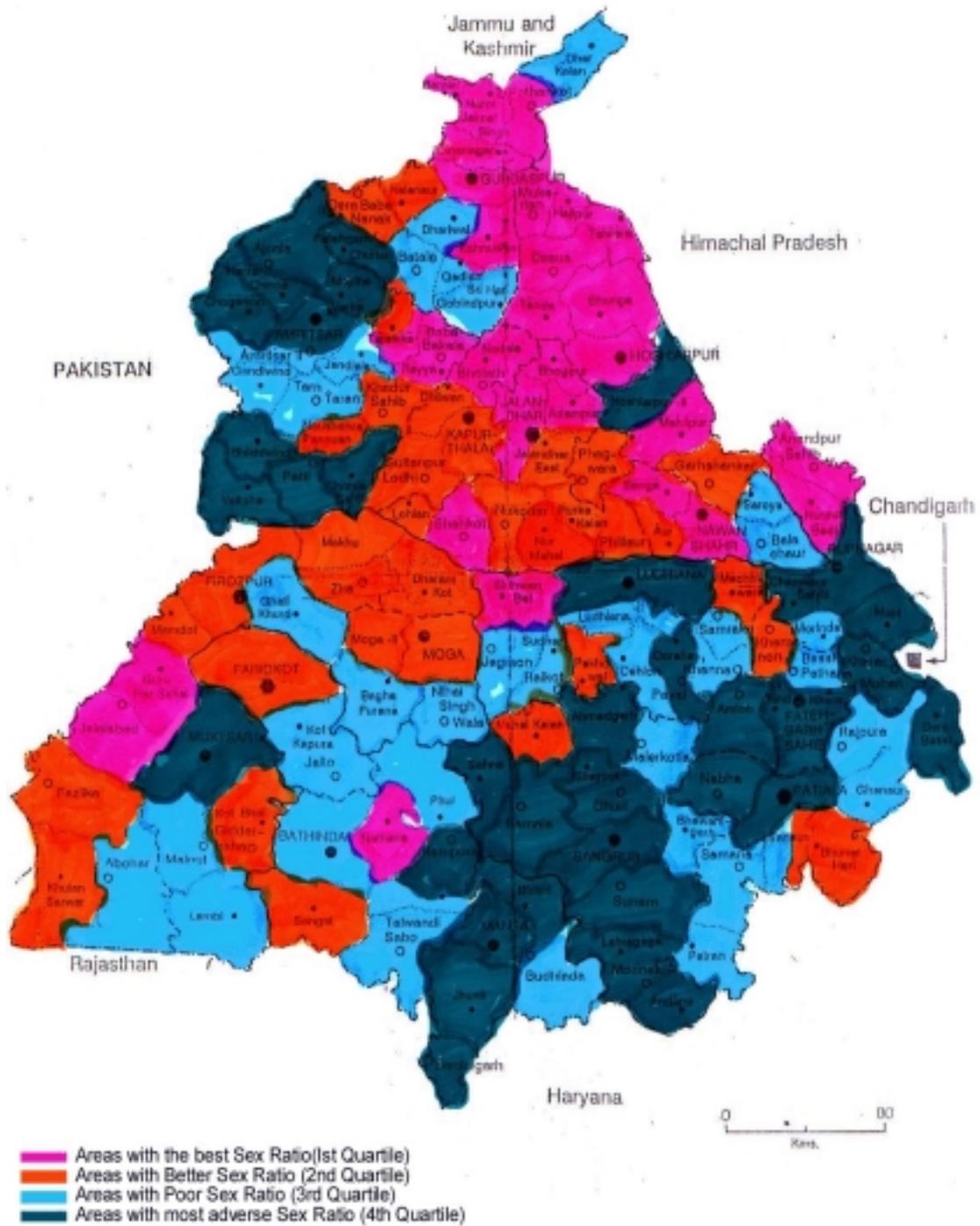
Kishor, S. (1995), 'Gender Differentials in Child Mortality : A Review of the Evidence' in Das Gupta, M., Chen, L.C. and Krishnan, T.N. (eds.) Women's Health in India : Risk and Vulnerability Delhi : Oxford University Press.

⁹ Female mortality rates were much higher (between 1 to 59 months) than males. Between 1 to 23 months female mortality was nearly twice that of males. Second order and subsequent girls were subject to increasing concentrations of excess mortality relative to other children if their mothers were younger and more so if educated.

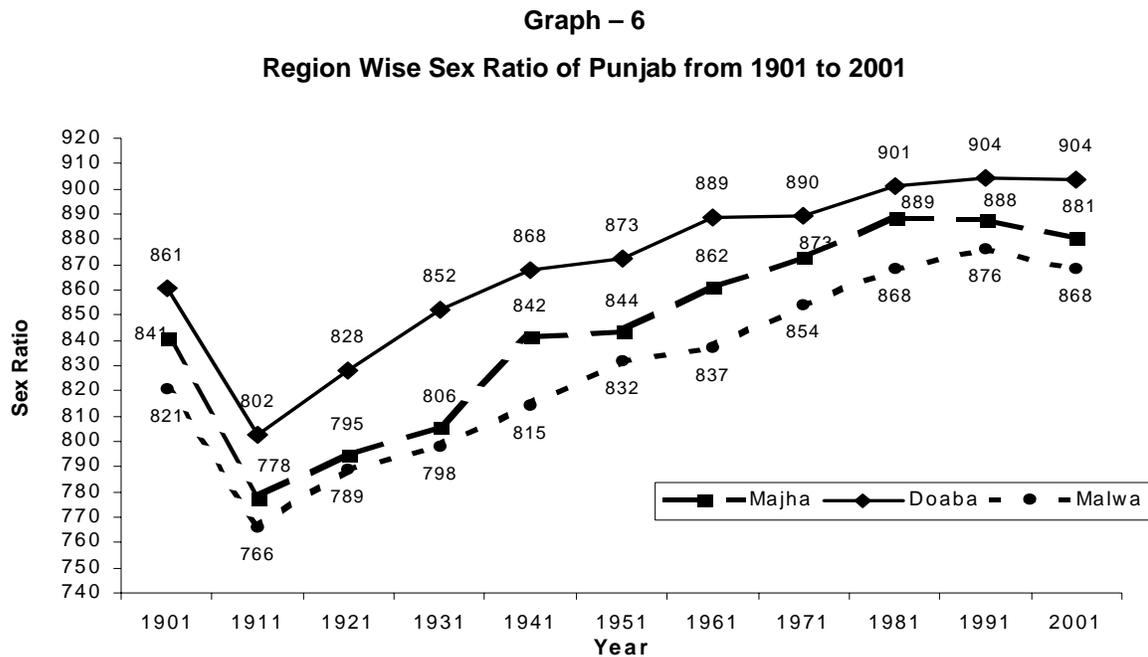
Das Gupta, M. (1987), 'Selective Discrimination Against Female Children in Rural Punjab, India' Population and Development Review 13(1), pp. 77-100

Map 1

Blockwise sex ratio of Punjab, 1991



A look at the patterns of sex ratio over the century reveals that there has been a historical consistency among the regions with regard to sex ratio (see graph -6).



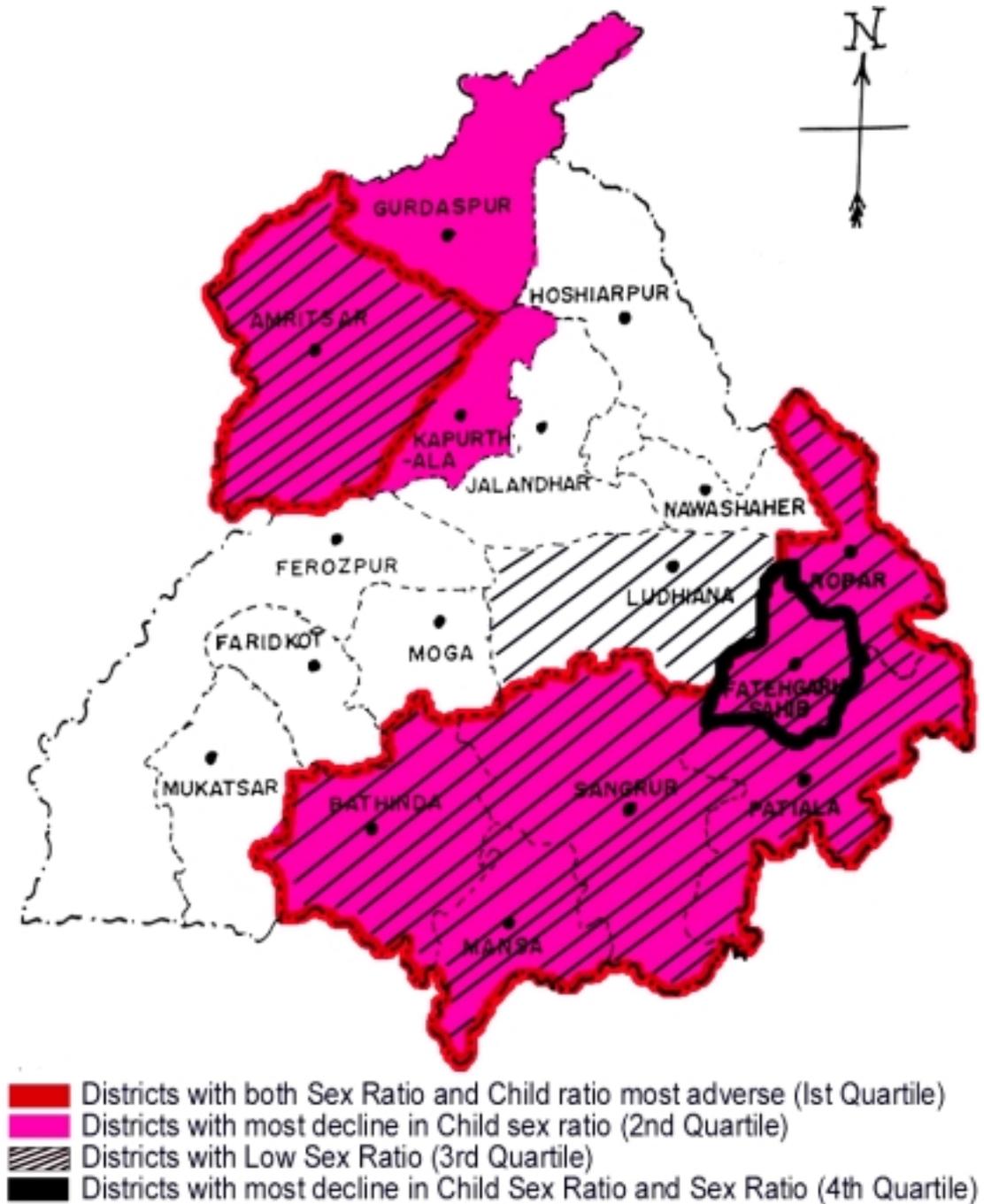
Malwa, which is characterised as a feudal region with late agricultural development, has the poorest sex ratio. In fact, historically, the districts of Ropar, Fatehgarh Sahib and Ludhiana share the lowest sex ratio. In contrast the Doaba region has had the most favourable sex ratio, always above the state average. Hoshiarpur, in particular, has the highest sex ratio. The Majha region comprising Gurdaspur and Amritsar has had sex ratios hovering around the state average. While the sex ratio is a cumulative indicator of women’s placement over time, the child sex ratio is indicative of trends in improvement or deterioration of the status of women.

An analysis of the sex ratio and child sex ratio reveals a distinct pattern based on cultural zones of Punjab. Districts comprising the backward area of Malwa, namely Bathinda, Mansa, Sangrur, Fatehgarh Sahib, Patiala as also Ropar and pockets of the Majha region have the most adverse sex ratio as well as an adverse child sex ratio in 2001. Interestingly, in most of these districts (Fatehgarh Sahib, Patiala, Mansa, Sangrur and Ropar) the decline is far greater in the rural child sex ratio (refer table A9 in annexure).

What is revealing is that the districts with the lowest sex ratio and lowest child sex ratio are also the districts which have witnessed the largest decline in child sex ratio

Map – 2

Sex Ratio : Situational Analysis



since 1991. These areas represent the most hostile conditions for women. It is perhaps here that pre-natal diagnostic techniques have been misused the most. Ludhiana is the only exception. While it has the most adverse sex ratio of 824 in the state, it has not had that significant a decline in the child sex ratio in comparison with Punjab as a whole. Perhaps the low sex ratio is caused by single male migration to this industrial centre.

Regional consistency now seems on the verge of a change. Gurdaspur and Amritsar in Majha and Kapurthala in Doaba are districts with the highest decline in the child sex ratio.

METHODOLOGY OF THE STUDY

The utilisation of sex determination methods to select male foetus is an indicator of the male-female differential which has misappropriated the advent of health technology (technology to identify genetic defects) with adverse effects on female births and sex ratio.¹ The preference of male child in the socio-cultural milieu of Punjab is perhaps an important factor in the blatant use of sex determination tests, constituting pre-birth gender violence as also post-birth practice of female infanticide. Violation or the intentional tampering with the sex composition of live births is now an important determinant in the rising sex ratio in favour of male births in particular and the sex ratio of living children in general.²

Given this context it will be worthwhile to study the following issues in context to combating female infanticide and foeticide.

OBJECTIVES

- To explore the income strata and rural-urban variations in extent and justifications for female foeticide / infanticide.
- To capture the linkages between male child preference with the gender system and the practice of female foeticide / infanticide.
- To suggest a framework of intervention to combat female foeticide / infanticide.

¹ Genetic testing for male sex selection has been reported to have a widespread extent in China, India and Republic of South Korea to effect a skewing of the male-female sex ratios.

For details refer to Heise, L.L, Pitanguy, J. and Germain, A. (1994), Violence Against Women : The Hidden Health Burden World Bank discussion Paper 255 Washington : World Bank, p. 12.

In India, a study of amniocentesis in a hospital in Bombay reported that 95.5 per cent of the female identified fetuses were aborted.

See Ramanamma, H. (1990), 'Female Foeticide and Infanticide : A Silent Violence' in Sood, S.(ed.) Violence Against Women Jaipur : Arihant Publishers.

²Basu, A.M. (1999), 'Fertility Decline and Increasing Gender Imbalance' in India, Including a Possible South Indian Turnaround Development and Change 30(2), p. 247.

The scope of the study had envisaged an evaluation of existing intervention, including programmes and legislative measures introduced by the government while a framework of intervention is suggested, legal modifications and incorporation of existing interventions has been limited due to restricted resources.

□ **INTENSIVE SURVEY**

• **Units of analysis**

1. **Male-female respondents**

Married males and females in the reproductive age group formed part of the sampled units for the interview schedule and narratives. They were also part of focus group discussions and respondents of case incidents. The respondents were categorised on the basis of region and location (rural, semi-urban, urban and strata).

2. **Stakeholders**

Doctors, nursing staff, dais, anganwari workers and other opinion making sections such as community leaders were interviewed and were also made part of focus group discussions.

• **Tools**

1. **Interview schedules**

Interview schedules were used to capture perceptions of individuals.

2. **Focus group discussions**

In-depth interaction was undertaken with the stakeholders as also male and female respondents to gather insight into the cultural norms, group dynamics and decision-making processes.

3. **Narratives**

In-depth histories of the respondents who had undertaken female foeticide were gathered to provide insight into the practice of female foeticide.

4. Case studies

Details of incidents of female foeticide and infanticide were elicited from the respondents and their families, support structures and other intervening agents.

5. Interviews

Interviews were conducted with stakeholders and opinion making sections.

Research tools vis-à-vis sample units

Respondents	Method	Interview schedule	Narrative	FGD	Case study	Interviews
Strata Upper Upper-middle Lower	M F					
Region Malwa Majha Doaba	M F					
Location Urban Semi-urban Rural	M F					
Stakeholders						
Opinion making sections						

□ EXTENSIVE SURVEY

• Units of analysis

1. Household

Respondents, male or female, belonging to the reproductive age group were randomly selected from different households.

• Tools

1. Interview schedules

Interview schedules were applied to gather perceptions.

□ **SAMPLE DESIGN**

• **Sample selection**

A stratified random sampling technique based on a gender index was used to identify the area of operationalisation. District representing the cultural regions of Malwa, Majha and Doaba were randomly selected. The gender index was applied in these districts to identify blocks, high and low, on the gender indicators. From these demarcated blocks, one each was randomly selected. The sample areas included the district town of the selected district constituting the urban sample. The block headquarters of the selected blocks represented the semi-urban sample. One village from each block constituted the rural sample. The villages were selected with the help of NGOs/support groups. The selected areas were:

Region	District	Block headquarters	Village
Majha	Amritsar	Bhikhiwind Rayya	Blair Banka
Doaba	Jalandhar	Phillaur Bhogpur	Rasulpur Saifabad
Malwa	Bathinda*	Bhuchho Mandi Phul	Narwana Gerri Bultar

*Since Bathinda is the district headquarters as well as the district, Bhuchho Mandi its neighbouring semi-urban dwelling was selected for the semi-urban sample.

Sample size

SAMPLE SIZE	
Intensive	
District	3
Block headquarter	3
Total villages (2 x 3)	6
Total sites (3 + 3 + 6)	12
Households (Male and Female interviews)	
In each town	20
In each block headquarter	20
In each village	20
Total sample (M/F)	60
Opinion making sections	24
FGD (8 - 12 group)	12
Narratives	12
Case incidents	9
Extensive (Villages = 3)	
Household	385

Intensive sample

From each of the rural, semi-urban and urban locales, 20 respondents constituting males and females were randomly identified representative of their strata sample. The following is the description of the sample of respondents.

Locationwise number of respondents in the survey

Sex	Rural	Semi-urban	Urban
Male	31	30	32
Female	28	31	28
Total	59	61	60

Stratawise number of respondents in the three regions

Income Group	Amritsar	Jalandhar	Bathinda	Total
Upper	18	16	15	49
Middle	27	29	20	73
Lower	19	14	25	58

Extensive sample

An extensive sample of rural Punjab was also undertaken. The extensive sample covered the entire universe of three selected villages, one each in Malwa, Majha and Doaba.

PRACTICING MALE CHILD PREFERENCE: FEMALE FOETICIDE AND INFANTICIDE

The value of male child in a patriarchal society ensures differential treatment of the girl child in comparison with the male child. Practices reflective of the high worth of the male child have existed traditionally from birth itself where a girl child may be decisively denied the right to life or her life chances may be reduced through cultural neglect where basic maternal care, nutrition or medical care may not be denied to her. Scientific advances have promoted this differential practice by providing other avenues for the practice of differentiation, both prior and post-birth. While traditional methods of sex pre-selection have been practised, these methods paramounted to quackery rather than providing a scientific assurance of selection of a male foetus. Similar was the case of sex detection methods. However, technology has now made sex pre-selection through methods such a separation of XY chromosomes a distinct reality. Sex detection through method of amniocentesis and ultrasound are also now established practices.¹ Technology has provided a scientific surety to methods that were earlier only reflective of the male child preference. These sure shot methods have had a destabilising effect on the sex ratio at birth. Also advances in medical sciences have, to a great extent, displaced traditional health care methods and the use of medical care has further increased the neglect of the girl child since it involves material cost, making the male child preference more blatant.

EXTENT OF FEMALE FOETICIDE

While the macro data provides trends in a larger population, a disaggregate analysis is possible through micro data. The practice for female foeticide has been a bygone

¹ In India, amniocentesis followed by selective abortion is widely practiced for social reasons in order to achieve the birth of sons, not daughters. Kishwar, M. (1987), 'The Continuing Deficit of Women in India and the Impact of Amniocentesis' in Gena Corea et. al. Man Made Women : How the New Reproductive Technologies Affect Women London, Hutchinson cited in Hanmer, J. (1993), 'Women and Reproduction' in Richardson, D. and Robinson, V. (eds.) Introducing Women's Studies London : Macmilan pp. 230

conclusion from the declining sex ratio at birth. The findings of the sample survey reported that 19.4 per cent of the couples interviewed resorted to abortion because a female foetus was detected, and they wanted a male child. The findings support earlier studies bringing to light capturing the prevalence of female foeticide.²

Table 3	
Reported Extent of Female Foeticide, according to income groups	
Income Groups	Pregnancy terminated due to girl child
Upper	9
	18.3
Middle	17
	23.2
Lower	9
	15.5
Total	37
	19.4
Source : Field Survey, IDC 2001	

While only about 20 per cent of the respondents were candid enough to mention that they had terminated pregnancy due to a female foetus, most of them were forthright in mentioning the adoption of sex determination methods. 41 per cent of the sample population mentioned having undergone modern methods of sex determination.

□ STRATA AND LOCATION VARIATION IN PRACTICE OF FEMALE FOETICIDE

Resort to female foeticide was reported mostly by the middle income group (23.2 per cent) followed by the upper income group (18.3 per cent) and least by the lower income group (15.5 per cent, refer to table 1). The abortion of female foetus was acknowledged mostly by the middle strata, by far the largest user of the pre-natal

² In a 2001 survey, 33 per cent of households with couples in their reproductive age acknowledged having undergone sex determination tests. While in 2000, 17 per cent of the households mentioned abortion and 45 per cent mentioned use of methods including traditional modes such as pilgrimages etc. to predetermine the male sex of the foetus. The 2001 study would be affected by reports that highlighted the adverse sex ratio and consequent need for legal stringency to curtail the use of pre-natal diagnostic techniques. Even the clergy decried the practice and supported the ban on female foeticide. The respondents were reluctant to mention abortion, fearing legal and religious repercussions. Dagar, R. (2001), Life Enhancing Mechanism – Life Depriving Outcomes : A Case of Female Foeticide in Punjab, Chandigarh: Institute for Development and Communication, Chandiarh.

diagnostic techniques was the upper income group in which 48.9 per cent were found to have used these methods. The middle income and lower income groups mentioned use of these tests to the extent of 38.3 per cent and 37.9 per cent respectively. In an earlier study the upper income group used these techniques to the extent of 53 per cent, the middle income group 39 per cent and the lower income group 19 per cent.

Table –4			
Respondents who have undergone Sex Determination			
Income Groups	Modern Methods	Modern and Traditional Methods	Total
Upper	5	19	24
	10.2	38.8	48.9
Middle	7	21	28
	9.6	28.8	38.3
Lower	7	15	22
	12.1	31.2	37.9
Total	19	55	74
	10.5	30.5	41.1

Source : Field Survey, IDC 2001

Interestingly, a majority of the respondents had adopted both modern and traditional methods such as eating particular foods, visiting religious places and even ayurvedic pills to change the sex of the child to the male. While modern methods ensure the birth of a male child, the traditional methods are reflective of the ingrained value of the male child where rituals and customs to have a male child are part and parcel of the routine. An extensive survey was also conducted to gauge the penetration of sex determination tests in the rural areas.

Table – 5				
Income Group Wise Extent of Sex Determination tests				
Income Groups	Income group of the respondent			
	Upper	Middle	Lower	Total
Extent of sex determination test	23	43	67	133
	46.9	34.4	32.4	34.9

Source : Field Survey, IDC 2001

The findings were similar to those of the intensive survey, with 35 per cent reporting that they had used sex determination tests. Again this was substantially higher in the upper strata with 47 per cent, 34 per cent in the middle income group and the least in the lower income group (32 per cent). Within the regions of Malwa, Majha and Doaba also a certain distinction was noted. Malwa represented by Amritsar and Bathinda representing Majha had 38 and 37 per cent use of these tests and only 30 per cent of the respondents in Jalandhar acknowledged the use of these tests (refer table - 7). Irrespective of the variation in strata or region in the use of sex determination tests, whether in the rural or in the urban areas, the exercise of male child preference and the simultaneous rejection of the girl child to the extent of denying her the right to birth was rooted in all sections of society.

Box - 3			
FLOURISHING PRACTICE OF SEX DETERMINATION TESTS AND FEMALE FOETICIDE			
Despite the ban on female foeticide and sex determination tests which have been widely publicized, private clinics continue to have a flourishing practice of these banned activities.			
Table - 6			
Nursing Home Survey			
Location	Percentage of women who have gone for SDT	Percentage of women who have undergone abortions after test	Total pregnant women
Urban	51.2	11.4	41
Semi-Urban	31.2	7.69	16
Source: Field Survey, IDC, 2001			
Of the total pregnant women who visited these clinics 51.2 per cent in urban areas and 35.2 per cent in semi-urban areas mentioned having undergone sex determination tests. Of the total pregnant women 11.42 per cent were housed in the clinics for female foeticide. In semi-urban clinics the extent of abortion for female foeticide was marginally lower at around 8 per cent.			

Box - 4
MALE DETERMINED PREGNANCY AT THE COST OF MATERNAL HEALTH

While 10 per cent of the population was aware that sex determination tests were useful in detecting genetical abnormalities and another 14 per cent acknowledged that sex determination with the subsequent fall-out of abortions was harmful to the mother (refer table 10 and 11 in Annexure). There was no mention of the misuse of ultrasound, where a male determined pregnancy is carried full term even when the test suggests abortion because of ill-health of the mother. In a peasant family of Majha, the doctor recommended an ultrasound due to genealogical problems of the mother. The ultrasound results led to a medical diagnosis of termination of the pregnancy to safeguard the mother's health. When the pregnant woman learnt that the foetus was male, she refused to abort it. She already had one daughter and accepted the risk to her health in order to have a male child.

Table – 7
Region Wise Extent of Sex Determination Tests in rural areas

Extent of sex determination test	Income groups			Total
	Majha (Amritsar)	Doaba (Jalandhar)	Malwa (Bathinda)	
	52	42	39	133
	38.2	30.2	37.0	34.9

Source : Field Survey, IDC 2001

The practice of male child preference can further be gauged from the distortions in birth order, higher girl child mortality, stated preference for male child as also the justifications and legitimacy accorded to male child preference.

Intervention in the natural birth order is depicted in favour of male births in the sample survey. It was found that third order births are substantially in favour of the male child when the first and second births are of female child. 58.8 per cent of the respondents had a male third child when the first two were females. In contrast when the first and the second children were males, only 26 per cent had a third female child.

Table 8		
Sex of the third child according to 1st and 2nd Birth Order		
Birth order	Sex of the Third child	
	Male	Female
First and Second child as female	58.80	19.35
First and Second child as male	13.04	26.09
Source : Field Survey, IDC 2001		

In continuation with this trend when first three children were female, 50 per cent had a fourth male child while there was no reported female child when the first three children were males. A number of studies, all over the country certify to this trend.

Another indicator of the exercise of male child preference are the miscarriages that occur after the birth of the first child. Data reveals that miscarriages after the first child were substantially higher when the first child was female. 63.4 per cent reported miscarriages after the birth of a female child. In contrast when the first child was male, there were only 36.5 per cent miscarriages. This variation can be interpreted as higher use of sex detection techniques and subsequent abortions or neglect to fore miscarriage of female foetus by those who already had girl children. Not all respondents were candid enough to mention female foeticide, preferring to state a miscarriage instead.

Table – 9		
Reported miscarriages according to sex of 1st child, by income groups		
Income Groups	Male	Female
Upper	4	6
	8.16	12.2
Middle	8	12
	10.9	16.4
Lower	3	8
	5.17	13.7
Total	15	26
	36.5	63.4
Source : Field Survey, IDC 2001		

Manifestations of the male child preference can also be captured through the cultural neglect that the girls face, resulting in higher mortality of the female child even though biologically the female body has higher survival capability than that of the male. Mortality data for Punjab favours survival of the male child. An analysis of the imbalance of sex ratio of children in India and 16 of the states given by 1991 population census revealed that Punjab showed the second highest female mortality disadvantage for children aged 1-4 years. As a result of high discrimination against female children, the status of Haryana and Punjab showed the highest percentage of missing female children aged 0-6 years in the 1991 census (9.48 and 9.89 per cent).³ (refer table A3 and A4 in Annexure). This was reflected also in the micro data. 70 per cent of the infant mortality was accounted for by females as also 60 per cent in the 1 to 5 years age group.

Table -10					
Strata Wise male female mortality in households in different age group					
Age Group	Income groups				
	Upper	Middle		Lower	
	Female	Male	Female	Male	Female
Less than one year	1	2	3	7	11
	3.03	6.06	9.09	21.21	33.33
1 to 5		2	2	3	4
		6.06	6.06	9.09	12.12
5 +				1	2
				3.03	6.06
Total	1	4	5	2	14
	3.03	12.12	15.15	6.06	51.51

Source : Field Survey, IDC 2001

In all the strata, female deaths were higher than males with a substantial increase in female deaths in the lower strata. While male deaths were accounted predominantly by accident, especially in the middle income group, the cause of girl child deaths in all income strata illness such as fever, diarrhoea or general malaise.

³ Sex selective abortion and fertility decline : The case of Haryana and Punjab New Delhi : Limited Nations population fund, September 2001, p.17

Table -11 Strata Wise male female child mortality in households due to various reasons other than accident					
Age Group	Income groups				
	Upper	Middle		Lower	
	Female	Male	Female	Male	Female
Not well	1	1	2	5	7
	2.04	0.80	1.60	2.37	3.32
Diarrhea		1	0	5	2
		0.80	0.00	2.37	0.95
Fever/Accident		3	2	1	8
		2.4	1.60	0.47	3.79
Total	1	5	8	11	17
	2.04	4.00	3.79	5.21	8.09

Source : Field Survey, IDC 2001

An analysis of the above data reveals that male child preference dictates the birth and survival of male children. While for sex pre-selection techniques, the traditional methods are predominantly followed by all strata for detection and subsequent abortion, the higher strata was found to be most guilty of this practice. However, in terms of sex based survival wherein infant and girl child mortality was calculated, it was found that the lower strata discriminated most in providing care to the girl child. Thus this strata registered the maximum female child mortality.

DIMENSIONS OF MALE CHILD PREFERENCE

❑ VALUE OF A MALE CHILD

The preference for a male child in Punjab can be linked to both the utilitarian and normative worth of the male child⁴. In the sample survey, a resounding 88.8 per cent

⁴ According to authors such as Mutha rayappa et. al., 1997, Arnold et. al., 1998, Vlassoff, 1990, male child preference is mainly due to economic, social and religious utility of sons. This preference is strong in northern and Central Indian states, including Haryana and Punjab. Murtharayappa et. al (1997) Son preference and its effects on fertility in India, National Family Health survey subject reports, Number 3, Mumbai; International Institute of Population Science. Arnold Fred et. al (1998) Son preference, the family building process and child morality in India population studies, 52: 301-315

were found to state the necessity of a male child. In a prior survey this percentage 81. Concurrently 87 per cent males and 90.8 per cent females considered a male child necessary.⁵

Table 12			
Respondents who stated necessity of male child			
Sex of the respondent	Location	Male preference	Total
Male	Rural	30	31
		96.77	33.33
	Urban	24	32
		75.00	34.41
	Semi Urban	27	30.00
		90.00	32.26
Total		81	93
		87.10	100.00
Female	Rural	27	28
		96.43	32.18
	Urban	22	28
		78.57	32.18
	Semi Urban	30	31
		96.77	35.63
Total		79	87
		90.80	100.00
Source : Field survey, IDC 2001			

No doubt, the increasing visibility of sex determination test as a criminal offence has muted the response of an outright male child preference which was stated to be 89.0 but moving beyond the legality, justifications for the necessity of a male child abounded. Interestingly the utilitarian justification for the male child, such as old age insurance for the parents and providers of financial security was stated only by 42.7 per cent, with parents' dependence on the male child higher at 58 per cent (Refer table 14). Preference for the first child to be male was mentioned by 80 per cent of the

Vlassoff, Carol (1990) The value of sons in an Indian Village : How widows see it," population studies 44 : 5-20.

Sex Selective Abortion and Fertility Decline : The case of Haryana and Punjab, New Delhi : United Nations Population Fund, September 2001.

⁵ Twenty-nine (29.1) per cent want more sons than daughters, but less than 1 (0.4) per cent want more daughters than sons. Simultaneously however the majority of women in Punjab not only want at least one son (86 per cent) but the majority also want at least one daughter (78 per cent). National Family Health Survey (NHFS-2) India 1998-99: Punjab, Mumbai: International Institute for Population Sciences, 2001, pp. 81.

respondents. Among this section, while only 17 per cent mentioned lineage and another 15 per cent security of an earner, 42 per cent were of the view that since the male child was important and enhance the status of the family, they preferred the first offspring as male. Also the girl child was seen as a liability and was not desired as the first child. Similar ratings were found to cut across all strata though in the ascending order from the lower to the upper strata.

Table 13				
Income group wise reasons stated by respondent for preference of male child				
Reasons stated	Upper	Middle	Lower	Total
Lineage	6	17	8	31
	12.2	23.3	13.8	17.2
Security /Earner	7	10	11	28
	14.3	13.7	18.9	15.5
Girl child liability	2	3	2	7
	4.1	4.1	3.4	3.9
Enhance mother status	1	2	0	3
	2.0	2.7		1.7
Importance of male child	23	30	22	75
	46.9	41.1	37.9	41.7
Total male child preference	39	62	43	142
	79.6	85.0	74.0	80.0
Source : Field Survey, IDC 2001				

Utilitarian justifications varied with strata and even region. For instance, in the urban areas of Ludhiana, Punjab's commercial capital, preference for the male child was stated as necessary to look after the business even when they accepted that the present generation of male children was not very respectful and caring of the parents. And as an indicator of the male child preference, Ludhiana has the lowest sex ratio in Punjab.

The rural peasantry was of the opinion that the presence of a male child was a social deterrent to anti-social elements to harass the family. In particular, this came handy to

avoid harassment on account of dowry. “If the girl has brothers then her in-laws think that the family is strong and will think many times before attempting to harass her.” (If a girl does not have brothers then the impression is that the family is not strong enough and people try to exploit and harass girls and may even eye their land and property). The border areas of Amritsar were predominant in the belief that the birth of a male child gave resurgence to the masculinity of the patriarch. Focus group discussions (FGDs), narratives, and even case studies involving male respondents reiterated that ‘the birth of a male child makes one young again, while the birth of a female child makes one feel aged’. ‘The birth of a male child gives one added strength and enhances one’s male influence (tor)’. This perceived burden of a girl child due to enhanced dowry payments and the need for safeguarding the girl from sexual abuse were added factors favouring the use of sex determination tests. According to an FGD with opinion-making sections, the birth of a girl child is avoided because a girl’s marriage is very expensive and requires a large amount of dowry. ‘People do not want more than one female child and prefer to go for sex determination and abortion because they do not want to pile up their burden and the machine is a sure method to avoid this.’ All strata and groups perceived the girl child to be a liability and a responsibility. This perception of a burden stems from the total lack of identification with the girl and her marital family. The idiom that the girl child is a *‘paraya dhan’* finds expression in some of the responses – ‘the girl child helps in continuation of another’s family lineage.’ While the importance of a girl child as a procreator is recognised, it is also underlined that she is for continuation of another family. Thus the girl has no “dharam” as she acquires the surname and identity of her husband’s family and maintains no identification with her natal family. Similarly, while people do recognise the increasing social worth of the girl child in her capacity to generate finances for the family and be a better nurturer after acquiring education, it remains an added benefit to another family and she is considered only a taker from the family of her birth.

Discrimination against the girl child has been analysed in terms of the relative worth of the males rather than the absolute worth of females. It has been proposed that economic and cultural worth of the female is likely to be greater in landless and lower

caste households rather than in landed and upper caste homes. However, 'the relative worth of the female in poorer households, though higher than in the richer ones, it may not be enough to make the males and females equally 'valuable'.⁶

Table – 14			
Stated importance of male child and liability of girl child			
	Male	Female	Total
Male child as valuable earner	39	38	77
	41.94	43.68	42.78
Parents dependent on male child	51	54	105
	54.84	62.07	58.33
Female needs protection	50	32	82
	53.76	36.78	45.56
Female child is expensive to give dowry	48	51	99
	51.61	58.62	55.00

Source : Field Survey, IDC 2001

□ UNRAVELING THE IMPORTANCE OF THE MALE CHILD FOR THE FAMILY

The data clearly indicates the preference for a male child among the respondents, cutting across region, strata, rural or urban divide. An analysis of the qualitative data reveals the importance of a male child at different stages of life. The birth of a male child is recognised in his patriarchal roles of a relevant source of financial dependence, provider of the family lineage, protector of the family and its status. Besides these overriding ideological concerns, other situation-specific demands reinforce the male child hegemony in the family. Prior to birth, the mother is roused to the need for providing a male child through the pressure of older women in her immediate environs. The mother-in-law cautions her regarding the continuity of the family lineage. Older women bless her to

⁶ Scholars have reported gender discrimination in the use of urban medical care facilities and in fact urbanization rather than significantly improve female life chances may even decrease them. Kynch, J. and Sen, A. (1983), 'Indian Women : Well Being and Survival' *Cambridge Journal of Economics* 7(3/4) taken from Das Gupta, M., Chen, L.C. and Krishnan, T.N. (eds.) *Women's Health in India: Risk and Vulnerability* (p. 41) Delhi: Oxford University Press.

be the mother of 100 sons. Neighbours suggests rituals and medicines to ensure the birth of a male child. She is pressurised to produce a male child with talk that the first child of her sister-in-law was male. Recurrent taunts, incentives and hopes surrounding the bride produce an anxiety that she should meet the expectations and avoid the tensions of not producing a male child. A number of women respondents stated that the birth of a male child, specially the first-born, relieves them of the tension of producing a male the next time. The bride's parents are also anxious to fulfil their protracted obligations that their daughter produces a male child and maintains their status as also the harmonious relations with their daughters-in-law. The birth of a male child ensures the importance of the mother. She is showered with gifts, given expensive and nutritious food, allowed extra bed rest and becomes close to being the center of attention and celebrations in the home. She has probably never been given such attention by her extended family, well wishers and neighbourhood. This enhanced status and the ability to maintain her standing with the family creates a vested interest in ensuring a male child. The father of the child maintains that if they have a male child his 'tor' (social status) increases. The family feels assured that it has somebody to fall back upon in time of need. There is a helping hand within the family. In contrast, if a girl is born, a male respondent mentioned that a man aged overnight with the responsibility of bringing up a girl. The birth of a male child is repeatedly celebrated be it '*chola chadhana*', the '*namkaran*', '*mundari*', the acceptance of gifts from the bride's family, '*lohri*' etc. The male child as a cause of celebrations has increasing relevance in a consumer oriented society flush with money. Differentiating practice and importance given to the male child in contrast to the girl child is disseminated and the burden of dowry that the birth of a girl child signifies is a worry that is negated by the arrival of a boy and perhaps he is seen as an asset generator. A male child also ensures that the parents feel comfortable that they will be looked after even when monetary assistance is not needed in terms of old

age care. In a focus group discussion when it was suggested that the girls looked after the parents more, it was pointed out that the right was only on the boy and his wife. In case the parents fall ill as do the in-laws, the girl has an obligation to look after her in-laws even if her parents are dying. The girl child is clearly viewed as one over whom the parents have no rights.

The male child role of a protector of the womenfolk is reinforced and the girl child is increasingly seen as a worry in a socio-cultural milieu that is seen to be promiscuous with values of morality no longer keeping the young at bay till marriage. Simultaneously, the concept of honour and protection of women continues to run high in the Punjabi society fuelled by identity assertions and religious extremism. A Sarpanch mentioned that while he was aware of the importance of educating his children, be they male or female, he was also aware of the unruly environment and since he could not ensure the protection of his daughter while she traveled to the nearby town for education he had to see her drop out of school. Keeping the honour intact was more valued when confronted with the value of education. The presence of a male child is further necessitated when daughters are not liable to be married if they do not have a brother or even when there is only one brother to three or four sisters. Bride seekers mentioned that if there was no son, then who would look after them when they visited the house of the girl or as others put it who would wield the stick in time of need. This idea pertains to the culture of violence where not only martyrdom and heroism are worshipped but conflict resolution is seen in terms of violence with the support of kin. Killings over land, water and women have social sanction in Punjab. Feuds rage between kinship rather than individuals. In any such situation male members are required and if the girl has no brother then her asset worthiness may not be counted only in terms of dowry. It is not only the dominant castes such as the Jats or the traditional dowry giving caste of Banias on whom the birth

of a girl weighs heavily but the preference for a male child has percolated even to the lower income groups and the Scheduled Castes who stated an increasing assertion for the birth of male children. Certain cases were found where daily wage earning Scheduled Caste women mentioned that they had borrowed money in order to undergo a sex determination test and subsequent abortion of female foetus. It is not only utilitarianism that spurns these groups for a male child but even the emergence of a normative concern where they feel the male child enhances their status as was predominantly the case of landowning families. Another factor that played an important role in family politics was the small family norm. The emergence of the two-child family and even one-child family in many instances has ensured the birth of male children only. So not only middle income families who cannot support large numbers but also the rural landed families were found with only one offspring – a male. It was common for landed respondents to say that landholdings were shrinking and even if they had 22 acres this could not support two male children and that they were planning to have only one male child. This was

Table 15 Stated preference and birth of only single male child by peasant household in Malwa	
Age of the respondent	Respondents who had a single male child
18-25	35.0
25-35	15.0
35+	40.0
Source: Field survey, IDC 2001	

supported by the extensive data collected from the village where 40 per cent of the couples over 35 years and landed households were found to have only one offspring, a male.

Box – 5

QUEST FOR A MALE CHILD

Rachita was anxious that her pregnancy may result in the birth of a girl child. She had been informed by well-wishers since both her mother and mother-in-law has first born daughters she too would have a first born daughter. Rachita wanted her first born to be a male. She visited many temples and even took vows that she would undertake a number of 'dans' if her first child was male. Meanwhile a son was born to her sister-in-law but her endeavours were of no avail and she gave birth to a daughter a few months later. She complained to everybody that she had no longer had any say in the home since Bhabhi had a son while she had only a daughter. Her indifference to her daughter went to the extent that she did not try and protect her from physical dangers. On a cold December morning she was careless enough to take her daughter to the roof and leave her there while she attended to clothes. On being scolded for exposing the child, she told her sister-in-law that she was a girl, how did it matter? She underwent five abortions to ensure that she had a male child but she continues to visit various temples for being blessed with blessing of a male child. She also ensured that her husband also become a vegetarian so as not to invoke God's wrath and also stopped him from killing lizards since she thought that was one reason why they were not having a son. She was even advised by her father-in-law that the one-child norm was well accepted in today's society. If she desired more children, she could take care of her brother's child who had become a widower. On one occasion when she felt that she was carrying a male child she took complete bed rest until she could ascertain the sex of the child. At the end of the third month of her pregnancy, a sex determination test revealed it was a female. She did not get it aborted immediately and felt that she needed the support of the family before going in for another female foeticide. While the family contemplated she took to picking heavy buckets of water and jump down the stairs, however, the expected miscarriage did not take place and she then opt for an abortion with family support. She continues to hope for a male child and is now armed with the knowledge from a Jyotishi that she will have a male child if she conceives in August, 2002.

❑ LEGITIMACY OF THE MALE CHILD PREFERENCE

The cultural worth of a male child can be gauged from the numerous rites, practices and celebrations. The eminence of the male child can also be gauged from traditional methods of pre-selection of male child at the time or prior to a conception. Prior to the advent of modern methods such as XY separation or even the spread of the Chinese calendar, traditional techniques to assist in the conception of a male child existed. Some of these traditional methods such as ‘sukha sukni’, eating coconut flowers etc. may be old wives’ tales, but the fact that these methods have passed down from generation to generation advocates societies’ bias for a male child.

• **Ascertaining a male child: Sex pre-selection**

The legitimacy attached to male child preference in society is also evident from the widespread awareness and use of methods to determine the sex of the unborn child — both traditional and modern.⁷ However, awareness of modern methods in fact is only 18 per cent and the points at the relevance of the law in clamping on the use of pre-selection techniques of sex pre-selection.

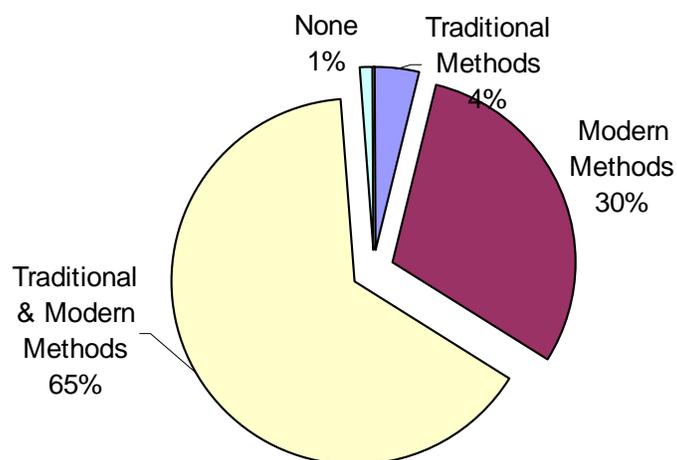
Income groups	Traditional method	Modern (incl. Chinese calendar)	Traditional & modern methods	Total
Upper	9	13	6	28
	18.4	26.5	12.2	57.1
Middle	21	8	5	34
	28.8	10.9	6.8	46.5
Lower	20	-	1	21
	34.5	-	1.7	36.2
Total	50	21	12	83
	27.7	11.6	6.7	46.1

Source: Field survey, IDC 2001

⁷ A study in Punjab found universal awareness of sex determination tests and authors reported, respondents found it useful cited in Patel, V. op.cit. (1988), p. 180.

If a small population is aware of these techniques then the implementation of the law may perhaps be easier by targeting the organisations that use these methods. In contrast to pre-selection methods, methods for detecting a male child were known to nearly all with 98.9 per cent citing these methods.

Graph – 7
Respondent’s awareness regarding any method for detecting the male child



With regard to methods adopted by the respondents for a preferred male child, 60 per cent acknowledged having used some method or the other with 49 per cent mentioning the use of only traditional methods and 41 per cent resorting to the modern methods, largely a synonym for ultrasound though it included awareness of other techniques also.

Table 17				
Methods adopted by respondents for the male child				
Income groups	Traditional Methods	Modern Methods	Both	Total
Upper	6	5	19	30
	12.2	10.2	38.8	61.2
Middle	11	7	18	36
	15.1	9.6	24.6	49.3
Lower	17	7	18	42
	29.3	12.1	31.0	72.4
Total	34	19	55	108
	18.9	10.6	30.6	60.0

Source : Field Survey, IDC 2001

Interestingly, a majority of the respondents adopted both traditional and modern method for getting a male child. This may not be seen as an indicator of being doubly sure to have a male child by using all available methods, but perhaps as an indicator of the deep-rooted traditional practices to acquire a male child to the extent that these have become a norm or a part of day-to-day living. A visit to the pundit or asking for religious blessings or a pilgrimage or even subscribing to traditional medicines is an ingrained social activity while scientific methods are an insurance cover.

Box - 6

**GAUGING THE LEGITIMACY ATTACHED TO MALE CHILD PREFERENCE :
LOCAL RATIFICATION**

Localised practices reflect the extent of legitimacy attached to male child preference, stemming organically from each populace.

All areas of survey reveal the existence of pilgrimages, many of which are local, extensive customs and preponderance to rituals for begetting a male child, stressing the underlying importance of a male child.

I. PILGRIMAGES AND SAGES

The legitimacy to male child preference can be gauged from the existence of local places of worship designed specifically to acquire a male child, the presence of hakims/dais specialising in potions and quackery, the presence of local places of pilgrimage and 'pirs' that grant a male child to the seeker.



A DARSHAN DAY OF JANDWALE BABA

□ BATHINDA

▪ Jandwale Baba

The Jandwale Baba is a recognised 'pir' for granting a male child. Every Thursday, in his village he holds a 'darshan' which is attended by people from the surrounding areas including the urban areas. Though the Baba caters to the peoples' day-to-day problems such as settling disputes, finding lost things and even improving health, his specialty is helping people to beget a male child. In his armoury are 'tonas', 'tabeez', sacrifice of animals, herbal medicines and 'daan'. Reflective of the culture of Bathinda, the Baba draws on rituals and practices of different religions. Thus 'tabeez' reflects Muslim connotations while tonas and sacrifice of animals is more Hindu oriented and kirtans are drawn from the Sikh religion. He even recommends visits to medical practitioners reflecting his sway over both traditional methods and modern science.

On begetting a male child, people acknowledge the baba's blessings by offering him flour, grain, sweets, maintaining the rituals of tying 'Bandhan Ware' and also giving him money.

❑ HOSHIARPUR

▪ **Dargah of Lakkhon da Pir**

This Dargah is renowned for granting a male child. In particular, on Thursdays people besiege the Pir to grant them a male child. On fulfillment of this wish, people traditionally distribute sweetened rice as thanksgiving.

▪ **Chintpurni Jawaliji**

This is another place of pilgrimage near Hoshiarpur in quest of a male child. According to tradition, when a male child has been granted, the 'mundan' ceremony is also performed at this temple.

• **Dargah of Pir, Katian**

This is another Durgah that grants a male child. Thursdays and Fridays are days for thanks giving for birth of male child. The chadhava is besan and laddoo.

❑ SANGRUR

▪ **Gurdwara Nanakiana Sahib**

The answer of prayers for the birth of a male child is met by getting the new born male blessed with Taragi. Taragi is a ghungroo looped in a black thread which is then tied around the waist of the new born boy at the Gurdwara.

▪ **Panj Peer Baba Syad Sahib ji**

This religious place is also famous for heeding the mannat of a male child. If a male child is born then a bhandara (community langar) has to be provided in accordance to the capacity of the individual.

- **Dudhahari Baba**

In Village Namol, this unique baba grants the wishes for a male child. The peculiarity of this baba is that he only accepts milk as chadhava.

- **AMRITSAR**

- **Baba Buddha ji**

This huge gurdwara complex is locally renowned for granting a male child. In accordance with its specialty the 'chadhava' includes boy-typed toys rather than only money or gold ornaments as is customary in other gurdwaras.

- **Dhyanpur Wale Babaji**

Baba Lalji is no longer alive but the effect of his blessings continues. Pregnant women who visit this shrine for a male child are expected to follow a routine during their pregnancy to have a male child. This routine includes not visiting or eating food from homes that are celebrating a marriage or are mourning a death. On the birth of a male child the mother is expected to take the child to this place for thanksgiving.

- **JALLANDHAR**

- **Baba Balak Nath**

This is a famous place of pilgrimage near Jalandhar for those who want a male child. On every full moon night or on Sundays, worshippers bring sweet Chapatis, rice and milk as offerings. Interestingly, women are not allowed inside the temple and have to pray from outside for being blessed with a male child. The followers of this baba tie a particular ornament called 'Singi' to the bride, hoping for a male child. Also, when a male child is born, the ornament is tied on the child for his protection and prosperity.

Different areas of survey have revealed specific sites — places of pilgrimage, sages or hakims renowned for their ability to bless women with a male child, while none exists for a female child.

II. INDICATORS THAT SIGNIFY BIRTH OF A MALE CHILD

- Folk lore that has evolved around predicting the birth of a male child are :
- If the woman has a glowing face during pregnancy.
- If the pregnant woman has good dreams.
- If the pregnant woman has the urge to eat food that is considered to be of masculine gender in local language such as mango, papaya, banana and curd.
- If the first-born is a female and the husband undertakes charity, the couple is blessed with a male child.
- If the pregnant woman's stomach remains flat.
- if foetus movement is on the right side of the stomach.
- In the fourth month of pregnancy, if a drop of breast milk is kept in the sun in a glass vessel and it coddles it will be girl and if it shines like a pearl, it will be a boy.
- If the pregnant woman stands and take the first step with the right foot.
- If the pregnant woman has the urge to eat sweet things.
- If the pregnant woman remains active.
- If the right breast of the pregnant woman is heavier then the left.
- If there is straight line from the pregnant woman's stomach to above the navel.
- If 'Urd Dal' is soaked in water and it sprouts when kept on the pregnant woman's pillow after being taken round the woman seven times.
- If the pregnant woman does not throw up during pregnancy.
- If the infant's movement in the womb starts by the fifth month.
- If the first child of mother or mother-in-law of the pregnant woman is male.

A distinctive feature in all these methods involved to detect a male child being that all positive or male affiliated aspects are attached to the birth of a male child while all negative connotations are mentioned as indicators of the birth of a girl child.

III. SEX SELECTION PRACTICES FOR A MALE CHILD

- Ayurvedic medicines taken with milk from the hands of the husband in the third month of pregnancy.
- Eating the fruit 'Maju' with Banana on an empty stomach while worshipping the sun.
- Drinking of milk from the husband's hands on a clear starry night.
- Eating pills/medicines at 4.00 in the morning with milk.
- Eating 'phulkrit ghee' – an ayurvedic medicine by both husband and the wife before conception and to be continued by the wife till three months of the pregnancy.
- Eating of flower of coconut at the end of the second month or the beginning of the third month of pregnancy.
- A particular part of a peacock's feather to be swallowed with a particular medicine on a full moon night or taken with a red coloured thread.

The fact that traditions and practices (both regional and local) exist for begetting or identifying a male child point to the pervasiveness of male child preference.

Box - 7

TECHNOLOGY OR RELIGIOUS BIGOTRY : BOTH PROMOTE THE MALE CHILD PREFERENCE

The use of sex determination tests was justified as a matter of choice by the upper strata, thereby distorting the 'pro-choice' debate within the feminist movement which advocated the right of a female to have control over her body⁸, and thereby undertake abortion as a means of contraception. The choice to undertake sex determined pregnancies dictates the use of abortion and reinforces the gender bias by pre-birth male sex selection. On the

⁸ See Hanmer, J. (1993), Women and Reproduction in Richardson, D. and Robinson, V. (eds.) Introducing Women's Studies London : Macmillian, pp. 224-249.

other hand, people who are denouncing the use of this method, but are opting for other methods like tona, quackery, religious rituals are misappropriating the pro-life logic.⁹ They advocate that it is God's wish to give a child of whichever sex and resort to abortion is against life. However, they invoke God's blessings for a male child and argue that such practice does not murder a female and remain oblivious of the logic that their demand for a male child means denial of life (birth) to females. In fact both these tendencies are gender discriminatory though coloured by justifications of their respective group specificities. One is taking recourse to religious sanctions and is thereby acquiring a latent (invisible) character. The other is taking shelter behind a modern democratic outlook i.e. pro-choice which has yet to acquire normative legitimacy in a traditional society and thus remains a manifest (visible) form of violence against women. Both are perverse forms.

Protests against use of sex selective abortions emerged from the rejection of termination of life that is involved in foeticide. This physical elimination was equated with murder and going against God's wish. In a recent support to ban female foeticide the Sikh clergy reflected its concern. "The decreasing number of women in society could lead to a social upheaval, so it was necessary that steps were taken to restrict the practice of female foeticide.. and stated that a Sikh should not kill his daughter, nor should he maintain any relationship with the killer of a daughter."¹⁰ However, preference for the male child was not challenged.

While condemning the deaths, support for male child preference is continued through the promotion of traditional means to beget a male child that circumvent the necessity for killing. An old Sikh woman mentioned, "It is bad that abortions are common but then boys are also necessary. The best thing would be to make a medicine that determines a male child. That way one does not have to kill the girl and her death will not be on our conscience. Also in the hope of a son the entire life of a couple can be wasted." Thus the lack of a male child is untenable and the killing of a female foetus uncomfortable, but the choice is clear. Many a time the decision is left to the couple, allowing others in the family to avoid the blame of having visibly supported foeticide.

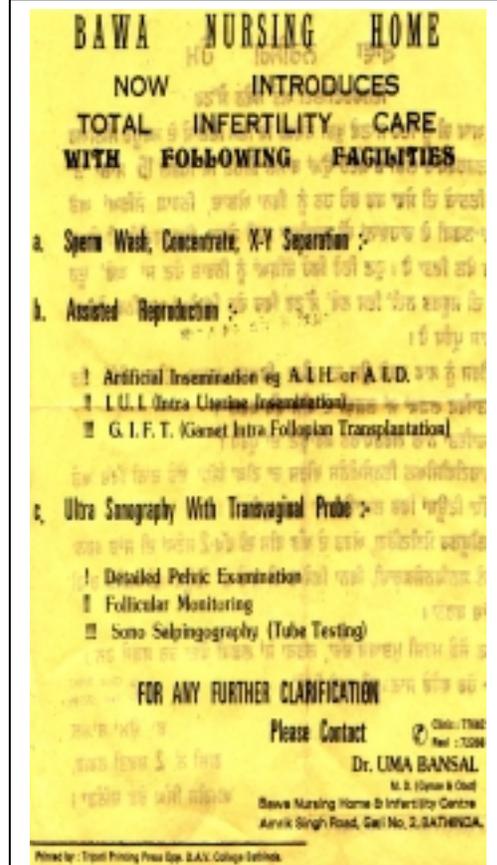
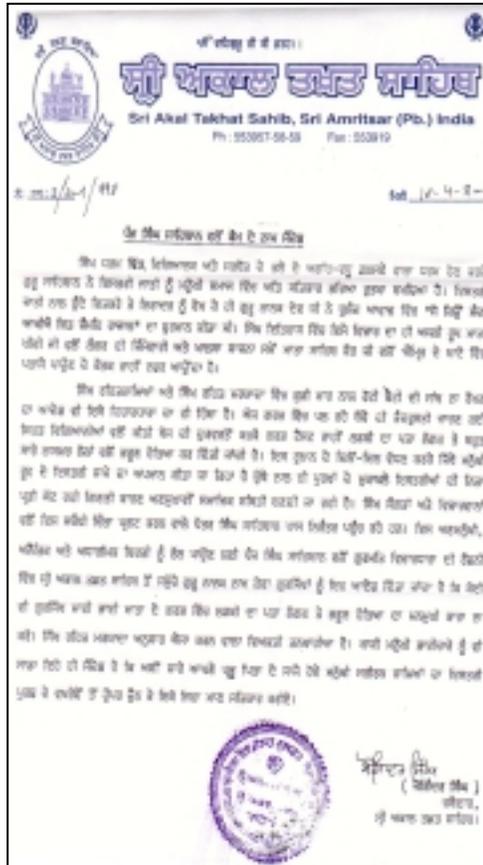
⁹ For details on the pro-life and pro-choice debate refer to:

Brenner, J. (1996), *The Best of Times, the Worst of Times : Feminism in the United States* in Threfall, M. and Rowbotham, S. (eds.) *Mapping the Women's Movement*, London : Verso, pp. 17-32

¹⁰ Female Foeticide is Immoral, Irreligious, says Akal Takht, Indian Express, April 19, 2001.

Box - 8

RELIGIOUS BOYCOTT TO FEMALE FOETICIDE BUT MALE CHILD PREFERENCE CONTINUES



While the Sikh clergy has pronounced a directive against continuation of female foeticide in response to the decreasing sex ratio, advances in technology continue to respond to male child preference. Chromosome separation is stated to be a grey area in the law and is being promoted and accepted by the community in place of female foeticide.

The Directive of the Sikh clergy to oppose female foeticide is a welcome initiative. Their recognition of women’s adverse sex ratio, albeit a century late, does provide visibility to the women’s unfavourable condition in Punjab. However, to be effective in uplifting women’s status, the issue has to be confronted in its entirety. It is the male child preference that needs to be targeted, rather than merely the misuse of the technology of ultrasound tests. Religious institutions such as deras and pilgrimages “boon” a male child. A concerted attempt to combat religious bigotry would perhaps be more desirable.

Thus 39 per cent of the respondents condemned these as immoral— not wanting to be held accountable for the act of ‘murder’ rather than disapproving sex differentiation itself. Another 4.4 per cent held the view that foeticide would disturb the natural sex ratio. While 14.4 per cent mentioned it as harmful to women’s health (refer table 15b in Annexure). There was a negligible number who felt that it was discrimination against the girl child. Other sections of society do not shy away from the use of sex determination tests and in fact welcome the advance in technology. A 28-year-old urban upper strata woman mentioned that if the first child was male then one did not fear what the next child would be. She mentioned that after her first child, a girl, she had undergone five abortions to have a son and sees no harm in this practice. She is comfortable with both the idea and the logistics and she has even been visiting the clinic on her own while she is hesitant to undertake any non-routine activity on her own. However, it is interesting to note that the advocates of technology continue to use traditional means also, providing brisk business to pandits, astrologers etc.

The study reveals a high degree of misappropriation of development techniques to acquire male children. These techniques are even used in the rural areas by families that normally disallow a male doctor to attend on pregnant women (Under the norms of seclusion of women, young brides are, ‘protected’ from physical exposure to any male including a doctor. Physical examination by a male doctor is avoided).¹¹ However, technology is differentially utilised in conformity with the norms of the gender system and shaped with corresponding justifications in accordance with class and regional specificities.

It must be noted that the male child preference draws not only on the utilitarian need for old age insurance, family protection or a bread-winner, it is also based more on normative justifications.

¹¹ For details refer to Basu, A.M. (1995), Women’s Roles and the Gender Gap in Health and Survival in Das Gupta, M., Chen, L.C. and Krishnan, T.N. (eds.) Women’s Health in India : Risk and Vulnerability (p. 164) Delhi : Oxford University Press.

A case in point is that of a Scheduled Caste woman sarpanch who does not expect her son to help her out in her old age and is in fact separated from him and the son does not add to the financial kitty since he is married and lives in another city. However, once she was elected to the panchayat, her duties to the community over-rode her commitments to the household. Yet, the household functions continued to warrant attention for which she invited her married daughter and son-in-law to help her out. Notwithstanding the re-settlement of her daughter in accordance with her own personal needs, the woman maintains that she will give her property to the son.

This symbolic importance of the male child continues to cut across strata, region and religion. So much so that it was reiterated that the status of the mother depended on her fulfillment of the role of producing a male child.

It is believed that the need for a son is a must since he undertakes all economic, socio-cultural and religious tasks for the family – ‘a son carries the dead body, the daughters can only sit and cry, Gati, Kirya – Karam are all performed by the son’¹². The justifications for male child preference were more utilitarian among the lower middle and lower income groups where the son was perceived as an old-age insurance. Among the upper strata, importance was accorded to family name and descent.

According to the respondents, male descent was socially and culturally ordained and they were unaware and felt affronted at the suggestion that there could be any other manner of lineage.¹³

¹² Similar findings have been reported by other studies whereby men have access to land and other property, including dowries, income and savings. Additionally, they can count on physical, emotional and economic help from their wives. Sons are additional security assets. For women, thus, sons are the primary and frequently the only source of social, economic and residential support.

Ibid., p. 46

¹³ In fact some respondents even said that male descendancy or acquiring the father’s name and not the mother’s name was as natural as the biological naturalism of females giving birth. In fact, majority of the respondents questioned the legitimacy of the proposition of a birth certificate not carrying the father’s name. They were of the emphatic opinion that these children would be termed as illegitimate and such practice would give impetus to sexual degeneration.

In fact some respondents also mentioned that the real child was in fact only the male child. In the vernacular, reference of a child only means a male child. Rural folk, especially men, were quite candid in mentioning that the male child was symbolic of status, whereas the girl child was a burden and a pile of rubbish. Importance of the male child also stems from social practices, rituals and behaviour patterns. For instance, women mention they feel good at the birth of a male child since the community and the neighbours come to greet and congratulate them and there is bonhomie in the household. While recognising that the girl child is an asset in household work, the women reiterate that the male child determines the woman's status, family lineage and respect in the community. Female birth continues to be judged on normative terms. Even a look at socialisation patterns reflects the inculcation of the differentiation between the male and the female child. Even in educated urban families, there is desire for a male child. One such respondent mentioned that she had not only used sex determination tests to undergo abortion, but had visited Mandirs, 'Choki Bharna' for a male child and had taken her four-year-old daughter along with her and asked her to pray to God for a brother. With such exposure, the girl child will be well socialised into the male-female differential status and placement.

To sum up, the legitimacy to acquire a male child may differ for different methods. Traditional means such as seeking God's blessings, visits to places of pilgrimage, *Mannat*, *Haqims* and medicines are favoured in all communities. Sex determination tests are seen as a modern technology which eliminates female life is yet to be absorbed as a norm, without the protection of tradition and are yet to acquire blatant support.

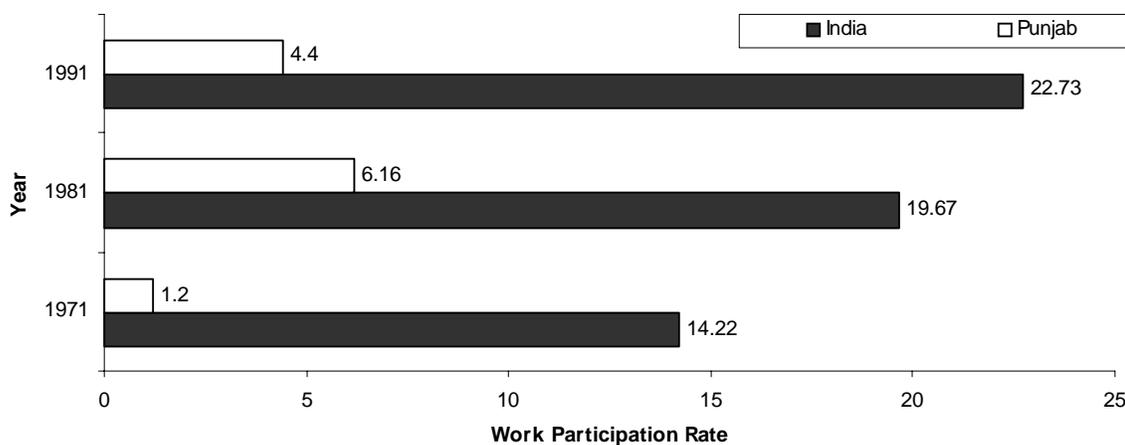
The sex determination technology was a Godsend unleashed on a populace that resorted to religious bigotry and was at the mercy of quacks to beget a male child. People now no longer have to wait for the vagaries of God's blessings (which like the monsoon are not controllable), but have only to log on to scientific technology presto acquire a male child. This technology has, in fact, 'empowered' those with a male

child preference the power of scientific assurance to attain a male child. Moreover, the practice of technology has removed the shroud provided by religious blessings in acquiring a male child. Male child preference has become visible and blatant. This visibility of male child preference, linked with the higher status of the male has provided it with legitimacy and the mushrooming of ultrasound clinics was a foregone conclusion.

It points at the deprivation the girl child faces even before she is born. But she is equally discriminated against after her birth in terms of medical services, mother's care, nutrition – societal factors that result in a higher girl child mortality. According to Gagan of Bhagawal, '*Jis ke ladka nahin, uske saath asli dhakka.*' The problem is not only of male child preference but also of total negation of the female identity. Gurdev Kaur of Bathinda has undergone 14 abortions because they were allegedly female foetuses, before her husband married again purportedly for a male child. But she knows she was not her husband's choice. The preference of a male child was a socially acceptable entry point for another wife. What is alarming is that the female gender is deprived of basic rights, health, inheritance, education as also life. She is discriminated against in the work force, in acquiring skills and technology, in health care and atrocities against her are increasing.

Development, thus has not favoured the cause of women. While both the historically adverse sex ratio and its decline are a matter of concern, what is alarming is that inspite of emerging as an economically and infrastructurally developed state, Punjab continues to have an unfavourable gender index. Besides the low sex ratio, it has the lowest female work participation rate. In 1971 only 1.2 per cent of the females were registered as part of the work force in Punjab in comparison with 14.22 per cent in India. This gap has widened and in 1991 female work participation rate in Punjab was only 4.40 per cent while that of India was 22.73 per cent. Though female literacy rate in Punjab is higher than the all-India average, it continues to be substantially lower than the male literacy rate in the state.

Graph 8
Female work participation rate India and Punjab 1971-91



Women in Punjab are also witnessing an increasing number of atrocities. For instance, reported dowry deaths rose to 187 from 51 in the period 1991 to 2000, an increase of 267 per cent. The rape figures are even more dismaying – an increase of 812 per cent in the same period, from 34 to 310 cases. But these are only reported cases. A 1995 survey has revealed that for every reported case of dowry harassment 299 go unreported. While dowry deaths do reflect a higher reporting rate, as many as 27 deaths go unreported for every reported dowry death.¹⁴ A recent study (2000) reveals that every fourth household in Punjab faces dowry demand, while every 28th household mentions dowry harassment and in every second household wife beating occurs.¹⁵ In fact, the entire life cycle of women continues to be fraught with physical violence. Life stages of birth, marriage and post-marriage give rise to distinctive forms that are systematic in their abuse of the female. The female faces deprivation in terms of female foeticide, dowry and associated abuse in connection with marriage, wife-beating and subjugation remain her constant companions after marriage. However, sexual abuse defies its inception according to the life stages retaining flexibility to cause disruption to the female body and gender at any stage.

¹⁴Pramod Kumar and Rainuka Dagar (1995) Atrocities Against Women in Punjab Chandigarh : Institute for Development and Communication, p.56.

¹⁵ Dagar, Rainuka (2000) Combating Violence Against Women in Punjab Chandigarh, Institute for Development and Communication.

Table – 18

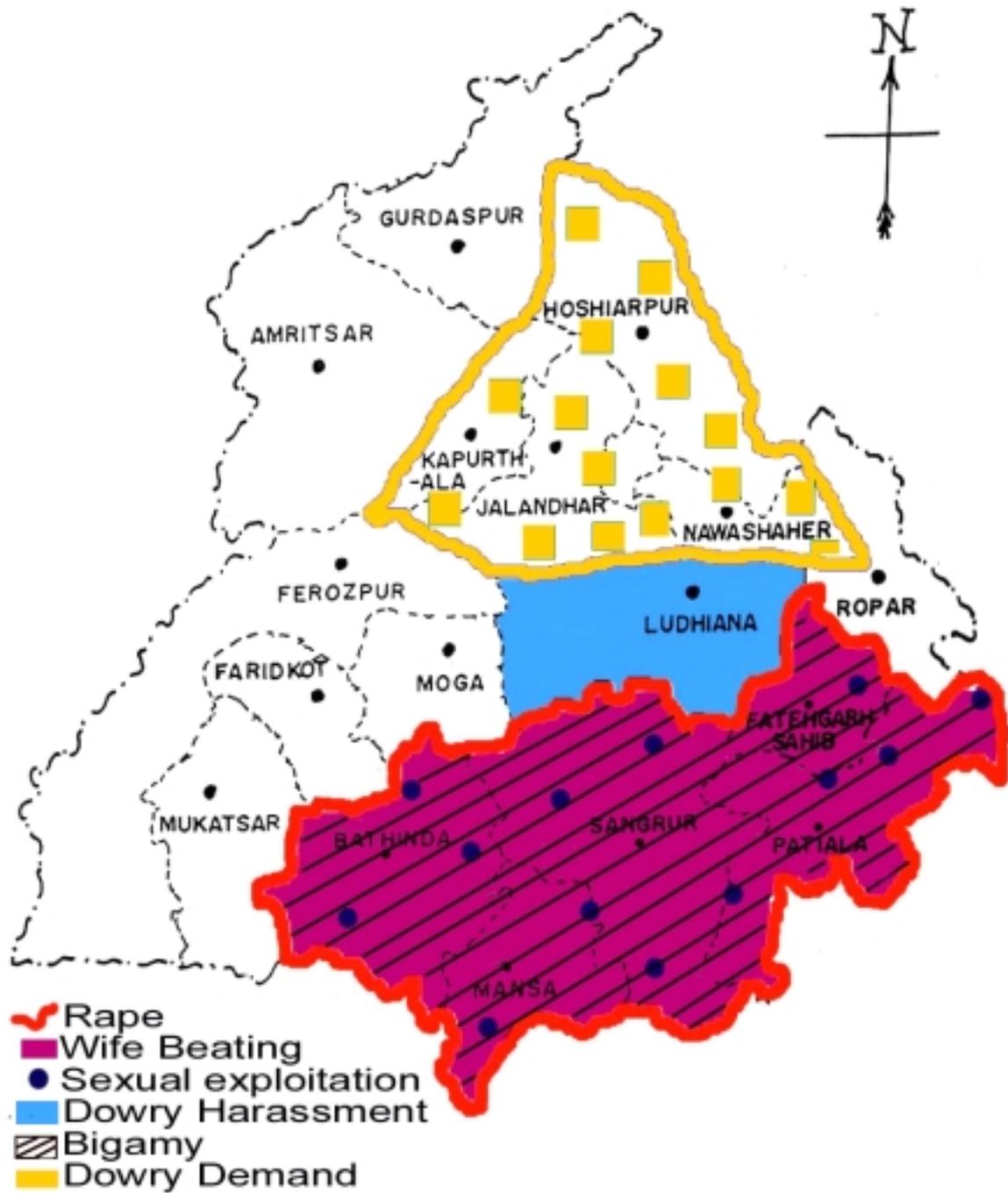
Nth Household that acknowledged form of violence					
Form of violence	Majha	Malwa	Backward malwa	Doaba	Total
Dowry demand	5 th	4 th	4 th	3 rd	4 th
Dowry harassment	19 th	18 th	45 th	-	28 th
Dowry death	56 th	53 th	-	-	100 th
Wife beating	3 rd	3 rd	2 nd	3 rd	3 rd
Rape	56 th	53 rd	45 th	-	66 th
Molestation	56 th	--	--	--	200 th
Eve teasing	28 th	9 th	5 th	9 th	9 th
Sexual exploitation	--	--	11 th	--	50 th
Source :- IDC Survey, 2000					

In keeping with the adverse conditions for women, the regional specificities in terms of sex ratio and child sex ratio reflect similar trends in other forms of violence against women. These trends are based in sample surveys carried out by the Institute..

The backward area of Malwa was found to have the highest incidence of rape, wife-beating, sexual exploitation and bigamy. These forms of violence are in consonance with the nature of development of the area. This area of Malwa is feudal, poorly developed and reflects the predispositions of the erstwhile princely states. These were revenue extractive areas, plagued by widespread drug abuse, sexual exploitation of the Scheduled Castes and had poor living conditions. Subjugative forms seem to be the norm while dowry related abuse is widespread in the richer belts of Malwa, Doaba and Majha.

Map – 3

Forms of violence against women most pervasive according to region in Punjab*



* Dagar, Rainuka (2001) Combating Violence Against Women Chandigarh ; Institute for Development and Communication.

Box - 9
THE DATA CLEARLY SHOW THAT

- The adverse sex ratio in Punjab is a historical phenomenon. Therefore, pre-natal diagnostic tests have added to the decline rather than caused male child preference.
- The uneven spread of the decline in child sex ratio clearly shows that the determining factors are socio-cultural and economic. For instance the adverse child sex ratio continues to be more pervasive in districts of Fatehgarh Sahib (754), Patiala (770), Bathinda (779), Mansa (779) and Sangrur (784).
- However, it is interesting to note that the adverse sex ratio is accompanied by other unfavourable gender indices like wife beating, rape, bigamy, sexual abuse and dowry abuse. For instance, the districts which experience adverse sex ratio registered a higher incidence of crime against women.
- The means adopted for male child preference do not merely confine to the use of the technology of pre-natal test. It includes female infanticide, girl child neglect and discrimination and religious bigotry. Therefore, it would be necessary to ensure the right to birth as well as the right to life of the females.

CAUSAL ANALYSIS OF MALE CHILD PREFERENCE

Peasant societies, as in Punjab, are highly patriarchal and have a strong male child preference. In these societies patriarchy dictates its ascendancy in all spheres of socio-economic and political life. Power structures emanating from land control percolate to all social activity.¹⁶ Land being central to social existence, has value rather than only

¹⁶ Rather than being a source of income only, agriculture in peasant societies encompasses a way of life. Culture for instance has dominantly evolved around agricultural land marks. Festivals are linked to seasons of harvest, sowing or reaping of crops etc. Bhangra steps originate in motions of harvesting and tending to crops. The festival of Teej in which married women spend a month in their

economic worth. A male child as the inheritor of this resource is valued, and like land is a symbol of status. This male child preference is reflected in the sex ratios of peasant communities. For instance, in Punjab, the Jat community constitutes the peasants and, they have historically had a sex ratio below that of the state as a whole. Available figures from 1901 to 1931 show that the Jat sex ratio is not only lower than the state average, but also the lowest among other communities in the area. (refer table – 19).

Table – 19			
Sex ratios of Jats in Punjab and Punjab average			
	Punjab Total	Gujjar	Jats
1901	858	841	805
1911	818	805	764
1921	829	821	781
1931	831	821	802

Source:- Census of India, 1931 VOL. I – India : Pt II Imperial Tables.

Historically, this region has also been prone to external invasions. Males were needed to fight wars, protect their lands and women. Women thus had to produce a number of male children to ward off the real or perceived threat of invasions. Apart from the primacy of male children, this cultivated a martial society with associated construction of violent masculinities. Values of martyrdom, heroism, shedding blood for one’s land and women gained importance. This martial concept was harnessed by the British to create a “martial race”¹⁷ with a resultant institutionalisation of these norms. Moreover, the protection of group purity necessitates control over women’s bodies. Control over women’s reproduction and sexuality assumes significance in the context of purity of

natal homes was a precaution to prevent conception of pregnancy since delivery would have been at prime harvest time – a time that could ill afford displacement of labour.

¹⁷ Fox, Richard G. (1987) Lions of Punjab New Delhi : Archives Publishers, p. 145

identity whether group or family lineage.¹⁸ This not only restricts female mobility but also abets women's adverse status. A more recent impact of purity of identity promoted by religious extremism on women can be drawn from the decade of extremism for Khalistan. The Punjabi population suffered the burden of the girl child when the female was targeted for sexual abuse as a symbol of the group's identity, by the militants themselves for violation of codes of the conduct and dress as also at the hands of a lawless society. The immediate effect of young girls being the target of sexual abuse can be deciphered from their early marriages, seeking shelter with relatives outside the state and the decline in girls' attendance in schools. The martial race became a myth, unable to protect its honour, it was perhaps easier to shed this burden with the help of prenatal diagnostic techniques.

The Jats as the dominant group have influenced the behaviour pattern and culture of the area so much so that the Scheduled Castes have also imbibed the peasant patriarchal norms. Practices of levirate marriage and honor revenge are now found among them. This culture of male child was consolidated through the creation of a martial race, spread of the green revolution, identity assertions, sanskritisation by subordinate groups and the lack of movements to promote individual human rights. With the advent of the green revolution, the value of land increased and so did the value of the male child. Prosperity could only then add to the discrepant worth of the male-female child. The perceived liability of the girl child provided social legitimacy to the practice of dowry and affluence gave it an added material base. The agrarian crisis of the mid-1980s compounded the problem – the practice that affluence promoted became an albatross as income levels dipped. Opulent dowry was imbibed as a social cost of living and in the face of penury, the female child became an added burden.

Development also impacted the family size to displace the girl child. Emergence of the middle class brought with it the norm of a two-child family. Decrease in the family size

¹⁸ The definition of 'purity' is constructed as dependent on female sexuality and reproduction so that these aspects of women's lives become central not only to the definition of female personhood but also to group boundaries and group identity.
H. Papanet (1994) 'Ideal Woman and Ideal Society' in Identity Politics and Women, V.M. Moghadam (ed.) pg. 46.

in a milieu of male child preference, ensured the survival of the male child at the cost of female children. Prenatal diagnostic techniques became a useful instrument.

Appropriation of gendered activities by market forces transforms the normative ritual, practice or customs into an entity, valued for its material and resource worth. For instance, celebrations at the time of the birth of a male child, are seen as a status symbol – enhancing the social worth of family in terms of popularity, goodwill providing an occasion for displaying its financial worth. The expectant mother also has a vested interest in giving birth to a male child – her social standing is no longer confined to the family, but to a wider social network with higher stakes – from dowry harassment, to status enhancement as also recipient of ornaments, gifts.

EXISTING SUPPORT TO CHECK FEMALE FOETICIDE

Given the stark attachment to a male child with social structures supporting the social worth of the male child, interventions against female foeticide did not find many takers. In fact the use of sex determination tests have been welcomed and rationalised as an effective family planning measure and as a protection of the female child. From a popular point of view to perceive foeticide as an abuse may not seem rational. No doubt, a forced opinion on methods to curtail foeticide provided responses like need for legal stringency, increasing the awareness that the practice is a crime, and education of the girl child to enhance her worth.

Strata	No remedy possible	Educate and make daughter independent	Legal stringency to ban dowry	Change society
Upper	9	9	10	4
	18.4	18.4	20.4	8.2
Middle	20	8	9	2
	27.4	11.0	12.3	2.7
Lower	36	1	25	2
	62.0	1.7	43.1	3.4
Total	65	18	44	8
	36.1	10.0	24.4	4.4

Source: Field Survey, IDC, 2001

This opinion is belied by the fact that the preference for the male child continues to soar. With the lack of identification of the girl child as part of her natal family, descent through the male child and typed gender roles, the need for abolishing male-female differentiation does not arise.

In strategies advocated by respondents to combat male child preference, as many as 36 per cent stated no need for a strategy since they felt comfortable with the existing situation and claimed that no remedy was any way possible. This acceptance for existing male child preference was found to increase with the higher income groups. Dowry was identified as a major handicap in curtailing the preference for a male child and subsequently 24 per cent of the population demanded legal stringency in evoking laws for dowry crimes. Interestingly the lower strata was most vocal in its demand for abolishing dowry (43.1 per cent). Certain positive contributions were elicited to change existing social set ups that respondents mentioned the need to make girls independent. Among the stratas it was the upper strata which found this intervention viable with 18.4 per cent make the suggestion. There were certain who felt that overhauling of society was necessary if male child preference was to be checked.

An evaluation of existing schemes for girls indicated that while these efforts were considered worthwhile by the respondents (refer table 12 in annexure), 26 per cent of those who felt the Shagun scheme was implemented mentioned it assisted in dowry and marriage celebrations (refer table 13 in annexure). Thus, while women centered schemes are well received, they may in fact be promoting those very gender norms that they are expected to combat. The legal right of property for girls was stated to have improved women's status by 23 per cent, but most felt it increased family disputes (30 per cent), lead to fall in birth of girls among Jats (9 per cent) and property being equated as extra dowry (8.3 per cent) and even lead to use of sex determination tests (38 per cent; refer to tables 14, 15, 16 in annexure).

A sample of grass root workers consisting of anganwadi workers, mahila mandals and panchayat members was undertaken to elicit their views regarding the role of different organizations in checking female foeticide and infanticide. The emphasis of the GROs

was seem to be in spreading awareness regarding sex determination tests and its legal repercussions.

Table - 21							
GRO perceptions regarding initiatives taken for checking sex determination that different organization could undertake							
Organisation	Awareness of sex determination	Check on dai's work	Role models	Sensitize no difference between male-female	No need for change	Implementing laws strictly	Nothing can be done
Panchayats	58	3					23
	69.0	3.5					27.3
Religious organization	76						8
	90.4						9.5
Influential people of the area	49		6	21			8
	58.3		7.1	25.0			9.5
Doctors	38						3
	45.2						3.5
Common man	7				70		7
	8.3				83.4		8.3
Government line functionaries	58					5	13
	69.0					5.9	15.4
Source : Field survey , IDC 2002							

The religious organisations were perceived to be most effective in the spreading of awareness (90 per cent) followed by panchayats (69 per cent) and influential people of the area (68.3 per cent). The government line functionaries were also seen as playing a role in this awareness campaign. But again the awareness was found to be restricted in providing information regarding legal aspects of female foeticide rather than a composite campaign to check male child preference. Panchayats were also mentioned as being able to keep an eye on dais to check their promotion or conduction of sex determination tests and performing of abortions. It was also reported that in certain villages namely Sargundpura, Dyalpur, Makhikala in block Bhikhiwind, a resolution has been passed by panchayat that who so ever undergoes sex determination test would be fined Rs. 1,000/- and that they would be insulted by the panchayat in front of

whole village. But till date no incidence is reported. This initiative perhaps best reflects the impact of awareness progress that only target sex determination tests and are not backed by wholesome strategies undermining gender constructs implemented at multifarious levels.

Table – 22	
Perception of GRO regarding awareness campaign on sex determination test	
Perceptions	Percentage
Positive response by only educated strata	21
	25.0
Families with two or more girl child use these tests	15
	17.8
More awareness among women regarding rights	3
	3.6
Realization that sex determination tests are immoral	24
	28.5
Continuing	9
	10.7
Source : Field Survey, IDC 2001	

Even the perception of GROs was that these campaigns are being effective only in a small section of educated strata or in those families who do not have two or more girls. The above findings reflects that male child preference was universal while manifesting to different extent from sex detection through more scientific and reliable means to more acceptable and invisible traditional forms of quackery. Institutional support is provided in adherence to the justifications for male child preference. Support structures such as religious organizations, panchayats and NGOs advocate and intervene only to restrict female infanticide while male child preference remains inquisitive. That legitimacy of this preference remain widespread and cut across social economic and cultural groups including even most interventionist to combat this male child preference and understanding of the complexities of male child preference and its reinforcement, peculiar to Punjab would be necessary to provide a composite intervention strategy.

INTERVENTION STRATEGY FOR COMBATING FEMALE FOETICIDE AND INFANTICIDE

FRAMEWORK OF INTERVENTION

The findings of the study point at male child preference as a pivotal factor in female foeticide and infanticide. The study also reveals that the normative preference for the male child emanates from **gender typed roles, male inheritance and descendency**. Intervening factors such as penetration of the market, religious extremism, imposition of codes of conduct for women, identity assertions leading to control over female sexuality and reproduction and even piecemeal intervention for positive discrimination have led to the enhanced worth of the male child and while simultaneously increasing liability of the girl child. The framework of strategies needs to take into consideration both structural factors that promote male child preference and also extraneous factors that have enhanced the worth of the male child. The gravity of the problem demands immediate measures to combat female infanticide and foeticide. But the complexity and deep rootedness of the issue necessitates a long-term intervention framework. The strategy thus needs to be broad-based from being only problem-centred i.e. targeting the practice of female infanticide and infanticide to cripple the very processes (i.e. norms and values and other gender practices) that have been historically institutionalised and effect the adoption of preventive measures. In other words, a three-layered approach – behavioural modification, change in social mores and practices, and transformation of institutional and structural setting has to be adopted. Not only should individuals and social relations be targeted but also the social structures need to be addressed. This will mean that information and awareness generation itself may only change or initiate a behaviour change in a particular section of society. The state has to regulate activity so far considered private. Capacity building and incentives will encourage weakening of the existing gender social placements. However, for the vast majority, as is evident from the surveys, male child preference has not been combated by the existing policies, awareness of legal

provisions or proclamations by the religious clergy denouncing female foeticide. The behaviour choices of the population are determined by social norms and values institutionalised in the family setting, in interpersonal relations, in religion and culture and promoted through the socio-economic and political milieu. For instance, an earlier study had found that 37 per cent of those who denounced sex determination tests were using other methods such as religious bigotry and prescriptions from quacks or hakims to beget a male child. Thus the right to birth of a girl child may be ensured in a certain section of the population yet the right to quality and dignified life continues to be negated due to the discrepant worth of the male and female child. Thus if a girl child is allowed to be born because the community is God-fearing and does not want to be seen taking a life and will not also resort to female infanticide, yet indifference to the girl child can lead to cultural neglect and thereby denial of life chances. The sex ratio will continue its march towards being more and more masculine. Thus the male child preference both structural and peripheral, needs to be addressed to ensure the female's right to life.

FINDINGS

- ❑ **MALE CHILD IS THE DETERMINING FORCE FOR FEMALE FOETICIDE AND INFANTICIDE**
 - Male child is an old age insurance
 - Male child brings social status
- ❑ **GIRL CHILD IS AN INCREASING LIABILITY**
 - Perceived as the “other”, over which parents have no claims.
 - Dowry exchange is crucial in preventing the birth of a girl child.
 - Penetration of the market has appropriated male child preference to promote consumption patterns through large scale celebrations of birth, lohri, mundal, namkaran etc.
 - Celebrating rituals associated with the birth of a male child and his life stages are becoming status symbols.

- Technology is differentially utilised to practise male child preference.
- Revivalism of the fundamentalist movement and identity assertions
 - Women perceived as the group's honour
 - Imposing codes of conduct
 - Restrict mobility
 - Norms of seclusion.
- Small family norm has displaced the girl child
- Segmented initiatives to promote women's development have marginalised the girl child
 - Property laws in peasant patrilocal society have resulted in increased dowry and resentment towards the girl child
 - Shagun scheme at the level of norm has endorsed the view that the girl child is a liability therefore provided compensation for by government.

INTERVENTION STRATEGY

Any strategy to combat female foeticide and infanticide needs to address all factors that determined male child preference and those that enhance the worth of the male child. The core elements of patriarchy (gender typed roles, male descendancy and inheritance, defining the male as the earner and protector, the vanguard of family lineage and inheritor of resources and property) ensure the male child to be the preferred sex at birth. The initiation into each life stage revolves around these prototypes and reinforce them. This differentiation between male and female continues around the life cycle initiated by different institutions and practices at different junctures. Thus the coming of age of both male and female adolescents charter their respective responsibilities and functions in accordance with their gender placement.

Female mobility gets restricted, dress and conduct codes and imposed, as is earnest harnessing of capacities to be dictated towards being a home caretaker, procreator and nurturer. The male, on the other hand, is encouraged to acquire productive income earning skills. The institution of marriage and death-related practices form part of the gender determined constructs with unfolding of each life stage the hegemony of the male is dictated. Therefore, intervention cannot be restricted to birth, pre-birth or post-birth activities that discriminate between the male and the female. It is the entire life cycle and associated institutions (gender structures that attach a high value to the male child and lower the worth of the girl child), practice through differentiating roles have to be undermined. In other words, the male child preference does manifest starkly in the preferred birth of a male child, but the hegemonic importance of the male is instated at every juncture of life with different social mechanisms and processes supporting the difference. It has also been found that while patriarchy does ensure the importance of the male child with the male being the preferred child at birth, intervening external factors interlink with patriarchy to ensure that the girl child is received as a burden and the importance of the male child is enhanced. The penetration of the market has ensured that celebration for the birth of a male child, dowry exchange and associated marriage ceremonies have acquired the dimensions of status symbols.

Market forces have thus transformed normative rituals, practices or customs into an entity, valued for their material and resource worth. For instance, celebrations at the time of the birth of a male child are seen as a status symbol enhancing social worth of the family in terms of popularity, goodwill, in providing an occasion to display its opulence. The politics of fundamentalist extremism and identity assertion have glorified the female as the family's honour posing bodily restrictions in terms of appearance, codes of conduct and mobility. The added burden of visible control over female sexuality and reproduction has reinforced the sense of liability of a female while also targeting her for avenging honour. These fundamentalist assertions continue to fuel the culture of violence in Punjab which promotes violence as a method of conflict resolution. This regenerates violent masculinities be it for martyrdom or for heroism. Shedding blood for one's land or women has a mandate, increasing the value of protection – male to provide the protection over female. The culture of violence may

perhaps even be providing acceptability to acts of violence including female foeticide and infanticide.

Simultaneously, the adoption of the small family norm has displaced the girl child in this milieu of increasing importance of the male child. Other development initiatives such as property laws in the peasant patriarchal society and subsequent increase in dowry has also impacted towards the negative worth of the girl child. Implementation of schemes to provide positive discrimination to the female and the girl child, such as favourable labour laws have ousted women from the formal sector. The Shagan scheme which at the level of norm has endorse the view that the girl child is a liability and, therefore, the provision of compensation. These initiatives could be effective measures to check the discrepant male female worth only when these are contextualised in a gender sensitive environment. In other words, simultaneous efforts at the level of practice, norms and values have to address the practice of differentiation between the male and the female.

□ CONTEXTUALISING THE STRATEGIES

The strategy to combat female foeticide and infanticide has to be contextualised as well as operationalised in consideration of gender interlinkages. It is important to view the strategy and implement it in a holistic manner, rather than as ad hoc initiatives. While a particular agency may not be able to put into action the diverse aspects of the strategy, the consideration to the framework is a prerequisite. Thus initiating common celebrations for the male and the female child must be done in a gender sensitized milieu, so that the need for capacity building of the female and undermining of role stereotyping is also addressed. The strategy involves incorporating changes in society that would promote an outlook that leads to empowerment of the community as a whole, and encourage a gender based response by pooling community resources. Combating female foeticide and infanticide hinges on empowering populations. Empowerment involves combating prejudices and biases, building democratic norms, and at the same time providing community support, building relational communication and enabling economic independence. Empowerment further needs to evoke a gender-based response that undermines social constructs and gender subjectivities and allows

interaction between specific populations and their social surroundings. These include grassroots organisations, religious leaders, opinion-making sections, teachers, community leaders and NGOs.

- **Mainstreaming a Gender Perspective**

A gender-based response takes into consideration the different access and participation that men and women have in society. Its aim of providing full opportunities to both the sexes focuses on weakening the fixed roles, differential responsibilities, social expectations and the status of men and women. It is directed at combating gender values, norms and practices that subordinate women and manifest in incidents of violence against women. In many societies, gender shapes the female ideal by encouraging submissiveness and passivity that curtail decision-making by women and confine them to the household and promote sexual submission. Masculine ideals such as male dominance that encourage husbands to be forceful and boys to adopt an aggressive, at times even predatory, sexual behaviour, and encourage substance abuse and alcohol also need to be understood and tackled.

- **Creating and Accessing Entitlements**

Empowering specific groups needs to focus on developing their human capacity and skills by providing infrastructural resources to enable them to use the skills. They need to be sensitised and provided with skills that enable them to take informed decisions, acquire better communication skills and capacity to generate income along with the requisite infrastructure and services for their human development. Thus access to health, education, productive skills and communication skills are the prerequisites. This should also involve health functionaries who, because of the cultural bias in favour of the male child may encourage indiscriminate use of ultrasound for sex determination. For the higher health professionals, pressure to invoke professional ethics to curtail the misuse of technology may be a better strategy.

- **Building Community Support**

People do not live in isolation, They are surrounded by the family, health workers, teachers, community and religious leaders, NGOs etc. All these people may have

different perceptions, needs, attitudes and preferences, with varying levels of awareness and sensitivity to gender issues. Moreover, these sections continuously interact with one another to produce the dominant norms, values and ideals of society. In this particular context, the needs, aspirations, and problems of a specific population are to be dealt with. Primarily, their attitudes and values have to be taken into consideration. For instance, in the case of women in the slums, it may not be possible to effectively intervene if they do not have information on income generating avenues, guidance or support from government departments, or if the community does not support them in activities or programmes they are participating in. Also, it needs to be recognised that different sections of the community may have comparative advantage over the others in one or more spheres such as information, resources, skills or knowledge. Experienced NGOs or health services can perhaps provide the best technical information and services. Religious leaders may have the highest moral authority.

Community leaders can provide support and credibility to programmes and women may need the support of their families.

Forging partnerships between these sections of the community for growth and change in the traditional attitudes and norms becomes essential. It is through the support of these partnerships that the needs and aspirations can be fulfilled and the community gender-sensitised.

An integrated approach targets immediate needs through short-term strategies in the context of long-term needs in targeting social change. Studies have shown that communities are responsive to change when it is backed by information, skills and opportunities.

WAY OUT: ENSHRINING THE FEMALE'S RIGHT TO LIFE

The unfavourable conditions for women, reflected in the adverse sex ratio, have been persisting over the decades, changing their form in accordance with the change in economic and social conditions.

Given the historically adverse sex ratio in Punjab, increasing atrocities and continuing male-female disparities, the modern technology of pre-natal sex selection cannot be held responsible for the imbalance in male-female numbers. No doubt technology in the form of sex determination tests has given added boost to male-child preference, but male child preference is rooted in culture. This preference and its manifestation included female infanticide at the turn of the century, prior to the invention of prenatal diagnostic techniques were invented. Female foeticide is another form of denying the right to birth and life in addition to traditional mores and female infanticide. This change of form and the visible adoption of scientific technology may give the misleading impression that pre-natal sex selection techniques are in fact the cause of the adverse sex ratio.

❑ IDENTIFICATION OF ISSUE

The issue raised by the decline in the sex ratio is not that the female's right to birth is violated. Rather it is the non-existence of the female's right to life. The historically adverse sex ratio and the socio-cultural legitimacy of traditional methods (visits to hakims, deras, pilgrimages for boon of a male child) that register the selection of the male child over the female is proof enough of the lack of the right to birth to the girl child. The need is, therefore, to enshrine the right of birth to the girl child and then the right to life. After the right to birth, if the right to life is denied in the shape of female infanticide, cultural neglect or the blatant use of violence as in dowry death, it will again lead to an imbalance in the sex ratio. This calls for a holistic strategy that deals with unfavourable status of the female in its entirety.

❑ SYSTEMATICALLY TARGETING FEMALE FOETICIDE

To answer to life enhancing mechanisms resulting in life depriving outcomes lies in the understanding that pre-natal diagnostic techniques do not exist in a vacuum but

function in accordance with the social conditions of patriarchy.¹ In other words, female foeticide occurs because there is a male child preference in society. The male child preference emanates from the perceived higher relative worth of the male than that of female. Not only does the male have a normative hegemony, culturally accumulated through the practice of discrimination against the girl child in favour of the male, the male has more developed capacities than the female. He is more skilled, promotes the lineage and is an old age insurance to parents. In order to combat this male child preference, the female productive worth in society has to be enhanced.

❑ **EVOKING LEGAL MEASURES WITH THE SUPPORT OF THE COMMUNITY**

There is need for arresting the rapid decline in the child sex ratio, and legal measures have been adopted by the state in this regard. However, these legal remedies can only be implemented through mobilisation of the community and its subsequent support. For this, some sections of society would respond to awareness generation of laws and initiate behaviour change by appealing to rationality while to other sections gender sensitisation and the increased worth of the girl child would diminish male child preference. However, for the large majority, awareness generation or sensitisation would not succeed in weakening the male child preference which is dictated by social norms and values institutionalised in the family setting, in interpersonal relations and in religion and culture. For this section of society the norms, values and practices that have been historically institutionalised need to be attacked.

❑ **PROMOTING THE COMPOSITE STATUS OF THE FEMALE**

Individual adherence and institutionalisation of the gender ideology, both provide invisibility to gender violence. The widespread invisibility of gender violence and its various forms can be inferred from the prevalence of gender typed roles, values and

¹ The development of science is not neutral but is directed to serve and frequently to validate the dominant interest which an ideology is legitimating and supporting. V.L. Allen, (1974) Social analysis London : Longman, p. 229

norms that justify male child preference, allocation to the female the role of nurturer and caretaker and acceptance of gender practices such as payment of dowry. This widely accepted gender ideology produces partial and fragmented understanding of the assumptions, processes and even actions of the gender system. Moreover, this inadequate understanding isolates the events and acts from the assumptions and processes of the gender system and reduces them to mere problematic aberrations. Thus female foeticide is assumed to be the problem and not the male child preference; dowry demand and harassment are targeted for correction, while promoting dowry exchange; subjugation of the wife is accepted while intervention is sought for wife bashing. Thus situation blurs some of the most pervasive forms of gender violence and solutions that revolve around welfare or relief are unable to empower women.

FRAMEWORK OF POLICY TO COMBAT FEMALE FOETICIDE

❑ PROVIDING VISIBILITY TO GENDER VIOLENCE

There is need for sensitising the community to issues relating to gender justice and women's development. The policy needs to ensure sensitisation to all forms of deprivation, discrimination and atrocities. Socialisation of the norms and values of patriarchy makes certain forms of injustice invisible. Thus expression of male child preference through traditional methods remains invisible and is not perceived as denial of the right to life or as violence against the female gender.

❑ TO PROMOTE ROLE FLUIDITY IN LIEU OF GENDER ROLE STEREOTYPING

Human biology in the existing socio-biological context has only affixed the biological function of procreation to the two sexes. All other roles are socially determined. Thus functions such as rearing the children, earning for the family, performing household chores, taking part in familial, social or political decision-making can be undertaken by members of either sex. Individual capacities can be harnessed according to the situation and need.

Thus role fluidity will help in combating the restricted and inferior social placement on the basis of sex. If women are to be productive earners, they will be encouraged to imbibe market valued skills that bring high remuneration.

❑ **TO PROMOTE WOMEN AS PRODUCTIVE BEINGS**

Given the increasing economic demands, earning an income has become necessary for all individuals. However, women even upon entering the wage market, have been constrained by the primary role assumptions of child rearing and housekeeping. They earn only to supplement the earnings of the menfolk since the burden of household chores and child-care continues to be their sole responsibility.

Earning only as a supplementary function results in the marketing of existing skills which are domestic in nature. If the women's potential as workers is harnessed according to their capacities i.e. if they learn skills before entering the work force as part of their education like the males, and are encouraged to learn market valued skills then more women will join the labour force in various skilled categories with corresponding remuneration.

This then will promote productive participation of women in all social spheres, creating an increased social worth of the female.

An immediate opportunity is presented by the introduction of a gender box akin to the green box in the WTO regime. The green box has been ostensibly constituted to protect the environment, to ensure that trade does not adversely affect sustainable development. The trade agreements then have a prior obligation to ensure that new arrangements of trade do not disrupt or displace gender rights : - if dairies with 80 per cent of the work force comprising women are to be affected, then it is obligatory to protect the women's rights and if possible to provide them with incentives under the Gender Box. Land which is jointly owned by males and females, dairies in which women are the main stake-holders and those producers who boycott sex determination clinics can avail themselves of subsidies for making their products globally competitive.

Today, what is of concern is not just the decreasing sex ratio but the piecemeal intervention being implemented for gender development. To focus on female foeticide as the cause of the adverse sex ratio, amounts to trivialising the issue. The need is to counter male child preference, introduce role fluidity, provide sensitisation to the gender system and visibility to atrocities. **The state needs to set up an inter departmental task committee to develop an action plan and evaluation of on-going programme on the basis of the framework of intervention.**

STRATEGIES TO COMBAT FEMALE FOETICIDE AND INFANTICIDE

1. LEGAL

- Review and reframe the existing laws on pre-natal diagnostic techniques to clearly include in its gambit sex selection technique also. Only sex detection techniques are included in the Pre-natal Diagnostic Techniques Act 1994. (see Annexure - II)
- Target the clinic and organisations that spread awareness regarding sex selection techniques for having male child, including community patrolling squads.
- Enforce the ban on sex determination techniques through community policing.
- Spread legal literacy regarding women's rights.
- Build pressure for legal reforms in areas of gender violence (domestic violence including rape in marriage and honour revenge to be legally addressed).
- Initiate state regulation to discourage opulent celebrations such as the birth of male child, lohri, namkaran, mundan ceremonies and marriages. (for instance if more than 100 guests have been entertained in the celebrations then it should be mandatory to file an income tax return).

2. AWARENESS CAMPAIGN

- Provide information regarding the extent of female foeticide and infanticide which are thought to be brutal acts no longer practiced.
- Raise concerns regarding the impact of the falling sex ratio in the area, especially its repercussions on gender.

- Generate awareness that practice of male child preference is a form of gender abuse. To visit deras, pirs, temples, gurudwaras for begetting a male child is not different visiting sex detection clinics.
- Awareness regarding government schemes and NGO initiatives to promote the status of the girl child.
- Spread awareness that recurring abortions are harmful to maternal health.
- Launching a campaign with the help of religious organisations to advocate the women's control over their bodies in terms of reproduction and sexuality.
- Encourage the community to celebrate customs, rituals and practices of all life stages without differentiating between males and females.
- Spreading the awareness that a small family need not only include male children irrespective of sex selection.
- Encourage the clergy to denounce mannats and blessings only for male children at Gurudwaras and Deras.
- Awareness regarding various schemes that the Punjab Government has initiated for women's uplift. These should include schemes that are:
 - Welfare oriented
 - Developmental
 - Income-generating
- Awareness regarding human sexuality

- Awareness regarding gender differentiating norms and their impact on men and women.
- Undermining hierarchical and hegemonic relationship between the bride's family and that of the groom.

3. SENSITISATION

- Sensitise grassroot organizations, especially panchayats and mahila mandals to gender issues. This should include;
- Questioning the legitimacy of male child preference
- Targeting the dowry system rather than only dowry harassment and dowry deaths
- Promoting the value of women as productive workers
- Promoting role fluidity
- Delinking the value of honour from control over women's sexuality
- Promoting the principles of social policing and social fencing within the community to act as an instrument to curtail female foeticide and infanticide
- Form community patrols to check clinics and health workers from performing female foeticide.
- Challenging exhibition of dowry, celebrations for the birth of a male child as a status symbol
- Undermine the legitimacy of male child preference.

4. INITIATIVES FOR CAPACITY BUILDING

- Equipping women with productive skills
- Initiating micro credit and micro enterprise for income generation

- Providing women with access to health services and community resources
- Initiate informed decision-making in families and in the community to promote democratic relationships.
- Boost democratic processes within GROs, specially panchayats.
- Establishing a network with grassroot organisations, line departments and the community.
- Developing skills of communication and decision-making in the community and among the women in particular.
- Providing infrastructure and community mobilisation on gender and empowerment issues.

INTERVENTION PARAMETERS FOR GRASS ROOT ORGANISATIONS

Interventions					
Factors guiding male child preference	Law	Awareness	Sensitisation	Mobilisation	Initiatives for Capacity Building
<p>Gender – Norms Values</p> <ul style="list-style-type: none"> • Towards role fluidity • Inheritance not to be male oriented only • Address patriliney 	<ul style="list-style-type: none"> • Spreading legal literacy on women's rights • Invoking enforcement of laws through community policing • Review existing laws and build pressure for legal reforms (domestic violence, including rape in marriage to be included in the gambit of law) 	<ul style="list-style-type: none"> • Visibility to form and extent of violence that women face • Generating awareness that practice of male child preference both through sex determination tests and religious bigotry is a form of gender abuse • Awareness regarding government schemes and NGOs initiatives 	<ul style="list-style-type: none"> • Sensitising support structures to gender issues • Uncovering the linkages from dowry payment to dowry harassment and dowry death. • Promoting women as productive workers. • Promoting role fluidity • Undermining the legitimacy of male child preference. • Delinking the value of honour from control over women's sexuality. • Questioning the hegemonic supremacy of the husband over the wife. 	<ul style="list-style-type: none"> • Developing intervention and networking of skills in community support structures particularly women groups • Community mobilisation on gender and empowerment (anti-dowry, female foeticide, infanticide, sexual abuse and exploitation, wife beating) • Initiating network systems within GROs, line departments and community • Mobilisation religious organisations to denounce blessings for male child at gurdwaras and deras 	<ul style="list-style-type: none"> • Equipping women with productive skills • Initiating micro credit and micro enterprise for income generation • Providing infrastructure and access to health services and community resources. • Initiate informed decision making within relationship and community activities to enable democratic relationships

Interventions	Law	Awareness	Sensitisation	Mobilisation	Initiatives for Capacity Building
Factors guiding male child preference					
<p>Market</p> <ul style="list-style-type: none"> • Appropriating gendered practices, rituals and customs for profit • Celebrations have become status symbols 	<ul style="list-style-type: none"> • State regulation for <ul style="list-style-type: none"> • Legal policies and enforcement for sex pre-selection specially at source • Of expenditure on celebrations (if more than 100 marriage guests than have to file income tax return) • Spread awareness in community that recurring abortions are dangerous to the health of the female. • Review of pre natal diagnostic laws to stress on illegality of sex pre-selection techniques. • Activating principle of community policing to enforce law particularly at the level of sex detection (use of sex determination tests). 	<ul style="list-style-type: none"> • Awareness on laws for sex pre-selection and sex detection techniques • Awareness regarding mechanism of state regulation and policies 	<ul style="list-style-type: none"> • Activise support structures to promote no differentiation in celebrations on the birth of male or female child 	<ul style="list-style-type: none"> • Initiation of social policing and social fencing within the community to curtail female infanticide and foeticide • Initiate community and patrolling to check clinics and health workers from performing sex determination tests. • Check sex determined abortions in the informal sector. • Mobilise community to celebrating practices of all life stages without differentiating between male and female 	<ul style="list-style-type: none"> • Involve support structures including religious organisations to initiate women's involvement in capacity building initiatives, including access to basic resources of health and education.

Interventions	Law	Awareness	Sensitisation	Mobilisation	Initiatives for Capacity Building
Factors guiding male child preference					
Fundamentalism <ul style="list-style-type: none"> Codes of conduct Women as honour of family and group 	<ul style="list-style-type: none"> Stringent and visible enforcement of laws in honour, rapes. Sensitise legal agencies that women victims not be revictimised (wife beating and raped women may be treated as abettors to crime rather than victims) 	<ul style="list-style-type: none"> Launching campaigns that advocate women's control over their bodies particularly in terms of reproduction and sexuality 	<ul style="list-style-type: none"> Incorporate support of religious bodies for recognition of woman's rights and her control over her body. 	<ul style="list-style-type: none"> Creating pressure groups against promotion of female bodies as community property 	
Development – small family norm, displaced girl child		<ul style="list-style-type: none"> Spreading awareness that small family norm can be evoked irrespective of sex preference of the child. 		<ul style="list-style-type: none"> Build pressure groups for promoting girl child. 	<ul style="list-style-type: none"> Schemes and initiatives for girl child.
Culture of Violence <ul style="list-style-type: none"> Check violent masculinities Provide alternatives to violence as a mode of conflict resolution 		<ul style="list-style-type: none"> Spread awareness among community to victimisation and its impact rather than revenge and glory addiction 	<ul style="list-style-type: none"> Provide skills of peaceful conflict resolution to community leaders. 	<ul style="list-style-type: none"> Activation of support structures for conflict resolution Increase community interaction for democratic ethos. 	<ul style="list-style-type: none"> Boost democratic processes within GROs, especially panchayats.

ANNEXURE - I

Table – A1

Sex ratio and per capita income of India and states for year 1991-2001

State / UT Code	India/States/ Union Territories	Sex ratio (Number of females per 1000 males)		Per Capita income at current prices (Rupees)
		1991	2001	1997-98
	India	927	933	12729
1.	Jammu and Kashmir	896	900	9491
2.	Himachal Pradesh	976	970	11451
3.	Punjab	882	874	18862
4.	Chandigarh	790	773	–
5.	Uttaranchal	936	964	–
6.	Haryana	865	861	17426
7.	Delhi	827	821	25534
8.	Rajasthan	910	922	11195
9.	Uttar Pradesh	876	898	8273
10.	Bihar	907	921	5531
11.	Sikkim	878	875	–
12.	Arunachal Pradesh	859	901	11738
13.	Nagaland	886	909	13052
14.	Manipur	958	978	–
15.	Mizoram	921	938	–
16.	Tripura	945	950	–
17.	Meghalaya	955	975	–
18.	Assam	923	932	7966
19.	West Bengal	917	934	11464
20.	Jharkhand	922	941	–
21.	Orissa	971	972	8103
22.	Chhatisgarh	985	990	–
23.	Madhya Pradesh	912	920	–
24.	Gujrat	934	921	16998
25.	Daman & Diu	969	709	–
26.	Dadra & Nagar Haveli	952	811	–
27.	Maharashtra	934	922	19799
28.	Andhra Pradesh	972	978	–
29.	Karnataka	960	964	13621
30.	Goa	967	960	24309
31.	Lakshadweep	943	947	–
32.	Kerala	1036	1058	–
33.	Tamil Nadu	974	986	15798
34.	Pondicherry	979	1001	–
35.	Andaman & Nicobar Islands	818	846	–

Source : 1. Statistical Abstract of Punjab, 2000
2. Provisional Population Totals, Paper –1 of 2001

Table - A2**Age wise sex ratio in India for 1961-1991**

	age	1961			1971			1981			1991		
		Total	Rural	Urban									
India	0-4	992	997	966	979	983	959	978	979	994	955	959	943
	5-9	955	958	941	943	944	938	941	749	942	938	939	937
	10-14	877	877	874	884	881	898	898	1023	909	900	894	918

Source: 1. Census of India 1981, 1991; Socio cultural Tables, series 1, India Part IVA

2. Provisional Population Totals (Paper 1 of 2001) Supplement District Totals Census of India 2001 Series 1, India

Table – A3**Death rate in Punjab less than one year**

Year	Male	Female
1983-87	81.93	85.05
1984-88	78.97	84.64
1985-89	77.90	80.27
1986-90	66.42	71.10
1987-91	64.27	65.73
1988-92	62.50	63.97
1989-93	60.31	62.41

Source : SRS Mortality Differentials by Age & Sex in India 1983-93

Table – A4**Death rate in Punjab 1-4 years**

Year	Male	Female
1983-87	6.23	12.80
1984-88	7.14	12.99
1985-89	7.13	12.41
1986-90	5.24	9.81
1987-91	4.62	8.89
1988-92	4.53	8.57
1989-93	4.17	7.56

Source : SRS Mortality Differentials by Age & Sex in India 1983-93

Table - A5**All-India 0-6 age group child sex ratio for year 1981, 1991 and 2001**

State	1981	1991	2001
Andaman & Nicobar Islands	927	973	965
Andhra Pradesh	992	975	964
Arunachal Pradesh	927	982	961
Assam		975	964
Bihar	981	959	938
Chandigarh	996	899	
Chhatisgarh			975
Dadra & Nagar Haveli	907	1013	
Daman & Diu		958	925
Delhi	996	831	865
Goa, Daman & Diu	926	955	933
Gujarat	950	928	878
Haryana	902	879	820
Himachal Pradesh	971	951	897
India	962	945	928
Jammu and Kashmir	964		937
Jharkhand			966
Karnataka	974	960	949
kerala	970	958	963
Lakshadweep	492	941	
Madhya Pradesh	977	952	931
Maharashtra	956	945	917
Manipur	986	974	961
Meghalaya		865	975
Mizoram	964	969	971
Nagaland	988	993	975
Orissa	995	967	950
Pondicherry	986	963	958
Punjab	908	875	793
Rajasthan	954	916	909
Sikkim	984	965	986
Tamil Nadu	967	948	939
Tripura	972	967	975
Uttar Pradesh	935	928	916
Uttaranchal			906
West Bengal	1149	967	963

Source : 1. Census of India 1981, 1991; Socio cultural Tables, Series 1, India Part IVA
2. Provisional Population Totals (Paper 1 of 2001) Supplement District Totals Census of India 2001 Series 1, India

Table - A6

District of Punjab in their placement of sex ratio in India, 2001

	State	District	Sex ratio	Percentile Rank
1	Punjab	Fatehgarh Sahib	754	0.00
2	Haryana	Kurukshetra	770	0.00
3	Punjab	Patiala	770	0.00
4	Punjab	Kapurthala	775	0.01
5	Punjab	Gurdaspur	775	0.01
6	Punjab	Mansa	779	0.01
7	Punjab	Bathinda	779	0.01
8	Punjab	Amritsar	783	0.01
9	Haryana	Sonipat	783	0.01
10	Haryana	Ambala	784	0.02
11	Punjab	Sangru	784	0.02
12	Haryana	Kaithal	789	0.02
13	Punjab	Rupnagar	791	0.02
14	Haryana	Rohtak	796	0.02
15	Punjab	Jalandhar	797	0.02
16	Gujarat	Mahesana	798	0.03
17	Haryana	Jhajjar	805	0.03
18	Punjab	Faridkot	805	0.03
19	Haryana	Karnal	806	0.03
20	Punjab	Muktsar	807	0.03
21	Haryana	Panipat	807	0.03
22	Haryana	Yamunanagar	807	0.04
23	Punjab	Nawanshahr	810	0.04
24	Punjab	Hoshiarpur	810	0.04
25	Gujarat	Ahmadabad	814	0.04
26	Punjab	Ludhiana	814	0.04
27	Haryana	Mahendragarh	814	0.04
28	Haryana	Rewari	814	0.05
29	Jammu & Kashmir	Jammu & Kashmir	816	0.05
30	Gujarat	Gandhinagar	816	0.05
31	Haryana	Jind	818	0.05
32	Haryana	Sirsa	818	0.05
33	Punjab	Moga	819	0.05
34	Punjab	Firozpur	819	0.06

Source : Provisional Population Totals (Paper 1 of 2001) Supplement District Totals Census of India 2001 Series 1, India

Table – A7
Child sex ratio of districts in Punjab 1991 and 2001

State/Districts	Sex ratio in 0-6 age group	
	1991	2001
Fatehgarh Sahib	874	754
Kapurthala	879	775
Gurdaspur	878	775
Patiala	871	770
Mansa	873	779
Rupnagar	884	791
Nawanshahr	900	810
Sangrur	873	784
Jalandhar	886	797
Bathinda	860	779
Amritsar	861	783
Hoshiarpur	884	810
Firozpur	887	819
Ludhiana	877	814
Faridkot	865	805
Muktsar	858	807
Moga	867	819
Punjab	875	793

Source:- Provisional Population Totals, Paper –1 of 2001, Punjab

Table – A8
Sex ratio by age in Punjab for the year 1981 & 1991

Age group	1981	1991
0-4	925	878
5-9	877	887
10-14	872	876

Source:- Statistics on children in India 1993, 1998

Table – A9
Sex ratio of districts In Punjab : 2001

State/Districts	Sex Ratio (Number of Females per 1000 males as per 2001)			Sex Ratio 0-6 age group as per 2001			Declining Sex ratio in 0-6 age group		
	T	R	U	T	R	U	T	R	U
Punjab	874	887	848	793	795	789	-82	-83	-77
Gurdaspur	888	895	868	775	789	729	-103	-92	-139
Amritsar	874	885	859	783	789	772	-78	-75	-84
Kapurthala	886	907	843	775	773	779	-104	-102	-112
Jalandhar	882	904	859	797	806	786	-89	-85	-93
Hoshiarpur	935	947	888	810	813	800	-74	-74	-73
Nawanshahr	913	914	911	810	811	805	-90	-87	-108
Rupnagar	870	869	871	791	787	800	-93	-96	-86
FG Sahib*	851	859	832	754	747	774	-120	-125	-107
Ludhiana	824	877	784	814	812	816	-63	-74	-53
Moga	883	885	873	819	820	811	-48	-47	-55
Firozpur	883	893	857	819	824	804	-68	-70	-60
Muktsar	886	888	883	807	810	798	-51	-54	-41
Faridkot	881	876	892	805	805	806	-60	-62	-55
Bathinda	865	868	860	779	789	756	-81	-77	-88
Mansa	875	875	878	779	780	775	-94	-103	-39
Sangrur	868	869	864	784	779	798	-89	-98	-65
Patiala	864	862	868	770	764	786	-101	-106	-56

* = Fatehgarh Sahib, T = Total, R = Rural, U = Urban

Source : Census of India 2001, Series – 4 : Punjab : Provisional Population , Totals : Paper – 2 of 2001 : Rural Urban Distribution of population

Table – A10**Expressed support for sex determination test**

Advantages	Upper	Middle	Lower	Total
Surety / one can get preferred child	22	21	20	63
	44.8	28.7	34.4	35.0
Family planning / improves women status	3	8	7	18
	6.12	10.9	12.06	10.0
Comes to know about the genetic problem of the child	6	12	-	18
	12.2	16.4		10.0

Source : Field Survey, IDC 2001

Table - A11**Perceived disadvantages of sex determination tests**

Disadvantages	Upper	Middle	Lower	Total
Murder(Sin)	15	15	22	52
	30.6	20.5	37.9	28.8
Harmful for mother & child	9	11	6	26
	18.3	15.06	10.30	14.4
Expensive	-	6	13	19
		8.2	22.4	10.5
Sex Ratio will decrease	4	2	2	8
	8.1	2.7	3.4	4.4
Sometimes not accurate	1	5	4	10
	2.04	6.8	6.8	5.5
No excitement remains	-	3	-	3
		4.1		1.6

Source : Field Survey, IDC 2001

Table – A12
Perceived need to continue following scheme

Schemes	Respondents who perceived need to continue
Shagun scheme	128
	71.1
Property right	45
	25.0
Reservation in panchayat / MC	80
	44.4
Scholarship to girls	150
	83.3

Source: Field Survey, IDC, 2001

Table – A13
Perceived impact of Shagun scheme

Impact	Percentage
Helpful for the poor	83
	68.6
Helps in giving dowry and in marriage celebrations	31
	25.6
Only influential S.C. get the money	7
	5.8
Only on papers	27
	15.0

Source: Field Survey, IDC, 2001

Table – A14
Perceived impact of property right

Impact	Percentage
Improved woman status	41
	22.8
Fragmentation of property	22
	12.2
Increase in family disputes	54
	30.0
Jats don't like giving birth to daughters	16
	8.9
Girls have started demanding property from brothers without thinking they have taken so much of dowry	15
	8.3

Source: Field Survey, IDC, 2001

Table – A15
Property right to girls perceived as a reason to use of sex determination test

Perception	Respondents
Property right as a reason to use SDT	69
	38.3

Source: Field Survey, IDC, 2001

Table – A16
Perceived impact of reservation in panchayat / MC

Impact	Respondents
Improve women status	62
	34.4
It is of no use	76
	42.2
For the time being it is not useful but later it will make an impact	19
	10.5

Source: Field Survey, IDC, 2001

Table – A17
Sex ratio of India from 1901-2001

INDIA	1901	1911	1921	1931	1941	1951	1961	1971	1981	1991	2001
Sex Ratio	972	964	955	950	945	946	941	930	934	927	933

Source : 1. Primary Census Abstract General population Volume I Census of India 1991
2. Provisional Population Totals (Paper 1 of 2001) Supplement District Totals Census of India 2001 Series 1, India

Table – A18
Sex ratio in selected states of India (1901-2001)

	1901	1911	1921	1931	1941	1951	1961	1971	1981	1991	2001
Haryana	867	835	844	844	869	871	868	867	870	865	861
Kerala	1004	1008	1011	1022	1027	1028	1022	1016	1032	1036	1058
Maharashtra	978	966	950	947	949	941	936	930	937	934	922
Manipur	1037	1029	1041	1065	1055	1036	1015	980	971	958	978
Punjab	832	780	799	815	836	844	854	865	879	882	874
Bihar	1054	1044	1016	994	996	990	994	954	946	911	921

Source : 1. Primary Census Abstract General population Volume I Census of India 1991
2. Provisional Population Totals (Paper 1 of 2001) Supplement District Totals Census of India 2001 Series 1, India

Table – A19
Sex ratio of India and Punjab 1901-2001

	1901	1911	1921	1931	1941	1951	1961	1971	1981	1991	2001
India	972	964	956	952	947	948	943	931	934	927	933
Punjab	832	780	799	815	836	844	854	865	879	882	874

Source : 1. Primary Census Abstract General population Volume I Census of India 1991
2. Provisional Population Totals (Paper 1 of 2001) Supplement District Totals Census of India 2001 Series 1, India

Table- A20
Age Group Wise Sex Ratio of Punjab for Years 1981, 1991

Age Group	1981	1991
At Birth	946	854
1 Year	921	845
5 Year	855	842

Source : Census of India 1981, 1991; Socio Cultural Tables, Series 1, India Part IVA

Table – A21
Region Wise Sex Ratio of Punjab from 1901 to 2001

	1901	1911	1921	1931	1941	1951	1961	1971	1981	1991	2001
Majha	841	778	795	806	842	844	862	873	889	888	881
Doaba	861	802	828	852	868	873	889	890	901	904	904
Malwa	821	766	789	798	815	832	837	854	868	876	868

Source : Primary Census Abstract General population Volume I Census of India 1991.

Table- A22
Respondent's awareness regarding any method for detecting the male child

Income groups	Traditional Methods	Modern Methods	Traditional & Modern Methods	Total
Upper	-	20	29	49
	-	40.8	59.2	100.0
Middle	1	23	47	71
	1.4	31.5	64.4	97.2
Lower	6	11	41	58
	10.3	18.9	70.7	100.0
Total	7	54	117	178
	3.9	30.0	65.0	98.9

Source : Field Survey, IDC 2001

Table – A23

Female work participation rate India and Punjab 1971-91

Year	India	Punjab
1971	14.22	1.2
1981	19.67	6.16
1991	22.73	4.4

Source : Primary Census Abstract General population Volume I Census of India 1991.

ANNEXURE - II

DEFINITION OF PRE-NATAL DIAGNOSTIC TEST AS PER THE PRE-NATAL DIAGNOSTIC ACT.

“Pre-natal diagnostic procedures” means all gynecological or obstetrical or medical procedures such as ultrasonography foetoscopy, taking or removing samples of amniotic fluid, chorionic villi, blood or any tissue of a pregnant woman for being sent to a Genetic Laboratory or Genetic Clinic for conducting pre-natal diagnostic test;

“Pre-natal diagnostic test” means ultrasonography or any test or analysis of amniotic fluid, chorionic villi, blood or any tissue of a pregnant woman conducted to detect genetic or metabolic disorders or chromosomal abnormalities or congenital anomalies or haemoglobinopathies or sex-linked diseases;

Source : The Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994

Note : -The act does not include selection techniques such as implantation diagnosis of the embryo done by IVF (in vitro fertilization) procedure involving artificial insemination and X-Y separation.

INSTITUTE FOR DEVELOPMENT AND COMMUNICATION

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CHANDIGARH
