

# DEMOGRAPHIC TERRORISM AGAINST UNBORN DAUGHTERS OF PUNJAB

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## ABSTRACT

This paper examines the intertemporal and spatial trends in juvenile sex ratio in Punjab along with the evidence from National Family Health Surveys (NFHS) to highlight the menace of female feticide through sex selective abortions

Prima facie evidence of interstate census data analysis reveals that juvenile sex ratio is worse in among the educated elite and economically well-off regions. It is ironical to observe that Punjab and Haryana, two rich states of India in terms of economic growth, are the ones reporting minimum child juvenile sex ratio. This may point to the fact that economic growth per se does not translate into better gender sensitive human development. Further, it also reveals that higher socio-economic characteristics viz. female literacy, female work force participation and economic growth has not been translated effectively in terms of containing the female sustenance and survival disadvantage. The lower juvenile sex ratio is not an isolated phenomenon of rural Punjab; rather the matter is dismal in urban units. It is alarming to note that sex ratio of age cohort 0-6 is inversely related to female education and female economic activity rate.

The evidence from the NFHS throws light on the manifestations and the existence of gender discriminatory practices that start *even before births*, further catalyzed by the spread of sex determination tests and sex selective abortions leading to the decline in sex ratio at birth itself.

Important questions examined are: Is sex selection a part of women's right to free choice and control over their reproduction? What is the role of the medical profession? Are all manifestations of sex selection equally unethical? Are there legislative, technological, judicial intervention, incentives and other types of solutions available? Do the solutions themselves pose new ethical dilemmas? What are the limitations of the legislative measures accounting for poor progress in combating this menace? What could be the collective strategies involving various stakeholders in the civil society for effectively eradicating this demographic terrorism?

This subject matter requires urgent attention of public policy in terms of effectively enforced legislative and collective strategic measures involving various stakeholders in the civil society to combat the evil consequences of the declining juvenile sex ratio. Improving literacy and economic value of woman is necessary but not sufficient for enhancing the relative life chances of girl child.

## I. ANALYSIS OF DECLINING SEX RATIOS

The sex ratio is generally adverse to women in India. It is primarily the consequence of high levels of female mortality, which begins at birth, after birth or even before birth. Sex

selective abortions are not just eliminating girls. They are also leading to the death of thousands of mothers. Recent studies on abortion services in India reveal that of the 40-50 lakh abortions done every year in India, as many as 80 per cent are linked to sex-selection. The majority of these abortions are conducted in the first trimester of the pregnancy when ultra-sonography can indicate the sex of the foetus. And abortions performed outside the hospital result in complications that inevitably lead to the death of the pregnant woman. **Kalpana Sharma, Columnist, The Hindu, 25 June 2006**

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

The decennial censuses conducted in India suggest that there has been an almost monotonic decline in the overall sex ratio in India. In 1901, the sex ratio was 972 females for every 1000 males; by 1991 it had reached the lowest point at 927 but increased by six points to 933 in Census 2001. The corresponding figures for Punjab are estimated as follows: 1901:832, 1991: 882 and 2001: 874 Thus there has been a decline of 8 points from 1991 to 2001 in case of Punjab while at the national level there was increase by 6 points.

Statewise decomposition of the sex ratio over the period between 1901 and 2001 reveals mixed trends of social, cultural, economic and political influence on the relative magnitude of excess female mortality across the country.

Although the overall sex ratio improved in Census 2001 compared to that of 1991, the child sex ratio (sex ratio in age group 0-6 years) declined to 927 in 2001 relative to 945 in 1991 (Annex-I/Chart 2). It is lowest in Punjab.

Annex-III/Table 3 gives the juvenile sex ratio across rural and urban India for 1991 and 2001. It was found that rural child sex ratio has always exceeded the urban one. However both have been declining over time, the rate of decline in urban area is much more than that of rural area, except for Tamil Nadu in 2001.

It would be very interesting to see the status of the girl child across religions also. Annex-IV/Table 6 presents some important facts relative to different communities.

The child sex ratio of Hindus that accounts for maximum proportion of the population is 925 as compared to Muslims which is 950. The Sikh community has the lowest child sex ratio (876) followed by the Jains (870). Overall sex ratio of Muslims (936) is slightly better than Hindus (931) which is less than even the national average of 933 women for every 1000 men. Christians recorded the highest sex ratio (1009) whereas Sikhs again reported the least (893). Female literacy among Sikhs and Jains is encouraging compared to other religions. Despite that, the two communities have the lowest child sex ratios.

## **II. NFHS DATA SUPPORTS THE CENSUS FINDINGS**

The all-India estimate masks considerable variations amongst states in the juvenile sex ratios: the magnitude of the decline - 82 points in Punjab, 59 in Haryana, 54 in Himachal Pradesh, 50 in Gujarat, 42 in Uttaranchal and 29 in Maharashtra - was much higher than in the previous decade.

While discrimination against young girls that results in excess female mortality has been widely documented through the years , the recent sharp decline in the under-seven sex ratios are commonly assumed to be the result of the rapid spread of the use of ultrasound and

amniocentesis for sex determination, followed by sex-selective induced abortions.

In the absence of reliable information on abortions by reason for abortion, the use of sex-selective abortions can be inferred by examining **sex ratios at birth** and information on abortions that were preceded by the use of the technologies known to be available for sex determination of the fetus.

Since the census does not collect information on pregnancies aborted, on the use of sex-determination tests, or on sex ratios at birth, however, census data cannot be used to examine the role that sex-selective abortions are playing in the current imbalance in the sex ratios of young children in India. NFHS-2, on the other hand, provides a rich source of data to explore this issue in greater depth.

NFHS-2 provided convincing evidence that sex-selective abortions are a common practice in many parts of India. A rough estimate is that over 100,000 sex-selective abortions, following ultrasound or amniocentesis, have been performed annually in recent years. NFHS-2 data also show that there are approximately 1.3 million total induced abortions to ever-married women in India each year (twice the level of the official estimates), but the actual number of legal and illegal abortions each year is likely to be considerably higher.

The information available from NFHS-2 on sex ratios at birth, abortions, the use of ultrasound and amniocentesis, and the degree of son preference in India presents a consistent and compelling picture of the widespread use of sex-selective abortions based on the outcome of sex-determination tests in recent years in India.

The census findings on the abnormal decline in the sex ratios of young children are confirmed by the results of India's 1998-99 National Family Health Survey (NFHS-2). The sex ratio at birth (Boys/Girls) of children born the five years preceding Survey NFHS-I i.e. year 1992 and NFHS-2 i.e. year 1998-99 for India and Punjab are shown below:

	1992-NFHS-I	1998-99-NFHS-2
India	105.1	106.9
Punjab	114.1	116.2

NFHS-2 data showed that at national level, 2% pregnancies ended in induced abortions while recent findings indicate that these have increased to 5%. A rough estimate indicates that every year at the national level, the number of induced abortions is around 1.3 millions.

Another study has shown that while at national level, only 4ies.7 % pregnancies ended in induced abortions in during a period of 5 years. The corresponding figure for Punjab was 8.8%.

The links among fetal sex determination technology, the level of access to it and the sex ratio have now become clearer for India and more specifically for Punjab

### **III. SHOULD SEX SELECTION BE A PART OF WOMEN'S RIGHT TO FREE CHOICE AND CONTROL OVER THEIR REPRODUCTION?**

All those who believe in women's reproductive rights and women's autonomy will argue that a woman should have the right to choose whether to terminate a pregnancy or not, regardless of the reason. Yet we also need to look more closely at the nature of "choice" in the decision to select for sex. Micro-studies have shown that women themselves accept and endorse sex selection. But a deeper look reveals how loaded the choices are. The decision is often a response to intense pressure to produce male heirs, often through implicit threats of violence or husband's remarriage ,

Sometimes the pressure is more overt and against the wishes of the woman; she is often advised by family and a medical professional to postpone the decision to have an early abortion

until sex determination can confirm that she is not carrying a male child. In fact, a recent study in India compared women having abortions on grounds of fetal sex to those having abortions for other reasons; the former had relatively less autonomy and mobility, and were less likely to play a major role in the family decision-making. Women make choices about their reproductive lives in the context of their families and communities.

If women live within the structures of a patriarchal system that does not favour the birth of a female child, are their “choices” free and volitional or a response to the pressures of a society that systematically discriminates against girls and women?

Even for those of us who argue that a choice even in such circumstances is a choice, this brings us to an even bigger dilemma. How are individual choice and reproductive rights to be situated when they take place in a gender-biased society? Can the individual woman’s right to select the sex of her children take precedence over the right to justice and equality, which are clearly violated when society favours systematic gender-based discrimination? The argument is more than one of confronting an ethical dilemma and contradiction. In real terms, if sex selective abortions (and other forms of sex

selection) are allowed freely, sex ratios will, and indeed already are dropping precipitously. What effects will this have on women in society in the long run? If girls are systematically eliminated from society, the long-term effects of a declining sex ratio may make women more of a “commodity” or increase violent crimes against them. The argument that the decrease in females at a population level will increase the status of women in the long run is not borne out by any evidence in any society or area where sex ratios are declining. This outcome cannot be taken for granted. A scholar has opined that : *“The hope for an eventual, demographic evening of gender relations should not divert attention from the injuries of gender that are being inflicted today.”*

#### **IV. ARE THERE SOLUTIONS? DO THE SOLUTIONS THEMSELVES POSE NEW ETHICAL DILEMMAS?**

Interventions have till now largely focused on legislative responses.

The Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, which came into force from January 1996, made the practice illegal in India. Most of these laws ban the various sex determination tests but not abortions subsequent to a test.

Abortion is permissible in India on a range of social and medical grounds (including risk to the woman’s mental health), taking into account her environment. Women seeking an abortion on grounds of fetal sex can of course give other reasons, it being almost impossible to link the abortion intent to a previous sex determination test - especially since ultrasound is done in pregnancy for other diagnostic reasons.

Would reverting liberal abortion policies then, be a way to eliminate sex selection? We think not. An abortion for sex selection is inherently different from other abortions. Indeed in these situations, the pregnancy is wanted, not unwanted, provided it can result in the outcome perceived as valuable - a male child. The majority of abortions, even in countries where sex selection is a major issue, still occur because of unwanted pregnancy, whether it is because of a lack of information or access to effective contraceptive options or because pregnancy prevention efforts have failed . Understanding and maintaining this distinction is critical if we do not want our opposition to sex selective abortion to result in an indiscriminate backlash against progress made to achieve access to safe abortion care. There is also an inherent danger that banning one type of abortion is the first step down a slippery slope that can hamper

access to safe abortion per se.

Laws are not likely to be effective in society where son preference is strong and deeply embedded in patriarchal structures. They are difficult to implement, allow for a sense of complacency and encourage corruption. Practices, if they move underground, also expose women to unsafe medical conditions and monetary exploitation. Under the Indian legislation, it is assumed that unless proven otherwise, a woman seeking a sex determination test is not doing so of her own volition and should not be penalized. But we too remain concerned about the possibility that legislative responses to this practice threaten to victimize further the female sex we seek to protect - i.e. by their families if they do not produce a male heir and by the law if they seek the means to do so.

Laws should not blind us to the need for 'aggressive gender justice' to challenge patriarchal norms and address the root causes of devaluation of daughters. As long as we address the symptom and not the cause, technology is going to support the expression of gender discrimination. There is no doubt that unless patriarchal norms of society are challenged and women valued, the desire to do away with girl children will remain.

These are changes that will not happen overnight. Gender justice cannot wait until society at large is ready to accept it as a defining moral value. Therein comes the need to regulate the manifestations of this discrimination, even though none of these measures is perfect and none addresses the root causes of the systematic devaluation of women. Laws regulating the use of reproductive technology and making the medical profession accountable must be implemented. To hope for self-regulation by the medical community seems unrealistic.

## **V. LEGISLATIVE MEASURES AND THEIR ENFORCEMENT AND LIMITATIONS**

The laws so far we have about the ban on sex selections are almost comprehensive by covering pre-conceptual techniques and all prenatal diagnostic techniques. The rule stipulates who can be charged under the Act, what are the requirements to be fulfilled by all diagnostic centers, what are the penalties under the Act and also have spoken about the "appropriate authorities" for implementing the Act, but when it comes to their implementation we have failed as a nation and failed miserably. This unpleasant reality is very much reflected in the fact that there has been only one instance of conviction and punishment under this Act very many years after it was implemented. This lone incident occurred some time towards the end of March this year in Haryana, a state only second to Punjab in its lowest sex ratio. Was there only a single instance where people were guilty of illegal abortion all these years? Was there only one center charging a hefty amount for illegal sex determination and abortion? We know the answers to these and other equally disturbing questions much before being asked by another.

According to a report there are about 350 cases filed under the PNDT Act. They vary from running diagnostic clinics without registration to communicating sex of the fetus and for advertising sex selection. Even if the charges are framed one cannot predict with any certainty how long it would take to award punishment to the guilty or how many cases would substantially be proved so as to punish the culpable. The first and the only conviction so far had taken five long years for the successful prosecution. This unpredictable duration for justice also demoralizes a handful of people actively involved in the prevention and misuse of the Act.

Apart from these there are also other conditions that restrict us from curbing the unethical use of diagnostic procedures. First and foremost the crime takes place behind the closed doors and both, the doctor and the patient, are actively involved in it for their own personal reasons. In such a condition it is almost impossible to believe that one will betray the other.

Secondly the whole exercise can underscore a woman's right to abortion guaranteed through the Medical Termination of Pregnancy Act in 1971. It is permitted for a broad range of social and medical reasons. All the same, some reasons given are questionable like if the pregnancy is a result of contraceptive failure in a married woman. There is a suggestion to amend the MTP Act to the effect that the medical termination of pregnancies will be permitted only if the husband too undergoes vasectomy simultaneously. This proposal is more logical as well as will significantly bring down the number of female feticides. However, medical termination of pregnancies should be allowed for other sensible reasons stated by the MTP Act itself.

Thirdly and most significantly "appropriate authorities" need to act responsibly without taking recourse to unjustifiable excuses. Further, the ever-improving technologies that assist the fetus' sex selection more and more are also a prominent threat today

One of the easiest ways to put into operation the PNDT Act would be to initiate stern legal action against the non-registration of centers, non-maintenance of records or poor maintenance of them. The authorities must emphasize the strict need for documentations for it can reveal many a truth. These documents can provide circumstantial evidences for the crimes in the centre. When these centers are used for illegal sex determination it is possible not to maintain all required records. Further, once a case is filed the authorities should follow it up properly. When there are blatant lapses both from the sex determination centers' authorities and most importantly from those authorities who are supposed to check and investigate the illegal acts, how could there be justice even if there are well framed laws?

In addition to immoral getting rid of female fetuses, illegal abortions are fatal to the one undergoes abortion too. A good many illegal centers don't have trained and experienced doctors. Studies disclose that about 12% of all maternal deaths in India are due to complications associated with unsafe abortions. Who could be blamed for such reckless practices that injure life itself?

Since women in India have legal right to abortion for about 35 years under the regulations of MPT Act, our fight should be against the licentious sex identification that leads to obtrusive illegal abortions, and the misuse of the MPT Act. Given the present situation one feels any positive responses to these challenges are yet to emerge from our conscience

Recently, the government has strengthened enforcement of existing legislation and expanded the laws to ban chromosome separation techniques used on sperm to increase the probability of having a son. In addition, professional associations of medical practitioners are now actively discouraging the use of sex determination tests. These efforts are not likely to be fully successful, however, unless basic changes take place in the underlying conditions that promote sex-selective abortions in India-conditions such as a strong and persistent preference for sons, the generally low status of women, widespread expectations of large dowry payments at the time of marriage, and considerable acceptance of the practice of sex-selective abortion.

**VI. Strategies Identified by** a two-day national consultation on August 17 and 18 2005 in New Delhi 'Looking to the Future - Collective Strategies to Combat the Declining Sex Ratio'. The consultation brought together policy makers, planners, representatives of civil society organisations and members of international agencies to address the problem of declining sex ratios in the country, its adverse effects on women and far-reaching social consequences.

**An open forum at the conclusion of the consultation identified the salient strategies that emerged to stabilise sex ratios:**

- Sex composition is an important indicator and a measure of the equity between males

and females. In India, where the social status of women is low, their diminishing numbers has lowered their status further. An urgent “zero tolerance” approach is needed to end sex determination tests, elimination of female foetuses, female foeticide, dowry deaths, rape, trafficking in women, domestic violence and sexual harassment.

- To rein in the malaise, the first step that needs to be taken is to end all discrimination and violence against women. The view that men are superior and women are subordinate to them must be demolished.
- Women need to be given equal rights, opportunities and the freedom to formulate their choices – a deficit in one aspect would preclude gender equality as a whole.
- Social discrimination, patriarchy, consumerism, technology, and violence against women the cycle is only getting more vicious. A multitude of organisations, networks and individuals need to come forward to advocate on these issues. Building alliances and coalitions is critical.
- There is a need to alter community attitudes and practices that endorse discrimination and violence against women to correct the dip in sex ratios.
- It must be recognised and publicised that gender inequality and dipping sex ratios is as much a loss to women as it is for men.
- Gender mainstreaming means applying gender perspectives to policy, planning, implementation and evaluation processes.
- An intense, awareness-raising cum advocacy national campaign on declining sex ratios must be formulated; it is important to involve both and men in the endeavour.
- Intensive efforts are needed to address the gender differentials in literacy, health care, land rights and work opportunities.
- The government needs to be pro-active in implementing the PNDT Act.
- There is a need to reconsider introducing the two-child norm with serious disincentives attached for violators as its unintended fall-out could be lowering the count of girls.
- Sensitisation on the issue is required for various groups: young people, students, universities, corporate bodies, medical fraternity, media, elected representatives, religious leaders and lawyers.
- Panchayati Raj institutions could be productively harnessed for awareness generation on the issue.
- Technology is being used in this country to fashion a future without women; this trend should be immediately reversed through stringent mapping and monitoring of ultrasound facilities in India.
- Medical ethics cannot be an option; medical malpractices need to be seen and punished as an offence.

## **VII. RECENT DEVELOPMENTS AND EXPERIENCE IN PUNJAB**

In the 1991 census, all districts in Punjab, except one, recorded a child sex ratio of less than 900 girls to 1000 boys. But the situation has further worsened since then with none of the districts recording more than 850 girls per 1000 boys. In fact, as many as 10 districts showed a sex ratio which is less than 800 girls for 1000 boys. Fatehgarh district has the dubious distinction of the lowest child sex ratio in the country. The whereabouts of the missing girls causing the present unhealthy gender imbalance is now to anyone's guess.

Shri Akal Takht SAHIB- the highest seat of spiritual and temporal authority amongst

Sikhs - issued a diktat on April 6 2001 prohibiting pre-natal sex determination and threatening violators with social boycott and excommunication.

In Haryana, the focus has been on unscrupulous doctors and not on the women who are themselves victims of family pressures whereas in Punjab, it is the women themselves who are being targeted.

Laxmi Murthy.India: Where Have all the Young Girls Gone? Women's Feature Service, June 5, 2002.

### **RECENT EVENTS AND REVIEWS THROW LIGHT ON THE PREVAILING SITUATION IN PUNJAB**

The Indian Express in a report dated 15<sup>th</sup> Jan, 2006 has highlighted the following facts:

“FOUR years, 75 FIRs, one conviction — this is where the campaign for the girl child has reached in Punjab, the state with a sex ratio among the lowest in the country. And though all diagnostic centres are registered and claim to have put an end to sex determination, one in every four girls is still killed before she can breathe her first. The numbers of girl child dropping every year are an indication of rampant foeticide in the state-

. The health department has registered no less than 75 FIRs under the Act and suspended licences of 143 diagnostic centres across Punjab. The provisions of the Act have been exercised for various cases of sex determination, improper record keeping and pre-conception advertisements. And, all 1,265 diagnostic centres in Punjab are now registered under the PNDT Act.

Dr. Bhardwaj alternate member, central working committee, Indian Medical Association (IMA). Agreeing that the sex determination “industry” has flourished to carry out a business of approximately Rs 200 crore each year in the state, Dr Bhardwaj says that the government's attitude would ruin Punjab.

The cases registered against the diagnostic centres in Punjab do not pertain to the fact that certain medical practitioners are caught terminating a girl child. The cases are always for some procedural lapses for maintaining the record of the patients and so forth. The authorities do it to ensure that their record shows they do take some action,” he alleges.

“The story of son-preferring Punjab's missing girls is hardly new,” says Veena Sharma, director, Human Rights Law Network, Punjab, Haryana and Chandigarh. “The law requires evidence which is hardly present. The diagnostic centres do not give any reports,” she says. “Besides, the public prosecutors do not have time to go deep into the issue.”

Anurag Agrawal, a bureaucrat and former deputy commissioner of Bathinda, who had the medical fraternity rallying against him after his action against some diagnostic centres allegedly carrying out sex determination, says that follow-up of the pregnant women could provide proper lead about sex determination.

“A woman will go for the medical termination of an unwanted pregnancy, after she misses the mensural cycle. If the pregnancy is terminated between 12 to 18 weeks of conception, it should be investigated,” says the author of *Female Foeticide: Myth and Reality*.

While writing the book, Agrawal took help of 500 volunteers of Istri Sehat Sabhas and followed up 374 women who had one or more girl children. “Many were found to have terminated pregnancies after finding out that the child was a girl,” he says.”

In a surprise raid by police and health officials in the town of Patran in Patiala district in Punjab unearthed a 10-metre (30-foot) well - located behind a private clinic - which contained the remains of at least 50 female foetuses. The discovery provoked the largest ever campaign against female foeticide across the state's 23 districts. Punjab has the lowest sex ratio in the



country and there are 776 girls for every 1,000 boys in the state up to the age of six years. **News reports, August 10 2006**

The chief judicial magistrate, Bathinda, recently issued non-bailable arrest warrants to 12 people including five doctors under various provisions of the IPC and PNDT Act. The warrants against the doctors have been issued for allegedly facilitating the illegal termination of pregnancy. The other seven are the women who underwent abortion and their husbands.

The facts of the case are that then deputy commissioner Anurag Aggarwal, chairman of the town's PNDT cell, lodged complaints against eight doctors in the CJM's court in 2003. Following submission by witnesses in the five cases, the arrest warrants were issued.

Interestingly, Punjab IMA president, opposing the action, wrote a letter today to the Punjab & Haryana High Court chief justice in which he claimed ultrasound tests in these cases were performed before 16 weeks of the gestation period, when sex determination is not medically possible.

He said even the complainant, Aggarwal, had relented and had agreed to issue a rejoinder to the court to withdraw these cases and his predecessor, KPN Sinha, had also written to the state home secretary seeking permission to withdraw the complaints. He stated Punjab CM had also directed the secretary on August 16 and September 25 to permit the Bhatinda DC to withdraw these complaints. The issuance of arrest warrants had shocked the medical fraternity, he added. This case shows the technological and legal complexities creating difficulties in combating this menace.

A small village of Punjab – Lakhanpal – has turned the tide of male births for the first time. In a state that has the lowest sex ratio in the country, this village boasts of 1,400 girls for every 1,000 boys. **Legal News and Views, July 2006, Vol 20, No 7**

## VIII. PUNJAB GOVERNMENT'S NEW STRATEGIES

### **New strategies for implementation of the PNDT act by the Health Department**

**Balri Rakshak Yojna** a state funded scheme has been launched in the state for promotion of cause of the girl-child. Incentive will be paid for adopting terminal method of sterilization after the birth of only one or two girl children @Rs.500/- and Rs.700/- respectively.

New strategies for implementation of the PNDT Act which include incentives and administrative setup, specific for the Punjab state, have been approved under the RCH-2 Project. These include;

- **A prize of Rs.3 lac for Panchayats** that achieve a child sex-ratio(0-6 years) of 1000 in a financial year. Similarly a prize of Rs.2.5 lac for Panchayats which achieve child sex-ratio of 951 to 1000 in a financial year.
- **A prize of Rs.5000/- for each informer** who helps the department in nabbing a centre indulging into sex-determination/ selection.
- **An incentive of Rs.5000/-** for arranging decoy patient to nab violators of the PNDT Act.
- **Establishment of computerized PNDT cell** at the State HQ with contractual appointment of a Computer Assistant, a Statistical Assistant a part time advocate.
- **Mobility support to the Appropriate Authorities** for undertaking routine/surprise inspections of the ultrasound/genetic centres.
- **Engagement of private advocates** to follow-up important/ difficult cases of violations of the PNDT Act.
- **Prizes for informers and decoy patients** to nab the violators of the Act.

- Strengthening of demographic records through monitoring sex ratios from birth, maintaining records of pregnancies and births and registration of births and marriages must be ensured.
- Helplines for women need to be established.
- Instituting Balika Bodh Diwas and Girl's Week every year will help.

**IMPROVEMENT IN THE SEX RATIO AT BIRTH DURING PERIOD 2001-05:**

The table below shows the number of live births by sex and the sex ratio at births.

Sex	2001	2002	2003	2004	2005 (Upto Nov, 06)
Male	2,68,328	258952	2,66,387	267624	248872
Female	2,02,219	201315	2,10,140	212464	197831
Both Sex	4,70,547	460267	4,76,527	480088	446703
Sex Ratio (Females per 1000 males)	754	777	789	794	795

**IX. CONCLUSIONS:**

Release of the preliminary results of the 2001 census of India, which showed an unexpectedly high and growing child sex ratio, has sparked concern about the widespread use of ultrasound and amniocentesis, followed by sex-selective abortions. However, there is a critical need to go beyond the census results to establish both the magnitude and the nature of the problem. The 1998-99 National Family Health Survey, a nationally representative sample survey of more than 90,000 ever-married women aged 15-49, provides direct information on sex ratios at birth and a rich source of data on use of sex-determination techniques and sex-selective abortions in every state of India. NFHS-2 confirmed that the sex ratio of recent births in India has been abnormally high, exceeding 110 males per 100 females in ten states of India. In addition, the survey demonstrated that ultrasound and amniocentesis are often used for sex determination, even though these tests are usually performed for other purposes.

NFHS-2 provided convincing evidence that sex-selective abortions are a common practice in many parts of India. One estimate shows that over 100,000 sex-selective abortions, following ultrasound or amniocentesis, have been performed annually in recent years. NFHS-2 data also show that there are approximately 1.3 million total induced abortions to ever-married women in India each year (twice the level of the official estimates), but the actual number of legal and illegal abortions each year is likely to be considerably higher.

The information available from NFHS-2 on sex ratios at birth, abortions, the use of ultrasound and amniocentesis, and the degree of son preference in India presents a consistent and compelling picture of the widespread use of sex-selective abortions based on the outcome of sex-determination tests in India in recent years.

Legislation outlawing the use of such tests during pregnancy has thus far failed, for variety of reasons, to deter couples from seeking to have these tests or medical practitioners from performing them. Recently, the government has strengthened enforcement of existing

legislation and expanded the laws to ban chromosome separation techniques used on sperm to increase the probability of having a male child. In addition, professional associations of medical practitioners and some NGOs are now actively discouraging the use of sex determination tests.

These efforts are not likely to be fully successful, however, unless basic changes take place in the underlying conditions that promote sex-selective abortions in India—conditions such as a strong and persistent preference for sons, the generally low status of women, widespread expectations of large dowry payments at the time of marriage, and considerable acceptance of the practice of sex-selective abortion.

Punjab government's new strategies providing for financial incentives and involving Gram Panchayats, NGOs and other stakeholders in the civil society are likely to produce good results if implemented effectively.

Shri Akal Takhat Sahib, SGPC, a very wide network of local Jathedars and the office bearers of local Gurdwaras can play a very useful role specially by setting up task forces for sensitizing all those involved in his menace. This is a crucial issue affecting the dignity of the community that has been reported as having the lowest child sex ratio in the country.

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## DECLINING JUVENILE SEX RATIO IN INDIA: TRENDS AND DETERMINANTS

Lekha S Chakraborty\* and Darshy Sinha

Punjab Government Website

Indian Express Dated 15<sup>th</sup> Jan, 2006

Appendix: I.

Table 1

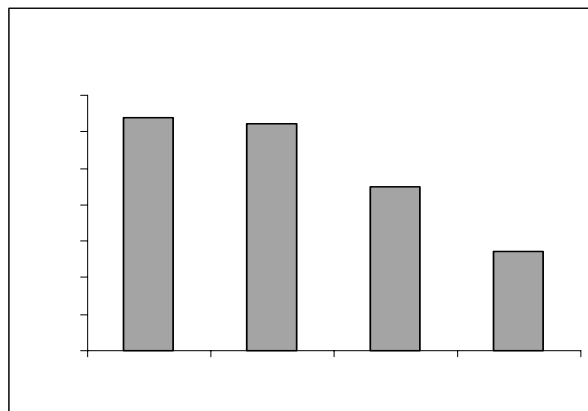
**Sex Ratio: Number of women per 1000 men**

Year	Punjab	India
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1911	780	963
1921	799	956
1931	815	950
1941	836	945
1951	844	947
1961	854	941
1971	865	930
1981	879	934
1991	882	929
2001	874	933

## II. 2: Trends in Sex ratio in India: A Statewise Decomposition

	1901	1911	1921	1931	1941	1951	1961	1971	1981	1991	2001
<b>INDIA</b>	<b>972</b>	<b>964</b>	<b>955</b>	<b>950</b>	<b>945</b>	<b>946</b>	<b>941</b>	<b>930</b>	<b>934</b>	<b>927</b>	<b>933</b>
J & K	882	876	870	865	869	873	878	878	892	896	900
HP	884	889	890	897	890	912	938	958	973	976	970
Punjab	832	780	799	815	836	844	854	865	879	882	874
Chandigarh	771	720	743	751	763	781	652	749	769	790	773
Uttaranchal	918	907	916	913	907	940	947	940	936	936	964
Haryana	867	835	844	844	869	871	868	867	870	865	861
Delhi	862	793	733	722	715	768	785	801	808	827	821
Rajasthan	905	908	896	907	906	921	908	911	919	910	922
UP	938	916	908	903	907	998	907	876	882	876	898
Bihar	1,061	1,051	1,020	995	1,002	1,000	1,005	957	948	907	921
Sikkim	916	951	970	967	920	907	904	863	835	878	875
Arun.Pradesh	NA	NA	NA	NA	NA	NA	894	861	862	859	901
Nagaland	973	993	992	997	1,021	999	933	871	863	886	909
Manipur	1,037	1,029	1,041	1,065	1,055	1,036	1,015	980	971	958	978
Mizoram	1,113	1,120	1,109	1,102	1,069	1,041	1,009	946	919	921	938
Tripura	874	885	885	885	886	904	932	943	946	945	950
Meghalaya	1,036	1,013	1,000	971	966	949	937	942	954	955	975
Assam	919	915	896	874	875	868	869	896	910	923	932
West Bengal	945	925	905	890	852	865	878	891	911	917	934
Jharkhand	1,032	1,021	1,002	989	978	961	960	945	940	922	941
Orissa	1,037	1,056	1,086	1,067	1,053	1,022	1,001	988	981	971	972
Chhatisgarh	1,046	1,039	1,041	1,043	1,032	1,024	1,008	998	996	985	990
Mad.Pradesh	972	967	949	947	946	945	932	920	921	912	920
Gujarat	954	946	944	945	941	952	940	934	942	934	921
Daman& Diu	995	1,040	1,143	1,088	1,080	1,125	1,169	1,099	1,062	969	709
Da & Na Haveli	960	967	940	911	925	946	963	1,007	974	952	811



Maharashtra	978	966	950	947	949	941	936	930	937	934	922
And.Pradesh	985	992	993	987	980	986	981	977	975	972	978
Karnataka	983	981	969	965	960	966	959	957	963	960	964
Goa	1,091	1,108	1,120	1,088	1,084	1,128	1,066	981	975	967	960
Lakshadweep	1,063	987	1,027	994	1,018	1,043	1,020	978	975	943	947
Kerala	1,004	1,008	1,011	1,022	1,027	1,028	1,022	1,016	1,032	1,036	1,058
Tamil Nadu	1,044	1,042	1,029	1,027	1,012	1,007	992	978	977	974	986
Pondicherry	NA	1,058	1,053	NA	NA	1,030	1,013	989	985	979	1,001
A&NicobarIs	318	352	303	495	574	625	617	644	760	818	846

Source: Census, Govt of India (various years)

**Table 3: Sex Ratio and Child Sex Ratio in Rural and Urban Areas**

States	1991		2001					
	Sex Ratio	Child Sex Ratio	Sex Ratio	Child Sex Ratio	Sex Ratio	Child Sex Ratio		
	Rural	Urban	Rural	Urban	Rural	Urban		
Andhra Pradesh	977	959	979	962	983	965	963	955
Assam	934	838	977	955	944	872	967	943
Bihar	913	857	953	950	926	868	944	924
Gujarat	949	907	937	909	945	880	906	837
Haryana	864	868	877	884	866	847	823	808
Karnataka	973	930	963	951	977	942	949	940
Kerala	1037	1034	958	958	1059	1058	961	958
Maharashtra	972	875	953	934	960	873	916	908
Madhya Pradesh	921	887	944	931	927	898	939	907
Orissa	988	866	969	949	987	895	955	933
Punjab	888	868	878	866	890	849	799	796
Rajasthan	919	879	919	909	930	890	914	887
Uttar Pradesh	879	864	927	928	904	876	921	890
Tamil Nadu	981	960	945	954	992	982	933	955
West Bengal	940	858	969	955	950	893	963	948

Source: Census, Govt of India (various years)

**Table 6: Some Important Indicators across communities**

	Overall Sex ratio	Child sex ratio	Proportion in India's total population	Overall literacy rate	Female Literacy rate	Female work participation rate
Hindus	931	925	81.4	65.1	53.2	27.5
Muslims	936	950	12.4	59.1	50.1	14.1
Jains	940	870	0.4	94.1	90.6	9.2
Sikhs	893	786	1.9	69.4	63.1	20.2
Christians	1009	964	2.3	80.3	76.2	28.7
Buddhists	953	942	0.8	72.7	61.7	31.7
Others	992	976	0.7	47	33.2	44.2

Source: First Report on Religion data, 2001.

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