



A Less Valued Life: Population Policy and Sex Selection in India

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Demographic research over the past two decades has confirmed that a preference for sons over daughters remains entrenched in many countries throughout the world. In such settings, religious traditions and social norms coupled with economic discrimination against women and girls conspire to ensure that young boys have greater access to education, health care, and even food than do their sisters. Such neglect leads to markedly higher rates of illiteracy, malnutrition, and poor health among girls. In the worst cases, discrimination against girls takes the form of female infanticide, in which girl children are killed outright immediately after birth. These practices have evolved in recent years to include the use of modern technologies to determine the sex of children in the womb and the subsequent use of sex-selection abortion to avoid the birth of a girl child altogether. The result of such practices is evident in the growing imbalance in the survival of girls relative to boys in some countries today.

Such is the case in India, where the combined effects of historical discrimination against girl children and the use of advanced technology for sex selection are now clear. Data collected in the 2001 Census of India¹ reveal that the juvenile sex ratio has declined steadily over the past decade, from 945 girls per 1,000 boys ages 0-6 years old in 1991 to 927 girls per 1,000 boys in 2001. This decline has been attributed both to excess neo-natal female mortality due to the spread of female infanticide, and to the rapidly expanding use of prenatal diagnostic technology for the purposes of sex determination (SD) followed by use of sex-selection abortion (SSA).

It is now indisputable that, as India enters the 21st century, SD and SSA have been integrated into the range of family building strategies used by couples to ensure a desired "imbalance" in the number of male and female offspring. What is less well understood are the ways in which population policies supported by both the government and international donor agencies have fueled the insidious use of modern technology to eliminate girl children even before they are born.

The Roots of Gender Bias

The roots of son preference in India lie in deeply entrenched social, cultural, and economic discrimination against women and girls. The

predominant system of patrilineal descent and inheritance legitimizes and propels the desire for sons. Sons, for example, traditionally perform the last rites after the death of a parent. Indeed, a strict interpretation of Hindu tradition holds that salvation in the afterlife can only be achieved if a son lights his parent's funeral pyre (Mutharayappa, et al.; 1997). As a result, many religious Hindus strive to ensure they have at least one son.

Economic calculations are increasingly a factor in the perpetuation of son preference. In much of the country, men and boys are more likely to work for cash wages than are women and girls. Although women often work longer hours than men, they are more likely to be engaged in unpaid subsistence and domestic work that, while critical to family survival, is ironically perceived to be less valuable. At marriage, daughters leave their natal homes and must bring a dowry to their husband's family, to which they are also expected to contribute economically, whether in the form of paid or unpaid work. Sons are expected to support their parents in old age, and therefore are viewed as a source of social security.

In fact, the desire to accumulate wealth has become an increasingly important factor in son preference in recent years, in part as a result of the desire among the growing middle class for upward mobility. The spread of consumerism and the associated increase in the cost of dowry and marriage, plus the desire to maintain landholdings within a family all have contributed to an environment that is extremely hostile to women and girl children, even among the educated middle and upper classes. Indeed, contrary to what might be expected, the most dramatic declines in the sex ratio over the past decade were found in Punjab, Haryana and Maharashtra, among the richest states in India (Census of India; 2001).

Sex Discrimination and the Small Family Norm

Average family size in India has been declining over the past two decades, in response to a number of economic and social changes, including rising aspirations for children coupled with the increased costs of rearing them, and the entry of large numbers of women into the formal labor force. Such changes have taken root more quickly among some segments of the population than

others, and families of three children remain the norm in a number of states, including Andhra Pradesh, Bihar, and Uttar Pradesh. The Government of India has attempted to hasten the transition to small families among every segment of the population through population policies and programs implemented largely through the Indian Family Welfare program. These strategies have ranged from the heavy-handed approaches of the seventies and eighties—which relied on social pressure and outright coercion to increase contraceptive use and reduce family size—to the “Target-Free Approach” adopted in the mid-nineties, which was intended to eliminate the coercive tactics that had become commonplace in the rush to raise contraceptive prevalence rates.

Over the past three years, however, political pressure has once again been mounting for the government to redouble its efforts on “population control.” Today, national and state population policies focus variously on building voluntary support for small families through a variety of strategies to the outright imposition of two-child families through the use of social and economic incentives and disincentives. In Andhra Pradesh and Rajasthan, for example, preferred access to housing, education, and other needed social resources is now given to couples that have no more than two children. In Andhra Pradesh, Rajasthan, Madhya Pradesh, Haryana and several other states, laws also prohibit individuals with more than two children from contesting local government elections.

The shift to smaller families now evident in India has not, however, been accompanied by a concurrent shift in the social and economic pressures that underlie the preference for sons over daughters (George; 1997). Indeed, if anything, the pressure to have sons has intensified as couples strive simultaneously to reduce family size and ensure the birth of the desired number of sons, leading to increased acceptance of and reliance on the use of

sex-selection strategies to achieve these results.

Evidence of these trends has been clear for a number of years, but neither the national nor the state governments in India have effectively addressed the root causes of pervasive son preference. Population and health policies have focused on building pressure for smaller families through a variety of means, but largely have failed to address the social norms that simultaneously privilege sons over daughters, and tacitly support the epidemic of gender violence that afflicts women and girls throughout their lifecycle. The government has failed to effectively address persistent gender gaps in education, employment and access to productive resources such as land and property. Even existing laws, such as the Child Marriage Restraint Act and the Dowry Prevention Act, have been poorly implemented, if at all.

With the exception of UNICEF and UNFPA, international donors also have largely ignored the issues surrounding the stark decline in the sex ratio. USAID, for example, has played an active role in the planning and formulation of state population policies in several states—including Andhra Pradesh and Uttar Pradesh—none of which address the issues of discrimination, violence, and sex selection in any but the most superficial manner. Instead, these policies take the same simplistic approaches to reducing fertility in the short run which exacerbate son preference over the long run.

Civil Society Responses

Official neglect notwithstanding, numerous civil society organizations have been working on this issue since the eighties. In 1986, for example, the Forum Against Sex Determination and Sex Pre-Selection (FASDSP) began a campaign to enact legislation to regulate the misuse of technologies, and subsequently played a critical role in focusing national attention on the issue of sex-selection abortion.

A direct outcome of this effort was the passage of a national law to regulate pre-natal diagnostic technologies as well as their misuse – the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act passed in 1994. The Act was meant to establish institutional mechanisms at all levels of the health system to register users of technologies, and record complaints of violation of the law by doctors. The law has been largely ineffective, however, as many of the national and state-level institutional mechanisms were never put in place or have not been effectively implemented.

Renewed efforts focused on better implementation are now underway. In 2000, several individuals and organizations—including long-time activist Sabu George, and two Maharashtra-based advocacy groups, CEHAT and MASUM—filed public interest litigation in the Supreme Court of India seeking to ensure effective implementation of the existing PNDT Act. In response, the Court recently ordered the national and states level health secretaries to impound ultrasound machines in unregistered clinics, and to file comprehensive affidavits with the court detailing all other actions taken to effectively ensure implementation of the law. The lawsuit, court decisions, and release of the 2001 census data showing further declines in the juvenile sex ratio together have generated further media interest in SD and SSA, raising these issues once again to the level of national concern.

The national government also established a technical committee within the Ministry of Health and Family Welfare to review and make recommendations for better implementation of the existing PNDT Act, including those aspects of unregulated use of pre-conception techniques for sex selection that remain outside the ambit of the existing law. This committee proposed an amendment, titled “Pre-Conception and Pre-Natal Sex Selection/Determination (Prohibition and Regulation) Act, 2001”² preventing use of pre-natal diagnostic techniques for sex determination, banning use of pre-

conception techniques for sex selection, and setting standards for the use of ultrasound to monitor pregnancies (as is the norm in most countries). The amendment, however, has yet to be passed, in part because of resistance by the medical community itself, a portion of which profits substantially from the increased use of these technologies.

Profiting From Bias

While the government has as yet largely failed to effectively address these issues, the private sector has sought to exploit them for profit. The use of genetics testing and other reproductive technologies for the purpose of sex selection has become a thriving industry in many parts of the country, one that is directly implicated in the rapid and unregulated spread of reproductive technologies used for sex determination and selective abortion. Doctors and quacks alike have cleverly if insidiously used advertisements and other means of communication to market these technologies as a means of expanding reproductive choices for women, playing simultaneously on the negative norms and beliefs that underlie gender bias within Indian society and on the broader movement to secure reproductive rights for Indian women.

In part as a result, public debates regarding sex selection have been linked with the right to access to safe abortion in ways that actually threaten women's access to pregnancy termination services over the longer term. On one hand, some associated with the private sector have argued that offering women the option of abortion for the purpose of sex selection needs to be viewed within the framework of women's autonomy and right to safe abortion services. On the other, some opponents of sex selection have attributed its spread to India's 'liberal abortion laws,' proposing greater restrictions on access to early and safe abortions as the remedy. Neither of these positions addresses the issues in a way that ultimately safeguards women's rights while simultaneously addressing the root causes of this phenomenon.

Meanwhile, the attitude of the larger medical community with regard to banning sex selection remains ambiguous. Widespread protests erupted, for example, when the Government of India proposed the 2001 amendment to the existing PNDT law. Some of the proposed changes in the existing PNDT Act include compulsory maintenance of written records by providers of pre-natal diagnosis, a requirement that has been severely criticized by the medical community. This and other regulations have been contested in a lawsuit filed by the Delhi Medical Association.

Changing Norms at the Local Level

While the legislative and policy issues are debated, efforts are in fact being made in some communities to change the attitudes and behaviors underlying son preference and violence against women and girls. Numerous community-based organizations (CBOs), and non-governmental organizations (NGOs) have sought to address these issues on the ground in both urban and rural areas. In Tamil Nadu, for example, a coalition of organizations (including the Indian Council for Child Welfare, the Community Services Guild and Alternatives for India Development) is working to change both norms and behaviors in a number of districts that show both a high prevalence of female infanticide and an increase in reliance on sex-selection abortion. The efforts focus on mobilizing community leaders to counter the practice of female infanticide and feticide, often using integrated women's development strategies as a way to address the socio-cultural and economic roots of the problem. Their strategies have included a focus on educating adolescent girls and women; forming self-help groups to increase women's access to credit and paid employment; building solidarity among women within these communities; and changing the attitudes of youth toward social practices like dowry and discrimination against girls. In addition, they have formed networks to campaign

on the issues, seeking better enforcement of the PNDT Act but also conducting public education on the issues.

The state-level Campaign against Sex-Selection Abortion in Tamil Nadu and Voluntary Health Association of Punjab are other notable examples of efforts that have used diverse strategies, including meeting with religious leaders, organizing protest marches, and reporting unregistered clinics and practitioners to authorities at the district and state levels. The Indian Medical Association and National Commission on Women have collaborated in some of these efforts largely as part of a UNICEF-funded initiative.

Addressing Bias at the Source

As is evident, there are numerous efforts underway at the national and state level within India intended to influence opinion and take action against sex-selection abortion. With the exception of local organizations, however, much of what is happening focuses on addressing the symptoms, rather than the longer-term steps needed to attack gender bias at its roots. Moreover, the disconnect between the problem and the government's own response is no where more evident than in the way contemporary population policies seek to enforce a two-child norm, in spite of growing evidence that doing so in the absence of concerted efforts to address such bias often leads to an increase in practices like female infanticide and feticide.

Yet there is much that could be done to combat the spread of discrimination against girl children, including infanticide and sex selection. Among those steps that should be taken are the following:

Establishment of a permanent and autonomous commission on reproductive and genetic technology, including representation from government, medical associations, research institutes, and civil society organizations with long

established work in this area: Such a commission should establish regulations governing standards of care and monitoring of clinics providing reproductive technologies, including newer technologies as they become available. Similar commissions have been established to regulate reproductive technologies in both Canada and UK with positive results.

Effective implementation of laws and policies: The government must act to ensure adequate and effective implementation of the PNNDT Act, as well as a wide-range of laws and regulations that address gender inequity at different levels of society. Enforcement of related laws is essential, and should include enforcement of the Child Marriage Restraint Act, the Dowry Prevention Act, and the various provisions in family law guaranteeing equal rights to property and inheritance for daughters. Efforts must simultaneously be made to establish effective laws and policies regarding gender violence, including domestic violence and coercion.

Creation of gender and rights-based population policies and programs and multi-sectoral strategies to address gender bias: Current population policies ignore the gender dimensions of reproductive decision-making, and thereby actually exacerbate practices like sex selection. To date, for example, the only national and state programs intended to directly address discrimination against girls have been those providing cash incentives to families that have girl children. These include lump sum deposits made by the government in the name of a girl child to be made available to her when she reaches age 18. This strategy has been criticized for many reasons, including because it appears to sanction dowry by providing a cash savings used by parents to subsidize their dowry payments. Moreover, the program has been dropped in some states where governments were unwilling to allocate the resources necessary to sustain it.

In another 'innovation,' the state of Tamil Nadu put out cradles in health centers intended to enable parents to leave unwanted girls instead of killing them. In the absence of efforts to address the deeply rooted economic and social biases against women and girls, however, these steps have had little if any effect on the practices of female infanticide and feticide in those states where the problems are greatest. The national and state governments need to focus instead on simultaneous implementation of a range of programs, including mid-day meals for school children, community level childcare, and educational opportunities for girls forced to drop out of school to care for younger siblings or work in the field.

Moreover, high priority must be placed on increasing access to primary education, and increased access for women and girls to wage employment, land and other productive resources, issues that have received much rhetorical but little practical attention. Land reform and redistribution policies intended to increase women's inheritance and ownership of land are on the books in many states, for example, but are not implemented despite the fact that the desire to retain undivided control of land through sons has been directly linked to an increase in sex determination and sex selection in several states, including Haryana and Punjab.

Only by undertaking these and other concerted strategies can the government, donors, and civil society can begin to address the issue of female infanticide and sex-selection abortion in a meaningful way. Given what is at stake, there is no time to lose.

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¹ <http://www.censusindia.net/>

² <http://mohfw.nic.in/PNDT%20Amendments.htm>

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Comprehensive compilation of articles on sex selection in India:
<http://www.hsph.harvard.edu/grhf/SAsia/library>