



# INTERNATIONAL JOURNAL OF ADVANCE RESEARCH, IDEAS AND INNOVATIONS IN TECHNOLOGY

ISSN: 2454-132X

Impact factor: 6.078

(Volume 6, Issue 2)

Available online at: [www.ijariit.com](http://www.ijariit.com)

## Female foeticide perceptions and practices among women in Punjab

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### ABSTRACT

*Female foeticide besides skewed sex ratio and its attendant social evils has grave ethical undertones, especially for medical professionals and our commitment to save lives. Randomly selected 100 women were interviewed using a semi-structured interview schedule to explore the female foeticide perceptions and practices among couples in district Muktsar city and district Shahid Bhagat Singh Nagar of Punjab. Prenatal sex determination among their relatives and neighbors were reported by 80% respondent, though they had never resorted to it. Could this figure influence the proxy rates for community behavior, perhaps, this needs in-depth exploration. Supporting this fact, 25.9% of respondents reported of ever been pressurized by their family members to undergo prenatal sex diagnosis of their foetus. Encouragingly 90% of respondents had opined that that repeated prenatal sex diagnosis and abortions are detrimental to the mental and physical health of a woman and are wholly preventable. Stricter laws and honest enforcement of these laws were the commonest suggestions by the respondent to prevent female foeticide in society.*

**Keywords**— Female Foeticide, Gender, Sex Ratio

### 1. INTRODUCTION

Numerous studies have amply documented a tradition of systematic undervaluation of women in our country. The male child preference is invariably expressed in various forms of female foeticide and infanticide after the misuse of sonography for prenatal sex determination. It is indeed saddening that while browsing newspapers one can sometimes come across news articles about such activities and raids by Govt. officials against sonography clinics. The higher female mortality in Indian scenario is amply brought out in the distorted sex ratio deficits of 2011 Census data due to systematic girl child discrimination/ killings, especially in the belt extending from northwest of India to parts of Punjab, Haryana, Rajasthan, and Gujarat has even been labeled as annihilation? Female foeticide besides skewed sex ratio and its attendant social evils has grave ethical undertones, especially for medical professionals and our commitment to save lives. Arguably, it could perhaps be compared to the Holocaust, in any case, such a scenario is simply not acceptable in a civilized society. Yet, on the other hand, this problem is not there among the tribal or the so-called backward communities. The Govt. of Punjab has launched various welfare schemes in line with its firm commitment to deter female foeticide. The present study attempts to explore the female foeticide perceptions and practices among couples in Muktsar city and the Shaheed Bhagat Singh Nagar City of Punjab.

### 2. MATERIAL AND METHODS

This study comprises of face to face interviews among 100 randomly selected families residing in cities of Muktsar district and Shahid Bhagat Singh Nagar district. Informed consent has been obtained from all of the respondents. A semi-structured interview schedule was utilized for this purpose. The study period was spread over 2<sup>nd</sup> December 2019 and 30<sup>th</sup> January 2020. Both qualitative and quantitative data have been analyzed manually.

### 3. OBSERVATIONS

#### 3.1 District Muktar City Analysis

Most of the respondents (30 percent) interviewed belonged to the income brackets from the families that earn in the range of Rs. 50000 to Rs. 75000 per month. 12 percent of them belong to the brackets of up to Rs. 25000 per month and Rs. 25000 – Rs. 50000 per month. 30 percent of the respondents were. 12 percent belonged to Rs. 75000 to Rs. 1 Lakh while 10 percent belonged to the above Rs. 1 Lakh monthly income earning families. Following table 1 shows the family income and composition of the respondents from the city of Muktsar district.

**Table 1: Family Income and Composition (Muktsar City)**

Family Income (in Rs.)	No. / % of Families	Number of Children			Sex Ratio	Average Family Size
		Total	Male	Female		
Up to 25000	12 (24.00)	23	10	13	1300	1.92
25000 – 50000	12 (24.00)	25	12	13	1083	2.08
50000 – 75000	15 (30.00)	27	16	11	688	1.80
75000 - 1,00,000	6 (12.00)	15	9	6	667	2.50
above 1,00,000	5 (10.00)	13	9	4	444	2.60
<i>Total</i>	50	103	56	47	839	2.06

Note: Numbers in parenthesis are percentages Source: Compiled from the primary data

The total number of children in these 50 families is 103 which makes it about 2.06 children per family on average. Out of these 56 were males and 47 were females which gives a sex ratio of about 839 females per 1000 males. A slightly positive co-relation can be seen between income and an average number of children per family, where higher income brackets have the higher family size (2.50 and 2.06 respectively in the last two income brackets). Only these families are showing the least sex ratio; 667 and 444 respectively. This implies that they have more access to the latest technology to have desired family composition. Thus, the prosperity of the family indicated by higher levels of income does not go with the hypothesis that prosperity or development will lead to smaller family size, or that richer class doesn't care for the special composition of the family. The following table 2 shows the educational status and the respective number of children born. It also shows the number of male and female children in the same group.

**Table 2: Educational Status and Children Composition**

Education	Number of Respondents	Number of children			Sex Ratio (f / 1000 m)
		Total	Male	Female	
Up to Matric	14	31	18	13	722
Up to +2	3	4	3	1	333
Undergraduate	17	35	17	18	1059
Post graduate and above	16	33	18	15	833
<i>Total</i>	50	103	56	47	839

Source: Compiled from the primary data

The number of children born to various women of different educational status shows a relatively similar trend. The same is the case in numbers of male children. However, a slightly decreasing trend of son- preference is reflected from the numbers of female children who are relatively more in more educated levels of undergraduates and postgraduates than those who are less educated. This shows that if proper education is imparted along with proper awareness towards the significance of the balanced sex ratio, its deterioration can be checked. The respondents were asked if they prefer son or daughter or both. Only one respondent (2 percent) answered that she doesn't want to have a son. An overwhelming majority i.e. 49 respondents out of 50 (98 percent) stated that it is necessary to have a son in the family. Table 3 shows the reasons for son preference as stated by these 49 respondents:

**Table 3: Reasons for Son Preference**

Reasons	Number	Percentage
Old Age Security	42	85.71
Financial Support	37	75.51
Family Lineage	27	55.10
Last Rites	21	42.86
Inheritance of Property	10	20.41
Prestige and Power	9	18.37

Source: Compiled from the primary data

Out of these 49 respondents, 85.71 percent cited old age security as the prime reason. 75.71 percent of them regard sons as a financial support system. 55.10 percent maintain that the sons are essential for continuing family lineage, 42.86 percent need sons for performing the last rites of their parents. 20.41 percent cited that sons are needed to inherit the family property. 18.37 percent regard sons as symbols of prestige and power in society. Thus, old age security seems to be the most important reason for having sons in the family along with financial support. In stark contrast to son preference, only 14 respondents (28 percent) are of the view that it is necessary to have a daughter in the family while the majority of 36 respondents (72 percent) do not think so. The reasons for the above stated 14 respondents for daughter preference are given below in the following Table 4.

**Table 4: Reasons for Daughter Preference**

Reasons	Number	Percentage
Help with Household chores	14	100.00
Prestige and Power	1	7.14
Old-age Security	4	28.57
Financial Support	1	7.14
Essential During Festivities	4	28.57
Family Lineage	4	28.57
Understands mother's pain	13	92.86

Source: Compiled from the primary data

All of these 14 respondents cite the reason that daughters are necessary as they are of great help in household chores, 7.14 percent regard them as a symbol of prestige and power, and 28.57 percent of these find daughters as a source of old age security, family lineage, and essential members during family festivities each. Along with old age security, 92.86 percent of the respondents say that the daughters are needed in a family because, being female themselves, they understand the pains and feelings of the mother better than anybody else. A marginal 7.14 percent are of the view that they can support them financially and are the source of power and prestige. Thus, the major reasons that come out are those the daughters are preferred most because they understand the mother’s pain and, more importantly, they help in household chores. The household chores, as we know, are not regarded as economic activities as they not computed in monetary terms. Thus, the very reason given for daughter preference is shameful in itself as it reflects the common notion that the females of the society are regarded as unpaid laborers. Thus, not an asset but rather a burden.

The respondents were asked if they were ever pressurized for bearing sons. In case of pressure, the source(s) of pressure and the type of pressure was recorded. 32 respondents out of 50 (64 percent) replied in affirmative. Only 18 respondents i.e. 36 percent claimed not to have undergone any stress or pressure to bear a son. The tabulated form (Table 5) of the responses of the pressurized 32 respondents is as follows:

**Table 5: Agents and Types of Pressure on Women to Bear Son**

<b>Agents of Pressure</b>	<b>No.</b>	<b>Percentage</b>
<i>Self</i>	14	43.75
<i>Husband</i>	15	46.88
<i>Mother-in-law</i>	19	59.38
<i>Father-in-law</i>	7	21.88
<i>Other relatives</i>	1	3.13
<b>Types of Pressure</b>	<b>Number</b>	<b>Percentage</b>
<i>Beating</i>	2	6.25
<i>Mental Torture</i>	22	68.75
<i>Not providing meals/clothing etc.</i>	1	3.13
<i>A threat to marry again</i>	7	21.88
<i>Continuous scolding</i>	5	15.63

Most of the pressurized lot revealed that they were pressurized by their respective mothers-in-law (59.38 percent) followed by pressure from husband (46.88 percent). 43.75 percent of the respondents themselves wanted to have a son. It reflects that, first of all, this stress that women take on they need to be removed and thereafter the others can be made aware of. 21.88 percent of the respondents blamed their father-in-law for pressurizing them in the hope that they should have their heir to bear the name of their family. Only 3.13 percent of the respondents told that they were pressurized by other relatives as well. Thus the major stress factors are the closest family members. An effort has also been made through the questionnaire to try to acquire information about the type of pressure that women have to go through for bearing sons. Most of the respondents (68.75 percent) stated that they have had to bear mental torture from family members. The 21.88 percent of these respondents revealed that their husband threatened them that they would marry again to have a son in case the respondent herself is unable to do so. 15.63 percent of the pressurized respondents have had to endure continuous scolding from the family members while 6.25 percent told that they were often beaten and not provided with proper meals, clothing or other necessities for not bearing a son and/or bearing daughters. A staggering majority of 86 percent (43 out of 50) has adopted single/multiple methods to bear a son(s). Only 14 percent claim that they haven’t adopted any measure for bearing a son. The following table 6 shows the kind of measures adopted by 86 percent of respondents:

**Table 6: Measures Adopted to Bear Son**

<b>Kind of Measure</b>	<b>Number</b>	<b>Percentage</b>
<i>Observed religious rites</i>	38	88.37
<i>Sought blessings of a religious healer</i>	7	16.28
<i>Consulted a doctor</i>	1	2.33
<i>Underwent an Ultrasound</i>	13	30.23
<i>Took herbs or traditional medicines</i>	8	18.60

The majority of these respondents observed religious rites (88.37 percent), 18.60 percent adhered to traditional herbs and medicines. Some respondents of these told that they have visited some religious or otherwise places where they are given certain “Sanctified” fruits that should be eaten by the couple before a sexual intercourse so that the Almighty blesses them with a son. Almost all the respondents from every religion confirmed this practice in their respective religions. 16.28 percent of these respondents have, at one instance or another, sought blessings of some so-called spiritual healers to bear a son. 30.23 percent of the respondents have undertaken ultrasound tests to bear sons. The data clearly shows that there is a great inclination toward sons in our society and society uses both science and socio-religious methods to get sons. Religion and beliefs also play a great role in this practice. The respondents were asked if they were aware of any of the sex determination tests. 84 percent of the respondents (42 out of 50) replied affirmatively while only 16 percent pleaded ignorance. The types of tests and the source of their awareness are tabulated as follows:

**Table 7: Awareness about Sex Determination Tests**

Type of method	Number	Percentage
<i>Ultrasound</i>	40	95.24
<i>Amniocentesis</i>	8	19.05
<i>Traditional Methods and beliefs</i>	16	38.10
Source of Learning About the Methods	Number	Percentage
<i>Friends / Relatives</i>	24	57.14
<i>Doctor</i>	2	4.76
<i>Husband</i>	3	7.14
<i>Neighbors</i>	3	7.14
<i>Read about it</i>	6	14.29
<i>Health Workers/Volunteers</i>	-	-
<i>In-Laws</i>	3	7.14
<i>Parents</i>	2	4.76

The ultrasound seemed to be like a household term. 84 percent of the respondents were aware that ultrasound tests can be undertaken for sex determination also. 19.05 percent of these 42 respondents were aware of amniocentesis. 38.10 percent of the respondents claimed to know about the traditional methods of sex determination methods that adhering to the Chinese calendar, shuttles method, etc. Only 16 percent claimed to be not aware of any type of sex determination tests. Most of the respondents (57.14 percent) gained knowledge about sex determination tests from friends and relatives. About 14.29 percent of them have read about these tests. About 7.14 percent gained awareness from husband, in-laws, and neighbors each. 4.76 percent came to know about them from doctors and the same percent knew about these tests from their parents. These results reveal that, among all others, the advertisement of the methods by the doctors must be checked as most of the time such knowledge goes into practice. Let us now take a look into the data regarding the respondents who have undergone ultrasound at any occasion. 76 percent (38 out of 50) of the respondents have undergone UTs while only 14 percent claim that they have never undergone such tests. The data regarding the same is as follows:

**Table 8: Reasons and Place of Ultrasound Tests Undertaken**

Reason	Number	Percentage
<i>For Sex determination</i>	13	34.21
<i>For pre-natal health care</i>	37	97.37
Place	Number	Percentage
<i>Private clinic</i>	13	100.00
<i>Govt. Medical Service Centre</i>	-	-

Out of the respondents who have undergone ultrasound, 97.37 percent of tests were for prenatal health care while 34.21 percent of these 38 respondents took the test for sex determination purposes. All of them have taken services of private clinics for the same. It reflects the severe inefficiency of our administrative system that makes acts and rules but the regulation, control and follows up of the same never reaches satisfactory levels. These respondents who have undergone ultrasound are 26 percent of all the 50 respondents of the selected district city. It has been observed during researcher visits to many such clinics that all of them have displayed special signboards declaring that the sex determination tests are not carried out by them. Some have also displayed the warning that these tests are illegal and can attract heavy penalties and punishments. Nearly all of them keep written records of visitors who seek ultrasound tests along with copies of their IDs. All this seems to be irrelevant if so many people are undergoing sex determination tests and it is openly being revealed that female fetuses are continued to be unwelcomed and the male fetuses welcomed.

### 3.2 District Shahid Bhagat Singh Nagar City Analysis

Most of the respondents interviewed from Shahid Bhagat Singh Nagar belonged to the income bracket of Rs. 25000 – Rs. 50000 per month (44 percent). 24 percent of the respondents were from the families which earn up to Rs. 25000 per month. 16 percent belonged to Rs. 50000 to Rs. 1 Lakh bracket while 2 percent belonged to the above Rs. 1 Lakh monthly income earning families. Following table 9 shows the family income and composition of the respondents from district Shahid Bhagat Singh Nagar city:

**Table 9: Family Income and Composition**

Family Income (in Rs.)	No./% of Families	Number of Children			Sex Ratio	Average Family Size
		Total	Male	Female		
Upto 25000	12 (24)	32	16	16	1000	2.67
25000 – 50000	22 (44)	46	22	24	1091	2.09
50000 – 75000	8 (16)	10	6	4	667	1.25
75000 - 1,00,000	6 (12)	17	9	8	889	2.83
Above 1,00,000	2 (4)	4	3	1	333	2.00
<i>Total</i>	50	109	56	53	946	2.18

The total number of children in these 50 families is 109 which makes it about 2 children per family on average. Out of these 56 were males and 53 were females which give us a sex ratio of 946 females per 1000 males in the district. No correlation can be

found between family income and the average number of children in the family or with the sex ratio between these families. However, a negative correlation is evident between income levels and sex ratio. The sex ratio shows a declining trend with an increase in family income level. But it is not an exact trend as the income bracket of 75000-100000 shows a better sex ratio than the classes preceding and succeeding it. The following table 10 shows the educational status and the respective number of children born. It also shows the number of male and female children in the same group.

**Table 10: Educational Status and Children Composition**

Education	Number of Respondents	Number of children			Sex Ratio (f / 1000 m)
		Total	Male	Female	
Upto Matric	6	17	10	7	700
Upto +12	2	5	4	1	250
Undergraduates	7	18	10	8	800
Post graduates and above	35	69	32	37	1156
<i>Total</i>	<i>50</i>	<i>109</i>	<i>56</i>	<i>53</i>	<i>946</i>

*Source: Compiled from the primary data*

All the less educated respondents' families have unfavorable sex ratios. Those who are more educated do show a positive sex ratio in favor of females. The trend of sex ratio tends to balance with education. The respondents who are educated at the postgraduate level have shown a sex ratio of 1156 females per 1000 males. This again reiterates that if proper education is imparted along with proper awareness towards the significance of the balanced sex ratio, its deterioration can be checked. The respondents were asked if they think it is necessary to have a son in the family to which 98 percent (49 out of 50) replied affirmatively. Only one respondent differs from the view. The respective reason(s) stated by these 49 respondents are tabulated as follows:

**Table 11: Reasons for Son Preference**

Reasons	Number	Percentage
<i>Old Age Security</i>	49	100.00
<i>Financial Support</i>	44	89.80
<i>Family Lineage</i>	27	55.10
<i>Last Rites</i>	9	18.37
<i>Inheritance of Property</i>	11	22.45
<i>Prestige and Power</i>	21	42.85

All of them cited old age security as the prime reason. 89.80 percent of them regard sons as a source of financial support. 55.10 percent say that the sons are essential for continuing family lineage, 18.37 percent need sons for performing the last rites of their parents. 22.45 percent cited that sons are needed to inherit the family property. 42.85 percent regard sons as symbols of prestige and power in society. 24 out of 50 respondents (48 percent) stated that it is also necessary to have daughters in the family. The reasons cited by them are as follows:

**Table 12: Reasons for Daughter Preference**

Reasons	Number	Percentage
<i>Help with Household chores</i>	21	87.50
<i>Prestige and Power</i>	6	25.00
<i>Old-age Security</i>	4	16.67
<i>Financial Support</i>	7	29.17
<i>Essential During Festivities</i>	11	45.83
<i>Family Lineage</i>	1	4.17
<i>Understands mother's pain</i>	22	91.67

The 87.50 percent of these 24 respondents cite the reason that daughters are necessary as they are of great help in household chores, 6 percent regard them as a symbol of prestige and power, 16.67 percent of these find daughters as a source of old age security, 29.17 percent also regard daughters as a source of financial support. 45.83 percent of the respondent's regard daughters as essential participants of festivities and only 4.17 percent of them claim that daughters are needed to continue the family lineage. 91.67 percent of the respondents say that the daughters are needed in a family because they understand the pains and feelings of the mother better than anybody else and hence provide moral support to the mother as well as the family. Thus, the major reasons that come out are that the daughters are preferred most because they understand the mother's pain and, more importantly, they help in household chores. This is quite ironic that our society, on one side, prefers daughters for the unpaid domestic services rendered by them and for their moral support, and, on the other hand, kills them by undertaking sex-selective abortions, etc. The respondents were asked if they were pressurized ever for bearing sons. 31 out of 50 respondents (62 percent) agreed that they have been subjected to pressure to bear a son. The rest 19 respondents don't face any pressure for the same. The agents and types of pressure were also recorded. The tabulated form of responses is as follows:

**Table 13: Agents and Types of Pressure on Women to Bear Son**

Agents of Pressure	Number	Percentage
<i>Self</i>	21	67.74
<i>Husband</i>	19	61.29
<i>Mother-in-law</i>	16	51.61

<i>Father-in-law</i>	8	25.81
<i>Other relatives</i>	2	6.45
<b>Types of Pressure</b>		
<i>Beating</i>	3	9.68
<i>Mental Torture</i>	20	64.52
<i>Not providing meals/clothing etc.</i>	1	3.23
<i>A threat to marry again</i>	5	16.13

The 51.61 percent of the respondents revealed that they were pressurized by their respective mothers-in-law followed by pressure from husband (61.29 percent). 67.74 percent of the respondents were under self-stress for want of a son. 25.81 percent of the respondents blamed their father-in-law for pressurizing them. Only 6.45 percent of the respondents told that they were pressurized by other relatives as well. Thus the major stress factors are the closest family members but the main reason in the context of a district comes out to be self-stress that respondents go through for want of a son. The respondents were asked about the kinds of pressure they have to go through for want of son or bearing of daughters or both. Most of the respondent’s 64.52 percent told that they have had to bear mental torture from family members. 16.13 percent revealed that their husband threatened them that they would marry again to have a son in case the respondent herself is unable to do so. 9.68 percent told that they were often beaten while 3.23 percent were/are not provided with proper meals, clothing or other necessities for not bearing a son and / or bearing daughters. 45 out of 50 respondents (90 percent) stated that they have adopted one or more measures to bear a son. Only 5 respondents did not undertake any measure for bearing a son. The following table 14 shows the methods adopted by the 45 respondents for the same:

**Table 14: Measure Adopted to Bear Son**

<b>Kind of measure</b>	<b>Number</b>	<b>Percentage</b>
<i>Observed religious rites</i>	34	75.56
<i>sought blessings of a religious healer</i>	21	46.67
<i>Consulted a doctor</i>	13	28.89
<i>Underwent an Ultrasound</i>	13	28.89
<i>Took herbs or traditional medicines</i>	15	33.33

Out of these 45 respondents, most of the respondents observed religious rites (75.56 percent), 46.67 percent sought the blessing of spiritual healers while equal percentage consulted their doctors and the same percentage underwent ultrasound tests for determining the sex of their children. 33.33 percent of the respondents took herbs or other traditional medicines etc. The data clearly show that there is a great inclination toward sons in our society that uses both science and socio-religious methods to get sons. The respondents were asked if they were aware of any of the sex determination tests to which 84 percent replied that they know about one or more types of sex determination tests. Only 8 out of the 50 respondents (16 percent) stated that they aren’t aware of such tests. The types of tests and the source of learning about the methods are tabulated as follows:

**Table 15: Awareness about Sex Determination Tests**

<b>Type of Method</b>	<b>Number</b>	<b>Percentage</b>
<i>Ultrasound</i>	42	100.00
<i>Amniocentesis</i>	4	9.52
<i>Traditional Methods and beliefs</i>	6	14.29
<b>Source of Learning About the Method</b>		
<i>Friends / Relatives</i>	16	38.10
<i>Doctor</i>	6	14.29
<i>Husband</i>	5	11.90
<i>Neighbors</i>	0	-
<i>Read about it</i>	6	14.29
<i>Health Workers/Volunteers</i>	4	9.52
<i>In-Laws</i>	4	9.52
<i>Parents</i>	1	2.38

All of the aware respondents knew that ultrasound tests can be undertaken for sex determination also. 9.52 percent of these 42 respondents were aware of amniocentesis. 14.29 percent of the respondents claimed to know about the traditional methods. Most of the respondents (38.10 percent) gained knowledge about sex determination tests from friends and relatives. About 14.29 percent of them have read about these tests. 11.90 percent gained awareness from husband, 9.52 percent from in-laws while none of them gained the knowledge from neighbors. 14.29 percent came to know about them from doctors and 2.38 percent came to about these tests from their parents. Let us now take a look into the data regarding the respondents who have undergone ultrasound at any occasion. 38 out of 50 respondents (76 percent) agreed to have undergone ultrasound tests. The reasons and place where they have undergone the test are follows:

**Table 16: Reasons and Place of Ultrasound Test Undertaken**

<b>Reason</b>	<b>Number</b>	<b>Percentage</b>
<i>For Sex determination</i>	14	36.84
<i>For pre-natal health care</i>	38	100.00

Place	Number	Percentage
<i>Private clinic</i>	11	78.57
<i>Govt. Medical Service Centre</i>	3	21.43

All 38 of the respondents who have undergone ultrasound tests were for prenatal health care while 36.84 percent of these 38 respondents took the test primarily for sex determination purposes. It reflects the severe inefficiency of our administrative system that makes acts and rules but the regulation and follows up of the same never reaches satisfactory levels. 78.57 percent of the respondents who have undergone ultrasound tests for sex determination have done so with the help of private clinics while the remaining 21.43 percent have taken the services of government medical facilities for doing so. This reveals the most inefficient working of our government's administration especially in the field of medical facilities and calls for stricter measures. The 14 respondents who have undertaken the test for sex determination are 28 percent of the total respondents of District Shahid Bhagat Singh Nagar.

#### **4. DISCUSSION**

Sex-selective abortions have negated reductions in female mortality through improved care with an estimated 80 million missing females in India. The missing millions have grave antisocial consequences of large cohorts of surplus marriageable males. Govt. commitments alone are often inadequate; it needs to be ensured that the citizens comprehend the government's infallible commitment, through laws and enforcement, forbidding infanticide, abandonment, and neglect of female children. Societies need to proscribe families who indulge in any of these, gender discriminatory, antisocial activities. The strong son preference is strongly entrenched in India's mindset and needs strong deterrence to prevent female foeticide. It is heartening that the Central and the State Governments have indeed responded by formulating appropriate remedial laws and enforcing stringent regulation of these laws in an attempt to reduce the sex selection and selective foeticide and infanticide. However, recent studies have pointed out that sex selection techniques are still being practiced with impunity.

#### **5. REFERENCES**

- [1] Hesketh T, Xing ZW. Abnormal sex ratios in human populations: Causes and consequences. Proc Natl Acad Sci USA 2006 September 5; 103 (36): 13271– 13275.
- [2] Leone T, Matthews Z, Dalla-Zuzanna G. Impact and determinants of gender preference for children in Nepal. International Family Planning Perspectives 2003; 29: 69– 75.
- [3] Arnold F, Kishor S, Roy TK. Sex-selective abortions in India. Population Development Review 2002; 28: 759– 785. 12. Sharma et al, 2007 Sharma BR, Gupta N, Relhan N. Misuse of prenatal diagnostic technology for sex-selected abortions and its consequences in India. Public Health 2007; 121(11):854-60. 4. Baru RV. Reproductive technologies and the private sector-implications for women's health. Health Millions 1993; 1 (1): 6-8.
- [4] Fathalla M. The missing millions. People Planet. 1998; 7 (3): 10-1.
- [5] Dandona R., Dandona L., Kumar G. A., Gutierrez J. P., McPherson S., Samuels F., Bertozzi S. M. Demography and sex work characteristics of female sex workers in India. BMC Int. Health Hum. Rights 2006; 6: 5.
- [6] Hudson V, Den Boer A. A surplus of men, a deficit of peace: security and sex ratios in Asia's largest states. Int. Secure. 2002; 26: 5– 38.
- [7] Arnold F, Kishor S, Roy TK. Sex-selective abortions in India. Population Development Review 2002; 28: 759– 785.
- [8] Jha P, Kumar R, Vasa P, Dhingra N, Thiruchelvam D, Moineddin R. Low female [corrected]-to-male [corrected] sex ratio of children born in India: a national survey of 1.1 million households. Lancet 2006; 367: 211– 218.