parties are gainers in this matter...The parents are able to get rid of the foetus of the unwanted sex and the service providers benefit financially. Neither of these two parties would be complainants." The Ministry points to the resulting non-availability of evidence as a major hindrance in identifying cases of female foeticide.

#### **Government Schemes**

State governments have implemented certain schemes to encourage families to have girl children. For example, Tamil Nadu enacted a Cradle Baby Scheme in 1992. There have been mixed reports on the program, including reports that said many of the 'cradle' babies died.<sup>3</sup> There has been no cradle baby in recent years.<sup>14</sup> Tamil Nadu also initiated a Rs 35-crore Girl Child Protection Scheme, which gives money to families who undergo family planning operations after having one or two girl children. 15 Haryana recently announced the implementation of a Ladli Scheme, in which the government provides families who have a second girl child with Rs 5,000 per year for five years. On March 8, 2008, the Delhi government also launched a Ladli Scheme, in which, "The Delhi Government would deposit Rs 10,000 in the name of a girl child at the time of her birth and subsequently an amount of Rs 5,000 each would be deposited at the time of her admission to Class I, VI, IX, X and XII. Finally, an accumulated amount of about Rs 1 lakh would be made available to every girl child on their attaining the age of 18 years provided they had passed at least Class X."16

The centrally-sponsored Balika Samriddhi Yojana provides a post-birth grant of Rs 500 for girl children born on or after August 15th, 1997 and provides scholarships from Rs 300 to Rs 1,000 for each successfully completed year of schooling. The Additionally, the Central Government announced on February 19, 2007 that it is enacting a new scheme, to be implemented by the Ministry of Women and Child Development in coordination with state governments as part of the 11th Plan. Under this scheme, palnas, or cradles, would be kept in every district for families to drop off unwanted girl children to prevent further female foeticide. The scheme is a specific content of the scheme in the scheme is a specific content of the scheme in the scheme is a specific content of the scheme in the scheme is a specific content of the scheme in the scheme is a specific content of the scheme in the scheme is a scheme in the scheme in the scheme is a scheme in the scheme in the scheme in the scheme is a scheme in the scheme in the scheme in the scheme is a scheme in the scheme

#### Endnote

- 1. Guilmoto, Christophe Z., "Characteristics of Sex-Ratio Imbalance in India, and Future Scenarios," UNFPA, October, 2007. See http://www.unfpa.org/gender/docs/studies/india.pdf.
- NFHS1998/99. Note: Post-neonatal mortality, or the probability of death between one month and one year of age was higher for females (26.6) than males (24.2).
- 3. Krishnakumar, Asha, "Scanning for Death," Frontline, Volume 15: No. 25: Dec 5-18, 1998.
- 4. Census, 2001.
- Ministry of Health and Family Welfare, PNTD Division Annual Report on implementation of the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 2005.
- 6. Sabu George, "Letter: Sex Ratio in India," Lancet. In a response to Jha, P, Kumar R, Vasa P, Dhingra N, Thiruchelvan D, Moineddin R. Low male-to-female sex ratio of children born in India: national survey of 1.1 million households. Lancet 2006; 367: 211-18). Dr. George challenges both the data set and the methodology the researchers used.
- Sabu George. See http://www.hsph.harvard.edu/grhf-asia/forums/foeticide/ articles/foeticide.html.
- 8. Madhu Gurung, "Demographic danger signals," Frontline, Volume 17, Issue 02, Jan. 22- Feb. 4, 2000.
- Zaidi, Annie, 'For a legal deterrent,' Frontline, Volume 22, Issue 20, Sep. 24- Oct 7, 2005. See http://www.hinduonnet.com/fline/fl2220/ stories/20051007002704600.htm.
- See http://mohfw.nic.in/dofw%20website/acts%20&%20rules/Ju doment\_ Palwal.htm. See also "Social activist thrilled at conviction," Hindu, April 2, 2006,http://www.hindu.com/2006/04/02/stories/2006040209400400. htm.
- 11. Office Memorandum No. 24026/III/06-PNTD Ministry of Health and Family Welfare, Feb 12, 2007.
- Duin, Julia "GE Machines Used to Break Laws," Washington Times, March 1, 2007.
- 13. The London Daily Mail reported 70,000 and the British Medical Journal estimated about 100,000 ultrasound machines. Cited by Julia Duin (see note 12).
- "Scanning centres warned against female foeticide," The Hindu, September 11, 2004.
- "Over 1,000 children rescued under Cradle Baby Scheme," The Hindu, November 16, 2004.
- "Newborn Prachi becomes first Ladli," The Hindu, March 8, 2008. See http://www.bindu.com/2008/03/08/stories/2008030853610400.htm.
- 17. Guidelines for the Balika Samriddhi Yojana. See http://wcd.nic.in/BSY. htm.
- 18. "Government set to 'cradle' girl child," Times of India, February 19, 2007.

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# SEX SELECTION IN INDIA

Issue Brief

#### Context

- Sex Selection refers to the practice of determining the sex of the foetus and eliminating it if it is female.
- India has one of the lowest Overall Sex Ratios in the world (933 females per 1000 males), falling behind neighbours Pakistan, Bangladesh and China. Moreover, a significant decline has been observed in India in the Child Sex Ratio of children aged 0-6 from 945 girls per 1,000 males in 1991 to 927 girls per 1,000 boys in 2001.
- Over 80% of districts in India recorded a drop in the Child Sex Ratio between 1991 and 2001. This sudden drop is believed to be a result of the growing practice of sex selection and prebirth elimination of females.

## Sex Ratios (OSR) and 2001 1951-2001 selection

Year	CSR	OSR
1961	976	941
1971	964	930
1981	962	934
1991	945	927
2001	927	933

**Child Sex Ratios** 

(CSR) and Overall

**Source:** 2001 Census, "Sex Composition of the Population" Chapter 6.

#### **Government Initiatives**

- The Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act 1994 (PCPNDT Act) prohibits use of technology, such as amniocentesis and ultrasound techniques, for sex selection in order to eliminate the foetus based on sex. The first conviction was obtained only in January, 2006.
- Government Schemes to encourage parents to have girl children vary from state to state.
  Tamil Nadu enacted a Cradle Baby Scheme in 1992, as well as a Girl Child Protection
  Scheme. Haryana and Delhi's Ladli Schemes give financial incentives to families with
  daughters.
- The centrally-sponsored Balika Samriddhi Yojana provides a post-birth grant of Rs 500 for girl children born after August 15, 1997 as well as annual scholarships for each successful year of schooling.
- In 2007, the Central Government announced a scheme in which palnas, or cradles, will be put in every district for families to drop off unwanted girl children.

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#### The Issue

The Child Sex Ratio (CSR) is the number of girls in the age group of zero to six years per thousand boys of the same age group. According to the 2001 Census, the CSR declined from 945 females per 1000 males in 1991 to 927 females per thousand males in 2001. According to the United Nations Population Fund (UNFPA), "Sex selection appears to have played a major role in causing the deterioration observed in child sex ratio. Excess female mortality among infants and children contributes only moderately to the deficit of girls." In fact, neonatal morality (death within one month of birth) is higher for boys (50.7) than girls (44.6)<sup>2</sup> While the child sex ratio has decreased since 1961, there has been a more rapid decrease since 1981.

While the practice of female infanticide (killing the girl child post-birth) has been reported earlier in India, female foeticide has arisen recently following technological developments over the last 30 years.<sup>3</sup> The reason for this dramatic shift relates to the introduction into India of methods of prenatal sex determination, such as amniocentesis and ultrasound technology.<sup>1</sup> These technologies, intended to improve mother and child health, had "the unexpected option of offering couples advanced information on the sex of their future children."

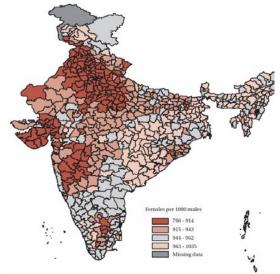
Some reasons this method seems to be preferred and used more include: (a) its high level of efficiency in terms of outcome, (b) services are provided by medical practitioners and considered 'safer', (c) a shortened process, and (d) an easier method to conceal early pregnancies from the community.¹ India's Overall Sex Ratio is already one of the lowest in the world, falling below neighbours Bangladesh, Pakistan, and China.

#### **Trends**

The worsening of the child sex ratio has been observed particularly in the west and northwest of the country, stretching from Punjab to Maharashtra. As of 2001, Punjab (793:1000 males), Haryana (820:1000), Chandigarh (845:1000), Delhi (865:1000) and Gujarat (878:1000) are the states with the lowest CSR. Between 1991 and 2001, more than 80% of districts in India recorded a drop in the child sex ratio.<sup>4</sup>

While CSR is lowest in the north-western and western states, even "better performing" states such as Tamil Nadu, Madhya Pradesh and Orissa have a few districts with CSR significantly below the national average.<sup>4</sup>

Figure 1: Child Sex Ratio in Districts of India, 2001



Source: Census 2001, Office of the Registrar General and Census Commissioner, Ministry of Home Affairs, 2001

Table 1: State-wise CSRs between 1991-2001

	1991	2001	Change
INDIA	945	927	-18
Punjab	875	793	-82
Haryana	879	820	-59
Chandigarh	899	845	-54
Delhi	915	865	-50
Gujarat	928	878	-50
Himachal Pradesh	951	897	-54
Uttarakhand	948	906	-42
Rajasthan	916	909	-7
Uttar Pradesh	927	916	-11
Maharashtra	946	917	-29
Daman & Diu	958	925	-33
Madhya Pradesh	941	929	-12
Goa	964	933	-31
Jammu & Kashmir	NA	937	NA
Bihar	953	938	-15
Tamil Nadu	948	939	.9
Karnataka	960	949	-11
Orissa	967	950	-17
Pondicherry	963	958	-5
Manipur	974	961	-13
Arunachal Pradesh	982	961	-21
Kerala	958	963	+5
West Bengal	967	963	-4
Andhra Pradesh	975	964	-11
Assam	975	964	-11
Andaman & Nicobar	973	965	-8
Jharkhand	979	966	-13
Mizoram	969	971	+2
Dadra & Nagar Haveli	1013	973	-40
Lakshadweep	941	974	+33
Tripura	967	975	+8
Chhattisgarh	984	975	-9
Meghalaya	986	975	-11
Nagaland	993	975	-18
Sikkim	965	986	+ 21

Source: 2001 Census. Lower figure indicates fewer girls in population

According to the 2001 Census, some religious groups, such as Sikhs or Jains, exhibit worse sex-ratio values on the whole, while CSR tends to be normal or low among other groups, such as tribal communities.<sup>1</sup>

## **Factors Leading to Sex Selective Abortion**

According to the Ministry of Health and Family Welfare, the causes for the elimination of the girl child are rooted in rituals and perceptions such as dowry, beliefs that sons must perform the last rites, male lineage and inheritance, and social and economic security.<sup>5</sup> Studies show that preference for a male child and demand for pre-natal sex determination techniques drastically increases for the second child, when the first child is a girl.<sup>6</sup>

### **Related Legislation**

Amniocentesis, a pre-natal technology, started in India in 1974 as a part of a sample survey conducted at the All India Institute of Medical Sciences to detect foetal abnormalities. The first sex determination clinic opened in Amritsar in 1979.<sup>7,8</sup>

Table 2: Timeline of Key Legislation

1956 Indian Medical Council Act, 1956 malpractice.  1971 Medical Termination of Pregnancy Act, 1971  1988 Maharashtra Regulation of Use of Prenatal Diagnostic Techniques Act, 1988  1994 Pre-conception and Pre-natal Diagnostic Techniques Act and Rules (PCPNDT), 1994  Jan Supreme Court Order Directed state governments to enform and file an affidavit indicating the saction taken under the Act.  Directed five multinational companing ive names and addresses of the cli and pression in India to whom they leading to the action taken under the Act.	
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give names and addresses of the cli and persons in India to whom they l	affidavit indicating the status of
machines in past five years.	s and addresses of the clinics ns in India to whom they had sold
2002 Amendment of the Medical Termination of Pregnancy Act Supplementary	lical terminations of pregnancies rried out, and specifies
Provides explicit provisions for the content of the sex of the feetus.  Pre-conception introduced.  Prescribes imprisonment up to five and a fine up to Rs.1,00,000.	and monitoring of ultrasound to curb their misuse for detection of the feotus. otion introduced. imprisonment up to five years

Source: PRS

#### The PCPNDT Act 1994

- Regulates prenatal diagnostic techniques (e.g. amniocentesis and ultrasonography) for detection of genetic abnormalities, by restricting their use to registered institutions, for a specified purpose and by a registered person.
- Prevents misuse of such techniques for sex selection before or after conception.
- Prohibits advertisement of any technique for sex selection as well as sex determination.
- Prohibits sale of ultrasound machines to persons not registered under this Act

#### **Implementation of PCPNDT Act**

The biggest challenge with the Legislation seems to be at the implementation stage. Since the implementation of the Act until October 2005, 300 cases have been registered under the PNDT Act, of which 214 relate to non-registration, 10 relate to non-maintenance of records, and 24 cases are about communicating the sex of the foetus.<sup>9</sup> Since its notification in 1994, the first conviction was obtained only in January 2006.<sup>10</sup>

The Act establishes a Central Supervisory Board (CSB) under the Chairmanship of the Union Minister for Health and Family Welfare to monitor its implementation. Parallel boards exist in each state and union territory and are required to submit quarterly reports to the Ministry. In 2005, six states did not submit reports, the CSB did not meet in fifteen states, and no inspections were conducted in at least five states. However, reporting states had each conducted awareness campaigns.<sup>5</sup>

Until February 2007, the Chief Medical Officer (CMO) served as the Appropriate Authority to monitor the implementation of the Act. On February 12, 2007, the CSB appointed the District Magistrate (DM) as the Appropriate Authority instead. They have the power of a Civil Court for search, seizure and sealing of the machines, equipment and records of the violators.<sup>11</sup>

The law may be difficult to implement because the same technology used for sex determination and selection is legal for detection of genetic abnormalities in the foetus. It may be difficult to monitor whether couples are using the technology for legal purposes. Currently 25,770 ultrasound machines are officially registered with the government.<sup>12</sup> According to some reports, there may be anywhere from 70,000 to 100,000 machines in the country.<sup>13</sup> In Punjab alone, there are estimated to be 1,000 to 1,500 ultrasound clinics.<sup>7</sup>

Medical practitioners also play an important role in the implementation of the law. It is their responsibility to refuse conducting sex determination, as well as to maintain proper records of the use of pre-natal technology. However, "Unlike in other cases, both



