

Future of the Girl Child: Need To Change the Mindset of the People

Dr. N. Krishna Kumar

Assistant professor, Government Law College, Thrissur, Kerala, India

Abstract: The concept of female infanticide has changed now by a series of related scientific and medical developments. It has become possible to determine the sex of the unborn in a way that is accurate, easy, painless and completely safe. Ultrasound application has evolved a spontaneous demand for its use in obstetrics and gynaecology. In the world's most populous nation, it is being used to determine the sex of the unborn. The non-invasive technique of ultrasound scanning helps to screen the mother and foetus in complete safety, convenience and without trauma. The situation is alarming and there is a need to change the mindset of the people to make them aware that today women are exposed to new ideas about their personalities, roles and rights. Women now perform multiple roles as per the level of their education and professional competence. They are trying their best to cope with these roles and expectations. Similarly, the government should take up the issue of female foeticide on priority basis and work towards achieving gender parity.

Keywords: Abortion, opticaemis, foeticide, infanticide, ultrasound scan

I. INTRODUCTION

One Generally we see a traditional family unit consisting of a mother, father and children, but in this traditionally defined family, the number of girls always remained low. This was primarily due to the practice of female infanticide in the past and female foeticide at present. Girls are continuously being killed in every society.

The unfavourable atmosphere that developed against woman from the smriti age was further polluted by customs that cropped up during the Mughal period. The custom of dowry entirely changed the scenario and as a result, the birth of the girl child got a very poor and hostile response in the families and even among people in the society at large. In order to escape from future foreseeable problems, people started the practice of killing the female child immediately after her birth.[1]

Female infanticide arose from the general Vedic attitude towards women. The large dowry prescribed by the Vedas meant that a girl was seen as burden. The woman, who gave birth to a girl child, was treated with scorn as much stigma was attached to her. Hence, infanticide arose as a convenient way of getting rid of the burden.

Holy Aryan texts sanctioned this custom thus: "*Tasmat striyam jatam parasyanti ut pamamsam haranti*" meaning rejection of a female child when born and taking up a male.

The horrible custom of female infanticide was orderly practiced by the barbaric Vedic Aryan tribes who invaded India. In Atharva Veda:6.2.3:it has been written very clearly: "Let a female child be born somewhere else; here let a male child be born".^[2]

The real reason for this truly barbaric practice lies deep in the blood stained verses of the Vedas. There were several reasons

for the practice of female infanticide during the Vedic dark age. (circa 1500 BC-500 BC) and the Brahminical dark ages (circa 1000 BC-1000 AD) all of which were related to the prevailing socio-economic cultural environment of the Vedic age, e.g:

- Obliterating female children was a convenient way of alleviating financial ruin in the Vedic period.
- Women were of little use to Aryan war tribes. Hence their members were reduced in order to maintain the war effectiveness of the tribe.

These were the wonderful truths about the most spiritual religion of Hinduism. The inhuman Hindu female infanticide was not due to any corruption, but was and is fully sanctioned by the core of Hindu religious scriptures the Vedas. This is the truth about the wonderful religion of Hindus.

Later Brahminic Female Infanticide.

There were several reasons why the Brahmins crudely enforced Vedic female infanticide. The Brahmin race has always feared being overwhelmed by the sheer numbers of non-Brahmins. Hence, they resorted to the inhuman means. Female infanticide struck at the very roots of the non-Brahminical races, many of whom totally disappeared from the face of the earth like the Greeks, the Bactrians, Panchals and Kashalas as Sauresenas.

The shortage of women led to unending wars amongst the non-Brahmins for the available women. The manner in which the bigoted Brahmins prescribed death for the female infant was heart- rending. Often the parents were forced to cut up the child and then feed the flesh to the animals. Sometimes the child was be smothered by the midwife. Vivekananda himself refers to a painting showing a Hindu woman throwing her children to the crocodiles of the Ganges, widely distributed in the west.

The holy texts of the Vedas sanction apartheid as mass murder of the baby girls. The magnitude is staggering. As long as the Vedas are followed, there shall exist immense hardships for women as the mass murder of the children shall continue since these are prescribed in these sacred texts. Since such passages cannot be deleted in the modern times, nor can the Vedas be modified, all Indian feminists must fight against all forms of Vedic religion. Unless they do so, Indian women shall forever remain enslaved under Vedic tyranny.

2. FEMALE INFANTICIDE DURING MUGHAL PERIOD

“During the Mughal period, the female child in the Rajput families was considered a curse and the brothers of these girls used to become their first enemy. Considering the position of the brother-in-law, they used to instigate the killings of the unborn female child of the family. Though this crude system was neither supported by the Vedas or Puranas, nor by the Koran or the Bible, it prevailed in society and became widespread. For these barbaric child killings, pills of tobacco or ‘bhang’ etc were used. In some cases, mothers’ breasts were smeared with opium or juice of the poisonous ‘dhatura’ to kill the new-born child.”¹

3. FEMALE INFANTICIDE TO FEMALE FOETICIDE

The concept of female infanticide has changed now by a series of related scientific and medical developments. It has become possible to determine the sex of the unborn in a way that is accurate, easy, painless and completely safe. Ultrasound application has evolved a spontaneous demand for its use in obstetrics and gynaecology.

In the world’s most populous nation, it is being used to determine the sex of the unborn. The non-invasive technique of ultrasound scanning helps to screen the mother and foetus in complete safety, convenience and without trauma.

In many cultures, government permitted, if not encouraged, the killing of handicapped female infants or otherwise unwanted children. In Greece, for example, the number of female infants was so common in 200 BC that among 6,000 families living in Delphi no more than 1 per cent had two daughters. Among the rest 99 per cent families, nearly as many, had one child as daughter. Among all there were only 28 daughters to 118 sons.^[3]

With advancement, amniocentesis helped in the test of the amniotic fluid, deformities as well as the sex of the unborn child. The amniocentesis is popularly known as the sex-determination test, whose real purpose is to detect abnormalities in the foetus. The gross abuse of amniocentesis highlights how the scientific breakthroughs have a different effect upon different civilizations with their individualistic set of prevailing customs and traditions.

Another form, which is coming up after amniocentesis is CVB. The chorionic villi biopsy, which is more certain and

sophisticated is also an extension of oppression on women. Apart from this, the newer methods like Ericsson’s method to separate the ‘y’ chromosome carrying male sperms through centrifuge methods followed by artificial insemination are also being used.^[4]

The female infanticide had converted into female foeticide because of the trading business in abortion. It is increasing day by day due to the unchecked commercial sector in the form of nursing homes, installation of ultrasonography devices in various towns and localities and our advertising agencies. In 1998 there was an advertisement in the Diwali special number of a renowned Marathi magazine” “Amniocentesis is a developed science. To misuse it for abortion is a great sin. Better go in for sex-selection.”^[5]

The scientific advancement is for the betterment of society. The life saving techniques of ultrasonography and amniocentesis, if used for gender specifications, become a curse for the society instead of a boon. Such techniques are coming under increasing attacks from the poor groups. A Mumbai-based gynaecologist claims that diet formulae can help you choose the sex of your child, which he claims has ensured him 98 per cent success rate among his patients. With pre-conceptual sex-determination, the doctor claims, couples can plan their family.

However, another Mumbai-based gynaecologist has criticized such unethical promises. While the doctor in question claims that he is not mutilating the cause of the girl child, such methods claims that he is not mutilating the cause of the girl child, such methods encourage hidden intention of begetting a male child among parents.

Thus in India, because of Hindu beliefs and the rigid caste system, young girls were murdered as a matter of routine. When demographic statistics were first collected in the 19th century, it was discovered that in some villages there were no baby girls at all. In a total of 30 others, there were 348 boys to 54 girls.

In Bombay, the number of girls alive in 1834 was 603. So this practice of female infanticide dating back to centuries has now taken the form of female foeticide in modern India with the help of sex selective abortion which targets female fetuses exclusively.

4. FACTORS RESPONSIBLE FOR THE EVIL OF FEMALE FOETICIDE AND FEMALE INFANTICIDE

The demographic dynamics of Indian society are likely to have severe repercussions because of the inherent traditional bias against women. This is operating in a negative form to produce a skewed society of the future. Gender ratio in our country is shifting heavily in favour of males, which has already reached an alarming level. There are basically two reasons for this position.

- a. Patriarchal Society

¹. Prabhat Chander Tripath, *Crime against Working*

Women(1998), p. 57-58

The roots of gender-bias are deeply embedded in our patriarchal society. "With the patriarchal values embedded deeply in every aspect of life, factors which have contributed to the prosperity of the people in the state have perpetuated the preference for the male child. Technology is only an instrument.

Before blaming it all on the sex-determination clinics, there is need to debate on the discrimination a girl child faces in terms of mother's care, medical services, nutrition, education, inheritance and even the right to a dignified life. Ironically, while the women are deprived of their rights, they are treated as the hallmark of the family's honour, though only to get targeted while settling family disputes."^[6]

b. Socio-cultural Causes

The reasons behind what has been called son mania are multi-faceted and deeply embedded in Indian culture (Ramanamma, 1980). They are also unfortunately inextricably entwined with a corresponding discrimination against daughters.

"In the ancient Indian text, the Atharva Veda, mantras are written to change the sex of the foetus from a girl to a boy. A son's birth is likened to "a sunrise in the abode of gods" and to have a son is as essential as taking food at least once a day. A daughter's birth is a cause for great sadness and disappointment (Ramanamma, 1980)."^[7]

For ages, human psyche has been beset with notions of superiority accruing from a worldwide practice of domination and control on the part of man and the propagation of a particular ideology which attempts to relegate and demean the strength of womanhood. In the analysis of the structural framework of women's subordination in India, Uma Chakravarti says: "Caste hierarchy and gender hierarchy are the organizing principles of the Brahminical social order and are closely inter-connected."^[8]

The birth of a girl child often puts immense pressure on the parents with regard to dowry to be given at the time of her wedding. The inferiority of women and the rights of the girl child have long been debated. The practice of female foeticide is a product of the belief in the inferiority of women. Nevertheless sex-selection is actually the product of that belief that son is supposed to carry forward the 'vansh' while the daughter will go away to another house.

One of the reasons of this evil is economic imbalance. Our civilization has developed through various stages of development. Once upon a time, India was the richest country with developed economy. But after a number of conquests by foreign invaders at different periods, India became a poor country.

There is no equality. If one part of the country has wealth and industries, people on the other side are below the poverty line, and cannot even afford two square meals a day. How can such people afford the expenses of their children? So their mentality is to have a male child only so that they can avoid the marriage expenses of their daughters. Even the growing incidence of dowry deaths is linked to financial hardship.

However this is not the case only with the poor. Even among the rich, such cases are rampant. One of the most publicized

reasons for this disparity is the dowry system. In many parts of India, particularly in the North, the parents of the bride must give money and gifts to the groom's family as part of the marriage agreement. Another economic disadvantage of daughters in India is their relatively low learning potential.

Parents often start calculating the cost that will incur in raising their daughters, i.e. expenses related to child rearing, education, health and at the time of marriage. It is not a custom in our culture for parents to take any money from their daughter even if she starts earning. This means that the money spent on the girl child's upbringing will not yield any monetary benefit later. In many areas women are still not encouraged to gain financial independence.

c. Political reasons

The issue of female foeticide does not attract the interests of political parties and thus there is little political interest in bringing innovative policies to deal with the problem. Weak enforcement of the existing policies and laws aiming to curb the practice of selective abortions is the norm.

The history of northern India, where preference for a son is the strongest, is characterized by numerous foreign invasions requiring the men to fight. Women did not contribute to the defence and were thus a source of weakness in the community. The South, on the other hand, did not have a similar need to protect itself against foreign invaders and has a correspondingly low incidence of infanticide and sex-selective abortion.

Another reason given for the prevalence of sex-selection abortion in India is India's attempt to control its population. Although the government has not adopted coercive methods since the Emergency in the 1970s under Indira Gandhi's rule, it has become increasingly unfashionable to have a large family in India. The ideal family size, particularly among the high socio-economic classes is two children. Given that at least one son is necessary, families with two daughters become increasingly anxious about the sex of their expected child.

5. SEX-DETERMINATION TECHNIQUES

Early history: Pre-natal sex determination techniques were introduced only in the early seventies. Although touted officially as an aid in reducing genetic defects, much of the Indian public has turned to these tests to find out if it is a boy or not. It is an irony that women are blamed for delivering baby girls, when it is now well established that man's semen always determines the sex of the child.

The eighties proved to be a watershed. The developmental model nurtured and worshipped by policy planners over the world is under siege. Technology, the propelling force behind this model, is no longer a holy cow. No doubt the corridors of power, both in the First as well as the Third World countries, still echo the 'trickle down theory.'

The collapse of Communism in Europe has further strengthened the mirage of the development model created by the blend of technology and capitalism. However, its edifice is slowly cracking. Growing sections of the population are becoming increasingly skeptical about the claims of the

'trickle down' theory. What were once considered to be the very temples of modern civilization are being perceived by many as its tombs.^[9]

The emergence of new reproductive technologies concerning modern medical techniques targeted at women's bodies, and products which include sex selection techniques, have added yet another important dimension to this conflict. So far, medical technology and special reproductive technology needed no justification. Its benevolent nature was taken for granted.

In the countries of their advent, NRTs triggered a chain of debates within and outside the medical community. Several social, demographic, ethical, legal and philosophical issues have been raised.

However, even the complex issues like rights of the unborn children, surrogacy, and informed consent debated so far represent only the proverbial tip of the iceberg. As the debates have shown, the NRTs have the ability to alter not only the face but the very soul of human civilization. The impact of these technologies would be felt the most in Third World countries like India where these technologies are most likely to be used, abused or misused. The worst victims would be women, who become the targets of these technologies.

At first, mostly affluent women had access to pre-natal tests when the non-invasive and cheaper techniques of ultrasound were introduced twenty years ago. By liberalizing the law on abortion, the Medical Termination of Pregnancy Act, 1973 allows abortion on selective basis through the techniques of amniocentesis test.

The scientific advancement was soon put to use for sex-determination purely with the intention of aborting the female foetus. The practice became a flourishing business for many doctors throughout the country. In 1977, a leading hospital in Bombay, Harkrishan Das Hospital, inaugurated its pre-natal sex-determination clinic by describing it as a humane and beneficial test.

In 1979, an advertisement by an Amritsar-based doctor about ante-natal sex-determination clinic caught the attention of the media and in 1982 a wrong diagnosis leading to abortion of a female child created a lot of hue and cry. In fact, on January 6, 1994, an episode of 'ABC News Prime Time Live' – a weekly television news journal shown in the United States, estimated (accurate figures are unavailable) that over three thousand female foetuses were aborted every day in India. The figure now is one million per year.^[10]

Methods of sex determination: The following are the common methods of sex determination during pregnancy.^[11]

- (i) **Amniocentesis** : Amniocentesis came to India in the mid-seventies. In this technique, amniotic fluid is drawn from the amniotic sac through a long needle inserted in the abdomen to detect foetus cells present in the fluid. It is normally done after 15-17 weeks of pregnancy.
- (ii) **Chorionic villi biopsy** : Elongate cells of the chorion (tissue surrounding the foetus) are

removed and tested. It can be done as early as 6-13 weeks of pregnancy.

- (iii) **Ultrasound** : With the help of sound wave a visual image of the foetus can be obtained on a screen. It is normally done around the tenth week of pregnancy in order to detect foetal abnormalities. This is the most common method that is being used to detect sex of the unborn child.

There are some other easy techniques prevalent among people:

- (i) **Liaminaria test** :- A poisoning medicine is delivered through the mouth of the uterus so that the baby dies inside.
- (ii) **Dilatation and curettage test** :- By opening the uterus, it is washed with spirit to remove pregnancy.
- (iii) **Suction and evacuation** : By giving an excessive dose of medicine to a pregnant woman.
- (iv) By serving pills leading to medical termination of pregnancy.
- (v) Apart from this, there are also pre-conception techniques like Ericsson's method (X and Y chromosome separation).

Pre-implantation genetic diagnosis involves chromosomal analysis. This is being used in order to select the sex of the child.

6. MISUSE OF MODERN TECHNIQUES RELATING TO PRE-NATAL SEX DETERMINATION

Rampant misuse of modern technology, a collective failure of medical ethics and inability to shed notions of a male heir have pushed female foeticide in affluent India to a shocking high. The biggest shift has been in technology. Easy sex determination and latest abortion techniques have reduced the risk rate for women, earlier exposed to fatal complications on termination of advanced pregnancies.

Falling infant mortality rates and later the two-child norm also made male children the most wanted. Tamil writer Vasanthi, author of influential novel *Kadas Varai* (Till the End) agrees that the "new-born culture mindset is that of extreme consumerism, which has trapped even the educated element." Delhi is a prominent battlefield. There are roughly 700 ultrasound machines in the national Capital itself. A senior official from the Department of Family Welfare (DFW) confirms that there are 51,000 registered ultrasound centres in India. A random inspection resulted in 400 cases of seal and seizure because they were not registered with the government. As in 40-50 cases, the centres were advertising sex determination tests. That is not all. Abortion pills like MTP and Misprost which should not be sold without a doctor's prescription are available off the counters. Taken without guidance, they can lead to epticaemis, excessive bleeding and even death.

7. ABORTION: LEGAL AND ILLEGAL

Before the government started its family planning propaganda, law in India dealt with abortion as a crime. According to the

Indian Penal Code, causing miscarriage and injuries to an unborn child were crimes.

The Criminal Procedure Code (CrPC) dealt with procedures for trying these crimes. But in 1971, Parliament passed the Medical Termination of Pregnancy Act to make abortions easier. In 1975, the government made several rules and regulations regarding abortions. The result is that abortion facilities are available almost everywhere.

Abortion is forcible expulsion of embryo from the womb before it can live on its own. Miscarriage means the same thing in law. The law does not mention "abortion" – it refers only to miscarriages or termination of pregnancy.

An abortion or miscarriage due to natural causes is not an offence. So the law does not deal with it. But violent and forced abortion is a crime. Section 312 to 316 of the Indian Penal Code deal with abortion as crime.

8. JUDICIAL DIMENSIONS

India is one of the few countries, where the overall sex ratio is unfavorable to females. It has been steadily declining in the last eight decades from 961 (females per 1000 males) in 1901 to 929 in 1991 and now 927 in 2001

The problem of survival of females is more acute in the north and west India where the bias for sons and discrimination against daughters is much stronger due to various socio-cultural and economic reasons. The sex ratio of one half of the rural districts in these areas is dangerously low (even) before the advent of sex prediction and resultant female foeticide.

Sex determination clinics have been doing roaring business in Punjab, Haryana and Delhi which fall in this demographically sensitive area. It is only a matter of time before the sex-determination business makes heavy inroads in rural areas of the remaining parts of the sensitive area, referred to as the 'Hindi heartland' (UP, MP, Bihar and Rajasthan).

The alarming rapidity with which the clinics have proliferated in more progressive states indicates what might happen once the process begins in the Hindi heartland. It is important to note here that all that is needed for proliferation of the sex-determination 'epidemic' is the presence of one genetic or pathological laboratory staffed by a fairly experienced geneticist/pathologist. Such a laboratory can cater to the needs of hundreds of far-flung sex-determination centers. So a time-bomb is ticking in the north and west India.

It is only a matter of time before a grave demographic crisis could be precipitated by the twin mechanisms of selective female foeticide and neglect of born women. What can one say of the status of women in India, still at the formative stage, is already overburdened with too many struggles for the dignity, justice and equality of women.

Maybe, it would have to change its priorities and engage in the struggle for the first and foremost right, the right to be born as a woman. The advent of female foeticide would undoubtedly mean retreat of egalitarian ideas. The recent case of suicide of three sisters from Chandigarh as a protest against the birth of their brother after a sex-determination test is a pointer to the days to come.

The extent of proliferation of sex determination menace can be gauged by the example of Maharashtra, one of the most progressive states in India, with a rich heritage of progressive social movements. It is at present a strong fort of women's movement.

A study reported 700 cases of sex determination in one hospital of Bombay from June 1976 to June 1977. Of these, 250 were reported to be male, none of them aborted. Of the 450 reported to be female, 430 were aborted.

A study sponsored by the Government of Maharashtra in 1983 revealed that 84 per cent of gynecologists in Bombay were using per-determination tests of sex-determination (SD). An extrapolation of this sample study put the probable number of sex-determination tests in one year for the city of Bombay alone at 40,000.

The city of Ahmadabad in Gujarat also reported about 20,000 SD cases per year. In Gujarat and Maharashtra the SD menace has percolated to every town, right up to the tensile level or even below. Most reports on SD clinics indicate that the phenomenon of SD leading to sex-selective abortions has transcended all barriers of caste, class and community. For example in Bombay, in 1986, with charges varying from Rs 100 to Rs 3,000 depending upon the paying ability of the clientele, slum dwellers to film stars opted for sex-determination.

A report about a newly-owned SD clinic in Calcutta mentioned that Marwari's (other non-Bengalis) were its main clients. However, it is worth noting that in most SD clinics, the early clientele comprised castes/communities where dowry amounts were very high. However, within a short period, people from all sections of society opted for SD with the educated middle class forming the main clientele.^[12]

Taking into consideration such a bad condition in sex ratio and increasing tendency of people indulging in these sex-determination techniques, some legislations like the MTP Act, 1971, PNMT Act, 1994, had been passed and implemented as well. A further step was taken by our judiciary.

9. GUIDELINES BY THE SUPREME COURT

After going through several reports on sex ratio as well as sex-determination tests and examining reports of the survey on sex-determination clinics (registered and non-registered), the Supreme Court dealt a serious blow to the obnoxious practices of female foeticide.

The court asked the Union and State governments to be stricter in enforcing the law banning sex-determination tests. Personals liable of committing the crime have to be awarded strict punishment, the court said.

The Supreme Court passed an order on May 4, 2001, which aimed at ensuring the implementation of the Act, plugging various loopholes and launching a media campaign on the issue. The Supreme Court observed: "It is unfortunate that due to one reason or the other, the practice of female foeticide and female infanticide still prevails, despite the fact the gentle touch of a daughter and her voice has a soothing effect on parents."

In a case of historical importance, *Centre for Enquiry into Health and Allied Themes (CEHAT) and other v. Union of India and others*,^[13] the petitioner challenged the improper implementation of the PNDT Act. Though the PNDT Act was enforced in 1996, foeticide continued in many states.

A public interest litigation was filed in February 2000 in the Supreme Court of India with two goals. These were to activate the Central and State governments for rigorous implementation of the central legislation and to demand amendment to ensure that the techniques being used for sex selection were brought under the purview of the Act. This petition drew attention to gross misuse of reproductive technology in a society characterized by a strong bias against the female child.

In the order of the judgment of this case, in Para 3 the Honorable Justice M.B. Shah and Justice S.N. Variava said that the traditional system of female infanticide whereby a female baby was done away with after birth by poisoning or letting her feed on unhusked rice continues in a different form by taking advantage of advanced medical techniques. Unfortunately developed medical science is misused to get rid of a girl child before birth. Knowing full well that it is immoral and unethical offence, the foetus of a girl child is aborted by qualified and unqualified doctors. This has prevails without any hindrance.

For controlling the situation the Parliament in its wisdom enacted the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994. The preamble of the Act lays down its objectives, i.e. to prevent the misuse of such techniques for the purpose of pre-natal sex determination leading to female foeticide and for matters connected therewith or incidental threats.

It is apparent that to a large extent, the PNDT Act is not implemented by the Central Government or by the State governments. Hence, the petitioners are required to approach this court under Article 32 of the Constitution. One of the petitioners was the Centre for Enquiry into Health and Allied Themes (CEHAT), a research centre of Anusandhan Trust based in Pune and Mumbai. The second petitioner was Mahila Sarvangeen Utkarsh Mandal (MASUM) based in Pune and Maharashtra while the third petitioner was Dr Sabu M. George who had experience and technical knowledge in the field.

After the filing of this petition, the court issued notices to the parties concerned. It took nearly one year for various states to file their affidavits in reply. Prima facie, it appears that despite the PNDT Act being enacted by parliament five years back, neither the State governments nor the Central Government have taken appropriate action to ensure its implementation.

Hence after considering the respective submissions made at the time of hearing of this matter, as suggested by the following directions were issued on the basis of various provisions for the proper implementation of the PNDT Act:

Directions to the Central Government

- 1) The Central Government is directed to create public awareness against the practice of pre-natal

determination of sex and female foeticide through appropriate releases/programmes in the electronic media. This shall also be done by the Central Supervisory Board (CSB) provided under Section 16 (iii) of the PNDT Act.

- 2) The Central Government is directed to implement with all vigour and Zeal the PNDT Act and the Rules framed in 1996.

Direction to the Central Supervisory Board (CSB)

- 1) Meetings of the board (CSB) will be held at least once in six months.
- 2) The CSB shall review and monitor the implementation of the Act (Re-Section 16(ii)).
- 3) The CSB shall issue directions to all states/UT appropriate authorities to furnish quarterly returns to the CSB giving a report on the implementation and working of the Act.
- 4) The CSB shall examine the necessity to amend the Act.
- 5) The CSB shall lay down a code of conduct under section 16(iv) of the Act to be observed by persons working in the bodies specified therein and to ensure its publication so that the public at large can know about it.
- 6) The CSB will require medical/professional bodies/associations to create awareness against the practice of pre-natal determination of sex and female foeticide and to ensure implementation of the Act.

Directions to State Governments/ UT Administrations

1. All state governments/UT administrations are directed to appoint by notification, fully empowered appropriate authorities at district and sub-district levels and also advisory committees to aid and advise the appropriate authority in discharge of its functions (Re-section 17(5))
2. To publish the list of the appropriate authorities in the print and electronic media in their respective states/UTs.
3. To create public awareness against the practice of pre-natal determination of sex and female foeticide through advertisements in the print and electronic media, hoardings and other appropriate means.
4. To ensure that all state/UT appropriate authorities furnish quarterly returns to the CSB giving a report on the implementation and working of the Act.

Directions to Appropriate Authorities

1. Appropriate Authorities are directed to take prompt action against any person or body, who issues or causes to be issued any advertisement in violation of section 22 of the Act.
2. To take prompt action against all bodies specified in section 3 of the Act as also against persons who are operating without a valid certificate of registration under the Act.

3. To furnish quarterly returns to the CSB, giving a report on the implementation and working of the Act.
4. The CSB and the state governments/UTs are directed to report to this court on or before July 30, 2001.

In 2001, 66,109 cases of female foeticide or sex-selective abortion were reported in the country, whereas in 2003, the number was 69,298. More than 6,21,790 cases of female foeticide were reported in the country in the last decade.

Conducting a sex-determination test and ending the life of a daughter even before she is born, abandoning a female child on birth or killing her are the most gruesome and heinous crimes imaginable. And yet, these continue to take place day in and day out, more often than anyone chooses to admit.

In the words of Amartya Sen. (Nobel laureate), India with its present population of one billion, has to account for some 25 million "missing women". Some of them are never born, and the rest die because they do not have the opportunity to survive. Worse than the crime is the indifference of society.

10. SOCIAL RESPONSE: NEGATIVE ASPECT AND POSITIVE ASPECT

Keeping in view the dimensions and magnitude of this problem, we can see that it is a social problem and social problems can be increased and decreased by society only. The society includes in itself our families, social institutions, educational institutions, social organizations, NGOs, doctors, government administrations, media, police, political and religious leaders and religions.

They are the guards and protectors of society. What role they play in curbing this evil depends on their attitude and participation in increasing or decreasing this problem. Let us discuss their contribution and efforts regarding female foeticide and female infanticide.

In *Voluntary Health Association of Punjab v. Union of India*^[14], the Court observed that Indian society's discrimination towards female child still exists due to various reasons which has its roots in the social behaviour and prejudices against the female child and, due to the evils of the dowry system, still prevailing in the society.

The decline in the female child ratio all over the country leads to an irresistible conclusion that the practice of eliminating female foetus by the use of pre-natal diagnostic techniques is widely prevalent in the country. The provisions of the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition on Sex Selection) Act, 1994, a welfare legislation, are not properly and effectively being implemented.

Mushrooming of various Sonography Centres, Genetic Clinics, Genetic Counselling Centres, Genetic Laboratories, Ultrasonic Clinics, Imaging Centres in almost all parts of the country calls for more vigil and attention by the authorities under the Act. However, unfortunately, their functioning is not being properly monitored or supervised by the authorities under the Act to find out whether they are misusing the pre-

natal diagnostic techniques for determination of sex of foetus leading to foeticide.

The Supreme Court has issued directions for proper implementation of the Act, regard being had to the significance of the issue, the magnitude of the problem in *praesenti* and the colossal cataclysm that can visit this country in future.

11. ROLE OF GOVERNMENT AND ADMINISTRATION

The Indian Government has opposed the practice of female infanticide and sex-determination abortions, but has been slow and ineffective in bringing about reform. Under pressure from feminist groups, the Indian government prohibited pre-natal sex-determination testing in government hospitals. The measure had little or no effect other than encouraging the proliferation of private sex-test clinics. As in 1988, the Maharashtra Government enacted the Maharashtra Regulation of Pre-Natal Diagnostic Techniques Act. But because of some loopholes and increased availability of illegal services in neighboring states, the practice continued unabated.

Also in 1988, the Indian Government established a committee to study sex-selective abortions and make recommendations on how to deal with them. In response to this task, the committee introduced the Pre-Natal Diagnostic Techniques Regulation and Prevention of Misuse Bill, 1991, and on the basis of this, the PNDT Act, 1994 was enacted. This legislation is certainly a valuable, albeit and tardy, step towards eradicating the practice of sex-selective abortions but it clearly is not enough. There are no statistics available since the passage of the Bill regarding changes in the practice, however one might extrapolate from experiences with infanticide. Based upon a conservative estimate 50,000-80,000 foetuses are aborted every year.^[15]

Despite this, at present many effective steps are being taken by the government and our administration to end this practice. The government has planned sting operations by appointing decoy couples to nab doctors and medical practitioners and diagnostic centers engaged in female foeticide, especially in northern states like Delhi, Haryana, and Punjab².

The Chandigarh Administration has also launched the 'Apni Beti Apna Dhan' scheme, with the aim to improve the distorted sex-ratio in the Union Territory. Under this scheme an amount of Rs 5,000 has to be invested in the name of the girl child for enhancing her career prospects. This amount along with interest will be paid to her when she attains the age of 18^[16].

A scheme was also launched by the Punjab Government for the girl child and to encourage the birth of the girl to balance the skewed sex ratio and to motivate couples to adopt the terminal method of sterilization to check population growth. So far it has been a non-starter^[17]. Many other schemes were also launched by different state governments.

² The Tribune – 4 May, 2005.

12. ROLE OF MEDICAL PROFESSION

There is a major financial incentive for private clinics who find a way to remain in business. Furthermore, minimal regulatory practices within the Indian medical infrastructure help in the development of an illegal sex-test market.

Two decades ago, doctors used to openly advertise sex-selection tests for families desperate for male heirs.^[18] In the 1990s, Dr Aniruddha Malpani's Clinic in Mumbai in up market Colaba became associated with infertility treatment. His website advertised how one could choose the gender of the unborn child, claiming to be one of the few in the world to pre-select embryos to guarantee a son. Today Dr Malpani is facing criminal charges for misusing pre-implantation diagnostic techniques like fish for sex selection.

If medical ethics had not failed, we would not have had millions of missing girls. Clearly, had the medical community refused to be a party to the crime, female foeticide would not have been a grim reality. The lure of fast bucks is enough to make doctors, who are supposed to counsel and protect women pressurized by families to produce male children, feed on their vulnerability.

The Medical Termination of Pregnancy Act, 1971, was enacted to ensure reproductive freedom and makes abortion has become a thriving business in India. Some doctors prescribe abortion under the guise of various medical reasons. Abortions can be done for charges ranging between Rs 3,000 and Rs.30,000 in urban areas.

Sex determination is done at one clinic and the abortion at another, making it difficult to accuse patients of female foeticide. Often such frantic procedures are carried out in the makeshift operation theatres using unsterilized kit, adding to the risk to the woman. As Dr Sohani Verma of Apollo Hospital in Delhi points out, "complications arising out of abortions remain one of the biggest causes of death of young women in India".

Doctors are smart when it comes to ducking the law. They rely on code words. So sentence like "the sky is blue" and "your baby is fine and will play football"(including that the child is male) or "you are in the pink of health" and "your child is like a doll" (denoting a female child), help convey the message subtly.

As per the law, a doctor is not only supposed to counsel a patient against a sex-determination test and a related abortion, but is supposed to make sure that upon admitting a patient, the hospital insists on a certificate signed by the patient with full name and personal details, that no sex-determination test (SDT) will be asked for. Even if a routine ultrasound is done, the doctor should not disclose the sex of the child.

A patient coming to the doctor is a mother with one daughter who does not want a second daughter. In order to avoid mental trauma, an aspect which is covered under MTP Act, she wants her pregnancy terminated. The doctor has no reason to refuse except moral.

Now, this is exploitation of the law. But the legal aspect on the other hand is not violated. In the recent years, we do see an increasing trend of undergoing medical termination of

pregnancy, the highest number being in the age group of 25-34, which are the most reproductive years.

Anyway, doctors have great contribution in increasing this problem. For their lust for money, they favour parents performing illegal abortions following sex-determination tests. There are a number of cases of doctors who abet directly or indirectly in the commission of such brutal crime.

13. ROLE OF POLICE

In civilized society, implementation of law is in the hands of the police. But the attitude of the police and its carelessness towards reported cases is a major cause of female foeticide and female infanticide. When a case is reported to the police, it usually does not result in successful prosecution of those who have committed the crime.

Too often, FIRs filed after the incident, are incomplete. The chances of successful prosecution are, therefore, greatly reduced and with many other crimes demanding attention there is not much enthusiasm for taking cases of female foeticide/infanticide to court.

At the village level, the police has used the threat of registering cases of female foeticide/infanticide as an opportunity to extract bribes to cover up cases. Health officials in Salem informed that there had been occasions when the local police approached them for a list of all female births, so that they could visit the parents concerned and seek undue favours.

One organization which reported cases of female infanticide to the police, subsequently found that the parents were reporting the deaths of female infants from natural or when they were stillborn. So in most of the cases, the police assists them by making false reports.

14. ROLE OF RELIGION, OR RELIGIOUS GROUPS, OR LEADERS

India is a multi-religious country. Hindus, Muslims, Christians and Sikhs are the main religions in India. No religion is in favour of female foeticide/infanticide.

Hinduism reveals that "abortion is a bad karma". According to Hindu Shasstras, "To kill one woman is equivalent to killing one hundred Brahmins. To kill one child is equal to killing one hundred women."

The Koran proclaims: "On the day of the judgment, the female infant buried alive will question for what crime she was killed."^[19]

It indicates that a similar thing is supposed to happen in the case of the female child, who is under-estimated on the ground that she is a girl, not a boy. "To Allah belongs the dominion of the heavens and earth. He creates, what He wills and plans. He bestows children, male or female, according to his will or He bestows both males and females and he barren whom He wills."^[20]

Sikhism is also against this attitude of society towards the girl child. Guru Nanak Dev, the first Guru of Sikhs, had mentioned very clearly in Gurbani:

"So Kiyon Manda Akhiyae, Jit Jammae Rajan"^[21]

"Jo Kaniya Mare, So Khooni Tankhaiya"^[22]

"Sikh Hoye Kanya Mare, Panji Malie Varte So Pakka Thankhaiya". [23]

"Kudimaar Masand Jo, Meenae Ka Prasad, Le Jo In Kae Health Ka, Janam Gawave Baad". [24]

Guru Granth Sahib is against female foeticide/infanticide. But the concept of honour killing of girls, prevalent among Jat Sikhs, has now been copied by the other castes.

The Jains are known for their pacifist behavior. The traditional Jain religious leaders wear a mask around their mouth and walk without shoes or chappals, because they do not want to kill any living being either by inhaling it or unwittingly trampling on it. But apparently, they are not so squeamish about doing away with the life struggling for existence in the womb. After the Sikhs, the Jains have the worst record for sex-ratio – 870 females to a thousand males.

'The national religious leaders' convention brought together the heads of all major religions in India besides ministers, opposition party leaders, demographers, bureaucrats and social workers. The group will attempt to make efforts to stem the alarming rise in abortions of female foetus. This is a positive step aimed at eliminating this problem.

15. ROLE OF GOVERNMENT POLICIES AND EDUCATION

The two-child norm being followed by at least half a dozen states in the country has only compounded the problem. With strong preference for sons in India, the slogan of yesteryear, "we two, ours two", which propagated the concept of a small family that included a daughter and son, is unfortunately being interpreted now as a slogan for two sons.

They are seen as indispensable members for conducting the last rites of parents and for carrying forward the family name. With the demand for dowry increasing, girls are being seen as a liability.

In fact, the slogans seen in different parts of Haryana before the clampdown under the PNDT Act was "spend Rs 5,000 now (on sex-test and abortion) and save Rs 5 lakh as dowry later." Fortunately, the Central Government was pushed into realizing the consequences of the two-child policy recently when a public interest litigation was filed in the Delhi High Court seeking implementation of the National Population Policy of 2000. There is no insistence on the two-child norm in the family planning programme and couples can have as many children as they want, the government affidavit stated.

It had no intention of implementing a centralized, target-oriented family planning programme; it added and to the relief of NGOs, conformed, "The programme was voluntary". So families can decide in their bedrooms the number of children they want instead of it being decided in the corridors of Nirman Bhawan.

What measures other than legislation, can be taken to abolish sex-selective abortion and female infanticide? The most important tool for change is improving the status of women through education. Education at the primary school level focused on women's rights and building girl's self-esteem, increased programmes for literacy and job training, more

opportunities for higher education for women and public education campaigns about women's issues are the only ways to begin true reforms.

The risk is high because a majority of the people involved in such crime are highly educated and influential. The example of doctors is glaring. Otherwise also, people from respectable, rich and educated families resort to sex-selective abortions boldly and without any hesitation.

The review of literature shows that a good deal of work on role of education and status of women has been done. Some of the studies are cited below :

According to Geroge, parents need to be calculative in choosing the sex of the next child and the decision is based on the birth order, sex-sequence of previous children and number of sons. Transferred reproductive technology in India is resulting in reinforcement of patriarchal values as professional medical organization seems to be indifferent to clinical misconduct. [25]

A study by Mallhi suggests that while "female literacy improves the survival chances of both sexes in north as well as south India, female economic participation reduced the survival chances of males and females in south India, but improves female childhood survival in north India. It is suggested that gainful employment of women, particularly in areas where female childhood mortality is high and women's status is low, would be an important factor in reducing gender differentials in childhood mortality. [26]

Education to women, who are ignorant, can generate new awareness, because ignorance is the real cause of female foeticide/infanticide indirectly. High literacy rate, emphasis on female education and the increasing participation of women in the workforce have contributed to the perception that a girl child is not a burden.

Literacy on its own does not help unless backed by the environment and society. Experiences have shown that even highly educated women resort to female foeticide. Educational status of the society that one lives in, availability of sex-determination tests and willingness of medical personnel to perform abortions contribute to this practice.

Female foeticide is just one facet of the vast anti-women behavioural spectrum in India. How much choice educated urban women have is itself a debatable issue. The tragedy is that even women who have the choice, opt for a male child.

Ask Savita Dhingra, a 27-year-old mechanical engineer. She has had three abortions after her marriage and is yet to have her first child. Ultrasound tests have revealed that she was carrying a female foetus each time. Dhingra is unapologetic. "I always wanted a son as my first child. "Issimein aurat ki izzat hai (only then will a woman be respected)", she says.

On the other hand, there are hundreds of cases of forced sex-determination tests, forced abortions, family wards and property disputes, all for want of a son. The technologically-assisted male-producing industry is now running rampant in urban India.

Education, exposure and affluence have not brought values such as equality. It has brought consumerism and co-

modification of relationships. Women prefer sons, as it is often the only way to increase their status in the otherwise subordinate life.

Easy sex-determination and latest abortion techniques have reduced the risk rate for women. Even rising education levels have not shattered the myth that having a son is the solution to every emotional, economic, spiritual and social problem in life. Education has got nothing to do with it.

16. ROLE OF NGOS AND OTHER SOCIAL ORGANIZATIONS

- I. Reporting specific cases of female foeticide/infanticide to the police in an attempt to discourage the practice.
- II. Counselling of expectant mothers and their families by social workers starting from the time of detection of pregnancy.
- III. Helping parents to get the monetary incentives offered under the girl child protection schemes.
- IV. Better child area support to mothers through the establishment of crèches and feeding programmes.
- V. Projects for improving women's access to education. Health and economic resources.
- VI. Conscience-raising of women about their subordination in a patriarchal society.

Recently, sounding a stern warning for those perpetrating and indulging in female foeticide, activists of various NGOs held a 'siapa' in front of Thukral Nursing Home in Bathinda.

The protest was organized under the banner of the Youth Clubs Organizations, The Eknoor Welfare Society, Dost Welfare Society, NGOs and the PNDD Cell. The protesters called for a social boycott of those committing the heinous act of female foeticide.

Hence NGO's strategies focused on preventing individual cases of female foeticide/infanticide are usually ignored by the communities: So they have to use threatening tactics for families who may commit female infanticide after being brought to the notice of the police.

In their attempt to foil instances of misreporting, NGO workers seek the help of doctors to examine new-born girls suspected to be at risk of female infanticide to confirm that they are healthy, thus preparing to have medical opinion ready if a case is to be filed with the police. But with people committing female foeticide/infanticide far away from the area of operation of NGOs, the challenge of the voluntary organizations is all the more tough.

Long-term social intervention strategies, which enhance women's status, pursued both by the government and NGOs are most likely to succeed in reducing and eventually eradicating female foeticide/infanticide. These would have a better chance of success if social, cultural, and political leaders of Indian society were to take a public stand against it and put forward actions leading to social transformation and gender-equality. However as the rate of these deaths is reduced, it will become more difficult to know whether the practice is continuing unless the whole community is involved.

17. ROLE OF FAMILY

The family constitutes the basis of society and therefore, warrants special attention. The family extends the widest and most comprehensive protection and assistance to its members for their mental, physical and psychological growth.

It caters to the individual's needs and preferences through its resources and helps in overall development. In fact, formal and school education only helps in widening the horizon and perspectives of a person, but his basic character is moulded through informal education and the environment that the family provides. A child from a stable and supportive family background has a better chance to develop into a healthy and happy human being.

It helps to inculcate in children the basic social heritage and facilitate their initial adjustment to the world in which they must live. A female child is looked down upon and suffers discrimination in access to food, education, property, healthcare and affection.

Though she carries multiple burdens of household works, reproductive responsibilities and income generation, her nutritional status is ignored by the family and even by herself. Good health services are not equally distributed to all family members. She does not even have the right to take birth. If she is born, then she is not allowed to live for long.

If she is allowed, then she has to face many problems throughout her life. Her life is not a bed of roses; from womb to tomb, she is a sufferer. The reason is our patriarchal family structure and our family mind-set. We are aware of everything, but we don't want to accept the reality and we don't want to change our viewpoint regarding female births and position.

A majority of parents accept the two-child norm. With the present-day cost of living, it is difficult to bring up even one child. So if the first child is a girl, the couple wants the second to be a boy and they go for repeated MTPs till the desired son is born.

The changing trends in technology, composition of population, democratic values and secularism have brought about changes in the Indian family. Though illegal, the pressure to restrict family size coupled with deeply entrenched cultural preference for sons has made way for the easy availability of sex-selective abortions across India.

18. ROLE OF THE MEDIA

Now-a-days, media is a great source of reaching out to every problem. On the small screen as well as the big screen, programmes relating to women or current issues are telecast.

Advertisements against the evil in the form of campaigns and awareness among the people is the best way to keep people away from such sins. You can take the example of the movie, which 'Pinjar' based upon Amrita Pritam's novel. It is really a good movie, which criticizes the exploitation of women. It shows how, even at the age of 50, parents opt to have a male child.

Not only this, a voluntary organization cooperated with the Indian Government in producing a 28 minute film 'Atamajaa'. This film shows issues about female foeticide and infanticide.

19. ROLE OF NEW SCIENTIFIC TECHNIQUES

Science is playing a contributory role in increasing the evil. The old techniques were already damaging and new ones are now in the market. You can now determine the sex of the foetus at home, thanks to new inventions.

The fact of the matter is that men and women are like the two hands, equal but not identical. You can't put on the right hand glove on the left hand even though it is identical in the matter of size. The slogan "Made for each other", absolutely fits the situation of men and women. Men and women complement each other, but what will happen, when there will be no female to complement a male? So it is mandatory to give the female her rightful place, which is essential for the progress of any society. Moreover, how far can this war of the sexes be carried? [27]

Let's hope the "girl child" gets her due in the 'Decade of the Girl Child.'

The status of Indian women, after a long history of discrimination and subjugation, is undergoing a change in India. Women are now passing through a phase between subjugation and emancipation and are now entering the outside world leaving behind the age-old tradition of domestic confinement.

However, gender -based discrimination still represents the ugly face of the society of our times. It is a travesty of all canons of social justice and equity that women who constitute half of the world's population and working hours earn just one-tenth of the world's income. This statistics itself portrays the subordinate position of women.

The family and the state, both operate on patriarchal gender-modes. This has widened the gap between women and men and put women in a disadvantageous position. Though her legal status is beginning to change, her situation has not changed. Even when her rights are legally recognized in the abstract, longstanding custom prevents their full expression.

The principle of equality as one of the milestones has been embodied in the Preamble of the Constitution of India. With special regard to women, the Constitution assures that there shall be equality. No one shall be discriminated on the basis of sex but still society is obsessed with gender-bias. We must realize that the role of woman has been changing in India over the recent past and although there are still many challenges. The trend is positive and encouraging.

According to a panel of woman leaders on 'Woman and global leadership', presented by YALE University in association with the confederation of Indian industries at Yale club; Naina Lal Kidwai, CEO, HSBC Indian quoted a study according to which a large percentage of men in India prefer a working spouse. So this reflects the change in middle class urban India. The change is also visible in micro-finance where woman based self help groups have empowered millions of women. Indra Nooye, chairman of board and CEO Pepsico, Rohini Nilekani, chairperson of Arghyam Trust and 1.4 percent elected woman panchayat leaders are the mind blowing examples of empowerment and change. And the same change in mindset is required in mitigating this gender-gap.

But still the effect of discriminating socialization of girl children may be seen from this deteriorating sex-ratio, higher mortality, low literacy and ill-treatment in families. The existing profile not only shows adverse female-male ratio except in Kerala, but also low nutritional status, low enrolment of girls and dropouts. The girl child has her rights and potentials, but she has no right to birth. Girl children in India comprise nearly 20 million.

The Census speaks volume about the missing girls, especially from certain states and pockets of our country. Most progressive and affluent states like Delhi, Punjab, Haryana and Gujarat have the lowest sex-ratio in the 0-6 age group. The findings of the CSR were so alarming that the United Nations urged India to take immediate steps to redress the problem.

In India, the inhuman and deliberate neglect of girls has religious sanction backed by social practices and family support. But it should be just the opposite. Society must ensure that mothers receive proper pre-natal and post-natal care and protection of personality. Every girl child needs to be brought up in a family with adequate standard of living and security besides the possibility of acquiring sufficient education.

As early as 1989, United Nations member states were asked to vote for a historic convention on the rights of the girl child. The convention had four goals (i) survival (ii) development (iii) protection and (iv) participation of girls. However, these did not hold good for the girl child. We have sufficient legal provisions and a number of welfare schemes launched by different states to raise the status of the female child, but still female foeticide continues.

Over the years, laws have been made stricter and the punishment, too, is more stringent. But since people manage to evade punishment, others too feel inclined to take the risk. Just look at the way sex-determination tests go on despite a stiff ban on them. Not all parents kill their daughters because they hate them.

Many are forced to take the extreme step only because they know it from experience that if she survives, her life will be worse than death. To that extent, all family members and relatives who give second-grade treatment to a girl and everyone who demands dowry, are encouraging foeticide.

Once parents realize that their girl child would not have to undergo untold miseries all her life, most of them, if not all, would refrain from killing the flesh and blood of their own. After all, this must be an impossible thing for a majority of them.

Keeping an objective viewpoint, most scholars agree that there is a serious gap in health and survival in India and in other regions, including neighbouring Pakistan, China, Bangladesh, Sri Lanka, Korea, Nigeria and parts of the Middle East. Many acknowledge that the problem is not solved by increased economic growth.

A growing number would argue that improving the lives of girls and women is India's single-most important development task. The 1980s was a period of putting the issue of discrimination against daughters in front of researchers and policy makers, working to overcome widespread denial of

rights and seeking solutions. At the same time, frequent reports of dowry deaths, especially in major cities of north India, prompted increased concern about the changing status of women in India.

By the 1990s, awareness of India's gender gap in survival and health had increased. The year 1991 was designated as the 'Year of the Girl Child' throughout South Asia. Again in 2001, the UN declared 2001 as the 'Year of the Girl Child and now in 2006, the Haryana Government announced on International Women's Day that the year 2006 would be observed as 'Girl Child Year.' Conferences, workshops, outreach programmes and special publications tend to highlight the status of the girl child throughout the country.

Conversation that the researcher had with people of various backgrounds revealed that the perception about the girl child among many of them was highly generalized. The researcher heard comments such as "Oh! Yes, everyone here prefers sons" or "Nobody in India wants daughters".

Along with great awareness has come simplification so extreme that the problem of unwanted daughters has somehow been displaced or distanced through the construction of a now supposedly 'universal' Indian phenomenon. Thus the earlier challenge of raising awareness of the existence of son preference and unwanted daughters has declined in importance. Now the need is for two important changes, i.e.:

- (i) To examine the need for a determined and time-bound effort to recognize girl children as a force to reckon with.
- (ii) Effective implementation of preventive laws by banning sex-determination tests and punishing doctors who are actually committing this offence.

Recently, seven prominent doctors were found violating the PNDT Act in Patna after a raid following a sting operation.

20. CONCLUSION

If more such attempts are made, the future of the girl child will be secure. The campaign conducted by Shabana Azmi in the 'Beti' and 'Ladki' scheme is also appreciable. After the UN's warning to Punjab, hundreds of pamphlets were distributed to make people aware of the situation. The attempts made by the media through movies like 'Atmaja', 'Let Her Die', 'A Nation Without Females' is also a major contribution towards curbing the menace.

The situation is alarming and there is a need to change the mindset of the people to make them aware that today women are exposed to new ideas about their personalities, roles and rights. Women now perform multiple roles as per the level of their education and professional competence. They are trying their best to cope with these roles and expectations. Similarly, the government should take up the issue of female foeticide on priority basis and work towards achieving gender parity. Please get rid of this 'BETA HONA CHAHIYE' and adopt "BETIAM HAMARI JAAN".

Moreover, we now have time at our disposal. Instead of blaming each other, we should take the initiative. The change should start within each one of us. Let bygones be bygones.

Mistakes committed by our forefathers should not be repeated by the present generation. We are the future parents, and with us lie the responsibility of maintaining the balance in society.

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