

missing...



missing...



Mapping the Adverse Child Sex Ratio in India

Sex Ratio : Definitions



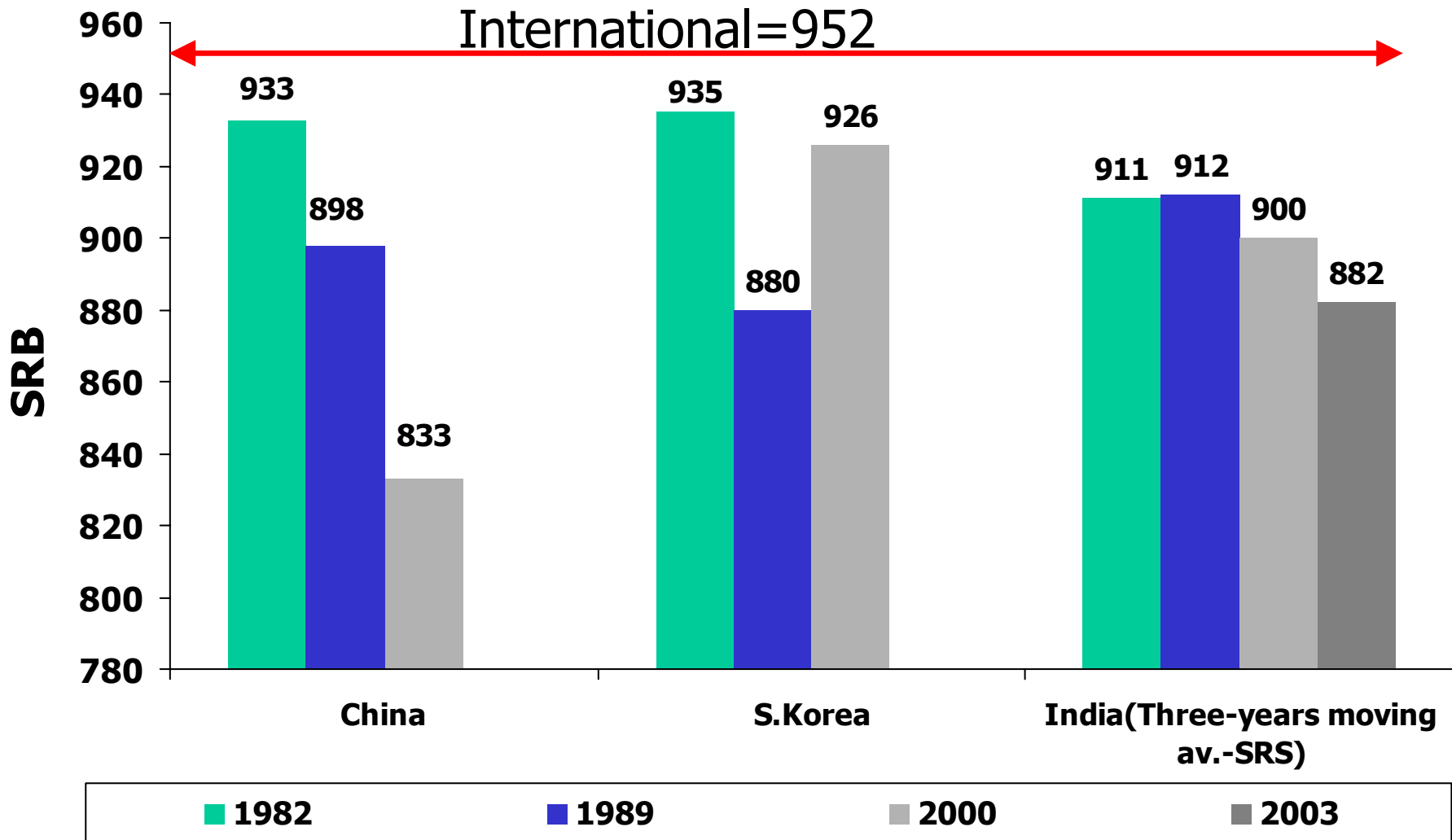
- Sex Ratio at Birth – 882 (SRS 2002-04)
Girls to 1000 boys at birth
- Child sex ratio - 927 (Census 2001)
Girls to 1000 boys in 0-6 age group
- Population sex ratio
Females to 1000 males in general
population– 933 (Census 2001)

Child Sex Ratio



Census	Total	Rural	Urban
1981	962	963	931
1991	945	948	935
2001	927	934	903
SRB/ 2002 - 04	882	884	876

Comparative Trends in SRB



Note: SRB calculated as Females/1000 males

Estimates of Missing Girls (Per Year)



Sr. No	Study	Estimate
1	SFMS-Lancet	5 lakhs i.e. 0.5 million per year due to SSA* (20 years=10 million)
2	NFHS-II (Mari Bhatt et.al. not to be cited) 14% married women accessed PNDT and 17% female fetuses were aborted	About 3 lakhs per year Roughly calculated because paper doesn't give estimate
3	-----do----- (Mishra et.al-Working Paper)	2 lakhs per year due to SSA (calculated through induced abortion)
4	NFHS-II based (Fred Arnold et.al.)	1.1 lakh per year due to SSA

Who is practicing sex selection



Sex Ratio at Birth by sex of the previous children *

Birth Order	Sex of previous child	Sex Ratio at birth (girls to 1000 boys)
2 nd order	One male child	959
	One female child	542
3 rd order	One male and one female child	558
	Two female children	219

* This information is from a study done by Christian Medical Association of India. It takes into account 11267 births for the year 2000-2001 collected from one of the public hospital in Delhi.

Conditional Sex Ratio at Birth



Special Fertility & Mortality Survey, 1998 of 1.1 million households

Birth Order	Sex of previous children	Percent of all births	Sex Ratio at Birth		
			Total	Rural	Urban
1	-	28.9	871	873	859
2	Male	13.4	1102	1101	1101
	Female	13.5	759	762	743
3	Both Male	4.2	1176	1201	1044
	Both Female	5.1	718	741	611
	One Male, One Female	8.5	907	919	842
4+	-	26.6	912	908	935
All	-	100.0	899	903	878

Source : Census of India

Who is practicing sex selection



Conditional sex ratio by female birth

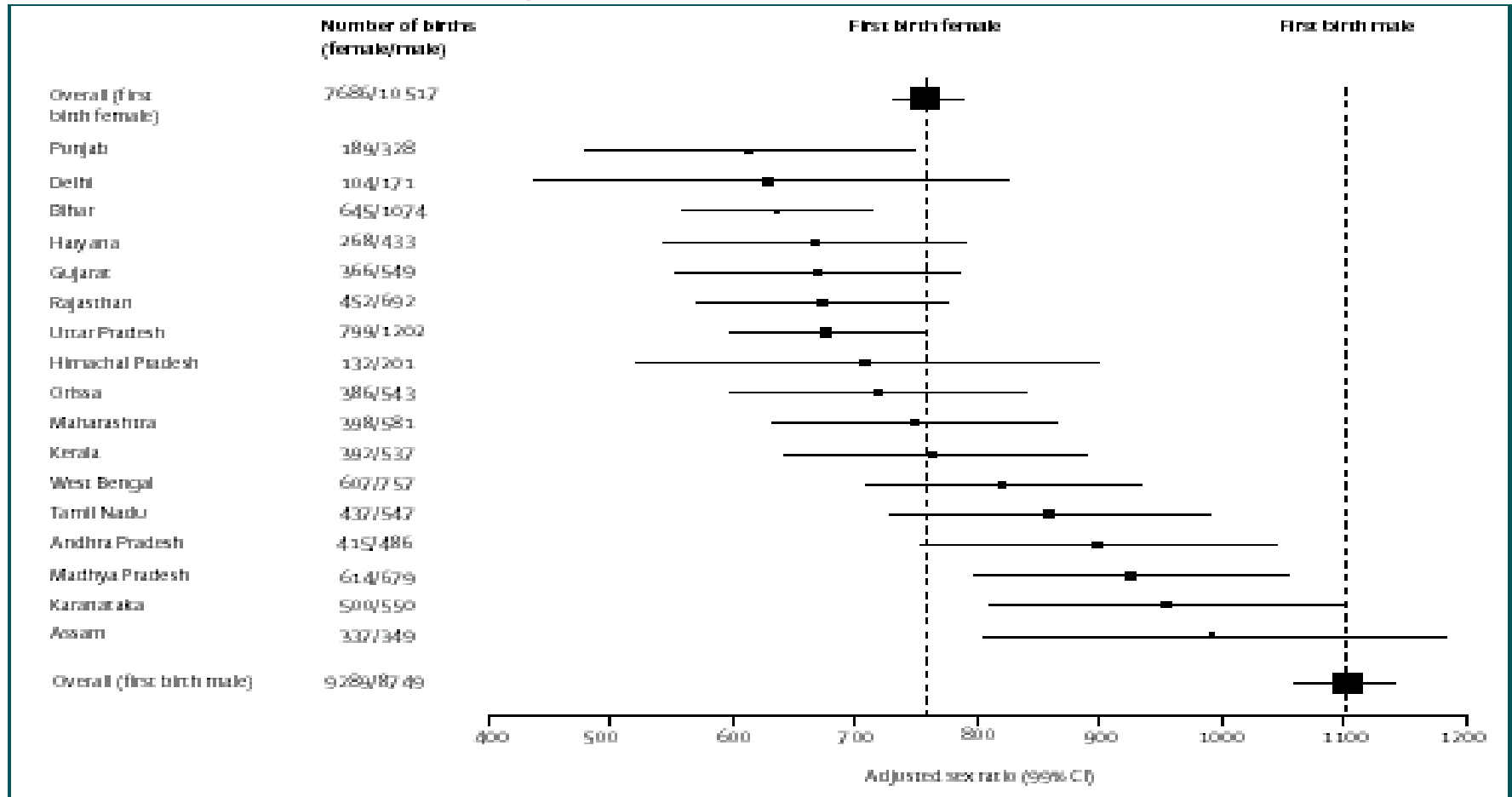


Figure 4: Conditional sex ratio for second female births by state, 1997

Sex ratios adjusted to SRS (1997) overall sex ratios at birth for each state and for India. Size of squares is proportional to square root of total births in that category and is normalised to total births for India.

Who is practicing Sex Selection



- Urban
- Educated
- Aspiring Middle Class

The Law...

Pre-conception and Pre-natal diagnostic techniques (prohibition of sex selection) Act , 1994

- Advertising the service is illegal
- Communicating sex of child is illegal
- Regulates use of ultrasound, other technology
- Non-maintenance of records illegal

Landmark Cases....



Source : Judgement of the Mumbai High Court on the case of Mr. & Mrs. Soni vs. Union of India & CEHAT, 2005. The Sonis appealed to the court to allow sex selection under the constitutional provision on 'Right to Life'

- The right to life or personal liberty cannot be expanded to mean that the right to personal liberty includes the personal liberty to determine the sex of the child which may come into existence
- Right to bring into existence a life in future with a choice to determine the sex of that life cannot in itself be a right

...Landmark cases



First conviction : District Faridabad, Haryana, March 2006

The judgment says “... due to the illegal acts of the persons like the convicts the sex ratio is declining day by day in the country and in the state and because of the persons like the convicts the day is not far when there would be no girl child around.

It is further to be seen that Haryana’s infamously skewed sex ratio is not just about numbers though they are quite horrific – 861 per 1000 males as per 2001 census – its also about attitudes.

The act of the convicts is to be condemned and in my considered view the punishment to be awarded to the convicts should act as a deterrent to other persons, so that no one indulges in such a heinous crime”.

Status of cases



- Total cases – 384 (MOHFW data)
 - Non-registration – 226
 - Non-maintenance – 54
 - Communication of sex – 38
 - Advertising – 28
 - Other violations -38
- One conviction –2006in Haryana, 2-3 in Punjab
- Action against doctors – Punjab and Rajasthan medical councils
- Two PILs – High court, M.P. and Supreme Court

*Assessment: People's Views



General public

- A problem of poor and illiterate
- Know its possible, don't know if legal
- Abortion is not ok, SSA is ok and necessary
- Some think value of girls will rise
- Primary concern : Its bad for boys who wont find girls

Doctors

- Costs of tests and abortion have risen
- Too much commercialization, medical ethics lacking
- Act- too much paperwork, nobody checks
- All doctors blamed, violators only a handful
- Punish women – families ?!

Views of Implementers



- Law difficult to implement
- Have limited experience of legal work
- No complainant, everyone wants the test
- Accountability difficult to ensure
- Doctors are 'protected'
- Doctors do it out of 'sympathy'
- Its about rights, choice and privacy, so ok

* UNFPA supported assessment of advocacy efforts on the issue, 2006

Patterns and Trends

What Patterns and Trends



- Fertility decline
- Patriarchal mindset
- Access to (non compliant) testing and abortion services

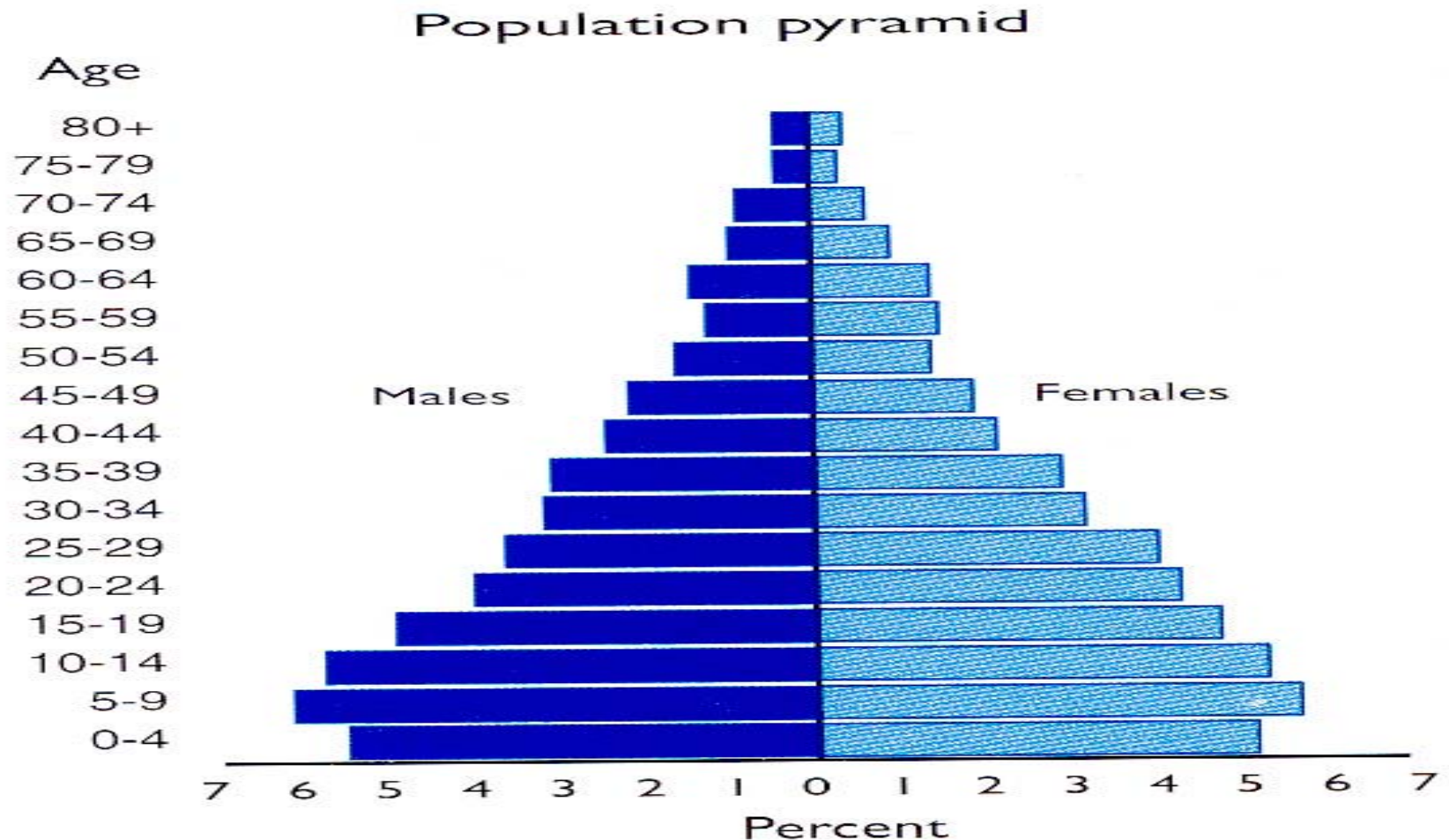
In the future??



- Rural and poor as well
- Resurgence of practices such as polyandry, infanticide?
- Trafficking ?
- Violence against women and girls

A Changing Population Pyramid...

Less ability to “poach” on younger cohorts



What Patterns and Trends



Preference

(no tolerance for 2nd daughter)

and

Potency



**Profit –drive availability
of technology**

**Administrative and
legal action**

Affecting Preference – changing mindset



- Social Mobilization and use of Community based approaches
- Involve elected representatives
- Multi-pronged advocacy – youth, celebrities, religious leaders, medicos, media
- Consistency –volume and intensity of efforts
- Need strong and effective IEC messages, including information about the law
- Advocacy and messaging –not to perpetuate misconceptions
 - Access to legal abortion
 - Value of women not only for marriage and child-bearing
 - Less women means more violence not higher status

Affecting Preference – changing Economic Value of Women



Some Pointers for enhancing economic value

- Monthly deposits in accounts for daughters
 - Till girl is 18 yrs.
 - Mother to access the account
- Special incentives to industries employing 2/3 women employees
- Special benefits and priority in all schemes for female headed households (1 in 10 HH)
- Higher Old age pension for parents with only daughters
- Income –tax exemption to all women – consider in stages, perhaps start with single daughters!
- Reduced fee/exemption for any new property if registered in name of daughter/wife/mother

What Patterns and Trends



Preference

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Affecting Potency – implementation of Act



- Use local data, SRB not 0-6 years
- Annual or bi-annual SRB surveys a must
- Need to work with courts, lawyers, Judiciary
- Deal with conflict of interest of AAs
 - Other issues – 15 day notice to AA, functional SSB, SAA and DAA, fast-track courts, etc.
- Doctors not a homogenous group
- Regular monitoring and audit of records

Varied interpretations of the Law



- Show cause notice
- Lodging FIR – role of police
- Minor vs. major offence
- Search and seizure – seal clinic or seize machine
- Sealing of machines
- Release of machines
- Advice by the advisory committee

Reducing Potency – models available



Medical and Social audit – eg. Hyderabad

- Census of machines
- Follow up of ultrasound clients
 - did they deliver a girl?
- Audit of clinic records
 - incomplete and incorrect information
- Cases registered

Pregnancy monitoring – eg. Nawanshahr

- early registration
- follow up, phone calls

(when work began ratios were at 777+, in April 2006 they were about 938+ with the Average being 900 +)

Reducing potency – models available



Advocacy – eg. Bhatinda

- evening film screening, local actors and situations
- publicizing status of ongoing cases

Systematic pursuit of cases – eg. Morena

Identifying at-risk clinics - Kaithal

- 10% outsiders or self-referred or vulnerable (1 or 2 daughters)

To summarise



- **D**eal with mindsets
- **E**nforce the Law
- **A**ppropriate policy measures for girls and women
- **L**everage civil society/community efforts



THANK YOU