

Sex Selective Abortion in India: Some Empirical Evidence from Gujarat and Haryana States

Leela Visaria
Gujarat Institute of Development Research, Ahmedabad

INTRODUCTION

With the passage of the Medical Termination of Pregnancy (MTP) Act, 1971, India became the first country in the world to legalise induced abortions. The Act clearly specifies not only the reasons for which abortion can be legally performed, but also who can perform it in what sort of facilities (Hirve, 2004; Government of India, 2001).¹ Abortion can be legally availed if a pregnancy carries the risk of grave physical injury to woman, or endangers her mental health or when pregnancy results from a contraceptive failure or from rape or is likely to result in the birth of a child with physical or mental abnormalities. Methods to detect deformities in the foetus such as amniocentesis and sonography that use ultrasound technology providing valuable and early information have become available in the country, thanks largely to the private medical practitioners who are eager to use newer technologies for diagnosis. However, the technologies that help detect physical or mental abnormalities in the unborn child can also identify the sex of the foetus at no extra cost or effort.

There is increasing indirect evidence from some parts of India that termination of pregnancies is resorted not for the reasons stated under the Act but because there is a strong son preference or daughter dis-preference (Booth, et al. 1994; George and Dahiya, 1998). The modern technology is thus being used to abort the foetus of unwanted sex. The trends in the juvenile sex ratio, evident from the 1991 and 2001 Censuses of India and the two National Family Health Surveys (NFHS) conducted in 1992-93 and in 1998-99, point to a significant deficit of girl children in the age group 0-6 years (measured as number of female children per 1000 male children) that has almost steadily increased over time (Miller 1989; IIPS 1995; IIPS and ORC Macro 2000). Between 1991 and 2001 the sharp decline in the juvenile sex ratio in some districts in the states of Haryana, Punjab, and Gujarat, where son preference is historically known to be strong, is attributed to the practice of sex-selective abortions (Malik 2002). In India according to 2001 Census there were 49 districts, where for every 1000 male children aged 0-6 years there were less than 850 female children. Majority or 38 of these districts were located in just three states of Punjab, Haryana, and Gujarat (Census of India, 2001).

An analysis of the second NFHS data on children ever born five years preceding the survey conducted in 1998-99, undertaken by Arnold, Kishor and Roy (2002), indicated that at all India level, the male to female sex ratio of the last births was 1434, which was much higher than the sex ratio of 1069 of all the earlier births. However, there were significant inter-state variations and in states of Haryana, Punjab and Gujarat strong son

preference was manifested in the sex ratio of last births, which ranged between 1752 and 2173 implying that for every 1000 girls who were last births, there were more than 1750 boys who were last births. As the authors pointed out it, this is a powerful indicator of the effect of gender preference on reproductive behaviour. This distortion can be due to the use of sex-selective abortions, which would help parents get rid of unwanted daughters or due to avoiding having children once the minimum desired number of sons are born. In either case, the preference for sons is evident in the behaviour of couples.

However, what has attracted attention of many women's groups and others is that this gender bias is flagrantly aided by a combination of medical technology that helps detect the sex of the foetus on the one hand, and the liberal nature of the abortion law which leaves it vulnerable to abuse on the other hand. The Indian government responded to the petition made by non-governmental organizations and women's groups by passing an Act that prohibits the practice of pre-natal diagnosis of sex of the foetus (Pre Natal Diagnostic Techniques (PNDT) Act of 1994). Under the Act individual practitioners, clinics or centers cannot conduct tests to determine the sex of the foetus or inform the couples about it. However, in spite of putting monitoring systems in place both at the state and the central levels, and with the Act in place for 6-8 years at the time of 2001 Census, it is fairly evident that in many places the Act has been violated with impunity. Since the two activities of sex detection of the foetus and abortion need not be linked at the stage of using the services, it has become possible to evade the law in connivance with the clinics having ultrasound facilities and offer sonography.

In spite of the evidence of a fairly widespread practice of female-selective abortions, our understanding of many issues around this practice at the level of the household or from the perspective of women who undergo such abortions is extremely limited. It is also limited about what actually compels couples or their families to resort to such a practice, who the real decision makers in the family are, what impact does aborting of female foetus have on the physical or mental health of the woman who typically undergoes abortion in the second trimester of her pregnancy. Our understanding of how the interlinkages of sex-selective abortion and decline in fertility or in the desired number of children are perceived and articulated is also very limited. The question often raised is: does the desire for fewer children compel parents to produce children of the sex that they want or that conform to the societal norms?

In this paper answers to some of these questions are explored by examining some primary data from women in two Indian states of Haryana and Gujarat. The information is supplemented by interviewing a few providers of abortion services in Gujarat.²

MAJOR CONCERNS

The objectives of the study were to explore the decision making process. Does the woman have any say in the matter of either going through sex determination test and/or the subsequent abortion if she is pregnant with a girl child? This has a bearing on the gender relations that determine woman's freedom of choice with relation to all issues

around sexuality and sexual relations. Along with that the role of husband and other members of both the affinal and natal family are also probed. Is it that the patrilocal structure and formation of household makes a new bride's status in the conjugal family or the family in which she marries, very subordinate in the initial years of marriage? Since this is also the period when childbearing occurs, does a young woman have some space to articulate how many children to have and of what sex composition? Does level of education matter?

While the strong preference for sons is well documented not only in India but also in many Asian countries (See: Ramanamma and Bambawale, 1980; Machlachlan, 1982; Jeffery and Jeffery, 1984; Miller, 1981; Freed and Freed, 1989), what this research attempts to explore is the extent to which a decline in the overall desired or ideal family size is affecting the desire for sons and how it influences and impacts the practice of sex selective abortions. With the decline in the total number of desired children, has the desire for sons remained the same or has it declined? If the desire for a given number of sons remains unaffected, then the implication is that fewer girls are desired or wanted and sex-selective practices become necessary.

To get a holistic picture of abortion-related issues, information on the various sources that women use for sex-selective abortions and the perspective of service providers on various legislations are other issues probed in this study. If providers view the PNDT Act as an imposition that restricts their practice, its violation is likely to continue.

CHOICE OF LOCATION

The study was carried out in rural areas of Gujarat state in Western India and Haryana in Northern India, where between 1991 and 2001 the sex ratio of children had become quite unfavourable to girls (Punjab was another state to experience sharp increase in deficit of girls.) Though the magnitude of deficit of girls varied, in 13 out of a total of 19 districts in Haryana and 7 out of 24 Gujarat districts, the juvenile sex ratio declined by more than 5 percent or 50 or more per 1000 children.

Both Gujarat and Haryana have witnessed relatively rapid economic development in recent decades. However, except for notable increase in female literacy, the fruits of development have not been equally shared between women and men. The social and health status of women in both these states have historically been poor. Violence against women is quite widespread and neglect of female children continues to be the cultural norm in these regions. In fact, Gujarat also enjoys the dubious distinction of the highest number of deaths due to burn among women in their prime years of life in the country.

Haryana, along with Punjab is historically known to have more masculine sex ratio, which has been attributed to higher mortality that women in this region have experienced from infancy to at least well into their reproductive ages (UNFPA 2001; Yadav 2001). Two significant longitudinal studies undertaken in the Punjab region in the 1950s and 1970s demonstrated that the cultural practices of neglect of female children, and delays in

provision of health care during illness led to significantly higher mortality among girls compared to boys (Wyon and Gordon, 1971 and Tylor, et. al. 1983). A revisit in the 1980s to the Khanna Tehsil, studied by Wyon and Gordon, suggested that the attitudes towards girls and women had hardly changed in this intervening period (Das Gupta, 1987). The expression of that has, of course, changed with the development of new technologies that help not only to detect congenital abnormalities in the foetus but also its sex. They help couples to get the sex of the foetus detected and subsequently help resort to abortion if the foetus is that of a female child.

The decline of 59 points in the juvenile sex ratio in Haryana (from 879 girls per 1000 boys in 1991 to 820 in 2001) and 50 points in Gujarat (from 928 in 1991 to 878 in 2001) in the span of just one decade cannot be explained solely by the discrimination against girls that has been practiced in these regions for several decades because at no other time in the history of Census taking has the sex ratio of children declined so drastically. Use of female-selective abortion is almost certainly an added factor to the neglect and discriminatory behaviour against girls. Because of its simplicity, availability and less moral compunction associated with it, female-specific abortions appear to have become popular and widely used.

METHODOLOGY

From the two states of Haryana and Gujarat, one district with the lowest juvenile sex ratio according to the 2001 Census of India was selected. With 770 girls per 1000 boys, Kurukshetra district in Haryana had the lowest sex ratio among all the 591 districts of the India according to 2001 Census. Within Gujarat, the selected district was Mahesana with sex ratio of 798 girls per 1000 boys. From each district, two blocks with the lowest juvenile sex ratio according to the 2001 Census were selected. From each of the blocks, three villages were randomly selected from the bottom third after arranging them in the descending order of the juvenile sex ratio. Thus, a total of six villages from Gujarat and six villages from Haryana formed the universe for the study.

Data were collected using both quantitative and qualitative tools. Information on detailed pregnancy history along with some socio-economic background information was collected from all the currently married women aged 15-49 residing in the 12 villages. In all, information was obtained from 2500 women. However, as in many household surveys, information on outcomes such as spontaneous or induced abortions was incomplete in spite of intensive training provided to the field investigators to record all the events and outcomes.

Focus group discussions (FGDs) conducted with women belonging to different socio-economic strata within each village constituted the qualitative component of the study. The number of FGDs varied between villages; in multi-caste villages FGDs were conducted with most of the numerically significant groups. In all, 28 FGDs were conducted in the six villages of Mahesana district in Gujarat and 16 in six villages of

Kurukshetra district in Haryana. The total number of women who participated in the discussions was 298 in Gujarat and 135 in Haryana.

All the research tools were prepared in both Gujarati and Hindi - the languages of the field area. Also, two independent teams were carried out the fieldwork. Knowledge of local language and its nuances was very important to probe into this sensitive area. The research tools were pretested in the field and later modified in the light of the feedback. Given the sensitive nature of the issues that formed the inquiry, a project specific ethics committee was constituted that included members from the NGO community, a lawyer and a gynecologist who were apprised of the purpose, objectives and methodology of the study. From those who were unwilling to give written consent, oral consent was obtained. Privacy, confidentiality, and respecting women's right to say no at any stage of the interview or discussion were emphasized.

PROFILE OF WOMEN IN THE TWO STATES

Some of the salient characteristics of the women are presented in Table 1 below.

It is evident that the two regions do differ to a certain extent, especially in terms of the educational attainment and activity status of women, and caste composition, household type and ownership of land of the households. Close to half of the women reported themselves to be illiterate in both Gujarat and Haryana. Discussion with the field investigators indicated that some of the women who reported themselves as illiterate were enrolled in schools during their younger days for two or three or more years. However, their reading and writing skills were either rusted or were rarely used after leaving school such that they had virtually relapsed into illiteracy. All the same, the percent of women with education beyond lower primary level was higher in Haryana villages (52.5) than in Gujarat villages (41.5).

The two regions differed greatly in the women's activity. In Haryana, more than two thirds of the women reported household work as their primary activity. It is quite likely that work such as unpaid family work, including taking care of cattle or milch animals, that women do is not perceived as economic activity but viewed as part of their domestic duties and reflect societal norms. In Gujarat, on the other hand, only a third of women reported themselves as not engaged in any economic activity. Animal husbandry was reported as the major activity for a third of women.

An important difference between the two states was in the caste composition. In Gujarat villages, the economically and socially backward communities (known as other backward castes or OBC) constituted more than half of the population and scheduled castes constituted only 7 percent of total population; in Haryana villages on the other hand, scheduled castes accounted for 30 percent of the population and OBCs accounted for 28 percent of the population. The upper castes are a residual category and accounted for about two fifth of the population in both the survey areas.

Table 2: Profile of women interviewed in Gujarat and Haryana

Characteristics	Gujarat		Haryana	
	Distribution	Av. No. of live births	Distribution	Av. No. of live births
No. of currently married women	1388	2.9	1121	3.0
Age of women (%)				
< 20	9.1	}	10.8	
21-24	17.1	} 1.9	15.3	1.8
25-29	22.7	}	21.4	
30-34	20.3	} 2.9	18.5	2.8
35-39	18.3	{	16.8	
40 +	12.5	} 3.6	17.2	3.9
All ages	100.0		100.0	
Education				
Illiterate	47.6	3.5	44.2	3.5
Primary level (standard 4)	10.9	2.8	3.3	2.6
Upper primary level (standard 8)	22.5	2.5	39.5	2.5
Above upper primary level	19.0	2.0	13.0	1.8
All	100.0		100.0	
Occupation				
Cultivator cum animal husbandry	30.4	2.8	0.3	4.3
Agriculture/manual labour	33.7	3.4	29.7	3.7
Other misc. economic activity	3.1	3.0	1.5	2.8
Housework	32.8	2.5	68.5	2.7
All	100.0		100.0	
Caste composition				
Upper caste	38.8	2.3	42.1	2.6
Other backward castes	53.2	3.3	28.1	3.2
Scheduled caste	7.1	}	29.6	
Scheduled tribe	0.8	} 3.3	0.2	3.6
All	100.0		100.0	
Household type				
Joint	33.8	2.5	44.4	2.6
Nuclear	66.2	3.2	55.6	3.4
% of households owning land	57.0	2.7	38.7	2.5
Not owning land	43.0	3.2	61.3	3.4
Average number of children born per woman		2.9		3.0
Sex ratio of live births (no. of males per 1000 females among all parity children)	1185		1170	

The average number of live births to women in both the states was estimated to be 2.9-3.0 children per woman. The illiterate women had, on an average, 50 percent more children compared to women who were educated beyond upper primary level. This differential was observed with regard to caste, land ownership and activity status of women as well. The women belonging to upper castes, or landed households had, on an average, one child less than those who belonged to the lower castes or landless households.

DEFICIT OF FEMALE CHILDREN

Despite intensive training, the investigators failed to record all pregnancies and their outcomes. The percent of all pregnancies resulting in abortion in both the states was about 7 percent of all pregnancies. However, the practice was ascertained indirectly by calculating the sex ratio of all live births by the birth order as well as the sex ratio of the last birth occurring to all women. The results for Gujarat and Haryana by some of the background characteristics of women such as age, level of education, work status, caste and whether the family owns land are presented in Tables 3 and 4.

A noteworthy finding for Gujarat (Table 2) is that overall, the preponderance of male children or deficit of girls increased as the birth order increased. Although the sex ratio of the first birth was greater than the normally acceptable range of 104–107 boys per 100 girls, by the time women had fourth or higher parity child, the chances of that birth to be a male birth increased by almost 30 percent. Further, the preponderance of boys among the second and the third child was much greater for women who were educated beyond primary level, not engaged in any economic activity, reported themselves as housewives, belonged to upper castes and those whose families owned land.³

The focus group discussions also substantiated this finding. Majority of the women accepted the outcome of the first pregnancy – whether boy or a girl. However, if the first child was a daughter, then the upper caste women were pressurized to ensure that the second and or third child was a boy and take appropriate measures to ensure such an outcome. Although this pressure was much less among the lower castes, they had started emulating the women from the upper castes in their behaviour.

The situation in Haryana is very similar to that observed in Gujarat. Sex selective abortion during the first pregnancies did not appear to be the norm and was not practiced, but by the time women had their second or third children, almost 50 percent more boys were born compared to girls. This preponderance of males was observed more among those women who were better educated, belonged to higher castes and whose families were landed. As in Gujarat, these women belonged to the dominant Chaudhury caste. Interestingly, the Chaudhury Patels of Mahesana district had migrated nearly 200 years ago from Haryana into this region, bringing with them some of their social practices and customs that are current even today. The similarity between the two groups in their treatment of women is striking. The practice of female infanticide was known to exist in both the groups. With the advent of new technology, this inhuman practice has apparently been replaced by sex-selective abortion.

Table 2: Sex Ratio of births by birth order and background characteristics of Women Surveyed in Gujarat villages

Characteristics	Sex ratio of all live births	Sex ratio of first live birth	Sex ratio of second live birth	Sex ratio of third live birth	Sex ratio of fourth & higher order births	Sex ratio of the last birth
All	1185	1154	1172	1178	1282	2086
Age of women						
15-24	1079	1134	1091	911*	933	1366
25-34	1163	1017	1189	1386	1213	2172
35 +	1252	1397	1192	1027	1370	2835
Women's education						
Illiterate	1111	1121	1007	1056	1277	1795
Primary level	1213	1433	1193	875*	1269	1635
Upper primary level	1304	1127	1414	1778	1059	2732
Above upper primary level	1347	1120	1517	1619	3500	2778
Women's Activity						
Cultivator cum animal husbandry	1338	1301	1216	1300	1855	2374
Agriculture/manual labour	1074	1122	1080	1054	1029	1673
Other misc. economic activity*	1034	950	1000	909	1400	2778
Housework	1219	1078	1270	1296	1500	2319
Caste composition						
Upper caste	1375	1194	1528	1476	1700	2796
Other backward castes	1129	1133	1050	1070	1293	1771
SC + ST	1030	1125	875	1300	879	1909
Land ownership						
Yes	1250	1144	1286	1213	1558	2447
No	1120	1167	1046	1135	1128	1729

* The number of women with these characteristics was very few in the total universe and therefore the estimated sex ratios based on few cases cannot be accepted as stable.

Table 3: Sex Ratio of births by birth order and background characteristics of Women Surveyed in Haryana villages

Characteristics	Sex ratio of all live births	Sex ratio of first live birth	Sex ratio of second live birth	Sex ratio of third live birth	Sex ratio of fourth and higher order live births	Sex ratio of the last birth
All	1172	1051	1213	1206	1292	1808
Age of women						
15-24	1159	980	1348	1786	1250	1325
25-34	1196	1040	1200	1396	1397	2305
35 +	1155	1069	1179	1164	1213	2596
Women's education						
Illiterate	1149	1108	1132	1104	1278	2069
Primary level#	1174	---	---	---	---	2000
Upper primary level	1227	856	1542	2073	1056	2476
Above upper primary level	1171	1128	1071	1714	---	1629
Women's Activity*						
Agriculture/manual labour	1125	1106	1103	1010	1290	1736
Housework	1192	1022	1230	1429	1314	2380
Caste composition						
Upper caste	1249	1028	1263	1750	1457	2417
Other backward castes	1173	1153	1286	1089	1145	1635
SC + ST	1080	937	1070	1108	1267	2256
Land ownership						
Yes	1227	1020	1272	1746	1279	2407
No	1142	1031	1166	1134	1293	1989

In Haryana there were only a total of 50 births to – women whose level of education was up to primary level. As shown in Table 2, women in Haryana who enter the school system, continue to pursue education beyond primary level. As a result, no stable estimates of sex ratio by birth order for women with primary level education are possible.

* The number of women in the categories of cultivators cum animal husbandry and other miscellaneous activities was very small and hence the sex ratios of the children of these few women are not estimated.

SEX RATIO OF LAST BIRTHS

Tables 2 and 3 also show the estimated sex ratios of the last live births that occurred to all women in both states. The estimates relate to all women and not just those women who have completed their childbearing. It is quite likely that some of these women will go on to have more children. The sex ratio of last births had a greater deficit of girls or stronger presence of boys than the sex ratio of all other births. There were more than twice as many boys as girls among the last births for most groups of women. The sex ratio was most skewed among women who belonged to upper castes, whose families were landed, had some education and were older in age. Among these women, there were more than 240 males for every 100 girls in the last births. This suggests that if the last birth is that of a boy, couples who have attained the desired number of sons refrain from having another child. But if the last conception or birth is a girl (who may be allowed to be born or aborted), they continue to bear children until a son is produced. This is a rather powerful indicator of the effect of gender preference on reproductive behavior. The analysis of the second NFHS data for women who had completed their childbearing also showed a very similar trend. At the all India level, the sex ratio of last births (143.4 boys per 100 girls) was much higher than the sex ratio of all other births (106.9). The same pattern was observed in every state but was very pronounced in the Western Indian states of Haryana and Punjab where sex ratio of last births was 188 boys per 100 girls compared with 103 for all other births (Arnold, Kishor and Roy, 2002).

SON PREFERENCE

Son preference was very evident in all social groups in both Gujarat and Haryana even though the desired number of children had come down to two or three. During the focus group discussions, none of the women indicated that they wanted more than two or three children. They came up with fairly rational explanations why many children are not desirable in the current socio-economic context - a clear indication that the small family norm has spread across all groups and is widely accepted. Women also indicated that they had seen advertisements on advantages of having a small family on television and heard about it from the health providers who visit their areas. As one upper caste woman in Gujarat said:

Things have become so expensive. It is necessary to take proper care of the children. If we have two children, we can take care of them properly. If we have more children, then we can't take care of them properly. Therefore, we should have less number of children so as to manage things properly. We can provide good clothes to them, good food to them, and good education to them.

Similarly, a woman in Haryana said:

There is hardly anybody today who wants a family of ten! Everybody wants a chhota parivar, sukhi parivar (small family, happy family). If we have a small

family, we would be able to manage with our limited resources in terms of agricultural land.

However, in spite of wanting few children, women were quite clear about the choice of sex of their children. Their responses revealed a widespread and open acceptance of son preference. In order to filter out the influence that other family members exert on their decision, we asked the women to imagine a hypothetical situation wherein they had complete freedom to choose the number and the sex composition of their children. Among those who indicated a preference for three children, the overwhelming response was for two sons and one daughter. However, some women who wanted to limit their family size to two children indicated that they would want at least one of them to be a son. However, if both children turned out to be girls, they would almost certainly opt for a third child in the hope that it would be a boy. Although women did admit that not all sons support parents in their old age, the desire for son was nevertheless very strong among women of all social groups. As a woman from a backward community in Gujarat put it:

Yes, we wait for the son. We must have a son, howsoever he may turn out to be. We would always hope for a son. After all, daughter will go away after her marriage. The son will stay with us and take care of us.

Women from the upper castes, which practice dowry, (Chaudhary in Haryana and Chaudhary Patel in Gujarat) even voiced that if the first child born to them is a boy, they would be satisfied with just one child. The menace of dowry system was a strong deterrent to having girls along with the fear that the daughter may be sent back to the parental home if her in-laws are not satisfied with the dowry or for some other reason.

According to these upper-caste women (in both states), giving gifts, money, etc., to daughters is a lifelong activity, which is in addition to the large cash payment in dowry to the groom's family at the time of marriage. On almost every important occasion (birth of a child, birth of a son, marriage, death of close members of the affinal family) the daughter is given something appropriate to mark the occasion. The dowry payment to the groom's family varies depending on many factors, such as the economic status of the dowry givers as well as receivers and the educational attainment and employment status of the groom. Factors such as age and appearance of the girl are also considerations that are taken into account in determining the dowry amount. In spite of all this, the fear that the girl may be sent back by the in-laws or her husband on some pretext or the other looms large in the minds of many mothers.

There is trouble for daughters. They may find a good family or a bad family after their marriage. The age is not good. They [daughters] may come back home. If they have trouble with their in-laws, they may be sent back by their in-laws. In earlier times, the women used to do back-breaking labour, look after the cattle after their marriage. These days they don't do things like that. If there is an economic problem, the -in-laws will send the girl back to her parental home. So, a girl is always the reason for a tension in her parents. (Patel woman from Gujarat)

A girl requires a dowry when she has to be married which is a cause for anxiety. Finding a suitable groom and hoping that she will settle down happily in her new home is a source of worry. (A woman from Haryana)

On the other hand, although the women from the backward communities and the scheduled caste, indicated a preference for small family size, their willingness to modify their behaviour in light of the sex of the children born to them, appeared greater than was the case with the high caste women. For example,

Although three children are enough but if two of them are daughters then we must have another son. It is like that in our Thakore community. Because if something untoward happens to one son, then at least we should be left with another one who would continue the family tree. If you have only one son and he dies, what do you do? The upper caste people can afford that. We can't. The upper caste people go for only two children –one son and a daughter.

People prefer more sons because the daughter goes off to another family after the marriage. There are hopes with regard to the son that he will get married, bring a bride and look after us during our old age. The daughter will go to her in-laws after the marriage. Some may be lucky to get a good family; some may not be as lucky.

SEX DETERMINATION

As is evident from the sex ratio of live births presented earlier, the almost universal desire for more sons than daughters does find expression in actual behaviour. In the focus group discussions, women from all communities categorically indicated that if the first born child is a daughter, then couples do want to know and take steps to discover the sex of the next child. All women who participated in the discussions knew exactly where to go for sex determination tests, how much they cost, etc. They were aware that such tests were not done in public hospitals. One had to go to private facilities, majority of which also provide abortion services. Women could describe the sex determination procedure quite accurately and in great detail.

Women also indicated that when they become pregnant again after the birth of a daughter, they experienced some pressure from the elders in the family to ensure that the next child was a boy. The desire for producing a son was also quite strong among the women themselves. There is clearly a deep internalization of patriarchy, which appears to be linked to their sense of security. In a study in middle class Indians in Punjab also, majority of women and men indicated that they would opt for sex determination test if the couple has no son and only daughters (Singh and Jain, 1993). However, the decision to go for sex determination test was largely taken by the husband and wife. The higher caste women also reported that they do not even have to inform the family members about the test.

We asked the women whether if they had the freedom to decide, would they still decide to undergo a sex determination test. Son preference seems to have been internalized to such an extent that women had no hesitation in saying that they would want to know the sex of the foetus if they already had one daughter. Although most all of them had to consult and get permission of their husbands (partly because of the cost involved), they saw nothing wrong in finding out the sex of the foetus. As articulated by high caste women from Gujarat and from Haryana:

We have to go for the test if the first child is a girl. If we don't, we may end up giving birth to three daughters in the false hope of getting a son.

Women definitely get the test done... if it is a girl they abort the foetus and if it is a boy, they keep the baby. Everybody knows about the test... the women themselves want to know whether they are carrying a male or female child.

Women from backward communities had an added reason for obtaining the husband's consent before going in for sex determination test. When asked whether they can get the test done without their husbands' permission, the general response was:

No, we can't go alone. We can't go without asking the husband. The husband might say that she [the woman] wants to keep the child, or that the child may be from someone else and therefore she is going. So, we can't even step out of the house without asking him.

Although woman's parents or in-laws might have produced several children, they do not wish a similar fate for their sons and daughters-in-law. As some women indicated, since the facilities (for sex determination and abortion) did not exist in the earlier times, the parents had no choice but to have several children. Now, they themselves, especially the mothers-in-law, suggest that the daughters-in-law get the sex determination test, especially after producing at least one daughter.

Mothers-in-law also have changed with the time. They are also aware of the price rise. They might have managed to raise their children, but it is difficult to raise more children today. (backward caste woman)

If we already have one son and one daughter, the in-laws would ask us to go in for a test and if the test reveals it to be a daughter, they would even ask us to go in for abortion. (Chaudhary Patel woman)

At the same time, some women, living in nuclear families, indicated that they did not always have to consult other family members for undergoing the sex determination test. It also emerged from the discussions with women that the decisions about and visit to the clinic for sex detection were usually kept a secret between husband and wife. They would

go to the nearby town on the pretext of shopping or visiting some relative and get the test done. As said by a Patel woman from Gujarat:

No one in the family would know, not even the elders. We would tell them that we are visiting our parental house, board a bus, take the test and return. No one in the family, except the two of us would know. In the present situation, no one in the family needs to know anything about this. They only know that we are visiting our parent. The husband would reach the hospital on his own. We get the test and if need be abortion done and return home as if nothing has happened.

We also asked the women in the FGDs whether they inform or consult their own parents or members of natal family about sex determination test. Given patriarchal nature of Indian society, once the girl is married, her parents have practically no influence in their daughters' lives. All women categorically denied that their parents had any say in the matter. Some women, however, did say that knowing how much their daughters' well being and status in the families of the in-laws depended upon bearing sons, parents wished their daughters to have at least one son and also pray to god to bestow a son on them. As reported by a backward caste woman:

The parents do not say anything. Only the in-laws express their preference about having sons. But our parents would want that their daughter should have a son. If she has one son, then she should have another too. For this, they would also offer prayers.

DECISION MAKING PROCESS ABOUT FEMALE-SELECTIVE ABORTION:

We also asked the women about the decision making process involved if the foetus is found to be female. According to them, if the woman had given birth to one or two girls and no son, and is again pregnant, then everyone in the extended affinal family asks her directly or indirectly to get the sex of the foetus detected. The Chaudhary Patel and other high caste women almost uniformly reported this practice. However, according to some women of the lower castes since aborting any foetus is a sinful act, the question of sex detection and subsequent abortion does not arise. .

Since the test is done in the second trimester, the act of abortion, if the foetus is female, is usually known to the family. The elders generally approve the couples' decision or give their tacit consent. If, however, the couple wants an abortion in the first trimester regardless of the sex of the foetus, then the abortion is often performed without the knowledge of others. Women also indicated that the decision to abort female foetus is almost entirely that of their husbands and/or mother-in-law. Women cannot take the decision to abort on their own. At the same time, they did not express or convey any remorse about aborting a female foetus. Since women had virtually no decision making power, they accept whatever their conjugal family including husband decide. They simply go along with the decision made for them by others.

A woman cannot take a decision on abortion on her own. If the husband does not want a daughter then he would ask us to go in for abortion. And if we want a daughter, then we keep the daughter. If the husband is ready to support us and stand by us, we can be firm and go for abortion or not for abortion. In any case we need to consult our husbands. (Patel woman from gujarat)

Women also reported that sometimes they themselves desire to abort a female foetus because they already have one or two daughters. This feeling was stronger among women belonging to high social groups who value sons much more than daughters. They unhesitatingly stated that they would opt for abortion. But even in such cases, they would have to get the permission or consent of family elders to exercise their wish.

If the first two children are girls and the third one too is a girl then we need to take the permission of the elders to go in for abortion. We have to follow the advice of the elders.

We would decide to go in for abortion, if we find out that it is a girl child. What can the husband say? He would also advise us to go for abortion. If we already have a girl, then why should we go for another girl or collect many girls? The family members exert pressure only when we have girls. But mostly, women themselves realize that they have already given birth to daughters so they go for abortion on their own.

SERVICE PROVIDERS

The majority of respondents in both states knew which towns have private doctors with nursing or maternity homes that provided sex determination and abortion services. They were also familiar with the prevailing rates for sex determination tests and abortion. Surprisingly, there was very little variation in the information provided by women both between the two states and between social groups within the states.. However, awareness about the legal status of sex determination test was higher in Haryana than in Gujarat. The Haryanvi women, therefore, get the sex detection test done at one place and abortion at another place without disclosing the fact that they have undergone the test and know the sex of the foetus. They also said that although the doctors are not supposed to tell them whether the foetus is that of a boy or a girl, “but it is still going on” – meaning that women are informed in some code language.

Based on the information provided by the women in the Gujarat study, we decided to contact a few private practitioners in the towns around the surveyed villages. Since we had already given them the consent letters, which clearly indicated that they were under no obligation to participate in our research, we were pleasantly surprised to find that all eight doctors whom we contacted in one town and one village of Mahesana district were willing to talk to our research team. We were also surprised to learn that a town in Mahesana district with 31, 000 population according to 2001 Census had nine maternity

homes with an average of 10 beds – all had ultrasound facilities and did sonographic tests.⁴ Understandably, women from nearby villages used these facilities not only for delivering children but also for the other services offered. All the nursing homes had very prominently displayed notice boards – one saying that abortion services were available at the facility, and another proclaiming that information on the sex of the foetus would not be provided, nor would requests for such information be entertained and that it is against the law and is a cognisable offence.

Majority of the doctors belonged to the upper castes and came from the same area. They had a good understanding of the social customs, norms and economic profile of the area. All except one doctor owned the ultra sound machine but indicated that they no longer do the sex determination tests but use the machines to detect abnormalities in the foetus. Nevertheless, they indirectly indicated that while they themselves were not doing the tests, other doctors in the area could well be doing them since there is a high demand, especially among the higher castes and among those from the lower castes who have had two or three daughters.

The doctors confirmed our impression based on the FGDs and the indirect estimations of female selective abortion by saying that son preference continues to be very strong in the region. At least one son is a must and almost all couples, regardless of caste, do not desire more than one daughter. They also indicated that the pressure on women of the Patel community to determine the sex of all pregnancies, including the first one, is quite high. However, women from other caste groups do not experience such pressure for the first child.

All the doctors were aware of the PNDT Act and its ramifications, as well as of the consequences of aborting female foetuses. Some of them indicated that the PNDT Act should be implemented very strictly and that violators should be punished. However, one doctor, who was more candid than the others, said that while all of them may not admit to it, most doctors (including himself) in the region continued to perform the tests. When there is a high demand for a service, and providing it would fetch good returns, not many people would be able to resist the temptation. He also said that: ‘If I do not do the test, the patient would go to someone else. Patients who come to me for other services will also stop coming. That will have a direct adverse effect on my work and income.’

CONCLUSIONS

The in-depth FGDs with women from all social groups in both Gujarat and Haryana have brought home some hard-hitting truths. One, there is a collusion between cultural or social norms and technology that is all pervasive. Son preference is so strongly entrenched, and the well-being and status of girls so precarious once they are married, that couples tend to avoid having girls. Facilities for conducting sex detection tests with ultrasound machines began proliferating in both states some 15–18 years ago and are now even found in some of the relatively large villages.

Two, in both states in spite of spread of schooling among girls in recent decades, the patriarchal social structure continues to survive. Women derive value and position only as mothers of sons. Their happiness and social status in the conjugal homes is dependent on producing sons. Women have internalized these roles and values to such an extent that even when they say that daughters take better care of parents or are more emotionally attached to the mothers, these statements have a ring of hollowness because in spite of such feelings, more sons than daughters are desired. In the pursuit of sons, they have become, with some pressure from the families, consumers of the new technology of ultrasound, which allows them to choose and bear sons.

Three, the shift to small family size, evident in India in recent decades, has not, however, been accompanied by a shift at the same time in the economic and social pressures to have sons and avoid daughters. As was stated by women in both states, they want fewer children, but only if at least one, if not two, of them is a son. This has led to increased acceptance and use of sex selection tests to achieve the parental preference to have sons while not exceeding the desired number of children.

However, awareness about the illegality of sex determination tests was fairly widespread among the women in the study area. In another study conducted in a town in Maharashtra, 14 per cent of women, 18 per cent of their husbands and 28 per cent of married men felt that women should be able to have an abortion if the foetus is female (Clark et al. 2001). Many of our respondents also felt that the ban on sex detection test should be removed and couples should have the freedom to decide the sex composition of their children. At the same time, they were also aware that the requisite services are easily accessible from private providers. Government legislation against the use of ultrasound technology for sex detection has only driven it underground and raised its cost, but it is extensively available and used. However, the fees charged are still within affordable limits and in any case, as many respondents pointed out, the cost of the test and related abortion is much lower than the cost of providing a dowry and the other monetary obligations that are due to a daughter after marriage. As one of our researchers pointed out: 'The alarm bells ringing in the corridors of power about the missing girls in the demographic picture do not find an echo in the dusty by-lanes of the villages of these districts.'

The practice of getting rid of daughters, that is known to have existed in these regions for centuries, is such that certain social groups in both states have started facing a deficit of brides for their sons. According to a number of women we spoke to, some men are forced to remain bachelors, while for others brides are being imported or bought by paying bride price from scheduled tribes and other groups. We have no hard evidence on the extent of this practice, but it might well turn out to be a lesson in social integration. However, despite the deficit of women, which is becoming increasingly evident, societal norms do not yet seem to be responding to this emerging phenomenon.

The prevalent social norms and practices do raise a number of questions. Is passing of a national legislation to regulate pre-natal diagnostic technologies and their misuse an answer? Thus far, the law has been largely ineffective but will regulatory mechanisms

clamped at all levels or better implementation prevent its misuse? Will impounding ultrasound machines in unregistered clinics and to maintain detailed registers about their use in registered clinics help in reducing their use for sex detection of foetus? We believe, what is needed is a concerted effort to address the bias against girls at the source. However, it is an uphill task and every action and every group that can address this would contribute to improving the status of women in our society.

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ENDNOTES

¹ The stipulated conditions are such that abortions performed by trained doctors who are not registered in facilities not specifically approved for abortion services are termed illegal. According to Chhabra and Nuna, in India illegal abortions may be 8 to 11 times as high as legal abortions (Chhabra and Nuna, 1993). While the intention is to provide women with safe, legal, timely abortion services, given the stringent nature of the Medical Termination of Pregnancy Act, many safe abortions may be classified as not legal. At the same time, the availability of and access to legal abortion services is so limited for a large proportion of women living in remote rural areas, that in the three decades since the passing of the Act, many abortions not only take place outside the ambit of the Act but are often performed in unsafe conditions leading to post-abortion complication and also to death.

² We could not interview any providers in the state of Haryana. The sensitivity among the providers about violating the law was very strong and the activities were carried out very clandestinely. The investigators feared that the providers would not respond to their calls or cooperate; on the contrary they might influence the community also not to cooperate.

³ In Mahesana district of Gujarat women who belonged to upper caste such as Chaudhury Patel were reported to be better educated, households owned land and women did not participate in economic activity outside their homes. Until almost 1970s, there was no tradition of sending girls to school in this community but this has changed in the past two or three decades. Partly in response to the demand among educated men for educated wives, girls have started receiving education.

⁴ The other place that we visited was a rural area but had two maternity homes both equipped with sonography facilities. Doctors who belonged to the upper caste owned them. The maternity ward had no patients at the time of our visit, but outpatients apparently constituted bulk of their practice.