

Addressing Prenatal Sex Selection

The Issue

The ratio of men to women is a powerful indicator of the social health of any society. In socially and economically advanced societies, sex ratios at birth are favourable to females (Source: http://www.unfpa.org/culture/case_studies/india_study.htm). The natural ratio is about 105 boys per 100 girls, or above 950 girls per 1000 boys, as calculated in the Indian context. In India, birth data being unevenly available, the Census 2001 child sex ratio (0-6 years) figures are widely used to understand the extent of the practice of prenatal sex selection. According to Census 2001, the child sex ratio dropped from 945 in 1991 to 927 in 2001. The recent Sample Registration Survey figures put the sex ratio at birth for India at 892 girls per 1000 boys (2004 – 06 moving average).

There are no firm statistics however at either the state or national levels on the practice of prenatal sex selection. Various estimates put the figure at 5–7 lakh girls missing each year due to prenatal sex selection.

The Cause

In India, family and social pressures to produce a son are immense. In most regions, sons are desired for reasons related to kinship, inheritance, last rites, identity, status, economic security, means of support for aging parents and lineage. The high cost of providing dowry to a daughter also goes against her. These cultural, social and economic factors result in girls being viewed as a burden and result in the practice of prenatal sex selection.

Surprisingly, ratios are highly adverse in urban and affluent areas. Even here, women are not recognized as productive citizens in their own right, and are likely to face family pressure to have a son. The practice of prenatal sex selection is most prevalent in regions that boast high levels of educational attainment and relative prosperity. The illegal availability and affordability of prenatal screening technology and a large number of private medical facilities willing to illegally cater to this demand has abetted the practice. For example, a study by the Christian Medical Association of India (CMAI), taking into account 11,267 births for the year 2000–2001 collected from one of the public hospitals in Delhi, showed the following trend:

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

Source : CMAI study 2001

Thus, it is increasingly evident that economic progress has not necessarily changed the traditions of gender discrimination. The study also shows a second daughter is less tolerated than the first and chances of having a third daughter are further reduced to 219 girls only for every 1000 boys. The CMAI study reiterates the fact that the sex of the previous child often exerts a greater influence on whether the family will tolerate a daughter or not, as compared to other factors.



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Another important factor to note is that of the falling fertility in India. Couples today want small families with no more than 2 children. However, in a large number of these families, at least one (if not both) children have to be a son. In states like Punjab, this phenomenon has gone a step further where couples do not want a second child, if the first is a son. Families now seem to be saying “we don’t detest daughters, but we need at least one son”.

Prenatal sex selection and crime against women

Evidence is also mounting that skewed sex ratios, combined with the traditional low status of Indian women, is beginning to have an effect on traditional concepts of the family. Marriage patterns themselves may undergo a change as cultural practices such as polyandry and exchange marriages reappear in some states. For example, there is anecdotal evidence that in rural Punjab and Haryana, polyandrous unions are occurring where one woman, often ‘purchased’ from poorer regions or from lower castes, is forced to be ‘wife’ not only to her husband, but also to his brothers. These women inhabit the very lowest rungs of the family hierarchy and are at the risk of emotional, physical and sexual abuse.

Demographers warn that future deficits of adult women will affect the stability of the entire marriage system. Not only will it impact quality of life and the rights of women, but many men, particularly the poorest, may be unable to marry, creating potential social unrest, and conditions are likely to increase sexual violence against women¹.

Legal recourse to abate prenatal sex selection

Through combined efforts of health and human rights activists, legal measures to ban the use of prenatal diagnostic techniques for prenatal sex selection were first passed in Maharashtra in 1988. Similar efforts at the national level resulted in the enactment in 1994, of the Prenatal Diagnostics Techniques (Regulation and Prevention of Misuse) Act. Though the law became operational in 1996, it proved difficult to enforce.

Amendments to the Act were made in 2002 following public interest litigation in the Supreme Court of India, jointly led by civil society organizations, and health and human rights activists. The amendment to the Act brought under the law pre-conception techniques as well. It made mandatory the registration of facilities and clinics offering ultrasound services, laid down a procedure to maintenance and scrutiny of their records, made it illegal to divulge the sex of the child, and to advertise such services.

What needs to be done

While Act implementation is being strengthened, a simultaneous effort at mindset change is also a must to uproot son preference. Most importantly, it is necessary to engage with the urban, aspiring middle class through its role models. Along with awareness building activities, partnerships must involve the media, college and school students, faith-based leaders, and the art, entertainment and marketing industries.

¹ <http://www.empowerpoor.com/relatednews.asp?report=656> – prenatal sex selection to have severe impact : UN body. Also refer country case studies for China, Nepal, Vietnam and India at : http://www.unfpa.org/gender/case_studies.htm.



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Looking towards the trend in birth data, it is clear that PCPNDT Act implementation has to gear up further. Capacities of those responsible for Act implementation need to be strengthened. If there are violations, cases need to be filed expeditiously and convictions need to be publicized for their deterrent effect. Needless to say, son preference has existed for centuries in India. It is the misuse of modern technology that has made it possible to actualize it. Therefore, Act implementation has to be given due importance in the short term. In the long run, prenatal sex selection and son preference need to become the community's own concern so that it endeavours to find local solutions, and in the process changes the long held patriarchal beliefs and expectations that discriminate against daughters.

What UNFPA does

Eliminating the practice of prenatal sex selection requires changes in the way girls and women are valued by society. In this direction, UNFPA supports the Government in a comprehensive approach that includes building media interest, creating community-based networks to advocate against the practice, sensitizing health providers, and other key stakeholders, like young people, the medical community, and faith based organizations and leaders to act against prenatal sex selection the medium of their work.

Following a phase of intensive multi-stakeholder advocacy from 2004-07, UNFPA has now prioritized its actions towards three main objectives:

- Strengthen Act implementation and addressing the supply side of prenatal sex selection services
 - Address demand for prenatal sex selection services and change community mindsets
 - Sustain public debate – influence key audiences such as youth, media, medical community, faith-based organizations, and others

Note : Please also refer to the publications section of this website to learn more about the issue, details of law and advocacy efforts in the area of addressing prenatal sex selection (<http://india.unfpa.org/?publications>).