

India

Intensifying Efforts to Eliminate the Practice of Sex Selection

Gender-biased sex selection is a discriminatory practice against girls that is a result of a complex web of socioeconomic and cultural factors, including patriarchal mindsets, a rapid decline in fertility, desire for a small family with one or more boys and misuse of modern technology.

In India, the sex ratio at birth (SRB), based on the 2008-2010 Sample Registration System, is 905 girls born for every 1,000 boys born¹. Based on the more recent 2011 Census data, the implied SRB is 919 (calculated on the basis data for 0-6 years population)². It is still way below 950, which is considered the international norm and shows the continuing lack of desire to have girls. Earlier seen as a problem of the urban middle class, the practice of sex selection is now cutting across caste, class and region.

UNFPA India has been working to address the issue of sex selection for more than a decade and has intensified its efforts in close collaboration with multiple stakeholders to coordinate and synergize action to halt the practice.

¹ Internationally, the SRB is calculated as boys born for every 100 girls born. In India, it is calculated as girls born for every 1,000 boys born.

² District level estimates of fertility and implied SRB in India, Sanjay Kumar, K.M. Sathyanarayana, August 18, 2012 vol. xlvii No 33, Economic & Political Weekly.

Implementation Strategies

UNFPA's initial efforts focused on raising awareness about the problem of sex selection.

Over the years, the work moved from advocacy to a deeper understanding of the complexities of the problem, together with a range of influential stakeholders so that collective learning and action could take place. UNFPA has been closely collaborating with the government, medical community, judiciary, media and civil society to address the issue.

With a view towards making legislation more effective, UNFPA provided technical support to the government in strengthening the implementation of the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) (PCPNDT) Act. Support has been provided to the Ministry of Health and Family Welfare (MOHFW) to strengthen its capacity to implement the legislation, including increasing awareness of the provisions of the Act.

UNFPA partnered with the medical and allied community in curbing sex selection. Workshops and seminars were conducted across the country to sensitize medical practitioners on the issue through the Indian Medical Association (IMA) and its state and district chapters.

UNFPA's strategy in engaging judicial academies and authorities is to facilitate a process by which the legal community could deepen its understanding of the issue, and to accord priority to registered cases of violations and re-examine leniencies.

The work of UNFPA with the media followed a two-pronged strategy. First was the need to draw attention to the gravity of the situation and second was to help reach out to young media students, especially in urban areas. Interventions included partnering with educational institutions, mentoring budding journalists and instituting gender sensitive media awards for promising professionals.

UNFPA also sought to partner with civil society in galvanizing the movement against sex selection at the grassroots level. Women's groups, local village councils (panchayats) and young people were all brought together through civil society interventions to question discriminatory practices and stereotypes, and to become role models to act as drivers for positive change.



Progress and Results

In partnership with MOHFW, the issue of sex selection has been integrated into the national Reproductive and Child Health Programme, various district plans, training initiatives and other efforts of the ministry. UNFPA's collaboration has also extended to other government partners to address the issue.

Studies and research supported by UNFPA have helped fill some critical gaps in knowledge relating to sex selection and have provided useful data for policy advocacy. The focus of early studies was on trends in the sex ratio and demystification of the law against sex determination. Later, the emphasis shifted to research that looked into the underlying gender discrimination and a more effective and nuanced communication.

Partnering with medical associations has ensured a stronger foothold in the medical community. Some medical professionals have taken ownership of the issue, including peer monitoring to squarely address misuse of technology.

Knowledge about the law and orienting the judiciary about the issue and its social consequences has resulted in some tangible convictions leading to incarceration and monetary penalties for violations in some states.

Through its project support to community-based approaches, UNFPA contributed to build capacities of civil society new to the issue of sex selection and helped strengthen the advocacy efforts of partners already working on the issue. Civil society organizations were able to leverage funds and work of other state actors and to further strengthen their networks.

Media awards supported by UNFPA in the fields of advertising, print, electronic media, film and theatre have promoted gender sensitivity as a core professional value among those in the mass media communications field. Street plays, radio drama, popular music, painting competitions and short documentary fictions have enabled the issue of sex selection to become everyday conversation and increase the volume of discourse around the issue.

UNFPA India continues to play a key role in developing south-south collaboration by sharing lessons learned at the regional and global level for high-level advocacy, providing technical assistance to other countries and facilitating dialogue on research and programme development.



Lessons Learned

- One of the challenges facing a complex issue such as sex selection is the process of consolidating and dovetailing initiatives of various interest groups. Unless convergence is brought about, the impact will not be palpable and lasting.
- Engaging the judiciary is essential to create a spiral of change propelling action from different quarters: government, media, civil society and the medical community. Moving forward, a priority would be to work with judicial academies of different states to mainstream into their curriculum an understanding of gender laws and the PCPNDT (Pre-Conception and Pre-Natal Diagnostic Techniques) Act.
- Partnership with the medical community is a continuing effort, with several medical councils more inclined and determined to take action against offenders.
- In the long run, sex selection needs to become the community's own concern so that it endeavors to find local solutions. In the process, the long-held patriarchal beliefs and expectations that discriminate against daughters can be obliterated and the value of girls upheld.

Partners

Census Office and Planning Commission of India; Indian Medical Association (IMA); Ministry of Health and Family Welfare; Ministry of Women and Child Development; the media; various civil society organizations, including panchayats, women and youth groups; and UN agencies, such as UNDP, UNICEF, UNFPA India Country, UNOPS, UN Women, Office and WHO that are part of an inter-agency core group formed to ensure collective United Nations response to the issue.

Acknowledgments and Further Information

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