

### ***Pre-natal Sex Selection in India: Case Study of a Policy Advocacy Initiative***

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## **Pre-natal Sex Selection in India: Case Study of a Policy Advocacy Initiative**

### *Background*

India is one of the countries in Asia where parents prefer to have a son rather than a daughter. The son preference is deeply rooted in the culture and is linked to the dowry system, the continuation of the family name, care and support for parents in old age, and to burial rituals. In the past, son preference might have translated to relative neglect for girls, and even to female infanticide. Lately however, despite some improvements in the survival chances of young girls in recent decades, the deficit of girls in the younger age groups has increased. The child sex ratio, estimated for age group 0-6 years, for the country as a whole, dropped by 4.5 percent between the censuses of 1981 and 2001, or from 971 to 927 girls per 1000 boys<sup>1</sup>.

This strong increase in the deficit of young girls is linked to two recent phenomena:

- Family size has become smaller, with more and more families wanting no more than two children. Of these two children it is preferred that at least one be a boy. Studies have indicated that a large proportion of couples accept the outcome of the first pregnancy – whether it is a boy or a girl. However, when the first child is a girl, many prefer that the second child be a boy.
- Better technology in the form of ultrasound machines and their wide prevalence, has made it possible to determine the sex of the foetus and the result is that more and more parents decide to abort if the foetus is female.

These reasons point also to the socio-economic class where pre-natal sex selection is most widespread: the middle class. It is this class that wants small families and that have the means to pay for an ultrasound examination and for an abortion. The deficit of girls is therefore largest in the more developed and wealthiest states of India, in the urban areas and among the educated particularly those where son preference is high. Micro studies show that this strong link is reversed only when the pregnant woman has an employment, which indicates that empowerment is about decision-making, control over resources as well as autonomy and voice.

Initiatives to stop the practice of pre-natal sex selection started in the 1990s and resulted in the coming into force of the Pre Natal Diagnostic Techniques (PNDT) Act in 1994, which was subsequently amended and strengthened in 2002.

### *UNFPA Advocacy Efforts*

When UNFPA decided to intensify its efforts on the issue, three main areas required attention –strengthening implementation of the Act, building pressure from the ground through social mobilisation, and multi-faceted public advocacy. UNFPA chose to intensify its efforts on the latter, based on its positioning and the past work with the

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<sup>1</sup> The child-sex ratio is calculated for the age group 0-6 (and not for 0-4 age group) because children up to age 6 are assumed to be illiterate. Therefore, in order, to compute literacy rates for 6 + population, a separate count of children aged 0-6 has been made readily available.

Government. An initial activity was the preparation in 2003 of a booklet called “Missing...”. In this document a comparison is made of the sex ratios of the age group 0-6 between the census of 1991 and the one of 2001, both for India as a whole and for states and districts that showed the largest reduction in the sex ratio. This booklet proved to be a very strong advocacy tool and enabled the issue to gain a lot of attention, especially from the media.

Then, as part of the activities to mark the 10<sup>th</sup> Anniversary of ICPD in mid 2004, UNFPA started to intensify its work on the issue, focussing on the rich, urban, educated middle class and those who influence them, including the media and the entertainment industry. The idea was to raise awareness of the issue among this class of influencers. Other groups that are targeted are young people and political leaders.

### *Some Lessons and Challenges*

Complexity of Action - There is hardly anyone who denies that the falling sex ratios is a concern. Though advantageous in one sense, it means also that very few take a stand. Resistance is hidden, taking action becomes more complex.

Supporting women - It is a dilemma of sorts for the advocates against sex selection, who, while helping to re-negotiate gender power relations, have difficulty to stand by an individual woman who chooses to eliminate a daughter.

The medical community - Advocates and common people can blame doctors but may not be able to change them. Ostracism from within the medical community and role models who can reinforce positive and non-discriminatory behaviour of doctors are critical.

Abortion and Sex Selection - In India, abortion is legal under certain conditions. However, abortion for the reason of sex selection is not. Dealing with a mix-up between abortion and sex selection has proven to be one of the most difficult tasks. Through experience thus far, we realise that the best positioning for the issue is ‘love and ‘cherish’, and of valuing the girl child.

Purity of Communication - Anti abortion, anti-feminist stands may be inevitable if conservative groups are to be involved for action; at the same time, their involvement is important for changing public opinion at large. Greater visibility to the issue from varied quarters of the society could outweigh the most sophisticated communication. One may need to ‘let go’ if the issue is to be widely owned.

### *The Road Ahead*

The issue has definitely come out in the open. The space provided to the issue by mainstream print and television media has definitely widened, making the issue centre stage in day-to-day public dialogue. Given the usual difficulty in finding attentive ‘ears’ and ‘eyes’ to address gender issues, pre-natal sex selection is one such issue that is an important entry point to address larger gender concerns of equality and equity, including gender based violence.

Important areas for future action are: the implementation of the PNMT Act; advocacy; and accelerating social mobilization for behaviour change.

The issue is a rights issue, and a gender issue. It carries a strong potential for favourable impact on other rights and gender issues in the areas of population and reproductive health.