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## **UNIT 7 FEMALE FETICIDE AND INFANTICIDE**

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### **7.1 INTRODUCTION**

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Patriarchy persists in the capitalist phase of contemporary neoliberal society. Science, technology and modern laws have brought radical changes throughout the world. Paradoxically, customs and patriarchy still lurk in the social/political spaces of India in particular and across the globe in general. Gender based debates are central to various social movements and global policy regime. However, the atrocities against women and girl child are increasing in the day-to-day life. The number of missing women in India raise serious questions related to the gender equations in India (Sen,1992). Leadership of women is being challenged in various ways (Duflo,2004). Issues related to female feticide and infanticide or missing girl child have become one of the vexing societal questions in India. Gender-sex selective deaths are proliferating as well. These problems are raising major questions to equality and ethics in the context of the developing societies. Female feticide is the conscious act of aborting a female fetus. Infanticide refers to the child murder in the first year of life. Existence of the girl child is unbearable for a patriarchal society. On the contrary, boys are preferred and valorized in the context of patrimony and linked caste, class, ethnicity etc. Choice of the individuals irrespective of gender and reproductive rights of women are also challenged in peculiar ways. These retrogressive societal practices question the complex nature of the culture and gender. This unit will introduce you to the various debates related to aforementioned themes.

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## 7.2 LEARNING OUTCOMES

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After studying this Unit, you are able to;

- Know the information about feticide and infanticide.
- Socio-Cultural Practices related to feticide and infanticide.
- Understand the legal measures taken by Government of India.

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## 7.3 BACKGROUND

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Before engaging with the complex existence of feticide and infanticide, one should understand the larger background of gender and social stratification. Debates on sex ratio often led us to the vexing questions of patriarchy and impact on culture. Prenatal sex selection in the western context has generated major discussions in the field of sociology, anthropology and population studies. Scholars have also analyzed the uneven sex ratio in the Indian context-natal sex selection of the offspring emerged as central to the patriarchal culture of the developing societies. It is speculated that “If such choice were ever made widely available to the Indian population ,there is no doubt that people would opt for many more sons than daughters ,particularly in the north”(Miller,1997).According to Barbara D Miller, there was “increasing use of sex-selective abortion in several Asian populations since the early1980s. Estimates at the beginning of the year 2000 indicate that several million female fetuses were aborted in the last two decades of the twentieth century...Asian culture that support strong son preference”(Miller,2001:1083)Social stratification in Asian societies have created its own hierarchy among the genders. It is further noted that “Female-selective abortion (FSA) is practiced predominantly but not exclusively in parts of Asia, especially China, Taiwan, the Republic of Korea, Pakistan, and India, and among some Asian immigrant populations in Canada, the United States, and probably elsewhere” (Miller,2001:1083). The proliferation such inhuman activities show the constant nature of dominant gender-basedideology. Social perceptions and sex-linked conditions have even impacted field of politics in India. Political parties have to confront men who demand wives for their votes (Seghal, cited in Shah, Gyawali, Aro,2018:54). The gender relations that are not balanced lead to further societal chaos. The next section analyses the social and cultural questions that are linked to oppression on the basis of gender. Female feticide and infanticide have to be understood in the light of social and cultural peculiarities.

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## 7.4 SOCIO-CULTURAL PRACTICES

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Oppressive practices are usually analyzed through the perspectives on tradition and anti-modernity. However, gender bias needs to be analyzed in the context of the complex social and cultural perspectives-practices of diverse communities. There are academic tendencies that read primitive practices with that of the underdeveloped/developing societies. Scholars have exposed the methodological limits of such partial perspectives. For instance,

Barbara Miller further observed the persistence of patriarchal practices exist in the age of capitalism and modernization/economic development. On the contrary, it is observed that “research in Chengdu, the capital city of Sichuan Province, shows that the capitalist economic reforms have brought a resurgence of Confucian-patriarchal-family norms and strategies that strengthen the value of sons and decrease the value of daughters” (Whyte, cited in Miller, 2001:1087). Policy regime and international organizations have conducted research on the gender bias and related reactionary, patriarchal practices. The United Nation’s informal findings show that “200 million females are missing in the world; women who should have been born and grown up, were killed by infanticide or selective abortion” (Cited in Shah, Gyawali, Aro, 2018:53). These forms of research show the brutal nature of the patriarchal culture of countries. It is also noted that “Evidence suggests that female feticide is a result of son preference, and traditionally it was noticeable postnatally through female infanticide. However, these days discrimination starts in the womb in the form of female feticide” (Klasen and Wink, cited in Shah, Gyawali, Aro, 2018: 53). In other words, these bizarre anti-girl/women practices emanate from the ideological realm of patriarchy.

Scholars analyzed that major societal issues are linked to the question of sex ratio. They have studied female feticide and infanticide and its disastrous consequences. It is analyzed “These altered sex ratios are not merely numbers; they also carry a signal for future adverse public health consequences. In Asian culture where marriages are virtually universal, not finding a partner can lead to serious societal repercussions. Theories suggest that young, surplus males will be prone to pursue satisfaction through vice and violence, which can intensify socially disruptive behavior. Furthermore, these situations can result in low self-esteem, sexual frustration leading to violence, especially rape, anti-social behavior, alcohol and substance abuse. If these young males together become involved in crime, they are a threat to the security, stability, and democracy of society; this might also threaten regional and international security (Hesketh, Lu, Xing; Hudson and Den, cited: Shah, Gyawali, Aro, 2018:54). However, there are conflicts between orthodox religions and modern-political groups. Therefore, any debates on a particular social problem may appear in different forms in the public sphere. For instance, conservatives have different opinion on abortion. Modern groups and individuals have different reading about abortion. They may link it with choice and sexual orientation. Debates on female feticide and infanticide are also caught in such cultural and ideological conflicts. It has raised debates on the questions related to the complex nature of sex selective abortions and legal abortions. It is observed that whether the abortion has done related sex-selective abortion. Media also is criticized for projecting abortion as only sex selective abortion (Shah, Gyawali, Aro, 2018:55). Debates in developing Indian society need to be understood in order to unfold the big questions linked to female feticide and infanticide.

***Check your progress-1***

- 1) *Write your understanding on female feticide and infanticide.*
- 2) *Discuss the various factors related to female feticide and infanticide.*

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## **7.5 INDIAN PERSPECTIVES**

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Colonial and post-colonial Indian society engaged with the issues of social body, health and citizenship in different ways. Post-independent society could not completely detach itself from the vestiges of colonialism. Natives engaged with the British Empire in different manner. Debates related to infanticide during British colonialism demonstrate the conflicts between the empire and the natives. British government's policy against infanticide, for Lalita Panigrahi, was "a mature and socially assertive policy". It was guided by humanitarian and philanthropic interests. It also challenged the caste system. It brought change in the behaviour of the castes. Social evils such as kidnapping, polyandry, prostitution and sale of girls emerged as part of infanticide (Panigrahi,1972: xi). This unit does not cover the entire historical debates linked to female feticide and infanticide. It deals with only selected phases in the history of the debates on female feticide and infanticide. Scholars have analyzed the regional variations in the context of unbalanced sex ratios. It is analyzed that "Estimates of India's national SRB (sex ratio at birth) in the early 1990s placed it "as high as 112" (Westley, cited in Miller,2001). In addition to the national average, it is analyzed that regional and class based changes are linked to preference for sons (Basu,cited in Miller,2001).Patriarchy and related practices vary across region.Miller observed that there was scarcity of girls during 1970s and 1980s in north western regions in India. Miller compared it with the data from the eastern and southern regions in India. It is observed that "The general social pattern at that time was of greatest scar-city of girls relative to boys in the propertied groups of the northwestern plains (Miller, cited in Miller,2001). It is also analyzed that strong son preference and unwanted girls are common among propertied and non-propertied classes in South India. Scholars have studied it among those retrogressive tendencies from south India (Chunkath, Athreya, George and Dahiya, cited in Miller,2001). Caste based differences and patriarchy operate in different ways. It is analysed that "Another large interview-based study involving over 1000 study families in the state of Haryana, which is just located east of Punjab found a reported SRB (sex ratio at birth) of 127 males per 100 females among upper caste women, compared with 102 among the lowest caste women (George and Dahiya, cited in Miller,2001:1086). What are the social forces that determine the archetypal animosity against the girls? Girls are also not preferred due to male oriented kinship patterns and dowry (Miller,2001: 1087). It is observed that peculiar patriarchal demographics operate in such context. According to Barbara Miller, patriarchal preferences of mothers, fathers and in-laws for son determine the demographic nature of patriarchal societies. It is noted that "A

fertility preference (for sons or for daughters generally or, more specifically, for offspring of a particular gender to be the first born or the last born) will either increase fertility as parents attempt to achieve their preference, promote high rates of "wastage" of unwanted offspring through infanticide or fatal neglect, or result in a combination of overproduction and high wastage" (Miller, 2001:1087). Societal and cultural peculiarities thus determine the privilege of male over the female. One of the central questions that need to be raised is what are the social structures that operate between the preference for sons and hatred towards daughters? Customs that legitimize men exist in east and south Asian countries. Males are privileged due to their positions in the political and economic spheres. Males are preferred for post-death rituals, requirement of farmers in agriculture, property inheritance by sons and old age support for parents. Continuity of lineage, dowry for girl children in marriage and male bread winner in the families structure they preference of sons (Shah, Gyawali, Aro, 2018:53). It is further noted that "The disinterest in having a female child has led to a situation in which families may choose to abort female fetuses despite legal restrictions; abortions can also occur when the fetus has breached the medically advised gestational limit or maternal limit for safe abortion (Shah, Gyawali, Aro, 2018:54). Scholars have analyzed the far reaching repercussions such backward, cultural-social practices. It is observed that "India and China, which together represent 40% of the world's population, are estimated to have 12-15% more young males than females in the next 20 years ... These surplus males are known as "bare branches" in China, which signify that they are unable to "bear fruit" because of not being able to find a marriage partner (Shah, Gyawali, Aro, 2018:54). Indian context need to be looked as part of the global context of the female feticide and infanticide. Geopolitics of global health determines the various transformations in the health across the globe. It is analyzed that "Legally banning sex detection and abortion throughout the Asian countries is a strategy against the SSA practice; however, it has been suggested that this mechanism made the SSA practice go underground and become more expensive. Also, without addressing the root causes of women oppression, merely prohibiting sex determination might increase the case of female infanticide or slower death from persistent negligence, thus limiting access to resources for girls" (Shah, Gyawali, Aro, 2018:55). Significance and existence of women are thus questioned in multiple ways. It is noted that "...women's devaluation in many Asian societies is embedded in religious beliefs and traditional cultural practices; uprooting of this culture may not be easy and immediate. As described above, female feticide, skewed sex ratios, and the related social, cultural practices are complex challenges, which need serious ethical deliberation in the societies, and also among public health professionals" (Shah, Gyawali, Aro, 2018:55). Political institutions are indulging in the various approaches to curb such practices. However, societal approaches to girl child show the lack of the civil society. Policy makers are trying to improve the situation through legislation and awareness. However, issues at the societal level are gaining different forms. It is observed that "As the Indian government increased criminal penalties for female infanticide; the availability of sex-determining technologies such as ultrasound scanning has led to a rise in sex-selective abortion. The Indian Medical Association (IMA)

estimates that five million female fetuses are aborted each year, and estimated in 1999 that India had approximately 20,000 ultrasound clinics, most unregistered and staffed by unqualified doctors” (Siwal, n.d :4). Scholars have also warned about the corrupt medical practices and reactionary individuals who create further problems. It is critiqued that “Because the Indian demand for fetal sex-determination is so great, doctors can ask for high fees, which have resulted in an increase in fetal sex-determination and abortion businesses and abuses. For example, the IMA revealed that some sex-determination centers perform ultrasound scanning weeks before the fetal sex can be determined and charge women to undergo repeated and unnecessary ultrasonography. Unethical scan centers and doctors have told expectant parents they have a female fetus in order to collect the abortion money” (Siwal, 2005:4).

Questions related to the sex ratio thus challenge the questions related to gender equality in India. It is observed that “The Census 2001 indicates that while there is an increase in the overall sex ratio of the country (927 females per 1000 males in 1991 to 933 females per 1000 males in 2001), the child sex ratio (in the 0-6 age group) has shown a decline in almost all the States as compared to the 1991 Census. There are 16 districts in the country having less than 800 girls per 1000 boys. Out of these 10 are in Punjab, 5 in Haryana and 1 in Gujarat. This means for every 1000 boys 200 girls are missing in these districts. Further, there were 70 districts in the country in 2001 where the decline in child sex ratio was more than 50 points when compared with the 1991 Census” (Siwal, 2005:4). Laws and regulations in the context of female feticide and infanticide need to be understood in order to analyze the existing paradoxes between policy regime and harsh realities.

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## 7.6 LAWS AND REGULATION

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Policy regime is usually criticized due to the contradictions between theory and practice. Field of global human rights has been critical of the primitive and anti-modern practices across the globe. It is critiqued that irrespective of the legal banning of feticide in Asian countries, still it persists in strange ways (Shah, Gyawali, Aro, 2018:55). There are countries such as South Korea that took stringent legal measures to normalize the sex ratio. South Korea “which managed to bring the male—female sex ratio back from 1.13 to 1.07 after a strict policy against female feticide was introduced in 1987” (Das Gupta, Zhenghua, Jiang et al, cited in Shah, Gyawali, Aro, 2018:26) South Korea is highly appreciated in the policy regime because it was the first country to report female feticide. It was the first country to ban prenatal sex detection. It controlled the sales and use of ultrasound machines. It also prohibited the disclosure of the sex of an unborn baby. Europe and North America allowed the revelation of baby’s sex before the birth for baby rearing (Shah, Gyawali, Aro, 2018:55) There are various dimensions for the legal initiatives in India. It is observed that the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 was enacted to check female feticide. This Act started in the year 1996. It is comprehensive legislation that laid down conditions for the control and regulation of pre-natal diagnostic

techniques. The peculiarity of that act is it has provisions for “establishing mechanisms responsible for policy making and under the Act and also those responsible for the implementation of the act. The penalties for various offences are also elaborated. During the course of the implementation of this Act, certain inadequacies and practical difficulties in its administration came to the Government’s notice. At the same time newer techniques have been developed to select the sex of the child even before conception leading to a further decline in the sex ratio. These developments were also taken note of by the Supreme Court in its various orders in a public interest litigation filed by an NGO, CEHAT & Others versus Union of India & Others. The Court had laid down amendments to the PNDT Act and the amended Act came into force from February 14, 2003. Its main purpose has been to ban the use of sex-selection techniques before or after conception as well as the misuse of pre-natal diagnostic techniques for sex-selective abortions and to regulate such techniques.”(Siwal,2004:5-6).History of policy making and legislation shows the trajectory of the political institutions’ approaches towards the issues of female feticide, sex selective abortions and so on. It is further noted that “The implementation of the Act rests with the States and Union Territories. As a part of the implementation of the Act, appropriate authorities are constituted and each is assisted by an eight-member advisory committee. The committee consists of doctors, lawyers, social workers, and officers dealing with the media. Supervisory Boards have also been constituted under the chairpersonship of the Minister of Health and Family Welfare to oversee the implementation of act. As per the reports received from States/UTs more than 21,600 centres conducting pre-natal diagnostic procedure including ultrasonography have been registered under the PC&PNDT Act. So far more than 400 complaints have been filed in various courts for violation of the Act and Rules” (Siwal,2004:6).

It is further noted there are limitations related to legislation. In other words, legislation has to be followed with creation of the awareness among the citizens. Both legislation and creation of awareness are essential to challenge the patriarchal societal bias towards the girl child and women. It is analyzed that public and private medias can create awareness among the people. It is also important to conduct workshops at the state, district, municipal, taluka levels. Government’s “Save the Girl Child” was implemented to change the mindset of the dominant-conservative sections ‘gender discrimination. Such approach was to create awareness for treating the boy and girl child on equal basis. Thus, it was aimed to eradicate the inherent sexual bias. However, it is observed that “Framing a social problem in the formal and specific language of law has first clearly defined all the key players and their roles in promoting the practice and, second, put in place institutional mechanisms to enforce norms that will regulate the practice. Legislation and regulation provide a framework within which the role of multiple actors and institutions can be concretely measured and evaluated. For instance, regulation has a critical impact on the larger medical and pharmaceutical industry that has sprung up around reproduction in general and SD in particular, of which doctors are only a part.”(Siwal,2005:7).

One needs to also understand the nuances of legislation and related policy formulations. It is analyzed that “The difficulties and gaps in regulating the use of technologies like obstetric ultrasound for SD should not become the basis for an argument against regulation. A number of measures can be taken to ensure effective implementation. For example, under both the MTP Act, 1971 and the PNDT Act, 1994, specific sites have been classified for legal provision of these services. Universal registration of these sites and listing of diagnostic equipment, granting licenses and requiring that they be prominently displayed, among others, could help curb misuse” (Siwal,2005:7). However, these legal transformations have been transforming in the context of tensions between the public and private sector. It is critiqued that “The PNDT Act can be the first step in a broader effort to regulate the private health care sector. The law, as currently implemented, fails in that it does not specify the role that has been played almost single-handedly by the private sector in spreading SD and SSA across the country. It is worth noting that SD was banned in all public facilities in the mid-seventies. Having discussed the usefulness of laws it is important to point out that they are at best a first step in addressing deep-rooted injustice. George (2002), one of the three petitioners of the PIL, points out that a law and effective use of the judiciary can bring pressure on the executive branch of government to do a better job of monitoring use of these technologies, guide medical ethics that till date have been seriously lacking with regard to SD and SSA, and at the same time serve as a catalyst to address deep-rooted patriarchal norms within Indian society”(Siwal,2005:7-8).Discourses of Public Interest Litigation and gender thus have the history of challenging the age old customs that oppress the girl child and women.The next section discusses about the central and state government’s schemes to alleviate female feticide and infanticide.

**Laws passed in India to alleviate female feticide**

Other Legislation	Year Passed	Goals
Dowry Prohibition Act	1961	Prohibits families from taking a dowry, punishable with imprisonment
Hindu Marriage Act	1955	Rules around marriage and divorce for Hindus
Hindu Adoption and Maintenance Act	1956	Deals with the legal process of adopting children and the legal obligation to provide "maintenance" for other family members
Immoral Traffic Prevention Act	1986	Stops sex trafficking and exploitation
Equal Remuneration Act	1976	Prevents monetary discrimination between men and women in the workforce

Female Infanticide Act	1870	Prevents female infanticide (Act passed in British India)
Ban on ultrasound testing	1996	Bans prenatal sex determination

Source: SnehTandon, (2006) "[Female Feticide and Infanticide in India: An Analysis of Crimes against Girl Children](#)", in *International Journal of Criminal Justice Sciences*.

## 7.7 CENTRAL AND STATE GOVERNMENT SCHEMES

It is noted that critical government policies are designed for the protection, education and development of the girl child. It is stated that "National Family Health Survey 2019-21 (NFHS-5) indicates that India has 1020 females for every 1000 males, making the female population of India a larger sub-set. This warrants inclusive, efficient, and sustainable policies to ensure the proper development of the girl child. To inculcate and propagate the vitality of gender equality, India celebrates 24<sup>th</sup> January as 'National Girl Child Day' every year...Last year, India's Prime Minister Narendra Modi saluted the daughters of the nation on 'National Girl Child Day and acknowledged their accomplishments in various fields. Prime Minister has emphasized on many occasions that India will progress when the girl child shines...National Girl Child Day' is an initiative of the Ministry of Women and Child Development. The motive behind celebrating it is to provide support and opportunities to the girls of the country...NFHS-5 indicates that India has successfully brought down its infant mortality rate to 35.2 from 101 per 1,000 births back in 1978-82. Efforts continue to bring this rate down further. In this vein, the Government of India has initiated multiple policies for the girl child for her protection, education, and development. Crucial ones are Beti Bachao Bet Padhao, Sukanya Samridhi Yojana, Balika Samridhi Yojana, Central Board of Secondary Education (CBSE) Scholarship Scheme/Policy for Girl Education, National Scheme of Incentives to Girls for Secondary Education and State government schemes for the girl child. (Source: <https://amritmahotsav.nic.in/blogdetail.htm?80>)

- **Beti Bachao Beti Padhao** was launched in the year in the year 2015. It is designed to address the disparity in sex ration across the country. It also aims at preventing feticide-biased abortion and post-natal discrimination against daughters. It aims at Ensuring holistic growth and protection of the girl child and equal education and opportunities for girl child. It is implemented over 100 villages that have lower child sex ratio. In addition to those initiatives, Government employees at the panchayat and district level are functioning to eliminate female feticide and infanticide. They are also working for the elementary education of each girl child.
- **Sukanya Samridhhi** Yojana was launched in the year 2015. This particular scheme provides incentives to save money for the future of

female children in the families. It is noted that “Any guardian can open a ‘Sukanya Samridhi Account’ in a girl’s name before she is the age of 10 and can deposit minimum Rs. 250 (maximum Rs. 1.5 lakh) in one financial year. Under this Scheme, this saving provides a tax benefits (up to Rs. 1.5 lakh) for the guardian and also offers 7.6% annual rate of interest. As per the notification from Ministry of Finance (released on 22.12.2014), the account shall mature on completion of 21 years from the date of opening of the account. This timeline and the relatively high interest rate help the sum grow significantly larger by the time of its maturity. This Scheme also allows for premature withdrawal in case of girl's marriage or guardian's sudden death. As per data from [Indiapost.gov.in](http://Indiapost.gov.in), sum total of 3.58 lakh ‘Sukanya Samridhi Accounts’ have been opened as of December 2021”

- **Balika Samridhi Yojana** was launched” on 2<sup>nd</sup> October 1997 with the objective of rising the standard of living of female children born into poverty (below poverty line as defined by the Government of India). This Scheme benefits up to two girls per family, provided they are born on or after 15<sup>th</sup> August 1997. A one-time grant of Rs. 500 is given to a mother giving birth to a girl child in a family that is below the poverty line. Further, the girl child can avail annual scholarships of Rs. 300 to Rs. 1,000 up to Class X”.
- **Central Board of Secondary Education (CBSE) Scholarship Scheme/Policy for Girl Education:** This Scheme identifies “the efforts of parents promoting education among girls and provides encouragement to meritorious students. It provides scholarships to meritorious female students who are the only child of their parents. They must pass the CBSE Class X Examination with 60% or more marks and are continue their school education of Class XI and XII. The rate of scholarship is Rs. 500 per month if the tuition fee is less than Rs. 1,500 per month”
- **National Scheme of Incentives to Girls for Secondary Education** was “launched in May 2008, this Scheme provides incentives to female students enrolled in Class IX. The objective of the Scheme is to establish an enabling environment to promote enrolment and reduce drop out of girls belonging to SC/ST communities in Secondary Schools and ensure their retention up to the age of 18 years. A sum of Rs. 3000 is deposited in the name of an eligible unmarried girl as a fixed deposit upon enrolment in Class IX. She is entitled to withdraw it, along with interest thereon, upon reaching 18 years of age and passing Class X examination”.
- **State government schemes for the girl child:** It is noted that “In addition to the Central Government Schemes, several others by State Governments are also in effect to empower and protect the girl child. For example, Andhra Pradesh’s ‘Bangaru Thalli’ Scheme supports the family of a girl from her birth till her graduation, ‘Mamata Scheme’ by Government of Goa provides financial assistance of Rs. 10,000 to the mother of a female child, ‘Ladli Social Security Allowance Scheme’ of Government of Haryana provides financial aid to families with girl

child/children, ‘Ladli Laxmi Yojana’ of Madhya Pradesh provides financial help of up to Rs 30,000 in the name of the girl child, ‘Kanya Sumangala Yojana’ by the Government of Uttar Pradesh provides financial help in the range of Rs. 2000 to Rs. 5000 as scholarships”

(Source: <https://amritmahotsav.nic.in/blogdetail.htm?80>).

However, civil society play a vital role in achieving development. Civil society has to be vigilant to all forms of oppression to ensure social justice.

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## 7.8 LET SUM UP

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In this Unit, we have studied the social and cultural factors that proliferate social evils such as female feticide and infanticide. It also introduces you to the Indian perspectives related to female feticide and infanticide. Laws and regulations dealing with such social evils are also discussed to show the nuances of customs, modern-nation-state and laws. The unit also introduces the central and state government schemes that alleviate female feticide and infanticide.

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## 7.9 UNIT END QUESTIONS

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- 1) Discuss the origin of female feticide.
- 2) What are the legal measures taken by the Government of India to prohibit female feticide?
- 3) Analyze the factors that leads to the persistence of female feticide.

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