

The Social & Political Economies of Femicide in Andhra Pradesh

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First Publication : December 2012

Publisher:

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ISBN 81-903992-4-1

Design : Ashima Roy Chowdhury

Printers:

Charita Impressions

1-9-1126/B, Ajamabad

Hyderabad 500 020

Andhra Pradesh, India

Ph: 040-2767 8411

Foreword

The 10 year census, once again, brought out the dipping child sex ratio which reflects the deep rooted discrimination against women and girls in our society. In the last 60 years there has been consistent decline in the child sex ratio from 983 in 1951 to 914 in 2011. If we convert this into numbers, millions of girl children are killed either before or after their birth. Recent technological advances are making this happen even before they are conceived. In a society, dominated by patriarchal values and norms, the probability of misuse of technology is more if it is left to the mercy of the market. The mushrooming of scanning centres spread across the country, even into the remote corners of rural areas, made huge business on the 'son preference' of the society. This was further perpetuated by the growth centric, market lead, profit oriented development which has resulted in the present crisis.

Gramya, which has been leading a war against this unjust and inhuman practice of killing girls/foetus in the state, for the past 2 decades, made an attempt to capture many

dimensions of the issue by integrating their vast and long experience in the field. The global, national and state level trends in declining child sex ratio and the contributing factors of corporates' greed and the gender blind policies of the state are explained in detail. A comprehensive data along with analysis of certain important aspects like the relation between the sex ratio and the growing crime rates against girls and women is also provided. Though the legislation to regulate and prevent the practice of sex determination and sex selection was made in 1994, the implementation has been almost absent. This has been explained in the report by pointing out at unregulated mushrooming of scanning centres, absence of monitoring machinery and failure of the schemes of the state.

A comparative analysis of block level data of census 2001 and 2011 by ActionAid, which had initiated a campaign against declining sex ratio, has revealed that the decline in child sex ratio in 2011 is very alarming in AP. 2001 census reported only 11 blocks with child sex ratio of 900 and below, while this has increased to 101 in 2011. This point proves that the efforts of the state and non state actors to address the problem of child sex ratio in the last decade have not yielded much result. A more detailed presentation of information can be found in the report. Gramya has been working in Nalgonda district for the past 20 years with a commitment to save and protect the girl children, which had yielded positive results in making the community sensitive and responsible in accepting the girl children.

In the light of alarming data in relation to child sex ratio, human rights groups, women groups, civil society organizations and the government have started responding to the problem. ActionAid, an international development organization,

launched a campaign against adverse child sex ratio with the support of civil society organizations across the country. As part of this around 25 organisations have come together in Andhra Pradesh to fight against the adverse child sex ratio, discrimination and violence against women. Though the major focus has been on implementation of PCPNDT Act in its true spirit, simultaneous efforts have also been taken up to address the deep rooted patriarchal values and social norms of the society.

Renewed and concerted efforts are necessary to involve the functionaries of the concerned government departments, medical professionals, judiciary, academicians, researchers and civil society in fighting the injustice and violence against girls and women. As it is evident from data, this heinous practice has been present across all classes, regions and religions. However, most of the time, the access of both the government and non-governmental initiatives are limited to the poor and lower middle class. The challenge is to reach out to the middle and the rich sections of the society and make a change. One of the long term initiatives that could yield lasting impact is strengthening our education by incorporating curriculum on gender justice. Further efforts are also necessary to include laws for more equitable patterns of inheritance, and measures such as direct support at the time of a girl's birth, scholarship programmes, educational support, financial incentives, pension programmes for families with girls. This report along with the initiatives of all of us hopefully can make a positive change for humane and just society for girls and women.

Raghu P
ActionAid

A Word from the Authors

Gramya Resource Centre for Women has been working to promote women's rights and to protect the girl child in Devarkonda and Chandampet Mandals of Nalgonda District, Andhra Pradesh since 1997. At the time, we campaigned to stop the sale of girl babies to adoption agencies who were carrying out illegal international trade. After a campaign of three to four years, the Government of Andhra Pradesh responded by taking over all the girls who were illegally bought by adoption agencies and found Indian parents who adopted them. The Government also put a moratorium on international adoptions. Subsequently the Government of Andhra Pradesh started implementing the cradle baby scheme whereby families give away their children at the centres set up by the Government. This scheme is meant to protect the girl child from being abandoned or killed. Unfortunately, the Government Cradle Scheme also sends out a message that it is "OK" to give away girls. It has unintended consequences where by husbands threaten their wives to give away girls and to continue child bearing so that they can have sons. Due to

the failure of the health system and network of Government staff, community attitudes have not changed. While pressure is exerted on women staff such as Anganwadi workers and Asha workers, Government staff at all levels do not address the problem of patriarchal attitudes of men. The time has come to work together so that voluntary organizations and government together find innovative ways to reach out to men farmers, watershed committees, MNREGS workers unions and men in all walks of life.

The PCPNDT Act to prevent sex selective abortions has been in place since 1994. In spite of this, due to the lethargy in the system, the Act is not implemented. It is time to take new initiatives in this direction. We hope this booklet will create the necessary debate to take our work forward to save precious lives. We would like to thank the staff and Board of Gramya as well as ActionAid which made it possible for us to reflect and gather our experiences. Our campaign partners Adress, Ankita, Grameena Mahila Mandali, Grass, Peace and Pilupu in Nalgonda district reached out to 15 mandals highlighting many issues and we collectively hope to reach our goal to bring about gender justice and prevent female feticide. Special thanks are due to Indira Rani and Kalpana Dayala and staff at ActionAid who supported us during the campaign.

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Index

1. The Global Background	9
2. India's Disappearing Girls	19
3. Andhra Pradesh's Sex Ratio and Crime Rates	29
4. View and Community Voices from the Field: Nalgonda District, Andhra Pradesh	39
5. The Implications of a Skewed Sex Ratio	52
6. Protecting the Girl Child – Governmental Roles	57
7. Protecting the Girl Child – Community Roles	63
8. The Need to Act Now	69
Bibliography	73

The Global Background

Over centuries, the adult sex ratio for the entire world population has hovered at around 100 females to 101 males, with imbalances within individual nations attributed to various factors. Past skews have been attributed to the excessive impacts of war on those in military service [the majority being men] and civilians [the majority being women and children], and to both unintentional and deliberate gendercide.

Back in 1990, Nobel laureate Amartya Sen raised the issue of missing daughters, when he found that there were typically more women than men in European and North American countries, but that the sex ratio in developing countries in Asia, as well as the Middle East, was much lower¹. On adding up the demographic numbers from Asia, Sen estimated that the number of women “missing” from the region exceeded 100 million, before lamenting that *“These numbers tell us, quietly, a terrible story of inequality and neglect leading to the excess mortality of women.”*

According to 2005 to 2010 statistics, at a global level the

frequency of newborns is 100 females to 107 males. Irrespective of past imbalances and minor regional variations, all pale to insignificance compared with the present day disappearance of females from the demographics of countries in South and East Asia, as well as in the former Soviet Bloc countries of the Caucuses and Balkans².

A parental preference for sons, as opposed to daughters, has long been a worldwide phenomenon. At this point in time however, the decreasing number of female births relative to that of male births in the Asian nations of China, Hong Kong, India, Pakistan, Singapore, South Korea and Taiwan, and the Eastern European countries of Albania, Armenia, Azerbaijan, Georgia and Serbia, has significantly distorted the ratio of females to males within children aged group 0-6 years. Most often described as gendercide, and occasionally as gynocide, today's skewed sex ratios amount to outright femicide. In fact, were the girl child instead the endangered white rhinoceros, the entire world would be up in arms to save and protect her.

Over centuries, within patrilineal communities the girl child has faced a number of obstacles in order to survive both her birth and her early childhood years. Throughout the ages, and in somewhat isolated instances to the present day, the practice of female infanticide has prevailed with almost total impunity. Similarly, the less welcome or unwanted girl child is known to receive poorer medical care than her male counterpart. Her illness, even one that is serious, is more likely neglected, while she can be discriminated against when it comes to food, receiving substantially less than her male infant and male child counterparts. In India, a large section of rural women openly acknowledge that they breast feed sons far longer than daughters.

During the past six decades, rather than diminishing, the imperilment of girl infants has instead increased. To some extent population politics, for example the strictly enforced One-child Policy in China, and India's Two-child policy, have played a role. As a result, sex-selected abortion to avoid female births has masculinised populations within the above mentioned countries to the extent that it is not entirely irrational to regard the girl infant as a member of an endangered species. Further, though the major focus has concentrated on the world's two most populous nations, China and India, sex-selected abortion is practised in rich and poor countries and in Buddhist, Hindu, Christian and Muslim societies alike.

Initial methods of determining foetal sex included chorionic villus sampling and amniocentesis. As Mara Hvistendahl documents³, in 1975 the All-India Institute of Medical Science unveiled the country's first amniocentesis tests at its government hospital for the initially well-intentioned purpose of identifying foetal abnormalities, as *"..almost from the start, doctors used it to pinpoint foetal sex. Before long, other government hospitals – among them LNJP (Lok Nayak Jai Prakash) – were offering the test as well. ... Doctors helpfully identified foetal gender"* and if on learning that her pregnancy was female the woman wished to abort *"the doctors helped with that as well."*

Within a short space of time, word of the new technology reached the middle and upper classes, and increasing numbers of middle class women considered that braving the imperfections of a service established for the poor, including its inexperienced doctors, *"was a worthy price to pay for avoiding the birth of an unwanted daughter"*⁴.

As for the medical fraternity behind the project, I.C. Verma and colleagues openly spouted that the amniocentesis exercise was an experimental trial with the potential to be introduced on a larger scale. By the time the country's feminists had launched a vibrant protest against sex-selected abortion, largely based on the accusation that the government of India's money had funded sex-selected abortions, Verma and company had already presented their research on women's bodies at a national conference, claiming that "*sex selection was an effective and ethical method of population control*". During that same period, in late 1978, the health minister responded to the feminist protest by banning foetal sex determinations in government hospitals, a decision which virtually invited private clinics to fill the gap, thereby having "*the paradoxical effect of increasing the number of places where a woman could go to abort a girl*"⁵.

Speculation on the source of funding for sex-selected abortions remained unclear until 2010 when the Rockefeller Foundation and International Planned Parenthood opened up the initial files of the organisations' roles in India during the 1960s and 70s. From that point, the amniocentesis experiments conducted by the All-India Institute of Medical Science were retrospectively traced back to the United States and the neo-Malthusian mentality which prevailed both in Washington and within finance and resource-rich organisations such as the Ford Foundation, International Planned Parenthood, Population Council, Rockefeller Foundation, United Nations Family Planning Association, and the World Bank⁶.

Although chorionic villus sampling and amniocentesis have a high degree of accuracy when it comes to diagnosing foetal gender, both are invasive and have largely been set aside except

in unusual circumstances because of their risk to both mother and foetus. Enter Ultrasound Scanning, via which foetal gender can be accurately identified late in the first trimester or early second trimester of pregnancy, and which today through sex-selected abortion facilitates the vast termination of female pregnancies.

Pioneered from 1958 by the discovery, mechanical invention and medical research of Scottish physician Ian Donald⁷, research and applications of ultrasound in Obstetrics and Gynaecology expanded rapidly from the mid-60s. During that period, an upsurge of institutions in Europe, Japan and the United States embarked on studies relating to clinical diagnostics via ultrasound with bulky equipment. By the late 1970s, with the evolution of the minicomputer into the microcomputer, and the invention of the microprocessor, came a swift reduction in the physical size of the ultrasound machines. Within a decade there was a proliferation of high quality machines and by the early 1980s there were at least 45 large and small diagnostic ultrasound equipment manufacturers worldwide⁸.

Smaller, more easily carried ultrasound scanners soon became available, with examinations easily carried out in outpatient clinics. Foetal gender could be discerned by ultrasound as early as 65 to 69 days from conception (12 weeks gestation with accuracy in 75 to 90 per cent of cases, but at 70 days (13 weeks) gestation the accuracy is close to 100% provided there are no malformed external genitalia. In China, by the 1990 as the country boasted more than 100,000 ultrasound scanners, some 1.7 million female babies went “missing” each year. In India, by 2011 there were 41,182 registered ultrasound clinics⁹.

By 2010, General Electric had released a cell phone-sized

ultrasound scanner called Vscan in India¹⁰. Fitting into an operator's pocket, and weighing just 400 grams, the instrument has the same image quality as that of traditional ultrasound machines. Also in 2010, GE's rival Siemens produced a similar machine (10, but in the same year GE and Siemens were trumped when scientists at Britain's Newcastle University announced the development of an ultrasound device which can be plugged into any computer and which is so portable that it can be carried about just like a computer mouse portable¹¹. Expected to cost as little as between \$40 and \$50 (Rs 2,000 and Rs 3,000), whereas existing hospital-based ultrasound machines are priced at between \$32,100 and \$160,600 and are regulated against sex determination, the outreach of mini ultrasound scanners is highly likely to expand extravagantly. With the wisdom of personal experience, Sabu George, a girl child campaigner, responded by stating that "Sex selection would become more rampant with ultra portability and low cost. We have seen this happening with advancement in ultrasound technology¹²".

The market for sex determination tests in India's 40,000 registered ultrasound clinics is estimated to be worth at least \$100m annually. Simultaneously, unregistered clinics have mushroomed, and although attempts have been made to increase penalties under the Pre-conception and Pre-natal Diagnostic Techniques or PCPNDT Act, only 55 convictions have resulted from 800 court cases against doctors in 17 states¹³.

Further worryingly, even as feminists and additional girl child campaigners believed that technologies which placed the birth of the girl infant in jeopardy had peaked, along came the simple blood test that can determine foetal sex with accuracy of 95 per cent at 7 weeks gestation and 99 per cent at 20 weeks¹⁴.

First described in 1997, the presence of cell-free circulating Y chromosome DNA sequences in the plasma of pregnant women led numerous groups worldwide to validate the initial finding that Y chromosome sequences can be amplified and used to identify male fetuses. Such research was extended using a variety of methodologies, sex-specific markers, and sample types across all gestational ages.

“Pink or Blue-type” blood tests are widely available to consumers in US drug store chains, and are routinely used by physicians in the Netherlands, the United Kingdom, France, and Spain, to advise pregnant women at risk of conceiving a foetus at risk of inheriting a serious gender-linked disorder. Today, despite the absence of any formal assessment of performance, a number of companies are mass marketing the nonmedical use of “Pink or Blue-type” blood tests, directly to the consumer via the internet.

Presently, “Pink or Blue-type” kits have a \$25 price tag, but with laboratory fees and variable shipping costs the total expense reaches between \$265 and \$330. Pregnant women are required to prick their finger and send the blood sample to a specified DNA-testing laboratory. Should a Y chromosome be detected, the foetus is male, but the absence of a Y chromosome, while probably indicating that the foetus is female could also mean that foetal DNA was not present in the blood sample¹⁵.

Concerns are widespread that “Pink or Blue-type” kits will fast track patrilinear parents towards sex-selected abortions in the first trimester, as opposed to the majority who await foetal gender confirmation via ultrasound in the second trimester of pregnancy. According to the executive vice president Terry Carmichael at Consumer Genetics Inc., which

sells the “Pink or Blue” blood tests online, his company does not test any blood samples unless the women has signed a consent form stating that the results would not be used for gender selection. Further, with gender selection in mind, the company also claims that it does not sell the kits to consumers in India or China. Given the power of the internet such a claim may well be meaningless, as too bans on the kits by India’s northern states of Punjab and Haryana and the penalties announced by the Himachal Pradesh government for online purchases in 2011¹⁶. Rather, all add substance to suspicions that “Pink or Blue-type” technology has already breached India’s borders.

By and large, concern within sections of the media and from influential institutions for the resulting impact of this gender-warped society remains relatively dismissive. The Mumbai-based First Post’s Editor-in-Chief, R Jagannathan, trumpeted five reasons why it is not worth panicking over the falling child-sex ratio, the most inaccurate of which, as the reality of girl’s and women’s lives demonstrates, is that the scarcity of females within society will increase their value¹⁷:

“By reducing the birth of girl children, girls born today will command a better future since they can call the shots. In Punjab and Haryana, a region with a traditional skew against females, brides from women-surplus states like Kerala are beginning to command a premium – the exact opposite of the general practice of demanding dowries from girls.”

Indeed? Rather, in contrast to this isolated example, facts indicate otherwise with the female deficit most often resulting in the commodification in girls and young women in bride trafficking and bride sharing schemes, often across state and national borders where they are also highly likely to be faced

with a language and culture that is foreign to their own¹⁸. Nonetheless, and mainly in response to campaigns initiated by civil society organisations, major newspapers have only recently commenced to focus on disappearing girl-related issues.

Encouraged by the trend in South Korea, where negative child sex ratios reached the highest in Asia before peaking in the mid-1990s and thereafter normalizing, a World Bank Working Paper of 2009¹⁹ claims that child sex ratios are peaking in China and India, with many sub-national regions beginning a trend towards less masculinization. Such a claim is highly debatable, as too is the authors' suggestion that the "missing girls" phenomenon could be addressed in Asia with "continuing vigorous efforts to reduce son preference".

While son preference is a major factor in a world of disappearing girls, patrilinear mindsets alone would not have brought about the current crisis in female number. Rather, only by acting in tandem with the increasingly cheap technologies which identify foetal gender, and the availability of abortion which stretches beyond the rule of law, has son preference succeeded to distort the age-old balance between male and female births and thereby create a generation faced with an unnatural excess of males. In this context, it is well worth recalling the considerable foresight of delegates at the Beijing Conference on Women in 1995 who added prenatal sex selection and female infanticide to the list of various forms of violence against women as per Paragraph 115²⁰:

*"Acts of violence against women also include forced sterilization and forced abortion, coercive/forced use of contraceptives, **female infanticide and prenatal sex selection.**"*

Obviously, the lucrative funding and Neo-Malthusian

ideology behind India's population control programs came from across the Atlantic. But it must also be remembered that it was the naive complicity of the medical fraternity from the All-India Institute of Medical Science, one of whom went on to pursue a career in foetal malformation²¹, which gave birth to the epidemic of sex-selected abortions which imperil the birth of the girl child today.



let us join hands to protect the girl child

India's Disappearing Girls

India's 10 yearly Census is primarily a straight-forward count of males and females, with changes in sex composition largely reflecting the underlying socio-economic and cultural patterns of a society in different ways. Defined as the number of females per 1000 males in the population, the sex ratio is a crucial social indicator by which to measure the degree of prevailing equity between males and females in a society at a given point in time.

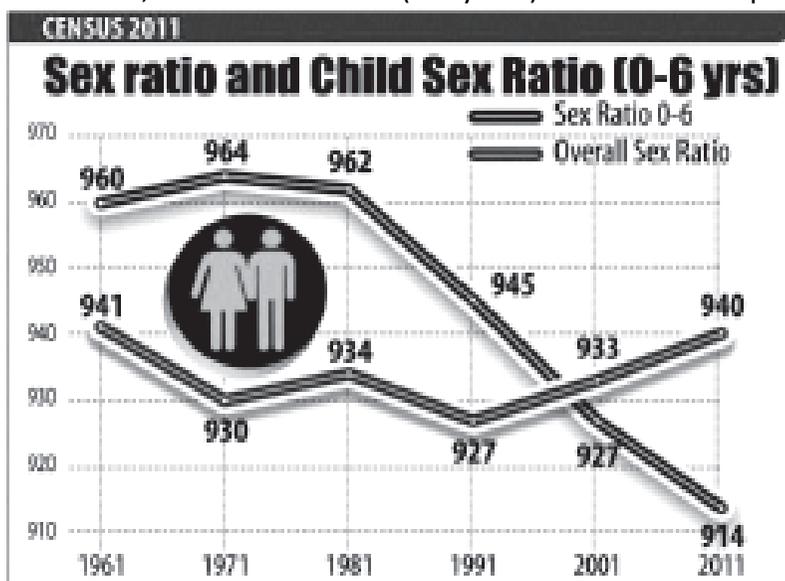
India's sex ratio has gradually declined from the beginning of the twentieth century, and by 2010 was surpassed on the global table only by China's as having the lowest number of adult females per 100 men²².

According to these global statistics there were 57 million more men than women in the world in 2010, with the surplus of men concentrated in the youngest age groups. At a global level, male surpluses steadily diminished before disappearing at about age 50, with the surplus becoming female in older age groups due to women's longer life expectancy. Overall, the

large surplus of adult men worldwide was due mainly to the world's two most populous countries, China and India, whereas in most other countries the number of adult women exceeds that of adult men.

India's Census of 2011 concluded that the population increased by 181 million in the previous 10 years to a total of 1.21 billion. Hailed was the "good news" that the overall sex ratio at the national level had increased by 7 points from the 2001 Census to reach 940 females per 1000 males, and the 9.21 percentage points growth in literacy from 64.83 per cent in 2001 to 74.04 per cent in 2011²³.

While this was the highest adult sex ratio recorded in India since 1971, the child sex ratio (0-6 years) of 914 females per



Whereas overall Sex Ratio has shown improvement since 1991, decline in Child Sex Ratio (0-6) has been unabated since 1961 census

Source : Office of the Registrar General & Census Commissioner

FIGURE 1 (The Hindu, April 1, 2011)

1000 males showed a dramatic decline from the 2001 Census figure of 927 females per 1000 males, this being the lowest level since Independence (see Figure 1). Continuing unabated since the 1961 Census, child sex ratios (0-6) showed a decline over 2001 census in 27 states and union territories. Best 0-6 ratios were achieved in Mizoram (971 females per 1000 males) and Meghalaya (970 females per 1000 males), but the prosperous states in the north, Haryana (830 females per 1000 males) and Punjab (846 females per 1000 males), despite modest improvements, remained the two states with poorest child sex ratios²⁴.

Contrary to widely-held opinion, female foeticide is not a crime of India's less educated and/or economically under-developed population. Rather, the practice is more prevalent amongst the country's elite, who find multiple visits to an ultrasound clinic, and the hushed-up abortion of an unwanted girl, well within the limits of affordability. As examples, in the prosperous farming district of Kurukshetra in Haryana, the ratio of girl infants to boys has slumped to 770 females per 1000 male births, while in the high-rent Southwest neighbourhoods of New Delhi, the number of girl babies is 845 per 1,000 boys. Ironically, as income levels have risen, so too have foetal sex determination and sex selected abortion increased throughout India, with the more influential and affluent pockets having the poorest sex ratios.

A 2011 study of trends in selective abortions of girls in India, analysing nationally representative birth histories from 1990 to 2005 and census data from 1991 to 2011, concluded that selective abortion of girls, especially for pregnancies after a first-born girl, had increased substantially²⁵. In this study, the sex ratio for second-order births when the firstborn was a girl

fell from 906 per 1000 in 1990 to 836 in 2005. Declines were much greater in mothers with ten or more years of education than in mothers with no education, and in wealthier households compared with poorer households. In contrast, no significant declines were found in the sex ratio for second-order births if the firstborn was a boy. After adjusting for the excess mortality rates in girls, the study estimated that the number of selective abortions of girls rose from between zero to two million in the 1980s, to between 1.2 and 4.1 million in the 1990s, and from between 3.1 and 6.0 million in the 2000s. Each 1% decline in child sex ratio at ages 0 to 6 years implied between 1.2 to 3.6 million more selective abortions of girls, with the selective abortions of girls totalling between 4.2 to 12.1 million from 1980 to 2010.

In an effort to halt the alarming decline in the female ratio, the Government of India enacted the Pre-natal Diagnostic Techniques or PNDT (Regulation and Prevention of Misuse) Act in 1994, but failed to implement the law until January of 1996. By then, multinational ultrasound manufacturers had taken advantage of the country's economic liberalisation and the production of ultrasound machines was in full swing throughout the country. Coupled with the ready availability of cheap credit for purchase, the aggressive marketing of ultrasound equipment made scanning accessible throughout the country. Machines were sold to anybody who wished to purchase the technology.

During the course of the implementation of the PNDT Act, techniques evolved to select the sex of the child before conception, threatening to further worsen the declining sex-ratio. After prolonged deliberations, the PNDT Act was amended to become the Pre-conception and Pre-natal

Diagnostic Techniques or PCPNDT (Prohibition of Sex Selection). Directed for implementation by the Supreme Court in May 2001, the more stringent law now meant that manufacturers were restricted by a license which only permitted the sale of ultrasound machines to registered clinics. Sales decreased in 2002, but the number of registered clinics increased from 600 in May 2002 to 30,000 by 2007.

According to Sabu George, writing in *The Times of India*²⁶, over the 15 year period between 1986 and 2001 five million girls were eliminated from India’s population as a result of foetal sex determination performed by unethical medical professionals. Female extermination rates via the misuse of ultrasound had reached the remote tribal areas of Rajasthan, the inaccessible villages of Bundelkhand in central India, the remote Lambada tribals of Chandampet and Devarkonda in Andhra Pradesh’s Nalgonda district, and had also emerged in Assam, Kerala and the Kashmir valley where women were traditionally more highly regarded.

Concurring with George’s claim that government efforts and responses to restrain the promotion of foetal sexing had

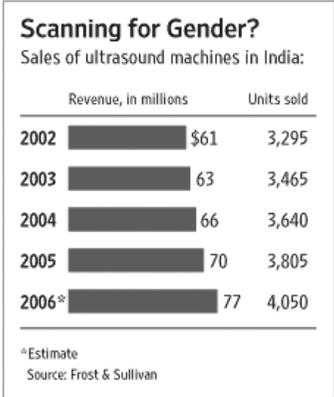


Figure 2 (*The Wall Street Journal*, April 18, 2007)

been grossly inadequate, New Delhi obstetrician Puneet Bedi added that the demand for sons had been completely exploited by multinationals (27, see Figure 2). In the context that GE and other companies marketing ultrasound machines had proclaimed that ultrasound technology was an essential tool for monitoring pregnancy, when in essence such scans are unnecessary for mothers in low risk groups, George and Bedi's accusations appear more likely accurate.

As an example, Indergarh, a town in Datia district of Madhya Pradesh is without drinking water, and has infrequent electricity, but has ultra sound technology at a cost of \$8, or a week's wages. Kalpana Bhavre, who is in charge of Women and Child Welfare in the Datia district, explained that ultrasound was the main reason why the sex ratio had fallen, for while a daughter is often viewed as incurring a lifetime of debt for parents because of the dowry payment at marriage, the cost of an ultrasound falls well within the realm of the affordable²⁸.

GE, which via a joint venture with Indian outsourcing giant Wipro Ltd boasts by far the greatest number of ultrasound machine sales in India, denies that the technology is the root cause of female foeticide in India. Tapping into Wipro's extensive distribution and service network to deliver its products to about 80 per cent of its customers, GE cornered the ultrasound market in the early 1990s and soon after began manufacturing the devices in India. For more remote locations and lower-end machines, GE employs sales agents for the delivery. GE doesn't disclose the value of its ultrasound sales, but Wipro GE's overall sales in India, which includes ultrasounds and other diagnostic equipment, reached some \$250 million in 2006, a dramatic increase in profits from the \$30 million declared in 1995²⁹.

Also in keeping with Dr Puneet Bedi's accusation that multinationals had exploited India's son preference, by 2007 GE had teamed with banks to assist doctors in purchasing ultrasound machines. By that time, GE was selling some fifteen different models, ranging from machines that offered sophisticated colour images at \$100,000, to basic black-and-white scanners that retailed for approximately \$7,500. To boost sales, GE eyed small-town doctors, keeping prices down by refurbishing old equipment and marketing laptop machines to doctors who travelled frequently, including to rural areas³⁰.

According to a former employee, GE also offered discounts to buyers inclined to boast about their new gadgets. But rather than accepting responsibility for GE's role in the epidemic of foetal sex-linked selected abortions, Vivek Paul, Wipro's chief executive until 2005, instead places blame on unethical members of the medical fraternity. To him, "If someone drives a car through a crowded market and kills people, do you blame the car maker?"³¹.

Bangalore-based V. Raja, president and chief executive officer of GE Healthcare, South Asia and Managing Director of GE-Wipro, maintained in 2007 that the company strictly adhered to the provisions of the PCPNDT Act of 2002³². Nonetheless, despite Raja's claims that all GE-Wipro ultrasound devices bear stickers carrying the message that sex determination is an offence, and of internal audits to ensure that both the dealer and customer are adhering to the rule of law, it is an open secret that such measures have failed to prevent corrupt medical practitioners from performing sex determination and/or dealers from selling the machines to them.

Varsha Deshpande, founder of the Dalit Mahila Vikas

Mandal in Maharashtra and legal advisor to the Satara district PCPNDT Act Committee, maintained that despite non-registration, doctors in the state, especially in Maharashtra's prosperous belt of Satara, Kolhapur and Navi Mumbai, were using ultrasound machines to detect the sex of the foetus. She, and others working to prevent the sex-selective abortion of the female foetus insisted that the ultrasound technology, coupled with the greed of a sector of medical professionals, were in effect wiping out the girl child's very existence once an ultrasound scan has completed its task, and were the main reasons for the declining sex ratio in the country³³.

By 2012, Deshpande had completed 36 sting operations and obtained 17 convictions of doctors caught conducting sex selected abortions. She conducted her first sting in 2005, and in 2007 set up the Lakh Laadki Abhiyaan to save the girl child. As she keeps travelling to various districts and other states, she sadly reflects that the judiciary remains insensitive to the issue and that doctors escape with bail³⁴.

In a sting of 2010 Deshpande travelled 500 km across Maharashtra with a pregnant woman as decoy, from Satara to the Munde Hospital in Parli to trap the notorious doctor couple Sudam and Saraswati Munde of Beed district. Her words give clues to the enormity and criminal planning of the Mundes' practice in Beed where 2011 figures demonstrated the birth of only 801 female infants per 1,000 males: *"The Mundes had a strategy. No vehicles were allowed to park opposite their hospital. They were told to park near the temple to show that the patients had come to seek blessings. More than 90 pregnant women from various parts of the state were waiting in the hospital. Five women were checked at a time, in the waiting room where Dr Saraswati Munde conducted the ultrasound*

examination and identified the sex of the foetus. Number 16 meant a boy and 19, a girl. Dr Sudam Munde demanded Rs 2,000 for detecting a female foetus and Rs 500 for a male". After lengthy proceedings taking some eight months, the case was filed against the Mundes duo under the Medical Termination of Pregnancy Act.

Blatantly ignorant and blind to his misogyny, Dr Sudam Munde spoke openly during the sting of aborting female foetuses and feeding them to his five dogs. Maharashtra's Health minister, Suresh Shetty, admitted to "hearing" of foetuses being thrown to the dogs in Beed, as too he confessed to "hearing" of deaths at Munde's abortion clinic, but had no evidence of either charge³⁵. Substantiating Deshpande's claim that Munde enjoyed significant clout with authorities, Shetty also confessed that a civil surgeon was sent to investigate Munde's hospital, but she was locked up in a room by some goons, before being abused and told to leave. At the end of the day, rather than following up on the physical and verbal abuse of a civil surgeon in the course of her duty to investigate possible breaches of the PCPNDT Act, Minister Shetty was content to sit back and take the matter no further: the obvious implication being complicity with the Munde's in their highly profitable war on the girl child!

Despite carrying out his crimes in the absence of any genuine hindrance from authorities, Munde's lucrative crimes appear to be nearing an end: On May 18 of 2012, the 28 year old mother of four daughters, Vijaymala Patekar, died during the termination of her six months-advanced pregnancy at his abortion clinic. Booked for culpable homicide over the Patekar fatality, he is also likely to be booked under Maharashtra Control of Organised Crimes Act (MCOCA). Such overdue action

has developed as a result of district civil surgeon Dr Gauri Rathod requesting that authorities treat female foeticide as “organised crime”, thereby laying an MCOCA charge against medicos booked under the PCPNDT Act³⁶.

In response, the district President of the Indian Medical Association, Dr Kailas Paithankar verified that while the association has never intended to shield doctors found guilty of PCPNDT violations, he also felt that it was not the administration’s role to punish all of the fraternity for the misdeeds of the few³⁷. More to the point, it is rare for India’s Medical authorities to debar any practitioner for ethical malpractice. Up until now, child activists of all persuasions have not tarred all within the medical fraternity with the female foeticide brush, but the time is overdue for a hefty dose of internal whistle blowing in order to drum the criminal sector out of the profession.

Adding to the country’s strong preference for sons and the unlawful identification of gender for the purpose of female-selective pregnancy terminations, the indifference of authorities to violations of the PCPNDT has severely betrayed the rights of women across the country. Echoing the statement made by the All India Democratic Women’s Association (AIDWA) in response to the 2011 Census figures³⁸, the statistics once again raise serious questions about the direction of development which has led to economic “growth” in the absence of social justice. Further, the continued devaluation of women in the economic and social spheres, together with the lack of *de facto* property rights, and the increasing scourge of dowry, are visibly and tragically strengthening the son preference trends which are illustrated within the latest census figures.

Andhra Pradesh's Sex Ratios and Crime Rates

The overall sex ratio in Andhra Pradesh improved 14 points from the 978 females per 1000 males recorded in the Census of 2001 to reach 992 females per 1000 males in the 2011 Census³⁹. Thirteen districts had sex ratios above the state average of 992, but the remaining ten districts, including the capital Hyderabad (943 females per 1000 men) recorded figures below the state average. The improvement in the adult sex ratio may be attributed to better health care for women and higher mortality rates for men due to alcoholism: Civil society organizations across the state have noted the problems of young widows following their husbands' alcohol-related deaths.

On the downside, census 2011 figures indicated a sex ratio of only 943 girls per 1000 boys in the state's population aged 0-6 years, a marked decline from the 961 girls per 1000 boys registered 10 years earlier in the 2001 Census. The state's child sex ratios for rural and urban areas in 2011 were respectively 942 and 946 girls per 1000 boys, in each instance

falling below the corresponding figures of 963 and 955 from the 2001 census.

Hyderabad had the highest literacy rate of 80.96 per cent, but while the urban child sex ratio for the state was 946 girls per 1000 boys, there were but 938 girls per 1000 boys recorded in Hyderabad district. An even steeper decline was recorded in the Warangal district where the child sex ratio fell from 955 girls in 2001 to 912 girls per 1,000 boys in 2011, a figure even lower than the national average of 914 girls⁴⁰.

At the mandal level (see examples in Figure 3), the child sex ratio in 564 mandals fell within the range of 901-950 girls per 1000 boys, and 380 mandals in the range of 951-1000 girls per 1000 boys. Child sex ratios of above 1000 were registered

WHITHER GIRL CHILD		
Mandals	District	Sex ratio of girls/1,000 boys
Chityal	Nalgonda	528
Narayanpur	Nalgonda	833
Chandampet	Nalgonda	834
Kalakada	Anantapur	838
Munugode	Nalgonda	842
Thripuraram	Nalgonda	853
Manchal	Rangareddy	865
Tadimarri	Anantapur	866
Pochampalli	Nalgonda	867
Thimmajipet	Mahaboobnagar	870



FIGURE 3(*The Hindu*, June 8, 2012)

Note: Chityal Mandal is within the Warangal District, not the Nalgonda District as indicated in the above FIGURE 3

in only 62 mandals, a fall from the 111 mandals achieving that figure in 2001. Of particular concern, whereas no mandal was Mahaboobnagar district and Chityal in Warangal district, fell respectively to 704 and 528 girls per 1000 boys in 2011⁴¹.

In the short term, child sex ratios assume major importance because of the consequent impact on the demography of child-related trends, including the status of the girl child. In the long-term, declining female numbers within the 0-6 year group have an unavoidable impact on the total population over time, ultimately diminishing the adult sex ratio of the entire state.

Back in 2007, in the process of bemoaning the disappearance of China and India's girls, British writer and former editor-in-chief of the London Observer, Will Hutton, recalled the mid- 19th century period in China when official records revealed 129 men to every 100 women⁴²:

“Lower-class Huai-pei peasants could not find wives; hungry, economically displaced and, in Chinese terms, ‘bare branches’ - not proper men because they could not marry and father children - they turned to banditry as providing meaning and sustenance alike.”

Referred to as Nian rebels, the 50,000-strong network of bandit groups who lived by pillage and rape, ran an area the size of Germany in central China for more than 15 years. History may already be repeating, and not only in China as Mara Hvistendahl has insightfully documented in *Unnatural Selection* (43, pages 219-223).

A similar scenario may well be developing in India, with the state of Andhra Pradesh illustrating a number of disturbing trends in the direction of both general law breaking and criminal violence against females.

In the process of compiling annual statistics, the National Crime Records Bureau documents Crimes against Women according to the criteria that, although women may be victims of general crimes such as Murder, Theft and Cheating, only those which are directed specifically against women are counted within this category. Taking into account new legislations, together with amendments made to existing laws, the National Crime Records Bureau classifies anti-women crimes into two broad categories: First, *Crimes under the Indian Penal Code* which include Rape, Kidnapping and Abduction for specified purposes, Dowry-related Homicides, Dowry Deaths or their attempts, Torture - both mental and physical, Molestation, Sexual Harassment, and the Importation of girls (up to 21 years of age); and second *Crimes under the Special and Local Laws*, which while not all gender specific, are provisions of law which significantly affect women, and are periodically reviewed and amended to maintain pace with emerging requirements. Recorded within this subcategory of Crimes against Women are breaches of the Immoral Traffic (Prevention) Act, 1956, the Dowry Prohibition Act, 1961, the Indecent Representation of Women (Prohibition) Act, 1986, and the Commission of Sati (Prevention) Act, 1987.

In 2008 the nation's crime rates, as compiled by the National Crime Records Bureau⁴⁴ and defined as the number of crimes per 100,000 of population, with respect to the *Indian Penal Code* increased by 6.4 percent from 175.1 in 2007 to 181.5 in 2008, and that for *Special and Local Laws* by 1.2 percent from 329.4 in 2007 to 333.4. The highest share of crimes against the *Indian Penal Code*, 37.8 percent, occurred in Andhra Pradesh, almost double the National average percentage of 22.6.

A total of 72,643 of the nation's crimes fell within the category "Crimes against Body" which comprised Murder and Attempted Murder, Culpable Homicide not amounting to Murder, Kidnapping and Abduction, Hurt and Causing Death by Negligence, an increase of 4.8 per cent over figures from 2007. Crime rates against Body in Andhra (82.2 per lakh population), the second highest of any state, were twice that of the National rate of 41.0 per lakh population. Further, when singling out rates for the subcategory of "Hurt", Andhra Pradesh scored the highest incidence of any state with 48,167 cases, amounting for 16.9 percent of the total number of such crimes reported in the entire country.

Nationally, Crimes against Women, under the *Indian Penal Code* and under the *Special and Local Laws*, totalled 195,856 in 2008, continuing the incremental increases observed over the period 2004 (154,333 cases) to 2007 (185,312 cases). Andhra Pradesh, which in 2008 accounted for slightly less than 7.1 percent of the country's population, accounted for 24,111 cases or 12.3 percent of total crimes against women.

In 2009⁴⁵, the national incidence of Crime against Women, under the *Indian Penal Code* and *Crimes under the Special and Local Laws*, increased to a total of 203,804, an increase of 4.1 per cent over the incidence in 2008. At a national level, this was a continuance of the annually increasing rate of Crime against Women observed since 2005. Andhra Pradesh again featured prominently, accounting for 7.1 percent of the national population, but accounting for 12.5 percent (25,569 cases) of the total number of crimes against women.

Although the number of sexual harassment reports decreased nationally by 9.9 percent in 2009 (11,009 cases compared with 12,214 in 2008), 32 percent or 3,520 reports

came from Andhra Pradesh; almost 10 percent or 1000 more cases ahead of the nearest rival state of Uttar Pradesh which accounted for 22.9 percent (2,524 cases) of sexual harassment incidents. It may also be acknowledged that reports of sexual harassment from Andhra Pradesh may be elevated due to the increased likelihood of women in Self Help Groups (SHGs) reporting such incidents.

Rape totals in 2009 amounted to 21,397 cases nationally, with 11.5 percent or 2,470 rapes committed against girls under the age of 15 years of age, 15.6 percent (2,912 cases) against girls aged 15 to 18 years, 59.8 percent (12,812 cases) against women aged 18 to 30 years, 14.6 percent (3,124 cases) against women aged 30 to 50 years, and 0.4 percent (95 cases) against women aged more than 50 years.

Crimes against Women continued to rise through until the year 2011⁴⁶, this being the date of the latest national figures from the National Crime Records Bureau, reaching 228,650 cases, as opposed to 213,585 cases in 2010. West Bengal, with 7.5 percent of the country's population led the way, accounting for 12.7 percent (29,133 cases) of the total crime against women, but Andhra Pradesh with nearly 7.0 percent of the country's population, came a close second with 28,246 cases or 12.4 percent of the total.

According to 2011 figures for sexual harassment, Andhra Pradesh led all states reporting 42.7 percent or 3,658 cases in the nation's tally of 8,570 incidents, and while the national crime rate for this category of Crime against Women was 0.7, Andhra's rate was seven times higher at 4.3.

The national tally of rape cases, which increased during the 2007 to 2008 period, and plateaued somewhat in 2009 to 2010, rose by 9.2 percent (24,206 cases) in 2011 compared

with 2010. Madhya Pradesh reported the highest number of rapes (3,406), accounting for 14.1 per cent of the national total. Slightly at variance with figures from the National Crime Records Bureau indicating Andhra Pradesh's 1,442 incidents of rape in 2011, police figures forthcoming from the state's Criminal Investigation Department⁴⁷ indicated the slightly smaller number of 1,387 incidents of rape, but either figure illustrates a phenomenal rise from the 898 rape cases reported in 2005 (see Figure 4). Amounting to 115 rapes per average month in 2011, Andhra Pradesh's figures of 754 rapes for the first six months of



Year	Total	Against SC/STs
2002	952	92
2003	901	102
2004	898	109
2005	898	100
2006	1006	138
2007	1026	139
2008	1204	121
2009	1147	144
2010	1308	146
2011	1387	169
2012	754 (upto June)	

Source: AP Police

2012 indicate that four women are raped daily and that the monthly rape rate has further risen to 125. Heading towards an all-time high annual total of 1,500 rapes for the state, the incidence of rape in January to June of 2012 was highest in the commissionerates of Hyderabad and Cyberabad(79 cases). Dalit and Adivasi women suffered the steepest climb in rape attacks, where compared with the 92 cases recorded in 2002, the number of rapes soared to 169 in 2011, an increase of approximately 84 percent over the past decade.

National Crime Records Bureau data for 2011 also show that 37,929 of the country's men were under arrest for rape.

While the figure included carry-over cases from 2010, of the 37,929 only 26,436 men or 69.7 per cent were charge sheeted, with a further 9443 or 24.9 per cent remaining under investigation at the year's end⁴⁸.

During 2011, 126,753 men faced trial for rape, but only one sixth or 21,489 of those trials were completed. At the close of 2011, in what can only be seen as an indictment of widespread shoddy police investigations, only 5,724 men or 26.6 per cent were convicted of rape. And, painting a bleak picture of the country's slow judicial process, the number of pending cases at the end of 2011 stood at 104,997, or 82.8 per cent of cases which had reached trial stage⁴⁹. To date, the impunity enjoyed by rapists cannot be overstated, leading to fear for the life of the girl child, as well as "honour" of the family restricting the lives of women.

In 2008⁵⁰, the National Crime Records Bureau's Crimes against Children punishable under the *Indian Penal Code* included Murder, Foeticide, Infanticides, Abetment to Suicide, Exposure & Abandonment, Crime against children by parents or others to expose or leave them with the intention of abandonment, Kidnapping and Abduction, Kidnapping for exporting, Kidnapping from lawful guardianship, Kidnapping for ransom, Kidnapping for camel racing etc, Kidnapping for begging, Kidnapping to compel for marriage, Kidnapping for slavery etc, Kidnapping child for stealing from its person (under 10years of age only), Procurement of minor girls (for inducement to force or seduceto illicit intercourse, Selling of girls for prostitution, Buying of girls for prostitution, Rape, and Unnatural Offences; while Crime against Children punishable under *Special and Local Laws* included Immoral Traffic Prevention (where minors are abused in prostitution, Child

Marriage Restraint, and Child Labour. Except within the categories of Kidnapping from lawful guardianship, Kidnapping for ransom, Kidnapping for camel racing etc, and Kidnapping for begging, it is the girl child who falls victim to the vast majority of this lengthy list of crimes.

In 2008, the total of 22,500 cases of crimes reported against children nationally represented an increase of 10.2 per cent over the 20,410 cases reported in 2007⁵¹. National Crimes against Children continued that pathway into 2010, reaching a total of 26,694 cases, an increase of 10.3 per cent over the 24,201 cases of 2009⁵².

Statistics on infanticide and foeticide during that period were severely limited by the relatively minute number of arrests, and an even tinier number of convictions against offending clinics and members of the medical fraternity. Since parents and doctors continue to commit this crime of sex-selected abortion, the absence of a complainant (baby girl) serves to compound the problem.

The ratio of female to male child victims of crime is relatively unexplored, but statistics from Mumbai Police records reveal that over 425 violent crimes, mainly rapes and murders, were committed against children in Mumbai in 2011⁵³. In the context that 117 of Maharashtra's 425 crimes were rapes of the girl child, and that Maharashtra is the state with the poorest rape conviction rate (9.9%, against the national average of 34.6%), this amounts to a recipe for the unchecked abuse of the girl child.

Similarly, figures from the Government of India's Ministry of Statistics and Programme Implementation⁵⁴ revealed that child trafficking, booked under the Immoral Traffic (Prevention) Act 1956, declined by 2.6 per cent in 2011 compared with 2010,

but there was a massive 122.2 per cent increase in the category 'Importation of Girls' in the 2010 to 2011 period, with 56 percent of 2011 cases occurring in Madhya Pradesh, 20.4 percent in Andhra Pradesh, and 17.2 per cent in Tamil Nadu. Whether this finding reflects attempts to balance out the girl deficit or an indication of supplying girls for the sex trade requires urgent investigation.

Overall, the rising incidence of general lawlessness, together with the marked increase in crimes against the girl child and women across all age groups, is a salutary warning that the masculinisation of Andhra Pradesh, as too other Indian states, via female foeticide has resulted in the increase in violence endured by women from conception to grave.

View and Community Voices from the Field: Nalgonda District, Andhra Pradesh

A. View from the Field

Andhra Pradesh is known to have made great progress in organizing poor rural women into Self Help Groups (SHGs). At the time of writing, 1.4 crore women across the state participate in SHGs and are vertically integrated upwards into mandal and district Samakhyas (women's organizations). These groups, while accessing loans and taking up income generation activities, also act as an outreach to implement government programmes such as pensions for widows and the aged.

The Government of Andhra Pradesh has also appointed gender committees to support women's rights, but in spite of these efforts, there is a complete failure to address the issue of sex selection. As a result there is escalating foeticide and neglect of the girl child.

The paradox of economic development and lack of women's empowerment is reflected in the declining child sex ratio in the state, where in 2001 there were 961 girls per 1000 boys, the number of girls per 1000 boys declined sharply to

stand at 943 in 2011.

Supported by the World Bank, the Government programme of organizing women into SHGs is associated with poverty reduction. Gender empowerment however remains a myth, with every district in Andhra Pradesh, aside from West Godavari, revealing a declining child sex ratio (see TABLE 1).

In the Nalgonda District, 22 (34%) of the mandals were found to have a sex ratio which is below the national figure of 914 (see TABLE 2)

TABLE 1

Child Sex Ratios in Andhra Pradesh		
State/District	2001	2011
Andhra Pradesh	961	943
Adilabad	962	942
Nizamabad	959	946
Karimnagar	962	937
Medak	964	954
Hyderabad	943	938
Rangareddy	959	947
Mehaboob Nagar	952	932
Nalgonda	952	921
Warangal	955	912
Khammam	971	958
Srikakulam	967	953
Vijayanagaram	980	955
Vishakhapatnam	976	961
East Godavari	978	969
West Godavari	970	970
Krishna	963	953
Guntur	959	948
Prakasam	955	932
Sri Potti Sriramulu Nellore	954	945
YSR	951	919
Kurnool	958	937
Anantapur	959	927
Chittoor	955	931

TABLE 2

Sno	Name of the Mandal	Child Sex	Ratio	Sno	Name of the Mandal	Child Sex	Ratio
		2001	2011			2001	2011
1	Mothkur	954	1000	33	Penpahad	957	922
2	Vemulapally	930	995	34	Devarkonda	927	922
3	Thirumalagiri	917	979	35	Nadigudem	926	921
4	Nampally	926	972	36	Gundlapally	965	920
5	Nalgonda	1004	965	37	Athmakur (S)	957	919
6	Aleru	940	964	38	Kanagal	952	916
7	Gurrampode	956	962	39	Nidamanur	953	916
8	Mothy	936	961	40	Damaracherla	913	916
9	Kethepally	992	960	41	Nereducherla	954	914
10	JajireddyGudem	945	957	42	Kattangur	1014	913
11	Nalgonda Municipality	967	955	43	B Ramaram	964	913
12	Huzur Nagar	949	953	44	Miryalaguda	947	907
13	Turkapally	975	953	45	Ramannapet	946	906
14	Bhongir Municipality	964	951	46	Chintapally	972	906
15	Kodad	976	948	47	Chivemla	970	903
16	Miriyalaguda Municipality	965	946	48	Narketpally	934	903
17	Suryapet Municipality	928	943	49	PA Pally	894	902
18	Chiikur	950	943	50	Nuthankal	917	896
19	Nakrekal	971	943	51	Tungathurthy	963	895
20	Mattampally	913	942	52	Chandur	960	894
21	Bibinagar	943	941	53	Valigonda	948	894
22	Mellacheruvu	1003	940	54	Athmakur (M)	932	892
23	Munagala	1020	938	55	Chityala	932	883
24	Choutuppal	941	937	56	Pochampally	957	867
25	Gundala	930	936	57	Marriguda	995	863
26	Rajapet	955	935	58	Bhongir	939	856
27	Yadagirigutta	970	933	59	Tripuraram	951	853
28	Garidepally	970	933	60	Peddavoor	955	850
29	Thipparthi	953	932	61	Munugode	944	842
30	Suryapet	940	929	62	Chandampet	904	834
31	S Gowraram	975	927	63	Narayanpur	956	833
32	Anumula	948	923		District Ratio	952	921

A review of the status of the PCPNDT Act's implementation shows that 98 ultrasound scanning machines are currently registered in the district. However, it is an open secret that a large number of mobile vans carrying ultrasound scanning devices are also moving around the district with impunity.

While crucial Monitoring Committee and Advisory Committees have been set up in the district, they are essentially non-functional. Meetings are not held, no action is taken against doctors who have political connections, and raids which do occur are token in nature.

Review inspections of scanning centres highlighted that, while a few doctors meticulously send reports to the district administration, others violated the law at will. Notice boards to inform clients that the sex of the child cannot be revealed were absent, clear referral slips were unavailable, payment receipts were not maintained (this by itself a violation of tax laws), and in some cases neither was a log book maintained.

Following the previous administration's substantial crack down on doctors caught violating the law (this in itself being a clear indication for the administration to act), a few doctors reported that they had stopped revealing the sex of the foetus to parents.

In one centre, doctors were found to have signed blank F forms, and/or the pregnant woman's need for an ultrascan, while most of the F forms did not even carry the complete address of the pregnant woman - each a major violation of the law which served to raise suspicion that the sex of the foetus was revealed on request; in other clinics, untrained technicians were performing ultrasound scans; in another instance, three mobile vans were observed visiting one clinic on various days of the week, but only one of the vans was

registered. Since the victim is an unborn female, there is no one left to complain when the law is violated.

The 2011 census signalled the severe impact of sex selection on the country's child sex ratio, with 37.25 million girls "missing" from the age group of 0-6⁵⁵. Within that tally, 78,847 girls were considered "missing" from Andhra Pradesh between the years of 2005 to 2011, with the Nalgonda district contributing to the "disappearance" of 5,579 girls in that same period⁵⁶.

Prominent amongst the Government's responses to the problem of sex selection, infanticide and the sale of girl babies, is the cradle baby scheme. Featured in the 11th five year plan, the scheme proposed to "save" at least 5000 girl babies across the country. With Devarkonda and the surrounding area notorious for maltreating girl infants, the state government implemented a cradle scheme in the district in 2009. In the 24 month period from January 2011 to December 2012, fifty seven girl babies were left in the Devarkonda crèche. Of these, four girl infants were abandoned in public places, with the remaining 53 handed over to crèche carers by relatives, most often grandmothers.

Regrettably, the cradle baby scheme sends a message to the public that "if you don't want a girl, you can throw her away or dump her in a government cradle"⁵⁷. An analysis of Devarkonda's crèche records shows that most of the babies were given away immediately (11 cases) or within one week after birth, thereby depriving the infants of breast milk and increasing their vulnerability to disease. Devarkonda's crèche facility has 10 cradles, and is maintained around the clock by two women working 8 hour shifts.

There is little evidence that proper counselling is

forthcoming from the Devarkonda crèche to encourage families to reclaim and nurture their daughters. Nor are the infant's mothers' contacted to facilitate an opportunity to reclaim their daughters within a period of 90 days as stipulated by law. Rather than "saving" the girl infant, the lawfulness of the cradle baby scheme serves to add to existing pressures placed on women to discard their daughters. And since husbands threaten their wives with violence and bigamy if they do not get rid of girl infants, while failing to protect the girl child, the scheme is increasing women's vulnerability to domestic violence.

B. Voices from the Community

In order to gain a more complete understanding of the status of child sex ratios in rural Andhra Pradesh, Gramya carried out surveys of Anganwadi Centres in 232 villages within the Chandampet and Devarkonda mandals. The surveys further brought to the fore the skewed sex ratios in 22 of the villages (see TABLE 3 for details)

TABLE 3
CHILD SEX RATIO as of 30-03-2012

Sno	Name of the Gram Panchayat	Name of the village	No of pregnant women	No of Delivered women	Age group 0-1 Years		Age group 1-6 Years		Age group 0-6 Years	
					Girls	Boys	Girls	Boys	Girls	Boys
	Devarakonda Mandal									
1	Chennaram	Danjilalthanda	4	0	0	5	7	8	7	13
2	Mudigonda	Anganwadi-2	7	3	3	1	13	25	16	26
3	Pendlipakala	Gudithanda	7	3	1	2	13	19	14	21
4	Pendlipakala	Fakeerapuram	4	6	4	2	15	13	15	24
5	Kondamallepally	Anganwadi-2	5	8	3	8	12	18	15	26
6	Kondamallepally	Gowrikuntathanda	5	8	3	7	15	17	18	24
7	Sherpally	SherpallyPeddaThanda	7	4	2	2	10	20	12	22
8	Gajinagar	ChintachettuThanda	10	9	8	14	18	28	26	42
9	Gajinagar	KarubarThanda	5	2	1	1	21	32	22	33
10	Gajinagar	PatyaThanda	0	0	0	0	9	16	9	16
11	Gummadavally	Devarathanda	7	11	0	11	15	13	15	24
				Total	25	53	148	209	169	271

TABLE 3
CHILD SEX RATIO as of 30-03-2012

Sno	Name of the Gram Panchayat	Name of the village	No of pregnant women	No of Delivered women	Age group 0-1 Years		Age group 1-6 Years		Age group 0-6 Years	
					Girls	Boys	Girls	Boys	Girls	Boys
	ChandampetMandal									
1	Neredugommu	Pandirigunduthanda	9	2	1	1	20	36	21	37
2	Polepally	Manavaththanda	5	3	15	9	5	20	20	29
3	Polepally	Building thanda	5	2	5	10	9	13	14	23
4	Mududandla	Polyanaik thanda-1	13	13	10	11	12	20	22	31
5	Gagillapuram	Katravaththanda	7	15	10	8	22	35	32	43
6	Kottapally	Mosangaddathanda	5	9	10	20	10	10	20	30
7	Chinnamunigal	Buggathanda	6	7	12	13	7	23	19	36
8	Bachapuram	Nallabavithanda	2	4	4	7	6	12	10	19
9	Chitriyala	Buaddonithanda	3	5	4	10	20	26	24	36
10	Teldevarpally	Bollaram	4	10	7	8	17	21	24	29
11	Rekulagadda	Yapalpaithanda	6	9	2	4	17	22	19	26
12	Kambalapally	Kambalapally-1	5	6	2	6	11	14	13	20
13	Kambalapally	Guvvalagutta	5	5	4	6	11	14	15	20
				Total	86	113	167	266	253	379
			Grand Total	Grand Total	111	166	315	475	422	650

With the above results in mind, Gramya undertook an awareness campaign to share the PCPNDT Act and its implications with communities in 31 villages of Chandampet and Devarkonda. With an outreach to 1125 women and 1027 men, the campaign enabled Gramya to learn further of the problems faced by women in the community. Feedback from the village communities highlighted the following:

- ☛ Community acknowledgement that female foeticide as well as the killing of girl child after birth continued in the area
- ☛ A patriarchal attitude pressurized women to continue child bearing if they had daughters. In some cases women have given birth to 7 or 8 daughters in the hope of producing a son. In their own words, “every family needs a boy to carry the family name”.
- ☛ Even when women want to plan their families and stop having babies after giving birth to a second or third daughter, many husbands threaten to leave and marry a second time. Under such threats, women are vulnerable and continue in the marriage, while also continuing to bear children. And in spite of all that, when a woman fails to deliver a son, husbands frequently proceed to marry a second time, flouting the law against bigamy.
- ☛ Dowry is another major issue in the Lambadi community. The community earlier practiced the system of bride price but in the process of modernization, the community has embraced mainstream ideology and the status of women has further deteriorated
- ☛ Men reported that they dislike keeping unmarried girls

above the age of 14 years at home due to concerns about their safety

- Many pregnant women did not access the government hospital services. Instead, they spent between Rs. 10,000 and Rs. 15,000 at private hospitals. In the remote locations, untrained Registered Medical Practitioners acted as middlemen and referred pregnant women for sex selective abortions at hospitals in other parts of the district such as Miriyalaguda, as well as in Hyderabad.
- Anganwadi workers (Crèche workers) only registered the name of a pregnant woman at the Centre when the scan showed that the foetus was male. When the scan indicated a female foetus, women were coerced into undergoing a sex selective abortion and they were not allowed to register the pregnancy. In many of the villages where Gramya campaigned, Anganwadi workers failed to run their centres regularly and obviously could not follow up on the status of pregnant women. Also helpless to stop sex selection were the Asha workers (Health worker in the village) and the Auxiliary Nurse Midwife.
- Many members of the community were totally unaware of the government schemes to protect the girl child and provide support to pregnant women. In instances where they were aware of the schemes, they were cynical about the possibility of obtaining benefits in the absence of bribe payments.
- People migrate annually for several months in a year from this region. Leading to the disruption of children's education, but true to patriarchal norms,

boys are often sent to private schools while girls are left behind, in some cases to cook for their brothers. In other instances, while the education of boys proceeds uninterrupted, girls are taken along with the migrating family to babysit, cook and undertake other domestic chores.

- ☛ In cases where girls remain behind in the village, they are more often sent to Government Schools to continue their education. In the more remote villages, these government schools are functioning irregularly, with teacher absenteeism and neglected minimum levels of learning being a root cause of girls' low achievement rates, often leading parents to pull their girls out of school.
- ☛ Child marriages continue in the area with impunity. Defying the law, the customary acceptance of child marriages in remote locations of the village ensures a continuance. Only on rare occasions, usually in response to protest by girl student groups or civil society interventions, is the administration forced to act.
- ☛ In Yapalapaya Thanda, during 2010 the births of 32 boys were registered, but not a solitary birth of a girl - a clear indication of rampant female foeticide and/or infanticide.
- ☛ Many members of the community have migrated to Hyderabad city, creating a network for the sale of infants, invariably female, and a referral system for sex-selected abortions at hospitals in the capital.
- ☛ Domestic violence is accepted as the norm. Though SHGs are active in all villages, gender committees are

ineffective, there by failing young women, the targets of domestic violence should they refuse sex selected pregnancy terminations.

Community feedback provides evidence of the Government's failure to address the prevailing problems in a holistic manner. Moves to implement the PCPNDT Act in complete spirit await; undeniably established is the infrastructure for monitoring compliance, but action remains extremely limited.

The absence of well-functioning schools in villages reflects the state's failure to provide quality education, particularly for girls. In the long-term, this level of under-development prevents young women from standing up for their rights within the family and/or from living independently when necessary. In the short-term, an improved system which encourages all village girls to attend school, and which acts as a stepping stone towards meaningful and satisfying careers, has the potential to make a fundamental impact on son preference and anti-girl attitudes which are embedded within Indian society.

Employment and income generation activities for women are extremely limited. Though the Mahatma Gandhi National Rural Employment Generation Scheme, and its many innovations, is implemented in Andhra Pradesh, the shortage of childcare centres for women workers, as too women's inability to independently access 100 days of employment, prevents them from living in an autonomous manner.

Women's economic dependence on men, coupled with prevailing patriarchal attitudes amongst both men and women, plays a significant role in coercing women to accept sex selective abortions. Similarly, the failure of the Police machinery to act effectively in cases of domestic violence

serves to increase the woes of women. The non-implementation of the Protection of Women from Domestic Violence Act 2005 (giving relief within 60 days), the Prohibition of Child Marriage Act of 2006, and many other legislations aimed at protecting women, have together led to a degeneration in the status of women.

Even though the implementation of laws protecting women remains largely neglected, the 2011 census data illustrating the decline of child sex ratios moved the Government of Andhra Pradesh and the District Administration to address the issue of female foeticide and sex selection. Included are efforts to form village level protection committees comprised of government staff members, Anganwadi workers, Auxiliary Nurse Midwives, Asha workers and SHG members. However, unless these committees are strengthened with knowledge and have the backing in the form of immediate support from Police and the District Administration, they are destined to remain paper tigers.

The larger task of educating men in the community to accept and promote gender equity remains, and craves wide attention via the primary, secondary and tertiary education systems, and the electronic and print media.

The Implications of a Skewed Sex Ratio

Highly skewed national sex ratios have long been recognised as having negative social consequences for society as a whole, and for girls and women in particular. Throughout human history, a masculinized population has translated into criminal and violent conflict, notably in countries where marriage and parenthood are the keys to boosting the status and social rank of young men.

Unsurprisingly, rather than become more valued and appreciated in their scarcity, a masculinized sex ratio increases the likelihood of girls and women contending with rape, abduction, bride sharing, trafficking, coerced marriage, and various other forms of violence and discrimination.

Both India and China are proving no exception to past experiences, with a significant correlation between increased crime and the falling female component of the sex ratio in India, and a doubling of crime rates during the recent period of male-dominated sex ratios in China⁵⁸.

In India, a study on the population statistics from the years 1980 to 1982 showed a strong correlation between homicide

rates in individual states and the sex ratio in those states. After adjusting for possible confounders such as urbanization and poverty, the authors concluded that there was a clear link between a male surplus sex ratio and overall violence, though not violence against women as might be assumed when there is a shortage of females⁵⁹. From this perspective, the Indian experience may prove paradoxical since adult sex ratios have improved, but the country's plummeting child sex ratio is clearly indicative of continuing and strengthening patriarchal attitudes.

Auxiliary research by Valerie Hudson and Andrea den Boer further demonstrated that the relationship between the declining female sex ratio and murder rates at the level of the Indian state continued through until the late 1990s⁶⁰. In China, young male migrant workers are blamed for a disproportionate amount of urban crime, especially violent crime. Hudson and den Boer predict that these single young men are likely to be attracted to military or military-type organizations, thereby enhancing their potential to trigger large-scale domestic and international violence. With this in mind, and with 40 percent of the world's population living in China and India, it was therefore argued that the sex imbalance may have serious consequences for regional and global security.

Defying widely-held impressions, the crime of rape has not been directly linked to masculinised sex ratios. Nonetheless, according to 2011 statistics from the National Crime Records Bureau, rape was the most rapidly growing crime in India since 1971⁶¹. Increasing by a staggering 792 per cent in those forty years, rape dwarfs the rise in other serious crimes like murder (106 per cent), armed robbery (27 percent) and kidnapping (298 per cent).

While reflecting the country's increasing violence against girls and women, the country's shameful rape statistics are excused, and indeed white-washed, by the claim that the 2011 rape frequency is an artefact created by increased reporting of the crime, this in turn being due to a growing awareness amongst victims and their families.

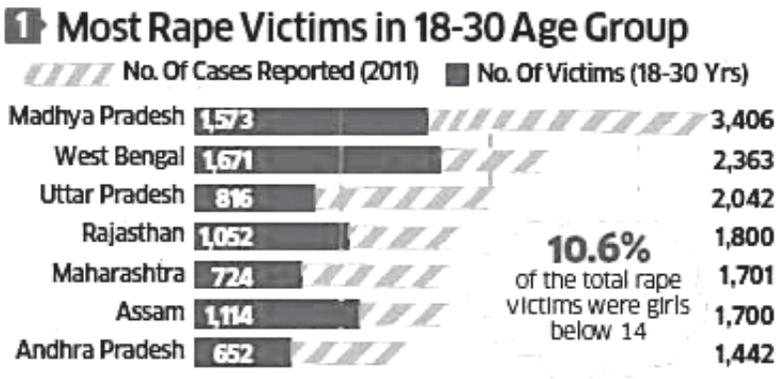


FIGURE 5 (*The Economic Times, Wednesday December 26, 2012*)

As in many other corners of the world, the crime of rape has a poor conviction rate in India, with laws clouded by contradictions and confusion which have frequently lead to miscarriages of justice(62, see Figure 6). Nonetheless, in most states where the sex ratio is highly skewed in favour of males, the daily reports of rape and gang rape are consistent with notions that a surplus of men, devoid of the feminizing influence of sisters, girlfriends and wives are driven towards committing violent crimes, notably rape, against women. In fact, it might well be said that to deny the link between the country's masculinized sex ratio, and national average of 22 women raped each hour, is to live in disgraceful disregard for the lifelong suffering, the crime inflicts upon girls and women.

FIGURE 6 (*Tehelka Magazine*, Vol. 7, Issue 46, November 20, 2010)

LIVING ON THE EDGE

These numbers show why the State needs to make rape laws stringent

112

Percentage rise in reported rape cases in the country between 1990 and 2008

26.6

Percentage, the average conviction rate in rape cases that undergo trials in Indian courts

22

The average number of women who are raped every hour in the country

With the abundance of young men in countries where there is a deficit of girls and women of marriageable age, bride trafficking has become a major problem. In India, according to social activist and founder of Empower People, Shafiqur Rahman Khan, young girls are deceived in the name of marriage by a professional ‘agent’, before being sold on to buyers in regions like Haryana, Punjab, Uttar Pradesh and Rajasthan. The maximum numbers of cases have been reported from Haryana, the state which has India’s lowest sex ratio⁶³. More than 80 per cent of the 100,000 brides trafficked annually are Muslims, coming from the backward districts of states such as West Bengal, Bihar, and Assam where there is a substantial Muslim population, and also from the Muslim concentrated districts of Jharkhand, Orissa and South India.

Kept as sex slaves, as well as domestic and farm labourers, the trafficked bride’s marriage has neither legal nor social legitimacy. Many trafficked ‘brides’ are sold over and over, some as many as ten times, for a price, depending upon their appearance, age, and sexual experience, ranging from Rs. 7,000 to Rs. 70,000. All such women become commodities, treated as second-class wives and frequently abandoned once they have performed their allotted task of giving birth to heirs.

On occasions, rather than being trafficked for paltry amounts, a number of young girls from Assam and West Bengal have instead been abducted and then sold into marriages in neighbouring Haryana, while there is also a history of teenage Muslim girls from the old city of Hyderabad in Andhra Pradesh

being sold into pseudo-marriages with men, as many as five decades their senior, in Gulf countries⁶⁴.

According to the Deputy Commissioner of Police investigating the old city cases, in the space of just a few weeks in August of 2005 more than 100 girls had fallen victim to the scheme, with some of the girls married twice or thrice to different persons within the space of seven to ten days. Rather than trafficking for bride purpose, this is more likely a sign that a highly profitable flesh trade is operating within Andhra Pradesh. Since the mid-1990s, trafficking for the sex industry has expanded in both India and China, but while the sex ratios favouring males may have played a role, the trafficking of girls and women for prostitution has also been attributed to greater mobility, increased socioeconomic inequality, and a relaxation in sexual attitudes⁶⁵.

Protecting the Girl Child Governmental roles



In India, at both national and state level, a number of pro-girl child initiatives are underway to both sway public opinion and intensify action against sex-selected abortion.

Introduced in 2005, the girl child protection scheme aims to prevent gender discrimination by both empowering and protecting the rights of the Girl Child through direct investment from government, and has the following Eligibility Criteria:

1. Family with only one girl child or only two girls shall be eligible
2. Either of the parents should have undergone family planning operation on or after April 1, 2005.
3. The total annual income of the family of the girl child shall be below Rs. 20,000/- per annum for rural areas and Rs. 24,000/- for urban areas.
4. Families having a single girl of 0-3 years of age, will be given first priority.
5. Second priority will be for families having two girl children of whom the age of the second girl child should not be more than 3 years as on April 1, 2005
6. The age of the child on the date of application shall be the criterion for determining the eligibility of the child for the benefit under the scheme.
7. Consequent to enrollment, those who fulfill conditions as prescribed shall be eligible to receive the benefits under the scheme

Under the scheme, if a tubectomy or vasectomy is undertaken after the birth of one daughter, the entitlement is Rs 100,000; if a tubectomy or vasectomy is undertaken after the birth of two daughters, each is eligible to receive Rs. 30,000.

Still, it should be noted that it is not the first-born daughter who is vulnerable. Rather, it is the 3rd, 4th and subsequently conceived daughters whose birth is in peril. And within the criteria, the 6th leads to the disqualification of many mothers from interior areas as they are traditionally late to learn of such schemes.

Government efforts to hasten the transition to two child families are largely implemented by the Family Welfare program. Initially, in the 70s and 80s the strategies relied on

social pressure and coercion towards contraception to reduce “family size”. Following the 1994 Conference on Population and Development and its promises of replacing coercion with choice and education, a “Target Free Approach” was adopted. Within the space of a few years, choice in particular fell by the wayside as policies focussed instead on building support for small families via social incentives and disincentives. Initially a nationwide policy, though now scrapped in several states, the Law prohibits individuals with more than two children from standing for local government. Such laws do not apply to state or federal politicians, indicating that the country’s elite are spared the penalty imposed upon the country’s vast underclass who are struggling against poverty but are demonstrating the desire for a voice at the local level in order to create better conditions for themselves, their families, and their communities.

Obviously, government measures to reduce sex selection must include the stringent enforcement of existing legislation, and recognition that conviction rates for violent crime against girls and women are a national disgrace, as too there must be widespread campaigns to alert the public to the dangers of gender imbalance. According to Sabu George, the efforts in Hyderabad in 2004 to 2006 by Arvind Kumar, an IAS Officer and those of Manohar Agnani in Shivpuri, Madhya Pradesh during 2007, have demonstrated that the law can be implemented effectively, and that medical audits can restrict the misuse of ultrasound⁶⁶.

Multiple steps have evolved which indicate that government is moving, albeit belatedly, in this direction: In May of 2011, the Union Health Ministry reiterated that doctors convicted of sex-selection tests under the country’s PCPNDT

Act would permanently lose their license to practise. Word from New Delhi suggested that this regulation might become retrospective, with the Medical Council of India's boards asked to identify doctors convicted under the Act prior to the announcement. Should such a request be met, the move would ensure that each and every doctor convicted in the past, in the present, and in the future, of breaching the PCPNDT Act would be penalised with the permanent cancellation of the license to practice⁶⁷. The Union Health Ministry also recommended that state inspection and monitoring committees be set up to keep a strict vigil on the number of ultrasound machines in districts which have heavy concentration of ultrasound clinics/imaging centres, and that close attention be paid to Form F, which under the Act every radiologist is required to complete before conducting an ultrasound on a pregnant woman. In the past, clinics found guilty of carrying out prenatal selection and selective abortion tended to skip Form F sections which provide the doctor's name and signature, the patient's address, age of the foetus and previous birth history.

Gramya's investigations into women who had undergone ultrasound scanning were stymied by the false or incomplete addresses provided on Form Fs. And, in these circumstances, it was virtually impossible to trace such women and establish the status of their pregnancies.

Teeth were added to PCPNDT Act in 2011 via the amendment of rule 11 (II) of the Act to read "appropriate authority or officer authorized may seal and seize any ultrasound machine, scanner or any other equipment, capable of detecting sex of foetus used by any organization if the organization hasn't got itself registered under the PCPNDT

Act.”⁶⁸. Amended rule 11 (II) also stipulates that “These machines of organizations may be released if such an organization pays a penalty equal to five times the registration fee to the appropriate authorities concerned and gives an undertaking that it shall not undertake detection of sex before and after conception.”

By 2012 authorities had unearthed evidence that a number of doctors were simultaneously registered in as many as seven to even 16 ultrasound clinics, and were supposedly conducting ultrasound scans in all such clinics on a single day. Aside from falling beyond the realm of human possibility, such incidents clearly indicate the widespread violation of ultrasound scanning regulations which has taken place for almost two decades. As a result, the rules of PCPNDT Act were further amended in 2012 to (a) restrict the number of ultrasound clinics in which a doctor may practice to no more than two genetic clinic/ultrasound clinic/imaging centres within a single district; and (b) crack down on institutes providing crash ultrasound courses which qualify personnel for positions in “sex selection shops” by making it mandatory for ultrasound operators to undergo training from institutes accredited by state governments⁶⁹.

Lessons can also be learnt from South Korea’s partial reversal of the country’s highly imbalanced sex ratio⁷⁰. Peaking at 116 boys per 100 girls in the mid-1990s, Korea’s simultaneous introduction of economic, social and legal initiatives coincided with the sex ratio’s improvement to 107 boys per 100 girls in 2007. While retaining a male dominance that remains above the accepted biological range, and with greater imbalances persisting among later order births, the South Korean turn around illustrates that skewed sex ratios

are open to reversal. In essence, Korea's success story is believed due to the country's concurrent industrialization, urbanization and rapid economic development, which together with government policies aimed at improving gender equality and promoting awareness-raising campaigns, fundamentally altered the country's underlying social norms⁷¹. College education and employment which became available to women drastically changed societal attitudes.

Keeping in mind that the positive impact of any single or even multiple strategies will not filter through to the reproductive age group for another two decades, and that India's sex ratio at birth is still likely to remain at least somewhat unbalanced in the short-term, several decades are almost certain to pass before the country's sex ratio at birth becomes "gender balanced". But, given that no single strategy has proved successful in restoring balance to child and adult sex ratios once skewed, Governments at both national and state levels need to look further than increasing the stringent regulation of foetal gender procedures, amending flaws within population policies, and public awareness campaigns. The influence of patriarchy on the nation's social norms needs to be tackled without delay, as do factors which differentially affect the mortality rates of infant and child females and males. Public health care also calls for strengthening, while new approaches on offer from civil society deserve considerable attention. As an example, lawyers in Devarkonda have recommended that ultrasound scanning machines be introduced into Government Community Health Centres, a move that would enable marginalized pregnant women to access first trimester healthcare without being coerced into undergoing sex selected abortion.

Protecting the Girl Child Community roles

Women's rights advocates, together with a number of outstanding research scholars⁷² have addressed the problem of son preference, together with the implications of skewed sex ratios, over the past several decades. Since the 2011 census data became available, women's organizations and civil society groups have further strengthened campaigns to educate the community, and work together with governments to implement the PCPNDT Act and schemes to protect the girl child more effectively.

Over the years, Gramya has initiated a number of campaigns within the community to reclaim the girl child. In the process, Gramya has observed that with support, often in the face of fierce opposition from their families, and in spite of their own difficult circumstances, women have made a strong stand to ensure the welfare of the girl child. Undaunted by poverty, many have nurtured their daughters, and created a better life for themselves and girls/women in our society.

Gramya has provided such women with feminist counselling, short-term food supplies, and occasionally financial grants to increase their incomes, in order to bolster their withstanding of anti-girl child pressures from husbands and in-laws. Each of these women, acting to nurture a daughter in difficult circumstances, is an unsung heroine who has provided a positive role model to women in all walks of life. The following are case histories of a few of the 35 women whom Gramya has encountered:

Case 1 : Korra Bujji, Kattagommuthanda Village, Mandal Devarkonda

Bujji and her husband Pandu are a landless couple, she working as a Mini Anganwadi ayah, and he as a hamali. An alcoholic, the husband often ill-treated Bujji, for example by selling all the household utensils when he needed cash to feed his addiction. After the birth of a fourth daughter, Kasturi, Pandu pressured Bujji to give the baby away, and although they already had one son, insisted that they keep trying to have another. Gramya, alerted to the problem by another woman who had received assistance, intervened and suggested that he underwent a vasectomy, an option he refused but which prompted his permission for Bujji to undergo a Tubectomy.

While Pandu was educating his son, he refused to send the girls to school, and with the difficult situation at home Kasturi was initially neglected. With Gramya's urging however, Kasturi was referred to paediatricians in Hyderabad, under whose guidance Kasturi's health was restored, and she is now well cared for by Bujji.

Case 2 : Medaram Rameshwari, Gaggilapuram, Chandampet Mandal

Rameshwari, from the Chakali caste (washermen), had 4 daughters, the most recent of which she was pressured to give away. She refused, and alerted to her situation by our volunteer Ms Padma, Gramya supported her initially with 6 months of food provisions. Rameshwari also had herself sterilized so that her husband Sattiah, an alcoholic lorry driver, was no longer able to continuously pressurise her to have a son. Rameshwari, working as a domestic, struggled to make both ends meet. With support from Gramya, Rameswari is making additional income through sale of milk and is taking care of all her daughters



Case 3 : Nenavath Suvvi, Kattagommu Thanda Village, Mandal Devarkonda

Suvvi and her husband Balaram are from the Lambadi community and own a small plot of unproductive land. They have six daughters and one son. Balaram and community elders forced Suvvi to give away one daughter, but with the birth of another, she decided to keep the last girl baby and with Gramya's support was able to take care of her. After considerable counselling, Balaram agreed that Suvvi could undergo a Tubectomy. Gramya has further supported Suvvi to educate her daughters, enrolling two girls in the government hostel and two girls in our bridge school, effectively saving her Rs 2,000 per month. In the meantime, Suvvi's health and income have improved because of a small grant from Gramya.

Suvvi, participated in a national conference on Violence against Women in Bangalore and spoke about her life and struggles. The workshop "Courts of Women", organized by Vimochana and the Asian Women Human Rights Forum, explored the violence faced by women in our societies and how this could be overcome.



Case 4: Ramavath Bujji, Village: Injamuru Thanda, Chinthapalli Mandal

Bujji has five daughters. She belongs to the Lambadi community. Her husband Chandru was regularly harrassing her to give away the last daughter as soon as she was born. When the baby was unwell she was taken to the local private hospital. At the hospital Chandru gave the daughter away to an ayah to get rid of her / sell her at Hyderabad. The ayah was offered Rs 100 to do this. When Bujji returned to her village without the baby the anganwadi worker found out what had happened. Bujji was reffered to Gramya for help. Bujji was keen to have her daughter back. With our intervention and support the child was recovered from the ayah who belonged to the same caste. Four of Bujji's daughters are now going to school with Gramya's help. She has been provided two goats to help with her expenses.

Case 5 : S.Padma, Sabavath thanda, Devarkonda Mandal

Padma and her husband are landless daily wage workers. They have four daughters. After the birth of the fourth daughter, Padma's husband and mother-in-law physically and verbally abused her before throwing her out of the house and insisting that the girl baby be placed in the government cradle. Alerted by a staff member at the cradle centre, Gramya, intervned and Padma reclaimed her daughter and decided to live at Gramya's hostel. In turn, Gramya followed up by counselling Padma's husband who eventually promised not to

kill the infant, and also agreed to take his wife back. The baby has since thrived, and Padma's income has been supplemented by financial support from Gramya.

Arguing that "Government Cradles" encourage the surrender and devaluation of the girl child, Gramya has since taken the issue up with the Minister of Women and Child Development.

The Need to Act Now

The 2011 census showing the declining trend in the Child Sex Ratio in the country is a wakeup call for all concerned citizens. Given the widespread nature of the problem, National and State Governments now have an inalienable responsibility to make the country a safe place for the girl baby, and for girls and women of all ages.

The first step is to ensure the implementation of the PCPNDT Act to the letter. Currently, the government has set up the essential Advisory Committees and Monitoring Committees at various levels. A cursory review highlights that in most places these committees remain inactive. At the district level, it is an imperative that the government imposes maximum penalties on all doctors and radiologists convicted of violating the Law.

Mobile ultrasounding vans pose a major problem, and regular raids are essential to ensure ongoing compliance with the law. Violators must be severely punished, with unregistered machines seized, and not returned with the payment of a mere token fine.

Details of registered clinics and machines need to be placed on a website so that the information is available to the public. This would enable ordinary citizens to report the functioning of unregistered and illegal mobile vans as a further means of ensuring immediate action.

The nexus between Registered Medical Practitioners who refer rural pregnant women, doctors who perform the ultrasound scans, and abortionists, who terminate female pregnancies, is common knowledge. In order to make an impact on the currently skewed child sex ratio, this nexus must be exposed and curtailed. Though communities are reluctant to name violators of the law, members often mention that the political connections of large hospitals facilitate illegal activities. Raising the possibility of medico-political corruption, these sentiments call for independent investigations, and if found to be true must be both brought to an end and also heavily penalized.

International experiences have shown that political leaders can make a significant contribution to improving the gender balance. In India, it is overdue for all political parties to publicly declare their commitment to restoring the balance of the child sex ratio, and for their cadres to work towards this end.

The survival of the girl child is largely dependent on Government-established committees at the village level orchestrating inter-departmental cooperation and coordination between health, women and child welfare, police and community groups. Every Indian village has a school, an Anganwadi centre, and a team of Asha Workers who provide education and health care. But, in addition to the sensitization of these functionaries to the importance of a balanced child

sex ratio, it is also crucial that various departments also act to prevent violence against women.

Andhra Pradesh is currently without elected Panchayat leaders. Nor are child births and deaths maintained in accordance with National guidelines. Watch Committees at the Panchayat level are urgently needed, as too are guidelines for good governance - in this instance, working towards gender balance.

In the recent past, the Indian media has consistently highlighted the problem of skewed sex ratios, but more needs to be done to overcome son preference, and dismantle the patriarchal perceptions which serve to discriminate against the girl child. Via both the print and electronic media, articles about the Law, the dangers of sex selection for society at large and the girl child in particular, have the potential to reach and impact upon a vast audience. Similarly, the media's projection of progressive images of men and women, as an alternative to those which depict women only as "bodies" and "commodities", has the potential to overcome notions that girls [and women] are inferior to boys [and men].

In Gramya's experience, children have reported the sale of their baby siblings leading to their restoration. Every village in India has a school teacher who can play a critical role in promoting child rights. Teachers have acted as guardians within the community, while Civil Society Organizations have the capacity to work closely together in order to increase awareness of child rights in the community, sensitizing both men and women.

Time is overdue for the Indian Medical Association to take responsibility for weeding out the black sheep from their fraternity's ranks. Currently in Nalgonda district, pregnant

women are subjected to three ultrasound scans. The question needs to be asked whether this is necessary for the vast majority of women, or whether this is an undue medicalization of pregnancy [and women's bodies] for profit motives. From the perspective of women's health and well-being, the establishment of ethical guidelines would be welcomed.

Finally, in addition to changing attitudes amongst men and women at the grassroots level, similar changes must also occur across all sectors of Indian society. Women's leadership in rural communities can be enhanced through awareness raising and training. Watch Committees can be strengthened to protect the girl child by the participation of men's and youth groups striving for a more progressive India. Civil Society Organizations have already come together across the country to campaign against sex selection. Their efforts to create awareness in the community and to lobby government on the implementation of the PCPNDT Law must endure. The Andhra Pradesh campaign "Cheyi Cheyi Kalupudam, Ada pillanu Rakshidham" (let us join hands to protect the girl child), supported by the international NGO ActionAid, has reached out to 15 districts in the state, prompting government action and enlightening communities. Such actions must continue until gender balance is achieved.

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