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DEATH BEFORE BIRTH: AN ANALYSIS OF FEMALE FOETICIDE AND ABORTION

IN INDIA

ABSTRACT

Sex selective abortions and rampant increase in the cases of female foeticide have become a noteworthy social phenomenon in many parts of India. It has gone beyond the range or limits all castes, class and communities and even the North South dichotomy. The girl children usually become target of attack even before they are born. Various scholars have observed that the latest development in modern medical sciences, that are actually meant for the benefit of the society, like amniocentesis and ultra-sonography tests, which were initially designed for detection of congenital abnormalities of the foetus, are now being misused for determining the sex of the foetus with the intention of aborting it, if it happens to be that of a female. The situation gets worse when these abortions are carried out well beyond the safe period of twelve weeks endangering the life of women. According to the Census report of 2001, the declining sex ratio which has been dropped to alarming levels, female feticide become a common practice in the middle and higher socio-economic households, specifically in the northern zone because of the low status of women and factors such as dowry, demand for son as concerned with family status, are the main evil practice responsible for sex selection abortions in India. This paper theoretically analyses the gravity of the incidence of female foeticide in India with respect to practice of abortion and its prevention.

Keywords: Foeticide; ultra-sonography; sex selective abortion; crimes against girl children

INTRODUCTION

The United Nations Children's Fund has declared that systematic gender discrimination has resulted in up to 40 million girls and women going missing from Indian population. The abnormal sex ratio estimates found in the 2001 Census largely support these results¹. An analysis of the fertility and mortality survey of 1998 has estimates that about 0.5 million female births go missing yearly. This has resulted into approximately 11 million female fetuses getting aborted over the past two decades². Ancient Indian Vedic texts represents women as a goddesses. A woman was referred to as “*saamraajini*”, which means the queen or mistress of the home, who was given an equal share in the performance of religious rites. The law-giver "Manu" said that where women are honored, the gods are pleased, but when they are not revered, rituals and prayers become ineffective (*Manu smriti* 3.62)³. Although, the preference for having sons has been prevalent in Indian society from ancient times. A new bride is mostly blessed to be a “mother of hundred sons”. When a woman becomes pregnant, other women in the family chant mantras and hymns exhorting the female fetus to be transformed into a male fetus. Female infanticide has been practiced in India for decades, with Sir Jonathan Duncan in 1789 providing the earliest documentation. The sexism faced by females from birth to grave is spread to womb to tomb with the availability of new technologies. The present work aims to highlight the issue of female foeticide and its determining factors and the concern regarding adverse child sex ratio and its consequences.

SEX RATIO AND CHILD SEX RATIO IN INDIA

The traditional preference for a male child, it isn't surprising that right from the first census of 1871. India has consistently represented an abnormal sex ratio (940 women for every 1000 men). The irregular sex ratio is contradictory to the predicted survival of female beings that are considered to be more robust. It must be noticed that this is possible, only if females get equivalent nutrition and access to healthcare. Pregnancy related morbidity and mortality account for 126,000 maternal deaths annually and tend to further distort sex ratios. A sharp decline in the sex ratio in

¹ Female foeticide in India. C2007. Available from http://www.unicef.org/India/media_3285.htm. [cited on 2008 Jun 26]

² Census Figures of 2001. Office of the Registrar General and Census Commissioner, New Delhi, India

³ Swami Harsh Ananda. An Introduction to Hindu Culture. 1st Edition. Bangalore (India): Ramakrishna Math; 2008

current years has coincided with an increased availability of ultrasound machines. About 60% of all abortions performed in Delhi are terminated due to the fetus being female. The proportion of girls per 1000 boys in the age group 0-6 years is calculated by the child sex ratio, which has slowly declined from 975 in 1961 to 945 in 1991 and 927 in the 2001 census.⁴ The child sex ratio in India is lower than that in other countries such as China (944), Pakistan (938), Bangladesh (953) and Nigeria (1019). The natural sex ratio is determined by various factors such as parental age, duration of birth interval and environmental factors which in turn are influenced by socio-cultural and racial factors⁵. Even in India, the child sex ratio is not uniform across the states. In the states of Haryana, Punjab, Delhi, Himachal Pradesh and Gujarat and union territory of Chandigarh, this ratio has declined to less than 879 girls per 1000 boys. In India's capital Delhi, the sex ratio has declined from 925 in 1991 to 865 in 2001. The lowest ratio of 845 has been recorded in the south west district of Delhi. In contrast, the north eastern states report a higher sex ratio of above 950⁶. The sex ratio is different in urban and rural areas and is also influenced by religion and caste factors. For, example, the sex ratio is 905 in urban areas while it is 934 in rural areas. Christians (964) record the highest sex ratio, while Sikh (786) and Jain societies report the lowest sex ratios. The sex ratio is stated to be 925 for Hindus and 950 for Muslims⁷.

FACTORS RESPONSIBLE FOR FEMALE FOETICIDE

Due to feasibility of advanced technologies, especially ultrasonography (USG), has been the single most influential factor responsible for decrease in sex ratios and increase in female feticides. Over 25000 prenatal units have been registered in India. Facilities of sex determination through clinics nearby are now conveniently available and the families willing to abort pay any amount that is demanded by the clinics⁸. For physicians, the availability of handheld scanning machines has translated into a brisk market. Sex selection techniques became demanding in the western and northwestern states in the late 70s and early 80s, whilst they are becoming popular in the South

⁴ Jha P, Kumar R, Vasa P, Dhingra N, Thiruchelvam D, Moineddin R. Low female[corrected]-to-male [corrected] sex ratio of children born in India: national survey of 1.1 million households. *Lancet* 2006; 367:211-8.

⁵ Central Bureau of Health Intelligence, Health Information of DGHS, Government of India, New Delhi: 2003

⁶ Bardia A, Paul E, Kapoor SK, Anand K. Declining sex ratio: Role of society, technology and government regulation in Faridabad district, Haryana. *Natl Med J India*. 2004; 17:207-11.

⁷ Sahni M, Verma N, Narula D, Varghese RM, Sreenivas V, Puliyel JM. Missing girls in India: infanticide, feticide and made-to-order pregnancies? Insights from hospital-based sex-ratio-at-birth over the last century. (*PLoS ONE* 2008;3: e2224.c2008).

⁸ Gurung, M. Female Foeticide. c1999. [cited on 2008 May 26] Available from: <http://www.hsph.harvard.edu/Organizations/healthnet/SAsia/forums/foeticide/articles/foeticide.html>.

now. The sex of a fetus can be determined by trans vaginal sonography at 13-14 weeks of pregnancy and abdominal ultrasound at 14-16 weeks. These methods have provided early sex determination inexpensive, feasible and easily accessible⁹. Although, various other preconception techniques are available that help in choosing the fetal sex, but their use is not widespread due to higher costs. There are various other reasons that have a bearing upon the child sex ratio.

STATUS OF WOMEN

The most significant factor responsible for decreasing child sex ratio is the poor status of Indian women coupled with traditional gender bias. The requirements with regards to health, nutrition and education of a girl child have been neglected. As above mentioned, in the Vedic Age (1500-1000 BC)¹⁰, they were worshipped as goddesses. However, with the passage of time, their status undergone significant and sharp decline and they were looked down upon as slaves. Studies has proved that women in southern India enjoy a better status irrespective of their literacy in comparison to their north Indian counterparts. It has long been argued that improvement in literacy rates and socio economic development amongst women could change the adverse sex ratio for the better. It has, however, been noted that educated families in Punjab are more likely than uneducated ones to discriminate against their daughters. The prevalence of prenatal sex determination is even more pronounced and common in the economically well-off, as the utilization of such facilities is dictated by one's willingness to pay. As a result, sex-selective abortion is commonly used by affluent agriculture families in rural Punjab, Haryana, and Gujarat, as well as the urban elite in Delhi. Similarly, the transition from a rural agricultural economy to an urban economy did not prohibit "jat" couples from using prenatal sexual determination and sex-selective abortion to attain limited family size by reducing the number of daughters in the family.¹¹ On the other hand, women control land holdings in matriarchal communities in the north-eastern states of India, and have a

⁹ Bose S, Trent K. Socio-demographic determinants of abortion in India: A north-South comparison. *J Biosoc Sci* 2006; 38:261-82.

¹⁰ Khanna SK. Traditions and reproductive technology in an urbanizing north Indian village. *Soc Sci Med* 1997; 44:171-80.

¹¹ Bhat PN, Zaviera AJ. Fertility decline and gender bias in northern India. *Demography* 2003; 40:637-57.

greater voice in matters relating to family, economy and community. In states like Meghalaya, this has resulted in a minor bias for daughters.¹²

GENDER DISCRIMINATION

The discrimination against females in India is based on ethnic, economic and religious origins. In the fields, sons are supposed to earn and work, provide decent income and take care of parents in old age. In this way, children are typically used as a form of insurance. In addition, sons are accountable for respect and the maintenance of the family identity in a patriarchal culture. Even, as per Hindu tradition, the illumination of a son's funeral pyre is viewed as an important necessity for the spirit's redemption. This clear desire for sons results in a life-threatening neglect of daughters that is not considered traditionally and socially abhorrent. Girls currently account for around 60% of unwanted births in northern India, and the reduction of unwanted fertility in this way has the potential to raise the sex ratio at birth to 120 boys per 100 girls.¹³ In the type of delay in seeking medical attention, seeking care from unqualified physicians and spending less money on drugs while a daughter is ill, gender inequality manifests itself. As a result of the birth of a daughter, the excessive disappointment of a mother will seriously impair her capacity to breastfeed the girl child, leading to low nutritional status. No wonder the prevalence of starvation and stunting in girls is higher than among boys.

DOWRY

In India, evil dowry tradition is commonly widespread. Daughters are thus viewed as an economic responsibility. In the northern states of India, the tradition of the dowry scheme is more rigid, which is likely to lead to the decreasing child sex ratio. Women have little influence over economic capital, and their ability to procure children, especially sons, is the best way for a young North Indian bride to gain domestic power. Marriages are most often not exogamous (but often consanguineous) in South Indian communities, and married daughters generally remain socially

¹² Haryana boys heading South in search of brides. Hindustan Times. [updated on 2007 June 25], [cited on 2008 June 2]. Available from: <http://www.hindustantimes.com/StoryPage/StoryPage.aspx?id=04ee9315-74ca-4595-962e-7bbb3d380bc9andMatch>.

¹³ Fernandes W. The Indigenous issue and women's status in North East India. Paper submitted at Indigenous rights in the commonwealth project, South and South-East Asia Regional Expert meeting. India International Centre, New Delhi: 11th-13th March, 2002.

and geographically close to their original family¹⁴. Dowries were unheard of before these days, and advantages of succession for the daughters were not ruled out. Paying a large dowry is not a traditional occurrence in the Muslim world. Consanguineous marriages are still very common and a portion of paternal inheritance is entitled to women.

RECENT REPORTS RELATING TO FEMALE FOETICIDE IN INDIA: STUDY SHOWS GIRLS INCREASINGLY ABORTED IN INDIA

According to a recent report, when prenatal tests indicate another female is on the way, a substantial percentage of Indian families with one child abort subsequent pregnancies. In rich and better educated families, the decrease in the number of girls is more pronounced, according to research reported in the medical journal *Lancet* on May 26, 2011.¹⁵ About 4 million and 12 million girls from 1980 to 2016 are estimated to have been aborted, the study said.

For every 1,000 people, data from India's census published in March 1980 shows 915 girls under the age of 7.¹⁶ Some were horrified a decade back when the figure was 926 to 1,000. In 1990, the ratio was 905 girls under 6 to every 1,000 boys, and by 2005, when it was 835 to every 1,000, it had further decreased.¹⁷

LAWS IN INDIA FOR THE UNBORN

THE INDIAN PENAL CODE, 1860

Parts 312 to 316 of the Indian Penal Code (IPC) deal with the abortion of an unborn child and the sentence ranges from seven years in jail and fines to life imprisonment, depending on the seriousness and intent of the offense committed.

Section 312: Causing Miscarriage

¹⁴ Miller B. *The endangered sex: Neglect of female children in rural North India*. Ithaca, (New York and London: Cornell Univ. Press; 1981).

¹⁵ James WH. Time of fertilization and sex of infants. (*Lancet* 1980; 1:1124-6)

¹⁶ International Institute for Population Sciences (IIPS) and Macro International. *National Family Health Survey (NFHS-2), 1998-99, India: Key Findings*. (Mumbai: IIPS; 2000).

¹⁷ The study was led by Prof. Prabhat Jha of the Centre for Global Health Research, Dalla Lana School of the University of Toronto and other researchers, including the former registrar general of India, Jayant K. Banthia

Anyone who voluntarily induces a woman with a fetus to have a miscarriage shall, if the miscarriage is not induced in good conscience in order to save a woman's health, be punished by imprisonment of either description for a period of up to three years, or by a fine, or both, and if a woman is swift to have a child, by imprisonment of either description for a term not more than seven years, and fine.

Explanation: This segment applies to a woman who intentionally allows herself to miscarry.

Section 313: Causing Miscarriage Without Woman's Consent

Whoever commits the crime described in the last preceding section without the woman's permission, whether or not the woman is swift to have a child, shall be punishable by life imprisonment or by imprisonment of any type for a period of up to ten years.

Section 314: Death Caused by Act Done with Intent to Cause Miscarriage

Anyone who commits any act that causes the death of such a woman with the intention of causing the miscarriage of a woman with a child shall be punishable with imprisonment of either type for a period of up to ten years and shall also be liable for a fine. Where the act is performed without the permission of the woman, either life imprisonment or the aforementioned penalty shall be punishable.

Explanation: It is not necessary for the criminal to be aware that the act is likely to result in death.

Section 315: Act Done With Intent To Prevent Child Being Born Alive Or To Cause It To Die After birth.

Anyone who acts before the birth of a child with the intent of preventing that child from being born alive or causing him to die after his birth, and who succeeds in preventing that child from being born alive or causing him to die after his birth, shall be punished with imprisonment for a period not exceeding ten year or fine or both, if the act is not committed in good faith in order to save the life of the mother of either description.

Section 316: causing death of quick unborn child by act amounting to culpable homicide

Whoever acts in such conditions that he is guilty of guilty homicide if he so causes death, and by such act causes the death of a swift unborn child, shall be punished with incarceration of any description for a period of up to ten years.

THE MEDICAL TERMINATION OF PREGNANCY ACT, 1971

The Medical Termination of Pregnancy Act, 1971, was developed as a mechanism to enable the number and frequency of children to be determined by pregnant mothers. It also granted them the right to determine whether or not to have a child. This good deliberate move, however, was misused to compel women to abort the female infant. The Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act was passed in 1994 to address the gaps in previous legislation, and it went into effect in January 1996. The Act prevented the assessment of the sex of the fetus and provided for penalties for violations of its provisions. The required registry of genetic counseling centers, clinics, hospitals, nursing homes, etc. was also issued.

THE PRE-CONCEPTION AND PRE-NATAL DIAGNOSTIC TECHNIQUES (REGULATION AND PREVENTION OF MISUSE) ACT, 1994

On September 20, 1994, the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act was enacted to tackle the practice of female foeticide in the country by misuse of technology, undertaken surreptitiously with the active connivance of the service providers and the persons pursuing such service. The Act was revised in 2003 to strengthen the control of sex-selection capable technologies and to avoid the drop in the child sex ratio as shown by the 2001 Census and, with effect from 14.02.2003, the Act became known as the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 due to the amendments.

ENFORCEMENT AND EFFECTIVENESS

Nowadays, in India, women's sexual options are welcomed. The Surgical Termination of Pregnancy Act is now legal and provides for involuntary abortions if the wellbeing of women is severely injured by pregnancy. In deciding the sex identity of the fetus, people abuse certain

provisions of the Act. Ultra sound systems have continued to be easily usable and convenient to use. There is also, utmost uncertainty as to who will serve as the watchdog to monitor the misuse of the female foeticide procedure, the difficulty in enforcing it, and in determining the doctor's and mother's privileges and responsibilities with regard to the legality of abortion. The enforcement of the legislation still has a political impact. Experience has demonstrated that law has a subverting function in general and that social practice is minimal. In the 1994 Legislation, the Ministry of Health and Family Welfare introduced separate changes. In 2002 and 2003, the act was revised.¹⁸. Under section 32 of the Act, the rules were formulated by the central government. These guidelines may be referred to as the 1996 rules for pre-conception and pre-natal diagnostic procedures (Prohibition of sex selection).

STRATEGIES TO CURB FEMALE FOETICIDE

Government Action-Plan and Policy Framework

In 1992, the "Survival, Protection and Development of the Girl Child" National Action Plan, effectively for the girl child (1991-2000), was created. The Plan defines the girl's rights to freedom from hunger, equal opportunities, illiteracy, ignorance and exploitation. The goals for ensuring the girl's survival are:

- Preventing female foeticide and infanticide cases and curbing the amniocentesis procedure for sex determination;
- Reducing gender inequality in the rate of child mortality; reducing gender disparities in eating practices; extending dietary programs to halve extreme malnutrition and supplying teenage girls with supplemental nutrition;
- Reduce diarrhea deaths by 55% among girls under 5 years of age and ensure immunization against all types of extreme diseases; and provide clean drinking water and provide access to near-home food.

Balika Sam Riddhi Yojana:

¹⁸Data collected from reports published by The Ministry of Health and Family Welfare, India in 1990 Available at <https://www.legalservicesindia.com/article/femalefoeticide> (last visited on 10th August, 2015)

For the intent of: The Yogna has been introduced

- To modify the pessimistic mindset of the group and family
- Enhancing children's enrolment and retention in schools
-
- To increase the age of marriage among girls.
-
- To foster wage benefits for girls.
- In addition to having different specific legislation and policy proclamations, the precipitating factors such as dowry, poverty, and the economic dependence of women, etc., leading to the issue of foeticide, have been addressed by enacting various laws such as:
 - Dowry Prohibition Act, 1961(Amended in1986);
 - Hindu Marriage Act,1955;
 - Hindu Adoption and Maintenance Act,1956;
 - Immoral Traffic Prevention Act,1986
 - Equal Remuneration Act,1976.

INTENSIVE INFORMATION, EDUCATION AND COMMUNICATION (IEC) CAMPAIGNS FOR RAISING AWARENESS:

The "Save the Girl Child Campaign" was launched recently by the government. One of its prior goals, by highlighting the achievements of young girls, is to minimize the preference for a son. Efforts are under way to create an atmosphere where sons and daughters are valued equally in order to achieve a long-term vision. In order to give respect and equal regard to girls, early education should be given to children. In portraying a positive image of women, the mass media must be involved. The primary target should be school and college girls. This should, however, be combined with highlighting the female foeticide problem and dangers and the defragmented gender ratio. It was determined that the message stressed the illegality of sex-selective abortion rather than explaining the distinction between sex-selective abortion and other abortions, based on the content of the abortion and sex determination information given.¹⁹ Several non-governmental organizations (NGOs) have also taken an active step in this direction. It should be emphasized that

¹⁹ Mishra O P, Law Relating to Women and Child 69-75 (Central Law Agency, 2nd edn, 2003)

it would go a long way to ensure the success of such campaigns by involving community leaders as well as influential individuals. The main causes of gender differences, however, must first be addressed and steps towards women's empowerment must be strengthened.

WOMEN EMPOWERMENT:

Training is a good measure for raising the age of marriage, embracing the correct family arrangement, enhancing self-care, diet standards, and encouraging them. NGOs may be encouraged to facilitate the formation of self-help groups, to organize non-formal education for adult women and school drop-outs, to create employment opportunities for women, and to provide newly married and pregnant women with counseling and support services to discourage them from selective sexual abortion.

GUARD AGAINST MISUSE OF GENDER TESTS

India's first female president, Mrs. Pratibha Patil, called on the medical community to define female foeticide as an embarrassment to humanity to ensure that diagnostic tests are not produced to be misused for pre-natal gender determination. We have legislation and legal requirements that particularly forbid the declaration of the fetus' gender by medical practitioners. Not only is it unlawful, but it is morally unethical and socially harmful. In order to discourage female foeticide, it is very important that all medical centers, physicians and radiologists should stick to this²⁰.

ROLE OF MEDICAL COLLEGES AND PROFESSIONAL BODIES:

In the encouragement of specialist societies, numerous medical professionals and surgeons have entered movements against the abuse of these innovations, others have become firm proponents of sex-selective abortion stressing that it is the personal choice of the family to determine their child's sex²¹. Therefore, it is important to give due emphasis to the work of professional bodies and medical schools such as the Indian Medical Association (IMA), the Federation of Obstetric and Gynecological Societies of India (FOGSI) and the Association of Radiologists in responding to this issue. This may include

²⁰ Ms. Patil said inaugurating the 64th National Conference of Indian Radiologist and Imaging Association.

²¹ Miller B. The endangered sex: Neglect of female children in rural North India. Ithaca, New York and London: Cornell Univ. Press; 1981

- Sensitizing the adverse sex ratio of medical students while concentrating and stressing the ethical issues involved in female foeticide.
- Perform regular workshops and ongoing medical education sessions that would greatly help to reiterate the importance of the country's problem. In order to participate in such programmes, private practitioners should also be encouraged.
- Organize campaigns of awareness in field practice areas.

RELIGIOUS LEADERS ON FEMALE FOETICIDE

The oldest Islamic seminar in Lucknow on 23 April 2011 said that female foeticide amounts to murder and is not allowed in Islam. The Lucknow-based Darul Uloom Firangimahali has said in a "fatwa" that aborting the fetus after determining its sex is "unislamic" Maulana Khalid Rashid Firangimahali, the head of the institution and a senior member of the All-India Muslim Personal Law Board, a leading organization of the Muslim community in India, said Islam does not allow abortion.

In response to a question by Dr. Huma Khawaja, who was interested to know what the Shariat (Islamic Law) says regarding the termination of pregnancy after deciding the sex of the fetus, the fatwa was given. Just as murder is a sin, in Islam's view, cutting off a part of the body (fetus) is also a sin, "Just as a murder is a sin, to cut off a part of the body (fetus) is also a sin in the view of Islam," It is the obligation of human beings to treat girls (female fetuses) as gifts of Allah, he said (god). In his fatwa, the well-known Sunni cleric said, "Society can progress only if the girls survive." The Maulana also demanded strict punishment for those who indulge in female foeticide. In view of the recent census survey, which points out that 63 districts in Uttar Pradesh had an unfair male-female ratio, the fatwa assumes relevance. The census also recorded that the number of girls in the state's 0-6 age group had declined by 10 lakhs, while the state's population had risen by three crores.

On June 24, 2006, many religious leaders met in New Delhi in a display of solidarity and vowed to begin a national campaign to eradicate female foeticide. The growing immoral and disgraceful tradition of female foeticide is censured. "They said, "We all take an oath at this national convention of religious leaders that we will use all the means at our disposal to preach the atrocious act of female foeticide in our country to the people. The Indian Medical Association, UNICEF and

the National Commission for Women arranged the National Convention of Religious Leaders on the Elimination of Female Foeticide and Infanticide with respect to the shocking decrease in the female population, as shown in the most recent census.

CREATING SOCIAL AWARENESS

Growing awareness of the issue has led to multiple campaigns to combat sex-selective abortions by celebrities and journalists. Aamir Khan devoted the first episode of Satyamev Jayate's show, Daughters Are Precious, to raising awareness about this prevalent practice, focusing primarily on Western Rajasthan, which is considered to be one of the places where it is popular. After the airing of this show, the local government in Rajasthan displayed an enormous response, demonstrating the result of media and national awareness of the issue. Officials have made a pledge to set up fast-track courts to prosecute those who perform abortion depending on sex. The licenses of six sonography centers were revoked, and warnings were given to clinics involved in those activities. Via theatres, cultural interference has been presented. A women's theatre community in Tamil Nadu has produced plays such as "Pacha Mannu," which is about female infanticide and foeticide. This play has often been seen in cultures that pursue female foeticide and infanticide, contributing to a redefinition of a consciousness-raising methodology, opening up different forms of interpreting and subverting cultural expressions.

Since the early twentieth century, the Beti Bachao, or Save children, movement has been carried out in many Indian cultures. The movement makes use of the media to raise concerns about the gender inequalities that lead to and are exacerbated by selective sexual abortion. Rallies, banners, short videos and television advertisements include Beti Bachao events, some of which are funded by state and local governments and other organizations. The Beti Bachao movement has been publicly endorsed by many celebrities in India.

CONCLUDING REMARKS

These initiatives are truly intended to equip women to exercise their rights. The Ministry of State for Health and Family Welfare is also focusing on a major national awareness and sensitization initiative for the control of female foeticide, on a continuous basis. As agents of social transformation in the movement, non-governmental organizations, the public, the film community, faith figures, medical brotherhood and youth will be active in an additional way. As proactive

strategies to bring about a major shift in the attitude of the community, prevention, therapy, social pressure and incentives for informants should be used. Data shows that in orthodox communities the possibility of female foeticide is more widespread. Therefore, it is important that these socio-cultural variables should be resolved by shifting the mechanism of thinking through the generation of knowledge, mass appeal and social action. In addition, those involved include religious and social figures, charitable organizations, women's associations, socially conscious media, clinicians; the Medical Councilor Association can operate in a structured fashion by imposing medical ethics and sanctions on deviant physicians and law enforcement officers. Paradoxically, female foeticide takes place in a nation where people worship different kinds of goddesses and where women are regarded as Maa Laxmi's incarnation and where young girls are worshipped and blessed by people touching their feet. But even today, the malicious and systematic killing of a girl's child prevails. Those are our society's double expectations. The basic rights of any Indian women include the right to education, health and empowerment. Strict legislation and improvements in the mind-set of individuals must curtail the awful criminal activity of female foeticide. Save the baby girl for a happier future. Still there are miles to go for India to fight against pre-birth eradication of females.