



# India's missing women

## The consequences of son preference

Lisanne Denneman

*Rakhi, married at the age of seventeen, is a young woman living in the Indian state of Rajasthan. Although she was pregnant seven times, she only has one living son. She strangled her first two children right after birth, just because they were girls. Two sons died from child diseases. When she got pregnant again, she aborted the fetuses because they were both female. She says she would do it again, as she hasn't got the money to pay for a dowry.*

### Son preference

Already at the beginning of the nineteenth century, the British council discovered that India has an unusually male-predominant population. Throughout history, India has had one of the highest levels of excess child mortality for girls in the world, exceeding child mortality for boys by 43%. For ages gender inequality has been embedded in Indian society. Furthermore, the practice of infanticide - direct killing of an infant shortly

after birth - is present in Indian society. Apart from son preference, infanticide is also committed because of congenital anomalies or because the mother is unmarried. It is hard to estimate the prevalence of infanticide, as infanticides are often reported as stillbirths or not reported at all.

However, nowadays the main cause of the skewed sex ratio is the application of sex-selective abortions. India is a patriarchal society in which son preference is deeply per-

vaded. Sons are preferred mainly because of economic reasons: they raise family income and provide financial support to their elderly parents. Moreover, girls are an economic burden because their family is expected to pay a dowry to the family of the groom after which she will belong to the family of her future husband. Besides, social causes play a part as sons provide status and strength to their family. They continue the family line and are the only recipients of inheritance.



India



1 151 751 000  
inhabitants



\$ 2 460  
income per year




♂ 62yrs ♀ 64yrs  
life expectancy



4.9%  
of GDP for health



6  
doctors/10 000 people



Finally, some important religious functions can only be performed by sons, like the cremation of deceased parents. In general, women have a low status in most Indian communities, whether Hindu, Sikh or Muslim.

### Sex selective abortions

Although the living conditions for women have been steadily improved over the past decades, new technological developments have offset its potentially stabilizing effect on the sex ratio. The sex ratio fell significantly after 1980, when ultrasound machines for antenatal sex determination became available. This way of determination soon gained popularity due to its non-invasive character, safety and widespread availability. Because abortion had been legalized in 1971, the combination of these techniques soon led to sex-selective abortions. This was promoted by medical doctors, who often considered these early abortions as a prevention of the birth of unwanted children and a method of population control. A lot of Indian families cannot be concerned with ideological objections, as they face the financial consequences of having daughters, especially with regards to the expensive dowries. Health clinics cle-

erly capitalized on these concerns by advertising with slogans like *Pay 500 rupees now, rather than 500 000 later.*

Ultrasound machines are present in even the most remote areas where people do not have access to clean water or electricity. The availability of sex detection methods puts pressure on women to undergo a test, either by family or by dominating social values. Nowadays, one in every seven girls is aborted because of her sex, which means that within five years over a million girls will be eliminated in India annually.

In reaction to the troubling increase of sex selective abortions, the government of India implemented the Prenatal Diagnostic Techniques (PNDT) Act in 1996. This law prohibits determination of the foetus' sex and advertising to promote this. However, the Act had little impact on the problem. On the contrary, physicians have continued their practice and doubled their prices, because they now face prosecution. Besides, sex selection is now being done in a clandestine way, which has caused an increase in unhygienic procedures and in unsafe abortions resulting in at least 20 000 abortion-related deaths each year.

## Sex determination is seen as a practical medical solution to son preference

### The consequences of the distorted sex ratio

As there is a surplus of young men, many of them will not be able to start a family. This is especially clear in rural India, where uneducated men with low socio-economic status are literally unable to find a wife. The same goes for Prabhat Singh, a farmer in the north of India. For years he made fruitless attempts to find a bride, so he bought a wife. Young girls sometimes get sold by their parents, but more often they fall in the hands of women traffickers. The shortage of brides in certain regions has fuelled a demand for women who are attracted from poor states, and increases polyandry and prostitution in places where men outnumber women.



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**Gurmeen Kaur, medical student in New Delhi**

I would like to congratulate the author by picking this subject but I would also like to add that India is making a dedicated effort to improve the situation. We have a female president and there are many programmes especially for girls, for example LADLI, a programme that supports and promotes the education of girls.

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### Unethical medical practice

The question remains what can be done against the practice of sex-selective abortions. Besides measures that limit the possibility of performing antenatal sex determination, including more strict enforcement of the PNDT Act, it is essential that doctors change their indifferent attitude towards prenatal sex determination and gender inequality. The abuse of ultrasound diagnostics wouldn't exist without the cooperation of doctors, who now

consciously violate human rights (i.e., the right to life). Ethical medical practice is of vital importance to enforce the Act and will promote gender equality.

Anyhow, treatment should be focused on the disease rather than on the symptoms. As discussed earlier, for a lot of Indian families practical reality overshadows ethical concerns regarding feticide. By pushing back financial obstacles, parents will be able to

choose to have daughters as well. However, the scope of the possible effect of this kind of measures is limited. Is India able to change its social attitude towards women resulting in son preference, thus improving the age old devalued status of daughters? After all, the only constructive antidote against son preference is raising the status of women in patriarchal India by guaranteeing them equal rights to men.

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### About the author

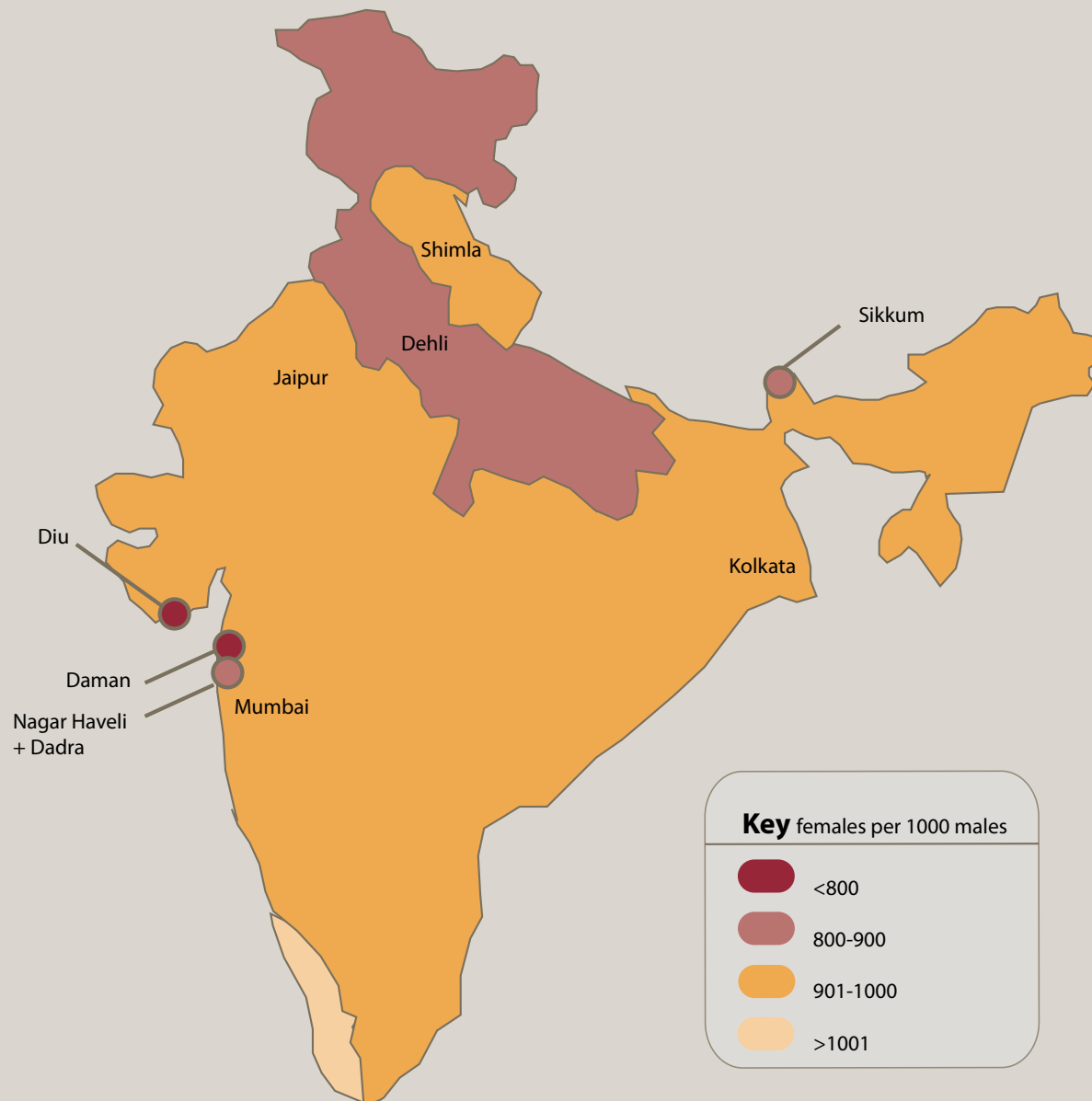
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### Further reading

- Guilmoto, C. 2007. Characteristics of sex ratio imbalance in India and future scenarios. In: UNFPA, 4th Asia Pacific Conference on Reproductive and Sexual Health and Rights. Hyderabad, India. October 29-31, 2007. United Nations: New York.
- Sharma BR, Gupta N & Relhan N. 2007. Misuse of prenatal diagnostic technology for sex-selected abortions and its consequences in India. *Public Health* 121(11):854-60.





### Sex ratio map of India

The population sex ratio across different states in India. Son preference varies substantially between different regions.

### The distorted sex ratio

In general, the sex ratio at birth is strikingly stable in human populations in the absence of manipulation. The median sex ratio at birth worldwide is about 980 females per 1 000 males. Although the sex ratio at birth slightly favours males, it appears that the mortality rate among women is lower across all age groups. Therefore, in case of no interference by people the sex ratio is almost equated.

However, in several Asian countries such as China, Taiwan and South-Korea, the sex ratio has become imbalanced. Over the past decades, the population sex ratio in India has been decreasing from 976 girls per 1 000 boys in 1961 to 927 girls per 1 000 boys in 2001. It is estimated that India alone now accounts for 50 million *missing women*.

### Demographic factors influencing son preference

Surprisingly, research suggests that gender bias seems to be more prevalent among middle and higher classes compared to the poor, despite the financial reasons of son preference. No mortality excess occurs among harijans (i.e., the lowest caste), probably because women are seen as productive family members as well. In contrast, a higher mortality of females compared to males is found among the upper castes.

Furthermore, it is clear that distinct geographical differences in sex ratio occur across the country, because son preference, infant mortality and fertility vary substantially between different regions. Son preference and excess mortality for girls are especially present in the north of India.