

# Female Foeticide in India: A General Study



**Shubhangini Saxena**

Research Scholar,  
Deptt. of Law,  
BPS Mahila University,  
Khanpur, Haryana

## Abstract

In spite of the legal provisions to prevent female infanticide and foeticide, it continues to occur in many parts of the country. While infanticide was first known to be recorded in British rule, in some States like Tamil Nadu, it is essentially a post-Independence occurrence. Data from Bihar shows that it started among the high castes and now cuts across all castes and classes. Female infanticide is supported by sanctions and pressures from the family. It is fueled by the evil of the dowry system, which places demands on the girl's family. Sometimes, mothers kill their female babies to save them from abuse and violence later in life. It is believed also that killing a girl child increases the probability of a male child born in the family. Female infanticide is reported to occur also due to a lack of scanning centres, as an alternative to foeticide. Another factor implicated infanticide is the decline in the status of women due to the modernization of agriculture. The new agricultural technology makes the traditional agricultural knowledge of women redundant, and due to the constraints on their free movement in the public space, it is the men who visit government offices to get loans and information on new varieties of seeds, pesticides and so on. In this context, women become liabilities and dowry becomes important. A change in the status of women for the worse in the wake of the modernization of agriculture has been reported from Madurai district of Tamil Nadu, where there is a high incidence of female infanticide.

Female infanticide and foeticide need to be dealt with by mobilizing people to get together and work against this social evil and bring about changes in the society.<sup>1</sup>

**Keywords:** Unborn Girl Child, Sex Ratio, Foeticide, Girl Child, Female, Sex Selective Abortion, Pre-Natal Sex Abortion.

## Introduction

Female infanticide in India has a history spanning centuries. Poverty, the dowry system, births to unmarried women, deformed infants, famine, lack of support services and maternal illnesses such as postpartum depression are among the causes that have been proposed to explain the phenomenon of female infanticide in India.

Infanticide is nowadays a criminal offence in India but it is an under-reported crime; reliable objective data is unavailable. There were around 100 male and female infanticides reported in the country in 2010, giving an official rate of less than one per million people.<sup>2</sup>

## Aim of the Study

1. To indicate the problem of unequal sex ratio in India,
2. To advocate the "Right to Live" for female firmly,
3. To point out the horrible problem of Female Infanticide despite of increasing of education level.
4. To draw concern over the proper making and implementation of policies for the protection and welfare of the girl child.

## Definition

"Female infanticide is the intentional killing of infant girls. In addition to the active methods undertaken to eliminate baby girls soon after birth, neglect and discrimination leading to death and sex-selective abortion are also means by which many female children die each year."<sup>3</sup>

Female foeticide is the selective abortion/elimination of the girl child in the womb itself, done deliberately by the mother, after the detection of the child's gender through medical means. This is usually done under familial pressure from the husband or the in-laws or even the woman's parents. Unplanned pregnancy is generally the reason behind abortion. However, female foeticide is a far more heinous sin than the age old practice of killing an unwanted child, even before it's born. Female foeticide is the illegal practice of killing a foetus which is determined as a

female. Female foeticide is prevalent in our country as a major social evil. The patriarchal social structure of India gives a secondary position to women. Social belief goes that the family runs through a male and hence the birth of a male child in the family is imminent to the carrying forward of its generation. Social discrimination and the preference for sons have given rise to the rate of social sex determination.

Even some medical practitioners are making high incomes by determining pre-natal sex of the child and aborting foetus on the will of the parents. The practice is unlawful and demands strict punishment in form of fine or jail to the person requesting abortion of the unborn girl child as well as to the practitioner who gets the sex determined. Some kind of complications in pregnancy can also demand surgical termination of pregnancy after eight weeks of conception. This is where the termination or abortion is legal and doctors may have to suggest and opt for discontinuance of pregnancy for the sake of health of the mother carrying the unborn child.

Female infanticide is a deliberate and intentional act of killing a female child within one year of its birth either directly by using poisonous organic and inorganic chemicals or indirectly by deliberate neglect to feed the infant by either one of the parents or other family members. On the other hand female feticide is the termination of the life of a foetus within the womb on the grounds that its sex is female and is also known as sex selective abortion.<sup>4</sup>

Some states like Punjab, Haryana, Himachal Pradesh and Gujarat are states where the male-female ratio is most skewed and the menace of female foeticide is to blame. Many women continue to be forced by family members to get the determined female foetus aborted and doctors also continue to carry on the surgical procedure against the enforced law. Not the whole doctor fraternity is to be blamed for such acts. There are few in the medical field who for the sake of profit continue to reveal the sex of the unborn child and also carry out abortions of such women. But there are some gynecologists who have begun to raise voice against the sex selective abortions.

A female has a right to take birth as she will be a daughter today and a wife and a future mother in the time to come. Like many societies around the world, India too is patriarchal in nature. A set hierarchical system prevails in all tiers of the social order. A girl is forced to undergo multiple pregnancies and (or) abortions, until she fulfills her lifelong goal of being a breeding machine that produces male offspring as per the needs of the family.

In an alarming trend, girl child numbers in India have shown a sharper decline than the male children in the decade beginning 2001, leading to a skewed child sex ratio. On the eve of the International Day of the Girl Child, government on Tuesday said that while the decade saw an overall drop in share of children to total population, nearly three million girls, one million more than boys, are "missing" in 2011 compared to 2001 and there are now 48 fewer girls per 1,000 boys than there were in 1981.

"During 2001- 2011, the share of children to total population has declined and the decline was sharper for female children than male children in the

age group 0-6 years," said the study "Children in India 2012- A Statistical Appraisal" conducted by the Central Statistical Organization.

"Though, the overall sex ratio of the country is showing a trend of improvement, the child sex ratio is showing a declining trend, which is a matter of concern," the study said

According to the report, female child population in the age group of 0-6 years was 78.83 million in 2001 which declined to 75.84 million in 2011. The population of girl child was 15.88 per cent of the total female population of 496.5 million in 2001, which declined to 12.9 per cent of total number of 586.47 million women in 2011. Similarly the male children population has also declined from 85.01 million in 2001 to 82.95 per cent in 2011. During the period, 1991-2011, the child sex ratio declined from 945 to 914, whereas the overall sex ratio showed an improvement from 927 to 940.

"Though the child sex ratio in rural India is 919 which is 17 points higher than that of urban India, the decline in Child Sex Ratio (0-6 years) during 2001-2011 in rural areas is more than three times as compared to the drop in urban India which is a matter of grave concern," it added.<sup>5</sup>

#### **Reasons Responsible for Female Foeticide**

The root cause for female foeticide lies within the cultural norms as well as the socio-economic policies of the country where this practice prevails. The most infected are the South Asian countries like China, India, Vietnam, Korea etc.

#### **Priority and Preference for Boy Child**

Elimination/removal of girls from the family tree even before they are born clearly indicates the vehement desire for a boy child. In the countries where female foeticide has become unbridled, the core factor is the need to continue the family line through the male born into it. Sons are seen as the main source of income. Even though women today can easily rub shoulders with men, almost in every field they set their mind to, the common misconception still remains that it is the male who will help run the house, and look after his parents.

In India, the age old custom of dowry system puts a damper on the parents' spirits who are 'blessed' with a girl child.

#### **Inferior Status of Women**

Centuries of repression has made inferiority second nature to most women. They willingly embrace the role of the meek, submissive, docile wife who works relentlessly to cater to the whims of her husband. Female foeticide happens with the explicit consent of the mother. While most mothers-to-be agree to this misdeed out of a sense of duty to the family, there are many who take the initiative themselves.

#### **Inefficient Legislation for Illegal Termination of Pregnancy**

The opening conversation to this hub satisfactorily covers this point. With the legalization of abortion in India, illegal sex determination and termination of pregnancies has become an everyday reality. Female foeticide is openly discussed amongst many in the healing fraternity and even pin boards outside certain clinics read, **'Pay Rs. 500 (\$ 10) today to save the expense of Rs. 500 000 (\$ 10 000) in**

*the future*'. The initial meager sum is the cost of a pregnancy termination, while the bigger amount specified in comparison, is the expense that the family will be burdened with in the form of dowry for the girl.

#### **Industrialization of the Health Sector**

Industrialization of the health sector has further strengthened the selective sex abortion quarter. With the advent of CVS, amniocentesis and Ultrasound, sex determination of the fetus has become much easier than it was earlier. As opposed to CVS and amniocentesis, the ultrasound technology is cheaper and within easy reach of the lower economically backward strata of society. It is also easily accessible in a hospital/clinic nearby with mediocre credentials.

According to statistics published by the National Crime Records Bureau, a department of the Government of India, kidnapping and abduction represented 40.3 per cent of recorded crimes against children in 2010, rape was 20.5 per cent, murder (other than infanticide) was 5.3 per cent, and exposure and abandonment was 2.7 per cent. All other crimes against children accounted for 31.5 per cent.<sup>6</sup>

#### **Child Sex Ratio In Indian States and Female Foeticide**

According to the census of 2011 for population of 0-to1 age group. The data suggests 18 states/UT had birth sex ratio higher than 107 implying excess males at birth and/or excess female mortalities after birth but before she reaches the age of 1, 13 states/UT had normal child sex ratios in the 0-1 age group, and 4 states/UT had birth sex ratio less than 103 implying excess females at birth and/or excess male mortalities after birth but before he reaches the age of 1.

#### **Legislative steps for prevention of Female Feticide**

##### **Indian Penal Code**

Sections 312-316 of the Indian Penal Code (IPC) deals with miscarriage and death of an unborn child and depending on the severity and intention with which the crime is committed, the penalties range from seven years to life imprisonment for fourteen years and fine.

Section 312. Causing miscarriage Whoever voluntarily causes a woman with child to miscarry, shall, if such miscarriage be not caused in good faith for the purpose of saving the life of the woman, be punished with imprisonment of either description for a term which may extend to three years, or with fine, or with both, and, if the woman be quick with child, shall be punished with imprisonment of either description for a term which may extend to seven years, and shall also be liable to fine.

##### **Explanation**

A woman who causes herself to miscarry, is within the meaning of this section.

Section 313. Causing miscarriage without woman's consent Whoever commits the offence defined in the last preceding section without the consent of the woman, whether the woman is quick with child or not, shall be punished with [imprisonment for life] or with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine.

Section 314. Death caused by act done with intent to cause miscarriage Whoever, with intent to cause the miscarriage of woman with child, does any act which causes the death of such woman, shall be punished with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine. If act done without woman's consent: And if the act is done without the consent of the woman, shall be punished either with [imprisonment for life] or with the punishment above mentioned. Explanation: It is not essential to this offence that the offender should know that the act is likely to cause death.

Section 315. Act done with intent to prevent child being born alive or to cause it to die after birth Whoever before the birth of any child does any act with the intention of thereby preventing that child from being born alive or causing it to die after its birth, and does by such prevent that child from being born alive, or causes it to die after its birth, shall, if such act be not caused in good faith for the purpose of saving the life of the mother, be punished with imprisonment of either description for a term which may extend to ten years, or with fine, or with both.

Section 316. Causing death of quick unborn child by act amounting to culpable homicide Whoever does any act under such circumstances, that if he thereby caused death he would be guilty of culpable homicide, and does by such act cause the death of a quick unborn child, shall be punished with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine.

#### **The Medical Termination of Pregnancy Act, 1971**

The Medical Termination of Pregnancy Act was passed in July 1971, which came into force in April 1972. This law was conceived as a tool to let the pregnant women decide on the number and frequency of children. It further gave them the right to decide on having or not having the child. However, this good intentioned step was being used to force women to abort the female child. In order to do away with lacunae inherent in previous legislation, the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act had to be passed in 1994, which came into force in January 1996. The Act prohibited determination of sex of the foetus and stated punishment for the violation of the provisions. It also provided for mandatory registration of genetic counselling centres, clinics, hospitals, nursing homes, etc. Thus both these laws were meant to protect the childbearing function of the woman and legitimise the purpose for which pre-natal tests and abortions could be carried out. However, in practice we find that these provisions have been misused and are proving against the interest of the females.

#### **The Pre-Conception and Pre-Natal Diagnostic Techniques (REGULATION and Prevention of Misuse) Act, 1994**

To combat the practice of female foeticide in the country through misuse of technology, done surreptitiously with the active connivance of the service providers and the persons seeking such service, the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act was enacted on September 20, 1994 by the Government of India. The Act was amended in 2003 to improve

regulation of technology capable of sex selection and to arrest the decline in the child sex ratio as revealed by the Census 2001 and with effect from 14.02.2003, due to the amendments, the Act is known as the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994. Its Purpose The main purpose of enacting the PC&PNDT (prohibition of Sex Selection) Act, 1994 has been to: i) Ban the use of sex selection techniques before or after conception ii) Prevent the misuse of pre-natal diagnostic techniques for sex selective abortions iii) Regulate such techniques Stringent punishments have been prescribed under the Act for using pre-conception and pre-natal diagnostic techniques to illegally determine the sex of the foetus.

The impact of Indian laws on female foeticide and its enforcement is unclear. United Nations Population Fund and India's National Human Rights Commission, in 2009, asked the Government of India to assess the impact of the law. The Public Health Foundation of India, a premier research organization in its 2010 report, claimed a lack of awareness about the Act in parts of India, inactive role of the Appropriate Authorities, ambiguity among some clinics that offer prenatal care services, and the role of a few medical practitioners in disregarding the law. The Ministry of Health and Family Welfare of India has targeted education and media advertisements to reach clinics and medical professionals to increase awareness. The Indian Medical Association has undertaken efforts to prevent prenatal sex selection by giving its members *Beti Bachao* (save the daughter) badges during its meetings and conferences. However, a recent study by Nandi and Deolalikar (2013) argues that the 1994 PNDT Act may have had a small impact by preventing 106,000 female foeticides over one decade.<sup>7</sup>

#### **Some Measures to Prevent Female Foeticide**

The issues of female infanticide, female feticide and selective sex abortion have gained global attention. Many international and national law making bodies have come forward to stop this cruel practice.

#### **Government Action-Plan and Policy Framework**

National Plan of Action exclusively for the girl child (1991-2000) was formulated in 1992 for the "**Survival, Protection and Development of the Girl Children**". The Plan recognized the rights of the girl child to equal opportunity, to be free from hunger, illiteracy, ignorance and exploitation. Towards ensuring survival of the girl child, the objectives are to:

1. Prevent cases of female foeticide and infanticide and ban the practice of amniocentesis for sex determination;
2. End gender disparity in infant mortality rate; eliminate gender disparities in feeding practices, expand nutritional interventions to reduce severe malnourishment by half and provide supplementary nutrition to adolescent girls in need;
3. Reduce deaths due to diarrhoea by 50% among girl children under 5 years and ensure immunization against all forms of serious illnesses; and
4. Provide safe drinking water and ensure access to fodder and drinking water nearer home.

#### **State Wise Responses**

In 1992 the Government of India started the "baby cradle scheme". This allows families anonymously to give their child up for adoption without having to go through the formal procedure. The scheme has been praised for possibly saving the lives of thousands of baby girls but also criticized by human rights groups, who say that the scheme encourages child abandonment and also reinforces the low status in which women are held.<sup>8</sup> The scheme, which was piloted in Tamil Nadu, saw cradles placed outside state-operated health facilities. The Chief Minister of Tamil Nadu added another incentive, giving money to families that had more than one daughter. 136 baby girls were given for adoption during the first four years of the scheme. In 2000, 1,218 cases of female infanticide were reported, the scheme was deemed a failure and it was abandoned. It was reinstated in the following year.<sup>9</sup>

In 1991 the Girl Child Protection Scheme was launched. This operates as a long-term financial incentive, with rural families having to meet certain obligations such as sterilization of the mother. Once the obligations are met, the state puts aside ₹2000 in a state-run fund. The fund, which should grow to ₹10,000, is released to the daughter when she is 20: she can use it either to marry or to pursue higher education.<sup>10</sup>

Of the numerous steps taken to curb the matter, the prominent ones are:

1. Cancellation/permanent termination of the doctor's license who partakes in fulfilling a client's demand to do away with her girl child.
2. Heavy penalty imposed on companies like GE, that specialize in marketing medical equipments used for illegal sex determination and abortion in unlicensed clinics and hospitals.
3. High fines and judicial action against 'parents' who knowingly try to kill their unborn baby.
4. Widespread campaigns and seminars for young adults and potential parents to enlighten them about the ill effects of female feticide. Ignorance is one of the major causes for the increase in the selective sex abortion cases. Spreading awareness can go a long way in saving our future sisters, mothers, girlfriends and wives.

#### **Other Social Responses**

Increasing awareness of the problem has led to multiple campaigns by celebrities and journalists to combat sex-selective abortions. Aamir Khan devoted the first episode "Daughters Are Precious" of his show *Satyamev Jayate* to raise awareness of this widespread practice, focusing primarily on Western Rajasthan, which is known to be one of the areas where this practice is common. Its sex ratio dropped to 883 girls per 1,000 boys in 2011 from 901 girls to 1000 boys in 2001. Rapid response was shown by local government in Rajasthan after the airing of this show, showing the effect of media and nationwide awareness on the issue. A vow was made by officials to set up fast-track courts to punish those who practice sex-based abortion. They cancelled the licences of six sonography centres and issued notices to over 20 others.

This has been done on the smaller scale. Cultural intervention has been addressed through

theatre. Plays such as 'Pacha Mannu', which is about female infanticide/foeticide, has been produced by a women's theatre group in Tamil Nadu. This play was showing mostly in communities that practice female infanticide/foeticide and has led to a redefinition of a methodology of consciousness raising, opening up varied ways of understanding and subverting cultural expressions.

Involving the community at keeping a vigil on "high risk families" with an open preference for the boy child and giving the girl child a fighting chance at being born, non-government organisation Centre for Social Research with support from the German Embassy has in the South-West District of Delhi (which has among the lowest sex ratio in the Capital) launched a project aimed at protecting the unborn girl child.

Manasi Mishra of CSR said: "The project is aimed at curbing the incidents of pre-natal sex selection in South-West District of Delhi which according to the recent census data hasn't shown very encouraging results. According to the census data, the sex ratio in South West-Delhi, which stood at 846 among children in the 0-6 age bracket in the year 2001, further witnessed a 10 point decline to 836 in 2011."<sup>11</sup>

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She added: "Our project 'Meri Shakti Meri Beti' is being introduced in Vasant Kunj, Mahipalpur, Dabri, Dwarka, Vasant Vihar and R.K. Puram of South-West Delhi. The project has two components – one for the rural (community watch group) and another for the urban population (committees against female foeticide) in the area. Under the rural population we will have the community to keep a tab on high risk families, encourage them to counsel them and keep a strict vigil on pregnant women in the area. In the urban population we will work through the resident welfare organization and women's groups."

As part of the project, members of the community watch group will keep a vigil over their immediate society to curb declining sex ratio, create awareness about the PCPNDT Act and tell families about the negative consequences of female foeticide. CSR director Dr. Ranjana Kumari said: "The way the project works is simple the entire community contributes towards ensuring that the unborn girl child is not aborted after sex selection."

As a UN report showed last year, India is the most dangerous place in the world to be born a girl. From 2000-2010, there were 56 deaths among boys aged one-five for every 100 among girls.<sup>12</sup>

#### **Judicial Concern over Female Foeticide**

Our honourable judiciary in India had observed 2007 as the Awareness Year of Female Foeticide and dealt in a strict manner with those responsible for this crime. The former Chief Justice Y.K. Sabharwal had declared while delivering his

presidential address at a state-level seminar on 'Eradication of Female Foeticide', jointly organised by the Punjab Department of Health and Family Welfare and Punjab Legal Services Authority that law can play an important role in checking this menace of female foeticide.

#### **CEHAT v Union of India**

In the landmark case of CEHAT, MASUM and Dr Sabu George v Union of India and others- in light of the alarming decline in sex ratios in the country to the disadvantage of women, this petition was filed seeking directions from the Supreme Court for the implementation of the Pre-Natal Diagnostic Techniques Act which regulates the provision of pre-natal diagnostic technology. In this case the Court took on the unique role of actually monitoring the implementation of the law and issuing several beneficial directives over the course of 3 years during which the case was proceeding in court.

This petition put the issue of sex selection and sex selective abortion on the national agenda and as a consequence there have been heightened activities on this issue by government and non-governmental agencies alike. In the words of Supreme Court of India, It is unfortunate that for one reason or the other, the practice of female infanticide still prevails despite the fact that gentle touch of a daughter and her voice has soothing effect on the parents. One of the reasons may be the marriage problems faced by the parents compelled with the dowry demand by the so-called educated and/or rich persons who are well placed in the society. The traditional system of female infanticide where by female baby was done away with after birth by poisoning or letting her choke on husk continues in a different form by taking advantage of advance medical techniques.

Unfortunately, developed medical science is misused to get rid of a girl child before birth. Knowing fully well that it is immoral and unethical as well as it may amount to an offence, foetus of a girl child is aborted by qualified and unqualified doctors or compounders. This has affected overall sex ratio in various The Supreme Court of India also directed all the State Governments/Union Territory administrations to create public awareness against the practice of prenatal determination of sex and female foeticide through advertisements in the print and electronic media by hoardings and other appropriate means. The Governments to furnish quarterly returns to the central supervisory board giving a report on the implementation of PNDT Act, 1994.

#### **Vijay Sharma and Another Vs Union of India**

The couple, Vijay and Kirti Sharma, based in the commercial metropolis Mumbai, challenged the validity of the Pre Conception and Pre Natal Diagnostic Tests Act (PCPNDT) Act, a 2001 Indian legislation which bans sex determination. But the judges said in a verdict pronounced on Friday that sex selection would be as good as female foeticide.

#### **Qualified Private Medical Practitioners and Hospitals Association Vs State of Kerala**

It was declared that laboratories and clinics which do not conduct pre-natal diagnostic, test using ultrasonography will not come within the purview of the Pre-Natal Diagnostic Techniques (Regulation and

Prevention of Misuse) Act, 1994 and a direction to the respondents not to insist for registration of all ultrasound scanning centres irrespective of the fact as to whether they are conducting ultrasonography, under the Act, 1994.

A similar view was taken in the case of Malpani Infertility Clinic Pvt. Ltd. and Others Vs Appropriate Authority, PNDA Act and Others.

**Dr. Varsha Gautam W/O Dr. Rajesh Gautam vs State Of U.P**

A pregnant woman wanted to get her abortion done because there was a girl child in her womb. She approached the petitioner Dr. Varsha Gautam at her hospital, who agreed to perform the abortion although it was an offence to perform such an operation and even determination of the sex by doctors using ultrasound technique was illegal. The petitioner is said to have engaged in getting abortions done in her hospital in collusion with doctors, who determined the sex of the foetus by conducting ultrasound tests. Her clinic was not even registered under the Act and she was not entitled to conduct pre-natal diagnostic procedures there in.

**In Vinod Soni and others vs Union of India (2005)** honorable Mumbai High Court held that prenatal sex determination implied female foeticide. Sex determination violated a woman's right to live guaranteed by article 21 so is against of India's Constitution.

**Our Prime Minister Concern about Female Foeticide**

***Female foeticide is a matter of "deep shame" and a "cause of great concern", Prime Minister Narendra Modi said on the International Day of the Girl Child***

A cohesive and concerted effort by everyone can prove to be the requisite baby step in the right direction. Let's not be murderers of our own flesh and blood. We must take it as a social and moral responsibility to stop the practice of female foeticide and also educate and encourage others to stop it completely.

**Conclusion**

In India, the available legislation for prevention of sex determination needs strict implementation, alongside the launching of programmes aimed at altering attitudes, including those prevalent in the medical profession. More generally, demographers warn that in the next twenty years there will be a shortage of brides in the marriage market mainly because of the adverse juvenile sex ratio, combined with an overall decline in fertility. While fertility is declining more rapidly in urban and educated families, nevertheless the preference for male children remains strong. For these families, modern medical technologies are within easy reach. Thus selective abortion and sex selection are becoming more common.

The National Plan of Action for the South Asian Association for Regional Cooperation (SAARC) Decade of the Girl Child (1991-2000) seeks to ensure the equality of status for the girl child by laying down specific goals for her dignified survival and development without discrimination. The codified law world over considers human life as sacred and specific legal provisions have been devised to protect

the life of the born and the un-born. However, the objective of the law gets defeated due to lacunae in the law and lack of proper implementation. Even though the law is a powerful instrument of change yet law alone cannot root out this social problem. The girls are devalued not only because of the economic considerations but also because of socio-cultural factors, such as, the belief that son extends the lineage, enlarges the family tree, provides protection safety and security to the family and is necessary for salvation as he alone can light the funeral pyre and perform other death related rites and rituals.

Evidence indicates that the problem of female foeticide is more prevalent in orthodox families. It is, therefore, essential that these socio-cultural factors be tackled by changing the thought process through awareness generation, mass appeal and social action. In addition to this all concerned i.e. the religious and social leaders, voluntary organizations, women's groups, socially responsible media, the doctors; the Medical Council/Association (by enforcing medical ethics and penalties on deviant doctors) and the law enforcement personnel should work in a coordinated way.

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