Gender Inequality in India

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Introduction

The shortage of girls is more than a sociological concern; it demands that we change the mindset of doctors .The legacy of a declining sex ratio in the history of the Census of India has taken new turn with the widespread use of new reproductive technologies (NRTs) in urban areas. NRTs are based on the principles of *selection of the desirable* and *rejection of the unwanted*. In India, the desirable is the baby boy and the unwanted is the baby girl. The result is obvious; the Census of 2001 revealed that with a sex ratio of 933 women for every 1000 men, India had a deficit of 3.5 crore women when it entered the new millennium. To stop the abuse of advanced scientific techniques for selective elimination of female foetuses through sex -determination, the government of India passed the Pre-natal Diagnostic Techniques (PNDT) Act in 1994. But techno-docs based in the metropolises & other urban centres, and parents desirous of begetting only sons, have subverted it.

Socio-cultural background of son-preference and neglect of daughters

In South Asia, we have inherited the cultural legacy of strong son-preference among all communities, religious groups and citizens of varied socio-economic backgrounds. Patri-locality, patri-lineage and patriarchal attitudes manifest in women and girls having subordinate position in the family, discrimination in property rights and low-paid or unpaid jobs. Women's work of cooking, cleaning and caring is treated as non-work. Hence, women are perceived as burdens. At the time of marriage, dowry is given by the bride's family to the groom's for shouldering 'the burden of the bride'. In many communities female babies are killed immediately after birth either by the mother or by elderly women of the households to relieve themselves from the life of humiliation, rejection and suffering.

Table -1

Population (2001)	Numbers
Males	53.1 crores
Females	49.6 crores
Deficit of women	3.5 crores
Sex ratio	933/1000
Source: Census of India, 2001	

In the prosperous state of Punjab, the conventional patriarchal preference for male children leads to thousands of cases of sex selective abortions. Recently a man drowned and killed his 8-year old daughter and also tried to kill his wife for having borne him the girl child. According to the Chandigarh-based Institute for Development and Communication, during 2002-2003 every ninth household in the state acknowledged sex selective abortion with the help of ante-natal sex determination tests.

In this context, commercial minded techno-docs and laboratory owners have been using new reproductive technologies for femicide for over two and a half decades. Among the educated families, adoption of small family norms means a minimum one or two sons in the family. They can do without daughters. The propertied class do not desire daughters because after marriage of the daughter, the son-in-law may demand a share in the property. The property-less classes dispose off daughters to avoid dowry harassment. But they don't mind accepting dowry for their sons. The birth of a son is perceived as an opportunity for upward mobility while the birth of a daughter is believed to result in downward economic mobility. Though the stronghold of this ideology was the north of India, it is increasingly gaining ground elsewhere too.

The BIMARU states (Bihar, Madhya Pradesh, Rajastan, Uttar Pradesh) were at the top of the rank for son preference in 1990. Orissa was 5th in rank. Avers Prof. Ashish Bose (2001), "The unholy alliance between tradition (son-complex) and technology (ultrasound) is playing havoc with Indian Society." Kerala ranked 12th in the index of son-preference. However the sharp decline in fertility and strong preference for small family norm does raise the possibility of enhanced gender bias. In several states of India - Maharashtra, Gujarat, Bihar, Uttar Pradesh,

Rajasthan, Madhya Pradesh, Punjab, Haryana and Tamilnadu - sex-selective abortions of female foetuses have increased among those who want small families of 1 or 2 or maximum 3 children. Communities, which were practicing female infanticide, started using sex-selective abortions. Many doctors have justified female foeticide as a tool to attain Net Reproduction Rate (NRR) of 1; i.e. to attain population stabilisation mother should be replaced by only one daughter. But here also there is a gender bias. To attain population stabilisation, a fertility rate of 2.1 is envisaged. There is an evidence to indicate a sex ratio in favour of males and a prolonged duration of gender differentials in survivorship in the younger ages, results in a tendency to masculining of the population sex ratio.

Table - 2

Index of Son Preference for Major States, 1990		
States	Index of Son Preference*	Rank
Andhra Pradesh	13.8	11
Bihar	24.5	4
Gujarat	23	6
Haryana	14.3	10
Karnataka	20	8
Kerela	11.7	12
Madhya Pradesh	27.1	2
Maharashtra	18	9
Orissa	23.4	5
Punjab	20.3	7
Rajasthan	25	3
Tamilnadu	9.2	13
Uttar Pradesh	21.6	1
West Bengal	14.3	10
All India	20	-
Index of Son preference =100 (E/C) Where, E =the excess number of sons over daughters considered ideal . C= the ideal family size. Sources: Rajan S.I., U.S. Mishra and T.K. Vimla (1996) "Choosing a Permanent Contraceptives: Does Son Preference Matter?" Economic and Political Weekly, July p.20, p.1980.The Third All India Survey of Family Planning Practices in India, ORG, Baroda,1990. Calculated by Eapen and Kodoth (2001).		

Even this does not worry the western scholars who have no inkling of the ground reality in the subcontinent. For example, Prof. Dickens avers, "Son preference has produced, but might also mitigate, the sex ratio imbalance...If sons wish, as adults, to have their own sons, they need wives. The dearth of prospective wives will, in perhaps short time, enhance the social value of daughters, reversing their vulnerability and the force of male dominance." This neo-classical logic of Law of Demand and Supply does not apply to the complex social forces where patriarchy controls sexuality, fertility and labour of women without any respect to her bodily integrity. Hence, the real life experiences speak to the contrary. In fact, shortage of women in Haryana, Punjab and the BIMARU states have escalated forced abduction and kidnap of girls, forced polyandry, gang rape and child-prostitution.

It has been noted that the fertility rates in Kerala have declined over the past few decades and currently the Crude Birth Rate (CBR) for the state is as low as 17.9 per thousand population in 1997 (RGI, 1998). The Infant Mortality Rate (IMR) is also one of the lowest experienced among Indian states, about 12 per thousand live births 1997 (RGI, 1998). The indicators of human well-being in Kerala are among the best in relation to the different states of India. With modernisation and changing life styles wrought by both external migration and incomes from remittances there has been a qualitative change in the lives of the people. There has been a proliferation of private health care in the state and this in addition to the demand driven factors has contributed to the better access to health care in the state.

One of the factors associated with the proliferation of health care facilities, especially in the private sector, has been the improvement in the availability of medical diagnostics. Medical personnel have also sought the use of such facilities not only to improve diagnostics, but also to avoid the complications of expensive litigation in the light of the inclusion of private medical practice within the preview of Consumer Protection Act, 1986. All this has resulted in the increasing trend of use of medical diagnostic facilities and increasing the cost of health care for the consumer. A micro study in Trivandrum city found that the known number of ultra-sonographs in the city alone was about 37, of which only 6 were in the public sector.

Attitude Towards Women''s Health

Social discrimination against women results in systematic neglect of women's health, from womb to tomb. Female infanticide and female foeticide are widely practiced in BIMARU (Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh) and DEMARU (Punjab, Haryana, Himachal Pradesh and Gujarat) states. The overall sex ratio is favourable to women is Kerala. But, in Kerala also, in the 0-6 age group, the sex ratio was 963, as per 2001 census. Total 0-6 age-group population of Kerala was 36.5 lakhs. Out of this 18.6 lakhs were male babies and infants and 17.9 lakhs were female babies and infants. Thus, 79760 female babies and infants were missing in 2001 in Kerala. This masculanisation of sex ratio is as a result of selective abortion of female foetuses after the use of ultra-sound techniques to determine sex of the foetus.

In a micro-study of Kolkata, the Census Report observes, "Out of 141 municipal wards, the percentage of child population has declined in 134 wards since 1991. More importantly, the child sex ratio has declined sharply, from a high of 1011 females per 1000 male children in 1951 to abysmal 923 in 2001. This is the lowest child sex ratio for Kolkata in the last 50 years. A major cause for the decline is 'sex selective foeticide'". Rates of female foeticide have increased along with the increase in female literacy rates.

In Andhra Pradesh, Chattisgarh, Goa, Gujarat, Haryana, Himachal Pradesh, Karnataka, Kerala, Maharshtra, Manipur, Orissa, Pondicherry, Punjab, Rajasthan, Tamilnadu, Uttaranchal and West Bengal ; the juvenile sex ratio is lower than the overall sex ratio of the respective states. A community- based study conducted by a doctor couple revealed that 16.8 % of abortions were after detection that foetus female.

As a result of sex-determination and sex-preselection tests leading to selective abortions of female foetuses, sex ratio of the child population has declined to 927 girls for 1000 boys. Sixty lakh female infants and girls are "missing" due to abuse of amniocentesis, chorion villi Biopsy, sonography, ultrasound and imaging techniques. Sex pre-selection techniques prevent arrival of female baby at a pre-conception state. Even anti- abortionists use this method to get baby boys, as it does not involve "Blood-bath". One study revealed that 64% of providers of NRTs revealed that they were against sex selective abortions, 10 % of them stated that too were against it but they had to do it, while 24% of them approved of sex selective abortions of female foetuses. Among them, gender –based responses were quite interesting. 28% of total male and

17% of total female providers supported sex selective abortions, 68% of total female and 61 % of total male providers were against it. Those who opposed it, also said that "It should be banned", "It is inhumane & Criminal", "It is against medical ethics and human rights" and "It amounts to discrimination against women".

Sex ratio (number of women per 1000 men) of Greater Bombay has reduced from 791 in 1991 to 774 in 2001 in spite of rise in its literacy rate.

To stop female infanticide, the Tamilnadu government introduced 'Cradle Baby Scheme' urging parents to leave their unwanted baby girls at cradles provided in hospitals, primary health centres and orphanages and encouraging them to take them back if they changed their minds. The cradle baby scheme was introduced in Tamilnadu in 2000. Between July 2000 and March, 200282 babies were dumped in the cradles. The number rose to 140 between 1992-1996.In addition to these babies received at Salem Reception Centre, 19 babies abandoned at railway stations and dustbins in other districts were rescued by the state. The babies are raised by shelter homes and orphanages run by NGOs. The government has also resolved to set up 188 extra reception cradles in 6 other districts. Negative attitude towards women's health is the major reason for high levels of perinatal mortality and morbidity including low birth weight babies. Girl child is discriminated against even when it comes to breast feeding, supplementary nutrition and care giving.

Table - 3

Population aged	0-6 : 15.8 crores
Males	8.2 crores
Females	7.6 crores
Deficit of female infants	60 lakhs
Child Sex Ratio	927
Source: Census of India, 2001	

Violence and Health Issues

As unborn children, females face covert violence in terms of sex-selection and overt violence in terms of female foeticide after the use of amniocentesis, chorion villai biopsy, sonography,

ultrasound and imaging techniques. IVF (In Vitro Fertilization) clinics for assisted reproduction are approached by infertile couples to produce sons. Doctors are advertising aggressively, "Invest Rs. 500 now, save Rs.50000 later" i.e. "If you get rid of your daughter now, you will not have to spend money on dowry". As girls under 5 years of age, women in India face neglect in terms of medical care and education, sexual abuse and physical violence. As adolescent and adult women in the reproductive age group, they face early marriage, early pregnancy, sexual violence, domestic violence, dowry-harassment, torture in case of infertility; if they fail to produce son, then face desertion/ witch hunt. The end result is a high maternal mortality. Causes of maternal deaths in our country are haemorrhage, abortion, infection, obstructed labour, eclampsia (blood pressure during pregnancy), sepsis, and anaemia. Proliferation of NRTs should be analysed in this context.

New Reproductive Technologies (NRTs) and Women

NRTs perform 4 types of functions. In Vitro Fertilisation (IVF) and subsequent embryo transfer, GIFT (Gamete Intra Fallopian Transfer), ZIFT and cloning assist reproduction. Contraceptive Technologies prevent conception and birth. Amniocentesis, chorion villai Biopsy, niddling, ultrasound and imaging are used for prenatal diagnosis. Foetal cells are collected by the technique of amniocentesis and CVB. Gene technologies play crucial role through genetic manipulation of animal and plant kingdoms. Genomics is " the science of improving the human population through controlled breeding, encompasses the elimination of disease, disorder, or undesirable traits, on the one hand, and genetic enhancement on the other. It is pursued by nations through state policies and programmes".

It is important to examine scientific, social, juridical, ethical, economic and health consequences of the NRTs. NRTs have made women's bodies site for scientific experimentations. New Reproductive Technologies (NRT) in the neo-colonial context of the third world economies and the unequal division of labour between the first and the third world economies have created a bizarre scenario and cut throat competition among body chasers, clone chasers, intellect chasers and supporters of femicide. There are mainly three aspects to NRT -assisted reproduction, genetic or pre-natal diagnosis and prevention of conception and birth. It is important to

understand the interaction among NRT developers, providers, users, non-users, potential users, policy makers, and representatives of international organisations.

Assisted Reproduction

The focus of assisted reproduction experts is on the healthy women who are forced to menstruate at any age backed by hazardous hormones and steroids. The processual dimensions involve- Use of counsellors, technodocs and researchers to know the details of personal life of women to delegitimise victim's experience. Utter disregard for woman's pain, carcinogenic and mutogenic implications, vaginal warts, extreme back pain, arthritis, sclerosis, heavy bleeding, growth of hair on face, nose, chin, cheeks, joint pain associated with uterine contractions for production of egg-cells are dismissed as Mood-Swings. Network between stake groups had only one goal-impregnating women for embryo production which in the technodocs' language is assisted reproduction. Embryos and foetuses are used for cure of Parkinson's disease among influential and wealthy aging patriarchs. Side- effects on women's health were totally ignored. Growth of moustache, deformation of teeth, dietary requirements are totally ignored.

Selective elimination of female foetuses at a preconception stage

Human Development Report in South Asia 2000: The Gender Question recorded 3178 cases of female infanticide in six districts of Tamilnadu in 1995. In Mumbai only, in 1984, 84% of gynaecologists admitted that they were performing amniocentesis and there were 40000 known cases of female foeticide. Supporters of sex-selection tests for selective elimination of girls/female foetuses, apply law of demand i.e., " reduction in the supply of girls will enhance their status." but historical evidences don't support this argument. There had been a continuous decline in the sex ratio since 1901 to1971, from 972 women per 1000 men to 930 women per 1000 men respectively. In 1981 the sex ratio was 933 women per 1000 men, slight increase but in 1991 it became the lowest in the history of the Census, 929 women per 1000 men. In 2001, the sex ratio for the total population is again 933 women per 1000 men. Haryana had the most depressive scenario as a result of misuse of these tests. The current sex ratio in Haryana is 861 men for thousand women, the lowest among the major states in India. The current slogan is " Sons are rising and daughters are setting." The techno-docs owning cars pay home visit to

pregnant women's home for extraction of amniotic fluid and deliver the results in the next visit. As per the UNFPA study female foeticide has been the main cause of widening sex ratio in Haryana. As per The Hindu, 19-10-2001."In the last six years, number of sex-selective abortions has increased from 6200O to 69000 in Haryana and from 51000 to 57000 in Punjab. This reckless scale has pushed the fertility rate down from 3.2 to 2.9 in Haryana and from 2.9 to 2.2 in Punjab. "Reduction of birth rate, at what cost?

A study was conducted in 9 provinces viz. Andhra Pradesh, Bihar, Gujarat, Haryana, Madhya Pradesh, Punjab, Rajasthan, Tamilnadu and Uttar Pradesh, which were known for high rates of abortion. This study revealed that the impact of sex-selective abortion is seen in terms of widening gender gap among (O-6) age group, in Punjab and Haryana, two of the most economically prosperous states. Another argument that prenatal diagnostic tests give women a choice to select a child of desired sex is also unacceptable as women's "Choices" are made within the patriarchal compulsions to produce sons. Women are not taking decision autonomously. Threat of desertion, divorce and ill treatment force them to opt for sex-determination and sex-preselection tests.

Table -4

Child Sex Ratio (0-6 yrs) in states with widespread use of sex-determination tests.		
States	1991	2001
Punjab	875	793
Haryana	879	820
Gujarat	928	878
Maharashtra	946	917
Source: Census of India, 2001		

Between 1975 and 2003, there has been gross violation of The Medical Termination of Pregnancy Act (1972) and Prenatal Diagnostic Techniques Regulation and Prevention of Misuse Act (1994). Amniocentesis, chorion villai biopsy and pre-conception sex-selection tests were provided by the technodocs on the door-to-door service basis in some states. Several towns and cities in Maharashtra, Punjab, Gujarat, Uttar Pradesh, Tamilnadu provided these tests by charging fees.

When asked, " Is it ethical to selectively discard female embryos?" Says Dr. Anniruddha Malpani, "Where does the question of ethics come in here? Who are we hurting? Unborn girls?"

The question to ask is: Can we allow Indian women to become an endangered species? We need to counter those who believe that it is better to kill a female foetus than to give birth to an unwanted female child. Their logic is not only short sighted but fatalistic. The technodocs don't challenge anti-women practices such as dowry, instead display an advertisement, "Better Rs.5000 now than Rs.5 lakhs later" i.e. Better spend Rs.5ooo for female foeticide than Rs. 5 lakhs as dowry for a grown up daughter. By this logic, it is better to kill poor people or third world masses rather than let them suffer in poverty and deprivation. This logic also presumes that social evils like dowry are God-given and that we cannot do anything about them. Hence victimise the victim. Investing in daughter's education, health and dignified life to make her self dependent are far more humane and realistic ways than brutalising pregnant mother and her would be daughter. Recently series of incidents in which educated women have got their grooms arrested at the time of wedding ceremony for demand and harassment for dowry, is a very encouraging step in the direction of empowerment of girls. Massive and supportive media publicity has empowered young women from different parts of the country to cancel marriages involving dowry harassment. They have provided new role model.

Population Control Policies

There is a serious need to examine Population policies and Global funding from the perspective of statisation of Medical Market and marketisation of the nation states in the context of newly emerging culture of daily changes of sponsors. Financial economists have reigned supreme to generate moment-to-moment existence among population so that they can get an unending supply of cannon fodder for the NRT experimentation. Budgetary provision on health has a hidden agenda of NRT. The victims are not given scientific details and by labelling them as parasites and beneficiaries, their consent is not sought. So many families have been broken. It has burdened women with backbreaking miseries. The nation states have been coached to implement the use of NRT in Secrecy -in line with the programmes executed by G8 in Thailand, Indonesia, Philippines and Bangladesh. To achieve population stabilisation, 2.1% growth rate of population and NRR -net reproduction rate of 1(i.e. mother should be replaced by 1 daughter

only) are envisaged. These have inherent sexist bias because it desires birth of 1 daughter and 1.1 sons. Those who support sex-determination (SD) and sex-preselection (SP) view these tests as helpful to achieve NRR1.This will further widen the gap between number of girls and number of boys in the country .As it is 100 million women have been missing due to femicide (female infanticide, ill treatment and discrimination leading to higher mortality rate among women/girls in the first three quarters of 19th century, and in the last quarter of 19th century due to misuse of SD and SP) over a period of 1901 to 2001.

Global showpieces such as Singapore and South Korea ASIAN TIGERS with 65% work participation rate of women and high growth rate are touted as most effective in the use of NRTs. Singapore model- Educated women should produce more babies and uneducated peasant women should be forcibly sterilised. Selection of good looking (white and yellow) girls for education. "Education is no good for black and brown population." Korean and Taiwanese model- Use of NRT for production of boys and selective elimination of female embryos, which can be used by the cosmetics and food processing industry. For upward mobility, systematic encouragement for marriage of local boys/men with women from the industrialised world.

Power-relations and NRT

Search for "perfect' baby through genetic screening, ante natal sex determination tests, pre-implantation diagnosis, commercialisation of sperm and /or egg donation, commercialisation of motherhood and hormonal contraceptives raise many socio-legal and ethical questions.

Division of labour among women to control women's sexuality, fertility and labour by utilising homophobia and pitting women of different race, religions, age and looks to suit the interest of NRT will serve the interest of patriarchy, medical mafia, pharmaceutical industries, scientists, technodocs at the cost of vulnerable human beings as raw material. If the NGOs don't want to get criminalised, they must dissociate from NRTs and divert the funding for public health, library, education, skill building, employment generation as a long-term investment, formation of self-help groups. It is important to understand that reproduction has an individual and a social dimension. While examining birth control practices, an individual is a unit of analysis. While examining the population control policies we have to analyse pros & cons of NRTs, national

governments, population control organisations, multinational pharmaceutical industries, public and private funded bodies, medical researchers and health workers who shape women's "choices"- women's autonomy or control at micro and macro levels. Thus choices are not made in vacuum. NRT as a choice for some women (educated career women) can become coercion for others (powerless and less articulate women). Hence it is important to be vigilant about power relations determined by race, age, class and gender while examining implications of NRT on different stake groups.

Initiatives by the State and NGOs:

In response to the public interest petition filed by Centre for Inquiry into Health and Allied Themes Mumbai), MASUM and Dr. Sabu George and fought on their behalf by the Lawyers Collective (Delhi), the Supreme Court of India gave a directive on 4-5-2001 to all state governments to make an effective and prompt implementation of the Pre-natal Diagnostics Techniques (Regulation and Prevention of Misuse) Act (enacted in 1994 and brought into operation from 1-1-1996). According to this directive all bodies under PNDT Act namely Genetic Counselling Centre, Genetic Laboratories or Genetic Clinic cannot function unless registered. Recently enacted Prenatal Daignostic Techniques (Prohibition of Sex Selection) Act, 2003 tightens the screws on sex selection at pre-conception stage and puts in place a string of checks and balance to ensure that the act is effective. The Bombay Municipal Corporation has initiated a drive against the unauthorised determination of gender of the foetus as per the directive of the Ministry of Law and Justice. All sonography centres are required to register themselves with the appropriate authority- the medical officer of the particular ward. The registration certificate and the message that under no circumstances, sex of foetus will be disclosed, are mandatory to be displayed.

Another important initiative that has been taken against any institution or agency whose advertisement or displayed promotional poster or television serial is suggestive of any inviting gestures involving/supporting sex determination. MASUM made a complain to the Maharashtra State Women’s Commission against Balaji Telefilms because in its top rated television serial’s episode telecast during February 2002 showed a young couple checking the sex of their unborn baby. The Commission approached Bombay Municipal Corporation (BMC) and an First

Investigation Report (FIR) was lodged at the police station. After an uproar created by the commission, the Balaji tele-film came forward to salvage the damage by preparing an ad based on the Commission's script that conveyed that sex determination tests for selective abortion of female foetus is a criminal offence. Now there is another battle brewing. The women's groups insist that the ad should be telecast for 3 months before each episode, while the Balaji Tele-films finds it too much.

Conclusion:

Philosophical and medical details of NRT need public debate without iron wall of secrecy, in all Indian languages as NRT is penetrating even in those areas where you don't get even safe drinking water or food. Technologies for population control are primarily concerned about efficiency of techniques to avert births rather than safety of women. Women have to put up with the side effects of NRTs. New reproductive technologies are provider/doctor controlled, not women controlled. Hence the women's groups repeatedly state that NRTs have inherently anti women bias. In the petition filed by CEHAT-MASUM in the Supreme Court of India and supported by the women's rights groups, Dr. Sabu George, the petitioner has demanded expansion of the scope of the Pre Natal Diagnostic Techniques Act to include sex pre-selection techniques and effective implementation of the PNDT ACT. They are also organising state level seminars for doctors from the government and private sectors to focus on raising awareness to the fact of sex selective foeticide as a discriminatory practice. They are trying to deal with the issue thro' medical ethics and strong campaign.

We have a great task in front of us i.e. to change the mindset of doctors and clients, to create a socio-cultural milieu that is conducive for girl child's survival and monitor the activities of commercial minded techno-docs thriving on sexist prejudices. Then only we will be able to halt the process of declining sex ratio resulting into deficit of girls/women.

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