Violence against women exists in various forms in all societies the world over. However, the recognition that elimination of gender-based violence is central to equality, development and peace, is recent. Female feticide is one extreme manifestation of violence against women. Female fetuses are selectively aborted after pre natal sex determination, thus avoiding the birth of girls. In India where female infanticide has existed for centuries, now female feticide has joined the fray and is increasing each day. The reasons for this evil are the introduction and proliferation of pre natal diagnostic test/sex determination clinics and cheaper ultrasound machines that help determine the sex of a child before it is born. Dramatic reduction of birth rates in most of India’s states which contributed toward intensification of son preference in the existing patriarchal society. And one must also not forget the lack of ethics in pockets of the medical profession that result in furthering female feticide. For instance, in Tamilnadu the establishment of numerous ultrasound clinics in semi-urban areas since the mid-nineties is not a widely known fact. Even rural families in the state have begun to commit female feticide to satisfy their preference for sons. In Haryana residents of upper caste hamlets openly admit to the widespread practice of female feticide. Parents tend to be calculative in choosing the sex of the next child and the decision is based on the birth order, sex sequence of previous children and number of sons. Transfer of reproductive technology to India is resulting in reinforcement of patriarchal values as professional medical organizations seem to be indifferent to ethical misconduct. These facts have to be publicized so that awareness can be raised and appropriate action by the state and civil society be initiated.

1. **INTRODUCTION**

Female infanticide, the prevalent form of sex-selective infanticide, is the systematic killing of girls at or soon after birth. It normally occurs when a society values male children to the point that producing a female is considered dishonorable, shameful, or an unacceptable investment to the individuals. Female infanticide was commonly practiced in China in urban areas during the Qing Dynasty, due to overpopulation, and in the second half of the twentieth century, due to the One Child Policy that created stiff financial penalties for
parents who had multiple children. Female infanticide is still existent in developing countries, especially developing countries where males are valued over females. The counterpart with male infants is male infanticide.

2. FEMALE INFANTICIDE AND FETICIDE

It is regrettable that female infanticide and feticide are rapidly decreasing the female population throughout India. The main factors that is responsible for the increase in the incidence of female infanticide and feticide is the low status of women, son preference, and the practice of dowry across all casts groups.

The low status of women and girls is due to cultural beliefs and the material cost they represent to their families. Vanaja Dhruvarajan says that there is a belief regarding the nature of men and women: “Men are ritually pure, physically strong, and emotionally mature; women, on the other hand, are ritually pollutable, physically weak, and lack strong willpower” (30). Because of these beliefs parents are unwilling to invest time in daughter health and education. This results in bad health, insufficient awareness and low income.

Female infanticide and female feticide represent serious social problems in India. However, these issues also create much debate over a woman’s right to choose whether or not to have a child. While women in India do have the right to terminate a pregnancy, there are several legal stipulations that make having an abortion less about giving women rights, and more about controlling women’s reproductive capabilities (Menon, 1995). Women often do not choose to have sex-selective abortions; instead their husband and his family pressure them into aborting unwanted female fetuses (Kusum, 1993). Thus, while abortion is legal under specific circumstances, it is often used as a way to selectively breed male children who are preferred in Indian culture. Therefore, many feminists see abortion rights in India as contradictory to feminist discourse because abortion rights are not being used to liberate women, but to re-enforce the cultural preference for sons (Menon, 1995). However, the practices of female feticide and, to a lesser extent, female infanticide are increasing in India, which has led to a declining sex ratio between male and female children: in 2001 the sex ratio was 933 females to 1000 males (Bandyopadhyay, 2003). In comparison, the average global sex ratio at birth (SRB) is 105 males to 100 females; however, in Delhi, India the SRB is 117 to 100 (The President’s Council on Bioethics, 2003). Therefore, while there is much debate among feminists about how to curb this problem, it is clear that something must be done to improve the overall position of women in India. However, because of the cultural devaluation of women in India due to son preference, and women’s economic drain on families because of expensive dowries and weddings, women face much pressure to give birth to sons (Hegde, 1999). Thus, until the Indian culture views women as assets, rather than burdens, the practices of female infanticide and female feticide will continue.

3. INCIDENCE OF FEMALE INFANTICIDE

“Female infanticide is the intentional killing of baby girls due to the preference for male babies and from the low value associated with the birth of females.”
A Feminist Analysis on Female Infanticide

(Marina Porras, “Female Infanticide and Foeticide”) It should be seen as a subset of the broader phenomenon of infanticide, which has also targeted the physically or mentally handicapped, and infant males (alongside infant females or, occasionally, on a gender-selective basis). As with maternal mortality, some would dispute the assigning of infanticide or female infanticide to the category of “genocide” or, as here, “gendercide.” Nonetheless, the argument advanced in the maternal mortality case-study holds true in this case as well: governments and other actors can be just as guilty of mass killing by neglect or tacit encouragement, as by direct murder. R.J. Rummel buttresses this view, referring to infanticide as

Another type of government killing whose victims may total millions ... In many cultures, government permitted, if not encouraged, the killing of handicapped or female infants or otherwise unwanted children. In the Greece of 200 B.C., for example, the murder of female infants was so common that among 6,000 families living in Delphi no more than 1 per cent had two daughters. Among 79 families, nearly as many had one child as two. Among all there were only 28 daughters to 118 sons. ... But classical Greece was not unusual. In eighty-four societies spanning the Renaissance to our time, “defective” children have been killed in one-third of them. In India, for example, because of Hindu beliefs and the rigid caste system, young girls were murdered as a matter of course. When demographic statistics were first collected in the nineteenth century, it was discovered that in “some villages, no girl babies were found at all; in a total of thirty others, there were 343 boys to 54 girls. ... [I]n Bombay, the number of girls alive in 1834 was 603.”

Rummel adds: “Instances of infanticide ... are usually singular events; they do not happen en masse. But the accumulation of such officially sanctioned or demanded murders comprises, in effect, serial massacre. Since such practices were so pervasive in some cultures, I suspect that the death toll from infanticide must exceed that from mass sacrifice and perhaps even outright mass murder.” (Rummel, Death by Government, pp. 65-66.)

4. STUDIES ABOUT FEMALE INFANTICIDE IN INDIA

As John-Thor Dahlburg points out, “In rural India, the centuries-old practice of female infanticide can still be considered a wise course of action.” According to census statistics, “From 972 females for every 1,000 males in 1901 ... the gender imbalance has tilted to 929 females per 1,000 males. ... In the nearly 300 poor hamlets of the Usilampatti area of Tamil Nadu [state], as many as 196 girls died under suspicious circumstances [in 1993] ... Some were fed dry, unhulled rice that punctured their windpipes, or were made to swallow poisonous powdered fertilizer. Others were smothered with a wet towel, strangled or allowed to starve to death.” Dahlburg profiles one disturbing case from Tamil Nadu:

Lakshmi already had one daughter, so when she gave birth to a second girl, she killed her. For the three days of her second child’s short life, Lakshmi admits, she refused to nurse her. To silence the infant’s famished cries, the impoverished village woman squeezed the milky sap from an oleander shrub, mixed it with castor oil, and forced the poisonous potion down the newborn’s
throat. The baby bled from the nose, then died soon afterward. Female neighbors buried her in a small hole near Lakshmi’s square thatched hut of sunbaked mud. They sympathized with Lakshmi, and in the same circumstances, some would probably have done what she did. For despite the risk of execution by hanging and about 16 months of a much-ballyhooed government scheme to assist families with daughters, in some hamlets of ... Tamil Nadu, murdering girls is still sometimes believed to be a wiser course than raising them. “A daughter is always liabilities. How can I bring up a second?” Lakshmi, 28, answered firmly when asked by a visitor how she could have taken her own child’s life eight years ago. “Instead of her suffering the way I do, I thought it was better to get rid of her.” (All quotes from Dahlburg, “Where killing baby girls ‘is no big sin’.”)

A study of Tamil Nadu by the Community Service Guild of Madras similarly found that “female infanticide is rampant” in the state, though only among Hindu (rather than Moslem or Christian) families. “Of the 1,250 families covered by the study, 740 had only one girl child and 249 agreed directly that they had done away with the unwanted girl child. More than 213 of the families had more than one male child whereas half the respondents had only one daughter.” The bias against females in India is related to the fact that “Sons are called upon to provide the income; they are the ones who do most of the work in the fields. In this way sons are looked to as a type of insurance. With this perspective, it becomes clearer that the high value given to males decreases the value given to females.” (Marina Porras, “Female Infanticide and Foeticide”). The problem is also intimately tied to the institution of dowry, in which the family of a prospective bride must pay enormous sums of money to the family in which the woman will live after marriage. Though formally outlawed, the institution is still pervasive. “The combination of dowry and wedding expenses usually add up to more than a million rupees ([US] $35,000). In India the average civil servant earns about 100,000 rupees ($3,500) a year. Given these figures combined with the low status of women, it seems not so illogical that the poorer Indian families would want only male children.” (Porras, “Female Infanticide and Foeticide”). Murders of women whose families are deemed to have paid insufficient dowry have become increasingly common, and receive separate case-study treatment on this site.

India is also the heartland of sex-selective abortion. Amniocentesis was introduced in 1974 “to ascertain birth defects in a sample population,” but “was quickly appropriated by medical entrepreneurs. A spate of sex-selective abortions followed.” (Karlekar, “The girl child in India.”) Karlekar points out that “those women who undergo sex determination tests and abort on knowing that the foetus is female are actively taking a decision against equality and the right to life for girls. In many cases, of course, the women are not independent agents but merely victims of a dominant family ideology based on preference for male children.”

Dahlburg notes that “In Jaipur, capital of the western state of Rajasthan, prenatal sex determination tests result in an estimated 3,500 abortions of female fetuses annually,” according to a medical-college study. (Dahlburg, “Where killing baby girls ‘is no big sin’.”) Most strikingly, according to UNICEF, “A report from
Bombay in 1984 on abortions after prenatal sex determination stated that 7,999 out of 8,000 of the aborted fetuses were females. Sex determination has become a lucrative business." Deficits in nutrition and health-care also overwhelmingly target female children. Karlekar cites research indicating a definite bias in feeding boys milk and milk products and eggs ... In Rajasthan and Uttar Pradesh [states], it is usual for girls and women to eat less than men and boys and to have their meal after the men and boys had finished eating. Greater mobility outside the home provides boys with the opportunity to eat sweets and fruit from saved-up pocket money or from money given to buy articles for food consumption. In case of illness, it is usually boys who have preference in health care. ... More is spent on clothing for boys than for girls[,] which also affects morbidity. (Karlekar, “The girl child in India.”)

Sunita Kishor reports “another disturbing finding,” namely “that, despite the increased ability to command essential food and medical resources associated with development, female children [in India] do not improve their survival chances relative to male children with gains in development. Relatively high levels of agricultural development decrease the life chances of females while leaving males’ life chances unaffected; urbanization increases the life chances of males more than females. ... Clearly, gender-based discrimination in the allocation of resources persists and even increases, even when availability of resources is not a constraint.”

5. FEMINST ANALYSIS
The Feminist discussed the women’s attachment to men, Mary Daly (1978) thinks our liberation requires separation form them as a evidence of the male’s invariable oppression of women she points out Western gynecology, European witch burning, Hindu Sati and Chines food painting. Her vision of emancipation has fired the imagination of many women. It involves an escape from male defined femininity that turns them in to domesticated, cosmetized and caged birds in order to realize heir inherent creative energy.

Indian Feminist deplores assumption of women’s inherent function as an ideology that impedes their full human development. This put them in apposition to calls for women’s devotion to families as their national identity. The Seetha and Draupadi ideals of female self denial assumed to create boundaries for women in both traditional and modern sectors in India are shown to be harmful and changeable norms. The Freudian view that female’s ‘penis eney’ generates self hatred motivating hostility to other females as in mother-in-law / daughter-in-law conflict is undermind by displace of the context. It universalizes women, assuming erronness that all experience gender alike. It confuses natural phenomena women’s strategies for hoping with patriarchal demands. It invites continued perceptions of women as social house keepers in worlds that men build. Feminist view that patriarchy as generative of human oppressions as being antitheoretical.

Feminist liberalism identifies women as the class entitled to rights as women but leads economic and social structures intact, with know way to read rest inequitable distributions of social goods among women and men. The essentialist
useful attention to hitherto unappreciated qualities of women is gravely flawed by feeling to notice artifacts of their status in a patriarchal society. Their analysis present women as biologically, socially and/or psychologically determined. While agencies to change their status emerges in impractical programmes. The economy is an important pillar of social arrangement but does not stand alone. What is needed are feminist synthesis of economy with its dimensions of consciousness, sexuality procreation and child rearing and cultural phenomena that are at least partially independent of the economy such as race, religion and ethnicity. The relationship of the individuals to the community needs to the thought out.

6. POWER

We feminist psychologists need to study power (cf. Sandra Bem; Rhoda Unger; Kahn and Yoder, 1992.) It is clear to me that if we are ever to replace our gendered, genocidal world with a less barbaric, more just and generous one, we must understand how “cultural, institutional, situational, interpersonal and psychological power” (Sandra Bem) – and, I might add, economic power – sustain the current brutality. Sandra Bem summarizes the task perfectly in her question to feminist psychologists: “where is psychology’s analysis of how [power and privilege operate to maintain the status quo with respect to gender, sexuality, race, or class... how power gets into the heads of both the marginalized and the powerful alike?” I would add two other questions as well: (1) where is psychology’s analysis of the brutality that accompanies power?; and (2) are some of the ugly and violent behaviors associated with gender limited to gender alone, or do they crop up whenever power is unequally distributed?

I would be particularly interested in studying these last two questions. Gender is a most complex and intricate phenomenon, but at the interpersonal level I think that a good portion of the oppressiveness of gender arises from the fact that one person has enormous power over the other. Especially when they are relating to women, and especially when they are “in love,” men have been observed to be arrogant, insensitive, unsympathetic, punitive bullies (Hite, 1987; Kitzinger et al., 1992; Spender, 1990.) At the same time, women, especially when they are relating to men and especially when they are “in love,” have been observed to be mild, sensitive, empathic, forgiving pussycats (Hite, 1987; Kitzinger et al., 1992; Spender, 1990.) How does this dynamic between men and women arise? Does it need a specifically sexist ideology to hold it in place, or will any power-justifying ideology do? I suspect the latter (Snodgrass, 1985; Wood and Karten, 1986). But this can easily be tested. In Skrypnek’s and Snyder’s (1982) elegant experiment an individual acted in accord with an unseen partner’s gender expectations regardless of the individual’s own sex. This paradigm can be modified so that the partner has assumptions about types of power that the other individual may have in addition to is/her gender. Then we can ask whether the behaviors I mentioned also show up regardless of gender when differences in power are assumed to be present.

Consider also the hatred, sadism and violence that men direct against women everywhere. Two and a half decades of feminist research, analysis and agitation
have shown us the incredible violence that women suffer all over the world. More than one hundred million women who should be part of the earth’s population are missing from it (Sen, 1990.) Where are they? Rape, child molestation, wife beating, female genital mutilation, torture, female infanticide and murder are the dark underside of male power over women. Eruptions of male violence are considered “random,” “inexplicable,” a product of “male rage, out of control.” But are they? Certainly, such action is not just random, but is rather to be understood within the context of a sexist ideology, which permits and promotes it. However, beyond that, this kind of violence seems to happen to every marginalized group: violence against the powerless seems to accompany every hierarchical culture that I know about. I am convinced that violence is an inevitable accompaniment of the interactions between the powerful and the powerless, regardless of gender. The question, “Is it the power locked up in gender, or is it powers itself?” is a researchable one. Using approaches such as those taken by Stanley Milgram in his studies of obedience to authority (see PCF), feminist social psychology can experimentally manipulate power and study such dependent variables as a rise in sadism and/or violence against another person.

7. RESISTANCE

As long as men have power over women, our gender oppression will continue. As feminists, we need to oppose male power in all its cultural, institutional, situational, interpersonal and psychological forms. As feminist psychologists, we need to understand how resistance arises and the circumstances under which it is effective. This leads to a variety of questions dealing with: individual agency despite gender hegemony; individual defiance versus collective resistance; the dynamics of collective resistance.

I would begin with Rhoda Unger's brilliant exploration of the paradox of feminist dissent: if we are so deeply aware of how socially constructed our world is, what enables us to defy the social order? (Una Gault raises a related issue in a slightly different way when she talks about the need to recognize individual agency in the construction of social forms.) Unger accounts for this paradox by showing how a non-conscious sexist ideology made conscious loses its effectiveness; and by describing a feminist epistemology which is able to tolerate contradiction. By investigating these issues, Unger and Gault increase the sophistication of our social constructionist theories, exploring the slippage between a monumentally over determined gender imperative, and the sheer stubbornness and quirkiness of individual defiance.

But if we are to have social change, we need more than individual resistance. This may occasionally start things rolling, but it cannot change the relations of power by itself. The status quo is a social conspiracy against the powerless, and nothing is more feeble against a social conspiracy than individual defiance. We have to oppose power with power—it is as simple as that; we need collective resistance. As anybody who has ever tried it knows, it is extremely difficult to oppose power and authority. How, then, do we persuade substantial numbers of people to do it? In other words, how do we develop collective resistance? And how do we maintain it? Part of the answer is that collective resistance sets up
an alternative context which, in turn, maintains that resistance. But it is a tricky business, and it often does not work. We need to use our arsenal of social psychological concepts and techniques to figure out how collective resistance develops and thrives. Now is the perfect time to study collective resistance, at least in the USA, where militant women’s groups have begun to form again.

Ros Gill mentions the “tentativeness,” “anxiety” and “paralysis” of postmodernist poststructuralist counter-Enlightenment feminism. Of course, there is paralysis: once knowledge is reduced to insurmountable personal subjectivity, there is no place to go; we are in a swamp of self-referential passivity. Poststructuralist feminism is a high cult of retreat. Sometimes I think that when the fashion passes, we will find many bodies, drowned in their own wordy words, like the Druids in the bogs. Meanwhile, the patriarchy continues to prosper.

It has been my experience that, in times of no movement, reality itself falls into question. In times of dynamism, change and movement, people abandon doubts about reality, properly seeing them as part of the conservative past which they are rejecting. The fog lifts. The fact of movement gives us a clearer picture of what is really out there—what we are fighting against, and what we are fighting for. We need a feminist scholarship which will, once again, be infused, revitalized, and renewed, by movement. Women are subjugated all over the world, and with the consolidation of corporate male rule, our situation will continue to deteriorate. Let us return to an activist, challenging, badass feminist psychology. More than one hundred million women are missing from the face of the earth. We can help to insure that future generations of women will not suffer this holocaust.

Given the traditional preference for a male child, it is not surprising that right from the first census of 1871, India has consistently shown an abnormal sex ratio (940 women for every 1000 men). The abnormal sex ratio runs counter to the greater longevity expected of female species who are supposed to be more resilient. It must be remembered that this is possible only if females get equivalent nutrition and access to healthcare. Pregnancy-related morbidity and mortality account for 136,000 maternal deaths annually and tend to further distort sex ratios. A steep decline in the sex ratio in recent years has coincided with an increased availability of ultrasound machines. About 70% of all abortions performed in Delhi are terminations due to the fetus being female.

The child sex ratio is calculated as number of girls per 1000 boys in the 0-6 years age group and has consistently declined from 976 girls per 1000 boys in 1961 to 945 in 1991 and 927 in the 2001 census. The child sex ratio in India is lower than that in other countries such as China (944), Pakistan (938), Bangladesh (953), and Nigeria (1016). The natural sex ratio is determined by factors such as parental age, duration of birth interval and environmental factors which in turn are influenced by socio-cultural and racial factors.

Even in India, the child sex ratio is not uniform across states. In the states of Haryana, Punjab, Delhi, Himachal Pradesh and Gujarat and union territory of Chandigarh, this ratio has declined to less than 900 girls per 1000 boys. In India’s capital Delhi, the sex ratio has declined from 915 in 1991 to 865 in 2001. The lowest ratio of 845 has been recorded in the southwest district of Delhi. In
contrast, the northeastern states report a higher sex ratio of above 950. The sex ratio is different in urban and rural areas and is also influenced by religion. For example, the sex ratio is 906 in urban areas while it is 934 in rural areas. The highest sex ratio is reported amongst Christians (964), while the lowest sex ratios are reported in Sikh (786) and Jain communities. The sex ratio in Hindus is reported to be 925 and that in Muslims to be 950.

Female feticide is a symptom of an underlying malady. Its incidence is increasing as families perceive that bearing daughters does not make economic sense and does not provide any social advantages. Added to that is generations of bias that favors bearing a male child. Hence, efforts directed selectively towards curbing the practice of prenatal sex determination are unlikely to provide rich dividends. However, measures aimed at improving the status of women in the society are likely to show beneficial effects only after several years. This situation calls for a two-pronged strategy: one to take steps to improve the status of women in the society and the other to ensure effective implementation of the Prenatal Diagnostic Techniques (PNDT) Act so that families find it difficult to undertake sex determination and selective abortion.

The successive Indian governments have taken several steps to improve the status of women in the society. The steps primarily intend to provide them with greater opportunities for education, employment and greater say in the matters of governance. They have included steps to correct the bias in terms of inheritance rights. The PNDT Act is a law made with good intentions. It bans sex selection before and after conception, and further regulates the use of prenatal diagnostic techniques for strictly medical purposes. In particular, the law restricts the use of diagnostic techniques to registered institutions and operators, which have to maintain detailed records. Violations of the PNDT Act carry a three-year jail term and a fine of about Rs. 10000 (US $250) for the first offence and a five-year jail term and a fine of Rs. 50000 (US $1250) for the second offence. So far, there have been only two successful convictions under the law: a fine of Rs. 300 (US $7) and another fine of Rs. 4000 (US $98) from over 400 cases lodged under the PNNDT Act. The reason why the law has proved ineffective is because it is difficult to regulate all clinics that use ultrasound for sex determination as well as for a host of other purposes including detection of genetic abnormalities in the fetus. Its implementation needs to be improved upon. There is a need to plug the loopholes. Registration procedures should be made tougher and clinics run by technicians and unqualified personnel should be registered and better regulated. Use of ingenious ways to convey the sex of the fetus should also be curbed through greater use of surprise checks and dummy patients. The PNNTD Act is rendered ineffective because of the liberal MTP (Medical Termination of Pregnancy) Act which allows abortion on several grounds including mental trauma and failure of contraceptives. Even though the use of blatant hoardings and advertisements of sex determination seem to have disappeared, spread of information about clinic services is now done by “word of mouth”

MTP providers need to be more vigilant when performing second-trimester abortions. While the feminist discourse on abortion advocates that abortion is a right over one’s body, sex-selective abortion in itself is a form of female violence.
8. INTENSIVE INFORMATION, EDUCATION AND COMMUNICATION (IEC) CAMPAIGNS FOR RAISING AWARENESS

The Government has recently launched a “Save the Girl Child Campaign”. One of its main objectives is to lessen the preference for a son by highlighting the achievements of young girls. To achieve the long-term vision, efforts are afloat to create an environment where sons and daughters are equally valued. Boys need to be educated at an early level with regard to giving respect and equal regard to girls. The mass media must be involved in promoting a positive image of women. School and college girls should be the target audience. However, this should be combined with highlighting the issue and dangers of female feticide and skewed gender ratio. Analysis of content of information provided regarding abortion and sex determination showed that the message emphasized upon the illegality of sex-selective abortion instead of describing the difference between sex-selective abortion and other abortions. Various Non-Governmental Organizations (NGOs) are already taking an active lead in this area. It must be emphasized that involvement of community leaders as well as influential persons would go a long way in assuring success in such campaigns. However, the root causes of gender bias need to be tackled first and steps towards woman empowerment must be strengthened.

9. WOMEN EMPOWERMENT

Education of women is a powerful tool for improving nutrition levels, raising the age at marriage, acceptance of family planning, improvement in self-image, and their empowerment. NGOs may be encouraged to promote formation of self-help groups, organize non-formal education for adult females and school dropouts, create employment opportunities for women as well as provide counseling and support services to newly married and pregnant women to discourage them from undergoing sex-selective abortion.

10. ROLE OF MEDICAL COLLEGES AND PROFESSIONAL BODIES

While many medical practitioners have joined campaigns against the misuse of these technologies with the support of professional associations, some have been strong supporters of sex-selective abortion emphasizing that it is the family’s personal decision to determine the sex of their children. Hence the role of medical colleges and professional bodies such as Indian Medical Association (IMA), Federation of Obstetric and Gynecological Societies of India (FOGSI) and association of radiologists, in countering this burning issue needs to be given due importance. This may include

- Sensitizing medical students regarding the adverse sex ratio while stressing upon the ethical issues involved in female feticide.
- Conduct regular workshops/Continuing Medical Education sessions which would greatly help to reiterate the importance of this problem in the country. Private practitioners should also be encouraged to participate in such programs.
- Organize awareness campaigns in field practice areas.
India has yet a long way to go in her fight against pre-birth elimination of females. Time is quickly ticking away. A shortage of girls would lead to a shortage of eligible brides thus making the girl a “scarce commodity”. According to UNFPA projection, by the year 2025 a significant share of men above 30 would still be single, and that many will never be able to marry at all. Men in the states of Haryana and Punjab are already experiencing a nearly 20% deficit of marriageable women. A concerted effort by the medical fraternity, the law, political leaders, NGOs, media, teachers and the community itself is the need of the hour.

The phenomenon of female infanticide is as old as many cultures, and has likely accounted for millions of gender-selective deaths throughout history. It remains a critical concern in a number of “Third World” countries today, notably the two most populous countries on earth, China and India. In all cases, specifically female infanticide reflects the low status accorded to women in most parts of the world; it is arguably the most brutal and destructive manifestation of the anti-female bias that pervades “patriarchal” societies. It is closely linked to the phenomena of sex-selective abortion, which targets female fetuses almost exclusively, and neglect of girl children.

11. LEGAL MEASURES

Indian state governments have sometimes taken measures to diminish the slaughter of infant girls and abortions of female fetuses. “The leaders of Tamil Nadu are holding out a tempting carrot to couples in the state with one or two daughters and no sons: if one parent undergoes sterilization, the government will give the family [U.S.] $160 in aid per child. The money will be paid in instalments as the girl goes through school. She will also get a small gold ring and on her 20th birthday, a lump sum of $650 to serve as her dowry or defray the expenses of higher education. Four thousand families enrolled in the first year,” with 6,000 to 8,000 expected to join annually (as of 1994) (Dahlburg, “Where killing baby girls ‘is no big sin’.”) Such programs have, however, barely begun to address the scale of the catastrophe.

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