

“The Declining Child Sex Ratio: Shocking and Paradoxical”

- Interview by **Dr.A Suneetha** with **Mary E John** for Andhra Jyoti

Q: One tends to think of Amartya Sen when hearing about declining sex ratios, because of his famous essay “One hundred million women are missing” in the New York Times in 1994. Was this also the beginning of the sex ratio debate in India?

A: I am glad that you have asked me about Amartya Sen, the well known Nobel Prize winning economist, who wrote an excellent essay on the front page of the New York Times. In most parts of the world there are more women than men overall in the population, since girl babies have better survival chances and also live longer than men. Looking at data from across the world, especially China and India, Sen coined the term “missing women” to alert readers to the skewed sex ratios in these countries.

However, the story in India begins much earlier. Already in the late nineteenth century, British colonial officials noted practices of female infanticide in colonial Punjab and Rajasthan. After independence, demographers like Praveen Visaria and Ashok Mitra in the early 1970s used Census data and shocked the public when they proved that India’s overall sex ratio had been steadily declining, a decline that continued even after independence. Their main focus was on issues of neglect as well as the undervaluation of women’s work, and how this led to higher rates of female mortality at various ages. In the early 1980s, women’s organisations in Bombay and Delhi discovered a report from the All India Institute of Medical Sciences (AIIMS) about amniocentesis testing for foetal abnormalities. This special test was first introduced into India during the 1970s. When a large survey was conducted on pregnant women in the city of Delhi it appears that many of the women wanted to know the sex of the foetus and underwent an abortion when told that it was female. A public campaign followed and resulted in the first laws against sex selection, such as the PNDT Act in 1994.

Q: Declining sex ratios are mostly understood as an aspect of “violence against women” -- killing female babies, infanticide or female foeticide, almost investing it with criminal intent. Is this a useful approach to study the issue?

A: There are different aspects to your question. Firstly, the term “violence” can be used very broadly sometimes, and its meaning then is hard to distinguish from “discrimination”. But it is also the case that there are different approaches to this problem, leading to different ways of naming it. I do not use the term female foeticide but rather that of sex selective abortion, precisely because I do not think of such acts as murder, or the genocide of women. Such a language may seem useful to garner attention in a world where the discrimination against girls is so common and hardly newsworthy, but it does not, in my view, capture the problem and the reasons for not wanting to have a daughter. People are not trying to do away with women, as the Nazis tried to do to the Jews, or the Serbs in their pogrom against

Muslims. Also, if we use the term “foeticide” or in Hindi “brunhatya” (what is the Telugu word?) we then run into the problem of making abortion as such a murder and a crime.

Q: Can you tell us about your study? What was your approach? Where and how was it done?

A: It was precisely through the research study that I was part of that some of these issues became clearer to us. The findings of our study have come out in a report called “Planning Families, Planning Gender” and it is available on the website of our Centre (CWDS) for anyone interested. Basically we did an in depth study with families from different socio-economic backgrounds in the lowest sex ratio districts of north west India (Punjab, Haryana, Himachal Pradesh, Rajasthan and Madhya Pradesh) during 2003-05. Since there is so much statistical information available nowadays, we were keen to do a more qualitative study, looking at family dynamics, how families are planning the sex composition of their children, and the different factors involved. We found that as fertility rates decline, families articulate not only a son preference but also what we have called ‘daughter aversion’. Even when people say they want a son and a daughter (the two child norm!) what they really mean is “at least one son, at most one daughter”.

Why, you may ask, are daughters not wanted? This has to do with how resources are being transferred across generations – and by resources we mean both financial as well as care overall. Today it is remarkable to see the extent to which families are calculating the costs of bringing up their children – to keep them healthy, send them to school and then possibly for higher education, and then get them successfully married. So in today’s highly volatile world, the non-poor are having much fewer children than before – fewer sons, and even fewer daughters. The cost of having a daughter – which now includes bringing her up to adulthood and keeping her sexually chaste – does not even quite end with a ‘good marriage’, when she leaves the house, since she should not return due to problems there. So we feel that son preference (an old problem) has been taken to a new level today, also thanks to the easy availability of ultra sound technology. Even progressive developments like more education for girls, higher ages of marriage than in the past are having the unintended effect of turning a daughter into a much greater cost and burden than before. This is the paradox that is part of the problem we have to overcome.

Q: How far is the medical establishment culpable in the decline of sex ratios?

A: Well this is a difficult question. Something definitely changed when families and willing doctors started to use ultrasound for sex determination testing rather than an expensive and complex method like amniocentesis. Surely we can hold greedy and unethical doctors culpable – there are accounts of radiologists taking their handy ultrasound machines into towns and villages in the back of their vans where no proper health facilities are available! In our study we found doctors rationalising the practice, saying they were providing a social service to people. In spite of making sex determination testing illegal, the medical establishment has used its power to remain immune and protect its own members. There have been far too few convictions. Because they exert so much power and provide a technology that seems “good” to ordinary people, it has been one of the failures of the campaign overall that more

medical people have not been caught. At the same time it is also true that doctors are part of the same overall society and suffer from the same biases. So the medical establishment is not the only problem.

Q: Many people think that southern states or northeastern states are doing better in terms of their child sex ratios. Is this view vindicated by the data? Do you think that the factors for the phenomenon would be different in southern states?

A: It is true that the worst states with the lowest child sex ratios are in north and western India, and a few districts in Tamil Nadu. However, even from a more disaggregated picture of the 2001 Census results, there were cities and districts which had no prior histories of negative sex ratios, such as in urban Orissa for instance, or even urban Nagaland, whose child sex ratios were well below the average. If we look at the southern states, with the exception of districts like Salem, Dharmapuri, their child sex ratios have broadly been within acceptable limits as far as statistics go. Given that some of these states are economically better off, and also have medical technologies available, we can see that the mere use of ultrasound by pregnant women does not directly lead to sex determination testing, unless other factors are also in play. But the 2011 Census results, though provisional, as well as some micro studies are forcing some rethinking.

Q: Can you say more than about the 2011 Census results? Have these results forced you to revise the findings of your study?

A: As most people know, 2011 Census has shown a further decline in the child sex ratio from 927 to 914, while the overall sex ratio is improving as more women are outliving men. While the rate of decline in the north-west has slowed down (so Punjab, Haryana show a rise from 2001), there are clear signs of the spread of the practice of sex determination, and possibly female child mortality especially in eastern and central India. Even Andhra Pradesh has shown a decline and one will have to look at more local level data at the district and town level to get a better picture.

We are not surprised by this trend, it could have been worse! The logic of planning the sex composition of one's family is definitely spreading, even to poorer districts as in eastern U.P., Bihar and so on. There are micro studies reporting cases of sex selection in Kerala, and again this is not surprising. Perhaps all the glare of attention in the North West has slowed down the practice there, but only marginally. It would require much more effort to make a positive difference.

Q: After every study of this kind, one is asked about what can be done by the government and usually the suggestions are in terms of framing stricter laws with punitive measures. In this instance a strengthening of the PCPNDT Act. Do you think it would help?

A: A lot of attention has focussed on the PCPNDT Act (revised in 2003) and also to some extent on the MTP Act of 1971, regarding medical termination of pregnancy or abortion. Surely the government has to ask itself both at the national and state levels why the Act to curb sex determination testing has hardly had any effect. It required sting operations on the part of activists and the media to catch erring doctors and make for the first convictions. The law is actually a monitoring law and the personnel meant to carry out all the checks on registered clinics have an impossible task to perform. So at this

level, yes, by all means implement the law better, and shut down clinics known for flouting the law. But this should be at the level of the sex determination tests being carried out, not by curbing abortion. It is absolutely essential in fact to strengthen the MTP Act such that it is taken out of the grey world it currently inhabits and make it a more genuine right for women, rather than an appendage to our population control programmes.

Q: In your view, what are the issues that need to be paid attention to regarding declining child sex ratios?

A: Well, there are too many issues! But we think some of these are absolutely essential and need our attention beyond trying to control the medical technology. If there are such high costs associated with daughters then surely we should examine this more closely – the costs of health care education and so on. Also the institution of marriage has not often been on our agenda. Even in the women’s movement, we tend to concentrate only on the violence within it. We are not aware of how low the work participation rates are in our globalising economy, with just 15% women in working ages having some kind of paid work! We have to actively demand more and better work options for women, so that a minimum level of economic independence is at least possible. We also have to actively campaign around daughters’ relationships to their families, including the enormous amounts of care they do provide even in our deeply patrilineal societies. Then there are questions of aging and the care of the elderly – surely both the state and the market should be playing a greater role, apart from that of children.

So, to conclude, better state policies on the social sector and promoting economic growth with jobs are part of a longer term approach to improving the lives of daughters. On the part of social movements, we need to open up the domain of the family and the compulsory institution of marriage to fuller critique. Otherwise why are we surprised that girls are going increasingly “missing”?

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