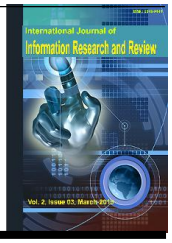
IJIRR

International Journal of Information Research and Review
Vol. 2, Issue, 03, pp. 480-486 March, 2015



Full Length Research Article

FEMALE FOETICIDE AND HEALTH STATUS OF GIRL CHILD IN HIMACHAL PRADESH: A CASE STUDY

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ARTICLE INFO

Article History:
Received 28th December, 2014
Received in revised form
20th January, 2015
Accepted 26th February, 2015
Published online 31st March, 2015

Keywords:
Patriarchal and Patrilocal
Nutrition and Education of Children

ABSTRACT

Today, a woman is very uncertain about her very existence. She is always unsure about her life because she is always at a risk of being crushed at any moment. No place is safe for women, not even in their mother's wombs. In India the status of girl child reflects serious gender based differences, inequalities and discrimination. Preference for son in the society and discrimination against girl child are interlinked due to interplay of different factors. Despite widespread progress in improving the health, nutrition and education of children, the situation of girls continue to be disadvantaged compared to that of boys. Girls are often seen as less important to family and community life than boys regardless of the fact that girl children constitute one fourth of population in India. Indian society, like most of the society's world over, is patrilineal, patriarchal and patrilocal. The marked gap between boys and girls, which has nationwide implications, is the result of decisions made at the most local level the family. Keeping in view the above said facts this present study has been design with the objective to study the relationships between declining child sex ratio and some of the human development indicators. The data for this purpose was collected through secondary sources. An analysis of the data reveals that there was a marginal increase in the following five decades and it reached to 976 in 1991, but in the beginning of 21st century it started declining to 970 from 976. District wise analysis shows that Kangra district has lowest child sex ratio followed by Una, Hamirpur, Bilaspur, Solan (899) according to 2011 census. The rest of the seven districts are having child sex ratio more than 900.

INTRODUCTION

Today, India is shining, but when we deeply look inside the Indian society, its existing social problems are on increase. Even after so many years of independence, women in India continue to suffer socially as well as economically at different levels and in different forms. India is a society where the male is greatly revered. In the modern times, women in India are given freedom and rights such as freedom of expression and equality, as well as right to get education. But still problems like lack of education, female foeticide, dowry, domestic violence, widow/elderly issues are prevalent in the society. The sex ratio in the country had always remained unfavorable to girl child. Girl children are undesirable in many regions of the world. In fact, due to the high occurrence of female foeticides, infanticides including, newborn neglect and abandonment, the world is currently deprived of over 100 million women. More than 100 million women are 'missing' from the world today.

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They have been eliminated because they are unwanted. They are eliminated before they are born or shortly afterward, aborted or victims of infanticide. They are strangled, smothered, burned and mutilated. Families with no sons also strive to ensure they must have at least one son for lighting parent's funeral pyre and also for several other rituals. Female foeticide is perhaps one of the worst forms of violence against female girl where a female is denied her most basic and fundamental right i.e., "the right to born". The phenomenon of female foeticide in India is not new, where female embryos or foetuses are selectively eliminated after pre-natal sex determination, thus eliminating girl child even before they are born. India is perhaps the only civilization that worships God in woman-form, but still doesn't stop many countrymen from killing their own daughters. Gone are the days, when the birth of a girl child in the family was greeted as the arrival of "Lakshmi", the Hindu goddess of wealth. Now due to change in societal attitude, girls are seen as a burden, it may be because they have to be protected and provided with large sums of money for wedding and dowries. Female foeticide is nowadays the most common form of daughter elimination and both in

rural and urban areas, more prevalent in groups that are more prosperous. Female foeticide is the deliberate attempt for ending of a pregnancy, through abortion of the unwanted foetus. According to Srinivasan (2006) "these trends are to a large extent explained by the prevalence of sex selection-technology aided sex selective abortion". It may be because giving birth to a daughter is often an invitation to abuse and ridicule and threats of divorce and desertion. Keeping in view, present study has been taken with the objectives to study the social and economic factors of female foeticide in Himachal Pradesh, and trends in sex ratio at present in Himachal Pradesh. Objectives of the Study

- To study the declining trends in sex ratio in Himachal Pradesh according to census 2011.
- To study the socio-cultural and economic reasons responsible for female foeticide in Himachal Pradesh.

Universe of the study

Himachal Pradesh has 12 districts and has a total population of 60 lakhs as per 2001 census of India and 69 lakhs as per census 2011. It is not feasible with the given time and resources to cover all. Therefore the universe was limited by making selection on the basis of purposive sampling where child sex ratio is less than nine hundred. For these purpose four districts namely Kangra, Hamirpur, Una and Bilaspur, having cultural homogeneity were selected. All the blocks of these four districts included in this study (i.e. 26 blocks). Keeping in view the purpose of the study, one village from each block having maximum difference between number of boys and girls in the age group of 0-6 years was selected. From each village only those women were selected who had one-girl child and a male child after a long span from the birth of first girl child.

Research design and Sample

The design for this study was exploratory as well as descriptive. On the basis of declining trend of child sex ratio, we have tried to find out the concerned reasons by which sex ratio has been decreasing, consequent upon increase in female foeticide. In the first stage, a sample of the districts was drawn. Himachal Pradesh consists of twelve districts. It was decided to select only those districts in the study which have lowest child sex ratio i.e. less than 900. As per the census 2001, districts Kangra, Una, Hamirpur and Bilaspur were selected based on these criteria. In the second stage, the blocks falling under these four districts were considered. All the 26 blocks were included in study. In the third stage, the villages were selected from these blocks. From each block the village having maximum difference between male and female in the age group of 0-6 was included. Hence, 26 villages were purposively selected. In the fourth stage, the identification of women who had undergone female foeticide posed a great challenge. To overcome this problem and to avoid the opposition from the villagers, it was decided to include all those women in the study who were in the age group of 18-44 years. In this study, only those women were included who had first girl child and a male child after a long span from the birth of the first girl child. As per the information gathered from the record of the panchyat and the health workers, there were 4536 women in 26 villages. Fifty per cent of this i.e. 2268 have been considered for this study. The unit of study was the women in the reproductive age group with first girl child with between 0-6 years of age. Women with foeticide have been identified with the help of information obtained through the informal discussion with the anganwadi workers, old ladies, midwives (daies) relatives of respondents, retired doctors, female health workers and some of the respondents who had accepted that they have been gone for the abortion of female foetus, such women were 515 which constituted foeticide group in this study and the remaining 1603 formed the non female foeticide group. Of the remaining 150 respondents, some were not available at the time of interview and some of them have refused to give information on this account, as a result they were excluded from the study.

Tools and Data collection

A socio- economic status scale was used comprises of general information such as: age, family type, type of house education and income. A questionnaire was framed to have in-depth interaction with the respondents. More than fifty questions were asked from each respondent pertaining to the status of a girl child in these villages, reasons for the declining child sex ratio and their attitude about female foeticide. Data was collected in the month of June to July 2009 through primary as well as secondary sources. Interview of respondents were conducted. Focus group discussion with Aganwadi and health workers, Panchayaty Raj Institutions**,** doctors, local teachers and old aged persons in the village were also held.

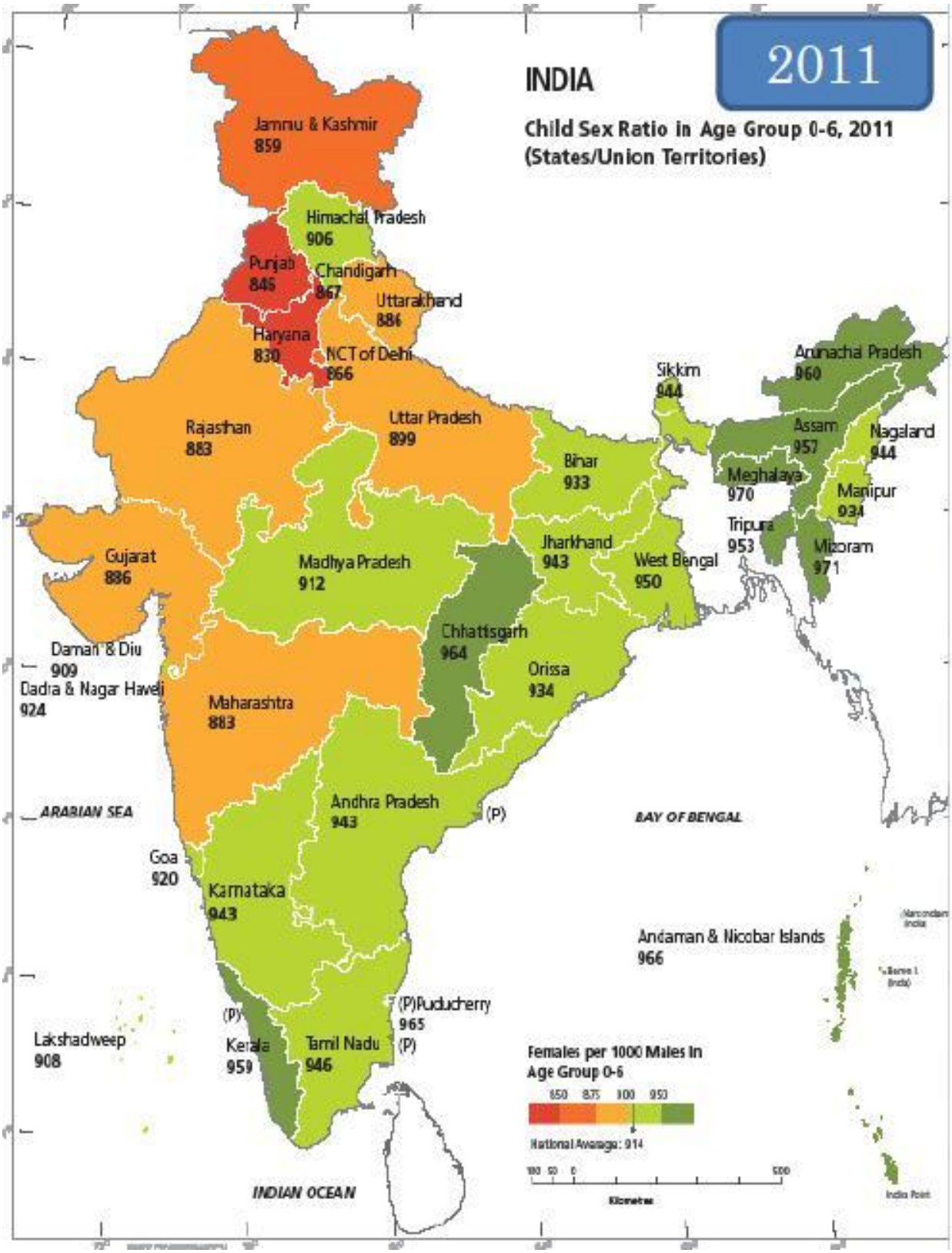
Child Sex Ratio in India

The 2011 Indian census revealed about 7·1 million fewer girls than boys aged 0–6 years, a notable increase in the gap of 6·0 million fewer girls recorded in the 2001 census and the gap of 4·2 million fewer girls recorded in the 1991 census. The overall child sex ratio of girls per 1000 boys at ages 0–6 years fell by 1·9% (from 945 to 927) in the decade starting in 1991 and by 1·4% (from 927 to 914) in the decade starting in 2001. 0-6 years child sex ratio in India is even in worse than sex ratio of total population.2011 census in India reveals the true fact of gender discourse in India. Male female sex ratio of children under six years of age 0-6 years of age is just 914 females child per thousands males child. Mizoram has the highest child sex ratio of 971 girls per thousands boys followed by Meghalaya with 970 girls per thousands boys and Andaman- Nicobar islands with 966 girls per thousands boys.

Haryana with only 830 girls per 1000 boys next is Punjab with 846 girls per 1000 boys and Jammu & Kashmir with 859 girls per 1000 boys. Punjab registered the highest growth of 6.02% in child sex ratio during the decade. Unfortunately Jammu & Kashmir has a whopping -8.71% negative growth and that bring the sex ratio from 941 to just 859. In last 10 years only 6 states and 2 union territories out of 35 states/union territories in India have a positive growth in child sex ratio. Only 4 out of these 8 states/UTs have a change of above 1%. Those are Punjab with 6.02%, Chandigarh (UT) with 2.60%, Haryana with 1.34% and Himachal Pradesh with 1.12%, (Census of India 2011).

The Deficit of Girls in Himachal Pradesh

In Himachal Pradesh the female survival situation was quite favourable until 1991. However, the 2001 census indicated a considerable decline in the sex ratio over the 1991–2001 census



periods particularly in the age group 0 to 6 years. However, the situation worsened in the next ten years and, as shown in the 2001census. Himachal Pradesh is one of the ten most vulnerable states in the India where the female sex ratio has decreased substainly from 976 in 1991 to 970 in 2001. The decline in child sex ratio under six years of age was even sharper. A startling fact that has come to light is the sudden decline in the sex ratio in some of the districts that earlier had a favourable sex ratio. Nine out of twelve districts being the worst in 2001.The sharpest decline in child sex ratio has been noted especially in district Kangra, Hamirpur, Una, Bilaspur and Solan which are adjoining districts of Punjab and Haryana states. What is even more alarming is that the female ratio had dropped to less than 800 in 41 percent of villages across the state. In Himachal Pradesh, it is estimated that 7,500 female foeticides were done every year, making its gender ratio among the lowest in the country (Census of India 2001).

Table 1. Child sex ratio/ overall sex ratio of Himachal Pradesh (1991-2011)

S.N.	Districts	Child sex ratio (2011)	Child sex ratio (2001)	Child sex ratio (1991)	Sex ratio (2011)	Sex ratio (2001)	Sex ratio (1991)
1	Hamirpur	881	864	936	1096	1102	1105
2	Kangra	872	836	939	1013	1027	1024
3	Mandi	912	916	968	1011	1014	1013
4	Una	870	839	923	977	997	1017
5	Bilaspur	892	884	923	981	992	1002
6	Chamba	950	962	965	989	961	949
7	Kullu	962	960	966	950	928	920
8	Sirmour	930	940	973	915	901	897
9	Shimla	922	930	968	916	898	894
10	Solan	898	900	951	883	853	909
11	Kinnour	952	979	968	818	851	856
12	Lahul& Sapiti	1013	986	951	916	804	817
	Himachal Pradesh	906	896	951	973	970	976

Source: Directorate of Census Operations, Shimla, 2001

The Table 1 have shown the declining trend of child sex ratio of girl population in the state from 1991 to 2011.The child sex ratio of age group 0-6 years has dipped to 896 from 951 in Himachal Pradesh from 1991 to 2001. In 2001, four districts namely Kangra (836), a decline of 103 points, Una (839), a decline of 84 points, Hamirpur (864), a decline of 72 points, Bilaspur (884), a decline of 37 points, from census point of view these districts are considered as red alert districts of the state. All districts of the state except Lahul & Sapiti and Kinnour have shown decrease in child sex ratio of age group of 0-6 years in 2001. It may be because in these tribal belts districts, access to the modern technology is not easily available. The districts namely Kangra, Una, Hamirpur and Bilaspur are the more literate districts of the state and have less than 900 girls in the age group of 0-6 years in 2001. It may be because these districts are adjoining to the states of Punjab and Haryana, where access to modern technology is easily available. People of these districts have both access and money to misuse technology. Female literacy suggests that higher the level of female literacy, lower will be child sex ratio indicating higher usage of sex determination tests by literate women (Bhargave and Hiremath 2005). It is also true in case of Himachal Pradesh because female literacy rate is much higher in those districts where child sex ratio is declining. The table also shows in Himachal Pradesh the child sex ratio in the age group of 0-6 years has improved from 896 to 906 in Himachal Pradesh from 2001 to 2011. The districts namely Hamirpur, Una, Bilaspur, Kinnour, Solan and Lahul& Sapiti have been showing decrease in female sex ratio as compared to 1991 census. In 1991 there were seven districts having less than 1000 females. But in 2001 two more districts came in this category. The districts Lahul & Sapiti (804), Solan (853), Kinnaur (851) and Shimla (898) have less than 900 females. The districts namely Chamba (961), Sirmour (901), Bilaspur (992) and Una (997) have between 900 to 1000 females. Only three districts Kangra (1027), Mandi (1014), and Hamirpur (1102) have more than 1000 females. The district Lahul &Sapiti has the minimum sex ratio (804) amongst the twelve districts. Districts showing a good and increasing trend in earlier census but a decreasing trend after the 1991 census are Hamirpur, Una, Bilaspur, Sirmour and Solan. It has been observed that in 2001, the deficit of girls is highest in district Kangra and therefore lowest child sex i.e. 836 in the state. By observing different blocks of Kangra district, it becomes very sad to know that all blocks have declining trend in child sex ratio in 2001. The Kangra district has second position in overall sex ratio i.e.1027, but lowest child sex ratio among all districts in Himachal Pradesh.

Kangra is at third position in overall literacy i.e. 80.68 and also at third position in female literacy i.e. 73.57 percent. There is a popular belief that literacy rates have a direct bearing on population, and that literate people are less prone to gender bias. But this logic does not hold true in Himachal Pradesh.

RESULTS AND DISCUSSION

The technological factor is one of the major causes which gave rise to the problem of foeticide. The most common test in India is ultrasound, colloquially known as 'Sonography' or 'janch' or 'test' in most parts of North India. By the mid- 1970s, amniocentesis and chorionic Villus Sampling (CVS) were introduced in India for research on genetic abnormalities. Today the technology is widely available in rural and urban areas. The usage and spread of advanced reproductive technologies "reflect a prior hierarchy of gender, social placement, religion and cultural specificities," Dagar (2007). Notwithstanding with the findings arrived at in the preceding section, it was thought worthwhile to have general view point of the respondents about the modern medical technology as a reason for female foeticide in the community. For this purpose each respondent was asked about the modern medical technology as the main reason of female foeticide in the community? Their responses are condensed in Table 2.

Table 2. Modern medical technology as a reason for female foeticide

Group	Yes	No	Total
Female foeticide	450 (87.38)	65 (12.62)	515 (24.32%)
Non female foeticide	1256 (78.35)	347 (21.65)	1603 (75.68%)
Total	1706 (80.55)	412(19.45)	2118 (100)

$\chi 2$=20.26 $df = 1$ Significant $p < 0.01$

Table 2 indicates the percentage and association between female foeticide and non female foeticide group with modern medical technology as the reason for female foeticide. The overall analysis of data reveals that (80.55 %) of respondents had perceived modern medical technology as a reason for female foeticide. From the female foeticide group, a significant percentage of respondents (87.38 %) expressed that modern medical technology as the reason for female foeticide and 12.62 per cent did not opt for this. From non female foeticide group (78.35%) respondents have the opinion about modern medical technology as the reason for female foeticide as against 21.65 per cent respondents do not favour this opinion. Statistically significant association had been found between modern medical technology and female foeticide and non female foeticide group

as the value of chi square at df 1 is 20.26 which is more than the table value of 0.01 level of significance. These results substantiate our hypothesis that modern medical technology is the main reason for female foeticide. It may be due to the reason that sex determination facilities in combination have an easy access across all people, in both rural and urban areas. But it was interesting to note that now lower castes and rural women also have gone for abortion of a partially developed foetus. All things considered, the tagline "Pay 1500 rupees now and save 10 lakh later" is one that is unjustified and a total act of discrimination against the female population in India and that reflects the psyche of the people of the India. This finding has also been supported by the earlier study conducted by Ryhal and Punam (2010). They have found that female foeticide is the social problem irrespective of any caste and the myth that female foeticide is a social problem of upper caste is changing very rapidly. Modern medical technology has become a reason for disappearing of the female child in all groups of people as revealed in the Table 2 and hence has emerged as a strongest catalyst for promoting the socio-economic factors such as; son preference, dowry, girl are as liability. The major reasons for son preference include Moksha, power, prestige, 'continuing the family name, support provider in old age, the wealth remains in the family, to perform the last rites, brings in dowry and add on to the family resources. These findings reveal a deep seated mindset of son preference for perpetuating the family name and performing the last rites.

The phenomenon of female foeticide is believed to be influenced by the level of awareness about different methods of sex selection. To understand this aspect was probed into from the respondents. Each one was asked to tell about the awareness about various methods available for sex determination. The information elicited by them is shown in Table 3 and Figure 1.

From the non female foeticide group a significant percentage of respondents (90.96%) were aware about the ultrasound method of sex selection as compared to other methods i.e. amniocentesis (3.99%), foetal DNA testing (3.18%) and ericsson method (1.87%) of sex selection. This may be due to the reason that the availability of the cheap ultrasound facilities in private clinic even in rural areas; these clinics are emerging as a main concern for the increase of the female foeticide. Mostly respondents were aware about sex selective abortions through the ultrasound.

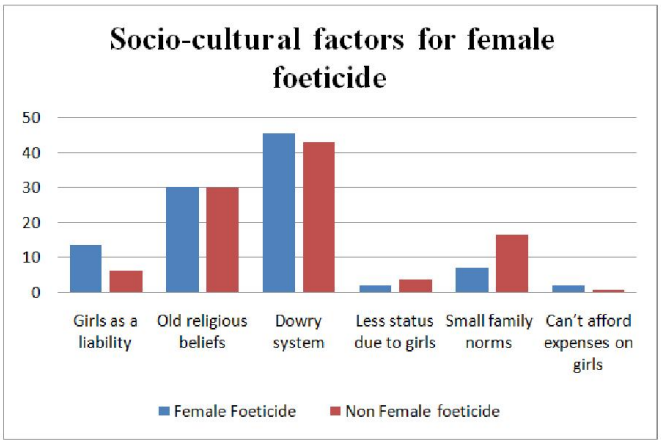


Figure 2.

In British India, during the 18th and 19th centuries, female infanticide was practiced by a large proportion of the North Indian population, Millar (1985). In modern times, India has made significant advances and achievements in all the fields particularly science and technology i.e. bio-technology, electronics, computers, and medical technology etc.

Table 3. Knowledge about the different methods of sex selection

Group	Ultrasound	Amniocentesis	Foetal DNA testing	Ericsson method	Total
Female Foeticide	515 (100)	0	0	0	515 (100)
Non Female foeticide	1458 (90.96)	64 (3.99)	51 (3.18)	30 (1.87)	1603 (100)
Total	1973 (93.15)	64 (3.02)	51 (2.41)	30 (1.42)	2118 (100)

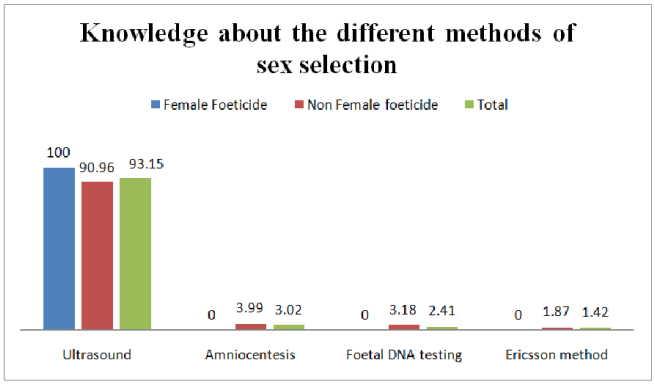


Figure 1.

Table-3 and figure 1 indicate the knowledge of the respondents about different methods of sex selection. Hundred percent respondents from female foeticide group were having the knowledge of ultrasound method of sex selection and they also expressed that about rest of the methods they never heard.

Nowadays we find a female baby being killed before being born i.e. in the mother's womb itself. These sex selective abortions are a matter of great concern, Visaria (2004, 2005). The social and demographic implications of sex selective abortions are grave. Son preference is in the interest of the family lineage, whose continuity depends on sons alone while daughters are considered to be temporary members of the kin group. Sons are perceived to provide support to their parents, both before and after marriage, but girls can provide very little economic and emotional support. There are so many factors responsible for female foeticide in Indian society. The data in this regard, collected from the sample under study and presented in Figure 2 shows that overall 43.77 percent respondents opined about dowry system as the main factor for female foeticide. From the female foeticide group, 45.63 per cent respondents and from non female foeticide group, 43.17 per cent respondents expressed dowry system as the major aspect for female foeticide. Also 30.29 per cent respondents from female foeticide group and 29.82 per cent respondents from non female foeticide group expressed about old religious beliefs as the main factor for female foeticide.

About the other factors such as girls as a liability, less status due to girls, small family norms and expenses on girls, the responses of the respondents are very less as compared to responses about dowry system and old religious beliefs. Though statistical analysis of the data indicates a significant association between socio-cultural factors and female foeticide as the value of Chi-square at df 5 is 64.33 which is higher than the value at 0.01 level of probability. These results substantiate our hypothesis that socio-cultural factors are associated with female foeticide. It may be due to the reason that dowry system has become a feature of our society since decades. This finding corresponds to the findings of earlier studies conducted by Walia (2005); Basu (1991, 1989); Das (1987).

Himachal Pradesh government policies to check female foeticide

- The State Government was taking effective steps to check female foeticide in the Himachal Pradesh.
- Government would give an additional grant of Rs. 5 lakh to one panchayat in each district, which would register more female childbirths. Government taking steps to check unlicensed medical practitioners.
- Indira Gandhi Balika Surksha Yojna had been started in the State to check the practice of female foeticide and the State Government would provide an incentive of Rs. 25 thousand to those parents who would adopt family planning after one girl child and Rs. 20 thousand to those parents who would adopt the same after two girl children under the scheme. Rs. 10 thousand would be given to person giving information about such crime.
- Himachal Pradesh has a rich culture where females were held in high esteem and practices like female foeticide has crept in the society as a result of external influences. There is a need to change the mindset of the people and to generate awareness among them to shed the old beliefs, which were responsible for such crimes. Government is taking effective steps to keep check on private clinics that were indulging in practices like female foeticide. Directions have been given to concerned departments to conduct raids against unlicensed medical practitioners so that they could not play with the lives of the people. (The Tribune, 2008) A joint team of the police and medical department were successful in catching a local doctor conducting pre- conception and pre-natal determination test (PNDT) to determine the gender of an unborn child.
- State Government has announced incentive scheme for those 10 panchayats in the State, which showed the best female birth rate relative to male birth rate. These panchayats were awarded Rs. 5 lakh additional grant each year. According to government there are 156 ultra sound machines in which 110 in non-Government and 46 in Government hospitals. Private Doctors involving in this sin will be black listed and registration will be cancelled.

Suggestions

The issue of female foeticide needs a lot of discussion, as does the issue of daughters being revealed by several parents. Small family norms and dowry were cited as the one of the reason behind it. Daughters were unable to provide social security to their parents in old age and thus were considered an unnecessary investment. The following suggestive measures flew out from the study.

(1) Well-designed financial incentives by the Government can transform negative perceptions regarding daughters and make people view them as an assets. Incentives can bring behavioural changes in the attitude of the people about girls. This would decrease the so-called "unnecessary investment on girl children" made by the parents on their daughters. They would stop taking their daughters as a liability. Government should start various employment schemes for females where 50 percent reservation could be made for women in certain occupations. (2) Empowerment of women will automatically decrease female foeticide provided if there is a political willingness. In short we can say that disempowerment of women will be the main enemy of female foeticide. (3) Seminars, debates, declamations, contest, women awareness camps and wall writing about female foeticide can create awareness. (4) Religious gurus, singers, cultural programme, media, poet and writer, PRIs, Panchayat Pradhan, Jila Parished member, Self Help Groups, Mahila Mandals, Educational institutions can play a vital role in spread the message against female foeticide. (5) Efforts and provisions should be made to provide social security to parents who are above 65 years of age, those who are having and have only daughters. They should be provided with old age pension and old age home. Because most of the parents who have only daughters feared for their social security especially in old age. (6) Moral education should be imparted in schools. Children should be taught to uphold morals and refrain from practices of dowry, female foeticide, and gender bias attitude. The vulnerable minds of the children should be so influenced that they grow up as adults who consider practicing dowry and female foeticide as immoral.

Conclusion

This paper concludes that decreasing sex ratio in Himachal Pradesh is raising an alarm as girls are vanishing from the homes of hills. The decreasing sex ratio in hill state is not only due to the culture, socio-economic factors but may also be due to advancement of latest medical technology, which has created a serious problem of female foeticide. Majority of the respondents from female feoticide and non female foeticide group were aware of sex selection test specifically ultrasound. Socio-culture factors such as: (girls as a liability, old religious beliefs, dowry system, less status due to girls, small family norms, can't afford expenses on girls etc.) found significant association with female foeticide and non female foeticide. The concerned ministries, medical practitioners, education departments, politicians, religious leaders, judiciary, police, NGOs media and the civil society as a whole have to own responsibility to solve this shocking problem which has many dimensions and has to be looked from various angles.

It is not easy to change overnight the attitude of even women towards female foeticide. Even if the women are prepared to understand and admit the need to change, the social situation and the family environment prevent them from doing so. There is a need of empirical studies to be conducted and that will help in formulating further action plans.

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