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Girl Child Discriminated to Death

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Dr. M. K. Jabbi**

Introduction

Throughout the history of humankind, the rights of the child have been most neglected by societies around the world. This is so because of material, societal and political reasons. Children have been considered of not much consequence as they cannot speak up for themselves and the traditions of adult authority over children's best interests have gained ground. The rights of the girl child have been in even greater jeopardy than those of boys. The girl children have been treated as commodities by traditions granting males the right of controlling female behaviour, defining women's status and imposing their dependency. The low status of women is extended to the earlier years of her life and the status of the girl child is also equally low.

Girl children lag behind boy children in most of the indicators used to measure well-being. Data from all over the world - United Nations statistics, national reports and studies by non-governmental organisations - show over and over again that girls as a group, have lower literacy rates, receive less health care, and are more often impoverished than boys (UNDP, 2002). In addition to these indicators of discrimination, girls are also subject to abuse and exploitation because of their gender.

India has a long history of gender discrimination. Traditionally woman has been worshipped in the form of deities such as Lakshmi, Parvati, Saraswati, and legendary women as Sita, Savitri, Radha, etc., have been revered and held as role models. Women have also held a respectful place as no Hindu religious ceremony can be performed without the wife, the *ardhangini*. But the contradiction lies in that the Hindu scriptures also relegate an ordinary woman to a life of subjugation to man - father, brother, husband or son. She is subjugated to man and treated only as an appendage, a second grade citizen.

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Gender discrimination is pervasive and deep-rooted in all societies and countries, however advanced or still developing; only there may be variation in its form, level, nature and extent. Gender discrimination is evident in every issue area, is found in every geographic region and permeates every culture. It thus crosses all cultural, racial, religious and political boundaries (Nye, 2000).

Discrimination begins right from birth, nay, from the moment of conception and may be even before. It continues throughout her life – childhood, adolescence, youth, adulthood, old age – right upto death and beyond. It is as if the discrimination is not only ‘from womb to the tomb’ but from ‘before womb to after tomb’. It cuts across caste, class and communities and is accentuated in urban and prosperous areas (Miller 1981, Agnihotri 2000, 2002, Dreze *et al.*, 1996 and Goody 1990). The bias is universal, there is only a matter of difference in degree and manifestation (HAQ 2002).

Status of Women and Girl Child

The present day status of women in India – be she of any class, caste, ethnicity or religion – is much lower than that of men. Female literacy in 2001 was only 54 per cent as compared to that of men (76%). Her health and nutritional status is lower. Work participation of males (52%) is much higher than that of the females (26%). Women generally work in agriculture related activities (72%; men – 52%). Even in agriculture, more women are agricultural labourers (39%) than men (21%). For the same work, women are paid lower than men inspite of the law of Equal Remuneration. Even if she gets the same pay, it is not she who controls the money or participates in decision-making either on its expenditure or on other important matters in the family. Though law permits her inheritance of property, in practice she hardly ever gets a share. She is abused and exploited because of her gender. And this status of the woman is stretched backwards to her earlier years to the girl child to the female infant and to the female foetus.

The status of the girl child in India is worse off than that of boys in terms of indicators, such as sex ratio in the 0-6 years group, access to health care, under 5 mortality rate, prevalence of underweight babies at the time of birth, malnutrition, antenatal care, anemia, school attendance during 6-14 years and percentage completing grade 5. Besides these

more quantitative indicators her status is also lower in qualitative terms in that she works at an earlier age than boys, she works in the home while the boys work outside home, her movements are restricted/ curtailed, she is allowed less time to play and there is even restriction in the type of games that she can play.

A positive correlation exists between a strong son preference and a health disadvantage for females (UNHCR, 1997), a disadvantage that increases when resources are scarce. The WHO reports that boys often receive preference within households, higher expenditures are incurred on medicines and health care for them. And even though females are biologically stronger than males, their social disadvantages outweigh their biological advantages as indicated by the mortality and nutrition data (UN, 1995).

The socialisation of the girl child is different from that of the boy child. She is taught to be submissive, obedient, nurturing, docile, dependent, etc, while the boy child is encouraged to be aggressive, bold, independent and brave. In fact most of the differences in the personality make-up of the girls and boys are due to their gender training rather than due to biological differences. The perceived role for a girl is that of a homemaker and mother. Therefore investment made on her is little and she is kept at home for household work and care of siblings at the cost of her development needs. Conversely, the role of the boy is that of the breadwinner and head of the family; huge amounts are spent on his care, health, education and profession/ means of livelihood. He is not burdened with any household work and is allowed full scope for growth and development as much as possible within their means and sometimes even beyond that. Not only at home but even the school curriculum reinforces gender stereotypes – textbooks and teachers reinforce them in their behaviour and attitudes. And not just home and school but society at large and the mass media in particular are equally at fault. Boys and men are projected as strong, adventurous and intelligent while women and girls as weak, helpless and victims of abuse and beatings.

Son Preference

The fallout of this low status of women and girl child is that there is a very strong preference, nay yearning, for the male child along with a neglect of the girl child. Numerous studies have shown that son-preference is to be

found in almost all societies, both in the East as well as in the West. Countries such as the United States in the West and China in the East are also no exceptions. Newell *et al.*, (2000) point out that the practice of female infanticide is prevalent in China, South Asia (Bangladesh, India, Nepal, Pakistan), the Middle East (Algeria, Egypt, Jordan, Libya, Morocco, Syria, Tunisia, Turkey) and parts of Africa (Cameroon, Liberia, Madagascar, Senegal).

In India a son is preferred as it is he who performs the last rites. If one does not have a son, a religious ceremony is conducted to make some other boy act as a son. According to the Hindu scriptures it is only a son who can ensure a berth in heaven. He carries forward the family lineage and it is he who is looked up for support and care in old age. On the other hand a daughter is considered a burden or liability because she has to be married off and will go to another home. Bringing up a girl, as a Telegu saying goes, is like watering a plant in someone else's garden. She has to be looked after so that she remains a virgin till such time as she is married. The many restrictions on her movements and freedom are mainly because of this fear that her sexuality may be violated. Some parents are unwilling to send her to school as she may become independent and this will create problems. The custom of giving huge dowry at the time of a girl's wedding is another financial burden for the girl's parents to bear. Expenditure on elaborate ceremonies that have to be performed at various stages in the girl's life add to the financial drain on the parent's resources. Thus the parents of a girl consider her a liability - financial and otherwise, while they look upon a boy as a source of incoming wealth and with hope of getting benefits from him. It is another matter that in these days many a son leaves his parents for far away lands in search of better life opportunities. Sometimes they do not even bother to support them financially or send back money for their maintenance. And it is the daughter who actually looks after the parents in time of need.

Studies have also indicated that the undesirability of having girls leading to their extermination is closely related to the patriarchal system and values characterised by a low female status (Phillip & Bagchi, 1995). Thus the practice was more prevalent among the higher castes where patriarchy was a strong element. It was more prevalent in joint families (Phillip & Bagchi, 1995; Venkatachalam & Srinivasan, 1993; Kumari *et al.*, 1990) and where women were not in the workforce (Bardhan, 1974; Desai & Jain, 1994; Rosenzweig & Schultz, 1982; Balakrishnan, 1990; Murthi *et al.*, 1995).

Female Infanticide: Origins

Female infanticide is a very old practice in India. There is reference to this practice in the Puranas (600 B.C.) wherein it is strictly forbidden saying that a man who destroys female infants, Brahmins and cows transgresses all law and is condemned to hell. Mention is also made to the effect that uttering the holy mantras even ten crore times cannot free a person of the guilt of infanticide. In all probability female infanticide started as a result of two practices – the strict caste limitation in choice of a wife (of the same caste and sub-caste but of a different gotra) and puberty consummation. With continuous onslaughts of wars and the sentiment that an unworthy match lowers the prestige of the bride's father, they turned the birth of daughters into a veritable calamity in all but the most well-off families. Infant marriages were adopted among the Hindus during the mughal days in order to overcome the above restrictions. A barter system sprung up at that time with the fathers of daughters being overanxious to marry off their daughters as soon as possible and the fathers of sons seeing this as an opportunity to make demands on the girls' fathers. Thus it became more profitable to have sons and girls became most undesirable (Phillip & Bagchi, 1995).

The practice of female infanticide was probably brought from central Asia by Ghikars, a Scythic race which settled on the banks of Indus at an early period of history. The Rajput tribes found presently in Gujarat, Rajasthan, Punjab, Haryana and Uttar Pradesh are descendents of this tribe which later moved to the Indo-Gangetic valley. The prevalent custom was that as soon as a female child was born her father would carry her to the market place. He would carry her in one hand and a knife in the other and proclaim that anyone wanting a wife could take her, otherwise she was done away with (Phillip & Bagchi, 1995).

There were many other ways in which the female infant was got rid off. The *dai* just took her away, she was smothered by covering her mouth with a pillow, she was plain starved to death, poison was smeared on the nipples of the mother or the child was administered the same, she was given boiling milk with rice grains in it, she was strangulated, or her neck kept under the foot of the cot and the mother made to sit on it, she was just drowned in a tub of water or thrown in the well.

Female Infanticide and Foeticide in Recent Times

"Female infanticide is no less than a gender-based discriminatory judgement about who will survive" says Hom (1992), a law professor. Female infanticide may be committed deliberately or through neglect. It is so deeply embedded in some cultures that it is almost a tradition and the methods used are part of folklore. Its deliberate manifestation is glaringly visible while infanticide due to neglect is more widespread and insidious.

In order to ensure that they have male children, many a parent does not leave it to chance but goes about aggressively to attain it. With the advent of modern technology it is now possible to know the sex of the child even before its birth. In fact these tests are resorted to and sex selective abortions are carried out. This is female foeticide – the abortion of a foetus just because it is female. In earlier times when such technology was not available female infanticide was resorted to where female infants were murdered just because they happened to be females.

Infanticide has attracted the attention and horror of Western travellers, missionaries and anthropologists but its capacity to alter sex ratios, or population growth has only recently been realised (Miller, 1997). Broad comparative studies are not available though an anthropological survey has been done by Williamson (1978) and brief historical surveys have been conducted by Langer (1973) and Radbill (1968). Focussed anthropological studies of infanticide include those of Freeman (1971) and Balikci (1967) on the Eskimos, Divale (1976) on the Ibo and Granzberg (1973) on twin infanticide. Smith's study (1977) in Japan found that family planning was resorted to for needs of agricultural production. This was done by killing children not needed. Though there was evidence of male infanticide, generally of later-born males, it was female infanticide that was more prevalent. Venkatachalam and Srinivasan (1993) reported wide prevalence of the practice even in South India (Salem district) where it was thought that the problem did not exist. They found that though women were reluctant they succumbed to family pressure to keep only one female child and kill the others. Agnihotri (2000) has discussed the differential female sex ratio in the 0-4 and 5-9 year age groups and found that the female/male sex ratios in the 0-4 group was higher than in the 5-9 year group. He pointed that there is excess male mortality during infancy which is mainly a biological phenomenon and excess girl child mortality in later

years, which is a socio-cultural or behavioural phenomenon. Divale and Harris (1976) have studied data on juvenile sex ratios for more than 300 societies, which demonstrate that female infanticide is very widespread throughout primitive societies with demographically significant effects.

Systematic infanticide wherever it is practised, is directed primarily towards the female. Sporadic male infanticide of infanticide which is not sex-selective has been observed but systematic female infanticide is endemic among some communities.

This leads one to conclude that the motivations for infanticide whether perceived as ritualistic (Benedict, 1972), economic (Granzberg, 1973) or ecological (Freeman, 1971), are provided by culture. Again it is culture that decides, may be arbitrarily, on the target of infanticide – whether it be later children, only boys, only girls, girls beyond the first, children with crippling deformities or those born with teeth. However, when it is not arbitrary and is so widespread as in the case of female infanticide, it can have significant demographic consequences whether they are recognised and understood or not by those involved.

Compared to female infanticide, female foeticide became a more acceptable mode of disposing of the 'unwanted' girl child. Infanticide was a barbaric 'practice', carried out by non-professional and less powerful persons. It did not allow the parents to distance themselves from the event and free themselves of any guilt. (McKee, 1984). Foeticide made the crime seem less heinous as the child was not yet born and emotional attachment to it was at a low.

Increased prevalence of female foeticide has been made possible because of the advent of prenatal diagnostic techniques, which include ultra sonography, amniocentesis, chorion villi biopsy, foetoscopy, maternal serum analysis, etc. In India the most commonly used techniques are ultrasound and amniocentesis. During 1978-1983 it has been estimated that 78,000 female fetuses were aborted following amniocentesis (Kelkar 1992) and another 30,000-50,000 during 1986-1987. In the years 1982- 1987 the number of clinics offering these services multiplied manifold. In Mumbai it increased from less than 10 to 248. A study by Saheli found that in Delhi alone 13,000 sex determination tests were conducted in just seven clinics during 1987-1988. The RGI admitted abortion of 3.6 lakh female fetuses in India

during 1993-94, an estimate based on hospital births alone with a large number of them following sex determination tests. Such extensive use of these tests has been made possible because the facilities have been publicised through advertisements in newspapers, trains, buses, walls, hoardings, pamphlets, letters, etc. So much so that training programmes for foetal sex testing became a promising business.

Abortion is legally permissible in India on broad medical and social grounds since the Medical Termination of Pregnancy Act was passed in 1971. By the mid 1980s there were over 106 million women of reproductive age and only 4,600 medical facilities and fewer than 15,000 physicians who had received official approval. The government approved services were not adequate and it is estimated that 4-6 million illegal abortions were conducted in India every year (Dixon-Mueller, 1990).

In one hospital from June 1976-June 1977, 700 individuals sought prenatal sex determination. Of these fetuses, 250 were determined to be male and 450 were female. While all the male fetuses were kept to term, 430 of the 450 female fetuses were aborted (Miller, 1985).

Impact of the practice

The practice of female foeticide leads to lesser number of girls being born and over a period of time the gap becomes quite large. Coupled with a higher mortality rate for girl children due to neglect or murder, the ratio of women to men has declined considerably. In India there has been a sharp decline in sex ratio since 1901. This is an alarming trend when the falling sex ratios are viewed in the light of the trends thrown up by the male-female ratios in the 0-6 age group. The 0-6 year data when studied on a district basis is even more alarming. There are very few districts with sex ratios above 1000. Many districts not only in the North (as was commonly thought) but also in the South have falling sex ratios for children. This trend among the children has resulted in a serious threat to demographic balance adding to the already skewed population than that introduced by the decreasing over all sex ratios and its impact would remain for years to come. The imbalance in the composition in the population will lead to greater crimes against women such as rape, abduction, sexual abuse, molestation, polyandry, wife-sharing, etc.

Amniocentesis exposes women to a whole lot of additional health risks. Possible hazards include damaging the placenta or foetus resulting in puncture marks over body or even organ damage. There is greater risk of abortion or congenital malformation in foetuses with the use of amniocentesis. The health of women is also adversely affected in many cases either directly or indirectly due to action taken in response to the information made available through them. The most common of these is the risk due to abortion in the later stages of pregnancy. Results confirming sex of the foetus by amniocentesis are possible only after 15-16 weeks of pregnancy.

In ultrasound which is a non-invasive technique, results of tests determining the sex of the child can be made available only after 26-28 weeks of pregnancy. The risks involved in abortion during the third trimester are extremely high.

Rationale for the Practice

Various arguments are put forward to make the use of this technology appear to be a very rational decision. The most commonly mentioned benefits are that it:

- emancipates women from repeated pregnancies
- makes it possible to prevent the birth of a disabled child
- helps in achieving a small family norm
- allows the realisation of the hope for a son
- avoids the liability of an unwanted daughter and
- makes its use economical in the long run.

All these arguments can be refuted on better and more logical grounds. It does prevent repeated pregnancies taken to its full term but not from repeated abortions and the high risks involved therein. In fact pregnancies can be avoided and one can have a small family by the use of any of the simple methods which are now available that have no side effects or have at the most very negligible adverse effects.

Congenital defects and disabilities can be identified by these diagnostic tests, the use for which they were originally intended but having identified them it is not always possible to rectify all of them. There is no remedial intervention for some of these abnormalities.

In one's yearning for a son it is possible to continue with a pregnancy if it is a male and to terminate it if it is a female. But its implications for the health of the mother and the long-term impact on the imbalance of the ratios of the sexes are too important to ignore. As it is, the female sex ratio in India is declining since the turn of the last century.

The economic reason put forward also does not hold much ground. It is a narrow reasoning. It may seem true that those who gain economically by preventing the birth of a daughter may not be the ones who are losing by the dwindling number of females. But the reasoning seems very perverted – to think of a daughter or a son only in terms of the money that will be spent on them and what will be received from them in return.

Addressing the Problem: Issues Involved

It is indisputable that any technology is useful and should be used in conformity with human development. Development should lead to freedom, equality and justice, putting an end to all exploitation in its wake. Any process that provides more choices, power and control to individuals is welcome. But choices, power and control to some individuals/ groups at the cost of their loss by larger groups cannot be termed as development.

In the last two decades, scientific technology has made persistent efforts to control women's bodies. Technologies such as hormonal and injectable contraceptives, implants, sex determination, sex pre-selection, sonography, amniocentesis, chorion villi biopsy, etc. – have appeared on the scene. Their widespread use leads to an implicit assumption that women's bodies are objects to be tampered with and experimented upon without any concern about their effects. The sole aim of these technologies is to control reproductive processes – the number of children a woman should have, the timings of their conception, their sex. The important issue to be addressed is who should have control over these aspects – the women themselves, scientists, technologists, religious leaders or the State?

Law against the practice of sex-selective abortions was passed in Maharashtra in 1989 followed by Punjab, Haryana and Rajasthan. The Central Government passed the Pre Natal Diagnostic Test (Regulation and Prevention of Misuse) Act in 1994. But it proved ineffective as it was very superficial, full of loopholes and was not supported by other policies that on the contrary create structural space for continuance of the practice.

The strategy of seeking legislative restriction of sex-selective abortions has not been effective in combating sex preference, and has decreased women's access to safe medical care.

It has been pointed out that minor changes in policy will not be of much value but overall structural change in the role, status, economic value and position of women is needed for any meaningful change. More broad-reaching strategies that will address the economic and cultural roots of the problem need to be attempted. One such strategy could be to advocate for female inheritance of parental property as an alternative to dowry and changing cultural norms that affect women's position in society. But such reforms will require more than legislative advocacy (Balakrishnan, 1994).

The roots of sex selective elimination need to be traced to the perceptions about 'unwantedness' of the girl child and tackled at that level. These perceptions are shaped primarily through viewing a daughter as a liability in economic and physical security sense. A substantial part of this perception is shaped by the prevailing status of women. Any strategy to address and eliminate female infanticide and its latest form – foeticide – must, therefore, address the larger issues of patriarchy and unequal development (Agnihotri, 2000). In the ultimate analysis, the fight against infanticide will have to be linked to the fight against the dominant culture of patriarchy, sanctioned and supported by useless religious obscurantism. (Athreya, 2000; Phillip & Bagchi, 1995; Kumari, R. *et al.*, 1990). The position of women does not depend only on numbers. Structural factors such as the legal and political framework which provide all support to patriarchal structures of society thereby devaluing women's power have also to be taken into account (Arora, 1996).

Reasoning in terms of economic concepts and laws of demand and supply cannot be extended to social phenomenon as such. Even at present the female sex ratio is adverse but the position of women has not improved. In fact it has only worsened and crimes against women have increased, crimes such as rape, abduction, forced polyandry, wife sharing by brothers or even cousins.

Choosing the sex of the child according to one's wish is made out as an issue of choice, which is available at not much extra effort or cost. But it is not difficult to see that the position of women will only be further lowered and the control of men over the reproductive rights of women will

only be strengthened. Availability of such technology in a context marked by prejudice against women reinforces rather than changes that bias. This is basically an issue of control, not choice and will further exploitative processes in society.

Using technology to ensure the quality of the child being born is a very dangerous line of thought. It will finally lead to subjecting the right to have a child to the quality qualification in the best interests of the child to be born. Very soon reproduction will become the right of a few qualified ones reinforcing class distinctions even in reproduction and increasing not decreasing the basis of inequality in society. This logic can later be further extended to exclude other categories of children - based on caste, class, race or religion – from being born.

The logic of technology helping to eliminate disability at birth is given from the angle of the rights of the foetus. The mother then becomes just a carrier and her body a sheer vehicle for reproduction. Since not all disabilities can be rectified by intervention after diagnosis, the logic can be further carried to legitimising the abortion of such a child. It makes handicap appear as something that is extremely repugnant, to be avoided at all costs. But is it possible to overlook the valuable contributions of many a handicapped person? Do we have the right not to allow any such child to be born who may have a handicap at the time of birth? What of those who may be healthy at the time of birth and become handicapped later? Physical health is not the only criteria of health. The role of society in shaping the quality of life and the capacity to contribute to society are equally important factors that cannot be ignored.

Interventions

Efforts need to be made to attack the root cause of discrimination of girls rather than its specific manifestations. This is the only way to ensure that no child dies an avoidable death, let alone a girl child. A two-pronged strategy is needed to curb the menace of female infanticide/ foeticide. Since the practice is perpetuated by the demand of the family and the supply factors provided by the doctor, the problem has to be dealt with from both sides.

Some specific interventions that may contribute to reduce the 'unwantedness' of daughters and thus curb the demand side are :-

- Girls must be sent for formal education to school as elementary education for 6-14 year age groups has been made free and compulsory.
- Girls must also be given vocational training and be encouraged to participate in the work force.
- The right of girls to inherit property – both from the father and husband, should be enforced.
- All property of a married man should be deemed to be in the joint names of both – husband and wife.
- Mobility of girls should be encouraged, not curtailed. In fact they should be allowed the use of bicycles, the most affordable and uncumbersome mode of transport.
- Married adolescent girls (particularly below 18 years) have little scope for social communication. They should be allowed to become part of Self Help Groups. This will improve their social communication if not economic power.
- The supporting role of daughters in taking care of parents in old age should be highlighted through visual and other media.
- All positive aspects of girls doing well in society should be highlighted in all media.
- The school curriculum should highlight the positive qualities and achievements of girls.

On the supply side, policing or regulatory intervention in the form of punitive action against doctors who kill for profit through the patent violation of the law and institutions that allow such practices should be taken. The registration/ licences of these doctors/ institutions should be cancelled.

Both lines of action must be taken up simultaneously. Just regulatory action against the doctors/ institutions will not ensure any long-lasting change in the society. But one cannot let the doctors go ahead with their butchering while waiting for a change in societal values regarding females to take place.

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