

Female Foeticide- A Societal Response in Jammu and Kashmir with Special Reference to the Districts Ganderbal and Srinagar

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ABSTRACT

The declining sex ratio in India has sent shock-waves across all sections of society. For centuries, families across many parts of India have regarded a male child as the preferred of the two sexes. Female foeticide is a pressing issue – which calls to be addressed at once. In India the States in which the most horrendous conditions in this respect prevail are the relatively affluent states. By far the most significant decline was in the State of Jammu and Kashmir which was once regarded as foeticide free zone, whereby the sex ratio decreased to 859 girls in the 0-6 age group. It is hard to believe that such daughter aversion can take place just within a decade. The purpose of the present study is to investigate critically the issue of female foeticide and its extent in two districts (Srinagar and Ganderbal) of Kashmir province of Jammu and Kashmir State and to determine the role, if any, of socio- economic conditions among the population in respect of the sex determination techniques and the laws concerning their regulation and prohibition. With all the above objectives of the study in mind, it was decided to study a sample of 60 respondents comprising of pregnant women from the twin districts of Srinagar and Ganderbal. The Universe for the research as has already been mentioned constituted of both urban and rural population. The researcher decided to adopt structured interview method as the sample composed of both illiterate and literate women. The findings of the study show that irrespective of the preference for male child the extent of female foeticide in the concerned districts is not in consonance with the figures provided in the census 2011 report and is contradictory to the data available on the point.

Key Words : Female Foeticide, Sex ratio, Missing girl child, Right to birth, Gender discrimination

INTRODUCTION

The practice of killing the female child after her birth has been prevailing in the Indian society for many years. But the problem of the “missing” girl child or the practice of female foeticide¹ is the legacy and contribution of the misuse of the progress made by the medical science. This practice robs missing daughters not only of their right to a healthy environment, but most basically, their right to birth.

Female foeticide 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 favours bearing a male child.² In India the statistics are just shocking with 914 girls being born for every 1000 boys (0-6 years), with the normal ratio being 952 girls per 1000 boys. Between 2001 and 2003 the statistics showed that there were 883 girls every 1000 boys.³ The United Nations Children’s Fund states that systematic gender discrimination has

1. Female foeticide means aborting the female baby in the mother’s womb.
2. Garg, S. and Nath, A., 2008. Female foeticide in India: Issues and concerns. *Journal of Postgraduate Medicine*, 54(4), p.276.
3. Hitrova Christina, “*The Value of a Girl in the Modern World*”,³ available at http://academia.edu/2465030/Female_infanticide_and_gender_biased_sex-selective_foeticide (7/11/2015)

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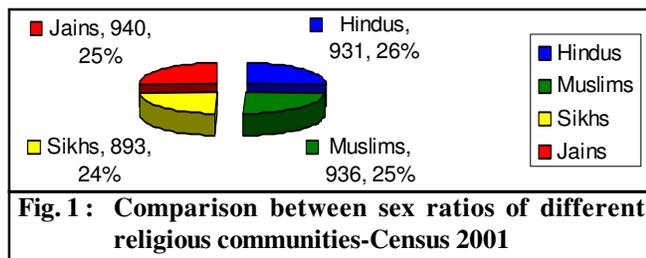
resulted in about 50 million girls and women “going missing” from India’s population⁴.

According to the latest Census 2011, the overall sex ratio in India is 940 females per 1000 males. The difference of 60 numbers between males and females seems to be apparently insignificant. But considering the massive population of India being over 1.22 billion, a deficit of 60 females per 1000 males, translates into a deficit of about 37 million (3.7 crore) females in India – and that is a huge figure. In a natural world, without sex selective abortion, the sex ratio should be approximately 980 females per 1000 males which means that there are 12 million less females in India than there should be. Things get worse when we delve into statistics concerning infants and children. The child sex ratio (0-6 years) is 914 girls per 1000 boys (2011 Census), an alarming decline from 927 in 2001 (and 945 in 1991, and 962 in 1981) – the lowest recorded since Independence. And the worst of them all, the secondary sex ratio (*i.e.* at birth) in India is 893 girls per 1000 boys, whereas the natural sex ratio at birth is estimated to be 943.

If the sex ratio is studied on the basis of religion, some religious communities show declining figures whereas others show comparatively higher figures. The same may be illustrated in the tabulated form among the major four religions of India.

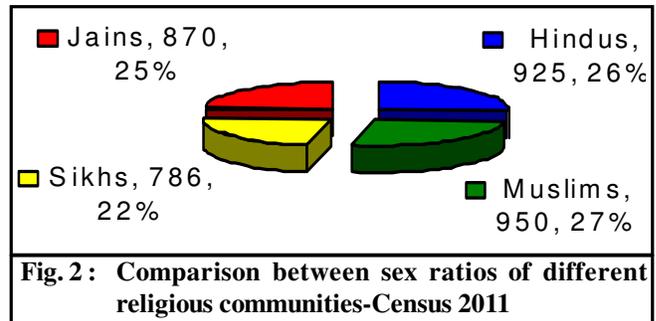
Religion	2001 Census	2011 Census
Hindus	931	925
Muslims	936	950
Sikhs	893	786
Jains	940	870

The Fig. 1 shows the sex ratios among the various religious communities as provided by the Census report of 2001. It shows that the sex ratios among the Sikh community being the worst followed by the Jains, while

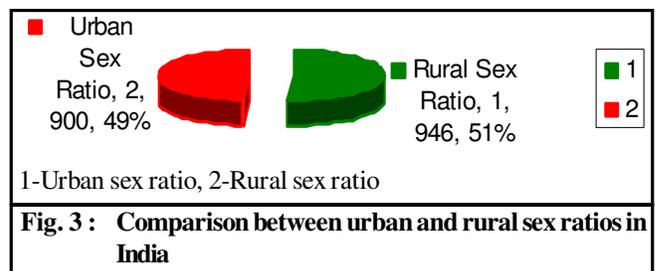


as among the Hindu community and Muslims the figures are comparatively encouraging.

The Fig. 2 (based on 2001 and 2011 Census) show that among Muslims the sex ratios are comparatively higher as compared to other religious communities whereby the sex ratios are seen to be decreasing. It has been seen that the sex ratios of the urban population are skewed as compared to that of the rural population. The same may be illustrated with the following figures.



The Fig. 3 shows as far as the urban Sex ratio is concerned it remains worse than that of the rural Sex ratio, although the gap is narrowing. Similar seems to be the situation in the state of Jammu and Kashmir as is shown in the following figure.

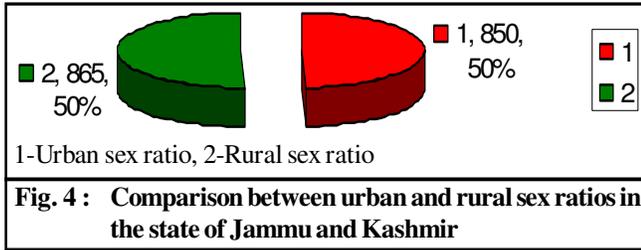


Barring some hiccups, sex ratio has shown a long term declining trend. The sex ratio at the beginning of the twentieth century was 972 and thereafter showed continuous decline until 1941. In 1951 there was a marginal increase of one point, but thereafter it again dropped for two consecutive decades to reach 930 in 1971. In fact, between 1961-71, the country saw the sharpest decline of 11 points in the sex ratio. Thereafter, it has fluctuated marginally around 930 in successive censuses.⁵

By far the most dramatic decline was in the State

4. Supra. 2

5. Census 2011 available at: http://censusindia.gov.in/Data_Products/Library/Provisional_Population_Total_link/PDF_Links/chapter6.pdf (19/10/2015)



of Jammu and Kashmir which was once regarded as foeticide free zone, whereby the ratio plunged to 859 girls for every 1000 males in the 0-6 age group down by 82 points from 10 years ago. Beset with the male child syndrome, the dwindling sex ratio in the state reflected “criminal psyche” of the people towards fair gender in the male dominant society. Approximately, one girl child out of seven female babies is being eliminated inside the mothers’ womb. When looked into the present crime rate in relation to female foeticide in valley, in the form of reported cases, as per report of the police station Rambagh, the cases reported were almost negligible *i.e.*, 0.02%. This, reveals that as per official report the female foeticide is almost nil in valley. However, this was proved quite contrary to the census report of 2011.

There has been 29 per cent increase in population between Census 1991 and Census 2001 which is substantially higher than the national decadal growth rate of 21 per cent. Population density in the state also registered a high increase from 59 in 1981 to 99 in 2001. Despite the increase in density, the state population is largely concentrated in four districts of Jammu, Srinagar, Anantnag and Baramulla. The sex ratio, according to the 2001 Census is 900, lower than the national sex ratio (933 females per thousand males).

As per the census reports of 2001 and 2011, the number of females per 1000 males in the various districts on Kashmir Valley and the variance between the two is provided as under (Table 2 and Fig. 5):

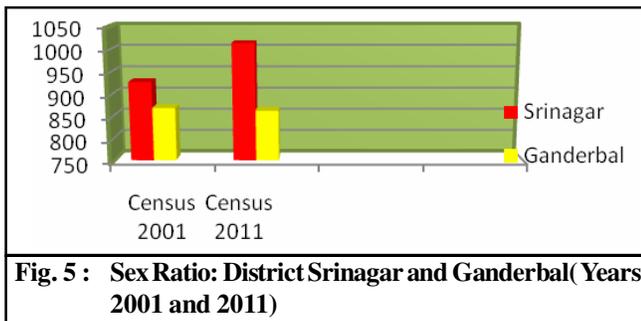


Table 2 : Sex ratio as per Census Reports of 2001 and 2011

District	Census 2001	Census 2011	Variance
Pulwama	1046	836	-210
Budgam	1004	832	-172
Kupwara	1021	854	-167
Ganderbal	1014	863	-151
Anantnag	977	832	-145
Shopian	1011	883	-128
Kulgam	1003	882	-121
Baramulla	961	866	-95
Srinagar	928	869	-59
Bandipore	967	893	-74
Whole State	941	859	-82

Most of the demographers still doubt the figures presented by the census department in its 2011 report. The reasons for which are many. Firstly, it is hard to believe such a sweeping decline in a place which was considered a foeticide free zone a few years back. Secondly, it is argued that since the State of Jammu and Kashmir is a conflict zone, the male mortality should get decreased as compared to that of females. Besides it has been seen that in Muslims the sex ratios are comparatively higher as compared to other religious communities. Since the majority population of the twin districts under study are having a Muslim majority the figures as low as 859 are shocking.

The estimates from National Household Facility Survey (NHF) and District Level Household Facility and Survey (DLHFS) sources have shown a ratio of 903 and 905, higher than the census figures of 859, although still low, indicating missing girls in the State. However, two years after the 2011 Census report, the government claimed that the child sex ratio in J&K has improved. “There had been a decrease in the child sex ratio in J&K as per the Census report of 2011, which had come down to 859 as compared to 941 in 2001. However during 2013, the sex ratio has improved to 908 in Jammu and 967 in Kashmir, against 1,000 male (children),” the then Minister of State for Health Shabir Khan informed the House in a written reply to a question by MLC Devender Singh Rana⁶.

Data Analysis and Interpretation:

As has been observed in the preceding pages the problem of female foeticide has assumed alarming

6. I. Tantry, *House In Session- Skewed Child Sex Ratio In State Improves*, The Tribune (Chandigarh, 10/10/2013)

dimensions in the Indian social structure. The official information through data from the various States indicates that some States like Punjab and Haryana have deplorable sex ratios. The problem of female foeticide is all the more grave in the State of Jammu and Kashmir and as per the Census report of 2011 the ratio of females has fallen to 859 as compared to 2001 when the same stood at 941 per thousand male population. Since the problem has assumed grave dimensions, the present researcher decided to analyse the various factors responsible for this decline. Since it was not possible to undertake the studies of the whole State of Jammu and Kashmir because of the paucity of time available, it was decided to undertake the study in two districts of the valley of Kashmir and those districts are Srinagar and Ganderbal. One of the reason for choosing the two districts was that the responses from the urban population could be covered. The Ganderbal district being a newly constituted one was chosen in order to find out the responses of the rural population.

As per the 2011 census report the number of females per thousand males (0-6 age group) has decreased from 928 and 1014 (Census 2001) to 869 and 863 in the twin districts of Srinagar and Ganderbal, respectively. Quite contrary to this, the figures at birth are said to be quite encouraging, as the SRB (sex ratio at birth) 915 females⁷. in district Ganderbal.

Despite the fact that various laws have been enacted for curbing the menace, time and again, the government seems to have failed to implement the same. At the same time the government alone cannot be held responsible for this malady, as the ultimate responsibility lies on the people, who themselves are responsible for promoting this unethical practice. To get rid of this menace, the society needs to be awakened.

In district Srinagar there are about 400 registered Diagnostic Clinics (excluding the Primary Healthcare Centers - PHCs). There are also five Primary Health Care Centres that are registered under the PC & PNDT Act namely;

- 1) Primary Health Centre, Zadibal, Srinagar,
- 2) Primary Health Centre, S.R Gunj, Srinagar,
- 3) Primary Health Centre, Khonmoh, Srinagar,
- 4) Primary Health Centre, Khaniyar, Srinagar, and
- 5) Primary Health Centre, Rainawari, Srinagar.

In comparison to district Srinagar there are very

few Diagnostic Centres present in district Ganderbal. In district Ganderbal, the total number of diagnostic centers (including the PHC's) is thirteen, namely;

- 1) Life Line, Beehama, Ganderbal
- 2) Health Chamber, Beehama, Ganderbal,
- 3) Al-noor Diagnostic Center, Duderhama, Ganderbal
- 4) The Ganderbal Diagnostic Center, Beehama, Ganderbal and
- 5) The Ultrasound Clinic in the Sub-district Hospital, Duderhama, Ganderbal.
- 6) The Ultrasound Clinic in the Sub-district Hospital, Kangan, Ganderbal.
- 7) Primary Health Care Centre, Chundina, Ganderbal.
- 8) Primary Health Care Centre, Gund, Ganderbal.
- 9) Primary Health Care Centre, Wussan, Ganderbal.
- 10) Primary Health Care Centre, Manigam, Ganderbal.
- 11) Primary Health Care Centre, Lar, Ganderbal.
- 12) Primary Health Care Centre, Safapora, Ganderbal.
- 13) Primary Health Care Centre, Wakura, Ganderbal.

Out of these diagnostic centers four belong to the private sector and the others belong to the public sector. Among the diagnostic centers belonging to the private sector only one is functional. The other three being not registered under the PNDT Act, 2003 are non-functional, as they have been sealed by the Government. As far as the public sector diagnostic centers are concerned, only two have been registered under the PC and PNDT Act, other function despite being unregistered under the PNDT Act, 2003. Therefore, at present there are only three diagnostic centers in the district that are registered under the relevant provisions of the law and others are functioning illegally. It is pertinent to note here that those diagnostic centres which are functioning without registration belong to the government owned institutions. Hence, it is clear that the approach of the implementing authorities is prejudiced when it comes to implementing the law.

So far as cooperation in furnishing of information by these clinics is concerned, a very few diagnostic centers co-operated and provided the researcher with

7. Courtesy- Chief Medical Officer Ganderbal

the required information, while as majority of them (especially in district Srinagar) were hesitant to share any kind of information with the researcher and refused to co-operate in any manner. The reasons for their non cooperative behavior can be numerous. Primarily, there can be two reasons for the same. Firstly, it could be that the topic of study is very controversial, those in-charge of the centers were trying to avoid any kind of controversy, or it could be that there was something fishy that they were trying to hide, hence, refused to cooperate.

Due to paucity of time and resources the researcher decided to interview pregnant ladies in the twin districts of Srinagar and Ganderbal and decided to adopt structured interview method as the sample composed of both illiterate and literate women. The Universe for the research as has already been mentioned constituted of both urban and rural population.

The researcher also faced a lot of trouble in collecting the response of women respondents, as most of the respondents (mostly belonging to the illiterate class) avoided answering the questions posed to them.

With all the objectives of the study in mind , it was decided to study a sample of 60 respondents from the twin districts of Srinagar and Ganderbal. The whole data concerning the present study is presented in the form of simple statistical tables as under:

Socio – economic profile of the respondents:

The Fig. 6 and Table 3 shows that out of the sixty women respondents whose responses were sought by the researcher 4 (7%) were of 21 years of age, the other 56(93%) were above 21 years of age and none of the respondents was of the age group below 21 years. Hence, all the women respondents had attained the age of majority.

Total no. of respondents	Below 21 Years	21 Years	Above 21 Years
60	0	4	56

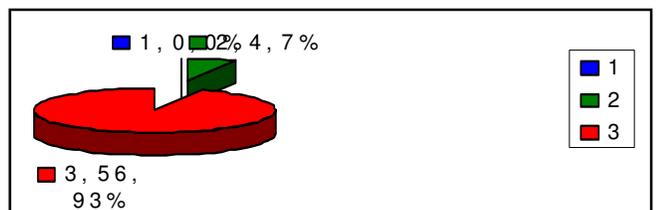


Fig. 6 : Age of woman respondents

The Table 4 and Fig. 7 reveals that out of 60 women respondents 30 (50%) of the women respondents had less than two children, 17(28%) of the women respondents had more than 2 children while as 13(22%) of the respondents has no children at all.

Total no. of respondents	Less than 2	More than 2	Nil
60	30	17	13

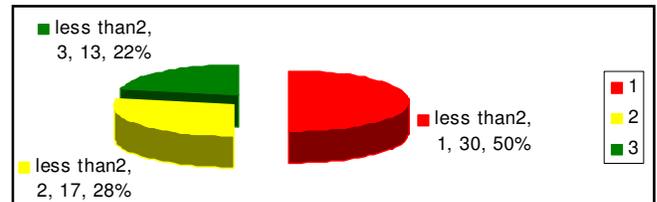


Fig. 7 : No. of children of the women respondents

The data obtained in response to the questions posed to the pregnant ladies, is as follows:

Fig. 8 and Table 5 reveals that, 60 women were selected, out of which 12(20%) were found to be illiterate, 11(18%) were with primary education, 12(20%) were found to have passed their Higher secondary and only 25(42%) of the woman were had completed their Graduation. Therefore, majority of the respondents belonged to educated class.

Number of woman respondents	Illiterate	Primary	Higher Secondary	Graduate or above
60	12	11	12	25

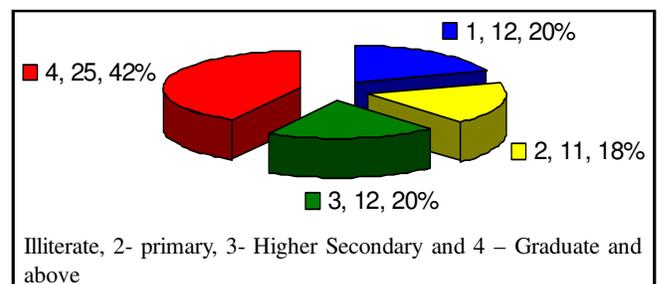


Fig. 8 : Education status of women respondents

The Table 6 and Fig. 9 reveals that out of the 60 women respondents, 16(27%) belonged to the poor (labour) class of the society, 8(13%) belonged to the

emerging middle class of the society while as the remaining 36 (60%) belonged to the upper middle class. Hence, majority belonged to the upper middle class.

Total no. of respondents	Poor (Labour class)	Emerging middle class	Upper Middle Class
60	16	8	36

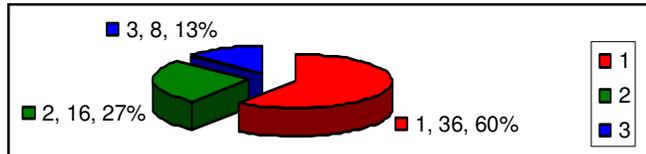


Fig. 9 : Income group to which the respondents belong

When asked the question, whether boys are preferred to girls in our society, the response of the respondents was as follows:

It is revealed that 34 (57%) of the women are of the view that boys are preferred in our society and only 26 (43%) of the respondents are of the contrary view and believe that boys are not preferred in our society (Table 6 and Fig. 10).

Total no. of respondents	Yes	No
60	34	26

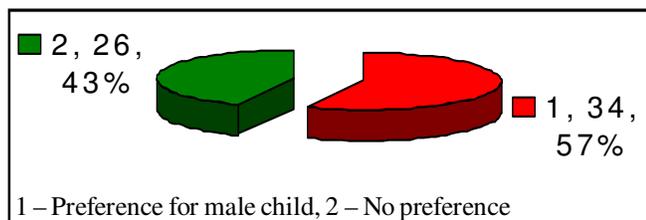


Fig. 10 : Preference for male child

Male preference in different income groups:

The above figure shows that 4 (25%) of the respondents belonging to the poor (labour class) preferred a male child over a female child while as 12 (75%) of the respondents belonging to this class did not give any preference to a male child. Therefore, no male preference

Total no. of respondents	Total no. of respondents belonging to poor (labour) class	Yes	No
60	16	4	12

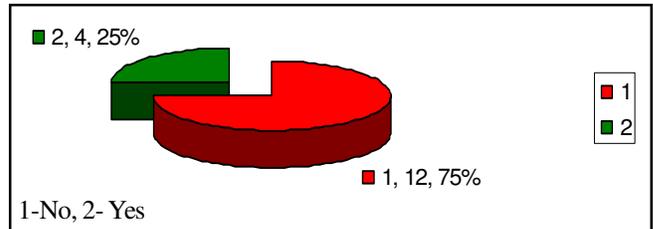


Fig. 11 : Preference for son in poor (Labour class)

was found in the majority of the respondents belonging to poor (labour) class.

It is evident from the Fig. 12 and Table 9 that the response from the emerging middle class was quite different from the poor (labour) class. As per the response obtained from the emerging middle class it was observed that out of a total of 8 respondents belonging to the emerging middle class 4 (50%) of the respondents preferred sons over daughters and the remaining 4 (50%) did not prefer sons over daughters. Therefore, the preference for sons appears to be more in women belonging to this class.

Total no. of respondents	Total no. of respondents belonging to emerging middle class	Yes	No
60	8	4	4

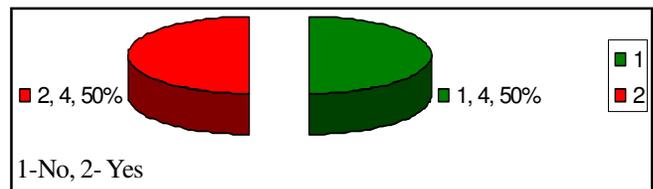


Fig. 12 : Preference for son in emerging middle class

So far as the upper middle class is concerned out of 36 women respondents belonging to this class only 9 (25%) of the women respondents showed preference for a male child while 27 (75%) did not show any preference for a male child. Therefore in the upper middle class the preference for sons over daughter although present is less than that of the emerging middle class and similar to that of the poor (labour) class (Table 10 and Fig. 13).

Total no. of respondents	Total no. of respondents belonging to upper middle class	Yes	No
60	36	9	27

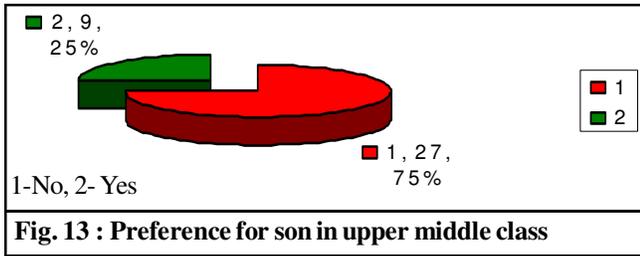


Fig. 13 : Preference for son in upper middle class

Therefore, from the above data it is clear that preference for sons is more among the emerging middle class. While as the preference for sons, although present in the poor (labour) class and the upper middle class, is comparatively less. Hence the chances of sex selection and female foeticide are greater among the emerging middle class.

When asked the question regarding the reasons for the preference for a male child the following reasons were given:

It is revealed that, the reasons provided by the respondents for the preference for a male child are different. Out of the 34 respondents that prefer male child over a female child, 4(12%) believed poverty to be the reason, as according to them a girl is to be given dowry etc., which makes her burdensome for the parents who are poor. 10 (30%) of the women respondents believed social obligation to be the reason, as a girl has to leave her parental home after marriage, in contrast to a boy who remains a financial support to his parents even after he gets married, and 10 (29%) out of the 34 respondents believe sexual exploitation of the girls to be a reason as it affects the honour of the family concerned. On the contrary 1 (3%) of the women respondents was of the view that family pressure is one of the reason for preferring a male child (Table 11 and Fig. 14).

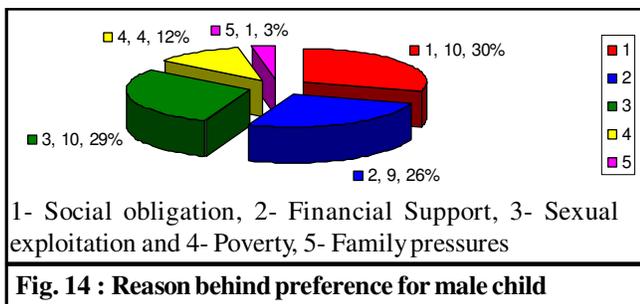


Fig. 14 : Reason behind preference for male child

Table 11 : Reason behind preference for male child							
Total no. of respondents	No Preference	Total no. of respondents that prefer a male child	Social obligations	Financial support	Sexual exploitation	Poverty	Family pressures
60	26	34	10	9	10	4	1

In response to the question that what should be the sex of the first child, the answers given are as follows:

The Fig. 15 and Table 12 reveals that when asked the question that regarding what should be the sex of the first child, 44 (73%) of the respondents prefer male child and only 6(10%) of the respondents preferred to have a female child and 10 (17%) of the respondents do not have preference for any particular sex. It also reveals that a very small number of women prefer to have a girl child exclusively. It was found that the women who has a son as their first issue were more satisfied and did not mind if the second issue was a female or a male child while as in case the first issue is a female child the satisfaction was almost nil and there was a desire to have a male child as their second child. Therefore, the above makes it clear that sons are preferred by most of the ladies.

Table 12 : Sex preference for first child			
Total no. of respondents	Boy	Girl	Any
60	44	06	10

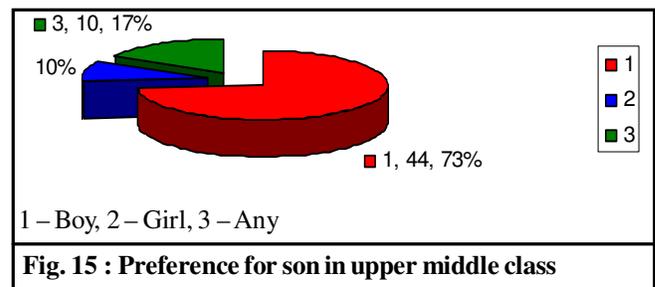
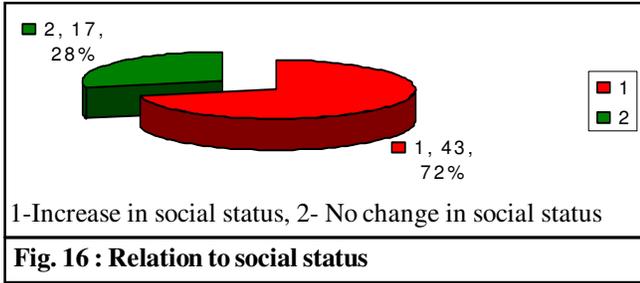


Fig. 15 : Preference for son in upper middle class

When asked the question, whether the status of women increases on having a male child, the response of the respondents was as follows:

Again, 43 (72%) of the women believed that the status of the women is increased, when she has a male child rather than female child, and the rest 17 (28%) believe that having a male or a female child does not have any effect on the status of the women (Table 13 and Fig. 16).

Table 13 : Relation to social status		
Total no. of respondents	Yes	No
60	43	17

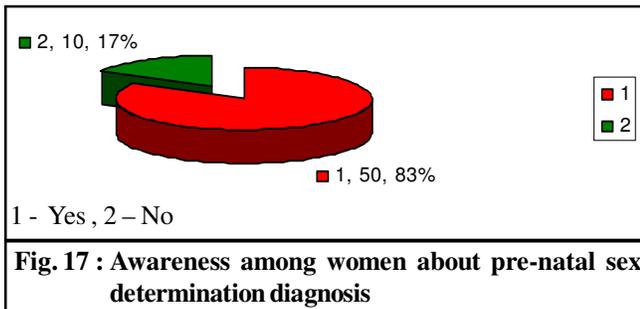


When asked the question whether, the respondents knew about pre-natal sex determination tests, the response of the respondents was as follows:

The Fig. 17 and Table 12 revealed that 50 (83%) of women respondents knew about the pre-natal determination test (mostly ultrasonography) and only 10 (17%) of the women respondents did not know at all about these tests.

Table 14 : Awareness among about pre-natal sex determination diagnosis

Total no. of respondents	Yes	No
60	50	10



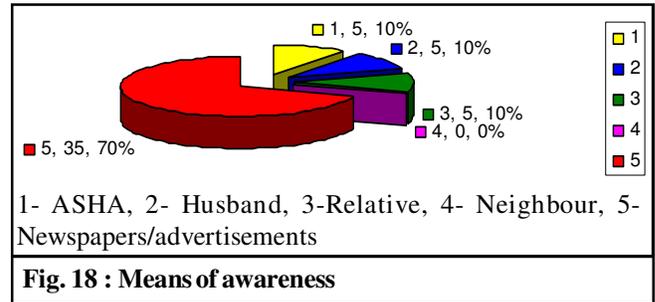
When asked the questions as to which means the respondents came to know about the sex determination tests the following responses were given:

It is revealed that out of the 50 respondents, 5 (10%) respondents came to know about the pre-natal sex determination tests through ASHA (Accredited Social Health Activist), 5 (10%) of the women respondents came to know about these tests through their husbands and 5 (10%) of the women respondents through a relative and 35 (75%) out of them came to know about it by means of newspapers and other means of advertisements.

Table 15 : Means of awareness

Total no. of respondents	Total no. of respondents aware of the sex determination tests	ASHA	Husband	Relative	Neighbour	News-paper/ advertisement	Not aware
60	50	5	5	5	0	35	10

Therefore, advertisements on newspapers and other media seem to be a good means of awareness (Table 15 and Fig. 18).

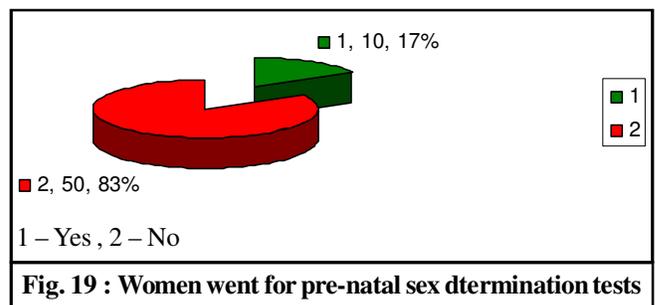


When asked the question whether respondents having knowledge of the pre-natal diagnostic tests, have gone for such procedures, the response of the respondents was as follows:

It is revealed that out of the 60 respondents, 10(17%) women respondents went for pre-natal determination tests but none among them aborted the girl child. While as 50 (83%) of the women respondents refused to have undergone any procedure for the purpose of sex determination (Table 16 and Fig. 19).

Table 16 : Women went for pre-natal sex determination tests

Total no. of respondents	Yes	No
60	10	50



When asked the question whether the respondents were aware about the presence of law relating to Sex Determination, the response is as follows:

It reveals that out of 60 women respondents 50 (84%) knew about the sex determination tests and out of

these 50 women respondents 44(88%) women respondents were aware about the presence of the law relating to pre-natal sex determination, while as 6(12%) of the women respondents were not aware of the law relating to sex determination. Therefore, majority of the women respondents were aware about the law relating the sex determination (Table 17 and Fig. 20).

Table 17 : Awareness among about the presence of law relating to sex determination

Total no. of respondents	Total no. of respondents aware of sex determination tests	Yes	No
60	50	44	6

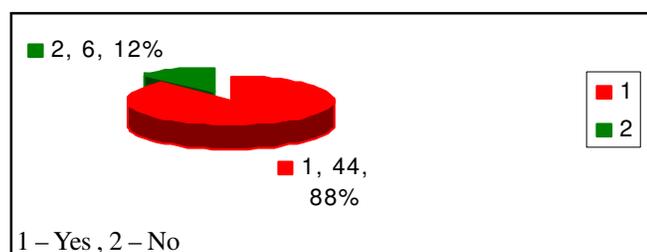


Fig. 20 : Awareness among women about the presence of law relating to sex determination

When asked, whether the respondents who knew about the pre-natal sex determination tests also knew about its illegality, the respondents replied as under:

As has already been mentioned that out of 60 women respondents only 50 women respondents knew about the sex determination tests. The above figure reveals that out of these 50 women respondents who knew about the sex determination tests 44 (88%) of the women respondents knew that conducting these tests was illegal and punishable under law, whereas the remaining 6 (12%) although were aware that such procedures can be conducted, were unaware of their illegality (Fig. 21 and Table 18).

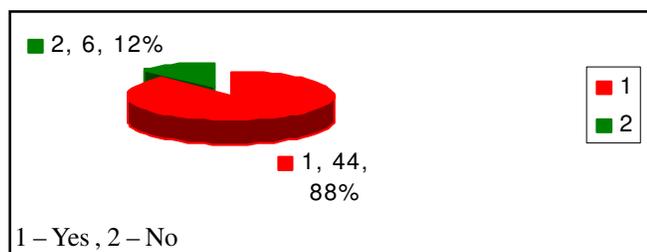


Fig. 21 : Awareness among women about the illegality of sex determination tests

Table 18 : Awareness among women about the illegality of pre-natal sex determination tests and the punishment thereof

Total no. of respondents	Total no. of respondents aware of sex determination tests	Yes	No
60	50	44	6

When the respondents were asked the question whether they were any pressure, force or threat on behalf of their husband, family or relatives, in preference to a male child, the response given was as follows:

It is revealed that only 10% of the women respondents admitted the existence of any pressure, force or threat on behalf of their family or relatives, in preference to a male child. Almost in all the above cases the force and pressure was said to be only verbal threats and abuse. Rest 54(90%) of the women respondents refused any kind of threat or pressure on behalf of the family member/relative.

Table 18 : Awareness among women about the illegality of pre-natal sex determination tests and the punishment thereof

Total no. of respondents	Total no. of respondents aware of sex determination tests	Yes	No
60	50	44	6

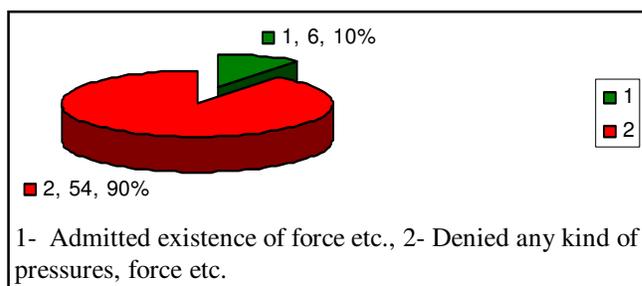


Fig. 22 : Women having any force, pressures of threats from family and relatives

Conclusion:

The present study shows that a significant number of the women in our society have preference for male children over female ones. The reasons being numerous, e.g., that a son provides financial support, sexual exploitation of females, poverty and dowry expenses, family pressures and other social obligations. Majority of the respondents were also of the view that the social status of the women increases when she gives birth to a male child. As regards first issue, majority of the women

respondents preferred a male child as their first issue. It was observed that respondents who had a male child expressed satisfaction as compared to the ones who had a female child. Such respondents were found to have a desire for a male issue.

As regards the awareness regarding the sex determination techniques and the laws concerning their regulation/ prohibition, it was observed that majority of the women respondents were fully aware of the possibilities and techniques for determining the sex of the foetus before its birth as well as the prohibitions laid on these techniques under the relevant legislation. While the women respondents were aware of the sex determination techniques, none of the respondents had any awareness regarding the sex selection technique which allows the parents to select the sex of the foetus right at the time of conception. The reason being that at present the technique has not been introduced in the State and therefore is not available here.

The mode of awareness for the majority of the respondents was found to be through news-papers and advertisements. This shows that the State Government has been successful to spread awareness regarding the laws and the punishments contained therein. The small number of respondents who were unaware of the techniques and the laws relating them belonged to the far flung areas like Kangan. Hence, the Government needs to take steps in order to spread awareness among the people of the far flung and backward areas. In order to achieve this objective various awareness camps should

be organized so that the people are educated about the ill effects of sex determination and killing of the female child.

As regards whether a particular income group has any nexus with sex determination or in other words undergo female foeticide, the researcher found that the women belonging to the emerging middle class tend to select sex more as the percentage of son preference in the women belonging to this class is more as compared to the poor (labour) class and the upper middle class.

As far as the family compulsions are concerned, a considerable number of women, nearly 10 percent admitted of various kinds of threats and pressures from the family members especially mothers-in-law and sisters-in-law. This shows that the female population itself suffers from the male preference syndrome. While generally it is the male population which is blamed for discriminating against the fair sex, which if not completely untrue seems to be falsified to some extent due to fact that the women herself, be it as a mother-in-law, a sister-in-law or the mother of the girl child, is against the birth of a girl child. Therefore, it seems that the biggest enemy of a woman is the woman herself.

To conclude, it can be that female foeticide is one of the extreme manifestations of violence against women. It is the result of unholy alliance between the traditional preference for a son and modern technology, increasing greed of doctors and rising demand for dowry that makes daughter financial burden.
