

Missing Daughters: Social Perceptions and Treatment of the Girl Child in India

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Abstract: *India has been witnessing a decline in both sex ratio and child sex ratio (0-6 years) over decades. Female mortality at pre-natal stage, at the time of birth, neo-natal and during childhood has contributed to a syndrome called “missing girls” in India and other south Asian countries. Demographic data in India record low child sex ratio than sex ratio. Therefore, the problem basically is of missing girls than missing females. The threat lies more in childhood than adulthood. Girl child has been differentiated/ neglected in terms of health, nourishment, education and other gendered values. The problem also lies in the imbalance of child sex ratio in India which shows that apathy towards girl child is visible in some states of India. The vulnerability of the girls is more prominent in north western India than in southern India, which is the result of certain cultural practices that make discrimination and unequal treatment of daughters a normal phenomenon. The paper aims to discuss the various factors of daughter discrimination that leads to drop in sex ratio, making the missing girl syndrome all the more problematic in Indian context. The paper also discusses the basic factors that are responsible for low child sex ratio with major emphasis on foeticide, infanticide and neglect of girl child in India.*

Key words: Missing girls, daughter discrimination, infanticide, foeticide, patriarchy, dowry.

Introduction

India has witnessed trends of rising masculine sex ratio for many decades owing to the overarching patriarchal mind set. This has been a matter of grave concern for the past few decades and so considerable attention has been paid to address the various dimensions of female deficit and negligence

in India along with persisting regional variations (Sen 1990; Agnihotri 2000; Dasgupta and Bhatt 1995; Miller 1981 and 1989). The numerical imbalances between the male and female sexes were pointed out in the seventies (Visaria 1971; Nataranjan 1972). Atrocious practices like sex-selective abortion and female infanticide are to be blamed for the deficit in the child sex ratio of the country. Not only in India, the heinous act of eliminating premature female foetus is practised rampantly across Asian countries. Amartya Sen (2003) mentions that in the last century, “100 million women have been missing in South Asia due to discrimination leading to death experienced by them from womb to tomb in their life cycles” (as cited in Patel 2007: 289). The 2011 Indian census shows a reduction in child sex ratio from 927 female children per 1000 male children in 2001 to 914 female children per 1000 male children. Child sex ratio is the direct indicator of low status and welfare of daughters in India. The reason cited for this decline is the obnoxious practice of negligence of health care to female children in the age group of 0-6 years, sex-selective abortion, killing of new born female children or female infanticide. This skewed sex ratio is a reflection of practices like son preference and daughter negligence which are directly result from the patriarchal mind set or the overall supremacy of male over female in all walks of life.

Conceptual Framework

The child sex ratio of the last three decades show that it has been on continuous decline from 945 in 1991 to 927 in 2001 to 914 in 2011. This clearly depicts that males decisively outnumber females in India. Overwhelming presence of daughter-aversion and son preference across India are the causes of this phenomenon of daughter deficit in Indian population. There is a predominance of strong patriarchal culture where men enjoy a higher position than women and hence exhibit strong son-preference. Girls are treated as liability as the practice of dowry followed by expensive marriage rituals are ingrained in Indian culture. Boys, on the other hand, are considered assets. In contemporary times, science and technology is being misused to carry out the practice like sex-selective abortion, which is a threat to the life of the unborn girls. Abortion was legalised in India in 1971 but it was misused and it spearheaded the practice of female foeticide, until the PNDT Act (Pre-Natal Diagnostic Act) was passed. The misuse of technology had a colossal impact on country's population demographics as there is higher proportion of boys than girls, causing an imbalance in population. Amartya Sen (2003) has termed it as

“technological revolution of a reactionary kind”. The Census data (2001 and 2011) depict that the practice of daughter discrimination and neglect can also be witnessed in the lack of access to health care, nutrition, and neo-natal and maternal care. Furthermore, changing social norms have brought in attitudinal change towards having small family. Rationalization of family size has furthered the practice of masculinization of family by practicing sex-selective abortion with the use of new technology.

Demographic trends in India

Fertility trends in India show a strong inclination towards practice of son preference in contemporary India resulting in unwantedness of daughters. Recent studies on female infanticide, new biases in sex ratios at birth and infant child mortality rates indicate that extreme forms of daughter discrimination resulting in death have persisted (Miller 1981; Coale and Bannister 1994). India has been witnessing demographic transition from high to low fertility with increasing modernization and economic development leading to dramatic change in consumerist culture. The increasing age at marriage of educated urban couples and work participation of women outside household have contributed to a decline in fertility. An educated urban woman wishes to be financially independent and therefore opts for small family, with one or two children. There is a strong correlation between the rapid economic growth and decline in fertility. The social evils like son preference, female infanticide along with other threats to the survival, growth and development of daughters are expected to disappear with increasing economic development and spread of modernity.

Table 1 below presents overall sex ratio and child sex ratio (0-6 years) of total population of India from 1961-2011.

Table 1: Child sex ratio (0-6 years), Census 1961-2011.

Year	CSR (0-6 years)	Overall sex ratio
1961	976	941
1971	964	930
1981	962	934
1991	945	927
2001	927	933
2011	914	940

Source: Census of India

Table 2 has been compiled by taking child sex ratio since 1991. Successive decades have also been included to have a clear understanding of the status of girl child in India. The table provides break up the country into regions of north, south, east and west.

Table 2: Child sex ratios (0-6 years), Census 1991, 2001, 2011

State	1991	2001	2011
INDIA	945	927	914
North- Himachal Pradesh	951	896	906
Punjab	875	798	846
Haryana	879	819	830
Chandigarh	899	845	867
Delhi	915	868	866
Uttar Pradesh	928	916	899
North-east- Sikkim	965	963	944
Arunachal Pradesh	982	964	960
Nagaland	993	964	944
Manipur	974	957	934
Mizoram	969	964	971
Tripura	967	966	953
Meghalaya	986	973	970
Assam	975	965	957
South- Andhra Pradesh	975	961	943
Karnataka	960	946	943
Tamil Nadu	948	942	946
Kerala	958	960	959
East- Bihar	959	942	933
Orissa	964	938	920
Jharkhand	NA	965	943
West Bengal	967	960	950
West- Gujarat	928	883	886
Rajasthan	916	909	883
Maharashtra	946	913	883
Goa	964	938	920

Source: Compiled from census of 1991, 2001 and 2011
(<http://www.censusindia.gov.in>)

According to 2011 census there are 914 girl children per 1000 boys (in the 0-6 age group) and corresponding figures were 927 girl children per 1000

boys in 2001. The CSR in 2011 has been recorded to be the lowest since 1961. Demographers, however, show differential trends in different parts of India. The state that has the highest CSR as per 2011 census is Kerala (959) which is higher than the national average and the state having the lowest sex ratio is Haryana (830 girls per 1000 boys). It is evident that there is widespread disparity between the northern and southern parts of India. The southern states have better child sex ratio compared to the north, especially the north-western region. The northern part of India has low literacy level and high level of agricultural development. The Census data show that the people in north India hold on to a clear practice of cultural preference for son. The south generally exhibits higher literacy levels and have better health care facilities. Thus, the southern states have lower levels of infant and female mortality rates and lower fertility rates. The northern states, on the other hand, have a considerably higher rates of infant and female mortality and fertility (Jeffery and Jeffery 1997; Guilimoto and Rajan 2001). Demographers have observed that the incidents of atrocities done on girl children in the north-western parts of India are higher compared to the southern region. The regions including Punjab, Haryana, Rajasthan, Gujarat, Delhi, parts of Bihar and Orissa always nurse apathy towards girl children. According to 2001 census there has been alarming decline in sex ratio in the age group of 0-6 years in the northern states of India especially Haryana (819/1000) and in Punjab (798/1000). Demographers have accorded the practice of female infanticide, sex selective abortion, female neglect and son preference as the reasons.

However, the 2011 census also shows that some of the north Indian states have shown improvement in their child sex ratio (CSR). In Himachal Pradesh the CSR rose from 896 in 2001 to 906 in 2011, in Punjab it is 846 in 2011 against 798 in 2001, in Haryana the ratio has risen from 819 in 2001 to 830 in 2011, in Chandigarh it rose to 867 in 2011 from 845 in 2001, in Delhi here is a rise from 868 in 2001 to 866 in 2011. The figures clearly indicate that the north-western India is gradually developing a more liberal and tolerant outlook towards girl child; the improving sex ratio in 0-6 age group is an indicator of the status of girl child. According to Census 2011 child sex ratio has been recorded as 914 for India as a whole, with 919 in rural and 902 in urban India. It is also to be noted that rural India records higher child sex ratio than the urban India. It is easier for urban couples to access the technologies to get the desired family size and sex composition of the children. Rationalisation of family size has given impetus to gendering of family. The rural counterpart on the other hand is yet to completely adhere to small family norm.

Data on Union Territories have also been incorporated to have a better view of the changing child sex ratio pattern in the last three decades.

Table 3: Child sex ratio of Union Territories- 1991, 2001, 2011

UT	1991	2001	2011
Chandigarh	899	845	880
Delhi	915	868	871
Daman & Diu	958	925	904
Dadra & Nagar Havelli	1013	979	926
Lakshwadeep	941	974	911
Pondicherry	963	958	967
Andaman & Nicobar Island	973	965	968

Source: Compiled from census of 1991, 2001 and 2011 (<http://www.censusindia.gov.in>)

India exhibits relatively high but declining fertility along with uneven economic development with marked regional disparities of social group, age group and levels of prosperity (Agnihotri 1995; Dyson and Moore 1983). The declining child sex ratio from 927 in 2001 to 914 in 2011 corresponds to the era of neo-liberalism which is highly attributed to commercialism and consumerism. Families in India are heavily being driven by these two attributes which eventually leads to reduced fertility rates. Access to new technologies have eased parents to achieve their desired size of family. Smaller family size through drop in fertility has increased opportunities of women for greater capacity building and work participation. Better educational opportunities along with rise in socio-economic status have led to reduced fertility. Strong son preferences in certain parts and in some classes of India show that daughters logically suffer while the culturally mandated needs are fulfilled (Miller 1981). The practice of dowry in India continues to perpetuate the overall unwantedness of the daughters. Dowry has become a rule in rural areas rather than an exception. In urban areas it is more often referred to as “gifts” by educated people. Dowry acts as a cultural norm that devalues daughters in India. Often it becomes a perpetual one directional flow of resources from a daughter’s parental house to her in-laws. It becomes cumbersome for the daughter’s parents to bear this drain of resources as well as for the male siblings, if any.

Daughter-discrimination and declining child sex ratio in India

Gender difference and sexism in India are rooted in culturally legitimized patriarchy. India being a heterogeneous country has considerable

demographic diversity. The states vary in level of socio-economic developmental aspects, cultural differences, difference in levels of fertility. All these factors are responsible for the difference in child sex ratio across the country. The factors leading to the decline in the child sex ratio are infanticide, female foeticide also known as sex-selective abortion, and discrimination/neglect of girl child.

Female Foeticide- Historically, female foeticide is the process of killing female foetus inside the womb of the mother. With the advent and convenient accessibility to sex determination technology (also referred as SD), sex selective abortion has become preponderant. This practice has turned out to having a phenomenal implication for the changing child sex ratio and overall sex ratio in India. Child sex ratio has been on the decline from 971 in 1981 to 945 in 1991 to 927 in 2001 and 914 in 2011. The factors responsible for this deplorable syndrome are the widespread use of sex determination and sex pre-selection test. Sex determination initially was an urban phenomenon as it implied the use of sophisticated technology. Gradually it has found its way into rural areas where the practice of sex determination and sex selective abortion was unheard of. The use of amniocentesis and ultrasounds has been prevalent in clinics of small towns and cities of Gujarat, Maharashtra, Karnataka, Uttar Pradesh, Bihar, Madhya Pradesh, Punjab, West Bengal, Tamil Nadu and Rajasthan since the late 1970s. Punjab was the first state to start the commercial use of this test in 1979 (Patel 2011).

Ultra-sonography was introduced in medical science so as to monitor the overall healthy growth of the foetus in the mother's womb. However, the patriarchal social ambience and spurious business interests have combined to misuse the technology. The noble function of ultra-sonography was put into an inhuman practice. The misuse of ultrasounds led to sex selective abortion. The Indian Penal Code (IPC) 1970 governed the law on abortion. It permitted legal abortions without any criminal intent and with a good purpose of saving the life of the mother, especially in case of any medical complications. Further, this liberalization of abortion was allowed with a purpose of controlling population. With these intentions, the Medical Termination of Pregnancy Act was passed in July 1971 and it came into action in April 1972. This law allowed pregnant woman to play a decisive role in controlling the frequency of pregnancy, number of children and also whether to have or not have a child. But this good intention measure backfired on women as it was used for forceful abortion of female child. In order to overcome this lacuna, Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act was passed in 1994, which came into

implementation in January 1996 which made sex determination of foetus a punishable offense.

According to 2001 study, $\frac{3}{4}$ of foetal sexes can be correctly determined. In case of males, the accuracy rate is 50% whereas it stands to be 100% accurate in case of female foetus. When performed after 13 weeks of pregnancy the result is said to be 100% accurate.¹ The practice of sex determination through ultrasound was introduced in major cities of India in 1980's and within 1990's it became widespread in the urban regions of India which led to the fact that the practice of female foeticide is more pronounced in urban areas.²

India has been witnessing the occurrence of several incidences of female foeticide both in rural as well as urban areas. The underlying factors for such atrocious act are son preference and sexism, where the girls are looked into as "problem" rather than "asset". Across diverse cultural contexts, skewed sex ratio results from son preference and daughter aversion (Patel 2007). India has always been more generous towards male child and the preference for male child is for the continuation of lineage and also to provide manual labour (the primary economy of India is derived from agriculture which requires huge manual labour. This is one significant reason for the prevailing desire of son in the family as son will provide physical labour required in agriculture practice). Patrilineal descent still remains the prime factor for preference of male child as the saying- "may you be the mother of 100 sons" is still a blessing to newly married women. Incidences of female foeticide are pronounced in those areas where the cultural norms give preference to male child over girl child. The cultural norms however work in relation to the socio-economic factors. The son preference has resulted in incongruous access to benefits and resources among male and female. There is disparate access to food, education, health and hygiene between male and female children. There have been reported evidences of substantial neglect of health of girl child causing malnourishment having some serious repercussion of female infanticide (Das Gupta 2005). The practice of female foeticide works in congruence with the patriarchal cultural norms. There have been reports of high incidences of female infant mortality and childhood mortality (Stephen and Claudia 2003).

As per the 2011 census the child sex ratio (CSR) in urban areas is 902 whereas in rural areas it is 919. This takes us to the fact that the practice is more rampant in urban areas, more precisely among the upper class and upper-middle class. Higher education level of mothers, urban setting, higher

birth order of daughters and economic prosperity correlate with increased incidence of sex-selective abortion (Das Gupta 1987; George 2006). Urban people can easily access to ultra-sonography for pre-natal sex determination unlike their rural counterparts who find it to be quite an expensive affair. Moreover, women of the upper class in urban areas are entrapped in the social etiquette of sophistication which restricts their decision making and mobility. Woman has no control on her body and that she is forced to know the sex of the foetus due to family pressure.³ Gender composition is an important factor in family planning along with the number and spacing of children. All these have been facilitated by the widespread use of advanced technologies. The practice has been identified in many North-eastern states and Kerala where women have enjoyed a higher status (Patel 2007). Hence, sex-selective abortion or female foeticide has become a matter of grave national concern in India.

Infanticide-Infanticide is another atrocious form of eliminating infant girls, which is widely practiced in India. It is willful and conscious act of killing female child within one year of its birth. It is executed by the parents or family members with the help of midwife by using poisonous substances. This practice is strongly rooted in complex socio-cultural and economic conditions. Females always receive secondary treatment due to social customs and traditions. Discrimination and neglect of girl child goes hand in hand in India. Infanticide and neglect of female children lately have been supplemented with sex identification and sex selective abortion to achieve the desired size of family and gender composition (Sudha and Rajan 1999). The increasing practice of female infanticide is also contributing to widening the gap in the child sex ratio. Various precarious methods are used to execute this heinous act for generations. Some regions use the method of feeding salt to new born to increase the blood pressure; they are fed milk mixed with sap from poisonous plants and pesticides or are given husk rice to swallow and thus slit their throats. Female infants are also wrapped in wet towels so that they catch pneumonia or starved or dehydrated to death by their parents (Aravamudan 2007). Female infanticide in post-independent India has grown exponentially due to easy availability of modern technology. The UN has laid the blame on the unlawful use of ultra-sonography for sex determination (*Times of India*, 8 October 2011).

A study in Bihar (Shrivastava 1998) reports that in rural areas the barbaric crime of infanticide is executed by *dais* also known as Traditional Birth attendants (TBAs). In urban areas it is carried out by compounders and nurses with the knowledge of medical practitioners. In Madhya Pradesh,

certain caste groups in selected parts continue to practice female infanticide. The factors responsible are high cost of dowry due to the practice of prevailing custom of hypergamy and upholding the pride of Rajputs (Premi and Raju 1998).

In Tamil Nadu, infanticide is executed by common methods like “poisoning by the latex of the Calotropis plant, organophosphate poisoning (pesticide), sedative overdose, strangulation, neglect (starving the baby to death, which does not leave any forensic evidence), feeding the child paddy grain soaked in milk or juice extracted from tobacco leaves” (Samuel and Hebbare 1998 as cited in Sekhar and Hatti, 2005).

The government of India has undertaken several measures in order to combat this situation. One such measure was undertaken by the Chief Minister of Tamil Nadu in 1992 called the ‘Jayalalitha Protection Scheme for Girl Child’. As per this provision, any poor family with only girls (either one or two) and no sons would be eligible for monetary incentives if either of the parent decides to sterilize. Money given in the name of the infant girl would be under fixed deposit until she attained the age of 21 years (George 1997).

Measures for protection and development of girl child

The dropping child sex ratio has drawn the attention of the demographers, policy makers, intellectuals and NGOs. Education is free for girls across states, though the levels of freeship may vary across primary, secondary and graduation as per provision created in respective states. Schemes like *Kishori Shakti Yojana* for adolescent girls in the 11-18 age group ensures right to food for girl child. It educates girls on nutrition and health care and generates awareness on women and child rights. *Anganwadis* also provide supplementary nutrition to girls on rotational basis at the rate of three girls per month. Accordingly, only one girl in every three months receives supplementary nutrition under *Kishori Shakti Yojana* (Patel 2011). Other scheme initiated by different state governments to ensure protection and development of girl child are as follows:

- 1. Beti Bachao Beti Padhao Campaign-** the Government of India launched in January 2015 “Save girl child, educate girl child” to ensure survival, protection and empowerment of girl child. The campaign covers 100 selected districts across India with low child sex ratio extending to all cities and districts.

(https://www.pmindia.gov.in/en/government_tr_rec/beti-bachao-beti-padhao-caring-for-the-girl-child/)

2. **Centre for Social Research-** founded in 1983 this Centre is a non-profit NGO based in New Delhi. It aims at empowering the women and girls in India and guarantees their fundamental rights and also increases understanding of social issues from gender perspective. It operates on national, regional and local level.
(<http://www.csrindia.org>)
3. **Let Her Live-** this movement was launched by Salt Initiatives, a charitable trust registered in New Delhi. It aims to eliminate female foeticide and other forms of violence against women. Its programmes include workshops and community-based events in order to engage people belonging to different communities and change the social mindset.
(<http://letherlive.in>)
4. **Talita Cumi-** it is a registered non-profit organisation based in New Delhi which works to reach out and rescue girl child from atrocious and inhuman practices like female foeticide, infanticide, abandonment and negligence. It also focuses on educating and liberating the girls emotionally and financially and also to promote a sense of self-sufficiency among young girls.
(<http://www.talithacumi.in>)
5. **#Selfie with Daughters-** the present prime Minister of India, Mr. Narendra Modi initiated this campaign in June 28, 2015 which aims to spread awareness about gender imbalance and urged parents to value their daughters. This was a social media campaign which had huge response from parents across the country posing selfies with their daughters.
6. **Cradle baby scheme-** this scheme encourages people of Tamil Nadu not to abandon their unwanted girl child. This two-decade old scheme ensures that female babies who would otherwise be killed are given up for adoption. This was launched by government of Tamil Nadu to stop female infanticide.

National Girl Child day was first initiated by Ministry of Women and Child Development of the Government of India in 2008. It is celebrated on the 24th day of January every year. It aims to providing support and

opportunities to girls and promotes awareness about rights of girl child. It also aims to increase awareness about the importance of education of girls along with health and nutrition.

Conclusion

Despite laws to prevent female foeticide, female infanticide and schemes to encourage families to have girl child, child sex ratio has declined over the years in India. The legislative measures initiated by the Central and State Governments have been largely ineffective in curbing the practice killing girl child as female foeticide, female infanticide and daughter discrimination/neglect are still practised in several parts of India, transcending all classes, castes, communities and even north-south dichotomy. Girl child will continue to be in a vulnerable state as long as son preference is practiced in India. With modernization and increasing economic development, welfare and education there is a possibility of changing the mindset of the people at large which will be in synchronization with the spread of values of gender equality. An overall structural change in status, education and economic role of women would bring a reversal in trend that would value daughter as equal to son. Social movements, legislative reforms and strict administrative measures combined with change in social perceptions of the patriarchal order would hopefully bring about changes in the right direction.

Notes

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2. Mevlude Akbulut-Yuksel and Daniel Rosenblum (January 2012), *The Indian Ultrasound Paradox*; IZA DP NO.6273, Forshungsinstitut zur Zukunft der Arbeit, Bonn Germany.
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