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## Sex Selective Abortion: Perspectives and Strategies of Women's Organizations in India

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## **Abstract**

In India, the nationwide female to male sex ratio of children ages 0 – 6 dropped from 976 girls per 1000 boys in 1961 to 914 girls per 1000 boys in 2011. Scholars attribute the sharp decline in India's sex ratio to the advent of reproductive technologies and sex selective abortion practices. Sex selective abortion in India is perceived, by many within and outside of India, to be the ultimate manifestation of gender discrimination. Furthermore, long-term skewed sex ratios have been linked to increased human trafficking and overall deterioration in the status of women. In spite of restrictive legislation, such as the Pre-Conception/Pre-Natal Diagnostic Techniques Act of 1994, illegal clinics continue to flourish as the sex ratio in India worsens steadily. While there is an abundance of scholarly literature illustrating the origins and evils of sex selective abortion, there has been little recognition of the tremendous progress made by Indian women's organizations toward ending sex selective abortion in their own country. This paper seeks to delineate the role of women's organizations in the campaign to end sex selective abortion, demonstrate how, why, and to what extent that role has changed since the 1970s, and illustrate some of the strategies that are being employed currently by women's organizations in India.

THE FLORIDA STATE UNIVERSITY

COLLEGE OF SOCIAL SCIENCES

SEX SELECTIVE ABORTION: PERSPECTIVES & APPROACHES OF WOMEN'S ORGANIZATIONS IN

INDIA

By

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## Introduction

The natural average female to male sex ratio at birth is approximately 950 girls per 1000 boys. In India, the nationwide female to male sex ratio of children ages 0 – 6 dropped from 976 girls per 1000 boys in 1961 to 914 girls per 1000 boys in 2011 (United Nations Population Fund, 2011).<sup>1</sup> In some northern states such as Haryana and Delhi, the child sex ratio is as low as 830 girls per 1000 boys (Census Organization of India, 2011). Within those states there are districts with child sex ratios as low as 79%, in other words for every 1000 boys there are now only 790 girls (Center for Social Research, 2014). The sharp decline in India's child sex ratio has been attributed to a strong preference for sons which has led to practices such as sex selective abortion, female infanticide, and female child neglect. Sex selective abortion, the most recent of the aforementioned practices, was facilitated by the advent and spread of reproductive technologies during the mid-twentieth century and is thought to be the factor most responsible for the rapid decline in sex ratio over the past four decades.

In 1994, the Government of India passed the Pre-Conception/Pre-Natal Diagnostics Techniques (PC/PNDT) Act banning pre-natal gender determination through ultrasound and amniocentesis with the intention of preventing sex selective abortion. Despite restrictive legislation at the state and federal levels, sex selective abortion practices in India have not stopped. In fact, a recent study by the United Nations Population Fund (UNFPA) concluded that

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<sup>1</sup> All further references to "sex ratio" indicate female to male sex ratio.

from 1996 to 1998, sex selective abortions in Haryana accounted for 81% of all abortions in the state (United Nations Population Fund).

The steadily worsening sex ratio and the persistence of sex selective abortion in India have raised concerns over implications for future of the nation and for Indian women. In response, there has been a major push to eliminate sex selective abortion practices and change the societal conditions that nurture a preference among Indian's for sons or 'son preference'. Women's organizations have played a critical role in campaigning against sex selective abortion in India, but remain largely unrecognized for their efforts. This paper will explore the role of women's organizations in the fight to eliminate sex selective abortion in India by answering the following questions:

1. What role have women's organizations in played in the push eliminate sex selective abortion in India?
2. How, why, and to what extent has that role changed since the 1970s?
3. Focusing on a noteworthy case, what are some of the current strategies being employed by women's organizations to combat sex selective abortion?

In the course of my research, I purposely focused on primary sources from India that are activist in nature and intentionally navigated away from Western sources that, more often than not, projected a single, well-traversed paradigm about the disadvantaged position of women in Indian culture. Additionally, many popular historiographical sources on sex selective abortion did not contain any information on the Indian women's movement or its involvement with the issue. In fact, if one only consulted frequently cited Western sources, one might never discover



that there is a thriving resistance movement within Indian women's organizations. As a result, secondary sources like journal articles that critically assess the "whys" of sex selective abortion often fail to illustrate the "hows" of a solution. I also found that studies and analyses conducted by Indian scholars presented more nuanced and individualized depictions of the ongoing development of son preference and sex selective abortion in the context of modern India.

Consequentially, this paper draws from a variety of typical and a-typical sources and uses them to support and illustrate different points of discourse. I rely on demographic studies, UNFPA reports, and the 2011 Indian census to illustrate the extent to which these practices have affected India's population and reflect son preference. In section 2, I draw from secondary sources from multiple disciplines as well as field studies, ethnographic accounts, and sources from Indian popular culture to contextualize the issue of sex selective abortion in India and women's organizations' motivations for ending it. In section 3, I use sources from Indian women's organizations—websites, journal articles, newsletters, white papers, interviews, and other web sources—to trace the progression of activism within the Indian women's movement on the issue of sex selective abortion. For the purposes of this paper, I focused on organizations based in Delhi for three reasons: Delhi is the national capital which makes it a hot-bed for political activism, Delhi-based women's organizations tend to be better known and, therefore, have a better internet presence, and Delhi and its neighboring states house some of the most critical child sex ratios in the country.<sup>2</sup> In section 4, I present a case study of the *Meri Shakti Meri Beti* program at the Center for Social Research in the National Capital Region of Delhi.

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<sup>2</sup> There is one major exception to this—the Forum Against Sex Determination and Sex Pre-Selection which was based in Mumbai during the 1980s.

*Meri Shakti Meri Beti* exemplifies trends that I observed in the broader women's movement and illustrates some of the current strategies being employed by women's organizations to curb sex selective abortion at the community level.<sup>3</sup> Finally, in the conclusion, I posit that the Indian women's movement has served as the driving force behind anti-sex selective abortion activism and elucidate the ways in which the actions of Indian women's organizations have made progress toward ending sex selective abortion in India.

## Contribution

There is an abundance of scholarly literature on the topic of gender discrimination in India. In fact, the subjugation of Indian women has been a topic of scholarly discourse for more than 200 years. In *Creating the 'Problem Hindu': Sati, Thuggee, and Female Infanticide in India, 1800-60*, Daniel Grey explores the ways in which British scholars invoked violence against Hindu women to "exemplify the dangers of Hinduism from a gendered perspective" (2013, p. 498). During the Indian independence movement, Mohandas Gandhi took it upon himself to speak on behalf of Indian women whom he characterized as sacrificing and silently suffering:

"Of all the evils for which man has made himself responsible, none is so degrading, so shocking or so brutal as his abuse of the better half of humanity to me, the female sex, not the weaker sex. It is the nobler of the two, for it is even today the embodiment of

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<sup>3</sup> For this case study, I used internal documents from the Center for social research and conducted an interview with Dr. Manasi Mishra, the director of the *Meri Shakti Meri Beti* program. Although these sources were obtained for the purpose of constructing the case study, I have used information from them throughout the paper where appropriate.

sacrifice, silent suffering, humility, faith and knowledge (Bombay Sarvodaya Madal, Gandhi Research Fund, 2014).”

During the mid-twentieth century, Hindu women's victimhood became a trope within the field of international human rights, which, upon becoming aware of the problem of sex selective abortion, catalogued pre-natal gender discrimination as one of the many “evil practices” that women are subjected to in India. Most recently, in 2012, the Thomson Reuters Foundation ranked India worst among G20 nations in the area of women's rights and health (Bhalla, 2012). One of the primary reasons cited for this abysmal ranking? Sex selective abortion and other practices related to child gender preference. With the amount of attention paid to sex selective abortion, son preference, and the plight of Indian women, it is surprising that, beyond vague references to changing social norms, little has been published about potential solutions to these problems and even less has been written about the work that is already being done to curb sex selective abortion in India by women's groups.

While the contribution that Indian women's organizations made to passing the PC/PNDT Act of 1994 was documented, however briefly, in secondary sources examining the failure of policy to bring about substantial improvement to India's child sex ratio, further analysis of the Indian women's movement's activism against sex selective abortion is nearly non-existent outside of women's organizations' own publications. In this paper, I seek to fill that void by documenting the ways in which women's organizations have participated in the fight to end sex selective abortion in India. Further research indicates that the Indian women's movement not only participated in, but drove the campaign to institute nationwide changes to India's policy regarding sex selective abortion. As they have matured and adapted to the changing cultural

landscape of twenty-first-century India, Indian women's organizations have worked tirelessly to change cultural attitudes and enforce the law, while identifying and attempting to remove socioeconomic barriers that deter Indian families from raising daughters.

Furthermore, it is important to note that gender discrimination is cross cultural and in no way confined to developing societies. There is a tendency in the West to attribute violence against women in developing countries to a peculiar "backwardness" or misogyny that is believed to be inherent in their cultures. This perception is fundamentally misguided and ethnocentric. The aim of this paper is to explore one of many forms of gender discrimination that manifest in India and in societies around the world. Its focus on the approaches of Indian women's organizations is an inquiry into how Indians have reacted to sex selective abortion in their own country. While the Indian women's movement does not represent the perspectives of all women in India, it has profoundly influenced the debate over sex selective abortion over the past thirty years. Therefore, understanding the perspectives and approaches of Indian women's organizations is key to understanding the genesis of anti-sex selective activism and the direction in which it is headed.

## **Context**

There is no single, monolithic "face" of the modern Indian women's movement. Organizations associated with the movement are as diverse as their memberships and include community resource organizations, crisis intervention centers, activist groups, research institutions, development NGOs, self-help groups, publishing groups, political organizations, government ministries, and more. The boundaries between these groups are not always clear

and very often one organization will serve multiple functions. For example, the Saheli Women's Resource Center in New Delhi was originally established in 1981 to serve as a domestic violence intervention center, but quickly expanded to include social research and political activism components in their programming (Saheli Women's Resource Center, 2009). The same is true of *Manushi – A Journal about Women and Society*, which was created in 1978 by Madhu Kishwar, a prominent scholar of gender studies at the Centre for the Study of Developing Societies. Two years later, Kishwar established the Manushi Trust to provide legal services for the journal and by 1994 the Manushi Trust had grown into a multi-function, grass-roots civil society group known as Manushi Sangathan (Manushi, 2014).

The operations, strategies, and philosophies of women's organizations in India can be extremely varied as well. Ranging in scale from ten-member women's collectives to Indian-woman led development NGOs, women's organizations operate on national, state, and community levels—sometimes all three at once. They also have varying degrees of involvement with international organizations, international non-governmental organizations, and foreign governments. These complex relationships with foreign and domestic stakeholders imply complicated and diverse funding arrangements which vary from organization to organization.

For the purpose of this paper, I will only look at non-profit, non-governmental organizations that self-identify as women's organizations. The scope of my research was also limited by the sparse internet presence of women's groups in India. My understanding of the diversity within the Indian women's movement is informed by existing literature, working papers, web searches, new reports, internal documents, and my conversation with Dr. Manasi Mishra at the Center Social Research. While many different sources influenced my

understanding of the Indian women's movement, I only directly reference organizations for which there is ample documentation available on the internet or in print. As a result, my research focuses on organizations that operate on a national level, have ample funding, and/or have achieved a level of notoriety that has garnered media attention. In other words, most small groups operating at a local level were simply inaccessible to me. In spite of these limitations, a clear, linear narrative emerged about the ever-evolving role of women's groups in the fight to end sex-selective abortion. It is that narrative that I seek to explore here.

## **Statement of Problem**

A popular North Indian adage states that "the birth of a girl-child is akin to the arrival of Lakshmi" (Bhalla, 2012).<sup>4</sup> Unfortunately, many families in modern India do not view their daughters that way. Historically, daughters held value within the family structure. They assisted with domestic chores and child-rearing responsibilities, and formed close emotional bonds with their parents. However, the practical reality of having daughters in modern India is expensive. As a result, some Indian families opt not to have daughters by means of sex selective abortion. The prevalence of sex selective abortion in India is a problem of modernity whereby the demands of modern life collide with traditional cultural norms to nurture an environment where raising daughters is disincentivized by dowry demands, exogamous arrangements, inheritance considerations, and preferences for fewer children. Furthermore, India's rapidly declining sex ratio has been linked to increased human trafficking and the overall devaluing of women in Indian society. Indian women's organizations view India's declining sex ratio as a

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<sup>4</sup> The Hindu goddess of wealth and prosperity.

potential civilizational crisis and have taken steps to ameliorate the problem through legal and social reform (Centre for Social Research, 2014). The following section is designed to provide context for the issue of sex selective abortion as well as insight into women's organizations' motivations for fighting against it.

## **Dowry**

The predominance of the dowry system is a major reason why son preference is so ubiquitous in India today; one cannot be discussed without considering the other. The dowry system obligates the bride's family to transfer wealth—either in the form of money or gifts—to the groom's family as a kind of conjugal fund to help establish the marital home. Ostensibly, dowry payments provide inheritance and security for the bride once she leaves her parents' home. In reality, a large portion of the dowry is given to the groom's family according to their demands. This type of dowry is used as a tool of negotiation that can cause major conflicts between the bride's and the groom's families, and shabby dowries are frequently used as an excuse to break off engagements. When giving birth to a daughter means a lifetime of benefaction and deference to your in-laws, the decision to carry the pregnancy to term must be weighed carefully against the economic burden that daughters bring with them.

In spite of the Dowry Prohibition Act of 1961, dowry payments have become increasingly exorbitant as conspicuous consumption in India has become more common (Kishwar, *Dowry calculations: Daughter's rights in her parental family*, 1999). Whereas historically, dowry gifts were mostly functional in nature, contemporary dowry expectations frequently involve status-related objects like cars, jewelry, and fine clothing. Dowry payments

are usually relative to the social status and income level of the families involved. Additionally, dowry costs inflate based on the earning potential of the groom (Visaria, 2007). Therefore, marrying a daughter to an unskilled laborer will cost far less than marrying her to an attorney. The net result is that even for lower caste families, the cost of dowry can be crippling, especially if they have multiple daughters to marry. Furthermore, over the past century, the practice of dowry has spread to castes and geographical locations where it was previously uncommon through the process of "sanskritization" (Kishwar, *Dowry calculations: Daughter's rights in her parental family*, 1999).<sup>5</sup> As a result, dowry calculations have exacerbated the perception that daughters are financial liabilities.

### **Exogamy and In-Law Relations**

As Mattias Larsen describes in *Vulnerable Daughters: Culture, Development, and Changing Contexts*, once a woman is married and leaves her natal home, "her family loses a member, [while] the family of her husband gains one" (2011, p. 5). This results from Hindus' adherence to exogamy and patrilineal inheritance practices<sup>6</sup>. As a result, parents stand to lose their daughter's physical proximity and resources once she is married. According to Dr. Nina Puri of International Planned Parenthood,

"People feel that bringing up a daughter is like watering a plant in someone else's house, because here they're going to educate her, nurture her, spend money on her;

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<sup>5</sup> 'Sanskritization' refers to the process by which lower castes achieve upward social mobility by emulating the practices of upper or dominant castes in the caste hierarchy.

<sup>6</sup> In this context, 'exogamy' refers to a woman leaving her natal community to live with her husband in his family's household.



ultimately she's going to [be] married and going to somebody else" (De Sam Lazaro, 2001).

To make matters worse, parents fear that their daughters will be mistreated or sent back if her in-laws find her dowry insufficient or find another pretext for their displeasure (Visaria, 2007).

In *Sex Selective Abortion: Ground Realities*, a woman from Gujarat offers this explanation as to why people in her community prefer sons:

"There is trouble for daughters. They may find a good family or a bad one after their marriage. The times are not good. They may come back home. If they have trouble with their in-laws, they may be sent back by their in-laws. In earlier times, women used to do backbreaking labor, look after cattle after their marriage. These days they don't do things like that. If there is an economic problem, the in-laws just send the bride back to her parental home. So a girl is always a reason for tension for her parents" (Visaria, 2007, p. 155).

In either instance, the bride's family loses.

### **Parental Aging, Inheritance, and Rites**

The role of sons in parental aging, inheritance, and religious rites are also major considerations in family planning decisions. India does not have an institutionalized social safety net; therefore, elderly members of society are subject to uncertainty regarding their later life (Larsen, 2011). As a result, most elderly people rely on their children to provide old-age support. Due the economic advantage of men and the prevalence of patrilocal kinship structures, an overwhelming majority of elderly live in the care of their adult sons (Larsen,

2011). Although it is becoming increasingly common for daughters to support their parents in old-age, there remains a perception that it is the son's duty to provide elder-care. In addition to providing elder-care for their parents, sons are usually given the exclusive responsibility of performing rituals on the day of their parents' deaths and lighting their funeral pyres (Larsen, 2011). These rituals are meant to aid the deceased in their voyage after death. Thus, the perception that sons are essential to the parents' spiritual well-being as well as to their material survival serves as a disincentive to raising daughters.

Sons also play an indispensable role in family inheritance and surname lineage. In most Indian families, especially those in Northwest India, inheritance is strictly patrilineal (Larsen, 2011). Even though women are provided equal rights under Indian law, cultural norms keep matters of estate between fathers and sons. As a result, property rights have become a major point of concern in the movement to improve the status of women in India; however, the inheritance controversy will not be solved easily. Since women typically move into their husband's homes upon marriage, they are not ready candidates for inheriting their own parents' property if they will never live on it. Patrilocality is commonly used to justify keeping property inheritance between men and is therefore another reason to justify son preference.

### **Small Family Norm**

The small family norm (SFN) was initially promoted by the Government of India during the 1970s to get India's burgeoning population under control and its promotion continues to this day as a chief initiative of the Ministry of Health and Family Welfare (Center for Social Research, 2009). Over time, it gained explicit and implicit endorsement in the Indian media.

Today, SFN has permeated Indian popular culture with Bollywood films, broadcast television programs, and celebrity personalities helping to spread the two-child ideal. Small families (defined as having three children or fewer) first became fashionable among the upper castes and spread down the socioeconomic ladder as India's middle-class began to flourish (Mallik, 2002). Over the past few decades, SFN has become increasingly prevalent among rural, lower castes that, historically, preferred large families of up to eight children (Visaria, 2007). A woman interviewed during a study in rural Haryana said:

“There is hardly anybody today who wants a family of ten! Everybody wants a chhota parivar, sukhi parivar [small family, happy family]. If we have a small family, we can manage with our limited resources in terms of agricultural land” (Visaria, 2007).

Rural, low-caste Indians are not the only ones who must take financial calculations into consideration when planning their families. Due to rising cost of living and unemployment rates many middle-class young professionals opt to keep their families small for practical reasons. An upper-middle class woman living in Gujarat who was interviewed during the same study echoed the sentiments of the respondent quoted above:

“Things have become so expensive. It is necessary to take proper care of children. If we have two children we can take care of them properly” (Visaria, 2007).

It is clear from these testimonies that Indians at all levels of society have internalized SFN to such a degree that family planning and son preference in India cannot be discussed without accounting for the shrinking size of Indian families.

SFN and son preference present a challenge for sex selective abortion activists. In order to have a small family and ensure that at least one child is male (though two males are sometimes considered ideal), sex selective abortion is a functional necessity. The Center for Social Research found that in villages that they studied in Haryana, an overwhelming majority of families had fewer than three children. In families with three or fewer children, the ratio of girls to boys was low and larger families, with four to six children, had a higher proportion of girls (Center for Social Research, 2009). Based on this information, CSR concluded that SFN did, in fact, have a significant impact on sex selection in Haryana.

Due to the wide-spread preference for small families, birth order now plays a key role in sex selection. A separate study conducted in Haryana in 2007 found that sex selective abortions during first pregnancies were far less common than sex selective abortions during second and third pregnancies (Visaria, 2007). This trend was most pronounced among well-educated women in upper-middle class neighborhoods of Haryana where small families are now the norm. The study found that a majority of respondents would accept either gender for their first child. However, the data showed that if the first child was a daughter, the chances of the second and third child being male increased drastically. Furthermore, the study found that in Haryana, last births are about half as likely to be girls as they are to be boys.<sup>7</sup>

### **Why does India's skewed sex ratio matter?**

Evidence suggests that long-term skewed sex ratios have resulted in a deficit of sexually mature females and increased human trafficking both within India and in neighboring

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<sup>7</sup> Haryana's last birth sex ratio is approximately 53 girls/100 boys (Visaria, 2007).

countries. Dr. Virendra Vidrohi, a social worker in an NGO that provides services for human trafficking victims in Alwar, Rajasthan, estimates that as many as 15,000 girls from surrounding states are bought and sold in Rajasthan annually (Khan, 2012). Karminder Kaur, a protection officer in Rohtak, Haryana, claims that the number of human trafficking victims sold for marriage in Haryana is comparable to that in Rajasthan (Khan, 2012). Kaur also contends that some of the women sold for marriage in Haryana are forced to enter into illegal polyandrous arrangements where two to four male family members share a single bride. Anti-sex selective abortion activists fear that trends in human trafficking like the ones described above will become commonplace as India's youth population matures and the deficits of women grow larger. Some Indian feminists even correlate the social status enjoyed by the women in southern states like Kerala to their balanced sex ratios (Kishwar, When daughters are unwanted, 1999). As a result, reversing India's declining sex ratio has come to be seen as paramount to achieving equality for Indian women.

## **Indian Women's Organizations & Sex Selective Abortion**

### **A Brief History of the Indian Women's Movement**

The Indian women's movement can be traced back to nineteenth century male social reformers who spoke out on behalf of women during the early nationalist movement. At the end of the nineteenth century, upper-class Indian women began to organize informal groups which led to the establishment of national-level women's organizations during the first half of the twentieth century. The work of these early women's organizations centered on political inclusion, legal rights, and education. The first phase of the Indian women's movement, which

had been closely associated with the nationalist movement, stagnated for several decades after India won independence in 1947 (Jagori, 2013).

The Indian women's movement experienced a renaissance during the 1970s which led to renewed interest in legal rights and the status of women in Indian society. Between the 1970s and 1980s, emphasis was placed on bridging the gap between the personal and the political through legal reform (Jagori, 2013). It was also during this time that issue-based women's groups emerged to take up social injustices such as violence against women, dowry, sex selective abortion, and property rights (Shepherd, 2008). During this time, women's organizations approached sex selective abortion primarily through political advocacy, lobbying for legislation to restrict sex determination tests without impinging on abortion rights.

The 1990s brought increased recognition of women's rights as human rights via the United Nations' World Conferences. As a result, India's "woman problem" appeared on the global stage like never before (Bhatnagar, Dube, & Dube, 2005). This period served as transitional period in the fight against sex selective abortion during which women's organizations began to focus their attention on tackling the cultural origins of sex selective abortion by raising public awareness.

The turn of the millennium signaled some of the most significant changes yet in the Indian women's movement. Although it may be too soon to name the outcomes of the strategies adopted by women's organizations during the 2000s, certain characteristics can be identified that distinguish it from previous stages of development. For one, the current strategies of women's organizations involve intensive networking between civil society

organizations, non-governmental organizations, and government entities. Secondly, women's organizations place heavy emphasis on sustainability and community-level activism. Both of these features can be seen in anti-sex selective abortion activism, which shifted toward a more community based approach to both enforcing the existing ban on sex determination testing and changing the societal conditions that foster sex selective abortion.

Obviously, the evolution of the Indian women's movement was not as cut and dry as it appears in the above summation. There was a great deal of overlap between stages of development as women's organizations underwent the natural maturation process inherent in any civil rights movement. However, identifying general trends in the historical progression of the larger Indian women's movement over the last forty years provides a useful mechanism for understanding the evolution of women's organizations' role in combatting sex selective abortion in India.

### **Questions 1 &2: Women's Organizations' Role and How It Changed Over Time**

Women's organizations began combatting sex selective abortion with a top-down approach that focused on legal reform during the mid-twentieth century. Sex selective abortion first came to the attention of the Indian women's movement during the 1970s when government hospitals began propagandizing sex selective abortion as a means of population control (Forum Against Sex Determination and Sex Pre-selection, 1992). In 1976, protests erupted in response to a study conducted at the All India Institute of Medical Sciences which found that 90% of participants intended to abort female fetuses on the basis of gender preference (Forum Against Sex Determination and Sex Pre-selection, 1992). Pressured by the

protests, the Government of India passed a partial ban on pre-natal sex determination testing (SDT) in public hospitals (Kishwar, 2008).

Private clinics advertising pre-natal sex determination and sex selective abortion services emerged following the ban on SDT in public hospitals (Forum Against Sex Determination and Sex Pre-selection, 1992). At the time, SDTs were performed through amniocentesis and chorion villus biopsy, both of which were highly invasive and carried a risk of miscarriage (Shepherd, 2008). The advent of ultrasound technology in India during the early 1980s enabled clinics to provide minimally invasive SDTs which gained widespread popularity as a means of pre-natal sex determination (Center for Social Research, 2014). Shortly thereafter, mobile ultrasound machines hit the market and made SDTs available in remote rural areas for the first time (Saheli Women's Resource Center, 2006). It was not long before pre-natal sex determination became an industry in and of itself, with clinics advertising their services in local newspapers, billboards, and cigarette wrappers (Visaria, 2007). Business boomed for privately run clinics which multiplied by the hundreds, spreading from the North-West region of India to the South.

In response to the rapidly growing demand for sex selective abortions and proliferation of ultrasound technology, women's organizations adopted an almost singular focus on legislating the technology behind sex selection during the 1970s and 1980s. Women's organizations feared that the medicalization of sex selection (tests and abortions conducted in medical facilities by trained personnel) would make it appear more legitimate than other manifestations of son preference such as infanticide and neglect, and that the growing



popularity of sex selective abortion would lead to a drastic deficit of women in India (Saheli Women's Resource Center, 2006).

In 1985, representatives from Maharashtra-based women's groups and health organizations, including Stree Mukti Sanghatana, Maitiri, and the Bombay Women's Center, joined forces to form the Forum Against Sex Determination and Sex Pre-selection (FASDSP). Operating with more than 100 members at its peak, FASDSP became the driving force behind the movement to restrict sex determination technologies in Maharashtra and, eventually, all of India (Mallik, 2002).

Although FASDSP wanted to propose legislation that would stop sex selective abortions from occurring, they did not want to interfere with women's right to abort by modifying the existing Medical Termination of Pregnancy Act which afforded that right. Instead, they set out to draft a new type of law—one that would regulate diagnostic techniques predicated on the notion that an SDT would result in the termination of the pregnancy if the fetus was determined to be female (Forum Against Sex Determination and Sex Pre-selection, 1992). The result was the Maharashtra Regulation of the Use of Pre-Natal Diagnostic Techniques Act which was enacted in 1988, catalyzing similar bills in Rajasthan and Punjab (Saheli Women's Resource Center, 1995).

Between 1987 and 1993, Delhi-based women's organizations such as the Saheli Women's Resource Center devoted their energies to collecting signatures, passing out flyers, and sitting in on Parliamentary Committee hearings regarding the newly conceived national ban on sex determination testing (Saheli Women's Resource Center, 1995). Finally, after eighteen

long-fought years, national lobbying efforts came to fruition in 1994 when the Government of India passed the Pre-Conception/Pre-Natal Diagnostic Techniques Act which banned the use of pre-natal diagnostic equipment to determine fetal gender.

At the time, the PC/PNDT Act appeared to be a clear victory for the women's movement. The act specified for what reasons pre-natal diagnostics could be performed and expressly prohibited doctors from communicating the gender of the fetus(es) to the family. In doing this, the law was supposed to curb the demand for sex determination tests and provide a legal framework for prosecuting those who performed them. Once the bill was passed, however, activists began to express concerns over loopholes in law. Women's organizations became disillusioned by provisions that seemed to protect the commercial interests of doctors and ultrasound manufacturers (Saheli Women's Resource Center, 1995). To make matters worse, it became increasingly obvious that the act was not equipped to deal with new innovations to pre-natal diagnostic technology and since ultrasound was a valuable tool for diagnosing a wide range of illnesses, it would be impossible to ban it altogether (Kishwar, When daughters are unwanted, 1999). The limitations of the legal campaign against sex selective abortion became even more apparent as the state mechanism in Maharashtra, which was the first state to enact a ban, failed to pursue any cases under the law and district level committees formed slowly with inadequate representation from civil society organizations who were promised a seat at the table (Forum Against Sex Determination and Sex Pre-selection, 1992).

In response to the perceived failures of the original law, women's organizations began rallying for an amendment to the PC/PNDT Act that would provide more stringent punishments and increased jurisdiction for law enforcement officials, including the right to confiscate

unregistered or illegally operated diagnostic machines (Mallik, 2002). However, discontent was mounting over repeated attempts to solve problems of implementation and enforcement with institutional-level reform.

At the same time, major changes were occurring within the Indian women's movement. These changes moved women's organizations away from legal reform and during the 1990s, women's organizations began putting more emphasis on the need to educate the public about the issue (Mishra, 2014). Whereas before, "seriously tackling the broader issues related to sex selection [was not] possible because of the more immediate threat of sex-determination tests," during the '90s, organizations put more energy into confronting cultural problems and marketing to a mass audience (Saheli Women's Resource Center, 1995).

In 1992, the United Nations held the Conference on Human Rights which "took historic new steps to promote and protect the rights of women, children and indigenous peoples by, respectively, supporting the creation of a new mechanism, a Special Rapporteur on Violence against Women" (Office for the High Commissioner of Human Rights, 2012). The "internationalizing" of women's rights that took place during the 1990s via the United Nations and other international organizations aided efforts to bring sex selective abortion into the public eye. However, it also changed the way that women's organizations did business in India (Jagori, 2013). As a result, there was a trend away from issue-based social reform toward more general "women's empowerment" models of economic and social development (Kishwar, *Zealous reformers, deadly laws: Battling stereotypes*, 2008).

In 2002, an amendment to the PC/PNDT Act was passed which was intended to give the law “more teeth” by imposing harsher punishments and giving authorities the jurisdiction to confiscate unregistered and illegally operated ultrasound machines (Saheli Women's Resource Center, 2006). Still, sex selective abortions have not stopped and India's sex ratio has continued to decline; in fact, there are many indications that the practice has grown and spread since the enactment of the PC/PNDT Act (Kishwar, 2008).

Why did the PC/PNDT Act yield such meager results? For one, the way that the act was designed made it difficult to implement and enforce. The relationship between doctors and their patients is private and, therefore, extremely difficult to regulate. Moreover, feelings about pre-natal sex selection appear to be fairly ambivalent. Although the illegality of sex selective abortion is widely known and the practice carries a social stigma, many people consider sex selective abortion a private matter—even those who oppose it publicly (Center for Social Research, 2009). A study conducted by the Center for Social Research (2014) in the upper-class Southwest district of Delhi by the Center for Social Research found that when asked whether or not they knew of local families participating in sex selective abortions, a majority of interviewees stated that they preferred not to interfere in somebody else's affairs. A similar study conducted by the Center for Social Research (2009) in Haryana showed that although child sex ratios in the districts being studied were some of the worst in the country and illegal ultrasound clinics are thriving in the area, the vast majority of respondents denied knowing of anyone who had had a sex selective abortion or even had a preference for boys over girls. These findings indicate that social pressure is applied on both sides; the issue is stigmatized (socially and legally) enough that residents are reluctant to admit even to a preference for sons,

but the pressure to have sons is so intense that they pursue family planning methods secretly to ensure boy children. The privacy inherent in doctor-patient relationships, perceptions of sex selection as a matter of personal choice, and the secrecy that shrouds it on the individual level make regulating sex determination testing an arduous task for law enforcement officials.

The second—and perhaps more salient—barrier to the PC/PNDT Act's effectiveness has been its non-implementation. There is a widespread attitude among Indians that is clearly articulated in a variety of sources—news article, television shows, books, academic journal articles, editorials—that the Indian government's treatment of the issue (and the laws meant to stop it) is both superficial and hypocritical. This is evident in the impossibly low rate of convictions. The Public Health Foundation of India working in collaboration with the UNFPA found that between 1994 (when the PC/PNDT was enacted) and 2010, only 600 cases had been filed under the law; of those cases, there were roughly 20 convictions (Public Health Foundation of India, 2010).<sup>8</sup> Some graciously attribute the low conviction rate to the notoriously slow court system in India. However, many within the NGO field, media, and anti-sex selective abortion movement attribute it to a lack of political will and widespread corruption within the government (Karat & George, 2012).<sup>9</sup>

The Center for Social Research's premier program on this issue, *Meri Shakti Meri Beti*, conducted covert observations of several illegal sex selection clinics in the Ambala district of Haryana. They brought the existence of the clinics to the attention of the District Appropriate

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<sup>8</sup> The report qualifies this as a rough estimate because official, accurate figures were difficult to procure

<sup>9</sup> Corruption at all levels of the Indian government is a widely recognized problem. For more information, please consult: Fraser-Moleketi, Geraldine. *Seeing Beyond the State: Grassroots Women's Perspectives on Corruption and Anti-Corruption*. Rep. United Nations Development Programme, 15 Oct. 2012.

Authorities (DAA), but very little action was taken. The DAA lamented that they were not able to catch the clinic operators in the act because the PC/PNDT division closes at 5:30 PM while most clinic activity occurs between 7:00 PM and 2:00 AM (Center for Social Research, 2009). At very least, a lack of commitment seems evident.

The *Meri Shakti Meri Beti* program also found that local-level enforcement was impeded by lack of trust and adversarial relationships between community members, law enforcement officials, and medical practitioners (Center for Social Research, 2014). Enforcement would be more successful if law enforcement officials and practitioners in the medical field could foster a cooperative working relationship to distinguish between upstanding medical facilities and illegally operating ultrasound clinics. Unfortunately, that is not the reality in many cities in India.

In short, sex selective abortion is an incredibly lucrative enterprise for practitioners who are willing to perform them. With unremitting demand and no fear of prosecution, there is little incentive for practitioners to stop. Realizing this, women's organizations began to see community-based approaches to enforcement as having the potential to be more effective than institutional level enforcement.

### **Question 3: Current Approach**

Since the PC/PNDT Act was amended in 2002, there has been yet another shift in the way that sex selective abortion is approached by women's organizations. After the mid-2000s, the internet trail of some women's organizations that had worked to counter sex selective abortion during the 1980s and '90s dried up. When asked, Dr. Mishra confirmed that many women's organizations and NGOs dropped the issue either because of a lack of funding or

disillusionment or both. Organizations that have continued to act against sex selective abortion have shifted their strategies toward a more community-based approach which focuses on sustainability and long-term change. Before, women's organizations acknowledged the need for cultural change and community engagement at the local level, but they acted based on the urgency of legal reform and institutional-level mechanisms to enforce the law. The current strategy of women's organizations—exemplified by organizations like the Center for Social Research, Snehalya, and the Center for Women's Development Studies—are now engaging in highly localized, community-level activism that incorporates “action-based research” to achieve community-level enforcement and public education. To explore some of the current strategies of women's organizations further, I conducted a case study of the *Meri Shakti Meri Beti* program at the Center for Social Research in New Delhi, India.

### **Case Study: *Meri Shakti Meri Beti***

*Meri Shakti Meri Beti* (MSMB) program is a flagship program of the Center for Social Research, a non-profit, non-government organization headquartered in New Delhi, India. The program is overseen by the Director of Research at the Center for Social Research, Dr. Manasi Mishra and staffed by a team of researchers, community organizers, and interns. It is currently being funded by the German Embassy whose diplomatic goals include the economic and social empowerment of women worldwide (German Embassy New Delhi, 2014).

Examination of the *Meri Shakti Meri Beti* program is relevant to the discussion of women's organizations' current strategies against sex selective abortion for several reasons. First, although MSMB does not represent the strategies of all Indian women's organizations, it

employs strategies similar to other organizations who have dealt with sex selective abortion during period spanning from the early-2000s to now. These organizations include the Center for Women's Development Studies which advocates for action-research and Snehalya which provides highly specific community oriented services. Along the same lines, the most basic philosophies of the program mirror sentiments expressed by Madhu Kishwar, a well-known feminist scholar and author of *Zealous Reformers, Deadly Laws: Battling Stereotypes*. In the introduction to *Deadly Laws*, Kishwar explains that she came to realize that beating the Indian people with a legal cudgel would not affect the change that the women so desperately needed; instead, activists must

“learn to listen to people carefully, view their problems through their eyes rather than assume [they] know what is good for them...Attempts to change social practices by imposing new laws without the active involvement of the people concerned can often backfire—pitting reformers against the very society they wish to reform” (2008, p. 12).

The notions that society must actively participate in shaping social reform in order for reform to succeed and that reformers must become more sensitive to needs of their communities are ones that have been echoed again and again by social reformers during the most recent phase of development in the women's movement. MSMB embodies these ideas through their focus on action-research and community-specific intervention.

Secondly, MSMB is significant because the founder of the Center for Social Research, Dr. Ranjana Kumari, has been a leader in the Indian women's movement for several decades. Dr. Kumari and Dr. Mishra both experienced and influenced the various stages of development of



the broader Indian women's movement. Having developed the program from those experiences, MSMB could be seen as resulting from the many lessons learned by these women during their years of fighting for gender equality in India—lessons that were also learned by the women's movement they helped form.

Finally, MSMB's regional situation makes it salient to the discussion of trends within the Indian women's movement and strategies to combat sex selective abortion. MSMB operates within the National Capital Region of India—specifically Delhi and the neighboring state of Haryana—which is home to some of the lowest child sex ratios in the country. Unlike areas of southern India for which sex selection is a relatively new phenomenon, Haryana has a long, documented legacy of son preference and sex ratios in districts of Haryana are worst in the country. For this reason, the National Capital Region is responsible for the bulk of India's missing girl problem. Additionally, the program operates in close proximity to India's political center, New Delhi, where the Indian women's movement has been exceptionally active. Although there is undoubtedly variation in the practices of women's organizations in India and organizations elsewhere in the country behave differently to address the needs of their communities, a large number of women's organizations operate in the Capital region in order to facilitate their national reach and because women's issues are especially pressing in that area.

With this study I sought to gain a holistic understanding of the strategies being employed by the *Meri Shakti Meri Beti* program and link them to the women's movement's shift toward a community-based approach to sex selective abortion. Using a qualitative approach, I looked for consistent patterns within my sources that revealed underlying principles

of the program that were not immediately apparent or explicitly stated. To do this I synthesized information from the Center for Social Research's website, newspaper articles, and internal documents sent to me by the program as well as conducted an interview with the Program Director, Dr. Manasi Mishra. The questions I asked during the interview were designed to uncover the internal process that led to the conception of the program, changes in the perspective of its parent organization, the Center for Social Research, and how and why the program has changed over the past seven years. Information regarding the origins of the program and the Center for Social Research's involvement with sex selective abortion activism prior to establishing *Meri Shakti Meri Beti* was not in the written materials I received. Therefore my interview with Dr. Mishra provided vital insight into motives underpinning the creation of the MSMB program and the internal processes of the organization. By investigating the origins of the MSMB program and examining its ground-level strategies, I uncovered patterns consistent with attitudes expressed within the larger Indian women's movement beginning in early 2000s such as emphasizing a community level approach, relying on alternative forms of law enforcement, and working with social influencers to change cultural attitudes toward girl children. This study relies on narrative, phenomenological descriptions to tease out these patterns and reveal the link between the practices of the *Meri Shakti Meri Beti* program and the attitudes of the Indian women's movement at large.

## **Background**

The Center for Social Research was founded in New Delhi, India in 1983 by a group of social scientists affiliated with Jawaharlal Nehru University. Among the better-known members

of this group were former Indian President, S. Radhakrishnan, and prominent leader of the Indian women's movement, Ranjana Kumari. Though not explicitly stated in its title, the Center for Social Research focuses exclusively on issues of gender with a mission "to empower the women and girls of India, guarantee their fundamental rights, and increase understanding of social issues from a gender perspective" (Centre for Social Research). Realizing that social reform requires the cooperation of multiple stakeholders at the community, organizational, and institutional levels, the Center for Social Research has adopted a three-pronged approach: grassroots organizing, research, and lobbying (Centre for Social Research). The Center for Social Research handles research and grassroots organizing directly, whereas the political lobbying component of their programming is handled by their sister organization, Women Power Connect.

The organization is well-respected in India for both its intellectual contributions and its grassroots organizing efforts. Experts from the Center for Social Research serve on multiple government councils and collaborate with the United Nations on a variety of matters concerning Indian women. The organization has ties to many national and international bodies working toward human rights and international development including the International Center for Research on Women, Oxfam, and the Academy for Educational Development. Funding for the organization and its projects comes from multiple sources and partnerships; however, details regarding their funding arrangements are not available on their website or in any of the available documents.

According to Dr. Manasi Mishra, the Center for Social Research began developing strategies to address sex selective abortion after the 1991 census data was released. The Center officially took up the issue in 1995 emphasizing political activism and raising awareness.

Between 1995 and 2002, the Center was among several Delhi-based civil society organizations that lobbied the Government of India for an amendment to the PC/PNDT Act that would make sex selective abortion illegal. Dr. Mishra described events during this early stage of the Center's involvement with the issue as "purely trial and error" while they found their footing in the debate.

The Center's strategy shifted during the early 2000s in response to the growing need for more focused, community-based action in India's most critically affected areas. During our interview, Dr. Mishra made a point to say that at the time, "everyone was playing the blame game"—the government, the medical community, and the civil society movement all blamed each other for not doing enough to stop the epidemic. The government and the medical community were blamed for promoting sex selective abortion for policy and profit. Civil society organizations, particularly women's organizations, were blamed for not doing enough to stop it. While the Center for Social Research continued to advocate for stricter legislation and enforcement of the existing laws, it reinvested a majority of its resources in direct-action grassroots organizing. In 2007, it unveiled a new program to help address critical needs at the community level by facilitating cooperation between interest groups. This program is now known as *Meri Shakti Meri Beti*.

## **Goals of the Program**

The Center for Social Research states that the ultimate mission of the *Meri Shakti Meri Beti* program is to achieve gender equality in India by eliminating sex selective abortion. But how will they accomplish such a monumental task? How can they change deeply engrained

cultural attitudes and correct skewed sex ratios as their mission statement professes to do?

Through my research I have determined that *Meri Shakti Meri Beti* approaches these meta-goals by adhering to a set of implicit short-term resolutions that pertain to the ground-level execution of the program. They are as follows:

- Develop more effective methods for addressing sex selective abortion through “action-oriented research” involving an integrated approach between field research and ground-level activism
- Adopt a context-specific, community-based approach that works with social actors within the community to affect change
- Tailor approach to individual needs of each program site
- Address the issue from multiple angles: community, medical community, and government
- Raise awareness of the negative consequences and illegality of sex selective abortion in a targeted and systematic way
- Engage District Appropriate Authority (DAA) and the local bureaucracy in creating a momentum against sex selective abortion by becoming a part of National Inspection & Monitoring Committee (NIMC) and involving them in CSR activities
- Mobilize local actors to continue struggle against sex selective abortion after CSR concludes the project

## How MSMB Works

The *Meri Shakti Meri Beti* (MSMB) program employs a multipronged approach involving “the direct participation and cooperation” of multiple community stakeholders (Center for Social Research, 2014). Their methods are both extremely diffuse and context-specific, which makes it nearly impossible to summarize every aspect of their program without breaking it down village-by-village. As decentralized as it seems from a research perspective, it is key to their success. The tailored approach to each of the individual projects is one of the defining features of MSMB. In a broader sense, MSMB's strategy against sex selective abortion can be characterized as a “war of attrition,” approaching the issue from all angles and deploying maximum resources to achieve their goal. This strategy will become clear as details of the program are delineated in the following paragraphs.

MSMB operates within the National Capital Region of Delhi and the neighboring state of Haryana<sup>10</sup>. Child sex ratios and sex ratios at birth in these areas are some of the lowest in the country. In fact, in one district of Haryana, MSMB researchers found a village where on average there were 40 boys ages 0 – 6 for every 4 girls. The following chart compares sex ratios at birth between Indian states demonstrating the severity of the situation in Delhi and Haryana (United Nations Population Fund, 2011).<sup>11</sup>

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<sup>10</sup> Haryana neighbors Delhi to the north, south, and west.

<sup>11</sup> Symbols legend: @Bihar and Jharkhand combined; \* this value refers to the period 2002-04; # Madhya Pradesh and Chhattisgarh combined; \*Uttar Pradesh and Uttarakhand combined (United Nations Population Fund, 2011)

## Sex Selection & Women's Organizations in India

STATE	Sex Ratio at Birth		
	2007-09	2006-08	2001-03
Punjab	836	836	776
Haryana	849	847	807
Jammu & Kashmir	870	862	816*
Rajasthan	875	870	855
Delhi	882	877	835*
Uttar Pradesh	874	877	853*
Maharashtra	896	884	887
Gujarat	904	898	862
Bihar	917	914	861@
Andhra Pradesh	919	917	932
Madhya Pradesh	926	919	922#
Jharkhand	921	922	865*
Assam	931	933	904
Karnataka	944	935	943
Tamil Nadu	929	936	953
Orissa	941	937	934
Himachal Pradesh	944	938	803
West Bengal	944	941	937
Kerala	968	964	892
Chattisgarh	980	975	964*
<b>India</b>	<b>906</b>	<b>904</b>	<b>883</b>

To date, the program has been executed in stages with projects carried out in specific locations for finite periods of time. The first phase of the MSMB was initiated in 2007 in three of the most critically affected districts of Delhi: Narela, Najafgarh, and Punjabi Bagh. In 2009, Phase II moved MSMB to two districts (Ambala and Kurukshetra) in the neighboring state of Haryana. The child sex ratios in Ambala and Kurukshetra—784 girls/1000 boys and 770 girls/boys respectively—are among the lowest in the country. Phase III brought an expansion of the Haryana program to twenty more villages in each district. Finally, in 2013, the Center for Social Research announced that Phase IV of their flagship program would take place in the

wealthy Southwest district of Delhi where the child sex ratio dropped ten percent in ten years to 836 girls/1000 boys according to the 2011 national census data (Center for Social Research, 2014).

*Meri Shakti Meri Beti* was founded on the principle that in order to affect change, theory must be related back to practice “by combining empirical research with action-oriented programs” (Meri Shakti Meri Beti, Phase 1, 2014) Internal documents provided by the MSMB illustrate how this perspective informs their ground-level strategy:

“The objectives of [Phase II] are: to conduct a situational analysis on the status of action taken by the existing agencies on the issue of [sex selective abortion]; to conduct an impact assessment study of existing IEC material; to generate awareness and awareness and build a network to initiate community action against [sex selective abortion] in the state of Haryana; to implement Action Plan to combat [sex selected abortion] in the selected project area and for further replication in the state, and to prepare a road map for long-term strategy for eliminating [sex selective abortion]” (Center for Social Research, 2009, p. 2).

It is important to note that these goals are sequential. In other words, MSMB uses their research findings to inform their actionable interventions. During each phase, researchers collected baseline data on “attitudinal indicators” from fifty households per village (approximately one thousand respondents) and fifty-five medical facilities per district on average (Center for Social Research, 2009). By marrying empirical research with activism, MSMB is to apply a context-specific approach to each project site.



In addition to conducting a preliminary assessment of the project site, the Center for Social Research prepares for each project by establishing working relationships with field-level NGOs in the community. According to Dr. Mishra, this strategy is in keeping with a current paradigm that exists in the Indian NGO world. In a time when resources are scarce, partnerships between large and small NGOs can be mutually beneficial. In this scenario, large NGOs provide resources and training while field-level NGOs provide insight and access into the community. In 2013, MSMB worked with seventeen field-level NGOs in the Southwest district of Delhi. As of March of this year, Dr. Mishra reported that they had already built relationships with eight NGOs in preparation for the next phase of MSMB. The NGOs that partner with the Center for Social Research typically have no involvement with the issue of sex selective abortion prior to their participation in MSMB (Mishra, 2014). According to Dr. Mishra, “there is a big range. Some concern elder education. Some work with youth. Others protect women from domestic violence” (2014). In most instances, MSMB educates NGO leader about the issue of sex selective abortion and supports their individual projects. In return, the NGOs use their community connections to promote MSMB's cause and help with community education efforts. Aside from the immediate practical impetus to establish these relationships, NGO networks help facilitate long-term strategies for eliminating sex selective abortion after MSMB leaves the project site.

In order to address sex selective abortion from every angle, *Meri Shakti Meri Beti's* ground-level strategy targets three core interest groups: the public, the medical community, and the local government. Coalition building between the three groups helps eliminate conflicts and finger pointing, which appears to be one of the essential strategic elements of MSMB's mission.

For instance, at each project site, MSMB has persuaded local Resident Welfare Associations to host expert group meetings consisting of local doctors, PC/PNDT enforcement officers, panchayat leaders, district officials, teachers, Family Welfare officers, lawyers, etc (Meri Shakti Meri Beti (MSMB) white papers compilation, 2014). By uniting representatives from the community, medical professional, and government, MSMB hopes to facilitate greater cooperation between stakeholders.

Although strategies for stakeholder engagement are essentially the same each time the program is implemented, their outcomes vary slightly according to the locality. The following excerpt provides a summary of the most helpful stakeholders in each district of Phase I:

“In Narela, the strong presence of NGOs helped in spreading the message in the community. The area chief medical officers, district PC & PNDT authorities, Dais, and Anganwadis were also very helpful in mobilizing the community. Particularly in Najafgarh, the Anganwadis played a significant role. In Punjabi Bagh, it was mainly the Resident Welfare Associations which contributed to community accessibility...Punjabi Bagh has the highest number of ultrasound clinics numbering 333. Among our three project sites, Punjabi Bagh was also noticed to be the residential area of mainly the affluent groups. We received maximum cooperation from the doctors and staff in Najafgarh area and had difficulties in Narela and Punjabi Bagh in access to information” (Meri Shakti Meri Beti (MSMB) white papers compilation, 2014, pp. 2-3)

Identifying and working with community leaders is foundational to MSMB's strategy to eliminate sex selective abortion because without the support of social influencers, MSMB

would not be able to establish the social infrastructure necessary to change cultural attitudes and enforce compliance with the PC/PNDT Act long-term.

As previously established, official enforcement of the PC/PNDT Act in India has been dismal. In response, MSMB compensates for what Dr. Mishra views as a lack of “bureaucratic and political will” within the government by instituting systems of self-policing within the community. For example, MSMB actively recruits elderly women to participate in community watch groups that serve as informal policing bodies as well as cultural barometers. Elderly women are usually well respected and hold considerable influence within their families. Therefore, they are ideal social influencers with the power to sanction or denounce sex selective abortion. During field observations Dr. Mishra determined that while a majority of people know that sex selective abortion is illegal, most have no idea how to report an illegally operating clinic if they become aware of one. This realization led to the dissemination of postcards with information about reporting procedures printed in several vernacular languages. Dr. Mishra considers the postcard campaign to be one of the most effective self-policing methods MSMB has ever devised. MSMB also facilitates self-policing within the medical community by training personnel from hospitals which claim to be law-abiding to monitor alleged sex selection clinics. MSMB has used its relationships with doctors and other medical personnel to carry out covert observations of ultrasound clinics. According to the Phase III report, MSMB's monitoring of illegal ultrasound clinics in Naraingarh, Ambala resulted in an official PC/PNDT enforcement raid and subsequent seizure of a clinic (Baseline study report: Fight against female foeticide in villages in Ambala, Haryana, 2009).

One of the seminal components of MSMB's strategy is educating the public about the illegality of sex selective abortion and the negative consequences of skewed sex ratios. In the capital region of India, there is a strong NGO presence that may have actually had an inverse effect on residents' receptiveness to having their collective "consciousness" raised. In this environment, where people have been made numb by constant proselytizing, it is easy for awareness raising efforts to be perceived as inconsequential or even detrimental. Thus, in order to ensure that their message is not ignored by the community, MSMB has worked to make their public education initiatives compelling, deliberate, and targeted. One way that this has been achieved is by targeting specific demographic groups within the project site such as teenage mothers at higher risk of aborting female fetuses, college-age youth, and the elderly.

Where literacy is a concern, MSMB supports NGOs that offer literacy classes and focus their attention on other methods of information transmission like street plays and demonstrations. For example, during Phase III, MSMB reported conducting seventy-two direct community outreach programs including trainings, seminars, and performances.

Where there are multiple universities, MSMB targets college students with political action campaigns, petition drives, and interactive outreach activities. Because India's youth comprise 60% of its total population, MSMB has focused a lot of its public awareness efforts on influencing the younger generations (Center for Social Research, 2014).<sup>12</sup> During the most recent phase of MSMB, the Center for Social Research collaborated with Jawaharlal Nehru University, Vishwa Yuvak Kendra, and several other institutions of higher education to sponsor

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<sup>12</sup> 60% of India's population is under 35 years old

a series of debate competitions with cash prizes to spread information about the topic on college campuses.

Finally, MSMB has changed their propaganda tactics over time to increase its effectiveness. While printed material is easy to produce, it is extremely difficult to ensure its efficacy because it is just as easily discarded. According to Dr. Mishra, they have recently begun printing propaganda to address the underlying beliefs that fuel son preference rather than posters and pamphlet that reiterate anti-sex selective abortion messages because it is more relevant to people and therefore will have a greater impact. One flyer of this nature which Dr. Mishra believes to be particularly effective aims to break the myth that women determine the sex of the baby. Information such as this can help to correct common misperceptions, change cultural attitudes about girl-children, and inform people about matters of gender—all of which relate to sex selective abortion—without having the stigmatizing effect of discussing sex selective abortion explicitly.

## **Current Project**

The Center for Social Research is currently implementing the newest iteration of the *Meri Sakti Meri Beti* program in Southwest Delhi—a region that has witnessed a ten-point decline in its sex ratio since 2001 (Perappadan, 2013). Phase IV (which is confusingly also known as MSMB II) was chartered on February 12, 2013 and continues to this day with the support of a grant issued by the German Embassy. Although Phase IV mirrors previous implementations, it has undergone changes to adapt to the wealthy socioeconomic landscape in Southwest Delhi. Literacy and education—which were major concerns in rural villages of Haryana during phases II

and III—are less critical elements of Phase IV because the central district, Gurgaon, is a leading financial center of India with a literacy rate of 84.7% (Perappadan, 2013). Instead, MSMB is focusing on building a high-profile coalition between NGOs, universities, and community stakeholders in addition to collaborating with district courts and monitoring ultrasound clinics.

I will now move on to tie together the conclusion of this case study and the conclusion of my thesis in the final chapter.

## **Conclusion**

Much attention has been given to the cultural origins of gender discrimination and the ways in which women in India are subjugated, but there has been very little acknowledgment of the tremendous role of Indian women's organizations in solving these problems. With the paper I sought to delineate the role of women's organizations in combating sex selective abortion in India, demonstrate how that role has changed, and provide some insight into strategies that are currently being employed by some women's organizations in North India. Over the course of my research, I have discovered that the Indian women's movement has acted as the driving force behind the fight to eliminate sex selective abortion in India. Women's organizations began with a top-down approach to sex selective abortion that relied on legal reform and collaboration with the Government of India. Realizing the limitations of legal reform after passing the long sought-after PC/PNDT Act and being disillusioned by its failure, the women's movement moved on to tackle the more challenging and eminently necessary task of tackling pre-natal gender discrimination within the homes and neighborhoods of the Indian

people. The evolution from political activism to grassroots organizing at the Center for Social Research reflects this paradigm shift.

However, the institutional changes brought about by women's organizations were not for naught. The case of *Meri Shakti Meri Beti* brings to light the ways in which the PC/PNDT Act paved the way for community-based strategies to work. Even if the Government of India lacks the political will to aggressively convict practitioners of sex selective abortion, acknowledgement of the detrimental effects of skewed sex ratio extends tacit support to women's organizations who seek to correct them. Furthermore, the illegality of sex selective abortion legitimizes women's organizations' work in communities that would otherwise question their presence. The early political activism of women's groups brought sex selective abortion to the forefront of the national stage and made it a household issue. By protesting sex determination tests in government hospitals, the women's movement brought an end to sex selective abortion as a state-sanctioned form of population control via family planning. In other words, although women's organizations did not succeed in correcting India's declining sex ratio during the 1980s and 1990s, they laid the foundation for the work that must be done to raise the status girl children in Indian society.

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