The Impact of the Private Care Sector on Female Feticide in Haryana, Northern India

Marie J Murphy

For decades, intentional abortions of female fetuses in India has had a negative impact on the sex ratio, and ultimately on gender equality in India. It has been estimated that between 4.2 and 12.1 million selective abortions of girls have occurred between 1980 and 2010.[1] Although it is difficult to confirm a specific number within these statistics, the trend of female selective abortion is evident in the unbalanced sex ratio of females to males. In the northern Indian state of Haryana, which is currently considered one of the most affected areas, there are approximately 774 girls for every 1,000 boys, compared to the national average of 914 girls per 1,000 boys.[2]

The Pre-natal Diagnostics Act of 1994 sought to regulate the use of "pre-natal diagnostic techniques for the purpose of detecting genetic or metabolic disorders or chromosomal abnormalities or certain congenital malformations or sex linked disorders and for the prevention of the misuse of such techniques for the purpose of pre-natal sex determination leading to female feticide".[3] It cemented the illegality of choosing to abort fetuses based on culturally engrained gender preferences. In the larger overall agenda of gender equity, it was a necessary, but rudimentary step. Unfortunately, the viability of policies like these can be limited by virtue of their dependency on the degree of community involvement and social acceptance for adaptation. In populations where there is a high preference for sons, there may be a lack of incentive to comply with these policy changes, especially if there are no visible consequences for infractions of the law.

Nand Lal Sharma Memorial Hospital Facility Awareness Poster

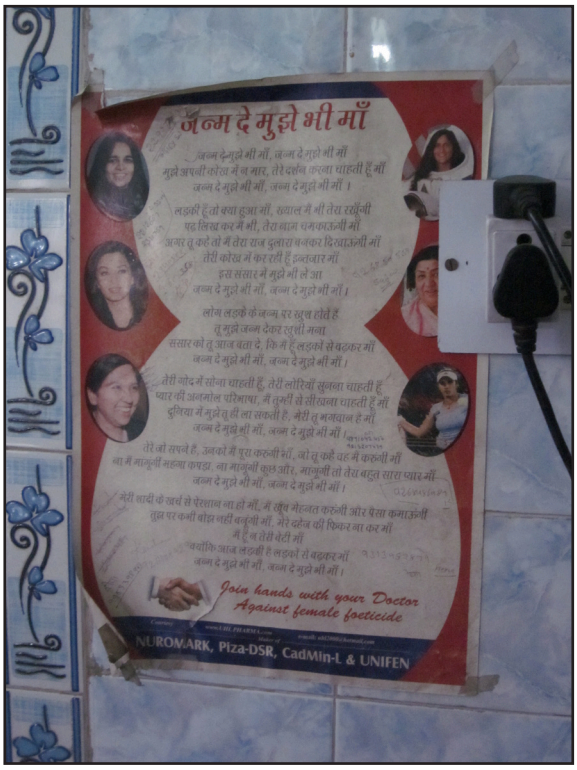
Therefore, although the law was enacted in 1994 and implemented in 1996, the effectiveness is debatable, eminently in the Northern State of Haryana where the sex ratio is so unequal. In an effort to cope with the situation, the government has opened several orphanages aimed at providing an alternative to feticide for parents with unwanted infant girls. Swami Agnivesh, head priest of a religious body that actively campaigns in protest of female feticide, remarked that opening these havens is a "good short-term measure; [however] the longer-term, bigger problem is lack of law enforcement".[4] There has reportedly been only one case of a conviction resulting from a doctor illegally aborting female fetuses in all of India. The market for sex determination has been estimated to be worth upwards of $100 million per year, which indicates that not only is there incentive for physicians to undertake the risk of breaking the law, but the opportunity to do so is available because the market is thriving and flourishing. Many privatized hospitals are offered much more liberty due to lack of monitoring and amenable regulation compared to the public sector, which is riddled with loopholes.[5]

Nevertheless, the policy has had some degree of effect on this public health issue. Although India has suffered a 170% rate of increase in selective abortions of girls between the years of 2001 and 2011, it is slower than the 260% rate of increase that occurred between 1991 and 2001.[6] According to the 2011 census, the sex ratios of children up to age six had increased somewhat in the states of Haryana and Punjab, two of the most affected regions.[6]

At the Nand Lal Sharma Memorial Hospital in Sector 8-Faridabad, Haryana, obstetric related visits are systematically handled. It is made clear to the public that sex determination is not performed on its site. Although there is a licensed in-house obstetrical gynecologist, a second doctor must be brought in to perform ultrasounds and to confirm all check up appointments in order to verify all records. Stringent records are kept due to pressure from the local government. Before the fifth working day of each month, a detailed record of all pregnant patients that are being cared for by the hospital must be submitted to the municipal corporation in Faridabad. This form requires numerous pieces of information ranging from number of previous children, including the sex of those children, and indications of the ultrasound to the contact number of the

Marie J Murphy is the Senior Financial Officer for TuftScope and a senior at Tufts.

father. It must be notarized and signed by the qualified person before submission to the appropriate district authority. According to the records of this particular hospital, they care for approximately six or seven pregnancy cases on a regular basis per month. Considering the size of the community in



Pubic Awareness of Illegality of Pre-Natal Sex Determination

the sector and the number of other options for obstetrical care offered by other hospitals in the zone, it is a suitable number for the size of the practice.

However, as a private practice, this is unrepresentative of the number of obstetricians and gynecologists that work in the community health clinics with patients who are of a lower socioeconomic class. These patients are typically more at risk of aborting female fetuses because of the perceived future financial burden that female children pose and also the lack of access that these families have to family planning and pregnancy prevention services. According to the Ministry of Health and Family Welfare in Haryana, there are eight obstetricians and gynecologists working in community health centers, 78 providers short of the required 86 for this district alone.[7] It ultimately has harsher long-term consequences on social movements for women's empowerment, education and health in India. It reflects a greater countrywide shortage of physicians working for the public health care sector.

The Nand Lal Sharma Memorial Hospital provides health workers with a good model of how to regulate the private sector; however it fails to expose the holes in the health system. The state of Haryana has one of the highest total GDPs in India because of its emergence as a base for information technology industries. This indicates to policy makers that the majority of selective abortions occur through channels within the private sector. The rhetoric of policy often delays issue-solving by conflating responsible placement for blame. In respect to female feticide in India, cultural factors may have a heavy influence on the motivation to commit this crime, but ultimately it is the accessibility to these services and the lack of consequences that allow this practice to persist.

REFERENCES

1. Prabhat, Jha et al. (2011) Trends in selective abortions of girls in India: analysis of nationally representative birth histories from 1990 to 2005 and census data from 1991 to 2011. The Lancet. 377 (9781)1921-1928
2. Prabhat, Jha et al. (2011) Trends in selective abortions of girls in India: analysis of nationally representative birth histories from 1990 to 2005 and census data from 1991 to 2011. The Lancet. Vol 377. 9781.p1921-1928
3. MedIndia Health Network. (2010) Indian Laws and Regulation Relating to Health. The Pre-Natal Diagnostics Act of 1994. Accessed from <http://www.medindia.net/indian_health_act/pre-natal-diagnostic-techniques-act-1994-definitions.htm>
4. Pramesh, Randeep. (2007) India to open orphanages to take thousands of unwanted girls who would otherwise be killed. The Guardian. Accessed from <http://www.guardian.co.uk/world/2007/feb/19/india.randeepramesh>
5. Subramanian, S V et al. (2011) Can India achieve a balance of sexes at birth? The Lancet. Vol 6736 (11) 60709-5
6. Prabhat, Jha et al. (2011) Trends in selective abortions of girls in India: analysis of nationally representative birth histories from 1990 to 2005 and census data from 1991 to 2011. The Lancet. Vol 377. 9781.p1921-1928
7. Ministry of Health and Family Welfare. (2008) Haryana. Health Infrastructure of Haryana. Table II. Accessed From <http://mohfw.nic.in/NRHM/State%20Files/haryana.htm>

OTHER REFERENCES:

Natarajan, (1972) Changes in sex ratio, Census of India, New Delhi (1972).

Registrar General of India, Census of India 2011. (2011) provisional population totals, http://censusindia.gov.in/2011-prov-results/prov_rep_tables.html

PJha, MA Kesler and R Kumar, et al. (2011) Trends in selective abortions of girls in India: analysis of nationally representative birth histories from 1990 to 2005 and census data from 1991 to 2011, Lancet

SV Subramanian and S Selvaraj,(2009) Social analysis of sex imbalance in India: before and after the implementation of the Pre-Natal Diagnostic Techniques (PNDT) Act. J Epidemiol Community Health, (63) 245–252