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## **Female feticide- case study analysis- a human right perspective**

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### **Abstract**

Female fetus is given less importance and the old mother in law desires to bless son only. In India we observed the female fetus is not treated as equal to male fetus. In 22 episodes how a female fetus is made to die by their own family members are illustrated. The social attitude of the people to wards female fetus is required to change. But the policies of one child norm are creating more ideas to possess a male child. This is the cause the sonologists are doing sex determination and the family members recommending for the Medical termination of pregnancy at 18 to 19 weeks <sup>[1, 2]</sup>. The legislations, the 30% reservations for the women, equality rights for the both genders are still in growing stage. Public awareness is required to change the attitude and the female feticide is to be stopped.

**Keywords:** feticide, medical termination of pregnancy, Male chauvinism, Amniocentesis, Ultra sound scanning, Cot deaths, Sterility, single child norm,

### **Introduction**

#### **General**

Indian culture male is the breadwinner of the family. The panchayati members are all males. The female is the backbone of the family. Family is given the highest respect and regards in our culture. Even the names of the gods when chanted, informed as Sri Sitha Rama, Radha Govindha and Padmavathi Srinivasa.

In spite of the regards to female, the female dominated society, that is the mother-in-law will make a rule and restrict the daughter-in-law but when the turn of daughters these rules are relaxed.

Now a day's people are thinking that up bringing of girl child is like watering a neighbor's plant. Today the rejection of the unwanted girl can begin even before the birth <sup>[3]</sup>. Parents are worshipping the god to bless them with a male child and the society is accepting male baby only. Till recently female offspring is not given the right of the property <sup>[4]</sup>. Only the gold Jewell Aries and house plots and dowry is given to the daughters as per the market value of the bridegrooms.

Birth of a female child - growth of child, school education, sexual maturity (menarche), regular menstruation, higher education, suitable bridegroom, made for each other couple, fertility of the couple, and birth of a male/ female child, survival of the couple a long span and dependency of the mother on off springs. These are the milestones, which are touching the hearts of the socialization and human rights of the society.

Three decades ago termination of pregnancy is a punishable, criminal offence and punished for 10 years RI. Abortion is a secrete act and services are available only for those who are rich. Illegal pregnancies i.e. widow with pregnancies, Unmarried with pregnancies, agricultural labour with pregnancies are the main sufferers. They used to take services of un skilled persons and septic abortions and morbidity and mortality seems to be very high. By the grace of our beloved female Prime minister Mrs. Indira Priyadarsini MTP ACT 1971 <sup>[5]</sup> passed as a boon for the survival of the down trodden female population <sup>[12]</sup>.

### **Significance of the Problem**

**Sex Ratio in India:** 943/1000 <sup>[6, 7]</sup>

In Andhra Pradesh: 993/1000

In Kerala: 1084/1000

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The unwanted female fetus is terminated in the womb to the tomb in very offensive pathways<sup>[8]</sup>. Role of astrologers, Nadijyothishyam, taboos, Chinese calendar, weeks of gestation believing more days favoring a female child, test tube babies pre conceptual selection of sex, amniocentesis and third generation of scanning abilities in ultra sound at 12-16 weeks<sup>[2, 9, 3, 10]</sup>, mid trimester abortions under guidance of MTP ACT 1971, pre term delivery of a female fetus, will fully avoiding the cord clamp of a neonate, putting grains in the mouth of neonate to suffocate, cot deaths, ill nourishment, burring alive child in Dharmapuri and Rajasthan. Putting the live baby inside a water tub and innumerable approaches to reach their goals is recorded<sup>[8]</sup>.

### Aim

Female feticide- case study analysis- a human right perspective.

### Review of Literature

1975 was declared as "International Woman 's year". 1975 – 1985 declared as "International woman's decade. National Institute of Nutrition, Hyderabad conducted a study revealed, parents are giving less nutrition to daughters. The practice of infanticide is found in Tamil Nadu. The modern women practicing abortion for unwanted female child In case of son, he brings dowry a good amount of cash, gold and property assists the parents in the farm and provides economic support to the family. In Hindu, Chinese sons are essential for ancestor worship. In tropical Africa, the people of Akamba society favours polygamy in order to get sons. In Thiwan, Korea, Pakistan found that 40 percent women want a son even after seven daughters. In Buffalo state of USA found that 60 percent of couple preferred first male child. In USA, Europe and Japan no male preference is seen.

Earlier this type of case studies on female feticide is not available in literature.

Ironically women themselves are the worst enemies of women and girl children. The rate of infanticide of female babies is reported to be high in Salem district of TamilNadu. At Junjun district and remote desert areas of Rajasthan very peculiar culture those people adopted. The plains of India start after crossing Indus River<sup>[19]</sup>.

So many intruders looted India and suffered children and women. Men fought in the war and died, the women folk followed sathi in the village the old women and men small children survived. Young girls and widows were left in the village. The develop a custom to improve the generation of male to fight for the motherland. A handsome, physically fit youth is selected and allowed to spend with any women as he is willing even some times the married were intimate with him. After one year the village folk use to kill the youth with stones. In that way many children were born. Male are selected for nourishment to become good soldiers to fight for the motherland. The female children were killed. Now days also the female fetus abortions or infanticide is continued in Rajasthan.

### Theoretical Aspects of Female Feticide

Male chauvinism, sex typing, feminine role models, socialization patterns, current in contemporary society have been put forward to explain the development of passive or submissive style of life among women. Illiteracy, ignorance and poverty were stated as causes contributing to the development of a negative social attitude toward the female

child. It was suggested education of parents would greatly help in the development of favorable attitude toward the girl child. Independence, self-respect and economic freedom for women by mass media could play major role in this endeavor. The investment in women's education will contribute indirectly to the socio economic well being of the society as a whole.

To get rid of the unwanted children and parents to have a son, consulting nadijyothishyam, vastu buying pet animals cow or bull, ultra sound scanning by third generation, Amniocentesis, chorionicvilli biopsy are playing major roles.

Female chromosomes are 44+xx

Male chromosomes are 44+xy

The child sex is determined by combination of x of father with mother 's x as female and x of mothers with father's y forms male. The identification of this sex as early as possible is the criteria for the abortion. The prenatal diagnostic techniques regulation bill prohibits this type of identity of sex<sup>[13]</sup>.

**A baby in the womb is called fetus.** The baby is viable in the womb mean above 28 weeks of pregnancy.

**Neonate means a baby newly born till 28 days of age.**

**Infant means till one-year age.**

**Feticides:** that is medical termination of pregnancy act 1971 allows abortion to get rid of unwanted pregnancy<sup>[5]</sup>. Up to 12 weeks by a single gynecologist are a MBBS trained can do abortion by suction and evacuation after 13 weeks till 20 weeks two gynecologist opinion required for a safe abortion by a safe procedure. Prevention of unwanted pregnancy is always done by family planning methods.

**Ultra sound scanning** the fetus on seat of the fetus able to identify the sex<sup>[11]</sup>. Here clarity of the picture presence of more fluid and absence of umbilical cord required identifying the sex. Any deviation or disturbance in ultra sound shows amigios sex.

**Amniocentesis** is the method to identify the sex, which required 4-6 weeks time after 12 weeks of pregnancy<sup>[9]</sup>. The problems are some times the mothers tissue might have mixed. Some times the fetal tissue is not adequate for exam.

**The fetoscope** is passing a scope in to the womb and focusing so visualization on TV monitors in colour and live. This is the best method of possible identification of sex and anomalies.

### Methodology

#### Selection of the area

Tirupati, Rajampeta, Koduru, Chittoor, Cuddapah and Nellore districts population who are seeking Obstructs and Gynecological services are counseled and social and cultural perspectives recorded for this study.

#### Collection of the case studies

Patients attending the out patient departments of the general hospital. Postoperative ward patients and attended family planning wards patients are interviewed. Information gathered from the neighbors of the patients. From the clinics and practitioners of the Tirupathi, from daily news papers.

### **Case study 1**

Aged 28 years and she is having 3 female children and no male child. She says as she and her family had similarly 3 sisters no male child. She wants to have a male child. She had a fear of another birth of a female child. So she went to know the sex of the child and met a family physician. She referred for a scan study. After a scan she understood as she is having chance of a female child. So now she wants abortion at 18 weeks period of pregnancy. She was admitted in hospital. Doctor on examination found her, as she is anemic and unfit for abortion. She met a rural dhai, who introduced a calotrophic stick and assured her abortion. This developed a sepsis and she landed with septic abortion, which is endangering her life. She was treated for septic abortion and a female fetus aborted.

### **Case study 2**

A lady aged 32 years married and having a female child. She again become pregnant, she does not want a female child. She wants to know the sex of the fetus. By her frequent contact with a sonologist she came to know the sex and informing the sex, she told to use drugs, which can cause abortion.

Second time again when she become pregnant and found the sex and went to a doctor and requested abortion on grounds of failure of use of contraception. She was aborted.

She has difficulty to know the sex of the child on third time. And again she tried for abortion. She decided to have a male child only.

### **Case study 3**

Aged 24 years married for six years and she was not having pregnancy and she was treated for infertility. On examination her husband was azoospermia. She was explained as requirement of male partner a fertility problem. She and her husband opted for donor insemination. She becomes pregnant. Now she developed psychosomatic problem to have a male child. Who will be the child and sex of the child and feature of the child, which may deviate from her husband features? After term pregnancy she had given birth to a male child. She was happy.

### **Case Study 4**

A couple married for ten years without issues. She, a heart patient treated for sterility. She became pregnant and had twins, a male and a female children. She likes the male and allows breast-feeding. The female child is always bottle-fed. When the children reported to the clinic, there is a difference of two kilograms. The female child is having two kgs less weight.

### **Case study 5**

A doctor's couple with good socio economic status had the first female child. She was brought up well. At her eight years age, she had another sister. The second child was brought up well with a good school education and nourishment. Both were supported well with an equal status of a male child. Their dad is wishing as her daughters reach a good position. And hope the first will become a collector. And second will join in Indian army as an officer and fly as a pilot and able to drop a bomb on our enemy nation. He looks high and aims high. The kids are made more and more courageous as they grow to achieve the goal.

Un married 16 years young girl become illegal pregnancy.

The habitual drunken father and mother unnoticed the incident. She gradually become term, Suddenly the mother identified the problem and informed her husband. He became panic and tried to talk with the boy who is a shepherd and as the inter-cast marriage is not possible. The drunken father and the elder sister tried in vain. The pregnant mother was brought to the General hospital and booked for antenatal check-up. The patient was suffering with severe anemia and high blood pressure. The parents were informed about the gravity of the condition and to save the life of the patient, advised for termination of pregnancy and delivered an alive female child who is healthy and grunting sounds were heard from the baby. Baby is referred to the child specialist. The grandfather of the infant took the child and carried to the hospital. Two days later after the discharge of the patient the old man informed as the baby was dead and the family prestige retained in the village.

### **Case study 6**

A mother with four daughters again becomes a pregnant she tried to know the sex, in vain. She planned to have a male child. She met a doctor and she said, "If she delivers a female child by birth, she wants to exchange the baby to a male child". The doctor was surprised. And to his surprise the patient landed in the hospital with labour pains. She was delivered a beautiful alive female child. And the proper care is taken. The child is handed over to the mother with a left footmark and blood group recording. Her mother in Law told her not to come home without a male child. So the poor lady tried to quit the child. And left her in veranda. Hospital authorities identified the child with footprints and seeing the address the baby is handed over to their parents.

### **Case study 7**

A female child's mother left the child near a car park with a bottle of milk on a towel. A doctor tried to trace the mother in and around the hospital. And notable to trace the mother. The baby was kept in a cradle and fed with milk bottle. In spite of feeding the baby used to get frequent motions and infections. Many childless couple requested for an adoption. The rules are not permitting, so the child is handed over to "Sishuvihar" after an elaborate procedure.

### **Case study 8**

A third delivered mother with three daughters was in the ward. At evening 7pm, a neighbor of her bed complained on her and the baby was asphyxiated (struggling for survival and difficulty in breathing). The female child was examined and found two paddy grains in the mouth of the new born. This is removed, after counseling the mother and a thorough warning to the mother in law, the child is taken back to the home.

### **Case study 9**

A 30-year pregnant admitted for MTP and Tubectomy as a family planning procedure. She had 16 weeks of pregnancy. She examined and treated. She was forced for tubectomy. Suddenly in the morning she was absconded from the bed. On enquiry from the neighboring attendee as the patient has two female children and she got information, as a third child is a female from the astrology practitioner. And she hopes in future she will have a male child. Now she planned for a third abortion (female child). And avoided operation. So she can deliver a male child in future.

### **Case study 10**

A sixth pregnant 20 weeks, with a low socio economic position with beads and ornaments of coins on her body was admitted for abortion and tubectomy. She is having a doubt of sixth female child. After abortion, she saw the sex of a female fetus and she ran away from the hospital to avoid tubectomy. If she is operated then her husband is permitted from her society to marry a young pretty girl as early as possible to give birth to a male child.

### **Case study 11**

A 24 years old, bleeding from her private parts (genitalia). She had a bone in her womb with a glittering surface as soon as she was aborted after treatment. On examination the fetus is a female but normal. And found that a chicken bone with out meat was pierced into the womb and planned for abortion by a local dhari. After 3 months a similar case with a chick bone reported. In the hospital every one was behaving the patient to identify the introducers. Patients refused to reveal the truth in spite of the worst thing occurred to her life.

### **Case study 12**

A tenth studied husband and wife with 3 daughters, after three sections decided to have a male child again, he is having gold jeweler shop. He enquired about the test tube baby, and a male sex possibility at Chennai city. He went to Apollo hospital after treatment for test tube and six times ultra sound scanning the doctors assured the healthiness of the fetus and chances of 100% male. She was taken every fourth night to madras in car and fourth time caesarian section done. She delivered alive female child and tubectomy done.

### **Case study 13**

A second gravid with a living female child after a caesarian section was admitted at term. She was examined and planned for an elective operation but patient refused for operation and she was willing for normal delivery in spite of previous operation. She knew the sex as female by scanning so she refused operation. Even the husband and relatives are willing for normal delivery only. They refused to give the formal consent for surgery in other incidents the similar operation when doctors are willing to do normal delivery due to the good chance for a normal delivery in that given case, a non-recurrent indication for operation. In such situations the patient and the relatives bluntly objected for normal delivery as the news of male child already known to them.

### **Case study 14**

A 30 year old, fourth gravid at term reported for delivery from Venkatagiri, she had three daughters, third is caesarian section at Cuddapah and doctor assured her for a chance of male child and the relatives also expected. Now she reported to government hospital after knowing the sex of the child to reduce the cost of the operation at private hospital as she is having female child. She tried for abortion. But due to the operation scar the doctor at Venkatagiri refused her for abortion. She is willing for normal delivery this time, so the doctors at government hospitals at Tirupati after careful examination and monitoring with their expert skill delivered normally, an alive female child. Now she is given an option for sterilization. She is telling, as she is not permitted by her husband and in laws to undergo sterilization.

### **Case study 15**

A couple with two daughters reported for sterilization, she was giving breast-feeding. She was admitted on 29<sup>th</sup> June

2002 and on 1<sup>st</sup> July operated for tubectomy both sides and discharged her on 7<sup>th</sup> July 2002. On 14<sup>th</sup> October 2002, she reported as she is having pregnancy of five months. She decided to continue the pregnancy in spite of the doctor's advice of MTP. As she was conceived before tubectomy and continued the pregnancy. She planned to go up to term, if she had a son, she would be happy and if she had a daughter she would file a case of negligence in the court of law and ask for an expenditure to bear the girl child from birth to marriage.

### **Case study 16**

A graduate couple planned for a child. They wanted a male child and approached a gynecologist and the gynecologist to satisfy her patient, advised her to consult a Chinese calendar. During a particular month as per calendar conception took place, when there is a chance for male child. Luckily they had a male child. This was informed to a bank employee. He planned for a male child according to calendar and had a third daughter!

### **Case study 17**

In villages there is a practice of throwing hot dosai on the back of the girl child for getting a male child. An agriculture couple having two daughters tried this practice and had a male child successfully. So the idea of practice of dosai is more common in those areas.

### **Case Study 18**

25 years aged second gravida with term pregnancy admitted on deepawali day to the hospital. She gave birth to an alive female baby of 3.5 Kg. She was discharged to home. The father of the child a laborer took the child in the text of showing the baby to his owner to fetch some lone carried the baby away from the home. He came to a park in the heart of the town and tried to strangulate the baby. The public warned the fellow and informed police brought the child to the general hospital. The baby was admitted for nourishment and in the presence of police the baby is handed over to the mother.

### **Case Study 19**

A 30 years old with 15 yrs married life become pregnant and she reported to a private hospital at Rajampat. The patient had obstructer labour. She was referred to the general hospital. The patient is non-cooperative for exam. She was scanned and alive baby seen her condition assessed and advised emergency operation. After a formal consent patient transferred for operation. She was examined by anesthesiologist and advised transfer to the Operation theatre. Patient absconded from the hospital. She was traced and requested to attend for a safe motherhood. She bluntly refused the advice. She came after 3 days in a grave condition with a history, she has delivered a dead baby in a private hospital and placenta was not able to separate. She was in septicemia and shock. Unfit for anesthesia. Inspire of supportive therapy and blood transfusion she expired.

### **Case Study 20**

A Muslim couple with a daughter was living as made for each other. Wife conceived she was given proper antenatal care. Nearing term she had an episode of fatal hemorrhage. She was operated and delivered an alive female child. For the sake of safe motherhood. They agreed for family planning. The relatives attended the couple and expressed sympathy

for the second daughter birth and advised recanulation operation. After three months the baby is separated from the mother and given adoption to their relatives. The couple reported to the doctor to get medicine to stop milk production. Doctor counseled and advice to continue breast-feeding. Husband is warned with dire consequences in future. If he attempts separation of a baby from the mother. He ran to the place where the kid is donated and brought to the nape of the mother. Mother hugged the baby and breast fed to the baby in a jolly mood. The doctor promised them to do racanulation after 2 years if they allowed the baby with breast-feeding.

### Case Study 22

An agricultural couple staying in joint family at Kamma Palli. They had four daughters and fifth pregnancy came. Husband died due to electrocution. After completion of 9 months patient admitted for delivery. At present she is having a female baby in breech (Head above and feet below). She required an elective operation. Patient is refusing for the operation. This made a difficult task for safe motherhood.

### Legal and Constitutional Protection / Measurements

As per the Indian constitution and legal aspect both male and female gender are equal.

PNDT act awareness and participation at Panchayat level to prevent female feticide to be taken.

### Observations from Studies

The first female child is accepted but no more female child, she attended the rural dhai and dared for septic abortion at the risk of her life.

- ❖ Safe abortion and fitness for abortion is the criteria for MTP Act. Patients are trying to get a male in repeated pregnancies and identifying the sex of the fetus and coming for safe abortions in the guise of MTP ACT <sup>[5]</sup>,
- ❖ In spite of sterility and lack of place in the woman's group, as she is not having no; children, she tries to become pregnant and she like to have a male child only,
- ❖ Infertile couple on artificial insemination, if they had twins of male and female, the male is given breast feed, the female is given bottles feed.
- ❖ The doctors are not against the female child.
- ❖ The disgusted multigravida with more female children tried to exchange the newborn child with a male if possible.
- ❖ The newborn female is left in car park or in the premises of public places abounded.
- ❖ The mother in law is ordering the pregnant daughter, 'Don't come to home with out a son.'
- ❖ Cot deaths, putting grains in neonate mouth to kill the fetus are seen.
- ❖ On enquiry about the MTP and to conceive in future a woman absconded from the hospital.
- ❖ A chicken limb bone is used as an abortifiscent.
- ❖ Blind belief on vasthu, nadijotisyam and Astrology play a role in feticide.
- ❖ Repeated operations end danger the life of female still she prefers to give birth to a male.
- ❖ Failure of USG and test tube babies' identity in sex determination in a big hospital possible.
- ❖ The mother and relatives prefer Caesarean for the male and normal delivery for a female inspire of risk to the life of the mother.

### Discussion

If a male is educated an individual is educated. If a girl is educated the whole family will be educated, as she will use her knowledge in effective management of resources. Illiteracy, ignorance and poverty were stated as causes contributing to the development of negative social attitude toward the female child. <sup>[14]</sup> un employee depending on husband's income living with in laws who are making decision. These women are prone for septic abortions and female feticide <sup>[15]</sup> The case studies reveals an inter caste and inter religious marriage couple are living with a single child norm and adopting family planning permanent methods. The struggle for existence in the society made them to decide single child norm. These women are healthy as they are away from the reproductive age group morbidity and mortality.

At our case study we observed many parents are accepting female child as the gods gift and celebrating milestones of the growth of the female child. The second pregnancy as term is approaching many women are becoming nervous and approaching the Nadijyothishyam, ultra sound scanning, amniocentesis and fetoscopy.

In our study fourth gravid with three operations tried prenatal sex and she was not successful in her effort to get a male child. These are occurring due to the strong desire of the parents for a male sex <sup>[15]</sup>.

In spite of normal delivery with a presence of a female child made the mother in law to put some grains to kill the baby <sup>[16]</sup>. Safe abortion saves the life. The MTP act 1971 clearly gives the criteria for abortion an individual must be above 9gms % Hemoglobin and below 20 weeks period of gestation but our rural women are less nourished and anemic. So many are unfit for abortion. This is making them to approach dhai for illegal crude methods of abortions. Which is one causing highest maternal mortality in India? In our study third or fourth gravid with female children had septic abortions and died.

Sterility makes a couple difficult in socialization. They are seeking for artificial insemination and the women are more worried about the sex of the child. After the birth they are giving less priority for the girl child. Even a woman is ready to exchange her daughter for a male baby.

In one of the episode an agricultural couple had four daughters and on fifth pregnancy at fourth month husband died due to electrocution in the fields as fence to the maize crop. Now as she is at term and the baby is breech (the head of the baby above in womb) and she is female the mother is refusing the operation. In another incidence the phobia of delivery made her to run away from the hospital and died, Ignorance, lack of massmedia education made them away from the safe motherhoods

Cot deaths, killing the newborn female is seen in our case studies, <sup>[18]</sup> Some women are coming for abortion after knowing the sex admitted and after abortion they used to abscond from the hospital to avoid Tubectomy. Some ran away from the table with incompletes abortions to have a son in future pregnancies.

The Caesarian operation is done to save the mother and child. After the operation if she again becomes pregnant she has to be delivered as nonrecurring Indication. In some cases emergency operation is required. The patient and relatives if they already knew the sex they will behave odd for a female baby they used to refuse to give the formal consent and for a male baby they used to compel the surgeon for operation when scientifically a normal delivery is possible <sup>[18]</sup>.

### Conclusions

- ❖ **Paralegal:** The belief that the girl child one day or the other be married to somebody outside the family and she will go away to live with her husband and hence she is a liability to the parents.
- ❖ **Dowry system:** Generally marriage, an economic liability for the parents.
- ❖ Usually the last rites of the parents are to be performed by the son and preferred sex is male.
- ❖ The child rearing practice is also difference for the sexes. Socialization patterns, sex-role stereotypes and role modeling will all emphasize the secondary status to the girl child in the family. As per the sex ratio male and female made marriages, in Vedas who have seen gods with two consorts as Vishnu with Sridevi and Bhudevi. During the Rama era, Dasaratha had three wives. Rama made ideal to live with single wife, who was also taken away by Ravana and Rama fought for his wife. During Krishna era, Krishna married eight wives and made 16000 girls to say as their husband. In the same era Dropadi married five male as her husbands. Even today in some parts of Himachal Pradesh at Kulu and Manali like Pandavas living. In Punjab to support the family of brother, who died widow remarriage is done with the younger brother of the deceased. In Indian constitution both sexes are having equal rights. Society is changing as per the available sex ratio. A boon to the female world is safe abortion. This is presented to man-kind by Mrs. Indira Gandhi who saved the lives of millions of woman with unwanted pregnancies.
- ❖ Single child norm is followed as the slogan of Family planning. Pre conception selection of sex with modern science is available. Today government is sanctioning rupees 5000/- as fixed deposit for a female born and adopted single child norm family. House site pattas, free school bus passes and free school education, 30 percent reservations in elections and employment and equal right in property made more preference for a female child. This makes 'single child norm' more successful.

### Suggestions

- ❖ Education of public in mass media about the female child as 'single child norm' is encouraged.
- ❖ Improvement in standards of living
- ❖ Providing more opportunities to girls than boys.
- ❖ Allow love marriages and to form independent family from inter religion and inter caste marriages where the interference of decision-making is with the couple.
- ❖ Parents should be taught to treat their children equally irrespective of the sex of the children.
- ❖ Government should create equal opportunities for female in Army, Air force, Navy, Central reserve police forces, Police, teachers as hospital nurses and judges.
- ❖ Complementary to efforts aim at upholding the provisions of the law, broad based advocacy efforts need to target men and other gatekeepers.
- ❖ Improving awareness and effective implementation of the PNDT Act.
- ❖ No female fetus or child is allowed to die

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