

FEMALE INFANTICIDE WORLDWIDE:

THE CASE FOR ACTION BY THE
UN HUMAN RIGHTS COUNCIL



ASIAN CENTRE FOR HUMAN RIGHTS



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1. EXECUTIVE SUMMARY

“Our mental illness is responsible for this poor sex ratio. We give a lot of importance to boys. Many women also do this. But for how long will we look at girls as ‘*paraya dhan*’? [some other’s property] For every 1,000 boys born, 1,000 girls should also be born. I want to ask you if girls are not born, where will you get your daughters-in-law from?” –Narendra Modi, Prime Minister of India while launching “*Beti Bachao-Beti Padhao*” (Save girl child, educate girl child) campaign at Panipat in Haryana, 22 January 2015.¹

Female infanticide² was practised by many patrilineal societies of every continent. The son preference over daughter has been rooted in various social norms of most patrilineal societies such as inheritance passing on to male offspring, male offspring providing economic support and security in old age and performing death rites. The policy of restricting the number of children a couple can have for population control in China only provided impetus for son preference while dowry³ system in South Asia made daughters an unaffordable economic burden and hence further contributed to son preference. The increased pressure on smaller families to fulfil their wish for a son has also been contributing to female infanticide.⁴

The invention of technology i.e. ultrasonography for pre-natal sex determination in 1980s replaced intentional killing of infant girls with sex selective abortion of female foetuses.⁵ Since 1990s various studies recognised female infanticide as a serious problem with reduction of women in comparison to men.

The collusion of technology and traditions created monumental problem for the humanity with reports of millions of missing girls through female infanticide. The United Nations in 2007 estimated that between 113 million and 200

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1. PM Modi begs countrymen to save girl child, India Today (online), 23 January 2015, <http://indiatoday.intoday.in/story/pm-narendra-modi-save-girl-child/1/414874.html>
 2. Female infanticide legally speaking is the deliberate killing of newborn female children. UN agencies use the term “female infanticide” also to cover sex-selective abortion i.e. female foeticide and the same is applied in this report.
 3. Dowry is an amount of property or money to be mandatorily paid by a bride to her husband and family on their marriage.
 4. UNFPA Viet Nam, “When girls do not count as much as boys”, 21 June 2010, <https://vietnam.unfpa.org/public/pid/6392>
 5. United Nations Population Fund (UNFPA) Asia and Pacific Regional Office, Sex Imbalances at Birth: Current trends, consequences, and policy implications, 2012. <https://www.unfpa.org/sites/default/files/pub-pdf/Sex%20Imbalances%20at%20Birth.%20PDF%20UNFPA%20APRO%20publication%202012.pdf>

million girls/women are demographically “missing” across the globe⁶ and the number has increased with more than 117 million girls/women “missing” in Asia alone due to sex selective abortions as per latest information provided by the United Nations Population Fund (UNFPA) in its website.⁷ The Population Reference Bureau estimates that every year 1.5 million girls go missing at birth”.⁸

Biologically, normal sex ratio at birth (SRB) varies from 102 to 106 males per 100 females.⁹ But the SRB has increased sharply in favour of males due to sex selective abortions of female foetus due to son preference in the family. The highest SRB was found in Liechtenstein (126 boys born per 100 girls born) in 2012¹⁰ followed by China (117.8) in 2011¹¹, Azerbaijan (115.6) in 2013¹², Armenia (114.8) in 2013,¹³ Viet Nam (112.2) in 2014,¹⁴ Georgia (111.8) in 2013¹⁵, Albania (110.9) in 2012¹⁶, India (110.5) during 2008-10¹⁷, Pakistan (109.9) in 2007¹⁸, Tunisia (107) in 2014¹⁹, Nigeria (106) in 2014²⁰, Nepal

6. “International Women’s Day 2007-Take action to end impunity for violence against women and girls”, 8 March 2007. <http://www.un.org/events/women/iwd/2007/factsfigures.shtml>
7. UNFPA, “Gender-biased sex selection.” <http://www.unfpa.org/gender-biased-sex-selection> accessed on 1 June 2016.
8. When Technology and Tradition Collide: From Gender Bias to Sex Selection, Kate Gilles and Charlotte Feldman-Jacobs, October 2012, Population Reference Bureau, available at <http://www.prb.org/Publications/Reports/2012/sex-selection.aspx>
9. Preventing gender-biased sex selection: an interagency statement OHCHR, UNFPA, UNICEF, UN Women and WHO. http://www.unfpa.org/sites/default/files/resource-pdf/Preventing_gender-biased_sex_selection.pdf
10. Directorate-General of External Policies of the European Parliament, “Gendercide: The missing women?”, 2012, http://ecologic.eu/sites/files/project/2013/the_missing_women.pdf
11. UNFPA Asia and Pacific Regional Office, Sex Imbalances at Birth: Current trends, consequences, and policy implications, 2012. <http://www.unfpa.org/public/home/publications/pid/12405>
12. UNFPA, UNDP, UN Women et al., “Gender-biased Sex Selection in Georgia”, Tbilisi, 2015. http://eeca.unfpa.org/sites/default/files/pub-pdf/Gender-biased%20sex%20selection_ENG_2015_pdf.pdf
13. UNFPA, UNDP, UN Women et al., “Gender-biased Sex Selection in Georgia”, Tbilisi, 2015, http://eeca.unfpa.org/sites/default/files/pub-pdf/Gender-biased%20sex%20selection_ENG_2015_pdf.pdf
14. UNFPA, “Sex ratio at birth in Viet Nam: New evidence from the Intercensal Population and Housing Survey in 2014”. http://www.un.org.vn/en/publications/doc_details/488-sex-ratio-at-birth-in-viet-nam-new-evidence-from-the-intercensal-population-and-housing-survey.html
15. UNFPA, UNDP, UN Women et al., “Gender-biased Sex Selection in Georgia”, Tbilisi, 2015, http://eeca.unfpa.org/sites/default/files/pub-pdf/Gender-biased%20sex%20selection_ENG_2015_pdf.pdf
16. UNFPA, “Preventing gender-biased sex selection in Eastern Europe and Central Asia”, https://www.unfpa.org/sites/default/files/resource-pdf/GBSS%20Brief_WEB.pdf
17. UNFPA Asia and Pacific Regional Office, Sex Imbalances at Birth: Current trends, consequences, and policy implications, 2012. <http://www.unfpa.org/public/home/publications/pid/12405>
18. UNFPA Asia and Pacific Regional Office, Sex Imbalances at Birth: Current trends, consequences, and policy implications, 2012, <https://www.unfpa.org/sites/default/files/pub-pdf/Sex%20Imbalances%20at%20Birth.%20PDF%20UNFPA%20APRO%20publication%202012.pdf>
19. Amadu J. Kaba, “Explaining the Rapid Increase in Nigeria’s Sex Ratio at Birth: Factors and Implications”, African Journal of Reproductive Health June 2015, <http://www.bioline.org.br/pdf?rh15018>
20. Amadu J. Kaba, “Explaining the Rapid Increase in Nigeria’s Sex Ratio at Birth: Factors and Implications”, African Journal of Reproductive Health June 2015, <http://www.bioline.org.br/pdf?rh15018>

(106) in 2011²¹, and Republic of Korea i.e. South Korea (105.3) in 2013.²²

As per *The World Factbook* 2016 of the Central Intelligence Agency (CIA) of the United States, the countries with the most skewed sex ratio at birth can be ranked as follows:

Table 1: Ranking of the countries based on skewed sex ratio at birth

Rank	Name of the country	Sex ratio at birth
No.1	Liechtenstein	126 males/100 females ²³
No.2	China	115 males/100 female ²⁴
No.3	Armenia	113 males/100 females ²⁵
No.4	India	112 males/100 females ²⁶
No.5	Azerbaijan	111 males/100 females ²⁷
No.5	Viet Nam	111 males/100 females ²⁸
No.6	Albania	110 males/ 100 females ²⁹
No.7	Georgia	108 males/100 females ³⁰
No.8	South Korea	107 males/100 females ³¹
No.8	Tunisia	107 males/ 100 females ³²
No.9	Nigeria	106 males/ 100 female ³³
No.10	Pakistan	105 males/100 females ³⁴
No.11	Nepal	104 males/ 100 females ³⁵

21. Mahesh Puri, Anand Tamang, “Assessment of Interventions on Sex-selection in Nepal: Literature Review”, March 2015, http://r4d.dfid.gov.uk/pdf/outputs/SexSelection_Asia/61192_Nepal_Lit_Review_Sex_Selection.pdf
22. UNFPA, “Preventing gender-biased sex selection in Eastern Europe and Central Asia”, https://www.unfpa.org/sites/default/files/resource-pdf/GBSS%20Brief_WEB.pdf
23. <https://www.cia.gov/library/publications/the-world-factbook/geos/ls.html>
24. <https://www.cia.gov/library/publications/the-world-factbook/geos/ch.html>
25. CIA World Factbook, updated on 17 May 2016, <https://www.cia.gov/library/publications/the-world-factbook/geos/am.html>
26. CIA World Factbook, updated on 6 May 2016, <https://www.cia.gov/library/publications/the-world-factbook/geos/in.html>
27. CIA World Factbook, updated on 16 May 2016, <https://www.cia.gov/library/publications/the-world-factbook/geos/aj.html>
28. CIA World Factbook, updated on 6 May 2016, <https://www.cia.gov/library/publications/the-world-factbook/geos/vm.html>
29. CIA World Factbook, updated on 17 May 2016, <https://www.cia.gov/library/publications/the-world-factbook/geos/al.html>
30. CIA World Factbook, updated on 17 May 2016, <https://www.cia.gov/library/publications/the-world-factbook/geos/gg.html>
31. CIA World Factbook, updated on 17 May 2016, <https://www.cia.gov/library/publications/the-world-factbook/geos/ks.html>
32. CIA World Factbook, updated on 6 May 2016, <https://www.cia.gov/library/publications/the-world-factbook/geos/ts.html>
33. CIA World Factbook, updated on 6 May 2016, <https://www.cia.gov/library/publications/the-world-factbook/geos/ni.html>
34. CIA World Factbook, updated on 9 May 2016, <https://www.cia.gov/library/publications/the-world-factbook/geos/pk.html>
35. CIA World Factbook, updated on 16 May 2016, <https://www.cia.gov/library/publications/the-world-factbook/>

The growing surplus of men has dire consequences for the human race, among others for causing trafficking of girls/women in the areas having shortage of women and these trafficked girls/women facing violence and discrimination.³⁶

A number of governments have been taking measures to address selective abortion of female foetuses. Several laws in China namely the Law of the People's Republic of China on Maternal and Infant Health Care of 1994,³⁷ Regulations on Administration of Technical Services for Family Planning of 2001³⁸ and the Population and Family Planning Law of the People's Republic of China of 2002 prohibit sex identification of the foetus and sex selective abortions.³⁹ In India, the Pre-conception and Prenatal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (amended in 2003) prohibits sex-selection or disclosure of the sex of the foetus "by words, signs or in any other manner" and prohibits sale of "any ultrasound machine or imaging machine or scanner or any other equipment capable of detecting sex of foetus" to persons, laboratories, clinics, etc. not registered under the Act. Further, India's Medical Termination of Pregnancy (MTP) Act of 1971 (amended in 2002) allows abortion only up to 20 weeks for an unintended pregnancy (such as due to rape, incest, failure of family planning etc) based on the opinions of two registered medical practitioners but abortion is allowed at any time if it is necessary to save the life of the pregnant woman/girl.⁴⁰ In 2002, Nepal amended the Country Code, *Muluki Ain*, to allow abortion on medical grounds but prohibited sex selective abortions.⁴¹ The Population Ordinance (2006) and Prime Minister Decree (2006) of Viet Nam prohibit all practices of antenatal foetal sex diagnosis and sex selection.⁴² A number of countries

geos/np.html

36. In Indian State of Haryana which has the highest skewed sex ratio, girls and women from other states such as Assam, Chhattisgarh, Tripura, Bihar, Rajasthan, West Bengal and Nepal are trafficked. For details please refer to "The marriage bazaar: How female foeticide has made bride trade a roaring business" by Danish Raza, Hindustan Times, New Delhi, 28 December 2014 available at <http://www.hindustantimes.com/india/the-marriage-bazaar-how-female-foeticide-has-made-bride-trade-a-roaring-business/story-U7egbgiWQnStSBjM4Mznml.html>
37. "Law of the People's Republic of China on Maternal and Infant Health Care" (1994) is available at http://china.org.cn/china/2010-03/04/content_19522945.htm
38. Regulations on Administration of Technical Services for Family Planning (2001) is available at http://www.npc.gov.cn/englishnpc/Law/2007-12/14/content_1384203.htm
39. Population and Family Planning Law of the People's Republic of China (2002) is available at http://www.gov.cn/english/laws/2005-10/11/content_75954.htm
40. Section 5, sub section (1) of the Medical Termination of Pregnancy Act of 1971
41. Ministry of Health and Population, Nepal, World Health Organization (WHO) & Center for Research on Environment Health and Population Activities (CREHPA), "Unsafe Abortion Nepal Country Profile", July 2006, http://www.crepha.org.np/download/unsafe_abortion_nepal_country_profile_2006.pdf
42. Patralekha Chatterjee, "Sex ratio imbalance worsens in Vietnam", www.thelancet.com, Vol 374 October 24, 2009, [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(09\)61847-X.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(09)61847-X.pdf)

such as Armenia⁴³ and Azerbaijan have been debating legal measures to ban sex selective abortions.⁴⁴

However, these measures of the governments have not been fully successful because of the easy access to ultrasonography and weak law enforcement. In China, ultrasound for pre-natal determination of sex can be done for as low as £2⁴⁵ while entire ultrasound-plus-abortion package is available for about US\$150 in India.⁴⁶

Further, “reproductive tourism” for the purposes of sex selection through In Vitro Fertilization (IVF) and other new technologies such as Pre-Implantation Genetic Diagnosis (PGD), Pre-Implantation Genetic Screening (PGS) and sperm-sorting has been emerging as the next challenge of female infanticide. In Thailand where sex selection is not illegal, the Chinese, Indians, and the Eastern Europeans account for over 70-80% of those preferring PGD while the Asian Law Institute found that over 80% of PGD practices were undertaken for the purpose of sex selection, not for any medical purpose.⁴⁷

The UN adopted the Sustainable Development Goals (SDGs) on 25 September 2015 and Goal 5 of SDGs is to “achieve gender equality and empower all women and girls”. The SDG-5 has identified nine targets⁴⁸ but fails to specifically refer to sex selective abortion as one of the harmful practices.

43. Armenia Considers Ban on Gender-Specific Abortions, Eurasianet.org, 15 July 2015 <http://www.eurasianet.org/node/74246>

44. Sex selective abortions worry Azerbaijanis, Aljazeera, 29 October 2013, <http://www.aljazeera.com/indepth/features/2013/09/sex-selective-abortion-worry-azerbaijanis-2013930757245318.html>

45. Oh China, this isn't how to solve your 'girl problem', The Telegraph, UK, 27 February 2015, <http://www.telegraph.co.uk/women/womens-life/11393782/China-and-gender-abortion-Government-policy-isnt-the-answer.html>

46. The Unintended Consequences of a Crackdown on Sex Selection in India, The Wall Street Journal, 2 February 2016 available at <http://blogs.wsj.com/indiarealtime/2016/02/02/the-unintended-consequences-of-a-crackdown-on-sex-selection-in-indias-most-gender-skewed-state/>

47. Asian Law Institute, “The Practice of Sex Selection In Asian Region”, Working Paper Series No.034, May 2014, <https://law.nus.edu.sg/asli/pdf/WPS034.pdf>

48. The targets are (1) End all forms of discrimination against all women and girls everywhere, (2) Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation, (3) Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation, (4) Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate, (5) Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life, (6) Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences, (7) Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws, (8) Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women, and (9) Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels.

There is an urgent need to mobilise the UN, other multilateral organisations and the member States of the UN for more proactive actions to address the menace of the “missing girls” worldwide. The UN Human Rights Council (UNHRC) should adopt a resolution, *inter alia*, to ensure that the issue of female infanticide is given due attention in the work of all human rights mechanisms including the UN Human Rights Council and its relevant processes and mechanisms such as the Special Procedures and the Universal Periodic Review, the UN Treaty bodies etc. The resolution should mandate the United Nations High Commissioner for Human Rights to organize an expert workshop to review and discuss the impact of existing strategies and initiatives to address female infanticide and to make recommendations for further action by States and the international community towards the full implementation of human rights obligations with respect to female infanticide and prepare a report on the deliberations held during the workshop and submit it to the UNHRC which should consider inclusion of female infanticide as an agenda item of the UNHRC sessions.

2. METHODOLOGY FOR KNOWING SEX SELECTION

The imbalance in sex ratio is a result of sex-selective abortion, infanticide and childhood neglect of girls. Both female infanticide and childhood neglect of girls distort the sex ratio. However, only sex-selective abortion can affect the sex ratio at birth.⁴⁹ As compared to Child Sex Ratio (CSR) which is affected by factors such as post-birth mortality, selective neglect of girls, etc, the Sex Ratio at Birth (SRB) methodology is a more robust indicator of the extent of the practice of gender biased sex selection.⁵⁰

The biologically normal SRB varies from 102 to 106 males per 100 females.⁵¹ But imbalance can be caused due to rampant prenatal sex selection through sex-selective abortions. The SRB for the entire world population is 101 males per 100 females.⁵² But several countries have distorted levels of SRB, reaching between 110 (such as India) and 126 (Liechtenstein in 2012)⁵³ pointing to the intensity of gender discrimination and son preference. According to UNFPA, the trend has shifted geographically over time, beginning in a number of Asian countries (China, India, and South Korea) in the 1980s, followed by some countries of the Caucasus (Azerbaijan, Armenia and Georgia) in the 1990s, and Montenegro, Albania, and Viet Nam in recent years.⁵⁴ What has been intriguing is the sex ratio of 126 males per 100 females as of 2012 in tiny Liechtenstein of Europe.⁵⁵

49. Marc Michael et al., "The Mystery of Missing Female Children in the Caucasus: An Analysis of Sex Ratios by Birth Order", <http://researchonline.lshtm.ac.uk/1130041/1/3909713.pdf>

50. "MISSING.. Mapping the Adverse Child Sex Ration in India- Census 2011", <http://www.censusindia.gov.in/2011census/missing.pdf>

51. Preventing gender-biased sex selection: an interagency statement OHCHR, UNFPA, UNICEF, UN Women and WHO. http://www.unfpa.org/sites/default/files/resource-pdf/Preventing_gender-biased_sex_selection.pdf

52. UNFPA Asia and Pacific Regional Office, Sex Imbalances at Birth: Current trends, consequences, and policy implications, 2012. <https://www.unfpa.org/sites/default/files/pub-pdf/Sex%20Imbalances%20at%20Birth.%20PDF%20UNFPA%20APRO%20publication%202012.pdf>

53. Directorate-General of External Policies of the European Parliament, "Gendercide: The missing women?", 2012, http://ecologic.eu/sites/files/project/2013/the_missing_women.pdf

54. UNFPA Asia and Pacific Regional Office, Sex Imbalances at Birth: Current trends, consequences, and policy implications, 2012. <https://www.unfpa.org/sites/default/files/pub-pdf/Sex%20Imbalances%20at%20Birth.%20PDF%20UNFPA%20APRO%20publication%202012.pdf>

55. Directorate-General of External Policies of the European Parliament, "Gendercide: The missing women?", 2012, http://ecologic.eu/sites/files/project/2013/the_missing_women.pdf

3. SCALE OF SEX SELECTION WORLDWIDE

The sex selection is a global problem and highly prevalent across Asia, South Caucasus and Eastern Europe. Asia is the worst affected by the practice of sex selection which got a boost with the introduction of prenatal sex determination technology in the early 1980s.⁵⁶

As per the Central Intelligence Agency (CIA) World Factbook 2016, Liechtenstein has the highest skewed sex ratio at birth with 126 males/100 females⁵⁷, followed by China with 115 males/100 female⁵⁸, Armenia with 113 males/100 females⁵⁹, India with 112 males/100 females⁶⁰, Azerbaijan with 111 males/100 females⁶¹, Viet Nam with 111 males/100 females⁶², Albania with 110 males/ 100 females⁶³, Georgia with 108 males/100 females⁶⁴, South Korea with 107 males/100 females⁶⁵, Tunisia with 107 males/ 100 females⁶⁶, Nigeria with 106 males/ 100 female⁶⁷, Pakistan with 105 males/100 females⁶⁸ and Nepal with 104 males/ 100 females⁶⁹.

56. UNFPA Asia and Pacific Regional Office, Sex Imbalances at Birth: Current trends, consequences, and policy implications, 2012. <https://www.unfpa.org/sites/default/files/pub-pdf/Sex%20Imbalances%20at%20Birth.%20PDF%20UNFPA%20APRO%20publication%202012.pdf>

57. <https://www.cia.gov/library/publications/the-world-factbook/geos/ls.html>

58. <https://www.cia.gov/library/publications/the-world-factbook/geos/ch.html>

59. CIA World Factbook, updated on 17 May 2016, <https://www.cia.gov/library/publications/the-world-factbook/geos/am.html>

60. CIA World Factbook, updated on 6 May 2016, <https://www.cia.gov/library/publications/the-world-factbook/geos/in.html>

61. CIA World Factbook, updated on 16 May 2016, <https://www.cia.gov/library/publications/the-world-factbook/geos/aj.html>

62. CIA World Factbook, updated on 6 May 2016, <https://www.cia.gov/library/publications/the-world-factbook/geos/vm.html>

63. CIA World Factbook, updated on 17 May 2016, <https://www.cia.gov/library/publications/the-world-factbook/geos/al.html>

64. CIA World Factbook, updated on 17 May 2016, <https://www.cia.gov/library/publications/the-world-factbook/geos/gg.html>

65. CIA World Factbook, updated on 17 May 2016, <https://www.cia.gov/library/publications/the-world-factbook/geos/ks.html>

66. CIA World Factbook, updated on 6 May 2016, <https://www.cia.gov/library/publications/the-world-factbook/geos/ts.html>

67. CIA World Factbook, updated on 6 May 2016, <https://www.cia.gov/library/publications/the-world-factbook/geos/ni.html>

68. CIA World Factbook, updated on 9 May 2016, <https://www.cia.gov/library/publications/the-world-factbook/geos/pk.html>

69. CIA World Factbook, updated on 16 May 2016, <https://www.cia.gov/library/publications/the-world-factbook/geos/np.html>

3.1. East and Southeast Asia

i. China

“With one son you have a descendant, with 10 daughters you have nothing” - a popular Confucian saying.⁷⁰

In Chinese society, son preference is deeply rooted, including traditionally-held Confucian values which are strongly patrilineal.⁷¹ The “one-child” policy that was introduced in 1980 with the goal of slowing down the country’s population growth ended up creating huge gender imbalance. According to the Health Ministry of China in 2014, doctors had performed 336 million abortions and 196 million sterilisations since 1971.⁷²

According to the Population Research Institute, a non-profit research group, at least 9,615,875 sex selective abortions had taken place in China in the years between 2000 and 2014. The yearly average of sex selective abortion is 641,058 or daily average of 1756.3.⁷³ As a result of rampant elimination of the girl child, China’s sex ratio stood at 115.9 boys for every 100 girls as per census data of 2014.⁷⁴ According to the National Bureau of Statistics of China, there were 33.8 million more men than women in the country in 2013.⁷⁵

The One-Child Policy encouraged the expectant parents who wanted a boy to seek out ultrasounds and undertake sex selective abortions if the foetus was discovered to be of female sex. The practice of sex identification and sex-selective abortions was banned only in 1994.⁷⁶ But the law was not effective to check female foeticide as local clinics continued to offer to perform ultrasound for as low as £2.⁷⁷

70. UNFPA Viet Nam, “When girls do not count as much as boys”, 21 June 2010, <https://vietnam.unfpa.org/public/pid/6392>

71. UNFPA, “Report of the International Workshop on Skewed Sex Ratios at Birth: Addressing the Issue and the Way Forward”, Ha Noi, Viet Nam, 5-6 October 2011, https://www.unfpa.org/sites/default/files/resource-pdf/Report_SexRatios_2012.pdf

72. China ends one-child policy with all couples allowed two children, The Telegraph, UK, 29 Oct 2015, <http://www.telegraph.co.uk/news/worldnews/asia/china/11962514/China-ends-one-child-policy-with-two-children-allowed-for-all-couples.html>

73. Population Research Institute, “Sex-Selective Abortion Around the World”, <https://www.pop.org/content/sex-selective-abortion>

74. China’s one-child policy may skew country’s gender ratios, Economic Times, 5 February 2015. http://articles.economictimes.indiatimes.com/2015-02-05/news/58838202_1_gender-imbalance-one-child-policy-100-girls

75. http://www.chinadaily.com.cn/china/2014-01/20/content_17245318.htm

76. UNFPA, “UNFPA First Agency to Campaign against Sex Selection in China”, 2010, <http://www.unfpa.org/resources/unfpa-first-agency-campaign-against-sex-selection-china>

77. Oh China, this isn’t how to solve your ‘girl problem’, The Telegraph, UK, 27 February 2015, <http://www.telegraph.co.uk/women/womens-life/11393782/China-and-gender-abortion-Government-policy-isnt-the-answer.html>

Recently China has changed the law to allow every couple to have two children with effect from 1 January 2016.⁷⁸ But this is unlikely to improve the sex ratio in favour of the girl child. Even under the One Child policy, in certain circumstances/ regions, couples were allowed to have a second or even a third child. Even in those certain circumstances/ regions, analysis of the Census data suggested that the majority Chinese parents preferred to have boy child. According to an analysis of data of 2000 Census, 51.5% of first children surveyed were boys, which was a nearly normal sex ratio. But in those cases where a first child was a girl, 62% of the children who followed were sons - a completely unnatural ratio. And, in those cases where families had two daughters, the likelihood that a third child would be a son was 70%. The phenomenon isn't just confined to the 2000 Census. A 2009 study of census data of China taken in 2005 showed that second born children had an average sex ratio of 146 boys to 100 girls (and, in nine provinces it exceeded 160 to 100) while first children, again, had nearly normal sex ratios.⁷⁹

China had a very high sex ratio at birth (117.8 boys born per 100 girls born) in 2011. The SRB started probably to increase in China in the late 1980s from 105 to a level close to 120 in 2000-2005 which was the peak in birth imbalances. Since then there has been slight decrease over the last five years. There is also high level of regional heterogeneity, with many Chinese provinces reaching levels above 130 in 2005.⁸⁰ The SRB increased from 107 in 1982⁸¹ to 117.8 in 2011.⁸² However, the SRB in several provinces of China was significantly higher than the national average, reaching levels of 125-130 male births per 100 female births in 2010.⁸³

78. China unveils two-child policy, CNN, December 27, 2015, <http://edition.cnn.com/2015/12/27/asia/china-two-child-policy/>

79. China's one-child policy may skew country's gender ratios, Economic Times, 5 February 2015, http://articles.economictimes.indiatimes.com/2015-02-05/news/58838202_1_gender-imbalance-one-child-policy-100-girls

80. UNFPA and World Vision, "Sex Imbalances at Birth in Albania", 2012, http://www.unfpa.org/sites/default/files/resource-pdf/UNFPA_report_Albania2012.pdf

81. Preventing gender-biased sex selection: an interagency statement OHCHR, UNFPA, UNICEF, UN Women and WHO. <http://www.unfpa.org/resources/preventing-gender-biased-sex-selection>

82. UNFPA Asia and Pacific Regional Office, Sex Imbalances at Birth: Current trends, consequences, and policy implications, 2012.

<http://www.unfpa.org/public/home/publications/pid/12405>

83. UNFPA Asia and Pacific Regional Office, Sex Imbalances at Birth: Current trends, consequences, and policy implications, 2012. <http://www.unfpa.org/public/home/publications/pid/12405>

Table 2: Estimates of Sex Ratio at Birth in China and various provinces of China⁸⁴

Country/ Regions	SRB	Period	Data Source
China	117.8	2011	Annual estimate
Anhui Province	128.7	2010	2010 census
Fujian province	125.6	2010	2010 census
Hainan Province	125.5	2010	2010 census
Hong Kong	116.2	2011	Birth Registration
Taiwan	108.4	2009	Birth Registration

ii. South Korea

South Korea represents a success story where the imbalanced sex ratio has been reversed. With the introduction of ultra-sound technology in the early 1980s, the sex ratio at birth (SRB) started to climb up from 109 in 1985 to 115 in 1994. But South Korea introduced a number of measures which helped reverse the tide. By 2007, the SRB came down to 107.⁸⁵ The SRB further reduced to 106.7 in 2010⁸⁶ and still further to 105.3 in 2013.⁸⁷

The country experienced two decades of exceptional economic growth. Fundamental changes in society included an increasing desire for small families, urbanization, a greater participation of women in the workforce with better employment opportunities, and the creation of an old-age pension system that enabled parents to have retirement savings for the old-age, reducing dependence on male children. These factors contributed to an increase in the status and value of women. Laws allowing women rights were beneficial, as was “*Love Your Daughter*” media campaign. In addition, the health system in the South Korea was able to effectively regulate sex determination tests.⁸⁸

84. UNFPA Asia and Pacific Regional Office, *Sex Imbalances at Birth: Current trends, consequences, and policy implications*, 2012. <http://www.unfpa.org/public/home/publications/pid/12405>

85. Preventing gender-biased sex selection: an interagency statement OHCHR, UNFPA, UNICEF, UN Women and WHO., https://www.unfpa.org/sites/default/files/resource-pdf/Preventing_gender-biased_sex_selection.pdf

86. UNFPA Asia and Pacific Regional Office, “Sex Imbalances at Birth: Current trends, consequences, and policy implications, 2012.

<https://www.unfpa.org/sites/default/files/pub-pdf/Sex%20Imbalances%20at%20Birth.%20PDF%20UNFPA%20APRO%20publication%202012.pdf>

87. UNFPA, “Preventing gender-biased sex selection in Eastern Europe and Central Asia”, https://www.unfpa.org/sites/default/files/resource-pdf/GBSS%20Brief_WEB.pdf

88. Preventing gender-biased sex selection: an interagency statement OHCHR, UNFPA, UNICEF, UN Women and WHO. <http://www.unfpa.org/resources/preventing-gender-biased-sex-selection>

In 2008, the Korean Constitutional Court lifted a 1987 ban on doctors revealing the sex of the unborn child, citing normal sex ratios as evidence that the country had moved beyond son preference and sex selection.⁸⁹

iii. Viet Nam

Son preference in Viet Nam has deep cultural roots and is linked to traditional Confucian beliefs, which are predominant in the country. Vietnamese parents' long-standing preference for sons, increased access to sex selection technology and declining fertility rates, which have increased pressure on smaller families to fulfill their wish for a son, are the main causes for the rapid changes in Viet Nam's sex ratio at birth in favour of males.⁹⁰

In Viet Nam, gender-based sex selection reportedly gained ground in the last decade. Recent access to sex determination technology has allowed many couples to adopt sex selection.⁹¹ According to the Population Research Institute, at least 555,002 sex selective abortions had taken place in Viet Nam in the years between 2000 and 2014. The yearly average of sex selective abortion is 37,000 or daily average of 101.4.⁹² The SRB has risen gradually from 105 in 1979 to 106 in 1989, 107 in 1999, 110 in 2005⁹³ to 111.6 in 2007⁹⁴ and 113.8 in 2012.⁹⁵ The SRB decreased to 112.2 in 2014 as per the Intercensal Population and Housing Survey conducted by the General Statistics Office, Government of Viet Nam.⁹⁶

The evolution of the SRB in Viet Nam can be categorised into three phases: before 2004, 2004-2010, and after 2010. During the first phase prior to 2004,

89. National Bureau of Economic Research, "SON PREFERENCE, SEX SELECTION AND ECONOMIC DEVELOPMENT: THE CASE OF SOUTH KOREA", January 2013, <http://www.nber.org/papers/w18679.pdf>

90. UNFPA Viet Nam, "When girls do not count as much as boys", 21 June 2010, <https://vietnam.unfpa.org/public/pid/6392>

91. UNFPA Viet Nam, "Recent Change in the Sex Ratio at Birth in Viet Nam: A review of evidence", August 2009, http://www.unfpa.org/sites/default/files/pub-pdf/sex_ratio_birth_report.pdf

92. Population Research Institute, "Sex-Selective Abortion Around the World", <https://www.pop.org/content/sex-selective-abortion>

93. UNFPA, "Report of the International Workshop on Skewed Sex Ratios at Birth: Addressing the Issue and the Way Forward", Ha Noi, Viet Nam, 5-6 October 2011, https://www.unfpa.org/sites/default/files/resource-pdf/Report_SexRatios_2012.pdf

94. UNFPA Viet Nam, "Recent Change in the Sex Ratio at Birth in Viet Nam: A review of evidence", August 2009, http://www.unfpa.org/sites/default/files/pub-pdf/sex_ratio_birth_report.pdf

95. UNFPA, "Preventing gender-biased sex selection in Eastern Europe and Central Asia", https://www.unfpa.org/sites/default/files/resource-pdf/GBSS%20Brief_WEB.pdf

96. UNFPA, "Sex ratio at birth in Viet Nam: New evidence from the Intercensal Population and Housing Survey in 2014", http://www.un.org.vn/en/publications/doc_details/488-sex-ratio-at-birth-in-viet-nam-new-evidence-from-the-intercensal-population-and-housing-survey.html

the SRB was lower and closer to the normal level. The second phase (2004 to 2010) witnessed a sustained increase in birth masculinity. The annual rate of increase was close to 1%. In contrast, the third phase (post 2010) is characterized by decline in SRB. The SRB fell significantly after 2012 and reached 112 in 2014.⁹⁷

The mean SRB is 111.6 for the period 2010-2014 in Viet Nam. However, regional variation is more pronounced. There are six socio-economic regions of Viet Nam in which the SRB varies from 108.2 to 117.4 in 2014. On one hand, there are three regions in Viet Nam, namely the Northern Midlands and Mountains (SRB of 109.4), the Central Highlands (108.2) and the Mekong River Delta (108.7) where the sex ratio at birth falls very close to the normal level of 105. Other two regions – Southeast (SRB of 110.7) and the North & South Central Coast (111) – have SRB values closer to the national average. In contrast, the Red River Delta has a distinctly higher SRB level at above 117 in 2010-2014 as characterized by a high level of prenatal sex selection.⁹⁸

One of the main factors behind the rise of SRB is the increased access to affordable sex determination and sex selection technology, which has allowed couples to pursue their desire for one or more sons. In Viet Nam, ultrasound and abortion services are legal and easily accessible even though identification of the sex of a foetus and selective abortion are illegal.⁹⁹

The current SRB figure in Viet Nam may be lower than values observed in China and most other Asian countries but it attests the indisputable existence of sex selection among parents. The 2007 annual population survey indicated that at least 63.5% of women knew their child's gender before its birth. Among these women, a vast majority (98%) gained this knowledge through ultrasound technology while 80% of them stated that they learnt about the sex of the foetus after 16 weeks of pregnancy when sex determination is usually feasible. It is

97. UNFPA, "Sex ratio at birth in Viet Nam: New evidence from the Intercensal Population and Housing Survey in 2014", http://www.un.org.vn/en/publications/doc_details/488-sex-ratio-at-birth-in-viet-nam-new-evidence-from-the-intercensal-population-and-housing-survey.html

98. UNFPA, "Sex ratio at birth in Viet Nam: New evidence from the Intercensal Population and Housing Survey in 2014", http://www.un.org.vn/en/publications/doc_details/488-sex-ratio-at-birth-in-viet-nam-new-evidence-from-the-intercensal-population-and-housing-survey.html

99. Patralekha Chatterjee, "Sex ratio imbalance worsens in Vietnam", www.thelancet.com, Vol 374 October 24, 2009, [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(09\)61847-X.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(09)61847-X.pdf)

estimated that about 13% among women who had never given birth to a son resorted to abortions for reasons of sex election.¹⁰⁰

Although the increase in the SRB is much more recent in Viet Nam than in other Asian countries, it may be observed that it proceeded at a rather rapid pace.¹⁰¹ The 2009 report “*Recent Change in the Sex Ratio at Birth in Viet Nam*” warned that “While the current level in the country is still below that of other Asian regions affected by the recent wave of masculinisation, the ongoing pace of growth means that the SRB might cross the 115 mark in a few years from now.”¹⁰² Viet Nam, therefore, offers a threatening scenario of potential aggravation of SRB in the coming years.

3.2. South Asia

i. India

India has one of the highest female foeticide incidents in the world. It stands exposed from declining number of female child population in the age group of 0-6 years from 78.83 million in 2001 to 75.84 million in 2011. During the period 1991-2011, the child sex ratio (0-6 years) declined from 945 to 914.¹⁰³ According to a study “*Children in India 2012- A Statistical Appraisal*” conducted by the Central Statistics Office under the Ministry of Statistics and Programme Implementation, Government of India, nearly three million girls were “missing” in 2011 compared to 2001 due to female infanticide. According to the report, female child population in the age group of 0-6 years was 78.83 million in 2001 which declined to 75.84 million in 2011. During the period, 1991-2011, the child sex ratio (0-6 years) declined from 945 to 914, whereas the overall sex ratio showed an improvement from 927 to 940.¹⁰⁴

India’s Ministry of Health and Family Welfare in its 2013-2014 Annual Report stated, “*Some of the reasons commonly put forward to explain the consistently low levels of sex ratio are son preference, neglect of the girl child resulting in higher mortality*

100. UNFPA Viet Nam, “Recent Change in the Sex Ratio at Birth in Viet Nam: A review of evidence”, August 2009, http://www.unfpa.org/sites/default/files/pub-pdf/sex_ratio_birth_report.pdf

101. Ibid

102. Ibid

103. India loses 3 million girls in infanticide, The Hindu, 9 October 2012, <http://www.thehindu.com/news/national/india-loses-3-million-girls-in-infanticide/article3981575.ece>

104. India loses 3 million girls in infanticide, The Hindu, 9 October 2012, <http://www.thehindu.com/news/national/india-loses-3-million-girls-in-infanticide/article3981575.ece>

*at younger age, female infanticide, female foeticide, higher maternal mortality and male bias in enumeration of population. Easy availability of the sex determination tests and abortion services may also be proving to be catalyst in the process, which may be further stimulated by pre-conception sex selection facilities. Sex determination techniques have been in use in India since 1975 primarily for the determination of genetic abnormalities. However, these techniques were widely misused to determine the sex of the foetus and subsequent elimination if the foetus was found to be female.*¹⁰⁵

A study, based on a national survey of 1.1 million Indian households and published in *Lancet* journal on 9 January 2006, claimed that nearly 500,000 female babies were lost in India every year because of sex selective abortion. The study claimed that 10 million female births might have been aborted in India in the past 20 years. The study discovered that the “girl deficit” was more common among educated families, especially in homes where the first-born was a girl.¹⁰⁶

India enacted the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (amended in 2003) and the Medical Termination of Pregnancy (MTP) Act in 1971 as amended in 2002 to address sex selective abortion. Both the Acts have failed to address the menace.

It is estimated that about 30 per cent of women in India resort to sex selection for their last birth in the absence of a previous boy.¹⁰⁷ In Delhi itself “as many as 89 hospitals and nursing homes reported child sex ratio at birth of 800 girls for every 1,000 boys raising suspicions about possible sex selection. The sex ratio in one hospital was less than 300, in two it was between 300 and 400, between 400 and 500 in seven hospitals, between 500 and 600 in 13 hospitals, between 600 and 700 in 27 hospitals and between 700 and 800 in 39 hospitals”.¹⁰⁸

The regional variations of skewed child sex ratio are pronounced. According to the Annual Report 2013-14 of the Ministry of Health and Family Welfare,

105. Ministry of Health and Family Welfare, Annual Report 2013-14, Page 27, http://nrhm.gov.in/images/pdf/media/publication/Annual_Report-Mohfw.pdf

106. 10 million female births aborted in India: study, *The Hindu*, 10 January 2006, available at <http://www.thehindu.com/todays-paper/tp-international/10-million-female-births-aborted-in-india-study/article3237700.ece>

107. UNFPA Asia and Pacific Regional Office, Sex Imbalances at Birth: Current trends, consequences, and policy implications, 2012. <http://www.unfpa.org/public/home/publications/pid/12405>

108. 89 hospitals in Delhi get notices over poor sex ratio, *The Hindustan Times*, 16 October 2015. <http://www.hindustantimes.com/delhi/89-hospitals-in-delhi-get-notices-over-poor-sex-ratio/story-V078NjHzqcRiaNXiGc5DyN.html>

*“The Child Sex Ratio (CSR) for the age group of 0-6 years as per the 2011 census (provisional) has dipped further to 919 girls as against 927 per thousand boys recorded in 2001 Census. This negative trend reaffirms the fact that the girl child is more at risk than ever before. Except for the States/ UTs viz. Puducherry (967), Tamil Nadu (943), Karnataka (948), Delhi (871), Goa (942), Kerala (964), Mizoram (970), Gujarat (890), Arunachal Pradesh (972), Andaman & Nicobar Islands (968), Himachal Pradesh (909), Haryana (834), Chandigarh (880) and Punjab (846), the CSR has shown a declining trend in 18 States and 3 UTs. The steepest fall of 79 points is in J&K and the largest increase of 48 points is in Punjab.”*¹⁰⁹ Half of the districts in the country showed decline in the CSR greater than the national average. The number of districts with Child Sex Ratio of 950 and above has been reduced from 259 to 182.¹¹⁰

ii. Pakistan

Pakistan has a patriarchal and feudal kinship system where daughters are seen as an economic burden. Only 20 per cent of women are in the labour force which means that most women cannot provide economic support to their aged parents. Another prominent reason is that the practice of dowry is increasing. Sex ratio for higher order births is more imbalanced (in the range of 115-125), and women from the richest families have the highest SRB. Abortion rates are quite high i.e. 29 per 1,000 women (as of 2002), especially in the more rural provinces of Khyber Pachtunwalia Province and Balochistan.¹¹¹

According to the Population Research Institute, at least 1,280,228 sex selective abortions had taken place in Pakistan in the years between 2000 and 2014. The yearly average of sex selective abortion is 116,384 or daily average of 318.9.¹¹²

Pakistan is probably the region where sex selection is the least documented in Asia. There is no birth registration data or SRB data in Census and Pakistan’s situation is known only via the sample population surveys conducted in the

109. Ministry of Health and Family Welfare, Annual Report 2013-14, Page 27, http://nrhm.gov.in/images/pdf/media/publication/Annual_Report-Mohfw.pdf

110. Ministry of Health and Family Welfare, Annual Report 2013-14, Page 27, http://nrhm.gov.in/images/pdf/media/publication/Annual_Report-Mohfw.pdf

111. UNFPA, “Report of the International Workshop on Skewed Sex Ratios at Birth: Addressing the Issue and the Way Forward”, Ha Noi, Viet Nam, 5-6 October 2011, https://www.unfpa.org/sites/default/files/resource-pdf/Report_SexRatios_2012.pdf

112. Population Research Institute, “Sex-Selective Abortion Around the World”, <https://www.pop.org/content/sex-selective-abortion>

country. The latest 2007 Population and demographic survey found the SRB at 109.9.¹¹³

iii. Nepal

Nepal is a patriarchal society where son is given preference over the daughter due to various socio-cultural, economic, and religious factors. Men hold most of the rights, responsibilities and priorities, while women's social, economic, cultural and political status is inferior to that of men. A household survey conducted by Centre for Research on Environment, Health and Population Activities (CREHPA) in 2007 found that a whopping 98.8% of the surveyed women stated that it was necessary to have a son in a family and cited various socio-economic and religious advantages of having a son in the family. These included old-age security (79.5 per cent), financially supporting the family (67 per cent), continuing the family lineage (60 per cent) and performing funeral rituals (59 per cent), inheritance of property (23.6), prestige and power (21.5 per cent) and other religious advantages (11.2 per cent).¹¹⁴ As a result, the family exerted pressures upon the woman to bear a son. The 2007 household survey of the CREHPA found that the preference for having a son by women whose first birth was a daughter was very high (81 per cent). Pressure to bear a son was reported by a quarter of these women. Such pressure mainly came from husbands (42 per cent) and mothers-in-law (41 per cent). The most common pressure came in the form of psychological or mental abuse, such as scolding and other cruelty (86 per cent) followed by the husband's threats to take a second wife (40 per cent), and discriminatory treatment.¹¹⁵

The easy availability of modern techniques such as ultrasound, coupled with patriarchal social structures and socio-cultural values that contribute to son preference, has increased the practices of sex selective abortions. Abortion of any kind was illegal in Nepal till 2002 but studies have found that unsafe abortions carried out clandestinely were fairly widespread, and were contributing significantly to Nepal's high maternal mortality rates. The open

113. UNFPA Asia and Pacific Regional Office, *Sex Imbalances at Birth: Current trends, consequences, and policy implications*, 2012, <https://www.unfpa.org/sites/default/files/pub-pdf/Sex%20Imbalances%20at%20Birth.%20PDF%20UNFPA%20APRO%20publication%202012.pdf>

114. Centre for Research on Environment, Health and Population Activities (CREHPA), "Sex Selection: Pervasiveness and Preparedness in Nepal", September 2007. <https://www.unfpa.org/sites/default/files/resource-pdf/nepal.pdf>

115. *Ibid*

border with India, coupled with the geographical accessibility to and socio-cultural similarities of Tarai inhabitants with those of Northern India, meant that it was not uncommon for women in these areas to visit Indian border towns for health care, including abortions. In 2000, the CREHPA carried out a study that involved interviewing 61 of Nepal's leading obstetricians and gynecologists. According to these providers, more women in the Tarai than in the hill districts were opting for pre-natal sex determination and the termination of female foetuses.¹¹⁶

In order to facilitate safe abortions the Government of Nepal amended the *Muluki Ain* of 1959 (Civil Code) in 2002 to allow abortion up to 12 weeks of gestation; up to 18 weeks of gestation if the pregnancy results from rape or incest or at any time during pregnancy if it threatens the life, physical or mental health of women or in the case of a deformed foetus. But pre-natal sex determination and sex-selective abortion is illegal in Nepal and anyone found guilty of performing or facilitating a sex-selective abortion is punishable with one year's imprisonment. But studies have found that legal sanctions against pre-natal sex determination and sex-selective abortion have not stopped medical practitioners and ultrasonologists in Nepal from providing such services. Ultrasound technicians in Nepal generally persuade women desiring sex-determination tests to have ultrasound scans done at 12 weeks of gestation, which is the upper gestation limit allowed by law for abortion in the country in normal situation.¹¹⁷

There is lack of credible data to count Sex Ratio at Birth in Nepal because the Census data does not include SRB figures and Nepal Demographic and Health Surveys (NDHS) which provides estimates of SRB had a small sample of births despite being a nationally representative survey. Most recent estimates of SRB for Nepal by the United Nations (UN) have been fairly consistent at 105 male births per 100 female births for the period of 1950–2010.¹¹⁸ The UN data is consistent with the Nepal Demographic and Health Surveys (NDHS) figures which are given in the Table 3 below:¹¹⁹

116. Ibid

117. Centre for Research on Environment, Health and Population Activities (CREHPA), "Sex Selection: Pervasiveness and Preparedness in Nepal", September 2007.

<https://www.unfpa.org/sites/default/files/resource-pdf/nepal.pdf>

118. Mahesh Puri, Anand Tamang, "Assessment of Interventions on Sex-selection in Nepal: Literature Review", March 2015, http://r4d.dfid.gov.uk/pdf/outputs/SexSelection_Asia/61192_Nepal_Lit_Review_Sex_Selection.pdf

119. Mahesh Puri, Anand Tamang, "Assessment of Interventions on Sex-selection in Nepal: Literature Review", March 2015, http://r4d.dfid.gov.uk/pdf/outputs/SexSelection_Asia/61192_Nepal_Lit_Review_Sex_Selection.pdf

Table 3: Sex ratio at birth in Nepal

Year	Sex ratio at birth
1996	104
2001	103
2006	104
2011	106

Since the NDHS data are a small sample of births and due to lack of data on SRB based on vital registrations in Nepal, sex ratio for the population below one year of age (SRB1) is popularly used as a proxy indicator of SRB to study sex-selective abortions. According to the last three Censuses, SRB1 has consistently increased from 103.5 in 1991 to 104 in 2001 and reached its biological ceiling of 106 in 2011.¹²⁰

Analysis of the Demographic and Health Survey (DHS) data on SRB and census-based sex ratios give no clear evidence of sex-selective abortion or infanticide for the country. But as per data in the 2001 census, seven Tarai and one hill district have higher SRB1 than national average (See Table 4 below). In view of the prevalent socio-cultural practices and the low status of women in these Tarai districts, it was postulated that pre-natal sex selection could well be a cause of the sex-ratio imbalance.¹²¹

120. Mahesh Puri, Anand Tamang, “Assessment of Interventions on Sex-selection in Nepal: Literature Review”, March 2015, http://r4d.dfid.gov.uk/pdf/outputs/SexSelection_Asia/61192_Nepal_Lit_Review_Sex_Selection.pdf

121. Centre for Research on Environment, Health and Population Activities (CREHPA), “Sex Selection: Pervasiveness and Preparedness in Nepal”, September 2007. <https://www.unfpa.org/sites/default/files/resource-pdf/nepal.pdf>

Table 4: Districts where SRBI was higher (2001 census) in Nepal¹²²

District	SRBI as per 2001 census
Saptari,	109
Siraha,	106
Dhanusha	107
Mahottari	106
Bara	106
Parsa	108
Kapilbastu	106
Gorkha	106

3.3. South Caucasus

Sex-selective abortions have emerged since the early 1990s as a widespread practice in parts of the Eastern Europe and Central Asia (EECA) region. As a result of the practice of sex selective abortions, mostly in the South Caucasus and parts of South-East Europe, an estimated 171,000 girls are reportedly “missing” in this region and there is growing surplus of men.¹²³

Although abortion has long been widely used in this region as a form of family planning, the context changed in the late 1980s, when the widespread introduction of ultrasonography made prenatal sex determination possible. After the collapse of the Soviet Union in 1991, there has been rise in sex ratios at birth in some states of the Caucasus mainly due to importation of cheap portable ultrasound machines. Under Stalin, access to contraceptives and abortion were strictly limited in the Soviet Union as part of an effort to increase the birth rate in a country recovering from the ravages of war and famine. Of the 12 post-Soviet states, three - Armenia, Azerbaijan and Georgia - had sex ratios at birth of at least 116 in 2005-2009. In all three of these Caucasus states, sex ratios have risen substantially since the late 1980s. However, there is no evidence of a similar phenomenon in Kazakhstan, Moldova or Ukraine, nor in any of the other former Soviet republics.¹²⁴

122. Ibid

123. UNFPA, “Preventing gender-biased sex selection in Eastern Europe and Central Asia”, https://www.unfpa.org/sites/default/files/resource-pdf/GBSS%20Brief_WEB.pdf

124. Marc Michael, Lawrence King, et al., “The Mystery of Missing Female Children in the Caucasus: An Analysis of Sex Ratios by Birth Order”, <http://researchonline.lshtm.ac.uk/1130041/1/3909713.pdf>

In the South Caucasus, the sex ratio at birth was close to normal levels during the socialist period. It was only after the dissolution of the Soviet Union in 1991 that birth masculinity started to increase. The rise of SRB in Armenia, Azerbaijan, and Georgia occurred almost simultaneously and ran parallel for several years¹²⁵ and reached 115.6 in Azerbaijan and 114.8 in Armenia (as of 2013) and slightly lower in Georgia at 111.8 (as of 2012).¹²⁶

i. Azerbaijan

According to a 2012 report by the Guttmacher Institute, Azerbaijan has the highest total abortion rate in the world, with women having on an average 2.3 abortions in their lifetimes. Between 2005 and 2009, almost 10 percent of potential female births in Armenia and Azerbaijan did not occur because of prenatal sex selection.¹²⁷ Women were being forced to abort female foetuses.¹²⁸ According to the Population Research Institute, at least 105,418 sex selective abortions had taken place in Azerbaijan in the years between 2000 and 2014. The yearly average of sex selective abortion is 7,028 or daily average of 19.3.¹²⁹

As a result, Azerbaijan has one of the world's worst records in sex-selective abortions. In normal circumstances, 105 boys are born for every 100 girls. In Azerbaijan, the ratio in 2011-12 was 116 boys born for every 100 girls born. In some parts of the country, such as the Ganja region, the ratio is as high as 120 boys to 100 girls.¹³⁰ In 2013, the SRB came down slightly to 115.6.¹³¹

125. UNFPA, "Preventing gender-biased sex selection in Eastern Europe and Central Asia", https://www.unfpa.org/sites/default/files/resource-pdf/GBSS%20Brief_WEB.pdf

126. UNFPA, UNDP, UN Women et al., "Gender-biased Sex Selection in Georgia", Tbilisi, 2015, http://eeca.unfpa.org/sites/default/files/pub-pdf/Gender-biased%20sex%20selection_ENG_2015_pdf.pdf

127. Sex selective abortions worry Azerbaijanis, Aljazeera, 29 October 2013, <http://www.aljazeera.com/indepth/features/2013/09/sex-selective-abortion-worry-azerbaijanis-2013930757245318.html>

128. Azerbaijan pressured over sex-selective abortions, Aljazeera, 22 June 2015, <http://www.aljazeera.com/news/2015/06/azerbaijan-pressured-sex-selective-abortion-150621124644074.html>

129. Population Research Institute, "Sex-Selective Abortion Around the World", <https://www.pop.org/content/sex-selective-abortion>

130. Sex selective abortions worry Azerbaijanis, Aljazeera, 29 October 2013, <http://www.aljazeera.com/indepth/features/2013/09/sex-selective-abortion-worry-azerbaijanis-2013930757245318.html>

131. UNFPA, UNDP, UN Women et al., "Gender-biased Sex Selection in Georgia", Tbilisi, 2015, http://eeca.unfpa.org/sites/default/files/pub-pdf/Gender-biased%20sex%20selection_ENG_2015_pdf.pdf

ii. Armenia

Armenian society has traditionally preferred sons over daughters. Daughters are also desirable in families but only after the birth of sons. According to the official records, the sex ratio at birth started to rise significantly from 1993 onwards.¹³² Presently 114.8 boys are born for every 100 girls in Armenia. The imbalance is particularly dramatic for third births: the record level of 173 sons born for every 100 daughters has no known equivalent anywhere else in the world.¹³³

The Maternal and Child Health Department under the Ministry of Health estimates that each year in Armenia some 2,000 abortions are performed specifically to terminate a female foetus.¹³⁴ A conservative estimate suggested that at least 15,000 female foetuses might have been aborted between 2000 and 2010 alone. According to a report released by UNFPA in 2013, nearly 93,000 women will be “missing” in Armenian society by 2060 if the country’s high prenatal sex selection rate remains unchanged.¹³⁵

iii. Georgia

Georgia has a patriarchal society where there has always been a strong preference for boys who continue the family line and provide support to parents in their old age. The desire for small family has led couples to resort to increased use of birth control with abortion being the most common method of avoiding unwanted births of female since the Soviet period. With the onset of the modern facilities to detect the sex of the foetus, prenatal sex diagnosis became a routine procedure offered to pregnant mothers by private healthcare units and hence the sex ratio at birth (SRB) has increased since the 1990s.¹³⁶

132. UNFPA, the Republic of Armenia (RoA) Ministry of Health et al., “Report: Prevalence of and Reasons for Sex Selective Abortions in Armenia”, Yerevan, 2012, http://www.unfpa.am/sites/default/files/Sex-selective_abortions_report_Eng.pdf

133. UNFPA, “93,000 women to be missing in Armenia by 2060, if high pre-natal sex selection rate remains unchanged”, 10 May 2013, <http://eeca.unfpa.org/news/93000-women-be-missing-armenia-2060-if-high-pre-natal-sex-selection-rate-remains-unchanged>

134. Armenia Considers Ban on Gender-Specific Abortions, Eurasianet.org, 15 July 2015, <http://www.eurasianet.org/node/74246>

135. UNFPA Easter Europe and Central Asia, Armenian parliament mulls measures to address prenatal sex selection, 23 May 2014 available at <http://eeca.unfpa.org/news/armenian-parliament-mulls-measures-address-prenatal-sex-selection>

136. UNFPA, UNDP, UN Women et al., “Gender-biased Sex Selection in Georgia”, Tbilisi, 2015, http://eeca.unfpa.org/sites/default/files/pub-pdf/Gender-biased%20sex%20selection_ENG_2015_pdf.pdf

The sex ratio at birth gradually increased from the biological level in 1990 to about 112-114 at the beginning of the 21st century. The SRB then plateaued for a few years at this level, but then appears to have begun to reduce.¹³⁷ According to the latest figure, it was 111.8 male births per 100 female births as of 2012.¹³⁸

According to the Population Research Institute, at least 22,881 sex selective abortions had taken place in Georgia in the years between 2000 and 2014 or at an average of 1,525 abortions per year.¹³⁹

3.4. Europe

i. Albania

Albania has a patriarchal society. “Traditionally, Albanian families have favoured boys over girls for two main reasons: the inheritance of the family name, and the prospect of boys growing up to become breadwinners”, stated United Nations Development Programme in a 2005 report.¹⁴⁰ Son preference, a declining fertility rate, and introduction in 1995 of prenatal screening technology have resulted in widespread illegal sex-selective abortions in Albania.¹⁴¹

In 1991, the Ministry of Health issued a directive legalizing termination of pregnancies resulting due to failure of family planning and social grounds. Under this measure, an abortion could be legally performed a) if a couple requested it because they did not want the child to be born; or b) if a pregnant woman requested it and the pregnancy resulted from extramarital relations. In 1995, the Government of Albania enacted comprehensive abortion legislation which allowed abortions up to the twenty-second week of pregnancy, if the pregnancy is the result of rape or a sex crime or there are “social reasons” for terminating the pregnancy, as determined by a three-member commission consisting of a physician, a social worker, and a lawyer.¹⁴² The legalization of abortion

137. UNFPA, UNDP, UN Women et al., “Gender-biased Sex Selection in Georgia”, Tbilisi, 2015, http://eeca.unfpa.org/sites/default/files/pub-pdf/Gender-biased%20sex%20selection_ENG_2015_pdf.pdf

138. UNFPA, UNDP, UN Women et al., “Gender-biased Sex Selection in Georgia”, Tbilisi, 2015, http://eeca.unfpa.org/sites/default/files/pub-pdf/Gender-biased%20sex%20selection_ENG_2015_pdf.pdf

139. Population Research Institute, “Sex-Selective Abortion Around the World”, <https://www.pop.org/content/sex-selective-abortion>

140. UNDP, “National Human Development Report Albania 2005”, http://hdr.undp.org/sites/default/files/albania_2005_en.pdf

141. Sex-Selective Abortion Trending in Albania, We.News.com, 25 January 2013, <http://womensenews.org/2013/01/sex-selective-abortion-trending-in-albania/>

142. United Nations, Albania- Abortion Policy, www.un.org/esa/population/publications/abortion/doc/albani1.doc

since 1991 has led to surge in abortions.¹⁴³ While there is no information about abortion prior to the collapse of the communist regime, with illegal abortion thought to be high, and the data during the transition are not reliable, the latest official data give abortion of 200 per 1000 live births in 2002 and 272 in 2007.¹⁴⁴ It is reported that as many as 15,000 female foetuses might have been aborted in Albania between 2000 and 2010 alone.¹⁴⁵ It is found that parents are twice as likely to abort a female foetus if the previous child had been a girl.¹⁴⁶

The SRB fluctuated around 106 during the period 1986-1996 (108 in 1995). From 1996 onwards, the SRB has increased rapidly from 106 to 108 in 1998 and reached 110 in 1999-2001.¹⁴⁷ The latest statistics show that Albania has a Sex Ratio at Birth of 110.9 boys for every 100 girls in 2012¹⁴⁸ which is above the normal (105).

ii. Liechtenstein

A 2012 report by Directorate-General of External Policies of the European Parliament titled “*Gendercide: The missing women?*” put the sex ratio at birth (SRB) of Liechtenstein at 126 in 2012 which is by far the highest rate of sex imbalance in the world¹⁴⁹, way ahead of China (117.8), Azerbaijan (115.6), and India (110.5). The SRB data of Liechtenstein was taken from the World Factbook 2012 of the Central Intelligence Agency (CIA).¹⁵⁰

143. UNFPA, “Sex Imbalances at Birth in Albania”, Tiranë, 2012, http://www.unfpa.org/sites/default/files/resource-pdf/UNFPA_report_Albania2012.pdf

144. UNFPA, “Sex Imbalances at Birth in Albania”, Tiranë, 2012, http://www.unfpa.org/sites/default/files/resource-pdf/UNFPA_report_Albania2012.pdf

145. UNFPA-Eastern Europe & Central Asia, “Ending Gender-biased Sex Selection”, <http://eeca.unfpa.org/topics/ending-gender-biased-sex-selection>

146. Sex-Selective Abortion Trending in Albania
<http://womensnews.org/2013/01/sex-selective-abortion-trending-in-albania/>

147. UNFPA, “Sex Imbalances at Birth in Albania”, Tiranë, 2012,
http://www.unfpa.org/sites/default/files/resource-pdf/UNFPA_report_Albania2012.pdf

148. UNFPA, “Preventing gender-biased sex selection in Eastern Europe and Central Asia”
https://www.unfpa.org/sites/default/files/resource-pdf/GBSS%20Brief_WEB.pdf

149. Directorate-General of External Policies of the European Parliament, “Gendercide: The missing women?”, 2012,
http://ecologic.eu/sites/files/project/2013/the_missing_women.pdf

150. Directorate-General of External Policies of the European Parliament, “Gendercide: The missing women?”, 2012,
http://ecologic.eu/sites/files/project/2013/the_missing_women.pdf

3.5 Africa

Vast majority of African nations continue to have a sex ratio at birth (SRB) of 103 or less in 2014. But Tunisia (107) and Nigeria (106) are surprising exceptions. While the SRB in other African countries remained static, Nigeria has experienced a rapid increase in its SRB from 103 boys per 100 girls in 1996-2008 to 106 boys per 100 girls in 2009-2014. Presently, Nigeria's SRB is only second to Tunisia's 107 among all of the countries in Africa.¹⁵¹

i. Nigeria

Son preference is highly prevalent in Nigeria and exists in several cultures. A study of Igbo custom in Nigeria found that *"The traditional preference for sons is deeply rooted in the structure of the society.... In Igbo land, when a woman has too many girls or no boy at all, she stands the risk of being sent back to her father's house because the birth of a boy is what is seen as her passport to remaining in her matrimonial home. This accounts for the reason why most women with only daughters often make several attempts at getting pregnant so as to have the golden male child, and some unfortunately lose their lives in the process."*¹⁵² Women with first-born daughters tend to have repeated and shortly spaced pregnancies, a behavior medically known to increase their risk of mortality and morbidity.¹⁵³

However, studies say that while there is greater preference for sons in Nigerian society, no evidence has been found that they seek, or performed sex selective abortion, even as hundreds of thousands of abortions are performed annually in Nigeria. According to an estimate, about 760,000 abortions occur annually in Nigeria despite the country's restrictive abortion law.¹⁵⁴

ii. Tunisia

The ratio of boy to girl births was 107 to 100 in Tunisia. This is the highest sex ratio at birth among all of the countries in Africa.¹⁵⁵ There was no information

151. Amadu J. Kaba, "Explaining the Rapid Increase in Nigeria's Sex Ratio at Birth: Factors and Implications", African Journal of Reproductive Health June 2015, <http://www.bioline.org.br/pdf?rh15018>

152. Ine Nnadi, "Son Preference - A Violation of Women's Human Rights: A Case Study of Igbo Custom in Nigeria", Journal of Politics and Law; Vol. 6, No. 1; 2013

153. Amadu J. Kaba, "Explaining the Rapid Increase in Nigeria's Sex Ratio at Birth: Factors and Implications", African Journal of Reproductive Health June 2015, <http://www.bioline.org.br/pdf?rh15018>

154. Amadu J. Kaba, "Explaining the Rapid Increase in Nigeria's Sex Ratio at Birth: Factors and Implications", African Journal of Reproductive Health June 2015, <http://www.bioline.org.br/pdf?rh15018>

155. Amadu J. Kaba, 'Explaining the Rapid Increase in Nigeria's Sex Ratio at Birth: Factors and Implications', available at: <http://www.bioline.org.br/pdf?rh15018>

on any government efforts to address this imbalance.¹⁵⁶ Tunisia allows abortion for any reason.¹⁵⁷

The high sex ratio at birth can be attributed to sex selective abortions and preference for sons. According to the Population Research Institute, at least 19,369 sex selective abortions had taken place in Tunisia between 2000 and 2014. The yearly average of sex selective abortion is 1,291 or daily average of 3.5.¹⁵⁸

156. TUNISIA 2013 HUMAN RIGHTS REPORT, Country Reports on Human Rights Practices for 2013 United States Department of State, Bureau of Democracy, Human Rights and Labor, <http://www.state.gov/documents/organization/220590.pdf>

157. How abortion is regulated around the world, Pew Research Centre, 6 October 2015, <http://www.pewresearch.org/fact-tank/2015/10/06/how-abortion-is-regulated-around-the-world/>

158. Population Research Institute, "Sex-Selective Abortion Around the World", <https://www.pop.org/content/sex-selective-abortion>

4. MEASURES OF THE NATIONAL GOVERNMENTS TO COUNTER FEMALE INFANTICIDE

A number of governments have taken commendable initiatives to address selective abortion of female foetuses. But these measures are increasingly failing because of easy and affordable access to ultrasound machines which is compounded by poor law enforcement. This has been further complicated by “reproductive tourism”.

4.1. China

Several laws in China strictly prohibit sex identification of the foetus and sex selective abortions.

Article 32 of the Law of the People’s Republic of China on Maternal and Infant Health Care (1994) states, “Sex identification of the foetus by technical means shall be strictly forbidden, except that it is positively necessitated on medical grounds”.¹⁵⁹

Article 15 of Regulations on Administration of Technical Services for Family Planning (2001) states, “No institution or individual shall conduct fetal sex identification for non-medical reasons or artificial termination of pregnancy for sex selection”.¹⁶⁰

According to Population and Family Planning Law of the People’s Republic of China (2002), “Use of ultrasonography or other techniques to identify fetal sex for non-medical purposes is strictly prohibited. Sex-selective pregnancy termination for non-medical purposes is strictly prohibited.” (Article 35) This legislation also prohibits discrimination against and maltreatment of women who give birth to baby girls, and discrimination against, maltreatment, and abandonment of baby girls (Article 22).¹⁶¹

159. “Law of the People’s Republic of China on Maternal and Infant Health Care” (1994) is available at http://china.org.cn/china/2010-03/04/content_19522945.htm

160. Regulations on Administration of Technical Services for Family Planning (2001) is available at http://www.npc.gov.cn/englishnpc/Law/2007-12/14/content_1384203.htm

161. Population and Family Planning Law of the People’s Republic of China (2002) is available at http://www.gov.cn/english/laws/2005-10/11/content_75954.htm

China has also undertaken a major campaign to promote recognition of the value of girls called “*Care for Girls*” which, among others, seeks to crack down on “two illegalities” - pre-natal sex determination and sex-selective induced abortion; support girl-only families by offering special benefits and interests in order to change preference for sons; and advocacy to change son-preferential ideology by giving wide publicity on knowledge related to laws and regulations, parenthood and reproductive health.¹⁶² Presently, the *Care for Girls* campaign is expanded to 24 counties with the most severe imbalances in the sex ratio at birth, and results indicate a positive effect on sex ratios.¹⁶³

4.2. India

India enacted the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (PNDT Act) to address sex selective abortion. The PNDT Act seeks to prohibit and regulate the use of diagnostics techniques before and or after conception for sex determination leading to sex selective elimination of foetus. The provision of the Act encompasses creating institutional mechanisms and providing tools to monitor the use of diagnostic techniques for prohibiting sex selection. There are provision for punishment and penalty for those who violate provisions of the PNDT Act. The PNDT Act has since been amended to make it more comprehensive and keeping in view the emerging technologies for selection of sex before and after conception and problems faced in the working of implementation of the Act and certain directions of Supreme Court. The amended Act came into force with effect from 14 February 2003 and it has been renamed as “Preconception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994” (PCPNDT Act).

The implementation of the PCPNDT Act remains extremely poor despite rampant violations. In the last decade from 2004 to 2013, a total of 1,263 cases of foeticide were recorded in India by the NCRB. These included 221 cases of foeticide in 2013¹⁶⁴, 210 cases in 2012,¹⁶⁵ 132 cases in 2011,¹⁶⁶ 111 cases in

162. “Imbalanced Sex Ratio at Birth and Comprehensive Intervention in China” , 4th Asia Pacific Conference on Reproductive and Sexual Health and Rights, 29- 31 October 2007; Hyderabad, India, <https://www.unfpa.org/sites/default/files/event-pdf/china.pdf>

163. Preventing gender-biased sex selection: an interagency statement OHCHR, UNFPA, UNICEF, UN Women and WHO. <http://www.unfpa.org/resources/preventing-gender-biased-sex-selection>

164. NCRB, “Crime In India 2013”, Chapter 6

165. NCRB, “Crime In India 2012”, Chapter 6

166. NCRB, “Crime In India 2011”, Chapter 6

2010,¹⁶⁷ 123 cases in 2009,¹⁶⁸ 73 cases in 2008,¹⁶⁹ 96 cases in 2007,¹⁷⁰ 125 cases in 2006,¹⁷¹ 86 cases in 2005,¹⁷² and 86 cases in 2004.¹⁷³ These reflect the poor law enforcement considering that a 2004 study “Abortion Assessment Project - India (AAPI)” coordinated by CEHAT, Mumbai and Healthwatch, Delhi estimated a staggering 6.4 million (64 lakhs) abortions taking place annually in India.¹⁷⁴

India also enacted the Medical Termination of Pregnancy (MTP) Act in 1971 to regulate and ensure access to safe abortions. The MTP Act of 1971 (amended in 2002) allows abortion up to 20 weeks of pregnancy in cases where “the continuance of the pregnancy would involve a risk to the life of the pregnant woman or of grave injury to her physical or mental health”, or, “there is substantial risk that if the child were born, it would suffer from such physical or mental abnormalities to be seriously handicapped”.¹⁷⁵ When the pregnancy is caused by rape or as a result of failure of family planning device or method used by any of the married couples, pregnancy can be terminated.¹⁷⁶ Abortion is allowed only when it is conducted by registered medical practitioners at a hospital established or maintained by the Government or a facility certified by the Government or a District Level Committee constituted by the Government¹⁷⁷. However, in special circumstances, pregnancy can be terminated any time (i.e. beyond 20 weeks’ gestation) and without approval of a second doctor when “the termination of such pregnancy is immediately necessary to save the life of the pregnant woman.”¹⁷⁸ In this case, the registered medical practitioner need not have the requisite experience or training in gynecology and obstetrics as required under Section 2(d) to perform the abortion.¹⁷⁹ Specific punishments were prescribed for any illegal abortion under the MTP (Amendment) Act of 2002, which shall not be less than 2 years rigorous imprisonment but which may extend to 7 years under the IPC.¹⁸⁰

167. NCRB, “Crime In India 2010”, Chapter 6

168. NCRB, “Crime In India 2009”, Chapter 6

169. NCRB, “Crime In India 2008”, Chapter 6

170. NCRB, “Crime In India 2007”, Chapter 6

171. NCRB, “Crime In India 2006”, Chapter 6

172. NCRB, “Crime In India 2005”, Chapter 6

173. NCRB, “Crime In India 2004”, Chapter 6

174. See <http://www.cehat.org/go/uploads/AapIndia/summary.pdf>

175. Section 3, sub section (2) of the Medical Termination of Pregnancy Act of 1971

176. Section 3, sub section (2) of the Medical Termination of Pregnancy Act of 1971

177. Section 4 of the Medical Termination of Pregnancy Amendment Act of 2002

178. Section 5, sub section (1) of the Medical Termination of Pregnancy Act of 1971

179. See Explanation 2 under Section 5 of the Medical Termination of Pregnancy Amendment Act of 2002

180. Section 5, sub-sections (2)-(4) of the MTP Amendment Act of 2002

While the government of India does not have any official data on illegal abortions, the Ministry of Health and Family Welfare has unambiguously acknowledged that “*Although abortions were made legal in 1971, actually illegal abortions still outnumber legal abortions by a large margin. It is estimated that 10-15 thousand women die every year due to complications resulting from unsafe abortions conducted at unapproved places by untrained providers.*”¹⁸¹ The official number on abortions varies. According to the Ministry of Health and Family Welfare’s report “Health and Family Welfare Statistics in India 2013”, a total of 6,49,795 medical termination of pregnancies (or abortions) were performed during 2008-2009; 6,75,810 during 2009-2010; 6,48,469 during 2010-2011; 6,25,448 during 2011-2012 and 6,36,010 during 2012-2013.¹⁸² Further on 6 August 2013, then Union Minister of Health and Family Welfare Mr Ghulam Nabi Azad told the Rajya Sabha that a total of 11.06 lakh abortions were recorded in the year 2008-09 in India.¹⁸³

Unofficial estimates made by independent research study of 2004 “Abortion Assessment Project - India (AAPI)” coordinated by CEHAT, Mumbai and Healthwatch, Delhi estimated a staggering 6.4 million (64 lakhs) abortions taking place annually in India. Of these, 1.6 million (16 lakhs) abortions i.e. 25% were performed by informal (traditional and/or medically non-qualified) abortion providers.¹⁸⁴ The Population Research Institute states that at least 12,771,043 sex selective abortions had taken place in India in the years between 2000 and 2014. The yearly average of sex selective abortion is 851,403 or daily average of 2,332.¹⁸⁵

The underreporting under the MTP Act is glaring. It is assumed that States with more population will report more abortion cases. However, Assam with a total population of 31,205,576 as per 2011 census reported a total of 3,53,309 cases of termination of pregnancies under the MTP Act during 2008-2009 to 2012-13. In comparison, Uttar Pradesh with a population of 199,812,341 as

181. <http://164.100.47.132/LssNew/psearch/Result13.aspx?dbsl=4858>

182. Ministry of Health and Family Welfare, Government of India’s “Health and Family Welfare Statistics in India 2013”, Page 209, <https://nrhm-mis.nic.in/PubFWStatistics%202013/Complete%20Book.pdf>

183. Statement of then Minister of Health and Family Welfare Mr Ghulam Nabi Azad in response to Unstarred Question No. 257 in the Rajya Sabha on 6 August 2013,

184. See <http://www.cehat.org/go/uploads/AapIndia/summary.pdf>

185. Population Research Institute, “Sex-Selective Abortion Around the World”, <https://www.pop.org/content/sex-selective-abortion>

per 2011 census reported a total of 3,60,555 cases during the same period. In other words, Uttar Pradesh despite having 159 million populations more than Assam reported only 7,246 cases more than Assam. On the other hand, Maharashtra having a population of 112,374,333 as per 2011 census i.e. less than Uttar Pradesh reported 5,44,671 cases of termination of pregnancies under the MTP Act during the said period. Some other major States with population more than Assam as per 2011 census reported fewer cases than Assam include Andhra Pradesh (32,842 cases) with over 84 million population; Bihar (67,895 cases) with population of over 100 million; Gujarat (1,04,901 cases) with population of over 60 million; Karnataka (1,30,410 cases) with population of over 61 million; Madhya Pradesh (1,32,118 cases) with population of over 72 million; Odisha (103,146 cases) with population of over 41 million; Rajasthan (158,470 cases) with population of over 68 million; Tamil Nadu (299,083 cases) with population of over 72 million; and West Bengal (269,091 cases) with population of over 91 million.¹⁸⁶

Since the daughters were often not allowed to inherit the properties of their parents, the Government of India passed the Hindu Succession (Amendment) Act of 2005 which makes it possible for daughters to inherit family property at par with sons (new section 6).¹⁸⁷

The Government of India has also launched several Conditional cash transfer schemes like *Balika Samriddhi Yojana*, *Dhanalakshmi Scheme* etc which provide incentives to the families having girl children with the aim to prevent female foeticide. In January 2015, the Government of India launched *Beti Bachao, Beti Padhao* campaign to protect and educate the girl child. State governments are running their own schemes aimed at improving the sex ratio and to change the social perception about women.

4.3. Nepal

In March 2002, Nepal made abortion legal by amending the Country Code, *Muluki Ain*, which received royal assent in September 2002. The law allows

186. Please refer to “The MTP Amendment Bill, 2014: India’s Beti Mar Do Campaign” by Asian Centre for Human Rights, January 2016 available at <http://www.stopfemaleinfanticide.org/files/MTP-Amendment-Bill-2014.pdf>

187. Hindu woman entitled to equal property rights: Supreme Court, The Hindustan Times, 13 October 2011 available at <http://www.thehindu.com/news/national/hindu-woman-entitled-to-equal-property-rights-supreme-court/article2534751.ece>

abortion on the following grounds: 1) Up to 12 weeks of gestation for any woman; 2) Up to 18 weeks of gestation if pregnancy results from rape or incest; and 3) At any time during pregnancy, with the advice of a medical practitioner or if the physical or mental health or life of the pregnant woman is at risk or if the fetus is deformed and incompatible with life. The law also makes abortion punishable on the following two conditions: 1) sex selective abortion; and 2) abortion without the consent of the pregnant woman.¹⁸⁸ Earlier, abortion was illegal under any condition except to save the life of the pregnant woman.

4.5. Viet Nam

In Viet Nam, ultrasound and abortion services are legal and easily accessible, but the identification of the sex of a foetus and selective abortion are illegal. The Population Ordinance (2006) and Prime Minister Decree (2006) prohibit all practices of antenatal foetal sex diagnosis and sex selection.¹⁸⁹

In 2009, the Government of Viet Nam destroyed 30,000 books and closed down seven websites on traditional and modern methods for pre-conception and pre-natal sex selection. In addition, the General Office for Population and Family Planning (GOPFP) is implementing a pilot programme to reverse the SRB trend in 20 provinces. Sex ratio at birth has also been one of the key concerns addressed by the National Strategy on Population and Reproductive Health 2011-2020.¹⁹⁰

4.6. Armenia

After years of experiencing of missing girls, Armenia has proposed a ban on gender-selective abortions that favour boys. The measure, if adopted by parliament, would be the first such measure in the relatively conservative, male-centric South Caucasus. On 2 July 2015, a Bill was placed in the parliament by the Ministry of Health which explicitly seeks to ban all sex-selective abortions and, in a bid to close any loopholes, specifically prevents abortions without a doctor's consent between the 12th and 22nd weeks of pregnancy. It is during that time of gestation that a child's sex manifests itself. Women who want an

188. Ministry of Health and Population, Nepal, World Health Organization (WHO) & Center for Research on Environment Health and Population Activities (CREHPA), "Unsafe Abortion Nepal Country Profile", July 2006, http://www.crehpa.org.np/download/unsafe_abortion_nepal_country_profile_2006.pdf

189. Patralekha Chatterjee, "Sex ratio imbalance worsens in Vietnam", [www.thelancet.com](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(09)61847-X.pdf), Vol 374 October 24, 2009, [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(09\)61847-X.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(09)61847-X.pdf)

190. https://vietnam.unfpa.org/webdav/site/vietnam/shared/SRB_Story_English.pdf

abortion during this period would have to apply in writing to a hospital and wait for three days. During that period, “psychologists and specialists will work with the woman” to help her understand the consequences of her choice, said Gayane Avagian, head of the Ministry of Health’s Maternity and Reproductive Health Division. Doctors who violate the law would face potential fines of 70 to 100 times the minimum monthly salary of 55,000 drams (\$115.10).¹⁹¹ This Bill is yet to be enacted by the parliament.

4.7. Azerbaijan

Despite having one of the world’s worst records in sex-selective abortions, Azerbaijan has failed to ban sex selective abortions. In 2013, the Parliament of Azerbaijan was supposed to discuss a Bill to ban sex-selective abortions. As per the proposed Bill, any woman willing to undergo an abortion after the 12th week of pregnancy must have her case subjected to a medical commission that will decide whether the abortion has been sought on non-medical grounds, or for reasons related to the foetus’ sex.¹⁹² The Bill has not been passed as yet.¹⁹³

191 Armenia Considers Ban on Gender-Specific Abortions, Eurasianet.org, 15 July 2015 <http://www.eurasianet.org/node/74246>

192. Sex selective abortions worry Azerbaijanis, Aljazeera, 29 October 2013, <http://www.aljazeera.com/indepth/features/2013/09/sex-selective-abortion-worry-azerbaijanis-2013930757245318.html>

193. Azerbaijan pressured over sex-selective abortions, Aljazeera, 22 June 2015, <http://www.aljazeera.com/news/2015/06/azerbaijan-pressured-sex-selective-abortion-150621124644074.html>

5. IS ‘REPRODUCTIVE TOURISM’ THE NEXT CAUSE OF FEMALE INFANTICIDE?

The World Health Organization (WHO) defines “sex selection” as “the practice of using medical techniques to choose the sex of offspring” which “encompasses a number of practices including selecting embryos for transfer and implantation following In Vitro Fertilization (IVF), separating sperm, and selectively terminating a pregnancy”.¹⁹⁴

In recent years new technologies such Pre-Implantation Genetic Diagnosis (PGD), Pre-Implantation Genetic Screening (PGS), and sperm-sorting have been developed and promoted. With the invention of advanced reproductive technology, doctors are playing “god” - screening embryos for genetic disorders in order to select the best viable healthy embryos. While technology can assist to detect genetic disorders in the embryos, increasing number of parents and doctors are misusing the technology for non-medical purposes, primarily for sex selection.¹⁹⁵

According to 2009 data from the Center for Genetics and Society, five countries prohibit sex selection for any reason: Austria, New Zealand, South Korea, Switzerland, and Viet Nam. Thirty-one countries prohibit it for “social or non-medical reasons,” including Australia, Belgium, China, France, Germany, India, Italy, Russia, Spain, the U.K and South Africa (banned in 2012).¹⁹⁶ Sex selection is allowed in the United States, Thailand and several South American countries (Argentina, Brazil, Columbia, Ecuador) and Middle Eastern countries (Egypt, Jordan).¹⁹⁷

In nations where gender selection is banned, people often travel to the United States, Mexico, Thailand and other nations where it’s legal to undergo PGD/PGS.¹⁹⁸ The United States and Thailand, in particular, have become the hub for such “reproductive tourism”.¹⁹⁹

194. World Health Organization, <http://www.who.int/genomics/gender/en/index4.html>

195. Asian Law Institute, “The Practice of Sex Selection In Asian Region”, Working Paper Series No.034, May 2014, <https://law.nus.edu.sg/asli/pdf/WPS034.pdf>

196. See <http://reason.com/blog/2014/07/22/embryo-sex-selection-in-america-thailand>

197. See <http://reason.com/blog/2014/07/22/embryo-sex-selection-in-america-thailand>

198. See <http://www.gender-baby.com/lifestyle/legal-issues/international-laws-on-gender-selection/>

199. See <http://reason.com/blog/2014/07/22/embryo-sex-selection-in-america-thailand>

In 1999, the Ethics Committee of the American Society for Reproductive Medicine (ASRM), a professional organisation, held the opinion that using IVF for sex selection should “not be encouraged.” But in 2015, the ASRM eased its stance and urged clinicians to develop their own policies as to whether or not to offer the service in their practice.²⁰⁰

Legally, sex selection has been banned in Thailand. The Medical Council of Thailand’s Notification No. 21/2544 on Service Standards for Assisted Reproductive Technologies (No. 2), which was announced on 20 June 2002, has strictly prohibited use of assisted reproductive technologies such as PGD for the purpose of sex selection.²⁰¹ Section 4.2(3)(D) of the said Notification stated, “Pre-implantation genetic diagnosis may be conducted for certain disease determination as deemed necessary and appropriate, and it must not be done for purposes of gender selection.”²⁰² But the law is too weak and inadequate to prevent use of Assisted Reproductive Technologies (ART) for sex selection. This is because the law simply prescribes the terms and conditions ART physicians are deemed to abide by but nowhere the law specifies the criminal liability imposed on those who do not comply with the rules and stated provisions.²⁰³

As a result, Thailand has emerged as the favourite destination for “reproductive tourism”. The success rate for IVF in Thailand is comparatively higher than that of other Asian countries. It is also cheaper in Thailand, costing between 80,000 and 100,000 yuan in comparison to 160,000 yuan for Chinese couples in the United States.²⁰⁴

In Thailand, the Chinese, Indians, and the Eastern Europeans account for over 70-80% of the clients preferring the ART. The Asian Law Institute found that over 80% of PGD practices were undertaken for the purpose of sex selection, not for any medical purpose.²⁰⁵

In China, sex selection through IVF is banned but the practice is said to be rampant in unregulated clinics. Chinese couples who have the financial means

200. See <http://kfor.com/2016/02/27/should-parents-be-allowed-to-choose-the-sex-of-their-baby/>

201. See Thai Law Forum, <http://www.thailawforum.com/medical-surrogacy-regulations/>

202. Ibid

203. Ibid

204. More Chinese Couples Flock to Bangkok for IVF Procedures, Yibada, 28 January 2016, <http://en.yibada.com/articles/101391/20160128/more-chinese-couples-flock-bangkok-ivf-procedures.htm>

205. Asian Law Institute, “The Practice of Sex Selection In Asian Region”, Working Paper Series No.034, May 2014, <https://law.nus.edu.sg/asli/pdf/WPS034.pdf>

often go abroad to the United States, Australia, Thailand and Vietnam for IVF.²⁰⁶ According to a report, 70 per cent of the clients in Jetanin Institute for Assisted Reproduction in Bangkok are from China.²⁰⁷

Large number of Indians also prefer Thailand to undergo IVF treatment for sex selection.²⁰⁸

After sex selection was banned, hundreds of Australian couples desirous of having child of a particular gender have been flocking the fertility clinics in the United States, Thailand²⁰⁹, Malaysia²¹⁰ etc.

Singaporeans too have been heading overseas particularly US and Thailand to choose their babies' gender through Preimplantation Genetic Diagnosis (PGD), which is banned in Singapore.²¹¹

The experiences of India are instructive. The increasing access to pre-natal sex determination technology in rural areas has been having its impact. As far 2011 census data, child sex ratio (CSR) fell far more sharply in villages than in urban areas during 2001-2011. Though the urban CSR is far worse than that in rural areas, the fall in CSR in rural areas is around four times more than that in urban areas. Rural India still has a better CSR (ratio of girls to boys under the age of six years) of 919 than urban India's 902. However, between 2001 and 2011, rural India's CSR fell by 15 points as opposed to urban India's four-point decline.²¹²

There is no doubt that IVF has increasingly been becoming a cause for female infanticide.

206. End of one-child policy means mayhem in China's IVF sector, CNBC, 30 November 2015, <http://www.cnbc.com/2015/11/30/end-of-one-child-policy-means-mayhem-in-chinas-ivf-sector.html>

207. Chinese couples flock to Thailand for cheap IVF, illicit gender selection, Global Times, 27 January 2016, <http://www.globaltimes.cn/content/965977.shtml>

208. Indians seeking a male child fly off to Thailand, The Times Of India, 27 December 2010, <http://epaper.timesofindia.com/Repository/ml.asp?Ref=VE9JTS8yMDEwLzEYLzI3I0FyMDAxMDE%3D>

209. Baby sex-selection tours increasingly popular with Australian couples using IVF, News.com, 5 May 2013, <http://www.news.com.au/lifestyle/parenting/baby-sex-selection-tours-increasingly-popular-with-australian-couples-using-ivf/story-fnet08ck-1226635204544>

210. Couples travelling overseas for gender selection, The West Australian, 20 July 2013, <http://health.thewest.com.au/news/798/couples-travelling-overseas-for-gender-selection>

211. More S'poreans going abroad for IVF to choose baby's gender, AsiaOne, 22 August 2011, <http://news.asiaone.com/News/AsiaOne%2BNews/Singapore/Story/A1Story20110822-295633.html>

212. Sex test hits rural India, UNFPA, July 2011 available at <http://www.unfpa.org/resources/sex-tests-hit-rural-india>

6. UN SUSTAINABLE DEVELOPMENT GOALS

The UN adopted 17 Sustainable Development Goals (SDGs) and SDG-5 aims to “Achieve gender equality and empower all women and girls”. The SDG-5 identified nine targets as given below:

- (1) End all forms of discrimination against all women and girls everywhere,
- (2) Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation,
- (3) Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation,
- (4) Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate,
- (5) Ensure women’s full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life,
- (6) Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences,
- (7) Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws,
- (8) Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women, and

- (9) Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels.²¹³

The failure of the SDGs to refer to sex selective abortion as one of the harmful practices requires all other UN mechanisms and specialised agencies to take effective programme to address the menace of missing of girl child.

There is an urgent need to mobilise the UN, other multilateral organisations and the member States of the UN for more proactive actions to address the menace of the “missing girls” worldwide. The UN Human Rights Council (UNHRC) should adopt a resolution, *interalia*, to ensure that the issue of female infanticide is given due attention in the work of all human rights mechanisms including the Human Rights Council and its relevant processes and mechanisms such as the Special Procedures and the Universal Periodic Review, the UN Treaty bodies etc. The resolution should mandate the United Nations High Commissioner for Human Rights to organize an expert workshop to review and discuss the impact of existing strategies and initiatives to address female infanticide and to make recommendations for further action by States and the international community towards the full implementation of human rights obligations with respect to female infanticide and prepare a report on the deliberations held during the workshop and submit it to the UNHRC which should consider inclusion of female infanticide as an agenda item of the UNHRC sessions.

213. UN Sustainable Development Knowledge Platform, <https://sustainabledevelopment.un.org/?menu=1300>

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