

**ANALYSIS OF TRENDS IN SEX RATIO AT BIRTH OF
HOSPITALISED DELIVERIES IN THE STATE OF DELHI**

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Summary

Increasing masculinity child sex ratio in different parts of India has been an important aspect noted in the last few census reports of India. The misuse of medical technology for the identification of the sex of the child before birth and selective abortion of female fetuses is considered as the major reason for that. The State of Delhi is one of the affected areas in the country with severe demographic imbalance in child sex ratio.

The study is an attempt to identify the emerging pattern of sex ratio at birth [SRB] of hospitalised deliveries in the state of Delhi and various demographic and socio-economic factors affecting it based on certain available hospital data.

In the first stage of the study, SRB of eight large hospitals for ten-year period from 1993 to 2002 is calculated to examine any emerging trend. In the next stage, certain socio-economic and demographic variables are correlated with the SRB estimates from about 11,268 birth information of the year 2000 and 2001 available with one of the hospital. Births are taken as the unit of analysis and SRB is used as the indicator for sex selective abortions.

Ten-year study of SRB of hospitalised deliveries shows sharp increasing trends in masculinity from the beginning of the study period 1993/94 till 1997/98 period and thereafter stopped further worsening. Existence of intensive son preference is evident from the estimation of SRB according to the order of birth and sex composition of the previous children. Most of the sex selective abortions are occurring for the second or higher order of birth when the previous children are females. SRB is as high as 4.56 (219 girls per 1000 boys) for the 3rd order of birth when both the earlier children are females. Contrary to the popular perception, education status of parents does not produce any desired result on family's decisions to go for sex selective abortions. Result also indicates the positive influence of women's employment status in bringing down the severity of son preferences.

In the background of intense son preference, any vigorous measures for control of population growth in India will be disastrous for the SRB, which is already highly skewed against females. The families that are already having girl children should be given a major attention for actions for preventing sex selective abortions. Interventions focusing far-reaching social changes in improving value of girl child, increasing female autonomy and women's opportunity in employment etc are likely to change the current scenario.

Introduction

Sex Ratio At Birth [SRB] refers to the ratio of male to female children born in a specific period or all the children ever born to a cohorts of women. In all human populations, there is a fairly stable Sex Ratio At Birth observed in countries with good vital registration which is approximately 104 to 106 boys per hundred girls [Census of India, 2001]. This advantage is because of the conception more boys than the girls even though there is increased male foetal loss than female fetuses during gestation period. Evidences suggest that unless there is conscious effort at intervention by humans, the sex ratio at birth will not change even over a century [Visaria L, 2002]. However in some regions of the world especially in the south and East Asia the strong preference for sons have distorted the SRB. The abnormal SRB have been found to be due to widely prevalent sex selective practices.

The strong patriarchal values in certain societies are reflected in their practices. Son preference has been one of the most evident manifestations of patriarchal society which depict the powerlessness of women within such societies. 1980 onwards, in countries like China where there is strong population control programmes, the fertility decline intensified the manifestation of son preference [Zhao 2000]. In India too with the declining fertility combining with the persistence of strong preference for sons, parents are taking steps to ensure the birth and survival of the sons compared with the females.

Over the years, the son preference in India had worked against the female sex particularly in their infancy and early childhood. She is discriminated against in many ways – ranging from abandonment of girl children, fewer months of breast feeding, less of nurturing and play, lesser medical treatment if falls ill etc- all working against the very existence of girl children. The level of discrimination comparatively reduces the chances of survival girl children is clearly evident by the differential child mortality among boys and girls [Agnihotri, 2001, Miller 1989, Das Gupta, 1987]. Dreze and Sen [1995] have pointed out that the persistence of gender inequality and female deprivation are among India's serious social failures. Today, with the technological advancement in medical diagnosis this

discrimination begins even before her birth. Various medical technologies have been put into practice to identify the sex of the child before the birth and selective abortion, if found female. Of the various medical technologies, ultra sound machines are the most misused one in the sex selective practices [Ganathra, 2001]. Evidences shows growing incidence of pre-birth elimination of the girl children in India [Sabu George,1998].

Trends in juvenile sex ratio in India

The data on child sex ratio provides a broad indicator of the ground realities as they exist in the fabric of our society in its attitude and outlook towards the girl child.[Census of India, 2001] The Juvenile sex ratio in India as published by the last few census reports show enormous masculinity. According to the 2001 census report, while the overall sex ratio has increased from 927 females per 1000 males to 933 females per 1000 males, the Child Sex Ratio of 0 – 6 has reduced from 945 to 927 girl children per 1000 male children. The child sex ratio at birth of 927 for the country as a whole is less than the universal sex ratio at birth. Of the total of 577 districts in the country, 48 districts showed inordinately low levels of child sex ratio of below 850. In the 1991 census report not a single district showed child sex ratio below 800. It is shocking to note that in next 10 years, 16 districts fell under this category. There were as many as forty eight districts where child sex ratio is under 850 during 2001, while there was only one districts in 1991. It is difficult to comprehend that as many as 456 districts constituting 79 per cent of all districts in the country have registered a decline of child sex ratio between 1991-2001. Of these, in seventy districts the decline is in the order of over fifty points.

The State of Delhi is one of the severely affected areas with severe demographic imbalance in child sex ratio. The over all child sex ratio in Delhi is 865 with 6 out of 9 of its districts showing a drastic drop [more than 50 points] over the past one decade.

Factors determining the son preference

Son preference is deeply entrenched and has its social and economic basis. Various earlier studies and the census figures are suggestive to a certain extent

the association of son preference to various socio-cultural, economic and certain demographic factors. In south Asian countries such as India, South Korea and China not only do sons have important roles in rituals, they may be the only source of support for the parents for the old age [Zhao,2000; Chen et al, 1981; Dasgupta, 1987].

One anticipated correlation was that between the rising women's status in terms of entry into education and employment and reduced son preference or dependence. However a number of demographic researches show that daughter discrimination continues to occur in populations where women enjoy education and employment [Croll, 2002]. A study on the impact of son preference among north Vietnamese community suggests 'more empowered female adults are more likely to resort to modern strategies in order to have a son, such as sex selective abortions' [Belenger, 2002]. The national census data shows that most regions characterized by the adverse child sex ratio are the advanced regions of India in terms of per capita income as well as literacy level [Census of India, 2001]. The data also shows more adverse child sex ratio in urban areas, though the urban areas are characterized by higher literacy level especially among the females, more employment opportunities for women etc.

A study of the sex ratio at birth [estimated indirectly from SRS data] of select six states in India indicates its association with the socio-economic conditions, total fertility rate and mother's mean age at fertility [Dutta P, 2001]. The examination of the patriarchal societies of Asia noted that the combination of fertility decline and son preference triggers the incentive for sex selective abortion [Zhao,2000, Bairagi, 2001]. The effect of the sex composition of previous children on subsequent fertility reveals the intensity of son preference in the Chinese society [Wen 1992]. Various studies looking at the India context are also showing that when the fertility declines and the preference for male children remains strong, parents still take the steps to ensure the birth and survival of male children [Sudha and Irudaya Rajan: 1998, Clark and Shelly, 2000]. A study of female foeticide in rural Haryana by Sabu and Dahiya [1998] had pointed at the linkages between sex of the living children with the family organising strategies. The

assessment of sexual preferences of women in NFHS 2 also reveals the same. It shows among women with two living children, the proportion wanting more children is far greater among those with two daughters [53%] than those with two sons [17%] [Remez L, 2001]. Another assessment of NFHS 2 data reveals the association of high sex ratio at birth with geographic region, child's birth order and mothers number of living sons and two socio economic characters – mother's education and mother's media exposure [Retherford, 2003]. A community based study of the reasons of induced abortions shows that husbands of the women undergoing sex selective abortions were less educated than the husbands of other abortion seekers [Ganathra et al, 2001].

The study is an attempt to identify the emerging pattern of sex ratio at birth of hospitalised deliveries in the state of Delhi and various demographic and socio-economic factors affecting it based on certain available hospital based data. The study is to evaluate the impact of son preference under conditions of social and economic development, changes in fertility etc on sex ratio at birth.

Objectives of the study

1. To understand the trends in sex ratio at birth of last 10 years among hospital deliveries in Delhi
2. To identify the effect of different demographic and socio-economic factors on the sex ratio at birth.

Justification of the study

The widespread misuse of medical technologies for the selective elimination of the female foetuses had evoked the civil society response for long in India. Unfortunately, a law enacted in 1996 to regulate pre-natal diagnostic techniques and prevent sex selection was very laxly implemented resulting in the rampant malpractice. Very recently, for the last three years, the country had witnessed an intensification of campaign against sex selection by the civil society with the judicial intervention following a public interest litigation by Cehat, Masum and Sabu George and also with the alarming revelation of demographic profile [0-6 sex ratio] brought out by the national census 2001. The Law implementation machinery was also revamped as evident by the increase in the registration of

the ultra-sound machines though out the country. In the state of Delhi, both the civil society action and the government law enforcement mechanisms were on an upsurge over this period. Whether this has changed the ground realities in terms of reduction in the elimination of female fetuses need to be further probed. Studying the trend in the sex ratio at birth from different hospitals over the last 10 years is expected to provide this information.

Much of the evidence on the spread of sex selective abortion in India is anecdotal. There is no reliable statistics on the practice at either state or national level [Retherford, Roy 2003]. The main determinants in the child sex ratio are sex selective mortality, sex selective migration and sex selective omission on enumeration and sex ratio at birth. The first three reasons can confuse in drawing conclusions on the actual severity of sex selective abortions. In a state like Delhi selective migration of families coming only with the male children are often sited as one reason for the skewed child sex ratio [Times of India, 2002]. Visaria [2002] opinions that the contribution of sex selective abortion on the sex ratio at birth requires a careful analysis of data from various sources, such as SRS, census and birth records from hospitals or institutions. It was further stressed that more data is needed on the extent of female foeticide, the demographic and socioeconomic status of women who undergoes sex selective abortions. Information on sex ratio at birth is likely to reflect more light in to the actual scenario. According to Sudha and Raja [1998], in India available data help us to understand the juvenile sex ratio rather than sex ratio at birth. They too emphasis the need to have future research examining the demographic behaviors in India from a gendered perspective that scrutinises the nexus between cultural and economic factors and household organisation and strategies. Vina Mazundar in comparison of studies on sex selection practices using foeticide and infanticide have pointed out the lack of information on cast, culture and life styles of those who practice foeticide practices.

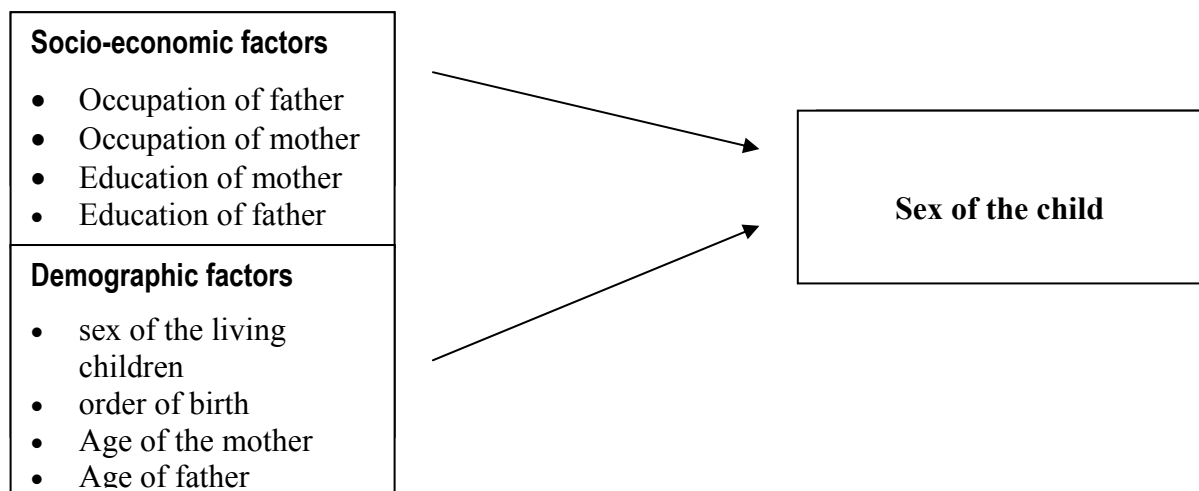
Data and Methods

The study is based on the data available with the birth records of select large hospitals in Delhi. Births are the unit of analysis and sex ratio at birth [SRB]

based on the hospital birth is the indicator for sex selective abortions. The study is designed in two stages. In the first stage of the study each year's SRB of eight hospitals for the previous 10 years will be calculated and plotted on a graph to examine any emerging trend. The birth data was collected from three public sector hospitals and five private hospitals belonging to various geographical areas of the state. The state of Delhi, being well connected with roads and public transport system, it is assumed that people do not have geographical preference in accessing any of these large hospitals.

In the next stage of the study, socio-economic and demographic variables were correlated with the SRB estimates from about 12,000 birth information of the year 2000 and 2001 available with one of the hospital. The hospital is purposely selected for the study because of the availability and accessibility of the data.

Based on the existing evidences and data availability the study conceptualises the relationship between sex ratio at birth with the following predictor variables.



In the analysis of the data, births are the unit of analysis. SRB for various categories were calculated as number of boys born divided by number of girls born based on the indexed birth of hospital records during the year 2000 and 2001. SRB is used as an indirect indicator for sex selective abortions. Each of the variables is correlated with the SRB to identify the relation between them.

Education of parents is taken as a continuous variable and is calculated as the minimum number of years of study required in reaching the reported educational qualification. Religion is categorised into three as Hindu, Muslim and other religions that include Sikh, Christian and others. The occupation of mother is categorised into following three-

1. high-end professional job which are comparatively high salaried and require professional education [doctor, engineer, advocate, teacher, nurse],
2. all other employed as employed and
3. those who are reported as housewife as 'not employed outside home'

Occupation of father is categorised into five

1. 'high end professional job' as defined in the case of mother
2. business
3. 'working in unorganised sector' as those who are likely to have comparatively minimal daily wages [servant, auto driver, carpenter, sweeper, coolie, milkman, gardener, helper, tailor, driver, hawker, security guard, labourer] and
4. all other employed as 'employed'

Results

Part 1

Trends in the Sex Ratio at Birth of Hospitalised deliveries of Delhi

The trend is calculated from the data of hospitalised deliveries of eight large hospitals of Delhi for ten year period between the year 1993 and 2002. These hospitals belong to various geographical locations in the state of Delhi. Analysis is pertaining to a total of 375499 births in ten years of which 249964 are from the government hospitals and 125535 are from the private hospitals. The SRB of total births of the study hospitals in ten year is 115, that of the government hospitals is 113 and private hospitals is 120 boys per 100 girls. The total number of births in each year is as given in the table no. 1. On an average, the data is pertaining to about 37550 births per year. As per the SRS data [2002], the birth rate for the state of Delhi is 20.3 for the year 1996-1998. Applying the same

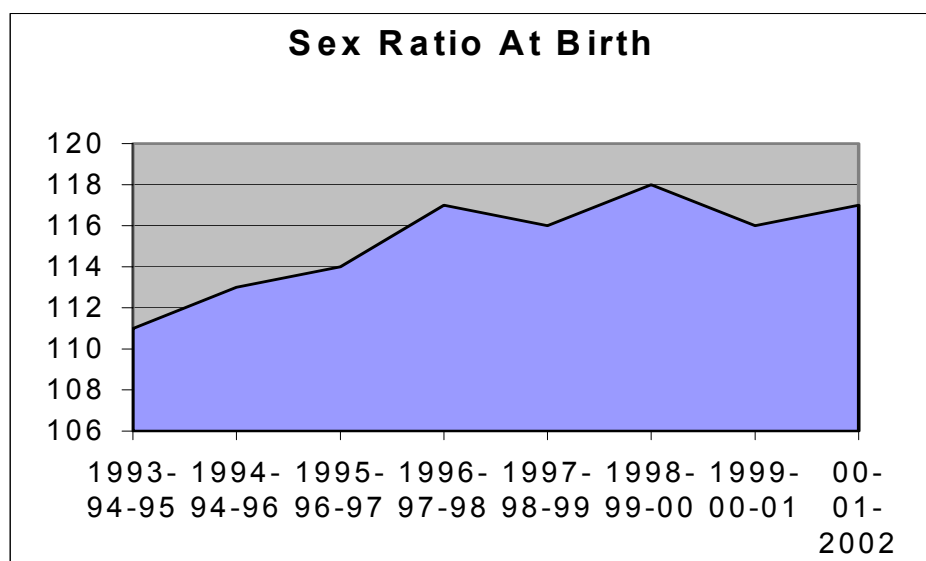
crude birth rate to the population of Delhi according to the 2001 census [13,782,976], it can be estimated that 279794 births are taking place in Delhi every year. Since only 59% of births are taking place in health facilities [NFHS–2] the sample is roughly about 23% of hospitalised deliveries of Delhi.

Table No. 1 Total Number of births in the study hospitals each year

Year	Number of births
1993	34707
1994	36064
1995	37262
1996	36512
1997	37701
1998	35317
1999	39852
2000	40039
2001	39229
2002	38816

The trend in SRB over the ten year period is verified by calculating the floating average of three years and plotted on the graph as given below [Figure 1].

Figure 1 Three-year floating average SRB of hospitalised deliveries of Delhi [between 1993- 2002]



The above figure shows increasing SRB trend from 1993-95 period [111 boys per 100 girls] onwards up to the period of 1996-98 where it reached 117 boys per 1000 girls. There after SRB shows slight reversal of the trend. The data shows that for the next few years it remains between 116 to 118 boys per 100 girls.

Part 2

Correlates of Sex Ratio at Birth of hospitalised deliveries

The results are pertaining to the detailed birth information for the year 2000 and 2001 that was collected from one of the study hospital. There were 11267 births occurred in the hospital in the two-year study period, SRB of which is 1.24. The SRB for the year 2001 is 1.18 and that of the year 2000 is 1.30. All the following analysis are done for both the years together. The birth information are taken from the labour room records which are entered in the just before and after the delivery as reported by the mother.

SRB by birth order and sex of previous children

The study population comprises of 56.2% first order births, 36.8% are second birth order and 10.6% as third or higher order of birth. Sex Ratio at Birth by number of existing children indicates the intensity of sex selection in the higher order of births. It can be seen from the figure 3 that the SRB for the first order of birth is 107, which falls slightly above the normal range showing that only minimal sex selection happening for the first child. However for the 3rd and above order of birth, SRB is significantly masculine at 247 boys per 100 girls. This in other words explains that there are only about 30 percent chance for a girl to be born in 3+ birth orders. The Chi-square trend analysis has also produced the same results as presented in the table No.2. Trend is statistically significant (∞ 2 P value < 0.000)

Figure 2 SRB by Birth Order

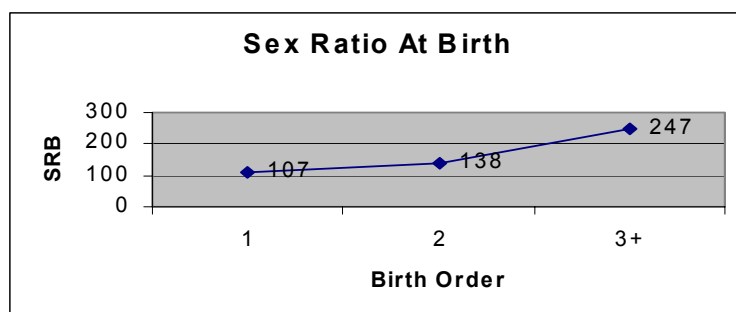


Table 2 Sex selection at higher birth order; chi-square trend analysis

Birth Order	Present child male	Present child female	Mental Haenzel Odds Ratio	(χ^2 P value)
1	3085	2853	1	< 0.000
2	2412	1763	1.27	
3+	855	348	2.27	

SRB by birth order may conceal the intensity of the sex selective abortions, if the sex selective abortions are happening to eliminate both boys and girls to achieve ideal sex composition of children. Therefore to capture the realistic picture of sex selective abortions that are occurring, it is necessary to examine SRB by both birth order and sex composition of the previous children. Table 3 shows that, as expected, the sex composition of the existing children is an important determinant for the sex of the next child. The difference is very conspicuous for the second child depending on whether the first child is a boy or a girl. The SRB for the second order birth for those who have already one male child is 1.04 [959 girls per 1000 boys], which is within the range of normally occurring SRB. However when the first child is a girl, the SRB for the second order of birth is as high as 1.85 [542 girls per 1000 boys]. Similarly, SRB is as high as 4.56 [219 girls per 1000 boys] for the 3rd order birth when both the earlier children are girls.

Table 3 SRB by sex of the previous children

Birth Order	Sex composition of previous Children	N	Number of female birth per 1000 male birth	SRB Hospitalised Deliveries
2 nd order	One male child	2091	959	1.04
	One female child	2075	542	1.85
3 rd Order	One male child and one female child	391	558	1.79
	Two male children	161	894	1.12
	Two female children	474	219	4.56

Irrespective of order of birth the number of previous children had a significant impact on the sex of the present child. Conversely, there is a 'dose response'

relationship as presented in table 4. Additionally, the impact of number of previous male children on the sex of the present child is still in favour of having male child as explained in table no.5.

Table 4 Sex selection and number of previous female children; chi-square trend analysis

No. of previous female children	Present child male	Present child female	SRB	Mental Haenzel Odds Ratio	(χ^2 P value)
0	4243	3948	1.07	1	< 0.000
1	1610	864	1.86	1.73	
2+	499	125	3.99	3.71	

Table 5 Sex selection and number of previous male children; chi-square trend analysis

No. of previous male children	Present child male	Present child female	SRB	Mental Haenzel Odds Ratio	(χ^2 P value)
0	4874	3664	1.33	1	0.004
1	1370	1184	1.16	1.15	
2+	109	89	1.23	1.09	

Age of parents

In the sample the average age of mother is 25.73 years and that of the father is 29.19. The table 6 shows direct relation of high sex ratio at birth with the increasing age of parents. However this is inconclusive as the increase in SRB could be due to high SRB in higher birth orders as suggested in the figure 2. Additionally, we analysed the SRB across mother's age group [categorised above below the average age for first order birth] in first order birth alone. The difference was not statistically significant (χ^2 P value = 0.409).

Table 6 Age of parents

Age of mother [Number of birth]	SRB	Number of female birth per 1000 male birth	Age of father [Number of birth]	SRB	Number of female birth per 1000 male birth
Less than 24 years [3371]	1.11	902	Less than 27 years	1.16	860
Between 24 and 28 [5631]	1.26	792	Between 27 and 32	1.23	814
More than 28 [2325]	1.58	634	More than 32	1.6	627

Education of Parents

The sample shows the average years of education of the mother is 12.59 years and that of father is 13.26 years.

SRB of current births of those parents who have more than high school education is 1.24 [806 female birth per 1000 male birth]. At the same time SRB of parents with less than 10 years of education is 1.35 [739 female birth per 1000 male births]. A separate detailed examination SRB by education of father, mother and both parents together [Table 8] shows similar trends as the level of education goes up. It is interesting to note that the only category that has normal SRB is when both the parents have minimal education. It also shows that SRB is highest among those with medium levels of education [high school education].

Analysis of SRB of hospital deliveries shows that among parents who are educated [more than 10 years of education] SRB is increasing with increase in education. While SRB of the graduate parents is 1.23 [813 girls per 1000 boys] for parents with postgraduate qualification it is 1.31 [769 girls per 1000 boys].

However the distribution of male and female children across various educational categories (both parents) were not statistically significant at 5% α level.

Table 8 SRB by education of parents

	Mother			Father			Both Parents		
	N	SRB	No. of female birth per 1000 male births	N	SRB	No. of female birth per 1000 male births	N	SRB	No. of female birth per 1000 male births
0 to 7 years of schooling [up to middle school complete]	880	1.31	763	409	1.19	840	265	1.07	934
8 to 10 years of schooling [<middle school to high school complete]	2365	1.35	741	2051	1.45	690	1050	1.45	690
11 to 15 years of schooling [<high school to graduate]	6135	1.26	794	6995	1.24	807	4762	1.23	813
More than 15 years of education [higher than graduate education]	1887	1.30	769	1811	1.31	763	943	1.31	769

Occupation of Parents

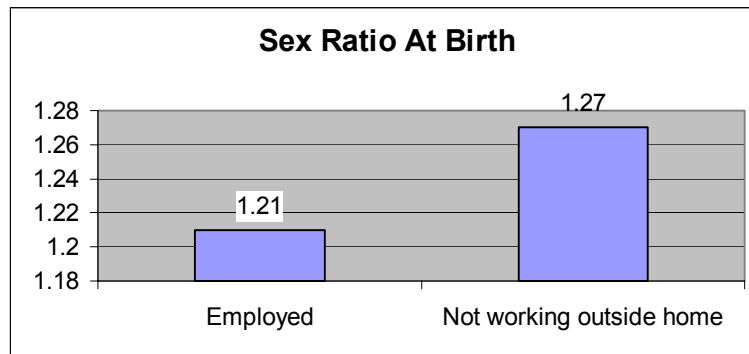
The table 9 shows different pattern of SRB for father and mother according to their different occupational status. Mother's better employment status has a positive impact on SRB [as reflected by the declining masculinity of SRB] as it moves from mothers who are not working outside home to those are employed in high end job professional job.

Table 9 SRB by Occupation of Mother

Employment status of mother	N	SRB	Number of female birth per 1000 male birth
High-end professional job	469	1.19	839
Employed	981	1.24	809
Not working outside home	9904	1.28	783

Further analysis of SRB among educated mothers [higher secondary complete and above] categorised according their employment status is also showing association of SRB with mothers' employment status [Figure 3]. SRB for mothers who are employed is 1.21 [827 girls per 1000 boys] compared to those who are not working outside home [787 girls per 1000 boys].

Figure 3 Sex ratio at birth among Educated mothers [12 years or above of education]



Father's employment status, the SRB value does not show any such trends, as seen in the case of mothers [table 7]. In contrast to low SRB among mothers with high-end professional jobs, SRB is relatively high when father is having high-end professional employment.

Table 7 SRB by Occupation of Father

Employment status of Father	N	SRB	Number of female birth per 1000 male birth
High end professional job	645	1.29	777
Employed	6930	1.26	793
Business	2896	1.26	796
Employed in the unorganised sector	644	1.36	736

Analysis of SRB according to both the parent's occupation reinstates the fact that SRB is consistently masculine when mothers are not employed outside home.

Table 8 Occupation of Parents

Occupation of father	Occupation of Mother	N	SRB	Number of female birth per 1000 male birth
High-end professional job	Employed	197	1.17	859
High-end professional job	Domestic Work	448	1.35	743
Business + Farmer	Employed	196	1.25	847
Business + Farmer	Domestic work	2815	1.26	800
Employed	Employed	1050	1.22	823
Employed	Domestic work	6524	1.28	783

Discussion and Conclusions

In our analysis of ten-year hospital birth data of Delhi shows increasing trends in SRB from 1993-94 period and then stabilises after 1997-98 period. The information assumes importance when we relate this data with another set of birth data of hospitalised deliveries of Delhi collected by Registrar General's office for five-year period of 1987 –92 [Raju and Premi, 1992]. The study, based on about 35000 hospitalised births noted an increase in SRB from 1.06 in the initial year to 1.09 in the last year. The present study also shows the continuation of such trend up to the year 1997/98. The SRB of overall births of Delhi estimated from the NFHS 1 [for the period 1978-92] and NFHS 2 [for the period 1984-98] also shows an increase from 1.11 to 1.12 [Retherford, Roy 2003]

From 1997-98 period onwards the sex ratio is hovering around 860 female birth per 1000 male birth. This is slightly worse than the child sex ratio of 865 according to 2001 census for the state of Delhi. Even at this level the SRB is at a dangerous point to produce serious social consequences in the coming future. However it should be kept in mind that our estimate of hospital data has been

from large hospitals of Delhi, which may tend to differ from that of smaller nursing homes, though we argue otherwise.

It is unclear that whether the stabilization of sex ratio from 1997-98 period has any relation to the PNDT Act 1994, which came in to existence from 1996 onwards. If at all we attribute the stabilization factor to the 1994 Act, it could only be able to arrest further spread of misuse of technology and could not reduce the level of malpractice that had been already happening.

Existence of intensive son preference is evident from the estimation of SRB according to the order of birth and sex composition of the previous children. Most of the sex selective abortions are occurring for the second or higher order of birth when the previous children are females. There is also evidence that some amount of sex selective abortions of girls are taking place for the third order birth even while the families have existing children of both the sexes. NFHS-2 survey [2000] has reported that women in Delhi wanted more number of sons than the daughters. It shows that for an average ideal family size of 2.4 children, the desired number of sons is 1.2 and daughters is 0.9 and 0.3 of either sex. It also reports that the proportion of women expressing desire for a son increases with the number of living children. Among women with two living children, 71 percent want their next child to be a son, 10 percent want a daughter, and only 19 percent say that the sex of the child is up to God or does not matter.

Pressure on families to have male children is clearly evident from table 1 showing SRB by order of birth and sex of previous children. It also helps us to visualize the picture of the probable nature of India's population under any coercive population control policies. Experience of China shows that coercive population control policies did reduce couple's demand for children, but did not change their attitude towards having male children [Wen 1992, Zhirong [2000]. Any vigorous measures for control of population growth in India will be disastrous for the SRB, which will be highly skewed against females.

The impact of parent's education on SRB appears to be rather inconclusive. Analysis shows a better SRB values for parents who are educated more than 10 years compared to those who are less educated. In the NFHS 2 report [2000] for

the state of Delhi has also noted that the son preference [as indicated by the percentage who want more sons than daughters] is relatively weak among mothers with high school or more of education and also for women whose husbands had completed higher secondary school. However study data hint that there is no difference in the son preference among parents with different levels of education.

This finding contradicts the popular belief that education helps to bring down the gender disparities. The probable explanation for this unexpected finding is the decreasing levels of fertility among the educated women forcing families to resort to sex selective abortions to have their desired number of sons in a small family.

SRB according to employment status of mothers suggest the influence of women's economic empowerment in shaping the family organization strategies. Women who are not working outside home show worse SRB figures compared to those who are employed. Comparison of SRB figures according to the women's employment status and number of years of education strengthens the argument that even improvements in women's education unless resulted in employment and therefore economic empowerment, may not alter the status of women in the society. A community based study of sex selective abortions in the state of Maharashtra also noted that women who seek abortions for sex selective reasons appear to be differ from other abortion seekers; they have lesser autonomy, weaker decision making power within the households and therefore more vulnerable to produce male heirs [Ganatra,2001].

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