
SEX-SELECTIVE ABORTION: AN INTRODUCTION AND CASE STUDY

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ABSTRACT

Despite advances in civil rights and the recognition by most developed nations that discrimination on the basis of sex alone is inherently unjust, a very real and pervasive form of sex discrimination is still permitted and practiced in the world today.

When women are born, they are born free and they should be free. But lamentably, old societal practices and perceptions about women and how they should be, especially in regards to their sexual and reproductive identities, are forced upon them even before their very births. These negative, detrimental thoughts hinder not only women, but societal progress. Society reduces women simply to their ability to reproduce and have intercourse when they should be so much more than that. Men and women must fight back against these stigmas. One such practice detrimental to women is sex-selective abortion. Abortion in itself has its own risk factors, however specifically killing off girl babies alone pose further threats.

The premature elimination of female foetuses is a widespread phenomenon in Asian countries. In fact, Amartya Sen (2003) has uncovered that in the last century, “100 million women have been missing in South Asia due to ‘discrimination leading to death’ experienced by them from womb to tomb in their life cycles”

Sex selective abortion is the procedure of abortion to terminate the foetus from the womb of the mother before taking birth after the sex recognition tests like an ultrasound scan. It is no surprise that it is more than often the girl baby that is aborted with the help of sex selection. Practices such as this are especially widespread in patriarchal societies like India. While female infanticide was restricted to certain populations, sex-selection has spread across the country and disproportionate sex ratios have been noted in almost every state. This kind of abortion has a profound effect.

This paper discusses what sex-selective abortion is and what are its effects. It further presents a case study on the present situation in Haryana and how the same can be tackled through timely effective measures involving both the government and the people at large.

WHAT IS SEX SELECTIVE ABORTION?

Sex selection refers to the practice of using medical techniques to choose the sex of an offspring and sex-selective abortion is the abortion of a preborn child simply because the child's sex was not what the parents wanted, which is used in countries where son preference is common as a means to attain a couple's desired number of sons and desired family composition¹. Sex selective abortions raise a wide range of moral, legal and social issues, reinforcing discrimination and sexist stereotypes towards women by devaluing females. It also brings about an implication that women are to be valued only if they are able to produce sons².

Sex selection can take place before a pregnancy is established, during pregnancy through prenatal sex detection and selective abortion, or following birth through infanticide or child neglect³.

Normally, 103-107 boys are born for every 100 girls. But an analysis has found evidence of an unnatural excess of boys in various countries since the 1970s, when sex-selective abortions started becoming available. An analysis of worldwide population data suggests that a majority of these missing girls are in China and India⁴.

EFFECTS OF SEX SELECTIVE ABORTION

Women have to deal with the possible pressure she is going to face when the sex of the foetus is determined as female, which varies from blackmailing to psychological and physical violence. The highly tilted national sex ratios lead to undesirable social consequences principally for women and girls.

Societies with heavily lopsided sex ratios may face a dearth of women for marriage, which could increase the likelihood of coerced marriages or bride abduction, trafficking of women

¹ Gender and Genetics, World Health Organization, available at <https://www.who.int/genomics/gender/en/index4.html>

² The Legal Ban on Sex-Selective Abortions: A Step Backwards to Women's Reproductive Health and Rights in Armenia, Nikolay Hovhannisyan, GHLG Blog, available at <https://www.rug.nl/rechten/onderzoek/expertisecentra/ghlg/blog/the-legal-ban-on-sex-selective-abortions-06-08-2017?lang=en>

³ Preventing Gender-Biased Sex Selection, An Integrated Statement OCHR, UNFPA, UNICEF, UN Women and WHO

⁴ Sex-Selective Abortions May Have Stopped the Birth of 23 Million Girls, Debora Mackenzie, New Scientist, available at <https://www.newscientist.com/article/2199874-sex-selective-abortions-may-have-stopped-the-birth-of-23-million-girls/>

and girls, rape and other violent actions⁵. A society that lacks enough women to bear children is unsustainable. In countries where women feel great pressure to produce a male child are likely to undergo as many pregnancies as necessary to get the much-desired son, which can be detrimental to their health.

Sex-selective abortion also affect men. A number of assumptions have been made about the effects of the male surplus on these men who are unable to marry. First, it has been assumed that the lack of opportunity to fulfil traditional expectations of marrying and having children will result in low self-esteem and increased susceptibility to a range of psychologic difficulties.⁶ It has also been assumed that a combination of psychologic vulnerability and sexual frustration may lead to aggression and violence in these men.⁷ There is good empirical support for this prediction: cross-cultural evidence shows that the overwhelming majority of violent crime is perpetrated by young, unmarried, low-status males.⁸ In China and parts of India the sheer numbers of unmated men are a further cause for concern. Because they may lack a stake in the existing social order, it is feared that they will become bound together in an outcast culture, turning to antisocial behaviour and organized crime, thereby threatening societal stability and security⁹.

Studies show that despite abortion being legal, the relevance of unsafe abortion demonstrates a major public health problem in India. Socio-economic vulnerability and inadequate access to healthcare services combine to leave large numbers of women at risk of unsafe abortion and abortion-related deaths.

POSITION OF LAW

All girls have a fundamental and inherent right to be born and to live. Public awareness campaigns should also promote the value of girls in general and their right to be born as a

⁵ A Problem and Solution Mismatch: Son Preference and Sex Selective Abortion Bans, Sneha Barot, *Guttmacher Policy Review*, Vol, 15, Issue 2, available at <https://www.guttmacher.org/gpr/2012/05/problem-and-solution-mismatch-son-preference-and-sex-selective-abortion-bans#>

⁶ A Surplus of Men, a Deficit of Peace: Security and Sex Ratios in Asia's Largest States, Valerie M. Hudson and Andrea Den Boer, *International Security*, Vol. 26, No. 4, available at <https://www.jstor.org/stable/3092100>

⁷ The Sex Ratio as a Predictor of Cross-National Variation in Violent Crime, Nigel Barber, *Cross-Cultural Research*, Volume 34 Issue 3, available at <https://journals.sagepub.com/doi/abs/10.1177/106939710003400304>

⁸ The Sex Ratio, Family Disruption, and Rates of Violent Crime: The Paradox of Demographic Structure, Steven F. Messner, Robert J. Sampson, *Social Forces*, Volume 69, Issue 3, available at <https://academic.oup.com/sf/article-abstract/69/3/693/2232451>

⁹ The Consequences of Son Preference and Sex-Selective Abortion in China and Other Asian countries, Therese Hesketh, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3168620/#b10-1831374>

fundamental and non-revocable human right.

States have an obligation under human rights laws to respect, protect and fulfil the human rights of girls and women. In addition, most States are signatories to the 1994 Programme of Action of the International Conference on Population and Development (ICPD). As part of this undertaking States agreed to “eliminate all forms of discrimination against the girl child and the root causes of son preference, which result in harmful and unethical practices regarding female infanticide and prenatal sex selection.”¹⁰

Further, gender equality is founded on the fundamental principles of the 1946 UN Charter and the Commission on the Status of Women (CSW) and is also enshrined in the Universal Declaration of Human Rights.

The United Nations 2030 Agenda, Sustainable Development Goals (SDGs) is the world’s first truly global policy, complete with targets, indicators, implementation plans; monitoring and evaluation mechanism in order to transform the world into a more equitable, peaceful and healthy planet. “People” is the first and most important pillar (amongst the 5Ps) upon which the 2030 Agenda is built. SDG 5 aims to achieve gender equality and empower all women and girls. The UN has defined 9 Targets and 14 Indicators for SDG 5. Targets specify the goals and Indicators represent the metrics by which the world aims to track whether these Targets are achieved. Some important targets to achieve this include eliminating forced marriages, allowing universal access to reproductive rights and health, ensuring equal rights to economic resources, property ownership and financial services; and having in place appropriate systems to track gender equality¹¹.

INDIA AND SEX-SELECTIVE ABORTION

In patriarchal cultures like in India, where sons are preferred for cultural and economic reasons, the preference for male offspring can become evident in a number of ways and lead to practices such as sex-selective abortion, female infanticide or post birth neglect such as differential allocation of household resources and medical care or abandonment¹². The reasons for this son preference are many. Inheritance and land rights pass through male heirs, aging parents depend

¹⁰ Preventing Gender-Biased Sex Selection, An Integrated Statement OCHR, UNFPA, UNICEF, UN Women and WHO

¹¹ Sustainable Development Goals, available at <https://sdg-tracker.org/gender-equality#targets>

¹² Sex-Selective Abortion in India, Population Research Institute, available at <https://www.pop.org/sex-selective-abortion-in-india/#>

on support from their sons and greater male participation in the workforce allows them to contribute more to the family income. On the contrary women require dowry to marry them off and leave their paternal family upon marriage which on the whole makes them an unproductive investment. Further, only sons can carry out certain functions under religious and cultural traditions¹³. Apart from this declining fertility, unequal status of women, accessibility of ultrasound technology and abortion technology are some other causes of sex-selective abortion in India.

Historically, in India the elimination of girls was tied to female infanticide. This practice was limited to upper-class warrior castes, who devalued women due to the economically draining custom of hypergamy (marriage of a woman with a man from a higher social group). Contemporarily, the advent and easy accessibility of sex determination technology has coincided with the preponderance of sex-selective abortions. In fact, sex-selection has largely come to replace female infanticide as a method of eliminating females.¹⁴

Population Research Institute has found that approximately 15.8 million girls have gone 'missing' at birth due to sex-selective abortions since 1990¹⁵.

The Indian Census does not publish sex ratios at birth, but rather child sex ratios, expressed as the number of females below the age of 7 for every 1,000 males. The last four census surveys point to rapidly increasing disparities. The child sex ratio dropped from 962 (girls to 1,000 boys) in 1981 to 945 in 1991 to 927 in 2001 and according to the last census in 2011, the ratio decreased further to 914¹⁶. According to the latest publicly available Civil Registration System data the country's sex ratio at birth declined further to 877 girls per 1,000 boys in 2016¹⁷.

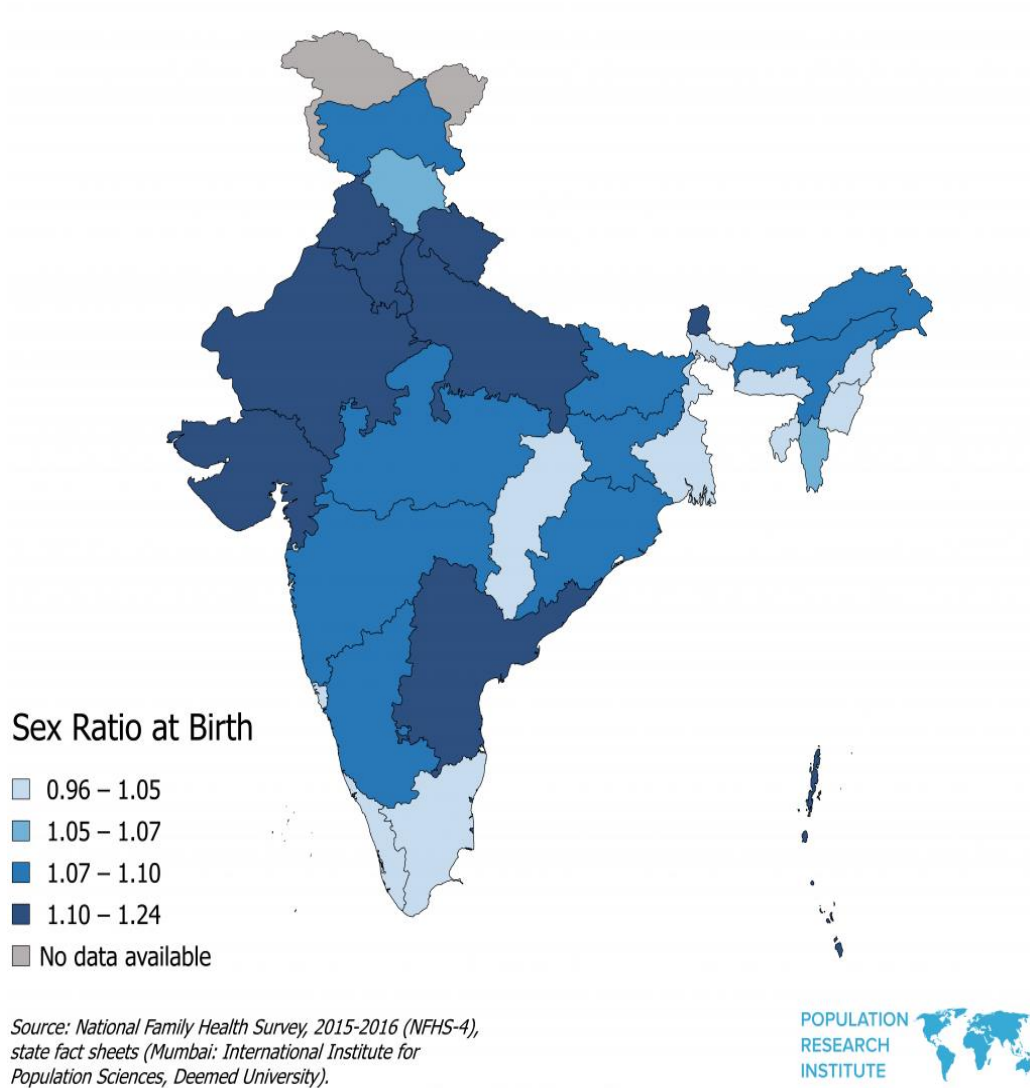
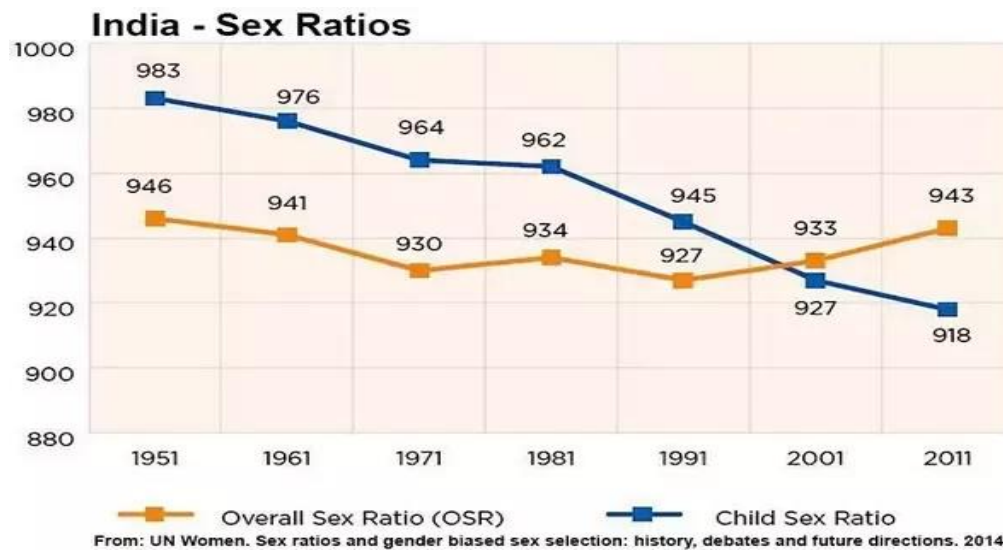
¹³ A Problem and Solution Mismatch: Son Preference and Sex Selective Abortion Bans, Sneha Barot, Guttmacher Policy Review, Vol, 15, Issue 2, available at <https://www.guttmacher.org/gpr/2012/05/problem-and-solution-mismatch-son-preference-and-sex-selective-abortion-bans#>

¹⁴ Sex-selective Abortion in India: Exploring Institutional Dynamics and Responses, Sugandha Nagpal, *McGill Sociological Review*, Volume 3, available at <https://www.mcgill.ca/msr/volume3/article2>

¹⁵ Sex-Selective Abortion in India, Population Research Institute, available at <https://www.pop.org/sex-selective-abortion-in-india/#>

¹⁶ Office of the Registrar General and Census Commissioner, Census of India 2011, 2012, <<http://censusindia.gov.in/2011census/censusinfodashboard/index.html>>

¹⁷ A Clampdown on Female Foeticide has Worked, Sadhika Tiwari and Sana Ali, *Indiaspend.com*, available at https://amp-scroll-in.cdn.ampproject.org/v/s/amp.scroll.in/article/941128/haryanas-sex-ratio-is-improving-but-a-lot-remains-to-be-done-to-change-mindsets?amp_js_v=a3&_gsa=1&usqp=mq331AQFKAGwASA%3D#aoh=15961081436426&referrer=https%3A%2F%2Fwww.google.com&_tf=From%20%251%24s&share=https%3A%2F%2Fscroll.in%2Farticle%2F941128%2Fharyanas-sex-ratio-is-improving-but-a-lot-remains-to-be-done-to-change-mindsets



2011 Census			2001 Census		
#	State	Sex ratio	Child sex ratio	Sex ratio	Child sex ratio
-	India	943	918	933	927
1	Kerala	1084	964	1058	960
2	Puducherry	1037	967	1001	967
3	Tamil Nadu	996	943	987	942
4	Andhra Pradesh	993	939	978	961
5	Chhattisgarh	991	969	989	975
6	Meghalaya	989	970	972	973
7	Manipur	985	930	974	957
8	Orissa	979	941	972	953
9	Mizoram	976	970	935	964

Source: Sex Ratio in India, Census 2011 – available at <https://www.census2011.co.in/sexratio.php>

According to Population Research Institute, at least 12,771,043 sex selective abortions took place in India between 2000 and 2014 making a daily average of sex-selective abortion to 2,332¹⁸.

¹⁸ India Witnesses One of the Highest Female infanticide Incidents in the World: Study, Down to Earth, available at https://www.downtoearth.org.in/cdn.ampproject.org/v/s/www.downtoearth.org.in/news/health/amp/india-witnesses-one-of-the-highest-female-infanticide-incidents-in-the-world-54803?amp_js_v=a3&_gsa=1&usqp=mq331AQFKAGwASA%3D#aoh=15961079434409&referrer=https%3A%2F%2Fwww.google.com&_tf=From%20%251%24s&share=https%3A%2F%2Fwww.downtoearth.org.in%2Fnews%2Fhealth%2Findia-witnesses-one-of-the-highest-female-infanticide-incidents-in-the-world-54803

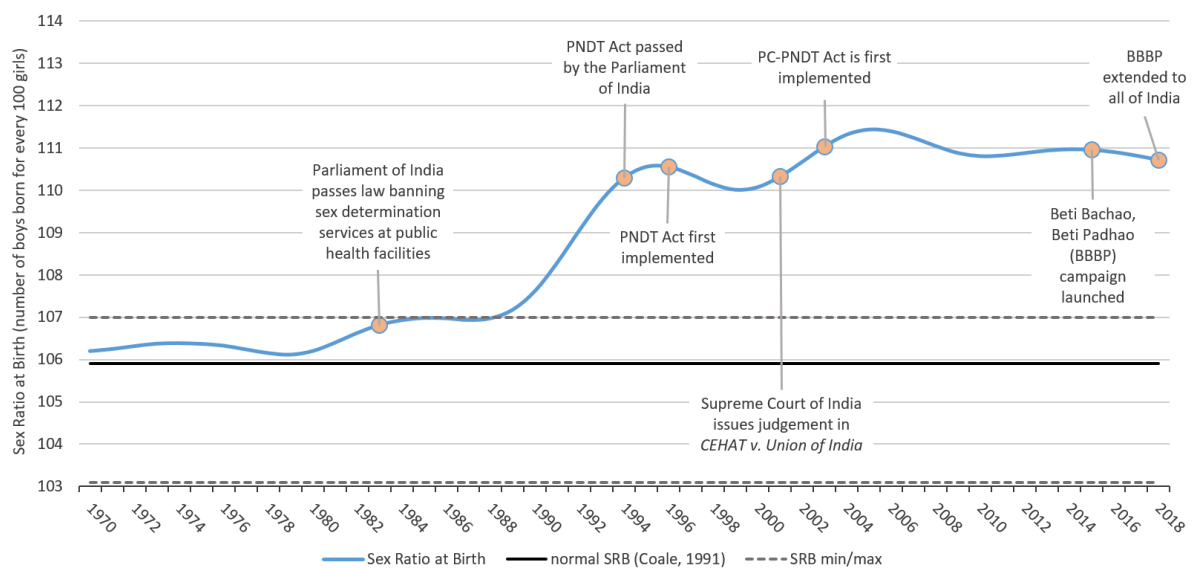
India also has one of the highest female foeticide incidents in the world. The female child population in the age group of 0-6 declined from 78.83 million in 2001 to 75.84 million in 2011.

In order to address the practice of sex selection, the Indian government introduced the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 which limited the use of prenatal diagnosis to a list of selected congenital conditions and prohibits using these techniques for sex determination of the foetus. Overall, this Act called for the regulation of prenatal diagnostic procedures but failed to target newly developed sex-determinative technology. To respond to these shortcomings and due to demands by advocacy groups to ensure stricter implementation of the Act, the Supreme Court of India introduced amendments to the original Act in 2003 and renamed it to Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex-Selection) Act (PC-PNDT Act). Its focus was to educate the public about sex-selection through media campaigns and also imposed stricter regulations and limited the use of pre-conception diagnostic procedures to medically necessary situations and prohibited sex-selection. The legislation that has been made, has not reduced the incidence of sex-selective abortion but the law had a significant marginal effect that prevented the sex ratio from increasing further than it would have otherwise¹⁹.

In 2015, the government of India, in 100 select districts, launched *Beti Bachao, Beti Padhao* (Save the Girl, Educate the Girl), commonly known as BBBP, a national public awareness campaign to promote the birth, well-being, and education of girls. It aimed to combat the practice of sex selection, promote the education of girls, and advocate for the value and dignity of daughters. Through this campaign, the government has proposed taking various steps to improve the status of girls including through mass media advocacy messaging and social media, ensuring the enforcement of the PCPNDT Act, increasing the number of institutional deliveries and registered births, reducing undernourishment among girls under the age of 5, and ensuring universal enrolment of girls in education. In 2018, this campaign was expanded to all of India. Along with this campaign, the government also introduced *Sukanya Samridhi Yojana*, a special savings program that allows parents of daughters to open savings accounts in their

¹⁹ Sex-Selective Abortion in India: Exploring Institutional Dynamics and Responses, Sugandha Nagpal, *McGill Sociological Review*, Vol. 3 (February 2013)

daughter's name to save for post-secondary education and this account earns interest at a special interest rate with tax exemptions²⁰.



Source: Sex-ratio at birth (SRB) calculated from: United Nations, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision. Normal SRB taken from: Coale AJ. Excess female mortality and the balance of the sexes in the population: an estimate of the number of "missing females". The Population and Development Review 1991 Sep;17(3):517-23.



As part of the National Rural Health Mission, the Ministry of Health and Family Welfare instituted a community health worker called Accredited Social Health Activist (ASHA). ASHAs are local women trained to act as health educators and promoters in their communities. They act as an interface between the community and the public health system. At the village level various committees of the Gram Panchayat and peripheral health workers act as a major source of support to ASHA.

CASE STUDY – LOOKING INTO THE SITUATION IN HARYANA

In the northern State of Haryana, the discrepancy in the child sex ratio has increased to 830. Haryana has historically had one of the lowest sex ratios in the country. It had 833 girls for 1,000 boys at birth in 2011, according to the government's Civil Registration System data²¹. In March 2018, it was reported that Haryana's skewed sex ratios has led to villages with few

²⁰ Sex-Selective Abortion in India, Population Research Institute, available at <https://www.pop.org/sex-selective-abortion-in-india/#>

²¹ A Clampdown on Female Foeticide has Worked, Sadhika Tiwari and Sana Ali, Indiaspend.com, available at https://amp-scroll-in.cdn.ampproject.org/v/s/amp.scroll.in/article/941128/haryanas-sex-ratio-is-improving-but-a-lot-remains-to-be-done-to-change-mindsets?amp_js_v=a3&_gsa=1&usqp=mq331AQFKAGwASA%3D#aoh=15961081436426&referrer=https%3A%2F%2Fwww.google.com&_tf=From%20%251%24s&share=https%3A%2F%2Fscroll.in%2Farticle%2F941128%2Fharyanas-sex-ratio-is-improving-but-a-lot-remains-to-be-done-to-change-mindsets

female children, brides being bought for money as there are too few women for men to marry, and forced marriage with women outside the State²².

Rank	State	Sex ratio 2011(A)	Sex ratio 2001 (B)	Difference (A-B)
1	Daman and Diu	618	710	-92
2	Dadra and Nagar Haveli	774	812	-38
3	Chandigarh	818	777	41
4	Delhi	868	821	47
5	Andaman and Nicobar Island	876	846	30
6	Haryana	879	861	18
7	Jammu and Kashmir	889	892	-3
8	Sikkim	890	875	15
9	Punjab	895	876	19
10	Uttar Pradesh	912	898	14

Source: Top 10 States having lowest Sex Ratio of India, Census 2011 – available at <https://www.census2011.co.in/facts/lowsexratiostate.html>

According to an article that appeared in the Wall Street Journal, Haryana State officials estimate that sex determination may be a \$30 million industry in that one State alone.

In extrapolating on the root causes of sex-selective abortion most studies have identified the economic and social devaluation of women as core factors. This is illustrated by a study conducted by the Voluntary Health Association of India in Kurukshetra, Haryana which surveyed 1,401 households, 999 married women, 72 doctors and 64 Panchayat members. They found that the most immediate cause of sex-selective abortion identified by the participants was

²² Modern-day Slavery in Focus, The Guardian, available at <https://www.theguardian.com/global-development/2018/mar/07/india-girls-women-trafficked-brides-sexual-domestic-slavery>

the perception of daughters as economic and social liabilities due to factors like dowry costs, protection of daughter's chastity and concern about her marriage²³.

A study on the Conditional Cash Transfer Scheme (CCT) program Apni Beti Apna Dhan (Our Daughter Our Wealth) in Haryana found that, from 1994 to 2006, women deemed to be eligible beneficiaries under the program were significantly more likely to have a lower sex ratio among their living children. Eligible beneficiaries were also more likely to have a higher proportion of their ideal number of children of girls, though the trend was not significant.

For the purpose of this Paper, we will be focussing solely on the city of Gurgaon. As per provisional reports of Census India, population of Gurgaon in 2011 is 876,969; of which male and female are 475,032 and 401,937 respectively. Although Gurgaon city has population of 876,969; its urban / metropolitan population is 902,112 of which 488,251 are males and 413,861 are females. Gurgaon has the lowest sex ration within Haryana.

Gurgaon City	Total	Male	Female
City + Out Growths	886,519	480,042	406,477
City Population	876,969	475,032	401,937
Literates	669,708	376,978	292,730
Children (0-6)	111,801	60,456	51,345
Avg. Literacy (%)	87.52%	90.93%	83.50%
Sex Ratio	846		
Child Sex Ratio	849		

Source: Gurgaon City Census 2011 data – Available at <https://www.census2011.co.in/census/city/46-gurgaon.html>

WHAT CAN BE DONE TO BRING ABOUT CHANGE

Nothing can realistically be done to reduce the current excess of young males, but much can be

²³ Sex-Selective Abortion in India: Exploring Institutional Dynamics and Responses, Sugandha Nagpal, McGill Sociological Review, Vol. 3 (February 2013)

done to reduce sex selection now, which will benefit the next generation. Realization of the potentially disastrous effects of this distortion in the sex ratio in itself is a welcome step in the right direction.

Sex selection being the product of patriarchy, the battle against sex selective abortions should include a combination of social programs aimed at the root causes of sex selection, i.e., decreasing son preference and establishing gender equality. Presenting women as agents that help their families and the society at large to flourish, increasing women's leadership opportunities and empowering them are also paramount to bring about the desired change. In order to effect real, immediate, and lasting change in reducing the practice of sex-selection, it is necessary that steps also be taken to promote the value of the lives of unborn girls and to actively discourage recourse to abortion. Attitudes that abortion is preferable to other life- and rights-affirming options such as adoption or foster care must be reversed to give girls a chance at life.

Awareness campaigns should focus on the problems faced by young men in finding brides. It is essential that effective enforcement of the law be paired with a cultural transformation in which there is respect for the equal dignity and value of women and in which negative attitudes towards having girls are done away with. The past example of South Korea and Azerbaijan is perhaps the clearest example of how taken together, effective restrictions, effective enforcement and cultural transformation can eliminate the practice of sex-selective abortion. Programs promoting social change should emphasize positive reasons men and women in India already have for wanting daughters.

Addressing unequal gender attitudes is crucial to reducing the incidence of sex-selective abortion in the long-term. Unequal gender attitudes fuel son preference, which in turn provides the motivation for sex-selection.

A number of interventions used to combat the practice of female infanticide may also be used to combat sex-selective abortion. Infanticide and abortion are not fundamentally different from each other, since both practices involve the elimination of a living daughter. Both practices are generally derived from similar motivations and sets of values, namely finding it acceptable to engage in sex selection by terminating the life of an unwanted daughter.

Public Awareness Messaging that incorporates and reinforces the common reasons men and women in India already cite for wanting daughters is most likely to be readily and widely

accepted. By playing into positive cultural attitudes towards girls accepted by most couples, messaging will resonate more and will less likely be perceived as foreign or hostile. Studies have shown that men and women report a number of different reasons for wanting a daughter, including emotional support, carrying out certain Hindu rituals such as kanyadan, Raksha bandhan, and ancestor worship, providing help around the house or providing help with the family business, providing care for parents when sick or old, and for improving their parents' social status. At the same time, however, public awareness messaging should not only seek to reinforce cultural-based reasons why Indian couples desire daughters, but should also advocate for the equal status of girls and their equal potential to contribute to their families. Spread the message that girls are no less than boys using examples.

Public awareness messaging that informs certain groups about India's laws protecting women's equality may have some effect in reducing the incidence of sex-selective abortion. Studies have shown that women who know that sex selection is illegal are significantly less likely to display strong son preference. On the other hand, men who had knowledge of the PC-PNDT Act were significantly more likely to display son preference, but were significantly less likely to display son preference if they knew that Indian law grants daughters right to inheritance.

Empower the ASHA workers. It is the duty of the ASHA worker to be a health activist in the community who will create awareness on health and its social determinants. As such there is no one better to help prevent sex-selective abortion. In the district of Jhajjar improved sex ratio at birth was achieved through punitive action for sex-selective abortion, counselling of parents and families, tracking pregnancies and through campaigns to change the well rooted perceptions about girls. The basic grass root work for this was done by the ASHA workers. ASHA workers have easy access to the homes of the public as they are often locals within the community. It would be efficient when someone who is already familiar with the people asks them to do something, then a newcomer.

16506 ASHAs (out of targeted 18008) were selected and positioned up to August, 2013 in the State of Haryana²⁴.

Grassroot monitoring will also prove to be helpful. The ASHA workers along with the frontline health workers can track every pregnancy in a village and this data can be used to monitor the

²⁴ASHA, National Health Mission, Haryana, available at <http://www.nhmharyana.gov.in/programDetails.aspx?id=11>

attitude changes in the woman and her family. They can counsel the woman and her in-laws and thereby save the life of the unborn child.

In the district of Jhajjar, it has been reported that auxiliary midwives²⁵ track pregnancies. This is done by registering a pregnancy in the first trimester and subsequently tracking the mother's monthly visits to the doctor. They take special care to monitor the mother and ensure that she does not go for sex selection if the first born is a girl. Furthermore, pregnancy kits are also tracked in such a manner that if anyone uses it an auxiliary nurse midwife or an ASHA worker gets the information.

The 'Cradle Baby Scheme' was a welfare scheme launched in Tamil Nadu wherein anyone could give their new born babies to the State and the State would take care of the baby and give them up for adoptions. It was a scheme launched to eradicate female infanticide. Children rescued through this scheme was rehabilitated with an alternate family. This scheme showed a positive effect. Cradle Baby Centres are usually located at government hospitals and Primary Health Centres. The babies are reported to the district Child Welfare Committee who then adds them to the system for adoption.

This same Scheme can be introduced in the city of Gurgaon. The ASHA workers and midwives can coordinate the works through the help of data they have collected for pregnancy tracking. The ASHA workers can also seek support from the Anganwadi Workers and Auxiliary Nurse Midwives for this purpose.

It is not easy to eradicate a social injustice. However only through collective and effective action can we even hope for a change. Small steps taken together end in big actions. A small change in a small city can lead to a greater change across the globe which is what should be the focus of each and every one of us. Let's begin to believe that change begins with us.

²⁵ a village-level female health worker in India who is known as the first contact person between the community and the health services