

An overview on Pre-natal Diagnostic techniques Act and it's Implementation

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Abstract: *The main idea for writing this paper “An overview on Pre-natal diagnostic techniques Act and its implementation” is to examine pre-natal diagnostic techniques Act and to evaluate its use and misuse in the society. The Act is enacted to prohibit sex selection before and after conception and for the regulation of pre-natal diagnostic techniques for the purpose of detecting any kind of abnormalities or malformations. There has been increase in the number of female feticides in India and these new techniques are responsible for sex selective abortions. The government is unable to tackle the problem of sex selective abortions and it is basically because there is no proper implementation of the Act. The poor status of women in the society is actually the root cause of the problem. It is the main concern that law is already enacted since from 1994 to address the problem but still there is prevalence of sex selective abortion or female feticide. However, it is remarkable to note that female foetus is eliminating just because they are female. In Indian society discrimination towards female child still exists due to various socio-cultural reasons.*

Keywords: *Pre-natal diagnostic techniques, sex selective abortions, female feticide.*

I. Introduction

There has been development in various modern technologies over the time and as a result there has development in various reproductive technologies such as- ultra sound machine. The male child preference in India has led the female infanticide in India in the earlier period. At present, easy availability and accessibility of new technologies has led to the female feticide. India has witnessed alarm in declining female child ratio within the age group of 0-6 years and government has enacted Pre-conception and Pre-natal diagnostic techniques Act with the aim to prevent sex selective abortion.

In 1994, the Parliament passed the legislation banning sex-determination test except for certain purposes. The government has enacted the Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994(herein after called as PNDT Act).

II. An overview of the PNDT Act

The PNDT Act provides for regulation of genetic counseling centers, genetic laboratories and genetic clinics and also regulates pre-natal diagnostic procedures. The medical professional running the genetic centre has to be registered under the PNDT Act.¹

It allows the use of prenatal diagnostic techniques for the purpose of specific genetic abnormalities or disorders only and to put down a prohibition on the use of these techniques for determining the sex of the foetus by any such person under the Act.²

The Act also prohibits any kind of advertisements on pre-conception and pre-natal sex determination of foetus or sex selection of foetus is prohibited. The Act provides for three years imprisonment and fine upto ten thousand rupees as punishment in contravention of the Act³and representatives of women's welfare organization to exercise the power and performs the functions conferred on the board under the Act.⁴

The Act was amended in 2002 and called as the Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act. The amended Act confers a broader aspect so as to protect female foeticide in India which is seriously impairing the socio-cultural fabric of India. Section 3A of the Act prohibits sex determination test. This section has been inserted by amended Act of 2002, provided that no person including a term of specialists in the field of infertility shall conduct or cause to be conducted or aid in conducting by himself or by any other person, sex selection on a woman or a man or on any tissue, embryo, conceptus, fluids or gametes derived from either or both of them.

¹ Section 3, Pre-natal Diagnostic Techniques Act

² Section 3A, inserted after amendment of the Act on 2003.

³ Section 22, the PNDT Act

⁴ Section 7, The Pre-Natal Diagnostic Act

Likewise, section 3B has also been inserted under the Pre-Natal Diagnostic Techniques Act (Regulation and Prevention of Misuse) Act, 1994 which came into force on 1-1-1996. and the Act was renamed and amended in 2002 by the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Amendment Act, 2002. The said Act came into force on 14-2-2003. The Act amended to prohibit sale of ultrasound machine etc, to persons, laboratories, clinics, which are not registered under the Act

The object of the Act is mainly to prohibit the pre-natal sex determination test of a fetus so that the pre-natal diagnostic techniques may not be used for obtaining sex-selective abortion. It also aims to regulate pre-natal diagnostic technique for the useful purpose for which it has been intended, such as:-

- a) where the age of the pregnant women is above 35 years (advance maternal age)
- b) where the pregnant woman has undergone two or more spontaneous abortions or foetal loss.
- c) where the pregnant woman had been exposed to potentially teratogenic agents such as drugs, radiation, infection or chemicals.
- d) where the pregnant woman has a family history of mental retardation or physical deformities such as spasticity or other genetic disease
- e) The Central Supervisory Board may specify any other conditions as required.

The Act also provides to set up of the State level Supervisory Bodies to look after the illegal practices such as sex-selective abortion. The Act lays down provision for the constitution of the appropriate authority which includes efficient women member and a legal expert. The officers to be appointed under appropriate authority are as follows:

- i) joint director of Health and Family Welfare as the chairperson
- ii) Eminent woman representing women's organization and
- iii) Eminent legal expert.

The following functions are entrusted to the Appropriate Authority:

- 1) To create public awareness against the practice of pre-conception and pre-natal sex determination.
- 2) To supervise the implementation of the provision of the Act and rules.
- 3) To recommend to the Central supervisory Board modification required in the Act or Rules in accordance with changes in technology or social conditions.
- 4) To send such reports to the State Board regarding the activities undertaken in the State under the Act.

The Act also provides for the punishment to any such medical geneticists, gynecologists, registered medical practitioners or any person who owns a genetic clinics, centre or laboratory or employed in it or renders his professional or technical services on an honorary basis or otherwise and who contravenes any of the provisions of the Act or rules made hereunder shall be punishable with imprisonment for a term upto 3 years and with fine upto Rs1.0,000/ and in case of subsequent conviction with imprisonment upto 5 years and fine upto Rs. 50,000/. Besides, name of the registered Medical Practitioner convicted by the court shall be reported to the State Medical Council for temporary cancellation of medical registration for a period of 2 years for the first time and permanently for the subsequent offence.⁵

Similarly, if any person such as a husband or any other relatives compel pre-natal diagnostic on any pregnant woman for the purpose other than those mentioned above shall also be punished with similar punishment and fine.⁶

The court shall presume, unless, the contrary is proved that the pregnant women has been compelled by her husband or relatives to undergo Pre Natal Diagnostic Technique and such person shall be liable for abetment of offence. Every offence under this Act shall be non-bailable, cognizable and non-compoundable under section 23.⁷

Though, the Act has been enacted by the government but there is no proper implementation of the Act. This has been shown from the "*declining sex-ratio of female child*". There are as many as 50,000 female aborted every year after pre-natal test. It is a saddest truth that this life saving techniques of ultrasonography and amniocentesis is more used to take life of an unborn child only because she is "*female*" India has a ratio of 927 females to 1000 males.⁸

Thousands of centers have grown up in all parts of a country. This has increased the number of female foeticide in India. The Medical Termination Pregnancy, Act has been enacted over more than twenty years before even than it has not curbed the illegal abortions. In the same manner, even if the Pre-Natal Diagnostic

⁵ Section 23

⁶ Section 24, shall also liable for abetment of offence.

⁷ Dr. Snehal Fadnis "*Right of a female child to be born vis-a vis the sex determination tests*" 6(2) Journal of the Institute of Human Rights 32 (2003).

⁸ Shakeel Ahmad "*Legalised Abortion: A Gender Sensitive Foeticide*" 31 Civil and Military Law Journal 235(1995)

Techniques, Act has been enacted and enforced from 1994 but, there are more and more cases coming up in regard to the sex determination abortion. The reason for the increase in the number of abortion is mainly because of the availability of sex determination and sex selection centers. If there is no strict implementation of the Pre-Natal Diagnostic Techniques, Act, it will be futile to have this Act. So there is a need for the proper implementation of the Act.⁹

The main intention for enacting this Act was to-

- a) Regulate pre-natal diagnostic technology and to restrict the detection of genetic or metabolic disorders, chromosomal abnormalities, congenital malformations or sex linked disorders.
- b) To prevent misuse of technology for the purpose of pre-natal sex selection this led to sex selective abortions.¹⁰

It has been found from the survey conducted in 1992 in metropolitan city of Bombay that 7,999 out of 8,000 aborted fetuses were female. It has been reported in a national daily that as many as 50,000 female fetuses are aborted every year after determining the sex of the foetus. In Delhi 70 percent of abortion was to abort female fetuses only.¹¹

In *CEHAT vs. Union of India*¹² Public interest litigation was filed for the implementation of the Act. The Supreme Court issued an interim order in May 2001 to the center and the state to take necessary steps to implement this law.¹³

There are unseen socio-cultural complexities lying for declining female sex ratio in most of the places of India. The Pre- Natal Diagnostic Technique Act has added fuel to the existing trend by providing sophisticated techniques to those who wants to get ride of burden of a female child. A lower sex ratio is said to be indicative of a lower status for women in the society.

III. Implementation of pre-conception and pre-natal Diagnostic Techniques Act

The PNDT Act has failed to achieve its objective because of many reasons. The machinery required to enforce the Act at the state and district levels as it was not taken seriously by the governing bodies entrusted to enforce it. Not a single pre-natal diagnostic center had been registered until 2001 in Punjab even though it was the first State to provide sex selection facilities as early as in the 1970s and the sex ratio in the age group of 0-6 years has been on the decline. A warning was issued to the general people for the prohibition of the use of sex selection of unborn to stop female foeticide.¹⁴ It was difficult to identify the purpose for which an ultra-sound test has been done due to non-maintenance of adequate records by clinics. Further, the insistence of family planning programmes on the small family norm coupled with son preference in India added pressure on families to look at sex-selection as a medium for their desired family composition.

Section 4 of the Act provides that no pre-natal diagnostic techniques shall be conducted except for the purpose of detection of any of the following abnormalities:

- i. chromosomal abnormalities
- ii. genetic metabolic disease
- iii. haemoglobinopathies
- iv. sex linked genetic disease
- v. congenital abnormalities and vi) any other, abnormalities or disease as may be specified

But the purpose of these lives saving technique is usually used for denial of life to an unborn child only on the basis of gender. Nearly, 50,000 female fetuses are aborted every year after such test. It is true that amniocentesis is an important clinical procedure to find out any kind of defects in the foetus and it is not desirable to ban it. But at the same time, it is likely to be misused to find out the sex of the foetus and further sex selective abortion. Therefore, it is urgently required to curb use of these techniques for sex selection and sex determination abortions.¹⁵

The use of the sex – determination technology by parents for the purpose of sex-selection abortion has been the major concern of the country. Internationally, the UN Special Rapporteur on Violence against Women among others has condemned such practices. Similarly, in India, there is enactment and enforcement of the Pre-

⁹ Supranote 7

¹⁰ Asmita Basu "Sex Selective Abortions" November The lawyers Collective 20(2003).

¹¹ Shakeel Ahmad "Legalised Abortion: A Gender Sensitive Foeticide" 31 Civil and Military Law Journal 233(1995).

¹² AIR 2001 SC2007.

¹³ Asmita Basu "Sex Selective Abortion" November The Lawyers Collective 20-21 (2003).

¹⁴ Preeti Mishra "Female foeticide: A Violation of Human Rights" 21 & 22 Law Review 76 (2001).

¹⁵ Shakeel Ahmad "Legalised Abortion : A Gender Selective Foeticide" 31 Civil and Military Law Journal 234 (1995).

natal Diagnostic Techniques Act, 1994 to prohibit sex- selection of the foetus. The use of these new technologies has resulted into the killing of female fetuses and sex- selective abortions.¹⁶

The reproductive rights do not include a freedom of the couples to decide on their child's sex as that is for devaluation of any of the sexes. There has been great number of sex-selective abortions of females in India and China and the obvious reason for such practice is lower status of women in society. There has been worldwide son preference but it is so deep in South Asia and the Middle East. The apparent reason for son preference in these societies is historically rooted and it is because of the male dominated society in the patriarchal system. Another reason for such practice is the social and cultural stigma attaches to the daughter or a girl child such as dowry system where considerable costs of marrying off a daughter have to pay.

Also, if the daughter does not marry she will remain dependent upon her family. Thus, a pre-natal test which is meant to detect the abnormalities of the foetus is being widely used to determine the gender of the child.¹⁷

There has been, therefore, prohibition of sex determination or selection through government initiative where the pre-natal diagnostic technique including ultrasonography for the purpose of determining the sex of a foetus is prohibited under the PNDT Act. However, in India, the situation of sex selective abortion resulted into female foeticide continues to worsen even after the introduction of the PNDT Act. The reason could be non-implementation of the Act as well as the growing misuse of reproductive technologies.¹⁸

In 1998, a Public Interest Litigation was filed in Supreme Court in a case of (Centre for Enquiry into Health and Allied Themes) CEHAT v. Union of India in May 2001¹⁹ for direction to implement Pre-natal Diagnostic Act. The Hon'ble Court passed a constructive interim order directing the Central Government and States to take all necessary steps to enforce this law. The judiciary has shown concern regarding the declining sex ratio and therefore taken steps to compliance with the Act in serious note instantly with the passing of this order.²⁰

Here, while executing the Act the Court has revealed loopholes and problems inherent in the Act. The main shortcomings highlighted were that there were no clear provisions regulating pre- conception techniques in the Act. Further, it was asserted that the Act drafted at the time when amniocentesis was considered to be the main threat which was incorrectly drafted as far as the use of ultrasound tests were concerned. Moreover, that the Appropriate Authorities constituted under the Act were abusing their powers and harassing practicing doctors. These prenatal tests are meant to discover abnormalities of the foetus are being used to determine the sex of the child, carrying out abortion if it is a female.²¹

Although, it is appropriate to spot out at this crossroad that the compliance affidavits filed by the States in the Centre for Enquiry into Health and Allied Themes (CEHAT) case shows that the most of the actions taken against doctors is on the ground of non-maintenance of proper records. There are very few cases where doctors have been caught in the act of disclosing the sex of a foetus.²²

The Supreme Court issued a series of directions during 2001-2003 to the following authorities –

- i. central government
- ii. central supervisory board
- iii. state government/ union territories administration and
- iv. other appropriate authorities.²³

The Apex Court directed all the states to confiscate ultrasound equipment from clinics that are being run without licenses. It was found that many genetic counseling centers, laboratories or clinics were not registered under the Act and no action has been taken on the matter except issuing warnings.²⁴ It seems that there was no serious effort made by the government to implement the Act thoroughly.

The Centre assured the Supreme Court that it will set up a National Inspection and Monitoring Committee for the implementation of the Act. In 2003, the court was informed that the PNDT Act has been amended in pursuance of the direction of the Supreme Court. The Government has taken necessary steps to enforce the objects of the Act.²⁵ But the saddest truth is that the sex selective abortion is still prevalent in India.

IV. Socio-legal examination of the Act

¹⁶ Maja KirilovaEriksson, *Reproductive Freedom in the context of International Human Rights* 268 (1st edition 2000).

¹⁷ Maja KirilovaEriksson, *Reproductive Freedom in the context of International Human Rights* 268 (1st edition 2000).

¹⁸ Ashok K. Jain, *The Sage of Female Foeticide in India* 143 (1st edition 2006).

¹⁹ AIR 2001 SC 2007

²⁰ Asmita Basu *Sex Selective Abortion* The Lawyers Collective 20-21 (2003).

²¹ Asmita Basu " *Sex Selective Abortion* " The Lawyers Collective 20-21 (2003).

²² *ibid*

²³ Ashok K. Jain *The Sage of Female Foeticide in India* 144 (1st EDITION 2006)

²⁴ Ashok K. Jain *The Sage of Female Foeticide in India* 146 (1st EDITION 2006)

²⁵ *ibid*

In India, there is a strong son preference everywhere whether remote or urban area. The sharp decrease of sex ratio seen under the age group of seven years in the northern states of India. This is commonly assumed to be the result of the rapid spread of the use of ultrasounds and amniocentesis for sex determination/selection followed by sex selective induced abortions. Haryana, a developed state has one of the lowest sex ratios as well as a decreasing trend in child sex ratio in the last two decades.²⁶

In India, there is a lack of evidence on sex selective abortions because most of the abortions are illegal and not reported and there is hardly any documentation on the magnitude of sex selective abortions. One prime factor that influences the child sex ratio in a country is sex selective abortions through easy accessibility and affordable procedure for sex determination during pregnancy. Apart from accessibility of these services, socio-economic factors, domestic violence, prevalence of dowry custom and financial pressure on parents further contribute to the scenario of increasing sex selective abortions. Therefore, it is no wrong to say that modern technologies have brought with them the creation of new hurdles for women.²⁷

If abortion is conducted under safe, affordable and stigma-free conditions, it is neither a necessary evil nor a matter of private choice. Rather, it is a positive benefit that society has no obligation to provide to all who seek it, just as it provides education and health benefits.²⁸

A preliminary look at the census data 2001 reveals a grim scenario of the worsening situation. The sex ratio of the child population (0-6 years) has declined by 18 points at the national level from 945 in 1991 to 927 in 2001. In fact all states and Union Territories except Kerala, Tripura and Mizoram have reported fewer girls than boy under the age group of less than six years.²⁹

In India, there is no doubt that new medical techniques developed to discover birth defects are increasingly used to determine the sex of the child before birth, so that the pregnancy can be terminated if the foetus is female.

The question of how extensively such techniques are used in India is important but difficult to answer conclusively. One indication is from estimates of the sex ratio at birth. However, the use of the modern techniques has been quite widespread amongst the well to do families in India as a trend towards pre-natal diagnosis, such as, amniocentesis for the purpose of sex selection, to examine the characteristics of an infant before birth such as certain genetics or developmental abnormalities. If the tests reveal severe malformation or gross malfunctioning in the foetus, an abortion is considered. These tests can also reveal the sex of the child in advance. There is now in India also use of IVF technology which will refine the sex pre-selection technique by removing genetic material from the fertilized pre-embryo egg cell stage and testing them for X-bearing spermatozoa which showed signs of female formation.³⁰

If the finding of such tests reveals that a female child has been conceived, the foetus is being invariably terminated. According to the Indian Medical Association, for instance, five million female fetuses are aborted every year. The female selective abortion is a serious problem that deserves high priority from international and national policy makers.³¹

Various states has passed a law banning the use of pre-natal diagnosis for sex selection and made it illegal to reveal the sex of the foetus. Even when the procedure is done for legitimate reason there is likelihood that it can be used for illegal purpose as well. At national level, the pre-natal Diagnostic techniques (Regulation and Prevention of Misuse) Act, 1994 was passed which made sex determination or sex selection test a cognizable, non – bailable and non-compoundable offences.³²

The Act has not helped much as there is hardly any condition where women may make decision of pre-natal sex determination on their own wish. In fact women in our society are the oppressed victims of tradition and patriarchy system and are often forced to undergo abortion of a female foetus by their families. Sons are a major obsession throughout India. The rising levels of education, economic opportunities and the constitutional guarantees of equality have not helped to raise the status of women significantly so far.

The socio-legal issues of pre-natal diagnostic tests are many. But the main issue is sex-selective abortion which resulted into a female foeticide in India. It has led to a controversy surrounding the ethics and legal issues for abortion. In India, the Medical termination of Pregnancy Act, permits abortion under certain conditions. Here, the question arise why there is abortion of a female foetus? Clearly, the right to abortion and the right to end female foeticide are in a complex interrelationship within feminist discourse. It is argued that if abortion is a right over one's body, how are feminists to deny this right to female foetus.³³

²⁶ Sayeed Unisa, Sucharita Pujari, R. Usha "Sex Selective Abortion in Haryana" Jan 6 Economic and Political Weekly 60 (2007)

²⁷ Sayeed Unisa, Sucharita Pujari, R. Usha "Sex Selective Abortion in Haryana" Jan 6 Economic and Political Weekly 60 (2007)

²⁸ Anandhi S "Women, Work and Abortions" March 24 Economic and Political Weekly 1054(2007).

²⁹ Dr. Subash Chandra Singh "New Reproductive Technology and Female- Selective Abortion" All, L. Journal 86(2003)

³⁰ *ibid*

³¹ Dr. Subash Chandra Singh "New Reproductive Technology and Female- Selective Abortion" All, L. Journal 87(2003)

³² *ibid*

³³ Dr. Subash Chandra Singh "New Reproductive Technology and Female- Selective Abortion" All, L. Journal 87(2003)

For many decades now maternal health has been recognized as a crucial area of concern. Access, safety and legality issues regarding abortion and abortion services in India have assumed serious dimension in the context of women's reproductive health needs.

The growing popularity of abortion raised many eye-brows. Its moral and ethical aspects have been the topic of heated dialogue between social workers, medical men, administrators, politicians and also the commoners. The MTP Act is the only condition where a woman is allowed to take the decision regarding abortion. Otherwise abortion is illegal in India. Now PNDT Act further prohibits sex selection or determination of foetus. Even though, female feticide is still wildly spreading in India. The various surveys and analysis shows that female foetuses are still aborted solely because of male preference. Another reason why it is not possible to find out the sex selective abortion data is because of the norm to keep the confidentiality of the client by the doctor. What happen inside the clinic nobody can find out.³⁴

Another major cause to have sex selective abortion is two children norm. Government has widely spread throughout that everyone must not have more than two children. This has led to the instinct to have one male and one female child in the family which gives sense of complete family. Society's outlook to have one boy and one girl child has also encouraged using pre natal diagnostic techniques to know the sex of the child before birth. Ultimately it has led to the sex selective abortion or female feticide in India.

There is little mention in the literature regarding the right of women to determine for themselves how many children they wish to have and when they want to have them. However, there is no denial that it is inhumane to deny right to be born of the foetus just because she is female. The right to self determination is increasingly espoused throughout the world. For many women having a child is burden on her as child needs to be taken care of. There is not only emotional need but also economic condition to rear the child. The increasing expenses to look after the child, her education, necessities etc are so high that now it a big decision to have a child. They often go for requesting abortion, this right is often sharply reduced for reasons relating to socio- economic status, personal conviction of physician and the perceived mood of dominant segments of society. Unwanted pregnancy is not only a personal but also a social problem.³⁵ All these factors contributed to the increasing number of female feticide in India.

The question arises can a mother abort her child even when she has no ground available to abort her child under law? This is a very serious issue because life and death of the fetuses depends upon the mother. It is the mother only who takes care of the child after birth as well as before birth. It is through her only the child gets nourishment while in womb. It is all together another issue whether she has liberty to decide at what time she wants to get conceived and thus she must be free to conceive as well as free to abort at any time.³⁶ But the prime concern is why foetus is denied her right to be born just because she is female.

There is a problem that even after such a development in the society, there is no change in the attitude of people towards female. Now what will happen of a right to birth of a foetus which is not recognized anywhere under the law. Thus, there is a need to have change in the attitude of society towards female child. The Act is there but there is a need to implement this Act properly and also proper monitoring authority to check its use and misuse. There is a need to have awareness about the importance of human life and how female child and their devaluation in the society is affecting the natural growth of female in the society. The steps should be taken to uplift the status of women in the society and also self regulatory system rather than making one more law to curb female foeticide in India. There is a need to have balance between two- i.e right to birth of the foetus and right to abortion of the mother.³⁷

V. Conclusion

The decline in the sex ratio of female in relation to male has raised alarm to all the intellectuals, policy makers, implementors and reformers to combat the situation. The increasing imbalance between men and women leads to increased crime against women, trafficking, sexual assault etc. Though, there is PNDT Act to prevent sex selective abortion but it is found that the Act is not being properly implemented. There has been a directions issued by the judiciary also for the effective implementation of the Act but it is still not satisfactory.

The census 2011 of India show a decline in female child sex ratio in many states in 2001-2011 as published by Registrar General and Census Commissioner of India. Similarly, the annual report on Registration of Birth and Deaths 2009 also indicate a sharp decline in the female sex ratio. These are the indications which show that the Act is not properly implemented.³⁸

There are various factors that led to the male preference over female such as average family size decreasing day by day female population is showing downwards trend. The birth of a female child is still

³⁴ V. Hemalatha Devi "Abortion law in India- Socio-legal Implications" Supreme Court Journal 53 (1990).

³⁵ *ibid*

³⁶ Dr. H.R. Jhingtaq, Kusum Chuhan "Foetus, Abortion and right to life :Some basic Issues" X (II) M.D.U. Law Journal 2(2005).

³⁷ *ibid*

³⁸ V. Prabhakar *Pre-Natal and Sex determination* 33 Kamal Publishers 1st Edition (2014).

considered as curse, male is still considered as breadwinner, dowry system, family name etc contributed to the low status of female in the society. Advancement in diagnostic technologies has given facilities to the people to select the sex of the child before birth consequently female foeticide became even more easy.

References

Journal Paper

- [1]. Dr. Snehal Fadnis "Right of a female child to be born vis-a vis the sex determination tests" 6(2) Journal of the Institute of Human Rights 32 (2003).
- [2]. Shakeel Ahmad "Legalised Abortion: A Gender Sensitive Foeticide" 31 Civil and Military Law Journal 235(1995)
- [3]. Asmita Basu "Sex Selective Abortions" November The lawyers Collective 20(2003).
- [4]. Preeti Mishra "Female foeticide: A Violation of Human Rights 21& 22Law Review 76 (2001).
- [5]. Sayeed Unisa, Sucharita Pujari,R.Usha "Sex Selective Abortion in Haryana Jan 6 Economic and Political Weekly 60 (2007)
- [6]. Anandhi S "Women, Work and Abortions" March 24 Economic and Political Weekly 1054(2007).
- [7]. Dr. Subash Chandra Singh "New Reproductive Technology and Female- Selective Abortion" All.L. Journal 86(2003)
- [8]. Hemalatha Devi "Abortion law in India- Socio-legal Implications" Supreme Court Journal 53 (1990).
- [9]. Dr. H.R.Jhingtaq, Kusum Chuhan "Foetus, Abortion and right to life :Some basic Issues" X (II) M.D.U. Law Journal 2(2005).

Books

- [10]. Maja KirilovaEriksson, Reproductive Freedom in the context of International Human Rights 268 (1st edition 2000).
- [11]. ¹ Ashok K. Jain, The Sage of Female Foeticide in India 143 (1st edition 2006).
- [12]. ¹ V.Prabhakar Pre-Natal and Sex determination 33 Kamal Publishers 1st Edition (2014).

Reports/Acts

- [13]. Pre-conception and Pre-natal Diagnostic Technique Act,1994
- [14]. Maternity Benefits Act,1971

Website

- [15]. www.reproductiverights.org