SEX-SELECTIVE ABORTION IN INDIA: SOCIAL STRUCTURES, WOMEN'S AGENCY, AND MEDIA DISCOURSE
By
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**SEX-SELECTIVE ABORTION IN INDIA: SOCIAL STRUCTURES, WOMEN'S
AGENCY, AND MEDIA DISCOURSE**

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Abstract

This dissertation seeks to understand the full context within which sex-selective abortion (SSA) occurs in India. It examines the historical forces, political movements, government policies, and gender regimes that have shaped SSA. I use qualitative research methods within a feminist methodology, including in-depth interviews with service providers, scholars, and professionals and a content analysis of three national newspapers. My study interrogates three critical areas of analysis: First, I examine the social and institutional determinants that create the preconditions and conditions for SSA. Second, I explore the potential for women's agency since SSA is generally understood as antithetical to gender justice and perceived as stemming from the devaluation of women and girls. Third, I use the unobtrusive method of content analysis to examine gendered portrayals of SSA and women in the Indian media. In centering the narratives of service providers and professionals with systems-wide knowledge of SSA, my work offers a context-specific and informed insider perspective. Further, by grounding my research in the interests and experience of research participants, I facilitate feminist research that encourages the mutual involvement of both the researcher and research participants in shaping the research. Based on my research findings, I make the following assertions in this dissertation. First, in India, there is a conflation between legal abortion and illegal sex-determination with the intent of sex-selection. The conflation of the two often restricts women's reproductive rights, including the right to legal abortions. Second, the family is an authoritative site that establishes norms and rules about gender, sexuality, resource distribution, and, ultimately, SSA. Third, women exercise varying degrees of agency in their reproductive choices, and not all SSA decisions result from coercion. Lastly, the government perpetuates colonial paradigms by pronouncing paternalistic guardianship and protective framings on women's bodies, sexuality, and reproductive capacities.

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Chapter 1: Introduction

Sex-selective abortion (hereafter referred to as SSA)[1] is the practice of terminating a pregnancy based upon the predicted sex of the fetus, usually females. Sex-selection can occur during pregnancy through prenatal sex detection and selective abortion or following birth through infanticide or child neglect (WHO, 2011).[2] Of the many issues that concern women's human rights, SSA has become a focal point and has fostered debate among feminist scholars, women's rights activists, health advocates, medical experts, demographers, and policymakers. SSA instances were first documented in the mid-1970s and became prevalent in the 1980s in South Korea and China and slightly later in India (Hvistendahl, 2011; Barot, 2012; Hesketh & Xing, 2016). SSA is generally associated with deep-seated gender discrimination against women and girls. In the past few years, there has been a substantial decline in total female mortality in developed as well as less developed countries. For example, between 2000 and 2017, maternal mortality ratio[3] (MMR) dropped by about 38% worldwide (WHO, 2019; UNICEF, 2019). However, some scholars argue that sex-selective practices such as SSA have partially offset this advantage, particularly in some Asian countries (Klasen & Wink, 2002; Hudson & den Boer, 2004; UNFPA, 2005).

This dissertation uses the politics of SSA in India to engage a nuanced, contextual, and multilayered exploration of the issue. Using qualitative research methods within a feminist

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[1] Throughout this dissertation, I use the term 'sex-selective abortion' to include and engage with potential decisions to obtain SSA for reasons other than direct coercion or an inherent preference for sons and devaluation of daughters.
[2] Motherhood and the act of mothering is not only the domain of cisgender women that physically give birth to their biological children. The term "mother" or "motherhood" can be gender-neutral and inclusive of non-cisgender identities. For instance, transgender, non-binary, and hijra communities of India can lay claim to motherhood. Motherhood can also be legitimately claimed and reclaimed through adoption. However, in this dissertation, "mother" or "mothers" refer to cisgender women that are biological mothers. My use of terminology reflects the language used by research participants and their understanding of women seeking and practicing SSA in India.
[3] MMR is the number of maternal deaths per 100,000 live births. MMR is primarily determined by deaths arising from complications during and following pregnancy and childbirth. Other associated causes include infections like malaria and chronic conditions like cardiac diseases or diabetes (WHO, 2019).

methodology, including in-depth interviews with service providers and professionals in New Delhi, India, and a content analysis of Indian newspapers, the study seeks to answer three research questions: 1) What are the social structures that cause SSA in India? 2) Do women exercise agency in SSA? If so, in what ways? 3) How are SSA and women portrayed in the Indian media? This research expands the discourse and analysis of a profoundly contextual, personal, and gendered reproductive issue. It seeks to facilitate meaningful and alternative understandings of SSA in three critical ways. First, data interpretation is grounded in the interests and experiences of research participants with systems-wide knowledge of SSA. Second, it seeks to re-center women's role in SSA by assessing their potential for agency, thus facilitating a move away from victimhood frameworks. Third, this research contributes to the study of media discourse analysis on SSA and the construction of women and gender in SSA news coverage.

Sex-Selective Abortion: The Issue at a Glance

Scholars suggest that several South and East Asian countries commonly practice SSA, primarily India, China, Singapore, Taiwan, Hong Kong, and South Korea as well as the former Soviet Bloc countries in the Caucuses and Balkans including Armenia, Azerbaijan, and Georgia (Mesle et al., 2007; Hvistendahl, 2011; Barot, 2012). Instances of female infanticide and SSA are well-documented. In the early 1990s, significant differences in gender mortality rates led to reports of 100 million 'missing women,' particularly across the developing world (Sen, 1990; Hesketh & Xing, 2006). Amartya Sen, the Indian economist and Nobel Prize winner for Economic Sciences in 1998, formulated the concept of 'missing girls.' In his 1990 essay, 'More than 100 Million Women Are Missing,' Sen linked the low proportion of women to men and higher female mortality in developing countries in Asia, Africa, and a lesser extent, in Latin America, to the persistent neglect of and bias against girls. Sen argues that discrimination against

women and girls manifest in terms of lack of nutrition provision, medical attention, and general health care. Bongaarts and Guilmoto (2015) estimate that the annual number of newly missing females reached 3.4 million in 2010 and will likely remain above 3 million every year until 2050. The demographic anomaly across populations, that is, when there are many more male births than females, is considered a sign that sex selection is taking place (UNFPA, 2018).

Studies and reports that focus on SSA are predominantly statistical and use quantitative data to produce estimations of the prevalence and extent of SSA. Severely imbalanced SRBs are considered the most observable evidence (Hesketh & Xing, 2006; Guilmoto, 2012; Goodkind, 2015; Chao et al., 2019). The sex ratio at birth (SRB) is defined as the number of males born to every 100 females (Hesketh et al., 2011). In human populations, SRB is considered relatively constant. The natural SRB range from 105 to 107 male births for every 100 female births (WHO, 2011; Alkema et al., 2014). In the global context, biologically normal SRB ranges from 102 to 106 males per 100 females (WHO, 2011). Boys are biologically more likely to suffer child mortality, so SRBs are naturally higher (Barot, 2012). A small imbalance in the SRBs or a slight excess of male births can occur after instances of war, and migration patterns may cause demographic changes in a population (Hesketh & Xing, 2006; Chao et al., 2019). However, ratios that are higher than average, often as high as 130 male births per 100 female births, have been observed in several countries in Asia. Societies that routinely practice SSA have excessively masculine SRB (Goodkind, 2015), and, over the past few decades, India and China have recorded severe SRB imbalances. The rising SRBs in recent decades in these two countries are the most documented examples in the literature. Experts and observers generally accept healthy SRBs as a powerful indicator of society's social and demographic well-being. SRB can affect critical demographic measures and assess the impact of environmental factors on human

populations, gender equality status, and communities' reproductive health (Mathews &

Hamilton, 2005).

Some scholars note that the government's policies can play a part in exacerbating skewed

sex ratios. For instance, scholars have associated the one-child policy to a steady increase in the

SRB (Junhong, 2001; Bannister, 2004; Edlund et al., 2007; Greenhalgh, 2008). Intriguingly,

however, recent studies have linked the shortage of girls in China with late registration and

unreported births, which may contribute to the proportion of 'missing girls' than previously

reported in SRB statistics (Merli & Raftery, 2000; Sen, 2003; Shi & Kennedy, 2016). In India's

case, the government has set no limit to the number of children a family can choose to have, even

though it vigorously promotes a two-child norm. There are also marked regional differences in

SRB in India (Sen, 2003; Patel, 2007). However, a discernible pattern among countries with

skewed SRBs is that disparities increase with birth order (Zhu et al., 2009; WHO, 2011). In India

and China, the SRB is near the normal range for the first child born. However, SRB increases

drastically for second-order births and skyrockets later births. This pattern suggests that in SSA-

prone countries, families generally accept a daughter if she is a firstborn child, but they will take

inordinate steps to guarantee that the second one is a son (Jha et al., 2011; Jiang et al., 2016).

Sex-Selective Abortion: Causes and Projected Impacts

Scholarly evidence suggests that the phenomenon of son preference primarily drives

SSA. The cultural preference for sons is common in countries in East Asia, South Asia, the

Middle East, and North Africa. However, the phenomenon of severe or acute preference for sons

is associated with China and India (Arnold et al., 1998; Junhong, 2001; Das Gupta et al., 2003;

Bannister, 2004; Jha et al. 2011; Chaudhari, 2012; Barot, 2012; Jiang et al., 2016). Scholars

suggest that for centuries, son preference has led to postnatal discrimination against girls and

resulted in practices ranging from infanticide to neglect of healthcare and nutrition, and premature mortality (Das Gupta et al., 2003; Sen, 2003; Hesketh & el., 2011). It is useful to note here that the tradition of son preference is not a new phenomenon. In the mid-19th century, demographers observed imbalances in the overall sex ratio, contrary to the biological norm (Guilmoto, 2007). Similarly, a skewed SRB or in early childhood is not a recent development. In India, census data records show skewed SRBs dating back to the early 20th century (Visaria, 1971; Vishwanath, 2004). Preference for sons occurs because sons are believed to have a higher wage-earning capacity, especially in agrarian economies (Basu, 1989; Banister, 2004; John, 2005). Sons are also recipients of patrilineal inheritance in many societies. They are expected to continue the family line, ensure security to parents in illness and old age, and perform death rituals (Hesketh, 2006; Leone et al., 2003; Arnold et al., 2010). There are also specific contextual reasons for son preference. For instance, in India, expenses related to dowry may fuel SSA. In South Korea and China, the deep-rooted Confucian values and patriarchal family systems may also foster son preference (Das Gupta et al., 2003). Societies that privilege sons may view daughters as a burden on the household economy. Thus, historically, SSA tended to increase during periods of economic hardship or limited resources (Hudson & den Boer, 2004; Das Gupta, 2010).

Before the advancement of technologies that enabled the identification of fetal sex, imbalanced sex ratios were attributed to female infanticide and neglect of female infants (WHO, 2011; Patel, 2007). Despite being outlawed in most countries, infanticide still exists today (Lai-wan et al., 2006). Infanticide also occurs in Western countries; for example, in the U.S., boys make up a higher share of infant homicide (Porter & Gavin, 2010). Nevertheless, the infanticide of females is the most prevalent and has a significant impact on sex ratio. The advent of prenatal

screening technologies in the early 1980s, including ultrasounds, amniocentesis, and DNA blood tests have enabled parents to make abortion decisions based on the sex of a fetus. Along with the widespread availability of prenatal sex testing technologies, there is also an increasing desire for smaller families and fertility decline (Das Gupta & Bhat, 2007; Jiang et al., 2016). Families are increasingly seeking to match their resources with the sex composition of their children (UNFPA, 2018).

Although the relatively recent availability of prenatal diagnostics technologies has compounded the demand for SSA, it is not the cause (WHO, 2011, p.1). In places where there is no underlying context of son preference, the increased availability of such techniques does not lead to their use for sex selection (WHO, 2011, p.1). For example, in their analysis of national data on prenatal diagnostics tests in India, Bhat & Zavier (2007) demonstrate that in South India, where prenatal diagnostic tests are widely used, SRB imbalances do not exist as they do in the northern regions. Thus, modern diagnostics tests only aid in achieving the end goal of SSA. Instead, scholars consider the deeply embedded discrimination against women within institutions such as marriage and family systems, and property inheritance laws as some of the leading root causes of SSA (Ganatra, 2008; Sen, 2009).

Some studies have found a correlation between an increase in violence and imbalanced sex ratios. However, Diamond-Smith & Rudolph (2018) maintain that it is challenging to ascertain a conclusive causal effect between SSA and an increase in violence. Some studies show evidence of female deficit and bride-buying practices in some states of north and northwestern India (Kaur, 2013; Samal, 2016; Kukreja, 2018). However, there is no conclusive empirical evidence to support the claim that a shortage in brides and trafficking in women and girls is a direct outcome of SSA practices. At the micro or individual level, SSA can lead to an "intense

and intensely internalized pressure placed on women to produce male children" (Barot, 2012, p. 18). At the macro level, SSA has been argued to result in the phenomenon of 'missing women' (Sen, 1990). Women may experience abandonment or violence if they are unable to have sons, and there may be neglect and deprivation of opportunities for unwanted girls. The desire to have male children may also lead to repeated pregnancies and negatively impact women's sexual and reproductive health. Several scholars speculate that prolonged imbalances in SRBs may lead to surplus men (Das Gupta et al., 2003; Kaur, 2013; Etlund et al. 2007; Zhu et al., 2009; Hesketh & Xing, 2016). In communities that measure one's social standing on marital status and fatherhood, surplus men may become susceptible to mental health problems, sexual frustration, and violence (Barber, 2000; Hesketh et al., 2011). Hudson and den Boer (2004) also propose that severe imbalance in sex ratios may trigger gender-based violence, domestically, and internationally.

Global Responses to Sex-Selective Abortion

The predominant discourse and attitudes towards SSA treat the issue as gender-biased discrimination against women and girls and a violation of women's human rights. The international community has condemned SSA, and state agencies in affected countries have undertaken several measures to arrest increasing SRB imbalances. SSA is defined and described in distinct ways within the discourse, but the underlying notion stresses gender discrimination and violence. For example, UNFPA, WHO, U.N. Women and UNICEF use the term 'gender-biased sex selection' to emphasize the "deeply rooted gender discrimination against women and girls which lies at the heart of sex selection" (WHO, 2011, p.vi). Warren (1985) uses the term 'gendercide' to describe SSA as the deliberate and 'systematic killing of women.' Similarly, Russell & Harmes (2001) use 'femicide' to determine SSA as the intentional murder of women.

Others, such as Corea (1985), use 'gynocide' to highlight the 'killings' of women and female infants, and Higgins (2016) depicts SSA as the 'the real war on women.'

In 1994, over 180 states signed the Programme of Action of the International Conference on Population and Development (ICPD) in response to the increasing use of prenatal diagnostic technologies for SSA. As part of the undertaking, member states agreed to eliminate all forms of discrimination against the girl child and address the root causes of son preference, which they believe results in harmful and unethical practices (UN, 1994, para 4.16). At the same time, the Report states that member states must ensure that women are not denied access to needed reproductive healthcare services such as safe abortion. Doing so would further violate women's rights to life and health as guaranteed in international human rights treaties. In 2011, the resolution of the Parliamentary Assembly of the Committee on Equal Opportunities for Women and Men (PACE) prepared a draft resolution to condemn sex-selection practices, particularly in Europe (PACE, Report 1, 2011). The Committee cited strong evidence of SSA in several Council of Europe member states— Albania, Armenia, Azerbaijan, and Georgia. The Committee urged member states to pass legislation to prohibit sex selection "in the context of both assisted reproductive technologies and legal abortion, except when it is justified to avoid a serious hereditary disease" (p. 1).

India and China have also passed laws to regulate and restrict the use of sex-selection technologies. In 1994, the Chinese government introduced a ban on prenatal sex determination as part of the Law on Maternal and Infant Health Care (Ritchie & Roser, 2019). Likewise, India implemented the Pre-Conception and Prenatal Diagnostic Techniques Act (PNDT) in 1994 to prohibit sex selection, including pre-screening, to determine fetal sex. However, it is unclear whether the policies that aim to regulate prenatal sex determination and abortion have reduced

SSA. Much of the literature on SSA suggests that SSA bans are not effective in curbing the practice (Subramanian and Selvaraj, 2009; Jha et al., 2011; Gupta, 2016). The U.N. Programme of Action report also states that SSA bans are not effective in isolation unless they actively address the underlying issue of social and gender inequalities (UNFPA, 2014). Nonetheless, some studies acknowledge the difficulty of estimating the counterfactual situation without SSA bans. They propose that such bans prevent worsening of sex ratios, even if they may not drastically reduce or eliminate sex-selective practices (Nie, 2010; Nandi & Deolalikar, 2013; Gupta, 2016).

Feminist Discourses on Sex-Selective Abortion

Feminist scholars and women's and gender rights activists have taken divergent positions on the ethics and morality of SSA (Moazam, 2004). This section discusses some critical feminist perspectives identified in the literature. By 'feminist,' I am explicitly referring to SSA approaches that stem from the desire to improve adverse sex ratios, with the primary goal of ensuring gender equality. As John (2014) notes, not all SSA discourse that wishes to improve sex ratios may have feminist orientations; that is, some stakeholders may not intend to restore sex ratios out of concern for gender equality. Some perspectives may consider 'gender balance' only as necessary for maintaining social order and social reproduction. Some leaders may also be responding to the 'shortage of women,' "where 'women' translates into women to be given in marriage to men" (John, 2014, p. 40).

In general, feminist perspectives and research view SSA as problematic from gender equality perspectives. SSA has generated criticism from both 'pro-choice' and 'pro-life' groups. Feminist perspectives mainly perceive patriarchy and the inordinately high social and economic value placed on sons as the primary cause of SSA. SSA has invoked debates around parental

rights and preferences on the hand, and the right to life of the fetus on the other. There are also concerns over putting fetal rights over women's reproductive liberty, that is, the right to abortion, notwithstanding the sex of the aborted fetus (Johnsen, 1986; Uberoi & Bruyn, 2013). Scholars and international organizations that oppose SSA from a women's human rights perspective view SSA as an endemic form of sex discrimination and gender-based violence (Warren, 1985; Russell & Harmes, 2001; Higgins, 2016; U.N. Women, 2007). For example, The U.N. promotes the view that SSA is gender biased. To that effect, the U.N. Women's Conclusions on the Elimination of All Forms of Discrimination and Violence Against the Girl Child (2007) advocates the elimination of, "all forms of discrimination against the girl child and the root causes of son preference," including prenatal sex selection and female infanticide as these result in "harmful and unethical practices...which may have significant repercussions on society as a whole" (Para 14.9, p. 8). I will now discuss the divergent positions that feminists tend to take on SSA. Many feminists do not dispute the premise that SSA is a form of discrimination against girls and women; however, there appears to be contention primarily over imposing bans on sex-selection and SSA practices.

(i) SSA is a Feminist Choice

One group of feminist scholars and activists prioritize maternal rights and bodily autonomy above other concerns, regardless of the discriminatory causes or effects of SSA. According to Warren (1985), certain pro-choice proponents with "avowedly feminist concerns" view the struggle for abortion rights as their core goal, whether or not terminations are driven by discriminatory choices (p. 104). These feminists are concerned that maternal rights may be whittled in favor of fetal rights. Therefore, some feminist scholars and activists may appear to favor SSA, when, in fact, their goals are to protect maternal rights. These scholars frame the

issue as a matter of feminist choice, including women's right to bodily autonomy and self-determination. For example, Ferudi (2013) asserts that SSA may not be a ground for abortion. However, there is no legal requirement to deny a woman an abortion on the grounds of sex preference, provided that it meets the legal grounds. In the same way, Ditum (2013) argues that in situations where the life of a mother and her female child may be in danger, a woman is justified in seeking SSA, and her choice to obtain an SSA is thoroughly rational.

(ii) Context Matters in SSA

Some scholars are critical of the "pro-choice" or maternal rights framework. For instance, Gupta (2014) views perspectives that defend SSA solely on the grounds of feminist choice and bodily autonomy as 'Eurocentric' and 'libertarian.' Gupta argues that such views tend to support being 'pro-choice' at all costs without understanding the dynamics of communities in countries like India and China, where "millions of individual acts of exercising the right to abortion were ending in a tsunami of female deaths" (p. 84). Gupta suggests that any 'pro-choice' feminist positions must be circumscribed by context (p. 88). The severe imbalances in SRBs and their potential long-term impact in developing countries such as India have raised grave concerns as the country already fares poorly in the human development and gender inequality indices (GII) (Dorius & Firebaugh, 2010; Strohschein & Ram, 2017). Like Gupta (2014), Chambers (2013) questions feminist positions that justify SSA on the grounds of choice, especially if that choice perpetuates inequality for already marginalized and disempowered groups based on sex, gender, race, and class.

(iii) Impose SSA Bans to Protect Girls and Women

Some scholars call for the prohibition of SSA and appear to support SSA bans. They claim that SSA reinforces discrimination against women and fails to recognize them as ends in

themselves. For instance, Rogers et al. (2007) argue that SSA is morally unjustifiable because autonomy arguments that emphasize individual preferences and freedom of choices are flawed, as the woman has no power to transform the structures that create son-preference. SSA reinforces women's value only as "mechanisms for producing sons," female children as "worthless burden," and render millions of men "unable to find a partner and found a family" (p. 521). Similarly, Cherry (1995), an opponent of SSA, constructs a radical feminist analysis of SSA and assesses its effects on "women as a class" (p. 166). According to Cherry, a radical feminist position cannot support SSA because reproductive decisions based on individual choice do not sufficiently consider substantive justice or the harm SSA causes to women as a social group. SSA can augment the oppression, discrimination, and powerlessness that the SSA seeker and other women face under patriarchal systems (Cherry, 1995, p. 223). Lastly, Higgins (2016), goes as far as to suggest that "those who claim to be concerned with women's rights can no longer ignore the need to ban SSA to protect girls from 'gendercide'" (p.2).

(iv) SSA is a Site of Ambiguity

Some feminist perspectives recognize SSA as an ethical issue that may not have straightforward resolutions. Weiss (1995), for one, views the ethical dilemmas posed by SSA as a "moral mistake" (p. 203). A "moral mistake," unlike an immoral act, recognizes that SSA is a wrong decision. But it allows the possibility that the women who made the poor decision to have an SSA "did so in good faith" (Weiss, 1995, p. 214). Likewise, Zilberberg (2007) suggests that patriarchy forces women to make 'unjust choices,' and feminists must empathize with women who obtain SSA instead of condemning them. Warren (1985) is another scholar that fits in this camp but emphasizes the ambiguous position of SSA on accounts of ethical considerations. Warren makes a distinction between sex selection at conception through embryo harvesting, sex

selection during gestation and abortion of unwanted sex, and sex selection after birth through practices such as infanticide. Warren argues that these conditions will determine whether the practice of sex selection might be morally justified or ethically wrong. While these feminist scholars do not accept SSA as an appropriate response to women's oppression in severely patriarchal societies, they agree that SSA bans are not the way to ameliorate SSA and that women should not be blamed or subjected to punitive measures.

(v) Opposition to SSA Bans

The majority of reproductive rights and justice advocates agree that SSA bans can increase the risk of unsafe abortions and limit women's overall exercise of reproductive autonomy (Barot, 2012; Gooder, 2018; Anitha & Gill, 2018). They perceive blanket bans on abortion to curb SSA as often rooted in discriminatory caste, gender, religious and political ideology. Indian feminist scholars like Menon (2004) challenges anti-SSA campaigns by arguing that one cannot support abortion in terms of "the right of women to control their bodies," and, at the same time, demand that women "be restricted by law from choosing specifically to abort female fetuses" (Menon, 2004, p. 72). Ghai & Johri (2008) and John (2011) further enhance this argument and add that social bias against girls cannot be advanced without politicizing the 'naturalized' bias against disability issues.

In the U.S., organizations such as the Center for Reproductive Rights, National Women's Law Center, the Asia Pacific Alliance for sexual and reproductive health and rights, and women of color reproductive justice collective SisterSong strongly oppose race and sex-selection abortion bans. They view SSA legislation as an attempt by anti-abortion groups to restrict women's access to reproductive health needs. SSA bans also perpetuate racial profiling and stereotyping as they require doctors to profile patients based on race, ethnicity, religion, or

national origin. Kalantry (2017) argues that SSA bans tend to lack evidence, decontextualize the

practice, and use SSA in foreign countries such as India and China to advance the domestic

agenda (Kalantry, 2017, p. 6). Thus, any bans on SSA should not be based on misinformed views

and stereotypes about the reproductive practices of women of color immigrants in the U.S.

(vi) My Perspective on SSA

As the discussion of feminist discourses on SSA demonstrates, feminist scholars,

theorists, and activists tend to take divergent positions by approaching SSA through the

application of moral, social, and political philosophy. It appears that the main concern of

feminists revolves around the question of SSA's twofold nature. On the one hand, SSA can be

deemed discriminatory; on the other hand, prohibiting SSA could undermine women's

reproductive autonomy, and restrict their right to legal abortion. A large section of feminists and

feminist organizations oppose criminalizing SSA and implementing SSA bans. These bans are

viewed as an anti-abortion strategy to restrict legal abortions and perpetuate racial profiling and

stereotyping in certain cases.

My dissertation fits into the body of existing feminist perspectives on SSA in several

ways. Like most feminists, I believe that SSA can be sex discriminatory, particularly when

fetuses are aborted solely on the grounds of their female sex. I also believe that approaching SSA

from the point of criminal law is insufficient without adequately addressing the underlying

factors that create the demand and supply for SSA. At the same time, my intention is not to

entangle my analysis in debates about SSA's morality and legality. I also do not arbitrate SSA

based on its presumed 'right' or 'wrong' and whether SSA bans should be supported. Instead,

my work centers on understanding the full context within which SSA occurs. Often, debates and

discussions are facilitated either in isolation from the context in which SSA decisions are made

or undermine the role of women that obtain SSA. Thus, it is my intention to explore the historical forces, political movements, government policies, and gender regimes that have shaped the practice of SSA in India. My work also engages with service providers, activists, and scholars in India who often serve or work with women who have used SSA.

I center women's role in SSA by assessing their potential for agency to facilitate a move away from victimhood frameworks and coercion narratives that appear to dominate the profile of SSA seekers. I seek to critically examine how SSA choices are often shaped and circumscribed by social structures such as social relations, social norms, and gender scripts. To make our feminist politics effective and inclusive, I believe that we must undertake the uneasy task of recognizing that SSA may be a purposeful and goal-directed choice that some women make to empower themselves, and not simply to ensure their survival. Further, I do not believe that all SSA decisions are motivated by son-preference or daughter aversion. My interest in accounting for women's agency does not occlude my recognition of SSA as problematic when examined through the lens of feminism's commitment to gender equality and women's empowerment. Rather, I seek to situate and explore SSA within its socio-cultural and temporal contexts. Lastly, I contend that service providers and professionals with systems-wide knowledge of SSA may have a more grounded and context-specific insights into the factors that create conditions for SSA, why women choose to have SSA, and how they exercise agency in choosing SSA.

Sex-Selective Abortion: the Indian Scenario

Historically, in India, the significant differences in SRBs were attributed to infanticide. Female infanticide was practiced mainly by upper-class or warrior castes, who were constrained by customary laws of dowry (Gupta, 1995; Vishwanath, 2004; Nagpal, 2013). Female infanticide was prevalent during British colonial rule primarily among the Hindu high castes, and the

practice of SSA is often considered its contemporary permutation (Oldenburg, 2002; Vishwanath, 2004; Chowdhry, 2009). Since SSA depends on the ability of a physician or technician to determine the sex of the fetus before birth, the procedure could not be performed reliably before the advent of ultrasound and amniocentesis. SSA has mostly come to replace female infanticide as a sex-selection method in India (Patel, 2007).

Like other national contexts, empirical data on SSA in India attributes acute preference for sons as the primary cause (Das Gupta, 2003; Bannister 2004; Patel, 2007; Jha et al. 2011; Chaudhari 2012). Other determinants include Hindu religious traditions that require sons to perform the last rites for deceased parents (Arnold et al. 2002; Rutherford et al. 2003; Chowdhry 2009), and kinship patterns such as patrilineal inheritance and land rights that pass through male heirs, and avoidance of dowry expenses for daughters (Arnold et al., 2002; Retherford & Roy, 2003; Bannister 2004; Chowdhry, 2009; Jha et al., 2011; Chaudhuri, 2012; Barot, 2012). Sons are deemed to be more economically viable than daughters because they participate more in the workforce, allowing them to contribute more to family income (Bannister 2004; Chowdhry 2009). Others centralize the role of institutional structures, such as outcomes of state population control and family planning policies and unchecked reproductive technologies (Nair, 1992; Gangoli, 1998; Sharma et al., 2006; Patel, 2007; Nagpal, 2015). Scholars have also discussed fertility decline and increased manifestations of sex bias in fertility decisions as potential causes (Das Gupta & Bhat, 1997; Rosenblum, 2013; Jayachandran, 2017).

Unlike U.N. agencies and countries that report sex ratio at birth (SRB) as the number of boys born to every 100 girls, India expresses sex ratio as the number of females per 1000 males. Further, the term 'female foeticide' or *brun hatya* (literally meaning 'fetus killing' or 'fetal murder' in Hindi) is used to refer to SSA. The terminology used here is significant as it reflects

the broader cultural and public perceptions about SSA. Additionally, the term captures the government's stance on SSA as a criminal act akin to the murder of a fetus that is a person with rights. Like other countries, SSA research in India is predominantly statistical. However, instead of using sex ratio at birth (SRB), India uses an imbalanced child sex ratio (CSR), that is, the number of females per thousand males in the age group 0–6 years in a human population as the primary indicator for SSA (Goodkind, 1999; Patel, 2004; Guilmoto, 2012). Indirect measures conventionally capture the prevalence of SSA, and sample observations obtained from the Census of India, the National Family Health Survey (NFHS), and survey population data estimate the number of 'missing women.' Although vast gender differences in educational attainment and life expectancy are narrowing in India, CSRs became increasingly unfavorable to females, falling from 971 in 1981 to 927 in 2001, and even lower to 914 females per thousand males in 2011. The 2011 ratio is the lowest recorded CSR since India's independence in 1947 (Census of India, 2011; Madan & Breuning, 2014). Declining trends in CSR postulate that widespread SSA occurs in India (Bhat & Zavier, 2007; Patel, 2007; Melhado, 2011).

India has undertaken stringent measures to arrest CSR imbalances and prohibit SSA. The Parliament of India enacted the Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) Act (PNDT Act, 1994) on September 20, 1994, to prevent the misuse of medical techniques for prenatal sex determination leading to 'female foeticide.' However, the law failed to target newly developed sex-determination technologies such as sperm sorting or regulate "portable" ultrasound machines (Nagpal, 2013). In 2003, the PNDT Act was revised as 'The Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act' (PC&PNDT Act). The amendment bans the use of sex-selection techniques before or after conception, as well as the misuse of prenatal diagnostic techniques for SSA (Govt of India, 2006). The PCPNDT Act

protects women but sanctions penalties for doctors and owners of clinics, husband and family members abetting SSA, and any advertisement regarding sex selection with a punishment of suspension of medical registration, imprisonment of up to three years, and a fine (Govt of India, 2018). The government has also introduced national-level, anti-SSA campaigns. These include cash incentive schemes such as the 'Beti Bachao, Beti Padhao' (BBBP), and 'Sukanya Samriddhi' to encourage the birth of female children and protect the girl child ensure their education and participation. Further, the National Policy for the Empowerment of Women (2001) promises to create policies for "the advancement, development, and empowerment of women," eliminate all forms of violence against women and the girl child, and mainstream a gender perspective in the country's development process (NPEW, 2001, Section 1.11). Despite these preventative measures, tackling the root causes of SSA, collecting reliable data on SSA, and addressing the low conviction rates remain ongoing challenges.

Scholars note that the illegalization of sex selection or determination has not improved the downward trend in CSRs (Pradhan et al., 2004; Subramanian & Selvaraj, 2009; Jha et al., 2011; Nandi & Deolalikar, 2013; Visaria & Ved, 2016; Gupta, 2016). Officials are often unable to differentiate between illegal and legal use of ultrasound diagnosis and their intent. Although abortion has been legal in India since the adoption of the Medical Termination of Pregnancy Act (MTP), 1971, strict regulations are often enforced for legal abortion service providers to prevent sex-determination with the intent to select abortion. Thus, a problematic conflation of legal abortion and illegal sex-selection have emerged in the Indian scenario (Potdar et al., 2015; Eklund & Purewal, 2017). Service providers often hesitate to perform vital diagnostic check-ups or provide critical abortion care because they fear unwarranted searches and arrests by the police. As SSA inspections often target legal abortion clinics, SSA laws have had problematic

implications for women's access to reproductive healthcare (Jha et al., 2011; Barot, 2012; Potdar et al., 2015; Tabaie, 2017).

Purpose and Significance of the Study

Growing up in India, I grew familiar with stories about aborted female fetuses wrapped in plastic bags found in dumpsters by a passerby. It was also fairly common to read about abandoned newborn girls on roadsides in the front pages of daily newspapers. The public perceptions surrounding these stories conveyed assumptions about such 'horrors' as occurring only in 'backward' regions and communities of India. The underlying implication was that only the poor, uneducated, and oppressed women 'eliminate the girl child' because they are victims of their own lives and choices. The government extensively used print and broadcast media, including radio, newspapers, television, and billboard signs, to publicize 'female foeticide.' The verdict was rigid and precise— SSA is morally corrupted and indefensible. These largely sensationalist and moralistic depictions of SSA appeared to approach SSA solely from the standpoint of women's oppression and murder of the 'unborn girl child.'

Such unidimensional portrayals challenge me to inquire into the possibility of articulating alternative understandings and interpretations of SSA through a critical feminist lens. India provides a stimulating case study because both women and service providers navigate the narrow and murky space between the legality of abortion and the illegality of sex-determination with the intent of abortion. The Indian scenario provides relevant instances where abortion and SSA laws often operate as regulatory mechanisms for policymakers to meet family planning and population control goals. Further, a hyper-vigilant and narrow focus on SSA and statistical numbers of CSR tend to neglect other important aspects of reproductive and sexual healthcare for women and

other marginalized groups, such as the LGBT and hijra[4]communities. The government has yet to meet the critical needs of essential healthcare services – access to contraceptives and safe abortions, recognizing marital rape and coerced pregnancies resulting from marital rape, and making healthcare accessible and affordable for sexually-minoritized groups.

SSA also falls within my broader interest in the intersections of gender and reproduction. Bordo (2003) declares that the female body is a "historically colonized territory" (p. 21). Historically and contemporarily, women's reproductive bodies and reproductive practices are often used as tools for social control, regulation and domination via practices such as coerced pregnancies, sterilization abuse, SSA, anti-abortion and population control (Berer, 1993; Sen et al., 1994; Silliman & Bhattacharjee, 2002; Menon, 2009; Chesney-Lind, 2017). SSA is a fertile site for exploring how power structures, particularly state power and authority, control and regulate women's reproductive practices.

This interdisciplinary work contributes to feminist research and reproductive rights discourse in three significant ways. First, I draw on feminist methodology and use qualitative methods to inquire into the social, economic, and cultural determinants that create conditions for SSA in India. Much of SSA literature is saturated with quantitative research and analysis that use census and statistical survey data. Thus, in-depth interviews with research subjects and their "witness accounts of the social world" offer an informed insider perspective on the complex nature of SSA (Hammersley, 2003, p. 120). Second, I inquire into women's potential for agency in SSA to lay bare the complexities of reconciling women's agency or choice with the paradox of advocating for gender equality. The examination of women's agency within a reproductive

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[4] The hijra is an institutionalized third gender role in India. The hijra is neither male nor female, but contain elements of both (Nanda, 1986). In April 2014, the Supreme Court of India legally recognized hijras as a third gender. The Court also recognized the hijras' rights as a minority community to jobs, welfare, and health services.

practice that appears to contradict feminist ideals of gender equality may yield important insights on how certain women negotiate power within patriarchal social structures to empower themselves. Third, I use the unobtrusive method of content analysis to critically examine the representations of SSA and women in India's three leading national newspapers and their implications. In doing so, I contribute to the development of a relatively unexplored and understudied scholarly area of media discourses on SSA.

Overview of Methodology

Feminist Methodology

Historically, women's struggles and the multiple forms of oppression that they experience have informed feminist research. Feminist researchers often endeavor to conduct research through a "gender-conscious prism" while challenging patriarchal structures and furthering gender equality (Kingston, 2020, p. 1). Feminist researchers believe that interacting and listening carefully to participants' viewpoints can "elicit understandings or meanings of core ideas" (Rubin & Rubin, 2005, p. 2-3). Thus, doing feminist research involves processes of interaction, self-reflection, and mutual involvement of both the researcher and research participants to establish trust, credibility, and rapport (Rubin & Rubin, 2011; Hesse-Biber & Piatelli, 2012; McHugh, 2014).

Further, feminist research and fieldwork consider issues of power and representation— that is, privilege and power differences may emerge from differences in race, gender, class, and nationality (Wolf, 1996; Sprague, 2016). Some feminist researchers observe that researchers often enjoy more social power because of their privileged positions in academic institutions that posit them as "legitimate producers of knowledge" that is "based on methodology" (Sprague, 2016, p. 65). Researchers may also have more control over the research process, particularly the

power over how findings are interpreted (Haraway, 1991; Wolf, 1996; Sprague, 2016). Postcolonial and transnational and women of color feminists have pointed out the risk and responsibility that comes with "representations of women" situated in non-white and non-Western contexts (hooks, 1981; Mohanty, 1984; Rajan 1993; Hedge, 1998; Collins, 2000; Hurtado, 2000; Mohanty, 2003; Herr, 2014).Thus, feminists methodologies emphasize the need for practicing awareness of the power relations in fieldwork, particularly between the researcher and research subjects or participants (Ramazanoğlu & Holland, 2002; Fonow & Cook, 2005; Hesse-Bibber & Piatelli, 2012; Sprague, 2016; Peake, 2017).

To recognize and be mindful of power differentials, particularly in fieldwork, feminist researchers call for more involvement of the research participants in shaping the research. They believe that a more interactive and engaged relationship of the researcher with research participants facilitates reflexivity, empathy, subjectivity, and dialogue (Wolf, 1996; Fonow & Cook, 2005; Hesse-Biber & Piatelli, 2012). Because the researcher's positionality and biography can affect fieldwork, feminist researchers are encouraged to exercise reflexivity and introspection. Engaging in the process of reflexivity includes assessing "how social, historical, and cultural factors shape the research site as well as participants' goals, values, and experiences" (Kirsch 1999, p. 3). Essentially, the key is to enable research participants to tell their story in their own terms with minimal prompting by the researcher (Hesse-Biber, 2012).

I purposely use a feminist research methodology to facilitate research that is "of value to women," that "grounds interpretation in the interests and lived experiences of research participants," and that "accounts for alternative standpoints" (DeVault, 1996, p. 33; Sprague 2016, p. 233). Using a feminist methodology involves and supports feminist principles such as the notion of equality, ethics, and mitigating abuse of power differentials (Cook & 1986; Collins,

2004; DeVault & Gross, 2012; Sprague, 2016). Doing feminist research, as other research that values ethical integrity, also involves the application of ethical research practices such as protecting the privacy of research participants through de-identification of sensitive and private information, framing and asking critical questions to acquire reliable data without coercing participants, leveling power hierarchies between researcher and the researched, and engaging in a continual process of self-reflexivity. These processes inform all stages of the research.

I.   *Interviews*

The dissertation data and analysis results from four months of non-continuous field interviews in New Delhi, India, from 2017- 2019. I conducted semi-structured, in-depth interviews with sixteen research participants, comprised of scholars and academics, Sexual and Reproductive Health and Rights (SRHR) advocates, abortion service providers, population policy researchers, community-based women's organizations, and non-governmental organizations (NGOs). I anticipated research participants to have substantial knowledge about the research problem, either from scholarly engagement with the research subject or from working directly with those affected by SSA. The qualitative method of in-depth interviews tends to emphasize "interpretation and nuance in the meanings" conveyed by the data collected (Sprague 2016, p. 145). Thus, I used semi-structured interviews with open-ended questions to enable participants to provide detail, depth, and an insider's perspective while also allowing room to provide vital information pertinent to the research questions (Leech, 2002).

Open-ended and flexible questions are framed to invite more depth regarding research participants' experiences of SSA. This approach aids in resolving validity and reliability issues, as participants are at liberty to share only the information they wish to reveal, and the interviewer captures their verbatim responses on the questions asked (Jeffrey, 2002). Further, memo writing

happened throughout the study to facilitate self-reflexivity, minimize bias, and aid objectivity (Charmaz, 2006). Memos included personal thoughts, observations during the interviews, concerns related to the study, reflections on the interview process, and keeping track of emerging codes, categories, and the theories.

At the same time, feminists tend to question and deconstruct the notion of "objective" research. Traditionally, "good" and "reliable" research has been understood as producing objective and value-free results; however, feminist scholars have realized that this standard is an "unachievable ideal" (Haraway, 1988; Bhavnani, 1993; Harding & Norberg, 2005, p. 10). Our cultural and social position informs human emotions, biases, and subjective values. Thus, "the denial of values, biases, and politics is seen as unrealistic and undesirable" (Hesse-Biber, 2011, p. 9). To facilitate reflexivity and mitigate bias, I regularly prompted participants with my research questions and the purpose and intention of my study. I frequently reminded them that they would be the narrators of their own stories. Field notes and memos were also effective in facilitating self-reflection. They enabled me to identify the strengths and weaknesses of each interview session and address the areas that needed improvement.

(i) *Fieldwork Site*

New Delhi, India, was selected as the primary field site because the city recorded one of the lowest adult sex-ratio (868 females per 1000 males) and one of the lowest child sex-ratio (871 females per 1000 males) in the country (Census of India, 2011). According to a sample registration system conducted by the Census Commissioner of India, New Delhi has the steepest decline in CSRs from 887 to 876 girls per thousand boys for the 2014-16 period (Hindustan Times, September 23, 2016). This statistical fact is relevant to my study, as an imbalanced CSR is conventionally used to estimate the extent and prevalence of SSA. New Delhi also serves as

the primary seat of administration for the Government of India, and leading stakeholders such as non-government agencies, healthcare providers, and universities are situated here. This factor enables access to key decision-makers, scholars, and service providers.

(ii) Data Sampling and Data Collection

Sampling is key to drawing "the variations and comparisons" in the data collected (Flick, 2007). I use 'purposeful sampling' (Patton, 1990), also known as 'relevance sampling' (Krippendorf, 2004), 'purposeful selection' (Maxwell, 2004, p. 88), and 'criterion-based selection' (LeCompte & Preissle, 1993). Purposive sampling identifies and selects information-rich cases that speak to the research question or theoretical framework (Palinkas et al., 2015). Purposeful sampling enables comparisons and diversity in research participants (Barbour, 2001; Maxwell, 2012). This method of data sampling enabled me to recruit research participants from diverse professional backgrounds and service experience. As the sample consisted of academic scholars, abortion service providers, policy analysis, population policy researchers, and women's rights advocates, I was able to make systematic comparisons and draw critical links between the research questions, theories, and resulting analysis (Charmaz, 2006).

Further, since I am using a feminist methodology that seeks to build rapport and trust with research participants, and cause minimal harm to research participants, I did not seek to interview women who have obtained or seek to obtain SSA as sex-selective practices entail punishment by fine and imprisonment under Indian penal law. However, some of my participants may have done so. If I had recruited and interviewed at-risk groups, my research could pose serious ethical concerns and increase the potential to harm and cause adverse consequences to research participants. Further, the population groups that have had SSA experiences tend to be hidden and difficult to access. Instead, I worked with participants that are considered low-risk

groups— service providers and professionals. All participants included in this study gave their informed consent to participate, were accessible, and were aware of their right to withdraw during any stage of the study.

Before the interviews, I provided participants with an information statement explaining the research goals and listing my contact information. The information statement included relevant information that participants would need to know, for example, the types of questions to be asked, potential outcomes of the interview, and the ability to discontinue participation in the research at any time. I used an oral consent process to provide an additional layer of security for participants. Interviews were confidential and audio-recorded with participants' consent. I have removed all personal identifiers from the transcripts, and the data have been de-identified to protect participants' identity and privacy. Interview data was stored in a password-protected personal computer and uploaded to a secure University of Kansas Server. I erased all audio files after the transcription of interviews. All the data published in this dissertation received the informed consent of the participants that shared them.

(iii) Data Analysis

I coded and analyzed the transcriptions using NVivo 12 software to sort and manage data. I first used an "open coding" process with no pre-defined coding categories and relied on "descriptive codes," where themes appeared within the transcribed data itself. I analyzed data by applying an inductive or grounded analysis, that is, concepts, themes, events, and topical markers came directly from the interviews (Rubin & Rubin, 2005; Hesse-Biber & Leavy, 2010; Hesse-Biber & Flowers, 2019). I grouped participants' responses into different sets of codes. After initial coding, I used a focused coding to develop categories with significant or frequent codes that emerged from the in vivo or open coding process (Saldana, 2012). When a batch of

interviews did not produce new categories or themes, I deemed the list of categories to have reached saturation. I considered coding to be stable when I had coded the same content multiple times and achieved the same result each time (Saldana, 2012). Coding facilitated a more in-depth understanding of the participants' perspectives by enabling me to analyze their combined experiences methodically. Additionally, I created other codes during the research process, which were grounded in the data.

Initial coding involved an open coding process with no pre-defined coding categories. Then, through inductive or grounded analysis, I analyzed the concepts, themes, and events that came directly from the raw data (Rubin & Rubin 2005; Hesse-Biber & Leavy, 2010). After initial coding, a focused coding was employed to develop categories with significant or frequent codes that emerged from the in vivo or initial coding process (Saldana, 2012). Coding the transcripts or breaking them down into meaningful and manageable chunks of data, was a critical part of the data analysis. An inductive or grounded analysis enables critical themes and meanings to emerge from the raw data and limit inference on the part of the researcher. This process also enabled me to focus on the interview analysis on the participants' experience in a structured and systematic way (Charmaz, 2006).

II.   *Content Analysis*

While I will discuss my content analysis process in detail in Chapter 5, I used content analysis to measure, classify, and evaluate the content of any type of human communication with the view that communication affects and is affected by our social environment (Krippendorff, 2004). According to Berg (2008), content analysis is "a careful, detailed, systematic examination and interpretation of a particular body of material to identify patterns, themes, biases, and meanings" (p. 338). Content analysis has been described as a coding operation and data

interpretation process (Bogdan & Biklen, 2007; Maxfield & Babbie, 2006; Neuendorf & Kumar, 2006; Krippendorff, 2012). I conducted a content analysis of three Indian national newspapers: *The Times of India*, *Hindustan Times*, and *The Hindu* from the year 2009 to 2019.

These newspapers have the highest circulation and readership in the English language in India as per the Audit Bureau of Circulations of India (ABC India, 2019). I applied a grounded theory approach to enable relevant concepts and themes to emerge directly from the news samples selected for the study (Hesse-Bieber & Flowers, 2019). The analysis includes a manifest and latent content analysis of 274 final sample articles. While the manifest content looked at the "physically present and countable" or surface-level elements, the latent aspect explored the "deep structural meaning" conveyed by the text (Berg, 2008, p. 233). In other words, I engaged an interpretive reading of the "symbolism underlying the physical data" (Berg, 2008, p. 343). In my analysis, I specifically discuss aspects of SSA that the newspapers tend to report. I also look at the constructions of women in SSA news coverage and how these representations are gendered. Chapter 5, a stand-alone chapter on content analysis, provides detailed and comprehensive discussions on the purpose of the study, data sampling, analysis, and findings from the manifest and latent content analysis.

Chapter Summaries

In this dissertation, I have organized and structured chapters to reflect the research questions, data, and findings that are grounded in those questions. This introductory chapter has provided an overview of the scholarship, debates, and discussions that pertain to SSA in global contexts and India's context. I have explained my research questions and delineated the purpose and scope of my study. I have asserted my approach to understanding SSA and elucidated how

my research fits within the broader literature and feminist discourses on SSA. Lastly, I have also demonstrated the significance of the study and outlined the trajectory of my methodology.

In Chapter 2, "Abortion and Sex-Selective Abortion in India: History, Law, and Policy," I provide a detailed discussion of the laws and policy governing abortion and SSA and identify discrepancies in the implementation of these laws. I elucidate how the Medical Termination of Pregnancy (MTP) Act, 1994, which legalizes abortion, was implemented as a strategy to tackle the overpopulation crisis. Thus, abortion in India did not result from a vigorous women's movement or feminist activism. The chapter also traces the imperial roots of SSA, particularly how colonial rule exacerbated gender-regressive norms and deepened the preference for sons. Then, I analyze the contemporary context under which the Pre-Conception and Pre-Natal Diagnostic Techniques Act, 1994 (PCPNDT Act) became a legislative measure to prevent SSA. I draw out the contradictions in the MTP Act and the PCPNDT Act, and how the implementation of the two laws often conflate abortion and illegal sex-determination. I argue that preventative measures to eliminate SSA, albeit well-intentioned, typically fail to curb SSA. Instead, they tend to restrict women's reproductive liberty, including the right to legal abortion.

Chapter 3, "Socio-Structural Causes of Sex-Selective Abortion in India: Perspectives from the Field," explores the social determinants of SSA from the vantage point of research participants. This chapter first situates the study in the context of previous research and scholarly material on the sociological concepts of social structures. Specifically, I explicate the rationale behind using transnational feminist sociology as my theoretical framework. By drawing on a transnational feminist sociological study of social structures, I identify four important themes that research participants attribute as SSA determinants— patriarchy and son-preference; unequal power relations within the family and household; adverse consequences of state policies,

such as family planning and 'two-child norm' and the intersection between an increasingly

marketized and consumerist-oriented economy and families' desire to have fewer children. This

chapter demonstrates that unequal gender processes are embedded within the more substantial

social structures such as state institutions and policies, as well as in the smaller ones such as the

family and everyday facets of social life. These are the determinants of SSA, and they are the

contexts in which women make SSA decisions.

Chapter 4, "Rethinking Sex-Selective Abortion through Agency and Patriarchal

Bargains," seeks to examine women's agency in a reproductive practice that is mostly considered

gender discriminatory. I explore research participants' perceptions and observations of how

women exercise agency in obtaining SSA. I discuss relevant feminist debates on agency and

ground my analysis within the broader understanding of how women in non-Western contexts

often exercise agency by adopting practices that appear to be oppressive and exploitative.

Drawing on Kabeer's (1999; 2019) conceptualization of agency, and examining SSA through the

lens of Kandiyoti's (1988) concept of 'patriarchal bargain,' I identified three significant themes

in the data from in-depth interviews with research participants – agency in compliance with

family; agency in bargaining with patriarchy; and, the need to understand and conceptualize

agency in terms of degrees and not victimhood or empowerment.

Chapter 5, "A Content Analysis of the Portrayal of Sex-Selective Abortion and Women

in Indian Newspapers," documents coverage of SSA from the year 2009 to 2019 in three Indian

newspapers in the English language— *The Hindu*, *Times of India* and *Hindustan Times*. I

specifically explore how SSA is portrayed in the newspaper articles, how women are constructed

in relation to SSA, and how these representations are gendered. I apply a grounded theory

approach and conduct a Manifest and Latent content analysis. While the Manifest analysis

examined the surface-level content, the Latent coding and analysis identified two underlying themes in the data— first, SSA is portrayed as a social problem and national emergency. This is intended to create moral panic and garner the crucial support of important stakeholders and the public in condemnation of SSA. Second, SSA is feminized and presented as gender-based violence against women and "unborn girls." My findings indicate that women are viewed as victims of SSA; however, the unborn female fetus is constructed as the "ideal victim" and frequently described as the "unborn daughter" or "girl child." I argue that the disregard and underrepresentation of women's subjective experiences and constructions of the aborted "girl child" as the "ideal victim" are intended to construct victim groups that the public can relate to and empathize with. To a large extent, the three newspaper publications reflect and resonate with the Indian Government's stance on SSA as a crime and a social problem of sinister proportions.

Chapter 6, "Conclusion: Discussion and Future Considerations," lays down conclusive statements about the findings as well as insights and knowledge gained from this dissertation research. The chapter synthesizes the significant themes that emerge from the research— the conflation of abortion and sex-selective abortion; the family is the most potent institution that creates and recreates conditions for SSA and determines women's agency; women exercise agency in varying degrees in SSA; and, the Indian government reinforces colonial paradigms through its control, regulation, and appropriation of women's rights and bodily autonomy for state developmental gains. The chapter also elucidates the ethical and methodological challenges of feminist research on a sensitive topic, such as the challenges of recruiting research participants and the dilemmas associated with conducting insider research. I conclude with a delineation of my study's broader significance and the potential for replicating and using the theories, methods, and findings of this dissertation as a baseline for future research studies.

Chapter 2: Abortion and Sex-Selective in India: History, Law, and Policy

The concept of reproductive politics was formulated in the mid-1960s by women's rights advocates, often referred to as "second-wave feminists," to describe their participation and involvement in issues related to women's reproduction such as contraception, abortion, sterilization, adoption and other relevant subjects (Solinger, 2013). Reproductive politics encompass a range of issues including abortion, sex-selective abortion, sterilization, contraception, parenthood, sexuality, abstinence-only education, assisted reproductive technology, and additional reproductive concerns. The definition of reproductive politics has expanded since the 1970s. For instance, contemporary works seek to address how reproductive practices are affected by the intersection of race and class. Likewise, the parameters of what constitutes reproductive politics is an ever-expanding debate and may vary by region and culture. Notwithstanding the variable public debates on reproductive issues, the core of the argument appears to be the centrality of politics in reproduction, the effects and consequences of public policy, and its potential impact on individuals' reproductive decisions and practices.

This chapter provides an analytical overview of the reproductive politics in India, specifically through a critical discussion of the history, law, and policy surrounding abortion and sex-selective abortions in India. I begin by examining the history of abortion law and policy in India since the 1960s and assess its contemporary state of affairs. I will then render a critical analysis of abortion laws vis-à-vis state-sanctioned policies that have been enforced to prevent sex-selective abortion, and the intersection of the right to abortion, state population policies and the women's movement in India. Finally, the chapter elucidates the incongruities and contradictions that emerge from these laws, and the potentially adverse outcomes they have for Indian women's reproductive right to safe and legal abortion access.

Overview of Abortion Law and Policy in India

Abortion is defined as the removal of a fetus or embryo from the uterus before the stage of viability (Stuart & Grimes, 2010; Lohr et al., 2014). According to a comprehensive report by the Guttmacher Institute on the incidence of abortion and unintended pregnancy worldwide, as well as trends since 1990, as of 2010–2014 an estimated 36 abortions occur each year per 1,000 women aged 15–44 in developing regions, compared with 27 in developed regions (Singh et al., 2018). The report further states that the abortion rate has declined significantly in developed regions since 1990–1994; however, no significant changes have occurred in developing regions (Singh et al., 2018). Historically, legal restrictions on abortion were imposed in almost every country by the end of the nineteenth century (Berer, 2017). The most important source for such laws was Europe's imperial nations because most laws were developed during the period of colonialism from the sixteenth century onward, many of which have continued to be practiced in certain countries throughout the post-colonial period (Berer, 2017).

In India, laws pertaining to abortion, like many other regulations that adopted colonial law, are premised on the British Penal Code of 1861, also referred to as the 1861 Offences Against the Person Act (OAPA) (Patel, 2018). The OAPA states under its sections 58 and 59 that the procurement, attempted procurement or assistance in the procurement of a miscarriage is a criminal act if committed "unlawfully," and that those convicted "shall be guilty of a felony" and liable "to be kept in penal servitude for life" (OAPA, 1961). The Indian Penal Code of 1862 was premised on the British Penal Code of 1861 or the OAPA and criminalized induced abortions. With its origins in colonial law, the Indian Penal Code of 1862 made abortion a crime punishable for both the woman and the abortionist, except to save the life of the woman (Hirve, 2004). Abortion law remained the same until 1971.

The liberalization of abortion law in India began in 1964 in the context of high maternal mortality rates ascribed to unsafe abortions carried out by unskilled practitioners. Chhabra and Nuna (1994) trace how medical practitioners began to realize that most abortion-seeking individuals were married women under no socio-cultural pressure to conceal their pregnancies. These practitioners understood that decriminalizing abortion would encourage women to seek legal and safe abortion services. While policymakers and demographers who favored family planning and population control supported the legalization of abortion intending to lower the national birth rate in India, medical professionals were concerned about the adverse effects that abortions could have on the health of women (Kulkarni, 1995).

In the mid-1960s, the government of India appointed a committee under the chairmanship of a medical professional, Dr. Shantilal Shah, to carry out a comprehensive review of the socio-cultural, legal, and medical aspects of abortion (Jesani & Iyer, 1993). In 1966, this body, known as the Shah Committee, recommended legalizing abortion to safeguard women's health and lives on both compassionate and medical grounds (Government of India, 1966). Some Indian states viewed the proposed legislation as a strategy for reducing population growth; however, the Shah Committee specifically denied that this was its purpose (Hirve, 2004). The committee submitted a report on December 30, 1966, and in 1971 the Medical Termination of Pregnancy Act was passed by the Indian parliament. Thus, from the beginning, the Indian abortion policy emerged from the specific context in the country, and abortion policy grew from studies and commissions in India rather than the imposition of external policies or norms.

The Medical Termination of Pregnancy (MTP) Act, 1971

The Medical Termination of Pregnancy Act was passed in 1971 to regulate and ensure access to safe abortion. The Act permits abortion by a registered medical practitioner in

accordance with the provisions outlined therein. Abortion may be legally carried out under specific conditions and situations, which are broadly defined as:

(i) where the continuance of the pregnancy would involve a risk to the life of the pregnant woman or of grave injury of physical or mental health; or

(ii) there is a substantial risk that if the child were born, it would suffer from such physical or mental abnormalities as to be seriously handicapped (MTP Act, Government of India, 1971).

The Act permits the termination of pregnancies up to 12 weeks, which can be authorized by one doctor; those between 12 and 20 weeks must be approved by two doctors. The exception to this rule is provided in Section 5 of the Act, which allows abortion after 20 weeks in case the termination of a pregnancy "is immediately necessary to save the life of the pregnant woman" (MTP Act, Section 5). If an unwanted pregnancy has exceeded 20 weeks, women have to use a medical board and courts for an abortion. However, there may be exceptions to the rule. For example, in September 2017, the Supreme Court of India permitted a 13-year-old rape survivor to abort her 31-week-old fetus (Rajagopal, 2017). The MTP Act requires legal abortion services in a hospital, established or maintained by the government, or a place approved for this Act by the government. The termination of a pregnancy by an unregistered medical practitioner would be considered a punishable offense under the Act. Further, a woman who has not attained 18 years of age, or who, having attained the age of 18 years, is deemed a "lunatic" (MTP Act, 1971, Section 3) cannot be terminated without the written consent of her guardian.[5]

Although the provisions of the MTP Act explicitly state that abortion cannot be performed without the consent of the pregnant woman and a woman does not require spousal

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[5]Indian Lunacy Act (ILA) of 1912, created under British Rule, was essentially the first law that governed mental health in India. It brought in fundamental change for the management of asylums, which were later termed mental hospitals. The Act focused on the protection of the public from those who were considered dangerous to society (i.e., patients with a mental illness) (Somasundaram, 1987; Firdosi & Ahmad, 2016). The word "lunatic" was substituted with a "mentally ill person" in 2002 when the MTP Act 1994 was amended.

consent, pregnancies cannot be terminated in approved centers unless they are authorized by doctors. Thus, the seemingly liberal abortion law is underscored by bureaucratic requirements that the abortion seeker must meet before accessing abortion care. For this reason, Jessani and Iyer (1995) argue that the MTP Act does not encompass a fundamental right to induced abortion as it limits abortion to conditions approved by medical practitioners. Moreover, the law emphasizes the risk of women's medical and psychological morbidity if they are forced to carry an unwanted pregnancy to a full term as grounds for termination of a pregnancy. Thus, legal abortion becomes a "therapeutic intervention rather than a right" (Jessani & Iyer, 1995, p. 2591). By necessitating and prioritizing doctors' opinions, the law confers power upon medical practitioners to mediate women's reproductive decisions as well as access to safe abortion services. Based on an extensive review of evidence relating to abortion decision-making, Rowlands (2008) states that most women will have decided to have an abortion before seeking medical help and will be certain about their decision.

Moreover, women seeking legal abortion services need only an explanation of abortion options and prompt referral for treatment. Thus, 'compulsory counseling' or excessive mediation by medical practitioners is not recommended because it may be viewed as intrusive and potentially delay treatment (Royal College of Obstetricians and Gynaecologists, 2011). The MTP Act of 1971 does not consider these vital factors that govern women's abortion practices. Another area of concern in the MTP Act relates to two explanatory notes provided under Section 3 of the Act. Explanation 1 presumes situations of mental anguish caused by pregnancy resulting from rape. The anguish caused by the rape would constitute a grave injury to the pregnant woman's mental health, a condition under which legal abortions can be performed within the 20-week ceiling (MTP Act, 1971). Explanation 2 points to pregnancies resulting from the failure of

birth control methods used by a married woman or her husband to limit the number of children (MTP Act, 1971). The anguish caused by such an unwanted pregnancy would be presumed to constitute a grave injury to the pregnant woman's mental health, thus fulfilling the conditions for legal abortion. Although these provisions align with the MTP Act's goal of regulating and ensuring access to safe abortion, the provisions under the Act do not include situations of marital rape or coerced pregnancies that result from marital rape.

A significant proportion of women in India experience sexual violence in their marriage as well as during pregnancy, irrespective of occupation or education, but the government has yet to end the legal immunity enjoyed by husbands (Chhabra, 2008; Mandal, 2014; Dougal & Raj, 2014). Although several feminist and women's rights groups in India have already filed petitions seeking to remove the legal exception that allows marital rape, Section 375 of the Indian Penal Code (IPC) rules out the possibility of marital rape when the age of wife is above fifteen years. Bronitt and Misra (2014) argue that the IPC is "out of step" with legal developments in other major democratic countries. According to Bronitt and Misra (2014), a right for males to rape wives with impunity preserves "an outdated view of gender relations and female sexuality that denies some women the right to denial based on marital status" (p. 37).

Furthermore, the MTP law explains the failure of contraception with the assumption that only married women seek abortion services or are eligible for legal abortion care. The law also requires that abortion be induced legally only by a registered medical practitioner recognized under the Indian Medical Council Act of 1956. The registered practitioner is required to have training in gynecology and obstetrics as prescribed under the Act. The law also requires that abortions be carried out only at a place sanctioned by the appropriate authority. The legal provisions under the Act invariably exclude and disregard mid-level abortion service providers.

They also disregard the needs of women who may desire to have abortions via medical methods of abortion (MMA), which is a non-invasive method administered through prescription-only drugs, rather than at regulated government hospitals, primarily because of the social stigma attached to women who seek or receive abortions.

The Medical Termination of Pregnancy Amendment Act, 2002

The MTP Act of 1971 was amended in the year 2002 as the MTP Act (Amendment), 2002, or the Medical Termination of Pregnancy Amendment Act, 2002, to streamline the registration of private doctors and abortion providers, and thereby further expand access to safe abortion services (MTP Act, Government of India, 2002). The amended version approved the use of medical methods of abortion (MMA) for terminating pregnancies up to seven weeks' gestation. It also relaxed restrictions on abortion providers with referral linkages to approved facilities to prescribe MMA drugs, even while working at unapproved facilities and doctors' offices (Singh et al., 2018). Some of the changes under the amendment included the substitution of the word "lunatic" with "mentally ill person" (MTP Amendment Act, Section 3) and expanding the location for abortion services to "a place for the time being approved for this Act by Government or a District Level Committee constituted by that Government with the Chief Medical Officer or District Health Officer as the Chairperson of the said Committee" (MTP Amendment Act, Section 4), other than a hospital established or maintained by the government. Yet, the referenced "District Level Committee" must consist of not less than three and not more than five members, including a chairperson, or as the government may specify from time to time.

The amended Act further reinforces punitive measures for unregistered medical practitioners who terminate pregnancies; "possible imprisonment for a term not less than two years, which may be extended to seven years," is one punishment (MTP Amendment Act,

Section 5). Similarly, whoever terminates a pregnancy at a locale other than those sanctioned by the government risks imprisonment for up to seven years. Finally, the owner of an unregistered establishment that provides abortion services could be punished with imprisonment that may extend to seven years. In this way, the broadly liberalized and amended abortion laws under the MPT Act (Amendment) of 2002 operates within restrictive conditions.

Operationally, the enforcement of the MTP laws remains a challenge. Firstly, access to abortion services, like all other health facilities, varies widely in the different states of India. While the quality of care and MTP services in both government and private health facilities generally tend to be better in the southern and western states of India, abortion services are fewer and of poorer quality in remote rural areas compared to urban centers (Ramachandar & Pelto, 2010). Though many states in India have adopted the rules and regulations of the central government pertaining to the medical termination of pregnancies, there are differences in interpretation, implementation, and access across the country. For example, the states of Delhi and Haryana require the floor area and architectural plans of the hospital and details of the provision of car parking to be submitted for registration (Hirve, 2004).

Additionally, many of the primary health centers at the local and rural levels remain non-functional as they are not adequately staffed with certified abortion providers (Ramachandar & Pelto, 2004). According to one of the largest studies undertaken in India between 2002–2004, the Abortion Assessment Project-India, of the total abortions that took place in India, 56 percent were unsafe (Duggal & Ramachandran, 2004). Statistically, of 6.4 million annual abortions, 3.6 million were deemed to be unsafe abortion practices. Furthermore, the mortality from these unsafe abortions has contributed to the large proportion of maternal deaths in India (Duggal & Ramachandran, 2004; Singh et al., 2018). Although some important changes related to clinic

certification and medical abortion were made in the MTP Act of 1971, the registration process for a clinic to become an approved abortion provider was arduous, limiting the number of clinics (CEHAT, 1998).

Furthermore, the amended MPT Act of 2002 does not offer avenues for women who are ambivalent about their abortion decision to explore and understand their options in a non-judgmental way. The Act also does not lay out clear guidelines for follow-up treatments for those who experience major complications, even if the percentage of such cases is low. Furthermore, despite the legalization and relative liberalization of abortion laws and policies, legal provisions to safeguard women from punitive actions by their immediate families, law enforcement personnel, and religious authorities have not been adequately enforced. Some Indian states have layers of unnecessary bureaucratic procedures from requiring spousal or third-party consent requirements to furnishing explanations for seeking an abortion that fits within the conditions set by the MTP Act (Hirve, 2004). These intrusive regulatory processes have tended to cause administrative delays, potentially discouraging women from seeking safe and legal abortions and exacerbating the conditions for maternal morbidity and mortality.

Jejeebhoy et al. (2011) suggests that although abortion is legal in India, many women are unable to have full access to legal abortion services and resort to using the services of untrained providers in the informal sector. Other barriers include lack of facilities offering abortion services, lack of well-trained and certified staff, shortages of equipment and supplies, failure to protect client privacy and confidential care, lack of knowledge among women that abortion is legal via the MTP Act of 1971, and persistent stigma against women that seek abortion care (Collumbien et al., 2011; Govt of India, 2012; Stillman et al., 2014; Singh et al., 2018). Barriers are also often created because of India's strict measures to enforce the Pre-Conception and Pre-

Natal Diagnostics Techniques (PCPNDT) Act of 2003, which prohibits the misuse of prenatal

diagnostic tests for sex determination (Potdar et al., 2015; Eklund & Purewal, 2017). A growing

number of service providers are reluctant to offer pregnancy termination services because of real

and perceived fears of imprisonment and fines imposed by state authorities that often enforce

coercive force to crack down on abortion centers to prevent women from having sex-

determination tests that may potentially lead to sex-selective abortions (Nidadavolu & Bracken,

2006; Yasmin et al., 2013).

Table 1: Abortion Policy Events in India (1964-2020)

1964 - Ministry of Health and Family Planning
1966 - Shah Committee Report
1971 - MTP Act passed
1972 - MTP Act enforced in all of India except the states of Jammu and Kashmir
1975 - MTP Rules and Regulations framed
2002 - MTP (Amendment) Act - Mifepristone approved for medical abortion by Drug Controller General of India
2003 - MTP Rules and Regulations amended
2004 - National consensus guidelines for medical abortion (under development)
2020- MTP Amendment Bill 2020*

Source: Adapted from "Abortion Law, Policy and Services in India: A Critical Review" (Hirve, 2004). Researcher updated information to include the latest abortion policy.

The Intersection of Abortion and Population Policy of India

Rapid population growth in India was recognized as a social and economic "problem" as

early as 1957, ten years after the country gained independence from British rule (Thompson,

1957). Concurrently, India has a long history of population policies and has been identified as

one of the first nations to recognize rapid population growth as an impediment to economic and

social development (Whitney, 1976). Some of the early exponents of population control in India

included the Madras Neo-Malthusian League, established in 1929, and the 1932 All India

Women's Conference, which recommended that men and women be instructed in birth control measures (Marriot & Sanchez, 1998). At the national political level, the issue of population growth was taken up by the National Planning Commission set up by the Indian National Congress in 1935 (Nair, 1992). It appears that the government treated what they considered to be the 'population explosion' as providing the rationale for the initiation of steps intended to reduce fertility rates and integrate population policies and national development aims. The population policy adopted shortly after India became independent in 1947 sought to reduce the birth rate and stabilize the population at a level consistent with the national economy (Family Planning Association of India (FPAI), 1992).

In the 1970s, when the country experienced worsening economic conditions and a growing dependence on foreign aid, "over-population" was regularly used as a scapegoat to explain government failures to bring about socio-economic change. Coercive measures such as compulsory sterilization programs were implemented under the National Population Policy of 1976 to reduce the economic burden of over-population. These measures were met with strong resistance from the public (Marriot & Sanchez, 1998; Nair, 1992). Comprehensive revisions were then made from 1992 onward by the Family Planning Association of India (FPAI), which is India's leading voluntary family planning organization, and the government of India to "promote an integrated reproductive and child healthcare approach" (Chhabra & Nuna, 1994, p. 1).

Given the premise of "over-population" pressures felt by Indian demographers and the economic burden considerations enunciated by policymakers in the 1970s, it is no surprise that the move to legalize abortion in 1971 through the MTP Act was virtually unopposed. Chitnis and Wright (2007) observe that Indian policymakers presented legal abortion as "a form of social policy and population control" (p. 1339). The government came to establish a close association

between family planning programs such as the use of contraception, sterilization, and abortion with state population policy programs. Due to the close linkage between family planning and population control, the two issues are often "understood as synonymous terms" (Gangoli, 1998, p. 84). Population pressures created a favorable environment for loosening abortion restrictions and liberalized the earlier laws premised on the British Penal Code of 1861. Under the old law premised on British colonial legislation, abortion was treated as a crime punishable for both the woman and the abortionist except to save the life of the woman. Notwithstanding the legalization and decriminalization of abortion in 1971, scholars argue that the Indian Parliament simply adopted the law that had been passed four years earlier in England (Jessani & Iyer, 1994; Chitnis & Wright, 2007). Instead of assessing the different needs of the two countries, Indian lawmakers seem to have fallen back on their colonial past and imported a law created out of a different social, cultural and economic context to deal with a different set of reproductive needs (Jessani & Iyer, 1994; Chitnis & Wright, 2007; Chowdhry, 2009)

In India, social battles between "pro-abortion" and "anti-abortion" advocates have not reached the feverish level found in other countries such as the United States. Unlike in certain Western countries, the liberalization of abortion in India was not necessarily linked to feminist activism (John, 2104). In the West and most countries with progressive laws, reproductive rights and choice are primarily associated with "bodily integrity" and "bodily self-determination" (Berer, 1993; Petchesky & Corrêa, 1994). Here, the legalization of abortion appears to have occurred as an immediate response to the crisis of a burgeoning population, with concerns over national economic growth prioritized over women's bodily autonomy and self-determination. The abortion laws also do not separate women's sexuality and autonomy from reproduction. Health activists Amar Jesani and Aditi Iyer have linked the failure of abortion advocacy to

become an integral component of the women's movement primarily to the absence of a strong

feminist current within India during the 1960s and early 1970s. However, it is safe to say that

abortion discourse in India is not as contentious as it is in some other countries. Anti-abortion

groups in India are not as belligerent or political as their counterparts elsewhere. For example, in

the U.S., the right to abortion movement is pitted against powerful anti-abortion groups, which

have the institutional support of mainstream religious groups and right-wing political forces.

Finally, the low priority given to abortion issues may be engendered by a "lack of awareness of

the fact that legalization has not been buttressed by safe and humane abortion services" (Jesani &

Iyer, 1993, p. 291). The restriction or absence of civil society organizations or a strong,

established feminist movement is understood to affect how abortion reform advocates can

mobilize support or educate the public about the liberatory aspects of women's rights to abortion

and access to abortive care (Whittaker, 2010).

In adopting abortion laws that were created by a foreign country for domestic needs, and

without incorporating the concept of abortion as a fundamental part of women's bodily

autonomy and control over their own reproductive capacities, "abortion in India has become a

tool that wittingly and unwittingly reproduces colonialism and patriarchy" (Chitnis & Wright,

2007, p. 1339). Feminist historian Prem Chowdhry (2009) echoes similar views on how abortion

law in India does not essentially endorse women's legal rights to abortion, but functions as a

regulatory mechanism of doctors and policymakers in the contemporary moment. Chowdhry also

opines that "the post-colonial court continues to uphold the ideological framework as its British

predecessor by continuing to work under the ideology of guardianship and pronouncing moral

judgments on cases concerning women's sexuality" (2009, p. 14). Chowdhry's observation

elucidates the dubious ways in which national policies are often designed and implemented in the

name of national growth and development; however, they end up reinforcing patriarchal ideologies and co-opting women's empowerment for nationalistic gains. Despite the seemingly liberal availability of abortion services in India, the legal provisions can be argued to stand on precarious grounds. India's abortion law reflects how instances of liberalized legislation can ironically be invoked to restrict access to abortion services (Singh, 2012; Finer, 2013; Berer, 2017). Abortion policies have also led to more pressing issues in the form of legal abortion being denied on the grounds of fears of sex-selection; thus, increasing the risk of women seeking unsafe and illegal abortion services.

India's New Abortion Law: MTP (Amendment) Bill, 2020

In January 2020, the Union Cabinet of India approved The Medical Termination of Pregnancy (Amendment) Bill, 2020. The amendment comes against the backdrop of scores of women's appeals to the Supreme Court and high courts to secure permission for abortion post the 20 weeks limitation, upon discovery of a congenital fetal abnormality or late detection of pregnancy caused by sexual assault. The amendment also comes in the backdrop of the central government's response to a petition filed in 2019 in the Supreme Court of India seeking amendment in abortion laws. The government has stated, "A pregnant woman's right to abort her pregnancy is not an absolute right, and the right to abortion must be balanced against the compelling state interest of protecting the mother's health and the life of the fetus/unborn child" (Businessworld, March 7, 2020). The government's statement validates my assertion that in India, women's rights or bodily autonomy are neither viewed as a fundamental right nor are absolute in theory and practice.

Initial reports suggest that the amended Bill enhances the upper gestation limit from 20 to 24 weeks for permitting abortion for "special categories of women," which would include

"vulnerable women including survivors of rape, victims of incest and other vulnerable women (like differently-abled women, and minors)…" (Press Information Bureau (PIB), Gov of India, 2020). The proposed increase in gestational age seeks to "ensure dignity, autonomy, confidentiality, and justice for women who need to terminate a pregnancy" (PIB, 2020). However, the upper gestation limit does not apply in cases of substantial fetal abnormalities diagnosed by a medical board. The Bill also seeks to ensure the privacy and confidentiality of the woman who chooses to terminate her pregnancy. The Bill statement notice reads, "The Medical Termination of Pregnancy (Amendment) Bill, 2020 is for expanding access of women to safe and legal abortion services on therapeutic, eugenic, humanitarian or social grounds" (PIB, 2020). However, the statement does not explain the curious and seemingly out-of-place use of the term 'eugenic' in its press report and the potential conditions under which this term may apply.

In an op-ed for the *Times of India* newspaper, the Union Cabinet Minister for Textiles and Women and Child Development, Smriti Irani, stated that the MTP (Amendment) Bill, 2020, will "truly address the needs of gender justice through the prism of reproductive rights" (January 31, 2020). The Minister argues that the new abortion law situates abortions within the framework of reproductive rights, ensures gender justice, and will effectively reduce maternal mortality and morbidity that arise out of unsafe abortions. The new law replaces the old provision that included only a married woman or her husband within the law's language. The amendment seeks to move beyond heteronormative understandings of marriage or partnership by placing an unmarried woman and her partner at par with a married woman and her husband to secure abortion due to contraceptive failure. The urgency to recognize women's sexual agency will potentially reduce abortion stigma and encourage safe abortions. Indeed, these aspects are welcome legislation on the part of the Indian government.

The proposed amendment is a relatively progressive but belated piece of legislation. The full draft of the Bill is yet to be circulated in the public domain. Indeed, the Bill seeks to raise the gestational period for obtaining legal abortions and recognize women's sexual agency by acknowledging the reality of abortion needs outside of marriage. Despite these amendments, it is uncertain whether the MTP (Amendment) Bill, 2020, can indeed be hailed as progressive. Under the amended Bill's provisions, a woman's decision to choose an abortion still has to be legitimized by a 'medical board' consisting of multiple members, legitimizing third-party authorization. Subjecting an abortion seeker to multiple medical checks and bureaucratic gatekeeping, seems contradictory to the new Bill's intention to recognize and protect women's "dignity, autonomy, confidentiality, and justice" and does not place the abortion seeker's needs at the center.

Further, an increase in the upper gestational limit to 24 weeks for abortion is envisaged only for "vulnerable women" that include survivors of rape, victims of incest, disabled women, and minors. To ensure that the law achieves this aim requires the state to create enabling conditions and take responsibility to assist in covering medical expenses, provide specialized medical treatment, ensure prenatal and post-abortion care, compensations, and sustainable livelihoods. However, the amended Bill is currently silent on this aspect of legislation and policy. Further, an increase in the upper gestational limit to 24 weeks does not apply to abortions triggered by the discovery of "substantial fetal abnormalities" diagnosed by the Medical Board. Critics argue that the law reinforces the view that certain fetuses are per se unwanted and assumes that women seek abortion only if they are bearing socially undesirable fetuses. Legal expert and reproductive rights advocate, Vrinda Grover, argues, "Such a law not only fails to actualise autonomy and reproductive justice for women, rather the facade of rights further

entrenches patriarchal and regressive notions of progeny that preserve caste-community purity and promotes eugenics and ableism" (Grover, 2020). Under its seemingly progressive language in line with countries that recognize women's bodily autonomy, rights, and justice, the law continues to perpetuate the subordination of a woman's determination of her reproductive freedom to medical and legal regimes. India's move comes at a time when the landmark Roe v. Wade in the Supreme Court of the United States (U.S.) is under scrutiny and appears to appeal to an ethos of liberal abortion laws. However, the clauses provided under the MTP (Amendment) Bill 2020 reinstates and re-emphasizes the underlying reality that abortion in India is conditional and not a fundamental and absolute right exercised by women.

In the following sections of the chapter, I will discuss the imperial roots of SSA, particularly Indian feminists' contention that colonial rule exacerbated gender-regressive norms and deepened the preference for sons. Then, I will analyze the contemporary context under which the Pre-Conception and Pre-Natal Diagnostic Techniques Act, 1994 (PCPNDT Act) became a legislative measure to prevent SSA. Then, I will elucidate the contradictions in the MTP Act and the PCPNDT Act, and how the implementation of the two laws often conflate abortion and illegal sex-determination.

Sex-Selective Abortion in India: Imperial Roots and Contemporary Conditions

Several Indian historians suggest that the contemporary practice of SSA is a permutation of female infanticide (Oldenburg, 2002; Vishwanath, 2004; Chowdhry; 2009). Since SSA depends on the ability of a physician or technician to determine the sex of the fetus before birth, the procedure could not be performed in the colonial period, when ultrasound and amniocentesis procedures were unavailable. Female infanticide appears to have been prevalent during British colonial rule. The British colonialists were aware of the practice and prohibited it through

legislation. Female infanticide was closely associated with the elite, high-caste, and land-owning communities and warrior groups such as the Jats and Rajputs in the north, western and central areas of India (Snehi, 2003; Vishwanath, 1995, 2004). According to Viswanath (1995), the first recorded instances of female infanticide dates back to 1789 among the Rajkumar Rajputs of Jaunpur in northwest India. Vishwanath observes that the British records initially displayed Orientalism[6] by ascribing the practice to ancient Hindu sacred texts, while also providing anecdotal accounts of the practice among landed castes that that gave large dowries.

In 1857, John Cave Browne, an English chaplain, published *Indian Infanticide: Its Origin, Progress, and Suppression* and claimed that female infanticide among the Jats originated from "Malthusian motives" (Browne, 1857, p. 121), that is, keep the female population in check and increase male heirs to engage in warfare. These historical records have been questioned by modern scholars because Browne documented his speculations on female infanticide using hearsay (Browne, 122). Moreover, the British made their observations from a safe distance and did not socialize with their Indian subjects. Bernard Cohn (1996) explains that a close engagement with the local communities would have probably allowed colonial officials to have an informed opinion about "their poverty, frustrations, life or culture at close hand" (p. 10). Cohn (1996) further states that the British colonial residents in India often did not accuse an individual or family of infanticide as the "crime" was difficult to prove in a British court. Rather, they put the onus of blame of an entire clan or social group. Thus, during this period, female infanticide was treated rather ordinarily as a "statistical crime" (p. 11).

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[6] Edward Said (1978) defined "orientalism" as the West's patronizing representations of "The East"—the societies and peoples who inhabit Asia, North Africa, and the Middle East. It refers to the exaggeration of difference, the presumption of Western superiority, and "the application of clichéd analytical models for perceiving the Oriental world" (2). Orientalism fictionally depicts the Orient as "an irrational, psychologically weak, and feminized, non-European Other," negatively contrasted with "the rational, psychologically strong, and masculine West" (19).

Indeed, the British took a keen interest in female infanticide; however, they were cautious not to interfere in domestic matters, particularly those concerning the Indian nobility, such as the Rajputs who were friendly allies of the British (John, 2014). Invoking caution, the British overlooked the issue of female infanticide and neglect in the first Census Report of 1872. Instead, alternative explanations such as undercounting and age misreporting were offered for the discrepant sex ratio numbers (Miller, 1982, as cited in John, 2014). Scholars suggest that the Census counting, among other reasons, was intended to demonstrate the colonial rulers' civilizing mission to combat 'violence against women' by addressing female infanticide through counting of men and women, and boys and girls (Bhatnagar et al., 2005; John, 2014; Purewal, 2010).

Although female infanticide cannot be claimed as a colonial invention, Indian feminist historians Oldenburg (2002) and Chowdhry (2009) assert that imperial policies intensified gender-regressive policies. Imperial interventions in the most intimate parts of community life in India were not uncommon as the British sought to resolve 'social evils' through their social reform movements and 'civilizing mission.' Feminist historians such as Oldenburg and Chowdhry trace the roots of discrimination and violence against women and girls in India to the policies and prejudice of the colonial administration. For instance, the colonial administration made radical changes in landed property. New economic policies were introduced in the form of inflexible tax demands, and collection regimens were enforced for the maintenance of the colonial army. Due to these economic reforms, there was an enormous increase in land prices.

More specifically, imperial economic policies declared males to be the sole proprietors of landed property. Landed property was previously considered a collective and communal asset, but with the recruitment of male proprietors, a more "masculine" economy seems to have taken

shape. The association of land ownership with masculine privileges has been attributed as one of the major causes of "deepening the preference for sons" (Oldenburg 2002, p. 4). Hvistendahl (2011) goes as far as to claim that several documents left behind by the colonial administration in the aftermath of India's independence show "a direct correlation between the taxation policies of the British East India Company and the rise in female infanticide" (p. 67).

The colonial government adduced female infanticide as arising out of exorbitant wedding expenses and dowry payments; however, several Indian feminist historians contend that masculinist imperial policies exacerbated unequal gender relations by enabling a culture of preference for sons in India. For example, in *Dowry Murder: The Imperial Origins of a Cultural Crime* (2002), Veena Oldenburg describes dowry as one of the few "indigenous, woman-centered institutions" in an overwhelmingly patriarchal and agrarian society (p. 9). Dowry was an important material asset, an economic safety net for women in the late 19th and early 20th centuries to provide for the bride and act as a recourse in an emergency. It symbolized the worthy appreciation of a daughter and a status-symbol in her conjugal village. With the commodification of land, the cost of dowries showed a concomitant rise. Dowries were "sucked into the inflammatory colonial reforms," and were no longer preserved as a woman's exclusive wealth, "but began to be used to pay off debts or to marry off daughters in the husband's family" (p. 127). The desire to maintain patrilocal caste dominance, socio-economic status, avoidance of dowry payments, and the fear of alienation of agricultural lands which was often the only economic resource for most communities gradually led to the almost "pathologically severe preference for sons" among all castes, tribes, and creeds because, "men—strong young men— were the only avenue to status, wealth and employment" (Oldenburg, 2002, p. 160).

Empirical research and data that look at contemporary conditions of sex-selective abortion attribute acute preference for sons as the primary cause for SSA (Junhong, 2001; Das Gupta, 2003; Bannister, 2004; Jha et al., 2011; Chaudhari, 2012). Preference for sons is often argued to be more severe in northern India than in other regions of the country. John et al. (2016) link this to two broad but related cultural phenomena— Brahmanical or upper-caste Hindu values that favor sons and men and the lower participation of women in the labor force in the northern regions of India. These socio-economic factors have diminished the perceived economic value of women for their families. Some have cited religious traditions that require sons to perform the last rites for deceased parents (Arnold et al. 2002; Rutherford et al., 2003; Chowdhry, 2009). Other observers examine the economic privilege enjoyed by males in terms of their greater participation in the workforce that allows them to contribute more to family income (Bannister 2004; Chowdhry, 2009).

Inheritance land rights that pass through male heirs and avoidance of dowry expenses for daughters are factors associated with SSA (Arnold et al. 2002; Rutherford et al. 2003; Bannister 2004; Chowdhry, 2009; Jha et al. 2011; Chaudhuri, 2012; Barot, 2012). Although women are legally allowed to inherit and own ancestral lands as per the provisions of The Hindu Succession Amendment Act, 1956 (Amendment Act, 2005), families often do not abide by the law for fear of fragmentation of landholding or losing the land upon a daughter's marriage (Khan, 2000). Further, due to low awareness and literacy among certain women about their right to inheritance, women are often hesitant to contest these matters in court if they are denied ancestral property inheritance. The decline in fertility and the increasing desire to have smaller families are also linked with SSA practices. For example, scholars have found an increased likelihood for a

woman to resort to abortion, often sex-selective in nature, to attain their desired family composition (Das Gupta & Bhat, 1997; Das Gupta & Li, 1999; Abbamonte, 2019).

In 1976, India's government initiated compulsory sterilization programs as part of the National Population Policy program. The primary assumption behind this policy was that poverty was a driver of the population explosion. In light of this assumption, compulsory sterilization was, thus, part of a larger poverty reduction program (Gupte, 2017). Clear demographic goals were set to regulate fertility, age of marriage, literacy, and poverty. Several programs were initiated to integrate family planning with the overall strategy of socio-economic development of the state (Singh, 1976; National Population Policy, 1983). According to Connelly (2006), the leading proponents of population control were concerned "not just about poverty but with preserving their power-- whether as castes and religious communities, or countries and 'civilizations'" (p. 629). Compulsory birth control and fertility measures were enforced in several states of India, and officials and volunteers often made targeted efforts to sterilize poor women and families from the lower rungs of Indian society (Castetter, 1978; Gupte, 2017). Some scholars have suggested that such coercive compulsory sterilization methods drive fertility and childbearing decisions and exacerbate son-preference and discrimination against girls (Nair, 1992; Rosenblum, 2013; Nagpal, 2013).

Of late, the advancement in new reproductive technologies such as fetal ultrasound diagnosis and amniocentesis - and their unregulated use have been argued to exacerbate the systemic abortion of female fetuses in India (Patel, 2004, 2007; Bhat & Zavier, 2007; Sharma, 2008; Nagpal, 2013). Therefore, both the social welfare measures as well as legislation concerning SSA tend to focus on regulating or prohibiting the use of prenatal sex determination tests. These laws are intended to prevent SSA practices through the regulation of prenatal

diagnostics and service providers. In the following, I discuss the major Indian law that has been implemented and enforced to restrict the use and misuse of technology for sex-selection.

Sex-Selective Abortion Law and Policy in India

Sex-determination of a fetus became possible in India with the advent of amniocentesis in the 1970s. This technology, introduced to detect genetic abnormalities, began to be used to determine the sex of a fetus. However, the Indian government prohibited using these tests for such purposes (Arnold et al., 2002). Prenatal tests, including ultrasounds and amniocenteses to detect a fetal anomaly, were permitted; however, it was left to medical practitioners to reveal the sex of the fetus to the patient. The ban on sex-determination tests in government facilities did not extend to the private medical sector, where their use flourished unregulated for at least the next 20 years (Arnold et al., 2002). According to John (2014), the first discovery of new and disturbing trends in child sex ratio (CSR) was "an accidental product" of the state's desire to measure literacy rates and schooling in the 1990s. The government had planned to create a separate Census statistic for the preschool 0-6 age group population to capture the literacy rates as well as the rate of retention. The Census 1991 recorded an all-time low sex ratio of 927 overall, but a more worrying statistic emerged in the form of declining CSRs in several states, mainly in north India (John, 2014, p. 18).

SSA first caught national attention when the provisional estimates from the 2001 census of India revealed an unusually low sex ratio for children under seven years of age. According to the Census of India records, there were 935 females per 1,000 males in 1981, 927 females per 1000 males in 2001, and 919 females per 1000 males in Census 2011. Thus, there has been a decline of CSR from 935 females in 1981 to 927 females in 2001 (Office of the Registrar General and Census Commissioner, India). The matter reached its apex when the 2011 Census

recorded the lowest recorded CSR since India's independence in 1947 (Census of India, 2011; Madan & Breuning, 2014). The census findings on the abnormally low juvenile or child sex ratio are confirmed by the National Family Health Survey (NFHS-2), 1998–1999, which covers a representative sample of about 91,000 married women age 15–49 from 26 states in India. NFHS survey data includes information on sex ratios at birth, spontaneous and induced abortions, sex differentials in childhood mortality, and the use of ultrasounds and amniocenteses (Arnold et al., 2002). The NFHS data is considered a more reliable source than census data for deeper insight into factors that can potentially cause sex selection.

Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994

In 1994, the Parliament of India passed the Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) Act (PNDT Act of 1994) to address the dwindling sex ratio. The PNDT Act is intended to prevent and regulate and prenatal sex-determination and misuse of ultrasound diagnostic tools. The Act has several deterrent legal provisions and procedures. Its primary objective is to address the steady decline in child sex ratio (CSR) by prohibiting sex-determination diagnostic techniques with the intent of SSA. Some of the provisions under the Act include the following:

(i) Preventing the use of prenatal diagnostic techniques for detecting genetic or metabolic disorders or chromosomal abnormalities or certain congenital malformations or sex-linked disorders.
(ii) Prevention of the *misuse of such techniques for prenatal sex determination leading to female feticide* (italics mine)
(iii) Compulsory registration of all diagnostic laboratories, all genetic counseling centers and laboratories, and ultrasound clinics. (PNDT Act, Government of India, 1994)

As the language of the law indicates, the PNDT Act of 1994 is intended to regulate the misuse of sex-determination tests with the intent to obtain an SSA. Its primary objective is to improve declining CSRs, which the government appears to view as a direct consequence of SSA

practices. The law does not explicitly state that SSA is "illegal" or a "crime"; instead, it seeks to

prevent the use and misuse of diagnostics techniques for prenatal sex-determination, with the

assumption that such misuse may facilitate SSA. Thus, the 'illegality' of SSA is implied rather

than clearly articulated within the language of the law. What is illegal appears to be the act of

fetal sex-determination with the intent to abort the fetus on account of it being of the female sex.

To an extent, the ambiguous use of language leaves room for diverse interpretations by various

stakeholders and service providers tasked with implementing the PNDT Act.

In 2003, the PNDT Act OF 1994 was revised and amended as 'The Pre-conception and

Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act' (PCPNDT Act). The

amendment is intended to improve the regulation of the technology used in sex selection. It bans

the use of sex-selection techniques before or after conception, as well as the misuse of prenatal

diagnostic techniques for SSA (Govt of India, 2006). The lengthy title of the Amendment Act

has been suitably amended to read as follows:

> "An Act to provide for the *prohibition of sex selection* (italics mine) before or after
> conception, and for regulation of pre-natal diagnostic techniques for the purposes of
> detecting abnormalities or metabolic disorders or chromosomal abnormalities or certain
> congenital malformations or sex-linked disorders and for the prevention of their misuse
> for sex determination leading to female foeticide and for matters connected therewith or
> incidental thereto." (Handbook on PCPNDT, 1994, with rules and amendments, 2006)

Some of the salient features of the PCPNDT Act include:

i. Prohibition of sex selection before and after conception.
ii. Regulation of pre-natal diagnostic techniques (e.g., amniocentesis and ultrasonography) for the detection of genetic abnormalities by restricting their use to registered institutions.
iii. The use of these techniques only at a registered place for a specified purpose and by a qualified person, registered for this purpose.
iv. Prevention of misuse of such techniques for sex selection before or after conception.
v. Prohibition of advertisement of any technique for sex selection as well as sex determination.
vi. Punishment for violation of the provisions of the Act.

(Handbook on PCPNDT, 1994, with rules and amendments, 2006)

Like its 1994 version (PNDT Act), the amended Act (PCPNDT) emphasizes the *prohibition of sex selection* and the use and misuse of sex-selection technology for determining fetal sex. It does not, at any point, explicitly state that SSA is illegal and a crime. The law exists as a means of deterring and preventing the practice of sex-determination that may potentially lead to SSA. Despite the law *not* stating clearly that SSA is illegal, government officials and the media often create the illusion that sex-selective abortions are in themselves a crime that is punishable under the provisions of penal law. The PCPNDT Act also outlines punitive measures for those found breaking the legal provisions of the Act. Notably, provisions for punishment under the Act protects the pregnant woman but sanctions penalties, for doctors and owners of clinics, husbands and family members abetting SSA, and any advertisement regarding sex selection. Punitive sanctions include 5 years of imprisonment, fines up to Rupees 1 lakh (approximately, $1,400), suspension of medical licenses and permanent ban from medical practice for repeated offences (MOHFW, 2018). Punitive sanctions are as follows:

For doctors and owner of ultrasound diagnostics clinics:

i. Up to 3 years of imprisonment with fine, up to Rs. 10,000 for the first offence.
ii. Up to 5 years of imprisonment with fine, up to Rs. 50, 000 for subsequent offence.
iii. Suspension of registration with the Medical Council if charges are framed by the Court and till the case are disposed of, removal of the name for 5 years from the medical register in the case of first offence and permanent removal in case of subsequent offence.

For husbands and family member or any other persons abetting sex selection:

i. Up to 3 years of imprisonment with a fine, up to Rs. 50,000 for the first offence.
ii. Up to 5 years of imprisonment with fine, up to Rs. 1 lakh for subsequent offence.

For any media advertisement regarding sex selection

i. Up to 3 years of imprisonment and up to Rs. 10,000 fines.

The amended PCPNDT Act also brought the use of ultrasound machines within its ambit. It empowers the central and state-level supervisory board to establish more stringent punishments for facilities that conduct sex-determination procedures to terminate a pregnancy if the fetus is female. Furthermore, the PCPNDT law imbues the appropriate authorities with the power from civil courts for the search, seizure, and sealing of the violators' machines and equipment. Finally, The PCPNDT Act regulates the sale of ultrasound machines. Therefore, it can be argued that the government's strategy to tackle SSA and improve declining CSRs approaches the matter from the point of criminal law and punitive sanctions.

Discrepancies and Contradictions in Sex-Selective Abortion Law and Policy

Laws and policies can profoundly impact the reproductive decisions and practices of individuals. In India, laws that regulate the identification of a fetus and the termination of a pregnancy are shaped by their social and political context, particularly the government's growing concerns over dwindling child sex ratio (CSR) in certain parts of the country. Since low CSRs came to light, government concerns over SSA have often led to unofficial restrictions on fetal diagnostics tests and legal abortions. While the MTP Act of 1971 permits the abortion of fetuses with disabilities up to 20 weeks, the PCPNDT Act's ban on identifying the sex of the fetus prevents the use of sex detection to identify fetuses at a high risk of sex-linked diseases or recessive gene inheritance that are passed down through families, such as, hemophilia, red-green color blindness, congenital night blindness, some high blood pressure genes, and muscular dystrophy among others. The detection rate of fetal anomalies during the first trimester of pregnancy at 11 to 14 weeks is 44 percent, compared with 74 percent by the mid-pregnancy scan (Office of Women's Health, 2019). Thus, the early prenatal diagnosis of fetal anomalies is

believed to be improved by screening during the second trimester (13-28 weeks) rather than during the first trimester (Weisz et al., 2005; Office of Women's Health, 2019).

However, under the provisions of the PCPNDT Act, second-trimester abortions are prohibited; that is, while the MTP Act permits abortion of a fetus with serious abnormalities, the PCPNDT Act does not permit the identification of the sex of the fetus even for eliminating sex-linked disorders and terminating a pregnancy within the 20-week ceiling (Rahman & Siddiqui, 2016). This clause appears to contradict the provisions of the MTP Act of 1971, which permits the abortion of a fetus that is at risk of being born with serious physical or mental disabilities (Nehra, 2009). Such discrepancies in the law have the potential to create ethical dilemmas for both medical service providers and women seeking medical advice, including whether or not to have abortions on the grounds of fetal anomalies.

Furthermore, despite the enactment of these laws to prevent SSA by regulating diagnostics techniques, illegal ultrasound diagnoses still occur due to poor regulation within the medical community and lack of supervision on the part of government agencies (Patel, 2007; Barot, 2012; Harrigan, 2015). Additionally, tackling the root causes of SSA, collecting reliable data on the extent of the practice of SSA, raising public awareness about the issue, and enforcing strict regulations for abortion care providers remains an ongoing challenge.

When the 2011 census data showed a significant decline in the child sex ratio (CSR), the government of India initiated several national campaigns to generate awareness on the harmful consequences of SSA, and to improve the efficiency of welfare services intended for girls. For example, to ensure care and survival of female children and to encourage families to have no more than two children altogether, the Department of Women and Child Development and the Department of Rural Development award cash incentives at the birth of a girl (Bose, 2000, p.

1058). In 2015, the Prime Minister of India launched the "Beti Bachao Beti Padhao" ("Save the Girl Child"/BBBP) national campaign to address the declining CSR and related issues of women's empowerment over a life-cycle continuum. It is a tri-ministerial effort of the Ministries of Women and Child Development, Health & Family Welfare, and Human Resource Development branches of the Government of India.

Several Indian states have developed initiatives to address the assumed economic disadvantage of having female children by offering financial support to girls and their parents. These policies provide what is known as "conditional cash transfers" and scholarships only available to girls. The payments made to a girl and her parents are linked to each stage of her life, such as when she is born, the completion of her childhood immunization, and stages of her education (Guilmoto, 2012). Different states of India have also initiated girl-driven welfare policies. For example, the state of Delhi adopted a pro-girl policy initiative (known locally as the "Ladli scheme"). The scheme aims to lower the birth sex ratio in the state by linking financial assistance to education up to the senior secondary level, empower the girl child socially and economically, promote birth registration of girl child, control 'female foeticide' to improve sex ratio among other objectives (Women and Child Development, Govt of India, 2008). The BBBP campaign, although of noble intention, tends to use language that conflates abortion and SSA and frames "female foeticide" as a major indicator of "women disempowerment" (BBBP, Govt of India, 2015).

These policy measures are aimed at redressing low CSRs with the ultimate aim to stabilize population growth problems in India. Scholars note that such schemes may reinforce gender inequality as economic incentives have been found to cause excess female mortality, and drive fertility decisions that exacerbate discrimination against girls (Nair, 1992; Rosenblum,

2013; Nagpal, 2013). Furthermore, government schemes and welfare programs seem to be directed towards ameliorating poverty and increasing girls' education, particularly mainly among poor women and lower-income groups. These communities usually form the so-called scheduled castes of India that are historically, socially, and economically marginalized. Although one is inclined to support government initiatives that invoke feminist themes and language, the effectiveness of SSA preventative measures begs further questioning. The target population of these schemes appears misplaced because empirical evidence suggests that SSA is predominantly practiced by individuals from higher income groups and urban centers have more incidence of SSA than India's rural sectors.

Discussion

In this chapter, I have elucidated that reproductive empowerment for women in India is not perceived as an end in itself. Instead, legal abortion is projected as "a means to the ultimate end of population policy" (Gangoli 1998, p. 85). The MTP Act of 1971 was passed to decriminalize abortion, liberalize abortion access and reduce maternal morbidity and mortality caused by unsafe abortions; however, the law does not encompass a fundamental right to induced abortion, as it limits the liberalization of abortion to conditions approved by medical practitioners. Thus, although abortion is legal in India, the right to abortion is treated as conditional. Even though a significant proportion of women in India experience sexual violence within their marriage as well as during pregnancy, the Government of India does not recognize marital rape. Consequently, coerced pregnancies resulting from marital rape are overlooked under the provisions of the MTP Act. The MTP law allows abortion on the grounds of the failure of contraception, and implicitly assumes that only married women seek abortion services or are

eligible to access legal abortion care. In doing so, the law upholds traditional gender norms and reinforces marriage as a heteronormative institution.

Despite the legalization and relative liberalization of abortion law and policy, there are no substantive legal provisions to safeguard women from punitive actions by their immediate families, law enforcement personnel, religious authorities, and the redressal of abortion stigma. Some Indian states have layers of unnecessary bureaucratic procedures and intrusive regulatory processes that tend to cause administrative delays and potentially discourage women from seeking safe and legal abortions. Because reproductive rights are not viewed as a fundamental part of women's bodily autonomy and control over their own reproductive capacities, the law functions as a regulatory mechanism of doctors and policymakers to pronounce an ideology of guardianship on cases concerning women's bodies and sexuality. The ideological framework of male guardianship and framing women's rights within paternalistic legislation is a legacy inherited from British colonialism, which the government continues to reproduce and replicate in the contemporary moment.

Furthermore, SSA bans are often disguised as a means to eliminate gender discrimination, but state officials often implement preventative measures that regress to a blanket ban on abortion itself. Even though the intent of the PNDT Act and its preliminary objectives were to prohibit prenatal diagnostic techniques for sex determination of the fetus that leads to SSA, the law has often created a crisis for service providers as well as reproductive care seekers that seek to offer or receive ultrasounds without the intent to abort female fetuses. The draconian effects of the law have also led to "suspensions of registration, filing of criminal cases and sealing of machines even for the service providers that have been granted certification by the state medical councils" (Bhaktwani, 2012, p. 134). Further, public discourse surrounding sex

selection in India, including awareness-raising campaigns, tends to focus on abortion largely. The representations of SSA as inherently criminal can create negative stereotypes about women that seek to obtain SSA. Uncritical perceptions of SSA as a criminal practice can also invariably assume abortion itself is a criminal act. These approaches may further distance the larger public and important stakeholders to participate in a constructive dialogues and discourse about SSA. Ultimately, government interventions to prevent SSA, albeit well-intended, typically fail to address the root causes of the "missing girls" phenomena in India or the deep-seated cultural preference for male children. Anti-SSA measures have often had little to no effect in achieving their goal of preventing SSA.

Lastly, the new amended Medical Termination of Pregnancy Bill (MTP Bill), 2020, appears to be promising in terms of its intention to protect women's "dignity, autonomy, confidentiality, and justice" (MTP Bill, 2020), and raising the gestational period for obtaining legal abortions to 24 weeks. However, it is uncertain whether the amended Bill can indeed be hailed as progressive as the provisions under the Bill require a third-party authorization, such as a medical board, to legitimize a woman's decision to obtain an abortion. Further, enabling only "vulnerable women," including survivors of rape, victims of incest, disabled women, and minors to obtain abortions beyond the 24-week ceiling reinforces the notion that abortion is not a fundamental right of women; but, conditional liberty endowed by the state, to whomsoever it designates as "vulnerable." Thus, despite India's legalization of abortion, the state has yet to truly recognize women's self-determination and bodily autonomy and a sexual and reproductive agency outside the institution of marriage.

Chapter 3. Socio-Structural Causes of Sex-Selective Abortion: Perspectives from the Field

In Chapter 2, I provided an analytical overview of reproductive politics in India, specifically through a critical discussion of the history, law, and policy surrounding abortion and sex-selective abortions (SSA) in India. Although abortion is legal in India, it is not treated as a fundamental right of women and operates under restrictive conditions. I also argued that anti-SSA measures and laws prohibiting sex determination tests have often had little to no effect in eliminating SSA practices. Thus, a mismatch between a social problem and public policy has emerged, that is, SSA law and policy does not consider the social context within which sex-selective abortion (SSA) occurs and operates.

This chapter explores the first part of my research questions, namely, the social determinants of SSA in India. This chapter will explore the social and institutional structures within which SSA operates through original empirical research. These underlying factors are often overlooked or are not addressed adequately by law and policy concerning SSA. The data in this chapter is based on a non-continuous fieldwork in New Delhi, India, from 2017- 2019. I conducted in-depth, semi-structured interviews with sixteen research participants, including scholars and academics, sexual and reproductive health and rights (SRHR) advocates, abortion service providers, population policy researchers, community-based women's health organizations, and non-governmental organizations (NGOs). I chose these research participants because they have a systems-wide understanding and contextual knowledge of SSA either from a close scholarly engagement with the subject or from working with the populations with personal experiences of SSA.

I inquired into how these relevant stakeholders understand and interpret SSA. I also asked them to discuss some of the significant factors or determinants that they perceive as driving SSA.

This chapter provides a contextually situated and informed understanding of the issue by illuminating the perspectives, beliefs, and attitudes of service providers and professionals. Further, by grounding analysis in participants' narratives, I intended to allow them to be "narrators of their own experiences" (Ong, 2005, p. 354). My analysis of field data yielded four critical themes. According to research participants, the major socio-structural and institutional determinants for SSA in India are— patriarchy and son-preference; unequal power relations within the family and household; adverse consequences of state policies, particularly population control programs; and the intersection between an increasingly marketized and consumerist-oriented economy and family's desire to have fewer children. Each of these themes will be discussed. In order to situate my findings in the scholarly literature, the next sections briefly discuss the sociological concept of social structures, the theoretical framework that guides my study, and how gender is a social structure and institution in India, with a particular focus on dominant forms of masculinities.

Overview of Social Structure

Social structure is defined as the mutually "sustaining rules and procedures to the enactment of social life along with resources that empower or constrain social action" (Sewell 1992, p. 19). The concept of "social structure" is a central concept or term particularly in sociology, and its meaning has been foundational for much of the work that sociologists do. Social structure generally denotes the relatively stable patterns of relationship between different entities or groups that order social life (Sewell 1992; Lopez & Scott 2002; Martin, 2009). For example, Sewell (1992) defines social structures in terms of the social rules and procedures that can either empower or constrain social action (p. 19). The power of structures to either enable or constrain social action is also echoed by Anthony Giddens (1984). Giddens emphasizes the

"duality" of structures. That is, structures can limit what people can choose, but they also provide resources to people such as social status, class position, and finances, which may enable them to realize their choices (Cockerham, 2013). John Levi Martin (2011) asserts that the simplest social relationships can grow into larger structures and shape or constrain patterns of larger structures (2011). Social structure theories are used to study macro-level social institutions such as family, religion, education, media, law, politics, and the micro-level, such as smaller group dynamic, and everyday social interactions between individuals (Lin, 2002; Martin & Lee, 2015).

Despite the broad and wide-ranging application of social structure theories in sociological and other disciplinary contexts, there is no consensus regarding the exact meaning of social structure. Due to the diverse and often incongruous nature of how social structure is perceived and applied, most sociologists recognize the concept as lacking a single overarching foundation (Hays, 1994). Social structure can influence critical social systems, including the economic system, legal system, political system, cultural system, and others. Most sociologists agree that social structures affect and determine the distribution of economic, political, and institutional resources. These factors are also fundamental to the degree of control individuals have over their reproductive decisions.

In the mid-1970s, feminist sociologists began to challenge sociology's lack of feminist perspectives in studies concerning social structures and social relations (Risman, 2003). Feminist sociologists began to engage in interdisciplinary research with the goal to center gender in their analyses and balance the power relations within the academy (Goffman, 1977; Smith, 1987; West & Zimmerman, 1987; Stacey & Thorne, 1985; Collins & al., 1995; Rosenberg & Howard, 2008; Roth & Dashper, 2016). In other words, feminist sociologists began to integrate gender issues into their analyses of power relations and social institutions (Acker, 2006). Feminist

sociologists that look at the significance of social structures vis-à-vis gender describe the approach as "an intersectional analysis of the study of people in social structures" (Rosenburg & Howard, 2008, p. 677).

Feminist sociologists that examine social structures seek to understand how social structures create relations of inequality and how individuals, groups, and institutions relate to those social structures (Rosenberg & Howard, 2008). R. W. Connell (1987) emphasizes that social structures are "enduring systems of practices" and "organize labor, power, and emotional experience" (p. 97). Connell (1987) adds that daily interactions can reproduce inequality in new institutional forms. Thus, gender should be viewed as one of the most important social structures that influence and determine social lives. As Risman (2004) suggests, "to conceptualize gender as a social structure is to situate gender at the same level of general social significance as the economy and the polity" (p. 429). Risman provides an example of how institutional domains - such as the state, the regulation of resources, and the distribution of material goods - tend to be "gender specific" (2004, p. 433). Thus, resource availability and access to resources are not equitable and may depend on one's gender position in society.

In examining the intersection of gender and social structures, feminist sociologists continue to strive toward incorporating the context and complexities of different perspectives in their scholarship and activism (Gillis, 2007). For instance, feminist sociologists draw insights from Black feminist scholars and theorists such as Crenshaw (1984), Collins (2000), Oyewumi (1997), to explore how social structures construct power and oppression in an intersectional way. There is also an increasing use of postcolonial and transnational perspectives to examine the intersection of gender, capitalism, imperialism, and globalization and how it affects people across nations, races, genders, classes, and sexualities (Moghadam, 2000; Patil, 2013).

Theoretical Framework

My theoretical orientation in this dissertation is primarily informed by transnational feminist theories and frameworks. In particular, I draw on Kim-Puri's (2005) theory of a feminist sociology that uses a transnational approach to studying women, gender, and sexuality in tandem with the analyses of the nation, state, families, capitalism, colonialism and globalization (p. 142). Transnational feminists often prioritize the critique of inequalities of power systems across different historical periods and among different cultural contexts. Rather than seeing one act of, for example, gender-based violence in one country, transnational feminists demonstrate how such acts relate to larger, transnational forces of violence, inequality, and discrimination. Further, many transnational feminist theories and frameworks look at the inequalities and asymmetries that result from colonialism, and that continue to impact postcolonial conditions (Grewal & Kaplan, 1994; Alexander & Mohanty, 1996; Narayan, 1997; Moghadam, 2000; Kim-Puri, 2005; Sandoval, 2007; Patil, 2013). Many transnational feminists believe that colonial legacy and systems of inequality are often embedded in postcolonial social structures and inform gender norms, state policies, and social relations. The dominant power structures in the postcolonial period also tend to reproduce women's subordination by regulating their rights and choices while claiming to protect and empower their individual and collective interests (Rajan, 1993; Gandhi, 1998; Grewal & Kaplan, 2000; Young, 2003).

Building on their concern with unequal power structures and oppressive systems, transnational feminism tends to challenge the supposed stability of binary categories (for example, West as referent point/East as peripheral, First World/ Third World, male/female, and power/powerlessness). According to transnational feminists, binary approaches to understanding social issues and problems tend to assign unequal values between groups (Hawkesworth, 2006;

Swarr & Nagar, 2010). Binary constructions also risk uncritical, essentializing, and simplistic

understandings of different cultures and people's experiences. Many transnational feminists are

particularly concerned about the portrayals of non-Western subjects in research studies. Thus,

they resist any simplistic and arbitrary representations of "Third World Women" as a

homogenous and ahistorical group with identical goals and interests (Mohanty, 1991, 2003;

Narayan, 1997; Oyewumi, 2002).

Kim-Puri (2005)[7] conceptualizes transnational feminist sociology as a theory or

framework that studies women, gender, and sexuality along with the analyses of the nation, state,

families, capitalism, colonialism, and globalization, among others. According to Kim-Puri

(2005), transnational feminist sociological frameworks include four key dimensions:

(i)   Transnational feminist sociology is committed to studying cultural and material dimensions of social life to understand how unequal economic, political, and social relations reproduce inequalities and exclusions.
(ii) It highlights the importance of social structures and state institutions. Although the state's role may be changing, it continues to be an essential site of power.
(iii) It advocates the analysis of the links, flows, and networks across cultural contexts rather than focus on a scale such as the macro, meso, micro levels of analysis.
(iv) It emphasizes empirical methods to shed light on the socio-cultural and historical forces that "shape social relations, hierarchies, identities, and conflicts in distinct ways" (p. 143).

Kim-Puri's call for transnational feminist sociology builds on the work advanced by

transnational feminist theorists and scholars such as Grewal and Kaplan (1994) and Mohanty

(2003). However, Kim-Puri's proposed framework moves away from the "overwhelmingly

textual" and discursive empirical research that tends to characterize transnational feminist studies

(p. 143). Instead, Kim-Puri enhances transnational approaches to doing feminist research by

advocating for "talking with and observing people" (Rosenburg & Howard, 2008, p. 687). In

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[7] Hyun Sook Kim and Jyoti Puri intentionally use the combined/constructed name of 'Kim-Puri,' to emphasize the collaborative nature of their work.

other words, empirical analyses must include personal interviews, surveys in the form of questionnaires, primary sources such as government documents, police and military reports, court or judiciary proceedings, personal diaries, political pamphlets, laws and policies, newspapers and other visual materials (p. 149). Using Kim-Puri's framework, I examine the intersection of social structures, including state institutions, the social organization of Indian women's lives, family and marriage, and the state's welfare policies that are couched in the language of women empowerment.

Doing Gender in the Indian Context

Feminist theorists have offered critical and extensive insights into the principles underlying women's oppression and have elucidated patriarchy as a system of gender inequality from diverse theoretical orientations (Walby, 1989; Bennet, 2006; Hunnicutt, 2009). While there is no single patriarchy, at the most basic level, patriarchy is understood as the domination of men and subordination of women through social, economic, and political structures (Lerner, 1986; Pateman, 2016; Tong & Botts, 2017). In other words, patriarchy attempts to constrict society into a heteronormative binary where men are assumed as dominators, and women are assigned subordinated categories. Traditional feminist conceptualizations of patriarchy, that is, the sole focus on the gendered power relationships between women and men, are critiqued for constructing ahistorical and homogenizing views about gender oppression (Collins 1998; Kandiyoti 1988; Puri 1999; Oyewumi 2002). More recently, intersectional and transnational feminist approaches are used to gain insights into how social systems such as race, class, sexuality, nation, colonialism, and globalization interact with gender to compound inequalities (Yuval-Davis 1997; Jayawardena 1997; Enloe 2000; Patil 2013).

Feminist scholars apply gender – the culturally and historically based differences in the roles, attitudes, and behaviors of men and women (Scott 1986; Warnke 2011) - as the referent point for studying social phenomena. Gender is embedded in social structures— political structures, families, schools, and healthcare systems. A society may not construct a single, monolithic gender system, and social constructions of gender may vary across different sections of the Indian society. An attempt to critically examine patriarchy in India also needs to consider the gendered nature of SSA and the norms that engender a son-preference culture. Concepts of patriarchy and masculinities are often described in a uniform and universal manner; however, masculinities are not only different but also subject to change. New forms of 'hegemonic' masculinity might displace older forms of masculinity (Connell & Messerschmidt, 2005).

Some feminist scholars are critical of preconceived notions about a "universal patriarchy" because issues of power and inequality are often structured differently in different historical and cultural contexts (Mies, 1986; Connell, 1995; Okin, 2000; Johnson, 2014). Connell and Messerschmidt (2005) assert that masculinity is not a fixed entity or a personality trait of individuals but is accomplished in social action. Therefore, masculine ideals can differ according to gender norms and relations in a particular setting. Masculinities studies scholars note that in a given place and time, the gender order can construct multiple masculinities, and even in culturally homogenous countries, there is no unitary masculinity (Valdes and Olavarria 1998; Kuntz, 2003). It is important to note that western notions of masculinity may not have exact parallels in the Indian context. However, some traits may cut across geo-cultural lines such as, "virile sexuality, fertility, acquisition, and display of power in the public and household domains…physical strength, especially in violent acts or activities such as wars…" (Sahgal, 2015, p. 6). Conversely, ideas such as being impotent, being non-heterosexual, being physically

weak, and being emotional would be considered 'failed masculinity' or traits of 'feminized men' (Connell & Messerschmidt, 2005).

Masculinities in India

In November 2013, the International Center for Research on Women (ICRW) and the United Nations Population Fund (UNFPA) undertook a study on the perceptions of masculinity in India. The study was conducted in seven states of India to explore how masculinity acts as a determinant of son preference and intimate partner violence. The report was released in Delhi at the outset of a high-level meeting in response to gender-biased sex selection (SSA) in Asia and enhancing governments' ability to address the widespread problem of skewed CSRs. For the study, the researchers interviewed 1,500 men and 500 women in the age group 18-49 years from seven states in northern India that are known to be historically masculinist in their attitude towards women and have tended to fare poorly on sex-ratio records. Indicators concerning men predominate the findings. The study found no one definition of masculinity in India and that men hold a range of beliefs about manhood. The study identified four typologies of men or masculinities: *equitable, flexible behavior, flexible attitude,* and *rigidly masculine* (ICRW & UNFPA, 2013, p. 3). About two in five men hold rigid and discriminatory gender views, believe women to be unequal to men, and actively support actions to control them.

On the other hand, one in four men firmly believes that men and women are equal, should share household chores, and are mutually responsible for contraception. These men also believe that men should neither control their wives' behavior nor victim-blame a woman for being sexually assaulted. The researchers categorized these men as "equitable." The remainder (about one-third) fell somewhere in-between equitable and rigidly masculine. Compared to equitable men, the men who hold the most rigid views of masculinity are three times more likely to

physically abuse an intimate partner and four times more likely to want their wife to bear a son over a daughter. The study notes that changes in men's life situation can trigger different expressions of masculinity. Some of the triggers include wealth, occupation, education, success, and failure to provide for their families (p. 4).

Additionally, the study shows that men tend to be less rigidly masculine when they grow old. The dominant proportion of rigidly masculine men occupies the prime marriageable age 18-24 years. Perhaps, because in this age group, the pressure to conform to traditional norms is highest. Most men are obligated to secure a suitable wife, get a job, and cement their masculine status in society via material wealth possessions. Although this study obviously cannot speak for over a billion people, it provides a good baseline for understanding the diversity of masculinity in India. It also establishes the idea that rigidly masculine men are most likely to coerce their spouses or partners to bear male children.

There are notable parallels between the category of 'rigidly masculine' Indian men and the concept of what Connell and Messerschmidt (1995) define as 'hegemonic masculinity.' Hegemonic masculinity is primarily located in patriarchy and is a "pattern of practice" that guarantees the dominant position of men and subordination of others, especially women (p. 832). Hegemonic masculinity is enacted rather than based on identity. According to Connell and Messerschmidt, "only a minority of men" may enact hegemonic forms of masculinity. However, it is considered the norm and embodies the "currently most honored way of being a man" — other men, that is, 'subordinate masculinities' or 'complicit masculinity' position themselves to this hegemonic form (p. 832). Hegemonic masculinity does not mean violence, although it can characterize force (p. 832). It means that men who exert hegemonic forms of masculinity exert

dominance through institutional power and influence. The concept of hegemonic masculinity was formulated in tandem with a concept of hegemonic femininity or "emphasized femininity." The two concepts acknowledge unequal power positions that men and women occupy in a patriarchal gender order. Emphasized femininity includes "sociability, compliance and sexual receptivity to men" (Connell, 1987, p. 24). This type of femininity tends to gain cultural and ideological support, as it does not challenge men's and patriarchal structures' authority. Both hegemonic masculinity and emphasized femininity are processes of "doing" gender in a socially accepted and culturally appropriate way (West & Zimmerman, 1987; Currier, 2013).

In the contemporary Indian scenario, scholars often link hegemonic forms of masculinity with the identity politics and masculinist ideology of Hindu right-wing nationalism (Jaffrelot, 1993; Bannerji, 2003; Chowdhry, 2009). Hindu right-wing nationalism, also known as Hindutva, is premised on the creation of insiders and outsiders, those who belong to the Hindu family and those outside the fold of "Hinduness" (Jaffrelot, 1996; Kamat & Matthew, 2003). Far-right Hindu nationalist groups in India include Rashtriya Sangh Sevak (RSS) (command center) and Vishwa Hindu Parishad (VHP). The neologism, "Saffron terror," is often used to describe acts of organized violence that Hindu militant organizations and close associates of RSS carry out (Gittinger, 2011). RSS states its prime objective to be "the transformation of India into a Hindu Rashtra (State)" and imposes a narrow definition of "upper-caste Hindu religious and cultural practices," in a country that has historically been plural and diverse (Kamat & Matthew 2003, p. 8). The current ruling, right-wing political party of India, the Bharatiya Janata Party (BJP), has close ideological and organizational links to RSS and VHP. Like other Hindu nationalist groups, BJP has historically reflected Hindu nationalist positions (Bannerji, 2005).

Hindu nationalists tend to hold regressive views about gender that run parallel to the "rigidly masculine" typology identified in the study conducted by ICRW and UNFPA (2013). For example, in 2013, the then RSS chief, Mohan Bhagwat sparked controversy by stating that rapes happened in "India" (read: modern India) and not in "Bharat" (read: Hindutva or Hindu India) and that rapists prefer 'Indian' women over 'Bharatiya' (read: Hindu) chaste women. The RSS Chief also believes that a woman must satisfy her husband for food, shelter, and protection, and restrict themselves to doing household chores, according to what he calls the theory of "social contract" (Bhatt, 2013). RSS leaders also blame "Western culture" as responsible for increasing divorces, rape, and 'female foeticide' cases in India (Zee News, 2017).

Central to specific versions of Hindu nationalism in contemporary India is the image of an aggressive male warrior and the call to 'Motherhood' (Smyth, 1972; Wulff, 1997). Hindutva ideology implores Hindu women, who, without exception, are ideal mothers, to teach their sons the essentials of Hindu nationalism and fight the Hindu nation's enemies (Satyavrata 2003; Bannerji, 2003; Bachetta, 2004). The Hindu nationalists' idealized notions of womanhood lie in the concept of motherhood, chastity, and the creation of *Bharatmata* (Mother India) (Bacchetta, 2004). Women are social producers, preservers of culture and religion, and are symbolic representations of the motherland that the brave male citizen warriors must protect and preserve (Basu, 1996; Petersen, 1998; Bacchetta, 2004; Bannerji, 2013).

Particularly, in the conservative sections of Indian society, *izzat* or "honor" emerges as a gendered notion that constructs woman as the repository and man as the regulator of honor (Agarwal, 1995; Chowdhry, 2007; Osella & Osella, 2006). Men are bagis or "rebels" by nature, and any form of revolt on their part considered "natural rebelliousness" (Chowdhry, 2007, p. 11). Conversely, a woman's resistance is taken as a direct attack on patriarchal power and must be

"crushed, controlled, and channeled" (Chowdhry, 2007, p. 11). This notion of *izzat* is tied to a woman's body, and men are obligated to protect it in order to preserve their manhood. RSS and VHP have a long history of directing violence at the 'enemy's women,' and rape is often used to vindicate the 'dishonor' of Hindu womanhood, especially in times of communal conflict. For instance, during the 1992-1993 Hindu-Muslim riots, militant Hindu nationalists justified the sexual assault of Muslim women by using the language of vindication and dishonor (Agarwal, 1995; Petersen, 1998). In the current moment, Hindu nationalist groups such as the RSS do not necessarily exclude women from ongoing nation-building work (Bannerji, 2003). Women may join the Hindu nationalist projects by taking on masculine traits (as citizen warriors defending the nation-state) or have the role of public life as long as they remain committed to the family and motherhood ideals (Bacchetta, 2004, p. 124; Chatterji, 1989). In 2015, the RSS passed a resolution asking the government of India to reformulate the population policy to check demographic imbalance. The RSS and its affiliated organizations cited 2011 census figures to claim that Hindus are facing the threat of being overtaken by Muslims, even though Muslim minority groups account for only 14.2% of India's population, and their population is growing at a slower rate (ANI News, 2015).

Indian feminist historian Prem Chowdhry (2009) argues that contemporary forms of hegemonic masculinities in India are a legacy of British colonialism's gendered practices. Colonial policies aided in creating a masculinized Hindu nation by institutionalizing "robust patriarchal machinery" through its civilizing missions (Chowdhry, 2009, p. 115). During British rule, colonial administrators scoffed at Indian men for being weak and effeminate (Chatterjee, 1989; Basu & Ray, 1990; Bannerji, 2003). As Edward Said noted, the colonial indignation of native men was part of the process of "feminization of the Orient" (non-western colonies in

South Asia and the Middle East). The Orient represented the weak, irrational, and non-martial

'other,' in contrast to the rational, strong, and martial European "Christian manliness" (1978, p.

207). The preoccupation with manliness appears to have influenced Indian nationalists'

admiration for India's conquerors, the British and the Muslims. The following speech by one of

the foremost Indian intellectual elite and Hindu leader of the independence movement, Swami

Vivekananda illustrates the intense desire to create an indigenous Indian model of manhood built

on the ideas of hegemonic masculinity:

> I will go into thousand hells cheerfully if I can rouse my countrymen, immersed in tamas
> (darkness), to stand on their feet and be men…what we want is muscles of iron and
> nerves of steel…strength, manhood, kashtra-virya (author's note: warrior courage). It is
> the man-making religion we want…take away my weakness, take away unmanliness, and
> make me a man (quoted in Bannerji, 2003, p. 171).

The Swami called upon Hindu men of India to assert their masculinity, urged them to emulate

ideals of manhood characterized by physical strength valor, chivalry, and Hindu spirituality.

Nationalist leaders of the past, as well as the contemporary moment, appear to have reconfigured

Hinduism to embrace the ideals of hegemonic masculinity.

Within nationalists' imagination, Hindu nationalists, and Government officials alike, the

emblem of the 'woman in distress' has become the staple concern. Women are national symbols

that signify "the continuity and immutability of the nation, the embodiment of its respectability"

(Mosse, 1985, p. 18). Ray (2000) argues that this sentiment puts women in assigned places, and

"idealized masculinity becomes the foundation of the nation" (p. 5). While Hindu right-wing

nationalists engage in exhibiting misogynistic attitudes, the modern Indian legal system has yet

to amend archaic and biologically essentialist terms that it uses to describe sexual offenses

against women in India. Sexual offenses comprise of "rape," "attempt to commit rape," and

"assault on women with intent to insult/outrage her modesty" (and insult to the modesty of

women) (Crime in India, 2015). The colonial legal term "modesty" reinforces ideas of *izzat* or honor and ties women's worth to the "honor" that is perceived to reside in her physical body. Hindu women represent the motherland, and thus her body is always in danger of violation by 'foreign' males. To defend this "honor" requires "relentless vigilance and the sacrifice of countless warriors…" (Petersen 1998, p. 44). Chowdhry (2009) argues that the postcolonial court upholds the ideological framework as its British predecessor. The government tends to work under the ideology of guardianship and pronounce moral judgments on cases concerning women's sexuality (Chowdhry 2009, p.14). Further, the seemingly progressive government laws and policies continue to construct women as perpetually disempowered groups that need protection and paternalistic guardianship of the state and male relatives.

The ICRW and UNFPA study on masculinities in India, as well as the historical and contemporary forms of "the most honored way of being a man" indicates that hegemonic forms of masculinity and emphasized femininity are processes of "doing" gender in a socially accepted and culturally appropriate way (Connell and Messerschmidt, 1995, p. 832). Although concepts of patriarchy, masculinities, and femininities are neither static nor universal, men who hold the most rigid views of masculinity have been found to want their wives to bear a son over a daughter. In like manner, social norms that engender a culture of son-preference will tend to endorse traditional notions about gender and gender roles. Son-preferring cultures are most likely to uphold hegemonic forms of masculinity and prize traditional notions of womanhood and femininity. That is to say, while men are constructed as protectors and providers, women will most likely gain cultural, material, and ideological support if they comply and enact subservience to masculine authority and patriarchal structures. Compliance may include motherhood, bearing

sons, and "knowing their place" in their households and beyond their homes. The following sections of this chapter discusses the key findings from the narratives, subjective experiences, and perspectives of participants on the social structures and institutions they believe or have observed as engendering SSA. Research participants identified four critical determinants of SSA— patriarchy and son-preference; unequal power relations within the family and household; adverse consequences of state policies, including family planning and population control programs; and an increasingly consumer-driven and marketized economy that often shapes families' decision to have fewer children.

Causes of Sex-Selective Abortion

1. *Patriarchy and Son-Preference*

Scholars that study SSA in India view acute son-preference as one of the leading causes of SSA (Das Gupta, 2003; Banister 2004; Patel, 2007; Jha et al. 2011; Chaudhari 2012). Son preference is generally linked to an enduring commitment to a patriarchal social structure that perpetuates women's and girls' devaluation. Research participants also firmly believe that 'patriarchy' and 'son-preference' are the primary determining causes of SSA in India. During an interview with Dr. Sanjay,[8] a policy researcher that looks at women and gender-equitable development policies in India, I learned about the associations between cultural valorization of males and masculinity and SSA practices:

> I think the selective abortion of female fetuses is a manifestation of many drivers…the fundamental reason for son-preference is the gender norms that undervalue girls. Girls are considered a liability to the families. Even if there is no preference for a son, girls themselves are seen as a liability…There is a cultural belief that the more sons you have, the more powerful you look, the safer you appear, the more aggressive you are. So, it is a very masculinized ideation of society for some [Dr. Sanjay, June 13, 2019].

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[8] All confidential, personally identifiable information concerning research participants or organization names have been de-identified. Instead, I have used first name pseudonyms to protect research participants' confidentiality. All data published in this dissertation received the informed consent of the participants that shared them.

Dr. Sanjay explained that one of their organization's focus areas at the time of this interview revolved around getting a gauge on reproductive health status in several states of northern India. One of the objectives of the study was to engage men in family planning and promote contraceptive acceptance. The project also sought to promote girls' empowerment by emphasizing them as entities that are as productive as boys in terms of economic viability. Although the project does not directly address SSA, it evaluates men's perceptions around masculinity and how son-preference may have an impact on sex ratio outcomes. Dr. Sanjay believes that the "culture" in areas that tend to fare poorly in sex ratio figures are "extremely masculinized." As a result, there is an overwhelming desire to avoid having daughters. Dr. Sanjay understands 'masculinization' as a tendency to concentrate power in some groups, usually high caste men while marginalizing others, usually women and people of lower caste communities. Most of the communities that Dr. Sanjay's organization explored appeared to equate having daughters to "being emasculated" and becoming "less powerful, less aggressive, and less able to protect themselves in case of violence" (Dr. Sanjay).

Although Dr. Sanjay did not use the term 'hegemonic masculinity' in our conversations, it is safe to infer that communities that correlate men and masculinity with power, dominance, and aggression tend to expect men to play the role of protectors and providers. Thus, male children are deeply desired to continue to perform the same customary functions and preserve patriarchal structures and institutions. The birth of a daughter is usually met with resentment because daughters are viewed as powerless entities whose birth will lead to their families' emasculation in a society that is strictly codified as masculine. Simultaneously, Dr. Sanjay does not believe that only men show a preference for sons or hold positions of power. He elucidated this point to me at a later stage of the interview,

> Once a woman gets into the position of power, she would like to sustain that power position by using similar tricks and similar arguments that men have been using. So, they become the mirror of those who are in a powerful position… Alternatively, mirror the men's idea. It is actually not a question of man versus woman [Dr. Sanjay, June 13, 2019].

In this sense, Dr. Sanjay does not hold a dichotomous view about patriarchy or masculinity. He does not assume that this power is available only to men even though he recognizes that males have more socio-cultural and economic power to control and regulate social relations. Certain women can also exercise power to decide on essential matters such as decisions concerning family planning and gender composition of their children. Dr. Sanjay asserts that to assume only men have the power is "misleading."

This point calls for a vital shift in the approach to SSA, reproductive politics, and gender. Dr. Sanjay feels that the discourse needs to shift from "man versus woman" to a "gender discourse," including how people negotiate power. Dr. Sanjay's perspectives on the culture of son preference show that women can also manipulate the gender system when choosing to adopt and comply with the same social norms. By adopting and adapting to the culture of son-preference, women receive the "benefits of patriarchy" (Connell & Messerschmidt, 2005, p. 832) and gain cultural and ideological support (Connell, 1987, p. 24), even though the gains may be short-term, and often contradictory to feminist ideals of gender equality.

Like Dr. Sanjay, other research participants echoed patriarchy and patriarchal social structures in India as the root cause of SSA. Indeed, participants acknowledged that there are a considerable number of progressive men in India, on par with what the ICRW and UNFPA (2013) study referred to as an "equitable" category of men; nonetheless, these participants believed that patriarchy and male dominance are a social reality in many communities of India. Dr. Sunita is a historian and women's rights advocate that I interviewed in New Delhi in June

2017. Dr. Sunita agrees that India tends to practice discrimination against women, yet there will be different patterns to this norm if we conduct micro, regional-specific or comparative studies. Given her Indian history training, Dr. Sunita first delved into how British colonialism played a crucial part in intensifying anti-women practices. She began by highlighting the legacy of colonial land reforms and how, during the colonial period, the British had excluded women from exercising inheritance rights. Dr. Sunita views SSA as only one component of the larger structures that discriminates against women:

> Son preference is not traditional, and it is not an inherited social practice. It is a constructed choice in terms of government policy in India, particularly the discourse on population... It was built up very consciously during the British regime [Dr. Sunita, interviewed on June 22, 2017].

Indian historians echo Dr. Sunita's point and draw essential parallels between gender-regressive colonial policies and the exacerbation of gender inequality, mainly through the "masculinization" of the economy (Mukund, 1992; Oldenburg, 2002; Sreenivas, 2004; Chowdhry, 2007). For instance, the British declared males, mainly the eldest sons, as the sole proprietors and inheritors of landed property. Sreenivas (2004) affirms this point by stating that, "colonial and indigenous patriarchies colluded to deny women's customary rights and excluded them from property ownership" (Sreenivas, 2004, p. 942). In predominantly agrarian states like Punjab and Haryana, peasant communities were also often compelled to borrow money from moneylenders to meet the state's increasing revenue demands and left in a perpetual state of indebtedness (Pal, 2009). Oldenburg (2002) argues that severe indebtedness had adverse implications for dowry and marriage, as women were increasingly seen as economic liabilities, and daughters were treated with disdain. In the current period, states like Punjab and Haryana figure on the census of India statistics and other demographic data with consistently low child sex ratios.

Dr. Sunita reasons that the current laws in India, particularly agricultural property, reverberate with anti-women ideology that existed during colonial rule. Although the Constitution of India grants women the right to own and claim property, some individual states do not extend this right to women. Dr. Sunita believes that women's lack of capital renders them as economic burdens and families are inclined to prefer sons over daughters:

> A woman is socially not recognized as a full woman if she has not delivered a son. Within the family and intrahousehold dynamics, a woman who has not produced a son has no value... and I think today more so. All our laws, particularly with regards to agricultural property, do not recognize women as equal coparceners under the Rule of Succession Act of 2005…Moreover, title inheritance succession laws from the colonial period to now have provided not just the social but also the legal basis for son-preference and bias against women [Dr. Sunita, interviewed on June 22, 2017].

In India, women's property and use of rights in personal laws vary by religion. For example, the 1956 Hindu Succession Act governs the Hindus, the 1937 Muslim Personal Law Shariat Application Act governs Muslims, and the Christian Marriage Act and the Parsi Marriage and Divorce Act governs Christians and Parsis (Agarwal, 1994; Patel, 2006). The Hindu Inheritance and Succession Act (1956), amended 2005, grants daughters the same inheritance rights in the coparcenary property (ancestral property of the Hindu undivided family or joint family) as a son (Singhal, 2007; Government of India, 2015). A coparcener has a legal right by birth to claim or inherit ancestral property. However, since agriculture is a state subject, the Indian constitution gives the states exclusive power to make law for their territories (Hardgrave & Koachanek, 2008). Thus, some states in India have repealed central government clauses and debarred women from inheriting agricultural land or becoming coparceners.

India's constitution lays down certain fundamental rights to equality for women, but the reality on the ground may be contrary to what the law prints on paper. The law and the constitutional right do not translate itself into actual assertion or granting or recognition of those

rights. Dr. Sunita asserts that the devaluation of women is a result of traditions, patriarchal bias, and hostility to recognizing women's inheritance rights. At the same time, she holds the view that patriarchy will play out in different ways under different socio-economic circumstances. For wealthy families, a property may connote investment, power, and status. For others that already have economic constraints, division in property can amplify the struggle over limited resources, especially when the landed property is a shared source of livelihood. Given these intersecting factors, Sunita cautions against generalized understandings of patriarchy or SSA. She suggests that to understand SSA, we must look beyond "narrow gender frames" and identify the linkages between historical factors, social development, and the political economy.

Some research participants articulated that patriarchal beliefs are held not only by men, but some women tend to display gender regressive attitudes in more grievous ways than the male members. For instance, Shobha, a health policy researcher, believes that women's subordination and men's domination and power to influence are "a legacy of generations of patriarchal social conditioning." Shobha is of the view that male dominance is a reality that many women in India experience from their childhood, and they come to "internalize" these unequal gender relations throughout their lives. Shobha reiterates this in the passage below:

> Males have always had the right to influence. So, as long as a woman does not have a son, she carries no weight. There is an implicit bias…a belief that only after having a son can a woman also enjoy the right to influence somebody else. The assumption is that if you bear a male child, then the woman's position and the family's status become stronger [Shobha, interviewed on June 20, 2017].

If a woman has been socially conditioned and emotionally groomed from childhood to believe that only male children can guarantee her power and social status, she would make extraordinary efforts to ensure that her desire for a son is actualized by any means possible.

Dr. Seema, an academic, expanded Shobha's point [Interviewed on June 07, 2019]. Dr. Seema stated that often, the most persistent pressure to have sons come from female members of the family, such as the mothers-in-law. These women, who hold senior status positions in the family in terms of the politics of respectability, tend to uphold patriarchal values and become staunch advocates for grandsons. A sizeable body of research supports Shobha's and Dr. Seema's perspective on how some women internationalize patriarchal beliefs and re-enact patriarchal traits and attitudes in their own lives. 'Internalized sexism' occurs on the individual level and refers to "the experience of taking in messages about the inferiority of women, believing them, and enacting them on oneself and others of the same gender" (Capodilupo, 2017, p. 949). Some scholars are of the view that when women, as a subordinated group, internalize sexism, they tend to support ways of thinking and behaviors that do not serve them (Glick and Fiske, 2001; Bearman et al., 2009; David 2013; hooks 2014).

The point about internalized sexism came to light again during an interview with Rahul, a reproductive health service provider in Delhi. Rahul, a father of a daughter, shared an anecdotal instance from his life about how much pressure his mother would place on him to have another child, even though Rahul had no intention of expanding his family. Rahul explained that his mother is a "well-educated" woman with reasonably progressive views about gender. However, she could not bear the thought of her son not having any male children to carry forward the "family name and legacy." Rahul's mother would tell him that he was "incomplete" without sons. She would frequently heckle him by saying: "If you would have had a son, then you would have been free." By "free," Rahul's mother intended to imply freedom from stressors that Indian patriarchal society would generally associate with women and girls – economic burden, dowry payments, and the protection of *izzat* (honor). Rahul's point is that patriarchal norms are

internalized not only by women with no formal education, but even the women who are apparently educated and relatively well-informed tend to view daughters as a liability on many fronts [Interviewed on June 10, 2019].

As I continued my conversations with Rahul, he shared another story with me. This story involved a woman that he had met at a work-related conference. In the middle of a casual conversation, the woman begins to tell Rahul about her apprehensions of a "lifeless future" and fears of having a "ghost house." Confused as to what the lady meant, Rahul politely asked for a clarification. The lady was evidently referring to the reality of having all-female grandchildren. The implication here is that, as females, her grandchildren would eventually leave their parental home upon marriage. With no grandson or male heir to bring the family a hefty dowry or bear children to continue the family name and lineage, this woman envisaged a lifeless future, as she had associated sons with 'life' itself.

The patterns and themes that reflect women's internalization of patriarchal norms and preference for sons were evident in another discussion that I had with two reproductive health service providers whom I interviewed at the same time, Dr. Rekha and Neha. They both have daughters and were very aware of the pervasive cultural preference for sons. They spoke about the numerous occasions on which they received unsolicited advice from friends and family to "try again for a son." Dr. Rekha expressed her seeming frustration about this:

> The desire for a son remains. It could be a community thing; it could be familial pressure. Also, by women themselves, because it is generational... It is inbuilt conditioning over so many generations. You have to have a son. Without a son, your line comes to an end. Women are conditioned to believe that they are incomplete, or the family in incomplete unless they have a son. I keep getting asked, "Why don't you try? Why don't you want to have a son?" "Who will carry forward the name of the family?" These are the exact words being used…We have also seen that a woman often is compelled by another woman to go for sex-selective abortion [Dr. Rekha, June 10, 2019]

Dr. Rekha also recounted that when her second daughter was born, she had arranged for a *sohar*. *Sohar* is the generic name for childbirth or birth ritual songs mainly observed by India's Hindu communities. Rekha told me that people in her community found it unusual that she reveled in the birth of another daughter. She also wryly called out the irony in the folk songs that were sung at the occasion to celebrate her daughter's birth. Most of the lyrics in the folk songs used masculine pronouns and were perceptibly composed in anticipation of the birth of a son. Neha shares similar experiences of being continuously egged on by female family members and relatives to have more children in the hopes of giving birth to a son. She vehemently agrees that centuries of patriarchal conditioning and internalization of societal norms have "definitely brushed off on women" [Neha, Interviewed on June 10, 2019].

2. *The Role of Family and Household Economy*

Feminist sociologists and critical scholars including Collins (1998), Oyewumi (1997), and Narayan (1997) have noted that the Euro-American-centered approach to gender tends to have a preconceived notion not only about patriarchy but also about the nuclear family as the referent point for studying family and gender relations. These scholars argue that such suppositions tend to distort how power and inequality operate in social structures across different historical and cultural contexts. A contextual understanding of SSA in India would entail grounding gender relations and women's social positions within the intricate and complex webs of social relations. These include the patrilineal (descent is traced through the male line), patrilocal (married couples settle in the husband's home or community), and joint family systems (family units live together in one home and under the authority of one of the members).

This section illustrates the family unit as an authoritative site for establishing norms and rules about gender, sexuality, marriage, and distribution of resources. Secondly, I elucidate how family economics influences gendered relations and often determines the gender composition of

the children that the family decides to have.. According to research participants, the family is one of the most potent social institutions, and the economy of the household often determines life course events. Scholars generally describe household economics as the social rules and norms that determine the distribution of resources, labor division, and the decision-making power within the household (Kabeer, 2001; Grossbard, 2015).

Dr. Bina, a research scholar and a public health specialist that has for many years studied reproductive practices in rural and urban India, was one of the first participants to mention the family's pivotal function in the Indian context. In the quote given below, Dr. Bina explains the intersection of household economics and the religious underpinnings that construct sons as more socially desirable than daughters, particularly in Hindu ones:

> I think some of the causes of SSA are definitely cultural. However, in the present context, the economics of the household can affect important decisions. So, cultural practices and economics of the household actually intersect. I cannot say much in the context of how Muslims or Christians pans out, but I can say within Hindu families, sons need to be there to conduct the last rites and take care of parents and the elderly…. Son preference may have cultural roots, but then, how you distribute your finances within a given household and how much you are willing to do for a daughter or a son will work differently for families… low income, middle income, or upper-middle-income families will show different outcomes [Dr. Bina, Interviewed on June 22, 2017]

To reiterate, Dr. Bina emphasizes that on the one hand, there is an economic motive, in terms of how or to what extent a family is willing to expend available resources on children and to which child. On the other hand, there are religious obligations for Hindus, where only male children (or a male relative) are permitted to light the funeral pyre of a deceased parent. It is believed that this ritual assures the deceased parents to attain *moksha* or salvation.

Scholars have observed that the Indian society tends to be collectivistic and promote ideals of social cohesion and interdependence through family and kinship ties (Chowdhury, 2004; Chadda & Deb, 2013; Bhawuk, 2017). Kinship norms determine the organization of the

family, and families are predominantly patrilineal, patrilocal, and patriarchal (Dube, 1997; Deshmukh-Ranadive, 2005; Palriwala & Uberoi, 2008). In general, the broad Indian categorization of a family is non-nuclear, or what is often referred to as the 'joint family system' with its roots in Aryan/northern Hindu Indian ideology. However, this Hindu patrilineal joint family is not a cultural ideal or an empirical reality for non-Hindu, matrilineal, and tribal communities of India (Uberoi, 2000). The predominant kinship system is patrilineal, which implies that productive assets are passed on to the male descendants, and lineage is traced through the male line (Dasgupta, 1987). In many instances, extended families combine resources to form a 'joint family' household where parents cohabit with adult male children, their spouses, and children (Datta Gupta & Dubey, 2005). Pratibha, an NGO worker and Sexual and Reproductive Health and Right (SRHR) advocate, affirmed the characteristic of the traditional Indian family structure:

> This is my observation…Indian culture tends to be very family-oriented, and it is sort of an Asian thing. You are not supposed to, I quote, unquote, "abandon" your parents when you grow older...Men and women often tend to stay with their parents until they are married…it's very common for men to live with parents, and the bride is obligated to live with her in-laws. She just joins him in his family setup. They do not tend to go out and make their own life and home together. It is a very collectivistic culture. I suppose there is no broad idea of, "We have to fend for ourselves." They observe this tradition with the expectation that their children will also take care of them when they become old and dependent [Pratibha, Interviewed on June 13, 2019]

Within this 'collectivist' and interdependent family structure, joint family property is a central tenet shaping inheritance practices. Particularly among the Hindus, the property is generally held in a coparcenary (based on ancestry) system by men, usually fathers and sons, often to the total exclusion of women (Caroll, 1991; Singhal, 2007). Pratibha also noted that the predominant kinship system that is patrilineal and patrilocal leads to women's devaluation and may reinforce their lack of life options:

> There is a persistent male domination phenomenon in our society –who controls family earning, determines family heritage, how to carry forward the lineage, etc. This creates a secondary status of women. The desire for a son remains even when families have higher education and are relatively well-off…This happens because of the deeply ingrained notion that daughters are of no value after marriage, as they will carry on the patrilineal line for their husbands' family and take care of their aging in-laws instead of their own parents [Pratibha, interviewed on June 13, 2019].

In India, patrilineal systems obligate men to preserve the family name, lineage, and women to embrace their husband's identity markers. For many communities in India, Hindu or otherwise, the surname or the last name anchors individuals in a larger collective and is often the primary signifier of one's identity. A person's last name can help identify their caste, religion, clan, sub-clan, occupation, and often the state or village from which they originate. When women marry, their identity markers change, starting with their surname. Since surnames carry important social meanings, many Indians often view it as an essential element that ensures the continuity and preservation of the patrilineal family line, caste associations, and kinship status.

Hindu law, including land ownership and inheritance rights, have been reformed after India's independence. Nevertheless, for many Hindu women, older norms and customs remain intact, and those that seek to assert legal claims over customary practices may risk losing the support of family members (Agarwal, 1994; Kabeer, 1999). Datta Gupta & Dubey (2005) observed that in traditional patrilineal societies like India, females might even be barred by their in-laws from extending support to their parents and must instead contribute to their husband's household (Datta Gupta & Dubey, 2005). The tradition of male-headed households is the prevailing norm. When women take primary status in a household, it is usually not because of an improved social and economic status of women, but because they have either been widowed or never been married (Datta Gupta & Dubey, 2005; Singh, 2013).

The rules and norms of a patrilineal and patrilocal custom often shape and influence women's access to resources or lack thereof within the household. Household economics, that is, who determines the distribution of resources, the division of labor, and the decision-making power, also determine marriage arrangements. Although there may be variations across the diverse spectrum of Indian social groups, based on class, caste, education, and wealth, there appears to be a typical interdependence pattern. Reciprocal duties, responsibilities, obligations and a shared sense of identity or kinship undergird social relations (Bhawuk, 2017). Thus, within the Indian family context, a sense of collectivity tends to take precedence over individuality. Members of the family are obligated to observe notions of duty (*kartavya*) and interdependent concepts of self (Watkins et al., 2000; Bhangaokar & Kapadia, 2019).

Several scholars have observed social change and transformations in India, such as changes in caste and class consciousness and social mobility because of technological and socio-economic advancements (Gupta 1994; Shah, 1998; Béteille 1992, 2012; D'Cruz & Bharat, 2001; Hopkins & Cohn, 2017). With the onset of urbanization and rural to urban migration, extended 'joint' families have also given way to smaller units (Beteille, 1993). However, these scholars maintain that the joint family or notions of interdependency remain intact, to ensure the continuance of India's cultural and social traditions. Thus, amidst social change, there is a relentless desire to sustain family harmony and cultural continuity. Plurality may exist in the form of a joint, nuclear, single parent, dual-earner, and adoptive families; nonetheless, the family remains one of the most influential institutions of Indian society (Béteille, 1992; D'Cruz & Bharat, 2001; Robila & Taylor, 2018).

Within many Indian households, males control family earning. Hierarchical structures within the household can impact other areas of social and physiological life. Control over

financial resources gives males the power to make crucial decisions concerning women's

reproductive decisions, including the time, spacing, and the number of children. Frequently, the

authoritative word of the male head of the household, usually the father-in-law, may prevail over

issues concerning women's reproduction. Male members may also decide whether their spouse

should give birth at home, in government hospitals, or at a private clinic. In instances where

males will cover the cost for healthcare services, women tend not to have much decision-making

power. Dr. Rupa, a social health researcher, and women's rights advocate, thinks that many

women tend to neglect essential health assessments:

> If a woman manages to keep some money aside from the family budget, she can go to a healthcare facility. However, if the family budget is concentrated on male hands and males get to decide how it is dispensed, a woman's health would be the least priority area. (Dr. Rupa, Interviewed on June 19, 2017).

In her field trips, Dr. Rupa has encountered husbands and mothers-in-law often nagging the

daughters-in-law to undergo repeated pregnancies or abortions until a male child is born. She

also learned of families that would choose home births via the help of *dais* or traditional Indian

midwives over institutional deliveries to avoid social "humiliation" if the newborn turned out to

be female.

I heard this serious and alarming information from other participants. For instance, Dr.

Bina, whom I cited earlier, had similar opinions about why some women choose to have home

births. According to Dr. Bina, in general, women tend to access mixed systems of care. They use

both the *dais* care and the allopathic care from the government or the private health system. In

certain places, women prefer to have homebirths as they tend to appreciate the privacy afforded

by a familiar environment. At the same time, some families intentionally choose homebirths to

avoid hospitals, where "a lot of information may come out," and news of the birth may become

publicized, especially in small and close-knit communities. Dr. Bina explained:

I think actual discrimination occurs at home birth deliveries…if a girl is born, she is not announced with joy and cheer. The mother also tends to get better care if a boy child is born. She will get a lot worse kind of care if a girl child is born [Dr. Bina, Interviewed on June 22, 2017].

Dr. Bina added that there might be other valid reasons for choosing home deliveries other than the intention to 'cover-up the birth of a baby girl'—for instance, pregnancies and childbirth resulting from non-legalized marriages and rape. In such instances, the *dais* or traditional midwives are used as an urgent care provider. Bina has also observed that household economy, particularly, resource availability and distribution, can shape and bend the rules of marriage and dowry payments. For instance, in one of her field visits, she had encountered a couple who had four daughters. The family had arranged the marriage of their first daughter to a family with equal social standing and expended vast amounts of dowry. However, the customary requirements for an "arranged marriage" that expects children to accept their parents' decision unconditionally had diminished by the third and fourth daughters' turn. The parents had signaled the acceptability of a "choice marriage," giving their daughters the liberty to choose whomsoever they wanted to marry, regardless of caste or religion. They made these relaxations to the social rules of marriage because the family had exhausted most of their life savings on dowry payments from their first two daughters' weddings. They were willing to relax the social norms governing endogamous marriage rules, that is, marrying within the own caste kinship group. This particular instance shows that rigidly observed cultural norms may falter on the grounds of financial distress or the men's failure to provide protection to women and daughters.

Shobha, a health policy researcher, holds similar views about how family budgeting decisions can determine women's access to medical facilities. In instances where a woman has little control or where finances are scarce, inequities may emerge in matters concerning reproduction and family planning, as Shobha notes:

Of course, there may be variations, depending on the region, caste, class, etc. In some areas of India that we studied, women are very empowered. However, that is not the case in many other places like Rajasthan, Haryana, and Punjab, where women's status in the societies is low and women literally have no say in reproductive matters…if they have had two boys, women themselves will go in for sterilization. The family would be content. But if they have had only girls, 80%, 90% of them will want a boy, and they will keep trying until they have a boy [Shobha, interviewed on June 20, 2017]

As head of the household and often the only income earner, men exercise control over the allocation of resources – food, clothing, and the budget for education and healthcare expenses. The allocation of necessities like food also depends on the patterns of hierarchy within the family. For instance, the head of the family, usually the father-in-law, and males are the first family members to be served food. Participants mentioned several instances in which the women were expected to eat meals only after ensuring that the male members of the family were fed and adequately nourished. A new wife is usually viewed as an "outsider" until she earns her place in the household. She usually establishes her social position when she gives birth to a son. Thus, they often occupy the lowest position in the family hierarchy and are at risk of experiencing violence and marginalization. Similarly, daughters tend to be viewed as a burden on the household economy. This may also support the observations that Hudson & den Boer (2004) made about how in certain son-preferring countries, female infanticide and SSA tend to increase during periods of economic hardship or during periods of resource scarcity.

Research participants, particularly in the NGO and healthcare sectors, have observed that unequal gender relations within the household have far-reaching consequences. These include the neglect of women's healthcare and unequal outcomes of educational levels for boys and girls, as most families tend to invest their resources in providing education mainly to boys. Families may withdraw girls early from school to care for younger siblings or supplement the family income. Even though the government of India has social welfare programs in place, such as free

education for all, up to fourteen years of age; ultimately, the household economy determines the decisions that will impact the well-being and autonomy of women and girls. Participant narratives show that gendered processes are embedded within the micro level, everyday facets of social life such as the family, and hierarchical structures within the family affect the production, distribution, and organization of unequal social relations.

3. *The Role of State and Population Control Policies*

Several scholars have analyzed the role of the state and the outcomes of state population control and family planning policies as a cause for SSA (Nair, 1992; Gangoli, 1998; Sharma et al., 2006; Nagpal, 2015). Strict population policies that limit family size to one or two children are projected to exacerbate SSA in countries like India where there is a deep-rooted preference for male children and families increasingly desire to have smaller families (Arnold et al., 2002; Barot, 2012). SSA has also tended to increase substantially for pregnancies after a firstborn girl in India (Jha et al., 2011). Thus, these scholars and observers believe that population control policy and family planning programs increase the preference for male children and SSA.

India was one of the first countries in the world to adopt an official population policy and launch an official family planning program in 1952. Cole (2009) notes that by 1966, Indian officials were eager to showcase India's development performance and adherence to targets for population control. This was partly due to "the large percentage of Indian aid that came from USAID, the Rockefeller Foundation, the Ford Foundation, the World Bank, and the UN—all of whom supported target-oriented approaches to population control" (p. 10). Between June 1975 to January 1977, often referred to as 'The Emergency' period, the then Prime Minister of India, Indira Gandhi, introduced mass-sterilization camps that often disproportionately targeted the elderly, the infirm, and the poor to meet sterilization quotas (Connelly, 2006).

In 2016, the Indian Supreme Court banned mass sterilization camps, two years after fifteen women died in botched sterilization procedures in a camp in the state of Chhattisgarh in eastern India. Doctors in that camp sterilized eighty women in five hours with the same instrument, according to local media reports; some women had been forced to undergo the procedure (Mohanty & Bhalla, 2016). Although family planning programs in India have undergone various transitional phases since 1952, target-oriented family planning to stabilize population growth often through coercive measures remain intact. During my conversations with Dr. Sanjay, I learned that sex ratio imbalances and son-preference trends in India tend to share a correlation with the government's push for the 'two-child norm.' Dr. Sanjay puts the issue in context:

> There is rapid fertility decline everywhere in India, but families want to ensure they have one son. I mean, most would want to have at least two sons and one daughter. If you look at the National Family Health Survey data…it suggests that the most preferred sex composition is two sons, one daughter. If the push is only for two children, then families would want to have at least one son…in a mostly patriarchal society, if you try to force people to have only two children, they will want to have at least one son. There can be two sons, but it cannot be two daughters. [Dr. Sanjay interviewed on June 13, 2009]

The Two-Child Norm was first recommended by India's government in 1992 to control population growth, achieve specific demographic goals, and stabilize the population (Ali, 2006; Visaria et al., 2006). Again in 2016, members of the Indian Parliament proposed the Population Control Bill (PCB) to tackle the country's rising population. Under Provision 3 of the Bill, no couple would be permitted to have more than two living children unless authorized by the appropriate District Board (PCB, Govt of India, 2016). Persons that breach Section 3 would lose any entitlement to government-sponsored welfare schemes. In July 2019, members from the BJP party introduced a new Two-Child Norm Bill. The Bill suggests that government employees should give an undertaking that they will not procreate more than two children. 125 Members of

Parliament (MP) signed the proposed 2019 Bill, but it is yet to become an act of law (Sharma, 2019). The "two-child" rhetoric underlying the proposed Bill is not new. The government had staunchly promoted the slogan *Hum Do Hamare Do* (loosely translated as "Us two, ours two"), in its population policies since the 1950s when it first introduced family planning programs.

A growing number of scholars have documented the detrimental effects of Two-Child Norm, particularly on the village level of the Panchayati Raj, the local self-government in rural India (Batliwala & Sen, 2000; Rao, 2005). Mainly, after the policy's implementation, those with more than two children would be permanently denied the right to contest the election at the village level. Studies have documented the adverse impact of the policy on the health and security of families, arguing that there will be an increase in the likelihood of fathers to abandon their families as a means to avoid the negative repercussions of the policy (Rao, 2005; Visaria et al., 2006; Hartmann & Rao, 2015). SAMA, an NGO based in New Delhi, found that the two-child norm functions as a discriminatory method to disempower historically marginalized and disenfranchised groups such as the *Dalit*[9] and *Adivasis*[10] and women by further disengaging them from political processes (SAMA Report, 2016). Most states in India have reached or are approaching replacement-level fertility (Hartmann & Rao, 2015). Therefore, the two-child policy is often viewed as a political tool to prevent the "wrong" sort of people from seeking local office or accessing public resources and benefit schemes (Majumdar, 2013; Sangari, 2015). Rao (2005) suggests that family planning policies are so intertwined with reproductive health policy in India that "doomsday demographic discourses" perpetuate the assumption that population growth is the root cause of all economic and social problems.

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[9] Dalit is a self-affirming term used to describe communities that have been subjected to untouchability practices in India. Kaminsky & Long (2011). *India Today: An Encyclopedia of Life in the Republic*. ABC-CLIO.

[10] Adivasi is the collective name used for the indigenous peoples of India. However, some indigenous groups may not self-identify as an Adivasi. Minority Rights Group International. https://minorityrights.org/minorities/adivasis-2/

Asha and Uma, two NGO workers at the grassroots level, emphasized the point about coercive sterilizations. Asha and Uma have conducted studies on healthcare access and delivery in urban and rural communities in northern Indian regions. Uma informed me that coercion does not necessarily have to appear in overt forms, where rural women are dragged into mobile clinics to get sterilized. However, the government designs family planning policies in such a way that the state decides which population groups to target and "systemically forces" them to undergo sterilization procedures. The two also added that many of these "development targets come from international donors and agencies, often in the name of philanthropical work" [Asha, interviewed on June 17, 2019]. Asha and Uma's NGO focus on informing women, particularly, from the rural sectors, about their legal rights, including their right to legal abortion under the MTP Act and the concept of informed consent. They were unable to determine whether there is a direct link between population policies such as the Two-Child Norm and SSA. However, the two NGO workers did not rule out the potential of families resorting to artificial means or SSA to achieve their desired sons due to restrictions imposed by the Two-Child Norm policy.

4. *The Role of Economic Liberalization and the Era of Small Families*

From the mid-1970s to the 1980s, the Indian government took several steps to liberalize its heavily regulated economy after decades of following a socialistic pattern of society (Kotwal et al., 2011; Aiyar, 2016). More extensive reforms followed in 1991 with the introduction of policy changes aimed at "opening up the economy to greater private sector entrepreneurship as well as to foreign trade and investment" (Kotwal et al., 2011, p. 1152). Thorsen & Lie (2009) describe the process of economic liberalism as "the belief that states ought to abstain from intervening in the economy and instead leave as much as possible up to individuals participating in free and self-regulating markets" (p. 3). India started rapidly globalizing as the government removed and relaxed restrictions on the movement of goods from other countries in the 1990s.

Globalizing India means India "integrating into the international economy through trade, foreign direct investment, foreign institutional investment, movement of people and technology" (Roy, 2016, p. 988). Although the markets have become competitive and caught up quickly with the process of a globalized world, and social indicators have improved faster in years of liberalization than in the 'earlier socialist era,' the improvement is insufficient (Aiyar, 2016).

Scholars and economic analysts observe that the vast majority of successes tend to occur in the realm of private-sector partnership, but the government's delivery of essential services remain poor and unreformed (Joseph, 2007; Aiyar, 2016). Although India's GDP has steadily improved since liberalizing its economy and markets, social indicators have slipped. According to Drèze & Sen (2013), there is no adequate supply of education, health, public safety, or judicial redress, and public spending on essential services such as healthcare remains low. Quality of public health is poor, and health indicators in India are typically worse than in neighboring countries of South Asia (Drèze & Sen, 2013).

India's economic liberalization, that is, the privatization of state-owned infrastructure and government intervention reduction in private enterprise, is often linked with neoliberalism. Joseph (2007) elucidates the tenets of neoliberal approaches to development:

> Neoliberal theories reject the notion of public good and social justice, and the responsibility is placed on the state to promote interests that markets might ignore. They also reject the social democratic view that citizens are entitled to all the political, social, and economic rights needed to enable them to live with dignity and respect…neoliberal theories define citizens as consumers of services that the state provides, and as active participants in the market, capable of promoting their own interest [Joseph, 2007, p. 3216].

Neoliberal approaches to development would entail that government would provide the basic services to the public to empower themselves. As a result, market-based solutions replace problems related to healthcare, education, and other important public services (John, 2007).

While social democratic theories put the responsibility for promoting collective welfare and social justice on the state, "neoliberalism has been accused of seeking individual-based solutions to collective problems and leaving it to the market to devise solutions" (Brown, 2006, p. 704). Scholars examining neoliberal policies in India have identified the government's promotion of 'self-help groups' (SHGSs) and 'microfinance' as tacit forms of neoliberal policies where SHGs are continually emphasized as a solution to eliminating rural poverty and empowering women. The underlying logic is that if the government provides women and the poor access to small amounts of capital, they will become independent and function as productive players in the market (John, 2007; Oza, 2016; Roy, 2016). Roy (2010) notes that India's development discourse advances a particular neoliberal entrepreneurial logic that equates empowerment and well-being with individualist and market-based approaches to eradicating inequality.

India's government has sought to incorporate 'gender sensitivity' and engender development within the trajectory of economic liberalization and development. For instance, the National Policy for the Empowerment of Women (NPEW) (2001) considers the mainstreaming of a gender perspective in the development process as one of its primary objectives. The NPEW promises to create policies for "the advancement, development, and empowerment of women," eliminate all forms of violence against women and the girl child and mainstream a gender perspective in the country's development process (NPEW, 2001, Section 1.11). However, Menon (2009) suggests that using women's specific skills and giving them responsibility through micro-credit schemes and talks about 'gender equity' are ineffective without addressing the sexual division of labor and women's unequal status in the private sphere. She further argues that making gender a component of development "depoliticizes" feminist critiques of patriarchy and "corporate globalization," and feminism is "harmlessly transformed into 'women's

empowerment' and a vital ally of the project of governance" (p. 104). Perhaps, this is why government officials prefer to use the word *lstri sashaktlkaran* (women's empowerment) to *narivad* (feminism) (Menon, 2009). Feminist development scholars have pointed out that market-based approach has not transformed the institutions that produce inequalities for women (Cornwall, 2007; Karim, 2011; Radhakrishnan, 2015; Valle, 2018); mainly because state institutions and policies place the responsibility of development on "the caring, self-sacrificing, hard-working woman" who is simply a "rescued subject of development" (Roy, 2010).

In the past few years, the government has also shown interest in integrating economic development policies with women's reproductive health and rights. For instance, in 2017, the Ministry of Health and Family Welfare launched 'Mission Pariwar Vikas,' a national health mission to stabilize India's population by 2025. The program aims to improve access to contraceptives services, promote reproductive health, and reduce maternal and child mortality and morbidity. These policies appear to respond to the contextual needs of Indian women and deliver services essential to their well-being. However, some of my research participants were wary of government making grandiose statements about 'gender sensitivity.' Dr. Divya, a sociologist who has spent years studying reproductive practices and government-mandated family programs in India outlines some conflicting patterns in policy:

> We have an anti-natalist policy working in a very pro-natalist country. So, there is some kind of a contradiction…there has been a great deal of stress on the term reproductive health and whatever policies have been introduced, be it universal immunization, mother and child health, safe motherhood… all seem to be using the language of maternal health and reproductive rights… However, at the back of the policymakers' minds, the agenda is to have lower fertility and population. [Dr. Divya interviewed on May 25, 2019].

Dr. Divya's assets that regardless of the course of action the government takes to address women's issues, the underlying motive is to keep fertility rates in check and meet India's demographic goals. Furthermore, Dr. Divya believes that the government's constant association

of economic deprivation and poverty with the number of children people have has intimately influenced the public imagination. With the rise in the prices of essential goods and diminishing social welfare services, families are increasingly becoming anxious about financial expenses relating to raising children and seeking to have smaller families:

> The communication branch of the family planning program has focused so much on embedding rationality…linking resources with per capita consumption and the value of having smaller families. Now, for more than fifty or sixty years, this has been hammered into Indians' minds, and they have internalized the narrative so much so, now, every child is seen as an expense. People know that if children are born, the parents have to work hard to provide for them. So, they want smaller families, and, because people want small families, they do not want to have more female babies…the
> smaller family has reached a point where they are very often happy with one child, a son. This reflects in the child sex ratio, where there are more boys than girls [Dr. Divya interviewed on May 25, 2019].

While the government's rationalization of 'more children equals more resource consumption' may be a valid argument, it has implications for certain communities that already have a deep preference for sons. Dr. Divya affirms that families that desire to have fewer children tend to view girls as "undesired surplus." The reason being that girls offer no promise of return on investment or "old age insurance" for parents as they leave their natal homes upon marriage.

Dr. Seema, an academic scholar and researcher, suggests that son preference persists, but families are not looking to have sons in excess. The desire for an idealized "pigeon-pair," that is one boy and one girl, appears to be the desired family structure, as Dr. Seema explains:

> In earlier times, when people just had large families, they may have been happy to have lots of sons. Today, nobody wants extra sons. So, we really are in the era of the small family. Ideally, people would want a son and a daughter. They are delighted if they have a son as they do not have to worry anymore. They are even happy if the second child is a daughter…they are actually not all that eager to have sons only. They may have a second son or whatever, but, in reality, they are not enthused beyond the point of having extra sons. Families are beginning to worry about sons who do not make it, sons who do not live up to expectations, and sons who turn out bad... In the era of sex-selection, it is the avoidance of the girl-only family [Dr. Seema interviewed on June 7, 2019].

Like Divya, Dr. Seema attributes changes in family composition to economic concerns from the burden of cost that may arise from having children. However, Dr. Seema has observed that families do not want sons in excess. Nonetheless, there is a palpable possibility that fertility declines, and the desire to have smaller families may push them to choose the gender composition of their children systematically. Although the government has taken steps to include gender sensitivity programs into its development policies, participants like Dr. Seema feel that such policies are usually designed to achieve a "demographic dividend." By this, she means that the state's priority is to bring women's productivity and reproductivity in line with the control of fertility and population growth:

> With successive governments, we have found that an approach is a fragmented approach. It does not adopt a holistic approach in terms of development policies, economic rights, and other important rights of women. Moreover, in that fragmentation, somewhere targets are set, which may be absolutely valid. Nevertheless, somehow in the very nature of implementing those schemes, other arbitrary clauses are brought in which sort of undo the positive goals and limit the gains in reaching out to women or the girl child [Dr. Seema interviewed on June 7, 2019].

Dr. Divya's and Dr. Seema's perspectives underscores the government's frequent use of women's rights and frameworks of empowerment to accomplish economic milestones. While this may seem appealing, the issue lies with the lack of women and women leader's voices in policy making processes. Further, the preoccupation with population stabilization continues to undergird politicians' and policymakers' agendas for what development connotes. For instance, in a high-profile and widely publicized address to India's Independence Day on August 15, 2019, the Prime Minister of India, Narendra Modi, emphasized the importance of addressing India's 'population explosion' and its harmful consequences. The PM urged Indian couples to have smaller families and compared the act of having fewer children with "an act of patriotism" (Abbamonte, 2019).

There is enormous empirical evidence that indicates a cultural preference for sons in India. At the same time, research participants like Dr. Sunita, a historian, contends that "cultural malpractices" like SSA cannot be attributed to traditions alone. In Sunita's view, SSA practices are exacerbated by India's economic liberalization, including adopting commercial agriculture and transitioning into a marketplace economy. Dr. Sunita believes socio-economic transitions have brought their own sets of challenges for women:

> Since the 1980s, and definitely since the 1990s, with the economy moving into this hugely consumerist neoliberal phase, I think there is a universalization of anti-women practices. For example, communities that were not practicing dowry are today practicing dowry…and turning it into an extortion racket. Communities that were not into sex-selection are moving into that. So, I feel the marketization of our economy, the interior opened, and new technologies coming in and being made readily available have caused rampant malpractices to continue, even under the administration's eye. Moreover, I would say tacit support and connivance of a section of the medical community, and it is turned into a business, the business of sex-selection. Thus, it is not a social practice alone. There is a clear link between development policies and social practices. Sex-selective abortion appears to be traditional, but it is not. That is why we should be careful when we assign malpractices to tradition. I think the challenge is that anti-women practices are being borrowed from other castes and communities and very happily being embraced under this model of consumerist development [Dr. Sunita, interviewed on June 22, 2017].

The rapid economic development also appears to have affected class aspirations, especially among the middle class, whom Dr. Sunita perceives as being driven by an urge to acquire material and social status. Dr. Sunita believes that the "market of reproductive technologies," including SSA, surrogacy, or artificial reproductive technologies (ART), is aimed at catering to this new urban Indian middle-class community in India. Dr. Sunita's point is mostly supported by empirical evidence that shows that son preference varies little by education or income and is more commonly practiced among the educated or more affluent households. That is, SSA is practiced by those that presumably can afford ultrasound and abortion services more readily (Guilmoto, 2007; Jha et al., 2011; WHO, 2011). Those with financial and social means can also seek private healthcare providers' services and pay money to keep providers quiet about their

SSA procedure. Economic reforms may have led to upward mobility and improved socio-economic status for certain groups. It may have provided many women with education and job opportunities and enabled daughters to extend emotional and financial support to their parents. Nevertheless, the general opinion among my research participants is that there is a kind of regression in terms of how welfare programs have shifted focus from the ordinary person's needs to a more substantial 'neoliberal' development goal. Within the neoliberal development policy, the government views citizens as consumers of services it provides. The government expects citizens to perform self-interested roles while actively participating in and contributing to India's national GDP.

Dr. Sanjay, who researches policies relating to women and gender-equitable development, strongly feels that son-preference and devaluation of girls are perpetuated by the government's push for a market economy. He asserts that consumerism has been absorbed into the most intimate aspects of social life, namely, commercialization of women's reproduction, and reproductive technologies. Dr. Sanjay suggests that a market economy and consumer culture tend to envision girls and women only as consumers and associate their identities with consumption.

> I think the whole political economy pushes girls as only consumer products rather than individuals capable of determining their own choices. So, it is a mix of the market economy, cultural values, undervaluing of girls, and preference for sons. Then there are perceptions about safety and women's sexuality; they all add up. Therefore, sex selection does not remain only a community-specific phenomenon…for different reasons and at different points on the continuum of the economy, people choose not to have girls [Dr. Sanjay interviewed on June 13, 2019]

Dr. Sanjay is hopeful that communities will soon realize that daughters are as valuable as sons, as they continue to excel in education and career and SSA instances will decrease. He said that if such a day arrives, it will not be an outcome of punitive laws such as the PCPNDT Act. Dr.

Sanjay believes that increased participation in the paid workforce would change women's image from dependents to economically productive entities. He also believes that implementing laws to ensure the safety of girls and women in their communities, workplaces, schools, and public spaces will ameliorate the drivers of SSA.

Discussion

In this chapter, I have addressed the social and institutional structures that enable and perpetuate SSA in India through the perspectives of scholars, analysts, and service providers. Drawing on Kim-Puri's (2005) theory of transnational feminist sociology, I highlight the importance of social structures such as the state, family, and social and material conditions in India. I also demonstrated that the unequal economic, political, and institutional structures produce exclusions for women. These inequalities and exclusions perpetuate the devaluation of women and may increase harmful practices against them. There are four critical themes or causes that research participants attribute to SSA in India. These are 1) patriarchy and son-preference that lead to devaluation of daughters, 2) unequal power relations within the family and household, 3) population control and era of small families 4) India's economic liberalization. Insights from conversations with research participants have illuminated that SSA results from many social drivers and has colonial and contemporary roots.

The primary social and institutional structures include Hindu traditions that endow secondary status to women, the sexual division of labor, the government's population control programs, and the lack of recognizing women's rights and empowerment as an end it themselves. Although there may be variations in how men perform and enact masculinity in India, patriarchy, male dominance, and son-preference are social realities. Highly masculinized communities tend to show imbalanced sex ratios and are considered SSA-prone areas. Families desire sons on the

grounds of patrilineal and patrilocal considerations— sons will carry forward the family lineage, bring in hefty dowries, inherit property, conduct last rites for deceased parents, and take care of parents in old age. Sons are also considered more economically viable than daughters because of their greater participation in the productive labor force. In contrast, daughters are viewed as economic burdens and dispensable entities that will lose their patrilineal identity upon marriage. However, son preference is not the domain of men alone. It appears that centuries of patriarchal conditioning have led many women to internalize patriarchal norms. Women often enact patriarchal traits and attitudes by desiring male children more often than men. Sons not only establish a woman's status but are perceived to enhance the honor and status of the family.

Secondly, the family emerges as one of the most potent social institutions. Household economics, that is, who controls the distribution of resources, the division of labor, and decision-making power, determines gendered structures and social relations between men and women. Within the patrilocal and patrilineal Indian family systems, social relations are bound by hierarchical gender structures, reciprocal duties, responsibilities, and a shared sense of identity or kinship. Thus, a sense of collectivity takes precedence over individuality, and notions of interdependency are valued and emulated. Men are often the only income earner. As heads of the household, they exercise control over the allocation of resources – food, clothing, budget for education, and healthcare expenses, among other necessities of livelihood. Men's control over critical resources can have adverse implications for women's general health matter and reproductive practices. Women's health concerns are often neglected, and men can make decisions concerning the timing, spacing, and the number of children with or without the wives' informed consent. Since a new wife or a daughter-in-law is usually viewed as an "outsider" until she earns her place in the household, that is, until she gives birth to a son, SSA can pose as a

viable choice. Despite social transformations, the family continues to be one of the most powerful and influential institutions.

Thirdly, participants' narratives throw critical light on the government's population control policies, such as the Two-Child Norm, and how it can exacerbate SSA. Son preference and SSA are projected to increase in countries like India, where fertility has declined, but families continue to desire to have at least one son. At the same time, the government sets strict population policies that limit family size to one or two children. Scholars and analysts have documented the policy's adverse impact on families' health and security and the potential rise in SSA trends. Further, the policy is grounded in class and caste discriminatory politics. The Population Control Bill, if approved and passed, will forbid those that have more than two children from contesting elections and prevent them from receiving government subsidies and benefit schemes. However, the law does not apply to members of the Indian Parliament and targets officials in the lower rung of the administrative hierarchy. Critics have noted that the Bill will further disempower historically marginalized and disenfranchised groups such as Dalits and Adivasis and women and alienate them from political participation.

In the past few years, scholars and human rights activists have observed that Hindu nationalist politicians associated with the Prime Minister Narendra Modi's ruling Bharatiya Janata Party (BJP) and other organizations affiliated with the Hindu nationalist movement have increasingly advocated for population control. In 2015, the ideological parent organization of the BJP, Rashtriya Swayamsevak Sangh (RSS), called for the government to revise the country's population policy due to 'deep concern' over the 'problem of demographic imbalance' and 'depleting resources' (Ramachandran, 2019). In 2017, the BJP-led state parliament in Assam in northeast India adopted a two-child policy, barring anyone in the state to hold government posts

with more than two children. A BJP Member of Parliament also introduced the Population

Control Bill of 2019. Although supporters of the Bill claim that the Bill does not target any

particular community, given the Hindu nationalists' rootedness in Hindutva ('Hindu nation') and

ideology of creating insiders and outsiders, such policies can target migrants and minorities.

Hindu nationalists have often raised the issue of a 'Muslim population bomb.' In early 2019,

ministers who have previously criticized Muslim population growth have supported calls for a

punitive two-child norm (Chandrashekhar, 2019).

Lastly, participants' narratives reveal that India's economic liberalization has led to a

market-based economy that tends to view women as either consumers or passive development

allies of the state. While development policies emphasize ideas about gender inclusivity, some

participants note that market-based approaches do not resolve unequal social structures.

Participants' narratives draw critical connections between India's economic liberalization and its

potential for exacerbating SSA. For instance, the marketization and commercialization of the

economy have created new opportunities for people. Opening up markets have also made

reproductive technologies available and accessible. Simultaneously, economic liberalization and

capitalist models of the economy has increased the potential for the misuse of reproductive

technologies. As such, there is the abuse of technology, and SSA has become a profitable

business. Thus, participants establish an important link between economic liberation and SSA.

Further, development policies may propose a gender-sensitive policy. However, the

government's targeted approaches to achieving economic milestones do not prioritize women's

specific needs, as the underlying objective remains fertility control and population stabilization.

Ultimately, women's bodies, women's rights, and their productive and reproductive labor

become the means to achieve nationalist goals.

Chapter 4. Rethinking Women's Agency in Sex-Selective Abortion

Sex-selective abortion (SSA) is a controversial reproductive issue that has precipitated numerous discussions and debates amongst anti-abortion and abortion-rights advocates, government agencies, non-government organizations, and scholars and policymakers, both locally and globally. Concerns have emerged particularly around the ethics, morality, and legality of sex-selection. Within feminist reproductive rights discourses, particularly those relating to abortion, SSA is one such issue that has generated criticism from both 'pro-choice' and 'pro-life' groups. Issues and contestations have emerged particularly around the notion of parental rights and preferences versus the fetus's right to life. Tensions also persist due to the contest between fetal rights and reproductive liberty of women, that is, women's right to abortion, notwithstanding the sex of the aborted fetus (Johnsen, 1986; Uberoi & Bruyn, 2013). Those concerned with women's rights view SSA as an endemic form of sex discrimination and gender-based violence (Warren, 1985; Russell & Harmes, 2001; Higgins, 2016; U.N. Women, 2007). The U.N. and several human rights organizations promote the view that practices like infanticide and SSA are gender-biased and promote discrimination against the girl child and women (WHO, 2011). For instance, the Fourth World Conference on Women in Beijing described prenatal sex-selection as an act of violence against women. It urged the Member States to enact and enforce legislation to end harmful and unethical gendered practices (U.N. Women, 1995).

The mainstream discourse on SSA, by and large, presents the practice as sex-discriminatory and anti-female. For example, SSA has been referenced as 'female feticide,' 'gendercide' (Warren, 1985; Sen, 1990), and 'femicide' by Russell & Harmes (2001). International organizations condemn SSA as gender-biased sex-selection (UNFPA, WHO, U.N.

Women, UNICEF). SSA is also described as 'the real war on women' (Higgins, 2016) and a 'gynecide' (Corea, 1985, Hanmer & Allen, 1982, Steinbacher, 1984) that has potentially acquired genocide proportions (Samal, 2016; Denbow, 2016). SSA's presentation on 'feminized' grounds as violence against women generally involves the construction of the fetus' as an 'unborn girl child.' Further, the severe imbalance in the sex-ratios at birth and its potential long-term impact for developing countries like India are mainly perceived as a matter of grave concern since these countries already fare poorly in the human development and gender inequality indices (GII) Dorius & Firebaugh, 2010; Strohschein & Ram, 2017).

Due to the overwhelmingly contentious nature of SSA in popular discourse, the scope for theorizing concepts such as women's agency concerning SSA becomes far narrower than desired (Savell, 2008; Lee, 2017). By and large, SSA discourse tends to prescribe ideas of victimhood on women that choose SSA. In doing so, it tends to elude a critical assessment of the social and cultural contexts in which women's choices unfold. Women-as-victim discourses also tend to focus on coercion-oriented narratives. These narratives assume that all SSA-seeking women are victims of family coercion. Again, coercion-oriented arguments overlook the possibility of SSA as a purposeful and goal-directed action undertaken by some women.

Since many argue that SSA is antithetical to gender justice, I explore the possibilities for agency in SSA and how some women are operating purposefully within this seemingly oppressive and anti-feminist practice. I seek to excavate some possible reasons women may choose SSA. I am interested in learning if some women choose SSA to ensure their life chances and survival or if they consciously choose to have SSA with a rationale other than an inherent aversion for daughters.

This chapter addresses the second part of my research questions, namely, how have service providers and professionals observed women exercise agency within the practice of SSA? My data is based on in-depth, semi-structured interviews conducted with sixteen research participants in New Delhi, India, between 2017-2019. Research participants include scholars and academics, Sexual and Reproductive Health and Rights (SRHR) advocates, abortion service providers, population policy researchers, community-based women's organizations, and non-governmental organizations (NGOs). While theoretical arguments around agency are well-established in academic literature (Mani, 1987; Jaggar, 1988, Mohanty, 1991; Agarwal, 1994; Kabeer, 2000; Narayan, 2002, 2018; Kabeer, 2019), my intention here is to understand and conceptualize agency from the perspectives of my research participants.

I conducted in-depth interviews with service providers and professionals who have extensive and first-hand knowledge of SSA or have served the population of women affected by SSA. I contend that these providers may have a more grounded and context-specific conceptualization of women exercising agency in SSA. Research participants considered issues such as an acute cultural preference for sons, women's bargaining power within their household and family, marriage relationships, social norms, and kinship networks. They also discussed the variation in the ways women exercise agency and how agency is influenced by ethnic, regional, economic, and educational backgrounds. Since SSA is generally viewed as a criminal offense under the Indian Penal Code, I made a trauma-informed choice to interview service providers instead of the population directly affected by SSAs. This approach was intended to reduce the risk of causing harm to women that have had SSA. At the same time, I remain mindful that some of my research participants may have had individual and personal experiences of SSA.

Theoretical Framework and Key Concepts

For this chapter, I intentionally use the framework of 'agency' because concepts like 'autonomy' and 'choice' tend to imply self-direction. They tend to presume social actors and agents acting alone, which may overlook the interdependence of family life, personal and social relationships, and women's individual preferences to make choices with others (Kabeer 1999, 2005, 2019; Malhotra & Schuler, 2005; Allendorf, 2012). To support my arguments, I draw on two critical concepts to delineate women's agency and use of creative strategies within the constraints of patriarchal social structures— the notion of agency as conceptualized by Naila Kabeer (1999, 2005, 2019), and the concept of patriarchal bargains developed by Deniz Kandiyoti (1988).

Kabeer (1999, 2005, 2019) conceptualizes agency as "the ability to define one's goals and act upon them…and engage processes of change" (p. 438). According to Kabeer, exercising agency means that women can make choices about their lives and environment despite structural constraints and influences. Kabeer's framework of agency also provides a valuable perspective on how agency need not constitute overt forms of decision-making power and may take the form of "bargaining and negotiation, deception and manipulation, subversion and resistance." (p. 438). Further, Kabeer argues that agency can be exercised by individuals and 'collectivities' or collective groups, and exercising agency can have both positive and negative outcomes. ' Positive agency' occurs when people make their own life choices and pursue their own goals despite opposition from others. 'Negative agency' denotes the capacity of a social actor or actors to override others' agency and power. Kabeer notes that "some choices may stem from, and serve to reinforce, women's subordinate status" (p. 441). Drawing on Kabeer's agency concept, I

approach agency in SSA as women's capacity to make critical and situated choices that are circumscribed by their socio-temporal contexts, without necessarily constituting social change.

Deniz Kandiyoti (1988) developed the concept of 'patriarchal bargain' to refer to "women's strategies and coping mechanisms" when confronted with severe constraints in patriarchal systems (p. 275). Kandiyoti explains, "different forms of patriarchy present women with distinct 'rules of the game' and call for different strategies to maximize security and optimize life options with varying potential for active or passive resistance in the face of oppression" (p. 274). This concept offers a culturally and temporally grounded analysis of patriarchal systems and illustrates the often-contradictory ways in which women accommodate and accept patriarchal norms to empower themselves. According to Kandiyoti, India demonstrates "classic patriarchy" characterized by patrilineal-patrilocal practices (p. 278). In classic patriarchies, the descent is traced through the male line, and women settle down in their husband's home upon marriage. Moreover, Kandiyoti suggests that women in these systems do not bear productive value, occupy subordinate positions, and establish their value "only by producing male offspring" and are, therefore, "effectively dispossessed" individuals (p. 279). Therefore, women conceive of coping mechanisms to maximize their self-interest, such as bearing sons. Thus, Kandiyoti presents women as rational actors that use a range of coping strategies while operating within the parameters of dominant gender ideologies.

In her subsequent revision of the patriarchal bargains concept, Kandiyoti (1998) argues for a nuanced approach to analyzing "subordinates'" rational decisions to conform rather than resist. She argues that merely acknowledging the 'limits' of women's resistance as impractical and dangerous can conceal "the evidence of hegemony by relabeling its effects" (1998, p 145). Moreover, Kandiyoti states that some acts of patriarchal bargains can be regarded as attributing

"false consciousness" since they may prevent people from recognizing the extent of their powerlessness and fulfill only their "cathartic and expressive needs" (p. 145). Kandiyoti concludes with the suggestion that our conceptual frameworks may not be able to fully explain the complexities of power and resistance, especially in the area of gender (1998, p. 150).

Although Kandiyoti's patriarchal bargain concept enhances and supports my analysis of agency in SSA to a certain extent, I use the concept cautiously. For instance, Kandiyoti associates classic patriarchy as a trademark of patrilineal-patrilocal systems commonly found in the peasantry in agrarian societies. Adopting this line of argument in the SSA context suggests that women who choose SSA tend to be situated in agrarian settings or in rural communities that observe patrilineal-patrilocal social systems. Research participants indeed acknowledge patrilineal-patrilocal systems as tending to uphold the most rigid forms of gender relations and hierarchical power structures. At the same time, participants also emphasized that SSA cuts across all regions, class, and caste, and the practice is not restricted to agrarian or rural communities. Empirical evidence shows that son preference varies little by education or income.

This point deserves repeating. Research shows that SSA is more commonly practiced among educated or more affluent households that inhabit India's urban centers (Guilmoto, 2007; Jha et al., 2011; WHO, 2011). These are the socio-economic groups that presumably can afford ultrasound and abortion services more readily and pay to hire private abortion providers to avoid legal penalties. Thus, I believe that rural women with less education and limited opportunities beyond agricultural work and the urban woman with relatively more autonomy and better livelihood options can fit the profile of an SSA seeker. Since empirical data shows that the social groups that practice SSA the most tend to be educated, are more affluent households, and live in India's urban centers, it is necessary to rethink victimhood frameworks of analysis. It is also

important to shift emphasis away from the victim-only framework and avoid the assumption that only the "effectively dispossessed" (Kandiyoti, 1988) individuals choose SSA as a form of a patriarchal bargain.

Exploring SSA through the lens of patriarchal bargains and drawing on Kabeer's notion of agency, I argue that many women may actively and thoughtfully choose SSA to ensure their emotional, social, and economic security. Women do not arbitrarily or capriciously decide to undergo SSA. I argue that some consciously make an informed decision to undertake SSA because they see the procedure as the most realistic response to their life circumstances and social position. In other words, women exercise agency implicitly by reinterpreting socio-cultural meanings to accommodate their self-interests (Moore 1986; Kabeer 2000).

Secondly, to determine women's agency through SSA, this agency must be analyzed within the social factors and temporal conditions of the particular cultural context, because women engage with social power structures in different ways, under different circumstances (Bourdieu, 1977; Kabeer, 2000, 2019; Narayan, 2002; Thapan, 2003). In the Indian context, women may recognize their agency alongside the family, marriage, and gender structures, and they may perceive empowerment in the pursuit of shared and common interests. Finally, there is a need to move beyond a victim-perpetrator dichotomy. This process involves incorporating a relational understanding of gender and recognizing the "asymmetrical position of masculinities and femininities in a patriarchal gender order" (Connell & Messerschmidt, 2005). In other words, existing power structures and relationships can be manipulated and counterbalanced by those in subordinated groups, including, in this case, women (O'Reilly, 2018; Connell & Messerschmidt, 2005). The self-reflexive evaluation of patriarchal structures in tandem with women's role in constructing masculinities allows for the deconstruction of essentialist readings of men as

perpetrators and women as victims. It enables the recognition of women's relational interest in patriarchal structure, and often their "collusion in the reproduction of their own subordination" must be examined (Kandiyoti, 1988, p. 180).

In the following parts of the chapter, I discuss some relevant arguments within feminist frameworks that have demonstrated agency and autonomy concepts. I also reference research that has analyzed women's agency within practices that are either considered oppressive, contentious, or controversial within feminist understandings of agency in patriarchal social systems. Then, I will discuss the crucial ways that research participants understand and have observed women's agency related to SSA. I also provide a rationale for the need to rethink and reframe women's agency in light of the inadvertent implications for SSA.[11]

Feminist Theories of Agency

Feminist perspectives on agency are of significant relevance to feminist theory. According to scholars such as Wharton (1991), Kennedy (2008), and Gordon (2013), it was Socialist-Feminists that first established the vital groundwork for feminist debates and discussions of agency. Socialist feminists treated capitalism as a social structure and included a theory of male dominance within capitalism's critiques. They accounted for women's lived experiences, women subjectivities, and women's roles as social actors; in doing so, they paved the way to frame gender from an agency perspective (Ehrenreich, 1976; Hartman, 1979; Wharton, 1991; Hartsock, 1983). Kennedy (2008) and Gordon (2013) assert that socialist feminist perspectives have enabled a broader analysis of social structures. They have also

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[11] Collecting and analyzing data from in-depth interviews with service providers instead of women that have had personal experiences of SSA inevitably has its disadvantages. I shall address these challenges in Chapter 6.

facilitated feminist engagements with discourses that emphasize individuals' own knowledge and subjective experience (Hartsock, 1983; Harding, 1987; Smith, 1989; Collins, 1990).

According to McNay (2003), the focus on agency can be seen partly as an attempt to refine the rather "one-sided language of patriarchal oppression that characterized first-wave feminism" (p. 139). McNay notes that one-dimensional discussions of oppression have tended to underplay individuals' creative responses to changing social relations and neglect how women and men negotiate changes within gender relations. Despite the value in accounting for women's subjective experiences, the attempt to separate agency from patriarchal oppression can often seem paradoxical. This is perhaps due to the premise that feminist analyses of patriarchal social systems tend to assume women's subornation conditions. Thus, there is a pervasive notion that assumes that women's potential for agency is compromised by sexist oppression found in social, economic, and political institutions. (Issacs, 2002; Clegg, 2006). Therefore, some scholars have intentionally emphasized women's agency and autonomy to understand gender oppression in more informed and contextualized ways (Meyers, 1987; Benson, 1990; Friedman, 1997, 2003).

Issacs (2002) defines feminist agency as "women's ability to be effective agents against their own oppression" (p. 129). However, Issacs does not include women's potential to critique oppressive social institutions in her analysis actively. Others, like Narayan (2000), assert that "a person's choice should be considered autonomous as long as the person was a 'normal adult' with no severe cognitive or emotional impairments and was not subject to literal outright coercion by others" (Narayan 2002, p. 429). Agency is often used to elucidate its close relationship to concepts such as autonomy, choice, selfhood, subjectivity, self-determination, and moral authority (Davies, 1991; Stoljar, 2000). "Autonomy" usually refers to self-direction; that is, the ability to act on motives, reasons, or values that are one's own (Bratman, 2003; Stoljar,

2018). Such about the self is an essential point of reference for recognizing the subject, identity, and the body. Concepts about autonomy have been built on the works of feminist philosophers such as Beauvoir (1949), Irigaray (1985), and Bartky (1990), who focused on notions of an embodied self. These scholars challenged dominant conceptions of autonomy that presupposed men as the rational and autonomous subject while assuming women as the non-subject and non-agent "Other." They also do not believe that individuals are isolated, social actors. Such assumptions tend to neglect the importance of interpersonal relationships in the development and sustenance of an individual and fail to account for women's structural domination and subordination (Schlosser, 2019).

Beginning in the 1990s, within the so-called third wave of feminism, particularly in the U.S., terms such as "choice feminism" has gained momentum. Linda Hirshman (2006) coined the phrase to refer to the idea that "the women's movement has liberated women to make whatever choices they want" (Ferguson, 2010, p. 247). This idea supports the premise that feminism should simply give women choices and not pass judgment on what they choose. While the term may not be commonly used in scholarly language, it encapsulates the idea that contemporary feminism should consciously confront the dilemmas of feminism's contradictory and competing demands. It should strive to be inclusive and respectful of the wide variety of choices women make as they attempt to balance equality and desire (Wolf, 2006; Snyder-Hall, 2010). Third-wave feminist defenders of "choice" reject a unified category of woman and embrace "contradiction, multiplicity, and ambiguity," and a philosophy of nonjudgment (Snyder, 2008, p. 187). Thus, they tend to defend "choice" even when notions of equality are stymied by actions that may bolster patriarchy or reinforce the dominant gender norms imposed on women (Snyder-Hall, 2010).

Notwithstanding these important contributions of feminist theorizations of agency, individual 'choices' and 'rights' assumed by Western liberal thought cannot be effectively applied in the Indian context. Even though some Western liberal theories may consider ideas such as women's structural domination and subordination by patriarchy, such postulations are premised on their intimate understandings of their own social realities in the West. In India, social relations are marked by "hierarchical, relational and consensual social identities" (Lock & Nguyen, 2010, as cited in Hang, 2018, p. 57). Specifically, any presupposition of an autonomous moral agent must be challenged in evaluating the decision to obtain SSA in the Indian context (Weiss, 1995). Theorizations of agency must account for women's social positions within the intricate and complex webs of inter-dependent social relations. Thus, issues of agency, autonomy, and choices have to be understood, evaluated, and, if need be, defended within the constraints of social, material, and temporal contexts.

Theories of Agency in Contentious Practices

Feminist scholars and theorists have recognized the problems of speaking for or representing other cultures and communities (Spivak, 1988, 1999; Mohanty, 1984, 2005; Grewal & Kaplan, 1994; Alcoff, 1995). For instance, Alcoff (1995) argues that speaking about and speaking for others is problematic, mainly because the process involves the act of "representing others" (p. 101). In particular, postcolonial and transnational feminist scholars have critiqued the representations of third world women on non-Western cultural practices in Western feminist discourses (Mohanty, 1991; Rajan, 1993; Alexander & Mohanty, 1996; Narayan, 1997, 2002; Grewal & Kaplan, 2001; Nagar & Swarr, 2010; Kabeer, 2005, 2019). These scholars point out

that some Western feminist works tend to reinforce Western "cultural imperialism."[12]This they

do by constructing images of women located in the third world or third world women in the West

as "singular, monolithic subject" and "homogeneous in their goals, interests, or analyses"

(Mohanty, 1984, p. 334). Mohanty argues that the often arbitrary and reductive constructions of

third world women by Western feminists present the former as an ahistorical group that lacks

agency and has been victimized by male dominance and collectively oppressed.

This critique does not state that postcolonial and transnational feminists are resistant to

Western feminists' ideas, mainly white Western feminists, engaging in discourses and

movements centered on women's lives and experiences in the global South. Instead, postcolonial

and transnational feminists contend that even well-intentioned Western feminist attempts to

voice the concern of 'third world' women, often "overlook the racial, cultural and historical

specificities that mark the condition of these women" in their various social locations (Tyagi,

2014, p. 47). In doing so, Western feminists often re-colonize and appropriate third world

women's experiences. Rather than reject or dismiss Western/white/privileged feminists from

their work, postcolonial and transnational feminists argue that the contemporary feminist

moment is about understanding differences and building solidarities and alliances while critically

accounting for privilege and inequalities in power relations (Hedge, 2006; Mohanty, 2003; Herr,

2014).

Against this backdrop, I will now discuss some relevant feminist research that looks at

how women exercise agency by adopting practices that appear to be oppressive and exploitative.

In the works I will discuss, the concept of 'agency' has worked to problematize and often

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[12] A term commonly used to criticize the continuing exercise of Western cultural power in the context of
postcolonialism (Tomlinson, 2012).

invalidate women's oppression and simplistic equations of oppression with victimhood. The studies I reference have looked at women's lived experiences and grounded their analyses within context-specific conceptions of how women self-actualize agency by undertaking seemingly oppressive practices. I will mention several cases to demonstrate this point by looking at two other social institutions that are assumed to be oppressive to women: female genital cutting (FGC) and the practice of veiling.

Let us first examine the case of female genital cutting (FGC). International health organizations like the World Health Organization recognize 'FGM' or FGC as an international "violation of the human rights of girls and women" and a reflection of the "deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women…and is a violation of the rights of children" (WHO, 2020). The WHO argues that FGC can cause short and long-term sexual, physiological, and psychological issues. The Platform of the Fourth World Conference on Women, held in Beijing in 1995, also cited FGC as a threat to women's reproductive health and a violation of their human rights (U.N. Women, 1995).

However, in her study of female genital cutting (FGC), Meyers (2000) notes that many women exercise effective agency in FGC, both as "accommodators and as resisters" (p 469). Meyers argues that women participate in FGC because they perceive getting married and bearing children as a more important calling in life than maintaining bodily integrity. Within the countries Meyers examined, many believed that FGC was a precursor to marriage eligibility. Thus, the women's endorsement of FGC is rooted in their self-ascribed role as sustainers of social and cultural cohesion. Similarly, Moore (1986) found that the Endo women of Kenya use FGC rites and rituals sources of female power and empowerment. She argues that undergoing FGC rites and rituals enable women to negotiate for their material needs with their husbands and

male kin. Meyer adds, "we would need far more consensus than we presently have…before we could conclude that women who opt for compliance with female genital cutting norms never do so autonomously" (Meyers, 2000, p. 479).

According to UNICEF data work on FGCM/C, most people in the countries with data on FGC practices support its elimination (UNICEF, 2016). However, efforts to eliminate FGC through foreign interventions are often met with resistance and are perceived by the local communities as yet another act of cultural imperialism (Althaus, 1997). African women point to the underlying hypocrisy in how Western women also subject themselves to medically unnecessary, hazardous procedures, such as cosmetic surgery including breast implants, to increase their sexual desirability (Warsame, 1994; Toubia, 1995). There is also relative silence on the persistent circumcision of newborn baby boys in Western countries like the U.S. (Owings et al., 2013). Instead, Western feminists tend to pick on FGC and use terms such as 'barbaric,' 'horror,' and 'brutal' among others, to describe the practice (Wade, 2006). Scholars like Boddy (1998, 2007) draw a parallel between British colonials' intervention in the personal lives of northern Sudanese women through introducing modern hygiene, health, and family morals and the neocolonial ways of depicting African women that choose FGC as aberrant. In this way, Western women have their sexuality and 'intact' bodies affirmed as the norm (Boddy, 1998, 2007). Using her own story as a circumcised woman, Njambi (2004) argues that anti-FGC proponents have medicalized the issue and framed it as harmful to female bodies and sexuality. Such positions also presume that bodies can be separated from their socio-cultural context. Thus, certain anti-FGC views tend to perpetuate a colonialist civilizing tactic by universalizing western bodies and sexuality as 'normal' bodies, while condemning practices such as FGC to liberate women and girls in African countries (Njambi, 2004).

Another contentious practice for which scholars have deliberated the question of agency is veiling. Veiling and headscarves are not as problematic as FGC, perhaps, because veiling does not involve immediate physical 'harm' or signify a medical threat. The debates about veiling tend to consider religious freedom, female equality, secular traditions, and even fears of terrorism. In 2011, France and Belgium became the first European countries to impose a ban on full-face veils in public areas (A.P. News, 2011). Proposals to prohibit full-face veils (niqab and burka) in public spaces such as courts and schools followed suit in other European countries, including Germany, Italy, the Netherlands, Switzerland, Austria, and Denmark. As of 2018, Austria, Italy, Denmark, Norway, and Switzerland have enforced laws that ban full-face veiling (BBC News, 2018). Some scholars note that the headscarf ban came into effect in "the age of the War on Terror, where Muslim minorities in the United States and Europe faced increasing discrimination in schools AND the workplace" and where many Muslims have been "essentialized as terrorists or terrorist sympathizers" (Wing & Smith, 2006, p. 746). Thus, some Muslims and non-Muslims view the French ban as part of this discriminatory trend.

Some scholars explore the connection between certain Western feminists' tendency to use a feminist language to condemn non-western women's practices as patriarchal oppression. For instance, Bjoernaas (2015) argues that the Norwegian feminists' support of legislation to ban the Muslim veiling reinforces cultural imperialism and colonial master narrative. It assumes veiled women as passive victims in need of white women's liberation. Such positions also portray veiled women as having no agency under the entrenched patriarchy of Islam. In their ethnographic works, Muslim scholars assert that although the hijab is primarily meant to convey deep religious devotion, some women wear it to reaffirm their ethnicity and, often, assert their disagreements with Western military interventions in Muslim countries. For example, Hashmi

(2006) conducted interviews with many Muslim girls living in Europe to determine their decision to wear headscarves or veiling. Many of these girls chose to do so not from parental pressure, but because they felt "ready," knew enough about Islam, and understood the significance of such attire (p. 115). By paying attention to Muslim women's intersectional experiences, some Muslim scholars reference feminist models centered on non-Western women to understand how women experience and express agency through veiling.

Further among the girls interviewed, many had mothers who did not wear the headscarf, indicating further that there was no familial pressure (Hashmi, 2006). Haddad (2007) also draws from two decades of research on American Muslim communities and in-depth interviews with American Muslim youths to assert that the veil has become a symbol of an American public Islamic identity. It is also used as anti-colonial solidarity and resistance to offset political rhetoric in an American environment that is increasingly seen as anti-Islamic. Zimmerman (2015) affirms that many Muslim women exercise agency and personal choice in veiling, even when some Western feminists view the practice with skepticism and disdain.

Scholars such as McGinty (2006) have studied the experiences of Muslim converts. McGinty (2006) conducted an ethnographic study of Swedish and American women converts to Islam. These women convert defend seemingly non-egalitarian practices such as veiling, strict adherence to modesty codes, and obedience to their husbands because they conceive of these practices as endowing them with a sense of self-worth and providing them emotional and social security. Similarly, Narayan (2002) observed Muslim women who appear to adopt oppressive or exploitative practices in India voluntarily. For instance, Narayan describes a community of women known as the Sufi Pirzadi who "live in relative purdah within the home and are expected to veil when they are in public" (p. 420). These women acknowledge that veiled seclusion tends

to severely limit educational mobility and increase their dependence on male members of the community. However, they also explicitly recognize the benefits of veiling as endowing them a "superior standing vis-à-vis other Muslim women" and enhancing their value as desirably pious and feminine women within their communities (p. 421).

The involvement of African women's networks and grassroots organizations have brought fresh perspectives to FGC by shifting discussions on the issue to encompass women's rights, reproductive rights, and health (Althaus, 1997). For instance, Senegal-based NGO Tostan, which collaborates with international organizations like UNICEF and UNFPA, enforces human rights-based education programs and works with the local communities to end FGC (WHO, 2014). Tostan's model includes human rights, respect and inclusion, and holistic and sustainable ways to support their partner communities in ending FGC (Tostan, 2018). This discourse of rights "has enabled many local as well as transnational women's groups and feminist organizations to challenge existing customs and legislation that discriminate against women all around the world" (Ferree & Tripp, 2006, p. 276).

At the same time, following and supporting local leadership raises the important question of negotiating a critique of western cultural imperialism on the one hand, and still recognizing certain local practices as a violation of women's human rights on the other. Further, there is a possibility that feminist 'outsider' researchers may end up working with and supporting only the local agencies and activists that agree with their views and then use them as proxies to further their own 'western' agendas. These are important ethical and political dimensions that need further consideration. I am not able to address or resolve the paradoxes in this chapter or my dissertation adequately.

Nonetheless, in light of the discussion on the problematic nature of conceptualizing agency in contentious practices, it might be helpful to succinctly reference Cynthia Enloe's important work on feminist theorizing and how patriarchal structures play out in international politics and relations. Noting that "the personal is international; the international is personal" (2014, p. 343), Enloe's work has accounted for the intricate workings of power in both local and global contexts. For instance, in her research on global militarism, Enloe (1993, 2000) has observed how the military employs gender to survive and to adapt to social and political forces (Enloe, 1993, p. 3). Enloe argues that just as patriarchy does not come in one-size-fits-all, the process of militarization also does not come in one-size-fits-all. To demonstrate this point, Enloe draws attention to the different ways in which women are used to sustaining what she calls the "Holy Trinity of militarism," that is, "hierarchy, rivalry, and…masculinity" (2000, p. 32, 289). Enloe argues there is a need to account for women's militarized experiences to acquire a nuanced understanding of militarization. She argues that one woman's demilitarization may lead to the militarization of another (Enloe, 2000, p. 258-60). Militarization also depends on keeping militarized women divided from one another (2000, p. 45). Enloe identifies such tensions as a "key maneuver" in maintaining militarism as an ideology and the military institution as a power center in society (D'Amico, 2004). The message here is that we must be cautious of equating certain practices that appear to be agentic to women with genuine feminist liberation.

Western feminists like Cudd (2009) believe that the charges of neocolonialism on Western feminist interventions have challenged and impeded the works of 'outsiders' that seek to render an objective appraisal of contentious practices from a global human rights perspective. Cudd defends western feminist works grounded in universal human rights frameworks while suggesting that scholars and activists should also recognize their limitations in local cultural

knowledge. In like manner, Ferree and Tripp (2006) encourage the involvement of western actors in 'third-world' politics and social problems and do not see inherent harm in western feminist interventions. However, they argue that transnational assistance and cooperation, in theory, and practice, have more chances of being welcomed if they engage with important issues from 'the inside' (Ferree and Tripp, 2006).

My understanding and central argument informing this dissertation is that there is a way to recognize agency without tacitly approving of some practices that might indeed cause harm to women and reinforce their oppression or subordinated social and political positions. Scholars like Kabeer (2000, 2019) and Narayan (1987) that examine women's lives and practices, particularly in non-western contexts, acknowledge the problems and contentions that may arise from certain practices that women adopt. At the same time, they challenge the arbitrary victimizing discourse on women in the third world and the tendency of some western feminist scholars to portray these women as exploited, hapless and lacking agency. In her incisive ethnographic research on women in the export garment factories of Bangladesh, Kabeer (2000) has observed that these Bangladeshi that work under seemingly exploitative conditions are aware of their subordinate status. Their choices are often the product of harsh trade-offs. However, to portray them as hapless victims is to "fail to recognize the microlevel forms of agency that they exercise" (p. 211). Moreover, the Bangladeshi women observed by Kabeer do not see garment factory jobs as a lifelong career but a temporary way to earn and save money to engage in other remunerative livelihood options. Thus, women engage with social power structures in different ways, under different circumstances. To assume women's decisions to comply with seemingly oppressive cultural practices or label them as victims would simplistically and uncritically reduce their complex identities to 'dupes of patriarchy' (Narayan, 1987).

Agency in Sex-Selective Abortion

Before discussing my findings, I would like to reiterate the purpose of this chapter. Using the framework of agency conceptualized by Kabeer (1999, 2005; 2019) and patriarchal bargains illustrated by Kandiyoti (1988), I analyze research participants' perception of agency and how they have observed women exercise agency. Some of the key themes discussed include the socialization process, adaptation, accommodation to secure their place, and power within patriarchal structures. I explore the key determinants for women's agency, women's use of SSA as a strategic coping mechanism to bargain with inflexible patriarchal demands, the notion of victimhood in the context of SSA, the role of gender and gender hierarchies, and potential for overt and convert/active and passive modes of resistance in women's use of SSA.

My insights and analysis are informed by the research participants' knowledge and observations of women that obtain SSA. The in-depth interviews lasted from one to two hours, and all the participants were based in New Delhi, India. I developed semi-structured, open-ended questions in order to allow flexibility and reliability in response. I also designed the questions to capture an alternative understanding of women's agency vis-à-vis a reproductive practice that operates within patriarchal coercion and oppression. Research participants were uniformly asked what women's agency means to them and how they would describe women's agency in SSA. Some participants used the word 'agency,' while others chose to use the closely related term of 'choice.' In my presentation of their narratives, I preserve their use of these terms, while I intentionally use 'agency' for my writing. I was confident that participants understood the interview questions and clarified the rationale behind asking a question about agency if there were any doubts or confusion. I did not discuss my conceptual framework's specifics with participants, as I felt doing so may inadvertently interfere with or influence their responses.

Interviews with research participants on the question of agency in SSA were often emotionally charged and appealed to a broad range of responses. Certain participants responded to my questions in positive ways. They supported the notion of women exercising agency through SSA's practice, notwithstanding its controversial nature in light of serious concerns arising from India's dwindling child sex ratios (CRS). Others expressed their apprehensions about the term "agency" at the onset and deliberated the extent to which such a concept can be applied in the Indian context, let alone with SSA. For instance, Sameer,[13] an NGO worker whose organization seeks to empower resource-poor men and women stated that the general understanding and identification of agency in western contexts implies a notion of the "absolute right to choose" and "individual autonomy." However, Sameer asserts that such approaches to agency would hold little to no weight for many Indian women, particularly the poor and marginalized women, because "conformity to patriarchy is all they have ever known in their lives." According to Sameer, in particular, rural women in India tend to be strongly socialized by patriarchal gender order and gender roles [Sameer, interviewed on May 30, 2019].

Out of the sixteen research participants that I interviewed, fourteen participants supported the idea of agency being exercised by women while choosing SSA, even though the tone, meaning, and approach differed amongst these responses. Two participants strongly doubted that women willingly and voluntarily undertake SSA and, therefore, did not consider women that are coerced into having SSA as having agency. Those in favor of agency recognized and emphasized the context and varying degrees of how women exercise agency in SSA. These participants do not support the theory that women who choose SSA are passive victims. Instead, they assert that

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[13] Pseudonyms have been used to maximize the protection of participants' identities. De-identified first names are used. Interviews were conducted in the English language, and all research participants have consented to publication and data-sharing.

women exercise various degrees of an agency under different social contexts. Participants also stressed that a range of factors, such as women's bargaining power within the household, age, education levels, region, and rationale for choosing SSA determines their agency.

In the following sections, I discuss three important themes that I identified in my data and analysis. First, I will demonstrate that many Indian women tend to perceive the family, marriage, social hierarchies, and bearing sons as critical components of their identities; thus, they view compliance with institutions such as the family as sources of agency. This factor often leads to women acting in the interest of their families and the larger community, which is based on notions of interdependence and kinship ties. Secondly, women choose SSA as a form of a patriarchal bargain to maximize their power and lifelong security. Bargaining with patriarchy can also include women's decision to choose SSA as a form of achieving the desired gender composition of their offspring. Thirdly, to conceptualize women's agency in the SSA context, there is a substantial need to move beyond binary understandings of victim and perpetrator, as well as victimhood and empowerment. Participants' narratives reveal that both men and women can manipulate power relationships. Therefore, there is a need to articulate agency in terms of degree, rather than the presence or absence of agency.

1. *Agency in Compliance with Family*

In my coding and analysis of interview data, one theme consistently emerged: the family's role as an important indicator and determinant of women's agency. Participants had overwhelmingly mentioned the family as one of the dominant social structures that perpetuates son-preference and women's decision to have SSA. The family context in India and its role in determining women's agency have been explored by scholars such as Dube (1997), Jejeebhoy & Sathan (2001), Bloom et al. (2001), Thapan (2003), Deshmukh-Ranadive (2005), Desai and

Andrist (2010) and Allendorf (2012). These scholars consider kinship structures, resource allocation, interpersonal relationships within marriage, gender roles, and family hierarchy to determine women's agency. For instance, Thapan (2003) asserts that in India, marriage and family relationships constitute a "critical component of women's identities as embodied, gendered selves" (p. 82). Women with higher-quality relationships with husbands and in-laws also tend to enjoy greater agency levels in both joint and nuclear families. Thus, many women embrace the well-being of their families as a form of empowerment (Basu, 2006; Allendorf, 2012). Further, many women appear to make important decisions in the larger interest of the collective. According to Snow and Corrigall-Brown (2015), a collective identity is constituted by a shared and interactive sense of 'we-ness' and 'collective agency.' This sense of 'we-ness' or oneness is anchored in shared attributes and experiences among those who comprise the collectivity.

Much like these scholarly findings, my research participant conveyed that many Indian women perceive family, marriage, sexual division of labor, and bearing male children as critical components of their identity and social lives. I had factored in the significance of the family as a strong social structure in Chapter 3. The same premise appears to have relevance when discussing the factors that shape or influence women's agency. Research participants have firmly noted that Indian women's assigned places within the family system, including immediate and extended, and their association of social conformity with childbearing, particularly bearing sons and filial and conjugal duties, motivate them to choose SSA. Choosing to have sons, in effect, establishes their status in their households and communities and enables them to exercise agency. During my conversations with Pratibha, an NGO worker, and SRHR advocate, I learned that the family could play a decisive role in either enabling or restricting women's opportunities to

exercise agency in various forms and degrees. Pratibha vehemently asserts her views about the

centrality of the family in Indian society and states:

> Most Indians tend to still view the family as the first port of call for any emergency, and the son and his wife are pillars that are expected to hold parents up when they grow old and provide life-long security to them. Because it is the son's responsibility to take care of his parents. The woman is viewed as being a part of another family, and she is expected to maintain only perfunctory ties with her parents. She is not supposed to or expected to provide financial help to her parents. Her life is dedicated to serving her husband's family and his parents and so on, so that leaves her with little time or agency to take care of her own parents. Moreover, it is often considered a burden if her husband is expected to provide for her parents. Like, "You are wasting our son's money," sort of an idea. So, if you have a daughter and are technically out of your life by the time she is married, you need the son to take care of you when you grow older [Pratibha, interviewed on June 13, 2019].

Pratibha's comments affirm that the son must render lifelong support to aging parents and

conduct the last rites upon their passing often prescribes that family inheritance and wealth be

retained within the patrilocal household. Due to the customary practice of keeping material

resources within the patrilocal family, many women remain dependent on male kin and kind. The

endowment of economic and social status on sons not only perpetuates families' desire for male

heirs but also reinforces the notion that women's assigned place or ideal gender role in the family

is that of the nurturer, caretaker and reproducer. Further, Pratibha added that the hierarchies in

the interhousehold economy, that is, differential power for men and women to control material

resources and wield decision-making power, also tend to impact other aspects of family life

between daughters-in-law and mothers-in-law. Pratibha referred to the often-uneasy relations

between Indian daughters-in-law and their mothers-in-law as an area of "tension." Pratibha

believes that mothers-in-law tend to wield substantial bargaining power from having established

trust and interdependence with their husbands and sons. Daughters-in-law can hope to increase

their bargaining power and establish a foothold only when they produce sons.

Pratibha's observations run parallel to what Kandiyoti (1988) refers to as the "promised benefits" of patriarchy (p. 282). Promised benefits refer to the patriarchal bargains that mothers-in-law have gained in their patrilocal homes and that daughters-in-law will seek to use as bargains or incentives in their future role as mothers-in-law (p. 282). That is, senior women anticipate having control over younger members of the family, particularly, the daughter in law, to offset their subordination to other male members of the family. Pratibha informed me that in instances where daughters-in-law are coerced into having SSA, senior women tend to make the most forceful demands for a grandson. Although Pratibha did not make specific references to instances that would reveal how power positions are interchanged between women within the family, one can conceive of the possibility of daughters-in-law eventually laying claim to the same privileges they have witnessed senior women enjoy in their roles as mothers-in-law. In their attempts to influence those that are subordinate to them, and, without directly challenging male authority, the two women can be said to engage in "active collusion in the reproduction of their own subordination" (Kandiyoti, 1988 p. 280). Women tend to not actively resist their subordinated positions at the expense of establishing control over one another.

At the same time, Pratibha has encountered women choosing to have SSA on their own terms. Some of these women already had given birth to daughters and desired to balance the gender composition of their family by trying again for a male child. As our interview was drawing to an end, Pratibha uttered these thought-provoking lines to me:

> I understand that the country's sex ratio is going to the dogs. However, other issues need to be fixed first, and it is not a woman's individual responsibility to save the nation's child sex ratio, you know? So, my take is that whatever agency women are exercising or demonstrating is legitimate and valid. I would rather women survive and thrive than their unborn fetus [Pratibha, interviewed on June 13, 2019].

I did not anticipate hearing such an unfiltered and unexpected response from a research participant, given that SSA is a highly sensitive topic. I had assumed that conversations surrounding the issue would be communicated in a subtle or muted way, and participants are under no obligation to share information they do not want to reveal. Pratibha's views were also very distinct from the generalized victim-oriented narratives that I had heard and read while growing up in India. Her points highlight that women can be coerced to undergo SSA or adopt SSA practices for reasons other than an aversion to daughters. Women can also exercise varying degrees of bargaining power within the family hierarchy, which relies on factors such as the women's age and the discourse of respectability that their position commands.

The supposed 'active collusion' between women that often contribute to their 'subordination' was highlighted during my conversations with Shobha, a health policy researcher. In the instance given below, the women were able to engage agency and challenge male authority in abortion matters:

> I used to have a young office male helper. He was a trainee or so. His wife was expecting their first child. He came to me one day and said, "Oh, can you tell me what I will have? Can you guess?" To appease him, I said, "Yeah, you do not worry. You will have a son." Then he ends up telling me, "No, I am going to have a daughter." I said, "Oh, that is very good." Nevertheless, I became more curious and asked, "but how do you know you will have a daughter?" This incident occurred about 10-12 years before sex-selective laws were strongly imposed. He said, "Oh, I got an ultrasound done, and then the doctor said that it is a daughter." Then he says, rather disappointed, "But my wife…." I believe the wife and the wife's mother strongly put their foot down and said no, they would not have an abortion {SSA} because it is the first child [Shobha, interviewed on June 20, 2017].

I found Shobha's story to be insightful and also troubling. First, I noticed how the man speaks in the first-person pronoun as if to suggest that he was himself taking the ultrasound test. The husband's use of personal pronoun implies the extent to which some husbands claim control and entitlement over their wives' reproduction as well as activities related to childbirth. At the same time, the two women, who are supposed to occupy subordinate positions in the scheme of a

hierarchical gender structure, can exert their decision to avoid having an abortion. Interestingly, the women also appear to be speaking in the plural, or the collective, even though an abortion procedure would have involved only the pregnant woman and her body.

Shobha's story shows the extent to which some families tend to think in terms of the collective and make decisions based on collective interests. The woman in question may not get to have a say if she becomes pregnant again and the fetus turns out to be female; however, the fact that she can exercise her agency or, at least, be able to make a reproductive decision without the interference of her husband is worth noting. As Jackson (2007) notes concerning marriage, "conjugality also offers possibilities for women to manipulate discourses of respectability, manage ironic performances of compliance, and engage in cultural inversions and mimicry of the gender order" (p. 124). Given that many women in India occupy an auxiliary position within social relations that are less favorable to them, Shobha's story shows a small but significant vignette of unequal power relations being leveled. Thus, women can and do find ways to negotiate power and exercise agency in unanticipated ways.

Dr. Rekha, an abortion service provider who serves rural and urban regions, believes that women's dependence on the family and utmost devotion to conjugal relations can limit their agency and voice. In her field trips, Rekha has observed family members making reproductive decisions on behalf of their womenfolk. They have recorded instances of families soliciting the advice of extended kin and village leaders on women's reproductive concerns. Rekha said with exasperation that often health service providers also interfere in the abortion decisions of women. In rural areas where women's mobility is restricted due to veiling practices, women rarely visit abortion clinics unaccompanied. Rekha is reminded of one particular situation where a client informed her after having an abortion that she had initially not wanted to have the procedure. She

proceeded because of her husband's multiple requests and in-laws on the grounds of financial

constraints. When Rashmi asked the client why she had obliged to their demands, the woman

emphasized that no force was involved, and "obeying" her family's wishes was her "moral

duty." The client rationalized her decision by stating in Hindi, "Sabke bhalai ke liye hai," which

roughly translates to, "It is for the benefit of all" [Dr. Rekha interviewed on June 10, 2019].

Dr. Divya, an academic and research scholar, affirms that India's family and marriage

structures are the major social structures that can determine women's agency. In her

ethnographic works, she has discerned that many women perceive the family as "the single-

most-important resource" for extending emotional support and providing social security:

> It is your family that gives you social security whenever possible. Whether you are
> unmarried or unemployed, it is only the family that can support you. Nobody else will
> support you. There is no support mechanism outside of the family. Therefore, when a
> woman gets married, she knows that making a family and doing well to make a family
> will make her life easy. So, in many ways, she associates, she identifies with the common
> interests of the household. Moreover, she thinks it is her interest to align with the
> common interest of the household. Furthermore, it is in that context that she decides to go
> for sex-selective abortion. Very often, it could be seen as exercising agency by her own
> will. However, the larger structure needs to be kept in mind where the culture and
> economic context, the state context, and the total absence of social security of any kind
> [Dr. Divya interviewed on May 25, 2019].

Dr. Divya's perspective firstly throws a critical light on the role that the family plays the

implications of family interdependency. Her statement lays bare the highly inadequate state of

social security and welfare for both the elderly and women outside of the socially sanctioned

security that the family provides. For instance, a study conducted by Agewell Research and

Advocacy Centre for the United Nations revealed that one in every second elderly person in

India depends on their children or close relatives for their financial needs (Agewell Foundation,

2019). Most importantly, studies based on observations from the National Family Health Survey

affirm that social security is considered a family subject in India, as most people live with their

children and the children still take care of the elderly in old age (Rajan & Kumar, 2003; NFHS, 2006; Chadda & Deb, 2013). However, fast-changing socio-economic conditions such rapid urbanization, fewer children in each family, increased workforce participation of women who are the traditional caretakers of the old, and the rise of nuclear families are slowly changing the nature of geriatric care (Tripathy, 2014). Given the social reality and the lack of safety net outside of the family setting for the old, it is quite rational for parents to desire for children that will stay with them on a long-term basis. Thus, many parents prefer to have sons over daughters, as daughters are expected to leave their parental homes when they get married.

Similarly, the notion of 'agency' in the Western sense begins to falter when applied in the Indian context. Based on Dr. Divya's perspectives, some Indian women conceptualize their sense of agency by defining goals and accomplishing them in tandem with what they deem as the most beneficial for their family. Indeed, the idealized role of women as brides, mothers, and nurturers may compound their role as dependents on the family. Nevertheless, many women are socialized from their childhoods to believe that the family is the most reliable form of social security provision. In turn, they may associate the family as the institution that legitimizes their sense of self-worth and purpose in life. Thus, many women keep their respectable and protected domestic roles and comply with family interest when they leave their natal home after marriage.

These characteristics are also considered status markers of class and caste. For many Indian women, the family, marriage, well-being, and agency are often tied together and perceived as singular concepts. So much so, the "well-being of the family is deeply desired by the women…They are likely to see their well-being emerging or resulting from this familial well-being" (Thapan, 2003, p. 81). Most importantly, Dr. Divya believes that SSA is a consequence of women aligning their interests with the family's common interest.

Women perform conjugal duty and show devotion to the family because they believe that doing so will enhance their happiness and well-being. Further, when there are no substantial support mechanisms outside of the family, a woman will dither from challenging her husband or elders' authority or pursue a course of action that may compromise the well-being of the institution that is going to provide her lifelong security. Consequently, if having a son will establish a woman's status within the family she marries into, she will choose to have a son to empower herself under the given circumstances. At the same time, some women that carry ingrained perceptions about interdependence and hierarchal gender relations from their natal homes to their patrilocal environment may choose to challenge patriarchal authority and exercise forms of agency by not complying with male demands. The woman from Shobha's story who refused to abort her first pregnancy appears to have chosen this line of action.

Thus far, I have learned from research participants that the Indian family system is not only one of the most powerful social structures, but also operates as a site where women create and validate their sense of agency. Dr. Divya noted that the nature and extent to which women exercise agency within patriarchal constraints would be difficult to ascertain as they will depend on the variations in regional, religious, caste, and class backgrounds. Divya has noted that unmarried and unemployed women tend to be especially dependent on their families and have less decision-making power within their households. This observation can imply a few possible scenarios—women may enjoy some level of independence when they are gainfully employed or are financially independent. Marriage may offer some women the opportunity to break away from parental support. In particular, financial support or marriage may provide women the opportunity to negotiate their dependency on husbands or other male members of their family.

> I have been able to conduct research on some of the ways that women exercise agency despite differences with their spouses and other family members. You have a broad range

of behavior where you can see couples agreeing on some issues while disagreeing on other points regarding reproductive life. So, there is not one level of agency for women. But to think of them as free agents making individual choices, coming from this idea of "My body, my decision" ...That, I think, is only about...a very small minority of educated, professional women. It is not something that applies to most Indian women [Dr. Divya interviewed on May 25, 2019].

Dr. Divya's statement elucidates that some Indian women can negotiate agency in conjugal relationships and challenge power relations. Whether these are covert or overt forms of rebelling, I believe that women generate a sense of self-worth through every big and small act. Dr. Divya maintains that although women exercise agency, they cannot be assumed to be 'free agents' who make decisions autonomously or in absolute terms. It appears that those who have favorable chances of exercise agency, that is, make self-directed decisions without being always obligated to put the family's interest first, constitute a "small minority" of educated and classed Indian women. These are women that seem to be accorded significant levels of self-sufficiency because of their professional engagements and financial independence. Dr. Divya's perspective implies that social actors often do not act alone. Some women perceive their identity as being analogous to the identity of their husbands. Therefore, agency is exercised within the husband-wife family unit as well as the complex web of interdependent family life and social relationships. Therefore, agency involves women's preferences to make choices with others.

2. *Agency in Bargaining with Patriarchy*

During my first research trip to New Delhi, India, in June 2017, Dr. Sunita and I discussed the potential for women's agency within a gender-discriminatory practice and the long-term implications of women's exercising of agency by choosing SSA. Sunita is a historian and research scholar who has deep knowledge of women's rights and their movements in India. Sunita believes that women's agency is shaped by the social order in which they live. She also

believes that agency must be defined and conceptualized within women's self-ascribed roles and perceptions about social organization. Sunita stated the following:

> You see, as social scientists, we often think in terms of communities and looking at the larger picture of society, but ultimately rights are negotiated within the family on an individual basis. Women exert and assert agency and choice within the circumstances of their life. If the circumstances of their life were already predetermined by a given social structure, they are going to be socialized within those structures. So, they inherit some of the prejudices and practice those prejudices [Dr. Sunita interviewed on June 22, 2017].

Dr. Sunita's statement highlights the dilemma that often confronts feminist attempts to formulate agency while also recognizing that patriarchal socialization shapes and facilitates the conditions for exercising agency. Sunita's views made me reconsider how women's accommodation and conformity to patriarchal socialization may create and reproduce their subordinated status. It also made me realize that many feminists, myself included, tend to adhere to the notion that internalization of patriarchal social scripts and conforming to patriarchal norms can never be considered truly agentic. After all, many women that receive the benefits of 'patriarchal bargains' do not engage in a radical transformation of the unequal social structures that necessitated conditions for them to bargain with the patriarchy in the first place.

Some theorists of oppression have pointed to the phenomenon of "repressive satisfactions," "false needs" and "deformed desires" in which the oppressed come to desire that which is oppressive to them (Bartky, 1990; Superson, 2005; Cudd, 2006; Sperry, 2013). For instance, Bartkey (1990) argues that oppression can also involve indoctrination, psychological manipulation, and agents' socialization to internalize oppressive ideologies and preferences. If SSA is viewed through the lens of oppression theory, SSA choices can be argued to reinforce female subordination. However, to deem SSA as a "deformed desire" would entail an a priori assumption that all SSA seeking women are victims of coercion and patriarchal oppression, which does not seem to be the case.

Because we are all socialized beings and inherit some biases and prejudices in the course of our social lives, I question whether I have the moral authority to define and determine what another woman perceives as agentic and empowering for them. Can women that seek SSA be termed as oppressed simply because their choices may not align with my personal beliefs and specific feminist convictions? Assumptions and biases risk undermining the social, material, and temporal conditions within which agency unfolds for women in different cultural locations. Thus, I find that it is not productive to limit or restrict agency's scope by expecting it to meet certain established and preferred feminist conventions. A stronger conceptualization would recognize the material and ideological constraints imposed by patriarchy while being open to the possibility that some women may respond in unanticipated ways when faced with complex situations. SSA may be less than ideal, but it need not be a product of a 'deformed desire' or 'false needs' as there are women who make an informed and consenting choice.

According to Dr. Seema, an academic and long-time researcher of women's social and political conditions in India, getting a sex-determination test in itself is an exercising of agency. She doubts that women are forcibly coerced into taking sex-determination tests at illicit diagnostic centers. If a woman recognizes that having a daughter would negatively impact her marriage, risk abandonment, severe ties with in-laws, and potentially reduce her respectability status in a community that is already encoded as masculine, she will pick her battles carefully and choose her best line of defense. Dr. Seema emphatically stated this to me:

> Women will act in a patriarchal society to ensure and maximize their security in that society. If they do not have a place outside of patriarchy, and if their security depends on maintaining their place within their marriage, and if that marriage involves getting a son, they will want to have a son. However, I would say it is a grey area. I mean, our work has shown that agency among women is an area of some tension and conflict [Dr. Seema interviewed on June 7, 2019].

When I asked Dr. Seema whether such instances can be termed as 'bargaining with patriarchy,' she fervently agreed and responded by saying, "Totally. Use whatever, absolutely yes!" She continued with an explanation of her position and understanding of SSA:

> I mean, I have never suggested in my work that if a woman comes in for sex selection, she should be stopped from doing it. I do not think it is our business to stop her. I think it is ethically wrong. So, yes, you have to have a law. But it is not our business to force anyone to... to have a daughter or not to have… because after all, they have to bring the child into the world and look after that child, and so on. So yes, you need to have a law that you hope that people will understand, or relate to, in a certain way, and decide how to act in the face of that law [Dr. Seema interviewed on June 7, 2019].

The above statement indicates that Dr. Seema believes it is the right of the woman to decide what is best for their circumstances. At the same time, she is not against laws such as the PCPNDT Act that has been enforced to restrict sex-determination tests and prevent SSA outcomes. Part of her approval of SSA law stems from her observation that the practice is made possible and perpetuated because doctors, particularly the radiologists, are complicity and equal participants in SSA practices. She suggests it is "outright greed" of abortion service providers that make them cater to the demands for SSA. Although she supports the implementation of SSA laws, Dr. Seema recognizes that abortion service providers may be in a state of dilemma in situations where a woman says, "I already have three girl children, I cannot have any more girl children. I will be thrown out of my house. Please help me" [Dr. Seema, interviewed on June 7, 2019]. Dr. Seema notes that situations like this kind can create an ethical dilemma for a doctor, and the doctor may comply and meet the demand, out of an empathetic impulse. At the same time, Seema informs me that the history of SSA demands do not all pertain to "very distraught people," as certain middle-class groups in urban centers peruse the technology and service because they voluntarily choose to do so.

Speaking with Dr. Seema affirmed to me that not all who choose SSA do so out of outright coercion. Certainly, some women obtain SSA because of tremendous pressure from their spouse or in-laws. Others choose to obtain SSA because they realize that having a son will guarantee them social status and security. There may be structural influences, but it would be wrong to equate all forms of social influences with oppression and coercion. Some women may have an intimate understanding of the particular social values and structures within which they and their future daughters will have to live the rest of their lives— that is, a society that endows enormous value and privilege on sons and leaves limited scope for female children to acquire opportunities to live their full lives. Dr. Seema also emphasizes that for some women, SSA may not be a consequence of devaluing daughters, but rather, it may be perceived as a necessary means to balance the gender composition of their families:

> Some women already have a daughter, and they may genuinely not want to have more daughters. When a girl is born, and maybe a second girl is born, that is generally when it hits you. You have already got two daughters that you may have wanted. The question is, are you going to want to have an unwanted daughter? You do not want more daughters. So, are you going to go in for sex-selective abortion or have an unwanted daughter is the decision to be made? Then, there are cases where there is pressure to have a son because your own future depends on it…the future security you feel will depend on having that son. Especially if you are in a situation where you have no other source of economic security, right? You can very much use the language of choice, over even constraint, or highly constrained. You are weighing your options [Dr. Seema interviewed on June 7, 2019].

Dr. Seema's statement indicates that some families are not averse to having daughters and, in fact, want to have daughters. However, preference for sons remains as it appears that a family is considered incomplete without a male child. Perhaps, it is possible that some women that undertake SSA recognize their maternal powerlessness to secure safe, just, and fulfilling futures for their "unwanted daughters." It could be that some women abort female fetuses to exempt their unborn daughters from a life of neglect and devaluation. There are instances in

history where women have resorted to extreme measures to resist oppressive conditions for themselves and their unborn children.

For instance, in their historical work on Black enslaved women's experiences in America, Darlene Clark Hine and Kathleen Thompson (1998) highlight two intimate forms of resistance in the enslaved persons' narratives: infanticide and abortion. Hine and Thompson argue that slave women often resorted to extreme infanticide measures and self-induced abortion as an intimate mode of resistance. Abortion and infanticide decisions were "totally beyond the control of the master of the plantation" and often the only means available for enslaved mothers to undermine the slave system (Hine & Thompson, 1998, p. 16). Hine and Thompson assert that abortion or ending infanticide were carried out to protect their children from the psychologically devastating bonds of slavery. These acts were done out of the deepest love. This example is not meant to suggest that the conditions under which enslaved women made informed choices and the circumstances under which some women in India choose SSA are the same. There are multiple instances of gender inequality. Many women experience different forms of gender-based violence in India; however, their social reality is not nearly as unjust, violent, and traumatic as that of enslaved women. I referenced Hine and Thompson's work to illustrate that it is not uncommon for women to resort to extreme measures and choose actions that may contradict conventional knowledge or morally justifiable ways of defining women's agency and empowerment.

Dr. Seema's perspectives also raise the question of whether the instances in which a woman chooses to obtain SSA to avoid having another daughter involves an exercise of agency or signifies a case of falling into the trap of patriarchy's demand and preference for sons. This is a grey area that may not have definitive answers. However, it may be beneficial to consider how

the service providers that I interviewed understand or define reproductive rights and choice. For example, Rahul, a reproductive service provider who also provides abortions, understands the concept of reproductive choice as a range of options:

> Reproductive choice means choosing to exercise any method of family planning, any method of decision that concerns sexual and reproductive health and rights. It does not include only the choice of family planning and methods but also whether or not to have a baby [Rahul, interviewed on June 10, 2019].

Dr. Rekha, also a reproductive service provider, defines reproductive rights and choice as:

> Men and women have the right to choose the number, spacing, and timing of their children. As well as the right to abortion. Basically, it is the woman's right to decide on these matters, in a nutshell [Dr. Rekha interviewed on June 10, 2019].

Both Rahul and Rekha's definitions of reproductive rights and choice recognize the basic right of all couples and individuals to decide reproductive matters such as family planning methods, spacing, time, and the number of children. Dr. Rekha emphasizes reproductive rights favoring the woman and positions her as the ultimate decision-maker, especially in pregnancy and abortion procedures that directly impact the woman's body.

According to service providers, a woman who chooses to have an abortion is exercising a legal right—aborting a fetus solely based on the sex of the fetus, regardless of whether the abortion involves a male or female fetus. Exercising a legal right may also be argued as an exercising agency. Menon (2004) also provides an insight into this grey area by arguing that one cannot support abortion in terms of "the right of women to control their bodies," and, at the same time, demand that women "be restricted by law from choosing specifically to abort female fetuses" (p. 72). Coercion and oppression narratives are valid only when a woman does not give any form of consent and is forced to obtain SSA. Then there are instances where women obtain SSA because they believe having a son will maximize their security and life options. These women also tend to tie their sense of agency and well-being to their family and collective well-

being. In instances like this, the woman has demonstrated the "ability to define one's goal and act upon them" (Kabeer, 1999, p. 438).

A range of circumstances that circumscribes Pratibha's observations elucidate a woman's decision to obtain SSA. Pratibha's experience in the NGO sector and advocacy work for sexual and reproductive health and rights (SRHR) offers an informed opinion on the sticky subject of SSA and how it can be viewed through a lens of abortion rights:

> People will be terminating their pregnancies for reasons that have nothing to do with the sex of the fetus. It could be that they are not ready to have one. They do not ever want to have a child. They may already have many. This is not the right time, or simply choose abortion for health reasons, and the fetus they abort happens to be female. I feel SSA bans have just become a convenient excuse to curtail the reproductive rights of women further to simply say that every abortion might have something to do with the sex of the fetus [Pratibha, interviewed on June 13, 2019].

Pratibha addresses an important issue regarding the frequent ways that legal abortion and illegal sex-determination with SSA's intent are confused or even conflated. Dr. Rekha also made this observation. Dr. Rekha had stated, "the atmosphere of suspicion has negatively impacted the MTP Act, which permits legal abortions… and most abortions in the second trimester tend to be viewed as sex selection unless proved otherwise" (Dr. Rekha, June 10, 2019). Empirical evidence also suggests that SSA bans are ineffective in curbing SSA but often restrict women's reproductive rights, including access to legal abortions (Subramanian and Selvaraj, 2009; Jha et al., 2011). Pratibha informed me that as facilitators of training work and disseminating information on SRHR, her organization seeks to understand why women might have an abortion and that they retain the right to abortion, irrespective of the sex of the fetus or the declining sex ratios in the country.

Dr. Bina, a public health specialist, also informed me that women choose to have SSA for diverse reasons. These range from their desire to improve conjugal and filial relationships, avoid

having another child, another daughter, or terminate an unwanted pregnancy due to personal and

economic exigencies. Bina relayed to me that women are aware of the deep-seated cultural

preference for sons, but women are also willing to incentivize on this factor for "self-

preservation." Bina sees the lack of adequate support systems such as women's crisis centers and

the stigmatization of "son-less" women in certain communities, hindering them from exercising

agency as autonomous beings. Bina believes that women's exercising of agency will depend on

class, caste, and ethnicity. Most notably, Bina has seen a positive correlation between women's

economic productivity and reproductive autonomy. In other words, financial autonomy tends to

increase women's bargaining power in their households and their larger community [Dr. Bina

interviewed on June 22, 2017].

3. *Understanding Agency in terms of Degrees*

Another important argument that I uncovered through my data analysis pertains to

research participants' understanding of agency as a matter of degree rather than an issue of 'you

either have agency, or you do not.' This perspective is something I had not given a thought to

before going into the field. It is a valuable finding because it aids in contextualizing agency. It

also lays bare the complexities of gendered relationships and how subordinated social groups,

especially women, may appropriate power and agency. I will begin my discussion with a

comment from Dr. Sunita, who is a historian:

> My point is, how is my agency determined? I mean, I exert and assert agency and choice
> within the circumstances of my life. If the circumstances of my life were already
> predetermined by a given social structure, given legal structure, given regime of property
> inheritance, succession, and socialization…, I am also socialized within those structures.
> So, I inherit those prejudices, and I practice those prejudices. So, as women, we are not
> outside this social order; we are a part of the social order [Dr. Sunita interviewed on June
> 22, 2017]

My understanding is that Dr. Sunita emphasizes the need to circumscribe agency within the context in which a woman exercises or seeks to exercise it. Sunita understands women as already socialized individuals whose choices are determined within the bounds of the overarching social structure, including family and community, and the legal systems within which women are situated. Thus, when a woman who is socially conditioned by oppressive forms of patriarchy chooses SSA out of preference for sons, she enacts the internalized gender norms that have taught her to value sons over daughters. The woman's decision to abort a fetus solely out of preferring male children is gender-biased and discriminatory towards the female sex; however, choosing SSA does not necessarily connote that the woman is a passive victim. When I asked Dr. Sunita to clarify her point, she responded with the following:

> It is not as if some are victims, and some are perpetrators in terms of social prejudices and practices. Victimhood and perpetration can play out within the same families, within the same communities. It is just that the gender roles vary given your location at that point in time, and within a generational frame. Women do exercise choice and agency, but that choice and agency may be determined or influenced by the larger social order, where they have already been socialized [Dr. Sunita interviewed on June 22, 2017].

Dr. Sunita's words suggest that conceptualizing agency requires or involves going beyond simplistic understandings of the victim-perpetrator dichotomy. Her assertion about victimhood and perpetrator roles being adopted by both the men and women problematizes the notion that only women are victimized in 'oppressive' practices such as SSA. In contrast, men are assumed as perpetual offenders and oppressors.

In Chapter 3, I had provided participants' accounts of how some women, particularly mothers-in-law, tend to show son-preference in more grievous ways than the male family members. Women's mimicry of patriarchal bias may be attributed to internalized sexism or be explicated as a creative strategy employed to bargain with the patriarchy. For instance, mothers-in-law continue the family line by having sons whom they offer lifelong loyalty and anticipate

attaining control over their own daughters-in-law over time (Kandiyoti, 1988, p.279). Senior

women's negotiation of power within the household offsets their subordination to men and

exposes the contradictions in gendered power relations. It also demonstrates women's relational

interest in gender hierarchies that have been imposed by patriarchy. Substantially, the cyclical

nature of power and contradictory gender relations manifest what Connell and Messerschmidt

(2005) observed as an "asymmetrical position of masculinities and femininities in a patriarchal

gender order" (p. 848). Gender is relational in that patterns of hegemonic masculinities, and male

power is shaped by and socially defined to "emphasized femininity" or women's compliance

with patriarchy (p. 848). According to Connell and Messerschmidt (2005), focusing only on

men's practices can undermine women's central role constructing men and masculinities as

mothers, wives, and sexual partners. Recognizing gender hierarchy between and within genders

also enables the recognition of agency exercised by subordinated groups as much as the power of

dominant groups (Connell & Messerschmidt, 2005). Some women set goals of obtaining SSA

and act upon it, and thus exercise degrees of agency. If exercising agency means that women can

make choices about their lives despite structural constraints and influences, SSA, no matter how

controversial and contentious on the grounds of sexism, endows some women a sense of

empowerment.

Dr. Sanjay, a policy researcher on women and gender-equitable development policies in

India, held similar views to Dr. Sunita on the victim-perpetrator continuum. Sanjay understands

SSA as a product of what he calls "gender regime." He argues that SSA can function as a site

that manifests gender hierarchies and unequal power relations between men and women and

between individuals from the same gender category. Those who can concentrate power in their

hands make decisions on behalf of the "marginalized" others, and both men and women can

manipulate power relations. Dr. Sanjay observes that some women who hold power and can

exert influence will strive to sustain this privilege for as long as possible. They will also employ

the same tactics that powerful men have used against them to put them in subordinated social

positions. More relevantly, Dr. Sanjay does not view women that obtain SSA as victims and

explains why he believes so.

> The idea that women are coerced into making SSA choices is misleading. Women, men, and families are all involved in the decision-making process. In the last four or five years, I have seen women being far more radical in their views on religious bigotry and power issues. So, I sense that women are making conscious SSA choices, and I do not believe they are being forced. Words like "choice" do not apply in certain circumstances {i.e. outright cases of coercion} because decisions there are made in "choiceless" situations [Dr. Sanjay interviewed on June 13, 2019].

Although Dr. Sanjay believes that men and women are equal participants in SSA, he

acknowledges that in Indian society, many women are allotted lesser negotiation space than men.

A woman's refusal to terminate a pregnancy on accounts of the sex of the fetus may lead to

further reduction of that space. Dr. Sanjay contends that, given the constraints, SSA can appeal

to women as the most viable strategy to negotiate space and increase their bargaining power.

Dr. Seema, an academic and researcher of women's social and political issues in India,

proposes a broader and cohesive framework for discussing women's agency in SSA. According

to Seema, ideas that presuppose victims as completely devoid of agency are essentially flawed:

> Being a 'victim' of a patriarchal society does not prevent women from exercising agency within that patriarchy. To assume that victims do not exercise agency is too restrictive a notion…being a victim does not mean that one is total without agency. However, how that agency is being exercised can vary [Dr. Seema interviewed on June 7, 2019].

Seema believes that a woman living in a patriarchal society can choose to obtain an abortion or

SSA while visiting her natal home if she feels she cannot carry out these intentions in her

husband's home, or exercise agency simply by deciding to go for sex-determination tests. There

are several avenues for women to exercise agency, even within the structural constraints of a

patriarchal social order. In particular, Seema believes that the concept of choice tends to imply ideas of 'free choice.' She finds this to be problematic as such notions of choice (or agency) cannot fully encompass the complex ways in which choices are shaped:

> The problem is with the language of choice. The language of choice works in a liberal world, as though people have 'free choice.' Everybody works with certain degrees of constraint. So, in a constrained situation, why shouldn't a woman choose to go for sex-selective abortion? When women decide to have an abortion, it is not a happy choice, …abortion is not usually something you look forward to… Choices are shaped and exercised under given constraints, be it financial or other kinds of problems…Therefore, I believe the choice is a matter of degree, and it is not a matter of kind. It is not a matter of there is something called victimization, and there is something called empowerment. The degree of constraint is the question. In sex-selective abortions, the degree of constraint can be considerable. But some women would feel it is a better option for them... and many may want to have it. For example, if they already have a daughter, they may genuinely not want to have more daughters… it could also be a bad time in a marriage or outside, or they may not want a child at that given point in their life [Dr. Seema interviewed on June 7, 2019]

Dr. Seema's perspective on 'choice' strikes a similar chord with Gupta's (1996) suggestion that the common interpretation of choice or autonomy among liberal feminists tends to identify these concepts with 'individual independence,' 'self-determination,' and the right of the individual to choose. Dr. Seema recognizes that the task of conceptualizing women's agency or choice in practice like SSA is "an area of some tension and conflict." She suggests that it is mainly because structural constraints can occur in varying degrees and shape, influence, and determine a women's agency in multiple ways. To support this point, she shared a news story about a court case involving a pregnant woman with twin girls. The woman's husband's family had asked her to terminate the pregnancy, but she refused. The woman walked out of the family and filed a case against her husband and in-laws in the Delhi High Court. This story indicates that women do not always comply or cower before patriarchal authority. In this instance, the woman was able to show complete resistance. Dr. Seema maintains that in situations where the woman is going to

suffer the threat of a divorce or abandonment if she does not produce a son, it is completely logical for the woman to want a son or SSA.

Lastly, Rupa and Uma, both healthcare resource providers at the grassroots level, are also circumspect about defining women that undertake SSA as "free agents." They believe that a woman's agency will ultimately be shaped and influenced by important stakeholders in her life, including husbands, in-laws, and extended family and kin. This does not mean that there is no potential for women to exercise agency. Women exercise agency in varying degrees, depending on their social circumstances such as their bargaining power within the household, class, caste, ethnicity, and financial status. Thus, through my conversations with research participants, it became increasingly clear to me that participants refute the idea of women that choose SSA as either uninformed or victims of oppression that have no avenues for exercising agency.

Discussion

This chapter explored research participants' perspectives on the question of women's agency in SSA. Although there were many components and layers of information in participants' responses, the data yielded three major themes. First, the family is a major determinant of women's agency. Many Indian women perceive the family, marriage, social hierarchies, and bearing sons as critical components of their identities and self-worth. Therefore, compliance with family is perceived as a source of agency. When a woman chooses to obtain SSA, it is often at the behest of family members or because she has internalized the patriarchal social norms that favor sons over daughters. In choosing SSA, women act in the interest of their families and the larger community, which is based on notions of interdependence and kinship ties. In this regard, notions of 'autonomy' that assumes choice as existing and occurring independently of social influences do not apply in the Indian context. Many Indian women conceptualize their sense of

agency by defining SSA as a goal and accomplish this goal. Some women are also likely to see their own well-being emerging from familial well-being. As research participants strongly noted, women's assigned places within the family system, including immediate and extended, and their association of social conformity with a filial and conjugal duty that includes childbearing, particularly bearing sons, tending to aged elders and putting family's interests over personal desires motivate women to act in the interest of the collective. Therefore, many Indian women derive a sense of self-worth and purpose in preserving the symbiotic relationship between their own interests, family interests, and community standards of an idealized social behavior.

However, the idealized role of women as brides, mothers, and nurturers may compound their role as dependents on the family. Material structures and unequal social relations such as family-based hierarchy, economic trepidations, dowry payments, and lack of inheritance rights and educational opportunities can significantly curtail women's choices and options. Some research participants have observed that women's dependence on the family and unfailing devotion to conjugal relations limit their potential for exercising agency, especially in reproductive matters. As a consequence, family members often intervene and make reproductive decisions on behalf of women. Although agency may be shaped and influenced by the social structures in which women make SSA decisions, it will also vary by class, caste, education, and bargaining power within the household.

Secondly, some women choose SSA as a form of a patriarchal bargain. They sex-select to have sons to maximize their power and lifelong security in a patriarchal social system where their life options may be restricted or limited. Bargaining with patriarchy can also include women's decision to choose SSA to achieve their offspring's desired gender composition. Adopting SSA need not be the result of false consciousness or women's absolute resignation to

patriarchal oppression. Rather, SSA denotes the explicit requirements, particularly of the patrilocal and patrilineal communities of the Indian society where sons, and not daughters, are viewed as investments with tangible material and symbolic returns. It appears that women bargain with patriarchy within what Bauman (1999) terms as two sets of constraints that confine all individual choices – what is available, and social roles that dictate the rank order and appropriateness of preference. Thus, in the SSA, some women may decide to obtain SSA to appeal to the prevailing social codes that signify that bearing sons will ensure personal well-being and preserve sustainable ties with the family.

As indicated by research participants, SSA is often self-consciously promoted by women who recognize the associated benefits of mothering sons. As research participants have noted, patriarchal bargains can create renegotiation of power between genders. For instance, married women gain bargaining power as they move up in the hierarchical family structure. In particular, mothers-in-law, tend to be the biggest proponents of producing male children and grandchildren and advocates for SSA, potentially because they know the associated gains and losses of having a son or daughter. They also have intimate experiences of being recipients of the "promised benefits" of patriarchy (Kandiyoti, 1988, p. 282).

Thirdly, to conceptualize women's agency in the SSA context, there is a substantial need to move beyond binary understandings of victim and perpetrator, and victimhood and empowerment. Participants' narratives reveal that both men and women can manipulate power relationships and participate equally in SSA decisions. As Dr. Seema has noted, being a 'victim' of a patriarchal society does not prevent women from exercising agency within that patriarchy. Thus, women's potential to exercise agency in SSA has to be interpreted in terms of degree, rather than the total absence or presence of agency. Further, essentialist constructions of men as

perpetrators and women as perpetual victims must be countered by critically evaluating patriarchy and a self-reflexive examination of women's "active collusion in the reproduction of their subordination" (Kandiyoti, 1988, p. 180). Several participants' assertions that both men and women can adopt victimhood and perpetrator roles contradict the conventional notion that portrays SSA seekers as choosing SSA only out of patriarchal coercion and oppression. However, for the most part, women's exercise of agency in SSA cannot be considered inherently 'autonomous.' That is to say, individual 'choices' and 'rights' assumed by Western liberal thought cannot be applied in the case of India because "social relations are marked by hierarchical, relational and consensual social identities" (Lock & Nguyen, 2010, as cited in Hang, 2018, p. 57). Thus, any presupposition of an autonomous moral agent must be challenged in evaluating the decision to perform SSA, especially in the Indian context (Weiss, 1995). Some women do not make arbitrary decisions about SSA but accomplish the act after critically evaluating their life circumstances and choosing the procedure that is the most realistic response to their social positions. The tendency for spouses and family members to partake in the SSA decision-making process also problematizes the feminist premise of reproductive rights and choice are grounded in the principles of 'bodily integrity' and 'bodily self-determination' (Berer, 1993; Petchesky & Corrêa, 1994).

My attempts to account for women's agency in SSA and reframe SSA as a patriarchal bargain does not occlude my recognition of SSA as a controversial reproductive practice on moral and ethical grounds. I recognize that SSA can be especially problematic when examined through the lens of feminism's commitment to gender equality, women's autonomy, and empowerment. Listening to and talking with research participants has taught me that to understand a controversial issue that appears to violate a women's and global human rights

agenda, the particular issue needs to be examined within its socio-cultural and temporal contexts. The interdependence of family life and women's preferences to make choices with others cannot be oversimplified or disregarded. Doing so will elude a nuanced, informed, and unbiased analysis of agency in SSA. Feminist theories and concepts offer guidance in disentangling complex issues that concern women's lives and gender; however, as Kandiyoti reminds, conceptual frameworks may not fully explain the complexities of power and resistance, especially in the area of gender (1998, p. 150). Majority of the service providers, scholars and policy analysts, emphasized the importance of the social context and the varying degrees of agency that women exercise will depend on a range of factors, such as women's bargaining power within the household, age, education levels, region, and rationale for choosing SSA. At the same time, participants recognize that SSA decisions are made under certain constrained conditions, which may impact the nature and extent of the agency being exercised. Thus, participants reject uncritical assumptions about SSA seekers as passive victims of patriarchal norms as women appear to make informed choices about SSA decisions.

I reemphasize that women exercise agency in obtaining SSA, but this agency needs to be contextually situated and measured in terms of degrees. In the Indian context, women negotiate power and create coping mechanisms within the realms of what they consider to be the most intimate and meaningful part of their social reality and gendered selves – interdependent family structure, marriage, kinship, and community networks. If Western feminist notions of agency are premised upon the idea that "women can be effective agents against their oppression" (Issacs, 2002, p. 129) and live in ways that reflect their genuine needs and concerns (Meyers, 1987), then women's SSA decisions cannot be invalidated on the grounds of their desires having been 'deformed' by patriarchy. Further, women are not required to endorse particular sets of moral

values or engage in a radical overthrowing of patriarchal systems to be considered as agents. In SSA, women acquire agency by committing to the long-term preservation of shared, common, and collective interests.

At the same time, agency can also produce both positive and negative outcomes concerning power. As Kabeer (1999, 2005) asserts, SSA may be argued as a "negative" agency where "an actor or category of actors overrides the agency of others" (p. 438). Some women "choose private forms of empowerment" to purposefully sustain their social status, public image, and honor to increase their "backstage" influence in decision-making power (Kabeer, 1999, p. 448). However, the capacity to define the goals of SSA and enact them may reinforce the very conditions of female subordination that has been attributed to patriarchal structures. In other words, SSA, as the most viable option for many women's life circumstances, may create and recreate the structures that will continue to ensure their subordination. Lastly, patriarchal bargains may enable short-term and long-term benefits for some women; however, the interview data cannot ascertain women's use of patriarchal bargains to facilitate structural change that will subvert male power and the patriarchal culture's bias against girls and women.

Chapter 5. A Content Analysis of the Portrayal of Sex-Selective Abortion and Women in

Indian Newspapers

Chapter 3 examined the social structures that research participants attribute as causes for sex-selective abortion in India. Likewise, in Chapter 4, I used the data from in-person interviews with research participants to examine women's agency in relation to sex-selective abortion (SSA). The analysis in these two chapters was informed by the data collected from in-depth, in-person interviews. In this chapter, I apply the "unobtrusive" method of content analysis to explore the Indian media's perceptions and portrayals of SSA, while paying particular attention to how women are depicted and described in SSA coverage. Unobtrusive methods use "nonliving" data forms, such as texts or artifacts, including historical documents, magazines, newspapers, books, diaries, cinema, television, website, and so forth to describe and explain "macro-social processes," such as, "social norms and values" that are reflected through these material items (Hesse-Bieber & Leavy, 2010, p. 234). In short, an unobtrusive method enables data collection without requiring in-person interactions with research subjects.

By utilizing the unobtrusive method of content analysis, this chapter explores the coverage of SSA in three Indian national newspaper publications from the year 2009 to 2019. I specifically look at how SSA is reported in newspaper articles selected for study, how women are portrayed in relation to SAA, and how these representations may be gendered. My analysis is informed by a feminist theoretical framework that pays attention to the culturally and historically based differences in the roles, attitudes, and behaviors of men and women (Scott, 1986; Warnke, 2011). My analysis will also consider the inequalities of power and challenge traditional ways of thinking that reinforce and perpetuate women's subordination (Brah, 2001; Tong & Botts, 2018). Three national newspapers, namely, *The Times of India*, *Hindustan Times*, and *The Hindu*, have

been selected for my content analysis as they have the highest circulation and readership in the English language as per the Audit Bureau of Circulations of India.[14]

The selected search period from 2009-2019 is anticipated to reflect a heightened media interest in SSA due to three major reasons. First, the 2011 Census of India recorded the sharpest decline in child sex ratio (CSR) (female per 1,000 males for 0-6 years), the lowest recorded ratio since India gained independence in 1947.[15] Second, the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (PNDT), which declares fetal sex-determination as illegal, was strictly enforced in 2011 and amended in 2003 to the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act. The amendment imposes more stringent punishments for sex selection. Third, the largest national campaign to address the declining child sex ratio, 'Beti Bachao, Beti Padhao' ('Save the daughter, educate the daughter'), was launched in 2015 by the Prime Minister of India.

An Overview of Mass Media's Portrayal of Women

The media can play a significant role in contemporary society because they wield power to reflect the community's dominant values and determine what issues are worthy of gaining publicity (Hall, 1982; Chermak, 1995; Croteau & Hoynes, 1997; Allan, 2004). Scholars have argued that the media shape public perception and opinion, behavior, and attitudes, and influence public policy to initiate change or reinforce social control (Benedict, 1992; Meyers, 1997; Taylor

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[14] The Audit Bureau of Circulations (ABC) of India is a non-profit circulation-auditing organization. It certifies and audits the circulations of major publications, including newspapers and magazines in India. http://www.auditbureau.org/about-the-working-of-abc.html

[15] The Census of India, 1901, indicated a child sex ratio of 972 females for every 1,000 males. The census records have shown an adverse female sex ratio over the decades. They suggest an endemic practice of SSA in certain Indian states: 935 females per 1,000 males (1981), 927 females per 1000 males (1991), 933 females per 1000 males (2001), and 919 females per 1000 males in Census 2011. Sources: "Decline in Child Sex Ratio." Press Information Bureau, Government of India. Ministry of Health and Family Welfare. February 2014. http://pib.nic.in/newsite/PrintRelease.aspx?relid=103437; Provisional Population Totals, Census of India 2001.

& Sorenson, 2002; Bullock & Cubert, 2002; Berkeley Media Studies Group, 2003; Berns, 2004).

In particular, scholars have observed how the mass media tends to depict women as a socially

subjugated group (Mulvey, 1975; Gitlin 1980; Collins, 1991; Douglas, 1994; McRobbie 1994;

Spiegel, 1997; Tuchman, 2000). Some scholars argue that the general depictions of women tend

to reflect their assigned and subordinated status in our social systems (Meyers, 1997; Croteau

and Hoynes, 1997; Berns, 2004). Additionally, news has tended to marginalize women's voices,

shape public perceptions about gender norms, and often influence journalists' decisions about

what is newsworthy (Carter, 1998; Allan, 2004).

Several feminist media studies researchers discuss the problematic ways women are

depicted: sexual objects and devoted homemakers or vilified as disruptive and unruly (Wood,

1994; Triesce, 1999; Watkins & Emerson, 2000; Tuchman, 2000; Loke et al., 2015). Mulvey

(1975) was one of the first feminist scholars to argue that the media expects women to be seen,

more than to be heard, in media discourses. In a similar vein, Jaggar (1983) used the term

'normative dualism' to emphasize how the Western worldview and philosophy associated the

rational mind with males, while linking women to the body and nature, thereby valorizing the

mind over the lesser valued body. Tuchman (2000) observed that the mainstream media

frequently portrays women as suited primarily for domestic pursuits or in stereotypical roles of

victim or consumer. Depictions of women in positions of power, authority, and independence are

"annihilated" in favor of what Tuchman identifies as a false and repressive "ideal" of female

subordination (p. 151). Thus, according to Tuchman, the media engages in a "symbolic

annihilation of women" (p. 150). Steffensmeier et al. (2005) argue that the negative portrayals of

women in the media can potentially influence public opinion and policy concerning women and

sustain their subordinated positions in society (Steffensmeier et al., 2005).

A primary way in which media distort reality is in underrepresenting women or changing images of women. According to the Global Media Monitoring Project, globally, women are far less likely than men to be seen in the media (GMPP, 2015). The report shows that as subjects of stories, women only appear in a quarter of television, radio, and print news. At the same time, the media seems to have improved its portrayals of women because, in 2015, women in the press were less likely than in the year 2000 to be portrayed as victims or to be identified by family status (GMPP, 2015, p. 1). Even so, women are three times more likely than male newsmakers to be portrayed or defined in significant ways. he European Platform of Regulatory Authorities (EPRA) also argues that women's under-representation and misrepresentation are serious problems in the European audiovisual media sector. According to the preliminary findings of the EPRA Working Group on gender, women appear less on-screen across various genres. They are typically subject to a more stereotypical and degrading portrayal than men (EPRA, 2018). In the U.S., a study conducted by the Women's Media Center, "The Status of Women in the U.S. Media 2019," found that despite some gains, men still dominate every part of the news, entertainment and digital media (WMC, 2019).

The Role of Indian Media and SSA Reporting

In the Indian context, there is a shortage of tools for analyzing media and a shortage of theoretical models to survey the role of the media in the reproduction of gender inequality. However, there are several important and emerging studies in the field. Chaudhuri (2014) notes that in contemporary India, gender rests on three grounds: India's new economic policy, the women's movement, and the prominence and reach of the Indian media (p 145). Thus, the media plays a critical role in reinforcing or subverting stereotypes about women, gender, and sexuality. A literature review shows that a fairly significant number of works have been produced in

analyzing mainstream Hindi cinema and TV, particularly commercials. However, critical feminist perspectives on the print media's portrayal of women and gender appear to be underdeveloped. The media continues to grow in India, and there is increased participation in the media workforce. However, gender role stereotypes and biases persist in women's representations. Indian women are frequently depicted in their traditional roles of nurturers, homemakers, and consumers (Rao, 2001; Das & Das, 2009; Das, 2011; Raychaudhuri, 2014; IFJ (Asia-Pacific), 2015; Mehta, 2019). At the same time, media coverage of issues concerning minoritized identities and social behaviors that challenge social norms - including alternative sexualities, cohabitation, divorce, and remarriage - have sparked a growing public debate in India (Misra, 2009; Titzmann, 2017).

The Indian government usually raises SSA-awareness and prevention programs through media advertisements and public education (MacPherson, 2007). Since the 1980s, the Government of India has made extensive use of print, posters, and billboard advertisements to publicize family planning methods such as modern intrauterine device (IUD) and the oral contraceptive pill. Although there is variation in media exposure by state and rural-urban divide, some studies have found that the use of electronic mass media (radio, television, and cinema)t for reproductive healthcare advertisements leads to an increase in contraceptive use (Ramesh et al., 1996; Retherford & Vinod, 1997; Kotwal & Sahni, 2008). The government also engaged mass media education campaigns to spread awareness on health issues such as HIV/AIDS between 2002-2003 (Sood et al., 2006). HIV prevention mass media campaigns have led to changes in behavioral outcome such as an increased use of condoms (Sood et al., 2006).

Similarly, since the passing of the Pre-Conception and Pre-Natal Diagnostic Techniques Act (PNDT) in 1994, and its subsequent amendment and renaming to the PCPNDT ACT in

2003, the government has used media platforms, particularly print media and billboard advertisements, to raise awareness on the illegality of fetal sex-determination tests and the dangers associated with SSA such as declining sex ratio. Although state officials view these measures as necessary to ameliorate SSA, several scholars have questioned the effectiveness of the programs and campaigns intended to generate awareness. For instance, MacPherson (2007) argues that SSA awareness-raising campaigns often use gory images of aborted fetuses and sensationalize SSA as a criminal practice. Frequently, these campaigns appear to "invariably assume abortion as a criminal act" (p. 414). Other observers have noted that SSA campaigns may create negative stereotypes about women who undertake abortion and distance the public from engaging in a constructive debate and discourse to address SSA (Patnaik & Kehjriwal, 2012; Tabaie, 2017; Gupta et al., 2018). Scholars also argue that campaigns and conditional cash transfer schemes such as the 'Beti Bachao, Beti Padhao'(BBBP) and 'Save the girl child' campaigns that are intended to enhance the status of girls are ineffective in curbing SSA practices unless they address the underlying issues of structural inequality and inequities (Bhattajarya et al., 2008; Sahni et al., 2008; Sekher, 2010; WHO 2011).

Indeed, media advocacy is a common tool to publicize and raise awareness of important social issues in India. However, not many studies use a critical feminist lens to explore how the Indian media reports and publishes news relating to SSA. Much of the discussion on the role of the media concerning SSA is geared towards informing the general public on the harms associated with SSA. In essence, broadcast and print media are used to condemn SSA and promote advocacy programs that criminalize SSA and seek to eliminate it. One relevant feminist media study uses content analysis methods to analyze newspapers' portrayals of women and women's issues in India. In their book, *Whose News? The Media and Women's Issue*, Joseph and

Sharma (2016), examines media coverage of dowry-related violence, rape, and *sati*[16]. The researchers concluded that reporting and coverage of women's issues have increased through the years, albeit sporadically. They also found that sexist writings in English dailies and periodicals have relatively declined since the 1980s, potentially because the contemporary Indian women's movement has gained momentum. Furthermore, increased public awareness about women's oppression, mainly gender-based violence, has alerted the public to serious social issues.

The relevance of Newspaper Reporting in India

Newspaper print circulation has seen a steady decline in the U.S., as more Americans consume news digitally or consume other non-traditional news media (Barthel, 2019; Watson, 2019). However, in India, the print media, including newspapers, has registered steady growth according to the Indian Readership Survey (IRS, 2019).[17] IRS India is the largest and most robust research studies in India that focus on media data. The IRS data also shows that printed newspapers continue to show an upward trajectory. For instance, the total readership of English newspapers (28 million) is now the fourth highest in the country, after Hindi (176 million) and Tamil and Marathi (34 million each) dailies. As news reflects and informs public attitudes, newspaper publications are likely to mirror the public's interest or apathy on a particular social issue (Cushion, 2007).

Hesse-Bieber and Leavy (2010) suggest that "texts do not simply mirror social reality but are also an integral component in shaping that reality" (p. 237). As cultural texts, newspaper publications can serve as one of the most influential "tour guides" for exploring the "landscapes

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[16] A Hindu funeral custom in which a widow, either voluntarily or by force, immolates herself on her deceased husband's funeral pyre. The British colonials abolished Sati in 1829. Sati was mainly practiced by upper-caste Hindus (Mani, 1987). The last known reported case of Sati in India occurred in 1987 when an 18-year old Roop Kanwar performed sati on her husband's pyre in Rajasthan in northern India (Kishwar & Vanita, 1988).

[17] Indian Readership Survey (IRS) Q1, 2019 Report. Media Research Users Council (MRUC) with Nielson Holdings Inc., India. April 2019. IRS focuses on a broad spectrum of categories from media data, including readership, product ownership, and usage. https://mruc.net/uploads/posts/8e428e54a95edcd6e8be593a7021a185.pdf

of social problems" as many communities rely upon them as the primary source of information about civic life and current events (Berns, 2004, p. 37). Newspapers are a critical starting point for analyzing media portrayals of SSA, because, "broadcast news tend to follow behind print in their coverage of news and use stories from print in their programs" (Ryan et al., 2006; p. 217). Newspapers can serve as influential tools for providing information, framing opinions, and drawing attention to SSA. As a significant number of Indians read newspapers in the English language, a careful examination of the three English language newspapers is crucial to understanding what SSA stories are being reported, how they are reported, and what SSA-related content is regarded as newsworthy to be published.

Content Analysis

According to Berg (2008), content analysis is "a careful, detailed, systematic examination and interpretation of a particular body of material to identify patterns, themes, biases, and meanings" (Berg, 2008, p. 338). Content analysis has been described both as a coding operation and data interpreting process (Bogdan & Biklen 2007; Maxfield & Babbie 2006; Neuendorf & Kumar, 2006; Krippendorff, 2012). Some scholars suggest that content analysis is a familiar method in quantitative analysis as it frequently involves 'counting' and must be distinguished from qualitative analysis (Burns & Grove, 2005; Silverman, 2006). However, Abrahamson (1983), Downe-Wambolt (1992), Neuendorf (2002), Krippendorff (2004), and Berg (2008) argue that content analysis is more than a counting process and is a unique method that can involve both qualitative and quantitative methodology. The primary goal of content analysis is to link the results to their context or to the environment in which they were produced and provide "a systematic and objective means to make valid inferences from verbal, visual, or written data in order to describe and quantify specific phenomena" (Downe-Wambolt, 1992, p. 314).

There are two primary benefits in using content analysis to examine newspaper publications: the data are noninteractive, and the data exists independent of the research, giving the data a "unique level of authenticity" (Hesse-Bieber & Levy, 2010, p. 228). Although unobtrusive data is not influenced by researcher interaction with living research subjects, the method still requires reflexivity on the part of the researcher. That is, it engages the researcher in the process of interpretation and reflection on the data. In this way, the research method may be unobtrusive; however, it remains interactive because data is produced from the vantage point of the researcher and researcher's interaction with social reality (Berg, 2008; Hesse-Bieber & Levy, 2010). Content analysis enables a researcher to listen to "the words of the text" to understand better "the perspective(s) of the producer of these words" (Berg, 2004, p. 269). Content analysis can also help inform ongoing media advocacy about social issues such as SSA as printed news may affect the decisions of politicians, police, and other important stakeholders (Berkeley Media Studies Group, 2003; Ryan et al., 2006; Granner et al., 2010).

Methods

Research Questions

The following research questions guide my content analysis: 1) How is sex-selective abortion portrayed in the newspapers selected for study? 2) How are women depicted or portrayed in relation to SSA, and 3) Are these representations gendered? If so, in what ways?

Qualitative Content Analysis

I use qualitative content analysis to identify important themes and excavate underlying meanings to contextualize newspapers' representations of SSA and women. The rationale behind the qualitative content analysis is not so much to reach statistical significance. However, it is primarily intended to uncover any underlying meanings in a text that cannot be found through

the counting of themes or terms that are important to social reality (Silvermann, 2006; Zhang & Wildemuth, 2009; Krippendorff, 2012; Atkinson, 2017). I apply a grounded theory approach where coding categories are derived directly and inductively from the raw data; that is, the selected news articles (Berg, 2008). I did not prepare a preset code list in advance for identifying important themes or meanings. Rather, I allowed codes to develop directly from my open coding of the newspapers. By letting the grounded theory approach guide my data analysis, I anticipated that relevant SSA and women-related concepts and themes would emerge from the textual material. In my analysis in this chapter, I explore both the manifest content and latent content. A detailed discussion on applying these two methods is provided at a later stage in the chapter (See p. 174-195).

Coding and Analysis

The NVivo 12 Plus qualitative data analysis computer software was used for coding purposes. NVivo allows users to code, classify, sort, and arrange information for large projects with large datasets. The software enables researchers to examine relationships in the data, merge existing codes with emergent codes, and identify their relationships to one another (Richards & Richards, 2013). Initial coding involved an open coding process with no pre-defined coding categories. Instead, I relied on *in vivo* codes or words that appeared within the newspaper data itself. I closely read and annotated each newspaper article, line by line. Then, through inductive or grounded analysis, I analyzed the concepts, themes, and events directly from the raw data (Rubin & Rubin 2005; Hesse-Biber 2010).

After initial coding, a focused coding was employed to develop categories with significant or frequent codes that emerged from the in vivo or initial coding process (Saldana, 2012). When a batch of articles did not produce new categories, the list of categories was

deemed to have reached saturation (Saldana, 2012). Coding was expected to be stable when I had coded the same content multiple times and achieved the same result each time. To meet the requirements of validity and issues of reproducibility or intercoder reliability, that is, the same results would be obtained if the study were replicated, I have methodically outlined the step-by-step process of coding and analysis for both the manifest and latent content. I also have provided tables, graphs, and detailed excerpts from the newspapers to corroborate my analysis and interpretations of the contents being analyzed (Morse & Richards, 2002; Krippendorf, 2004; Berg, 2008).

Data Sample and Data Collection

The ProQuest Global Newsstream electronic database was used to search and identify relevant news articles. Global Newsstream provides a vast collection of news from the U.S., Canada, Europe, Africa, Asia, Latin America, and Australia.[18] Three national newspapers, namely, the *Times of India*, *Hindustan Times*, and the *Hindu*, were selected for my content analysis because they have the highest circulation and readership in India (See Table 3). These newspapers also have online digital archives or electronic databases that allow easy access to data and verifiability of their content. Newsstream archives stored online editions of full-text news articles for the *Times of India* (January 1, 2006, to present), *Hindustan Times* (January 1, 2005, to present), and the *Hindu* (January 1, 1996, to present) newspapers.[19] The *Hindu* newspaper was the least indexed among the three publications, and the database had no reliable records for the years 2012 to 2014. Additionally, the full-text version of several articles for the *Hindu* was accessed via the Newsbank database as they were unavailable on Global Newsstream.

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[18] ProQuest Global Newsstream. https://www.proquest.com/products-services/globalnewsstream.html
[19] Final stage of article search conducted on April 10, 2020. 'Present' refers to this period.

Limitations

This content analysis of English language-only publications does not account for the extent and nature of SSA coverage in India's regional languages, some of which have higher circulation and readership than the three English newspapers. The final sample includes only the articles generated from a keyword search of 'sex-selective abortion and women' and excludes predominant mentions of 'female foeticide.' The database I have created, including excluded news articles with specific mentions of 'female foeticide,' are intended to yield future studies. Lastly, my analysis does not include images from the raw data as Global Newsstream database stores articles in text-only format. It omits images that may have been included with the original articles. A combined analysis of textual and visual material on SSA could enhance the study and potentially increase my conclusions' rigor and validity.

Despite the limitations, a content analysis of the three national newspapers in India facilitates the assessment of how SSA figures in dominant opinions. It enriches the data I have gathered from qualitative interviews by providing vital information that I may not have been able to generate from in-person interviews. My findings have relevance, particularly in the application of feminist theoretical and sociological frameworks to explore media representations of SSA as well as other issues that concern and revolve around gender. Since there is a considerable gap in understanding SSA's relationship with the media, particularly by examining unobtrusive data such as newspaper articles, my study paves the way for a more informed and context-specific engagement with an information-rich source that is accessed by millions of Indians.

Table 2: Overview of Selected Newspaper Publications

Publication	First Issue Date	Headquarters	Daily Circulation*	Language	Format
The Times of India	1838	Mumbai, Maharashtra	2,640,770	English	Broadsheet**
Hindustan Times	1924	New Delhi, Delhi	945,221	English	Broadsheet
The Hindu	1878	Chennai, Tamil Nadu	1,404,901	English	Broadsheet

*As of January-June 2019, Audit Bureau of Circulations, India. http://www.auditbureau.org/
** Broadsheet newspapers are commonly perceived to be more serious in content than their tabloid counterparts.

A ten-year search period of January 1, 2009, to December 31, 2019, was selected to capture a

heightened media interest in SSA due to three important events or reasons:

1. The Census of India 2011 recorded the sharpest decline in Child Sex Ratio (CSR), that is, female births per 1,000 male births for 0-6 years, since India's independence in 1947.
2. The Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (PNDT), was strictly enforced in 2011. The Act prohibits prenatal fetal sex determination leading to SSA (Bhaktwani, 2012; Dhar et al., 2018). This Act was amended in 2003 to the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act (PCPNDT). The amendment seeks to improve the regulation of the technology used in sex selection and specifically declares prenatal sex-determination as illegal. It also makes explicit provisions for more stringent punishments for the violation of the Act (Government of India, 2006).
3. The largest national campaign to address the declining child sex ratio (CSR), 'Beti Bachao, Beti Padhao' ('Save the daughter, educate the daughter'), was launched in 2015.

The Census of India 2011 records indicate that SSA has worsened in northwest India, the

region with historically low Child Sex Ratios. My fieldwork site, New Delhi, is located in north-

central India and falls under the category of states with low or critically low CSRs. The low CSR

figures of Census 2011 are widely used as the referent point by scholars and analysts to stipulate

the prevalence of SSA in India. I anticipate that the Census 2011 data's revelations would have

affected the enforcement of the PCPDNT law in important ways from 2011 and onward.

Profile of Selected Newspaper Publications and Keyword Search

At the initial stages of research, the primary keyword search list consisted of a

combination search for 'sex-selective abortion' (with and without hyphen), 'female foeticide,'

and 'women.' The term 'female foeticide' was included in the keyword list to provide an overview of the periods where SSA may have been covered with this particular word. It may be noted that 'female foeticide' was a term used earlier by many Indian feminists. In 2011, a signatory of over a hundred Indian feminist scholars and activists protested strongly at a state Legislative Assembly's recommendation that 'female foeticide' be treated as murder. Leading Indian feminist scholar, Nivedita Menon (2012), elucidates that Indian feminists came to a collective understanding that the term 'female foeticide' inherently implies the murder of a fetus who is already a separate person. State officials intentionally used the term to evoke an emotional response from the public. The term is now rejected by the majority of Indian feminist scholars, activists, and reproductive rights-based NGOs on the grounds of its anti-abortion implications. Despite Indian feminist scholars and activists' key stance against the use of 'female foeticide,' the term is frequently used by the media and state officials.

Table 3: Keyword Search and Number of Articles Retrieved (Jan 1, 2009 – Dec 31, 2019)

Publication	'Female foeticide'	'Sex-selective abortion'	'Female foeticide AND Sex-selective abortion'*	'Female foeticide OR sex-selective abortion' **	'Female foeticide OR sex-selective abortion AND women'	'Female foeticide AND women'	'Sex-selective abortion AND women'	Final sample included for study
Times of India	2030	243	84	2189	2120	1110	151	146
Hindustan Times	777	138	43	872	843	478	93	71
*The Hindu***	553	121	48	626	596	394	80	57
TOTAL	3,360	502	175	3687	3,559	1,922	324	274

*AND indicates article contains all the words or terms
**OR indicates article contains either of the words or terms
***Two-year gap in the database for the *Hindu* newspaper (2012-2014)

The keyword search and number of articles retrieved (See Table 3) indicates that the use of keyword 'female foeticide' generated the maximum number of records in the three publications for the 2009-2019 time period. The combination of 'Female foeticide OR sex-selective abortion AND women' have 3,559 records. However, I exclude this category as the records include either/or mentions of sex-selective abortion and female feticide. The *Times of India* (TOI) newspaper leads in coverage for all keyword searches. TOI newspaper leads in coverage for all keyword searches. Within the same publication, there is a drastic and significant decrease in records from 2030 to 243 articles when 'sex-selective abortion' is used as a keyword search instead of 'female foeticide.' Similarly, a discernable pattern can be observed in the *Hindustan Times* (HT) and the *Hindu*, where news coverage is considerably reduced when the term 'sex-selective abortion' is used in place of female foeticide.

The stark difference in the number of articles based on the two terms (SSA & female foeticide) tells a compelling story. It is evident that the three national newspaper publications show a preference for the word 'female foeticide' in their coverage and reporting on SSA. While SSA involves termination of a pregnancy or abortion based on the predicted sex of a fetus and may be interpreted as a form of discrimination against females, the term 'female foeticide' appeals to crime and entails justifications for legal penalty. To a noteworthy extent, the term is indicative of the moralistic fervor applied by certain 'pro-life' groups in the U.S. to confer rights or personhood status upon a fetus (Solinger, 2013). Newspapers may decisively use 'female foeticide' to attract readers' attention, increase readership, and raise awareness about illegal sex determination. Nonetheless, the use of a highly emotive term for an issue that is already mired in controversy can generate unfounded public fears and influence the public to uncritically perceive SSA as a criminal act. Notwithstanding its controversial nature, SSA is an issue intrinsic to

women's reproductive rights and health concerns; however, women are overlooked or inadequately mentioned in the news publications on SSA. For instance, 3,360 articles were retrieved on 'female foeticide' in the three publications from 2009-2019, but the number is nearly halved to 1,922 when the word 'women' is included as a corresponding keyword. Similarly, while I retrieved 502 articles with mentions of 'selective sex abortion,' only 324 articles included or mentioned the term 'women' or 'gender' in these articles.

For this chapter, I intentionally chose to focus on news articles using the term 'sex-selective abortion' in their headlines and content, even though these articles include mentions of female feticide. I will use the data on articles that exclusively use the term 'female foeticide' for future research studies. The current approach is intended to maintain consistency with the rest of my dissertation chapters and ensure that news articles appropriately correspond to my dissertation topic's overarching theme. Articles had to contain at least two or three mentions of sex-selective abortion and women to meet inclusion criteria. These spoke directly to my research question and intent of the study. Narrowing my focus to SSA and women enabled me to condense and manage the immense dataset, ensured a more systematic coding and analysis process, and left fewer room for errors. Initial searches identified 324 articles that mentioned sex-selective abortion and women. Duplicate articles, articles that reported on international events, and those not published in the news stories, features, or editorial formats were excluded. After applying the exclusion criteria, 274 articles were deemed as final sample and considered for detailed coding and analysis (146 articles in the TOI, 71 in HT, and 57 in the *Hindu* newspaper). Table 4 shows the frequency of coverage on SSA and women in the three newspapers from 2009-2019. The graph indicates that SSA coverage peaked in the year 2011 in all newspapers. News coverage on SSA and women peaked in 2011 for the TOI (24 records) and

the *Hindu* newspapers (16 records). HT recorded peak coverage in 2011 and 2016 with 14 records (See Table 4). Articles recorded in 2011 show a heightened interest in SSA, which can be attributed mainly to Census 2011 figures showing the lowest recorded CSR since India's independence in 1947. Articles in 2016 mainly focused on the Prime Minister's campaign to curb SSA and proposals for mandatory sex determination tests.

Table 4: Frequency of Coverage on Sex-Selective Abortion and Women (Jan 1, 2009 – Dec 31, 2019)
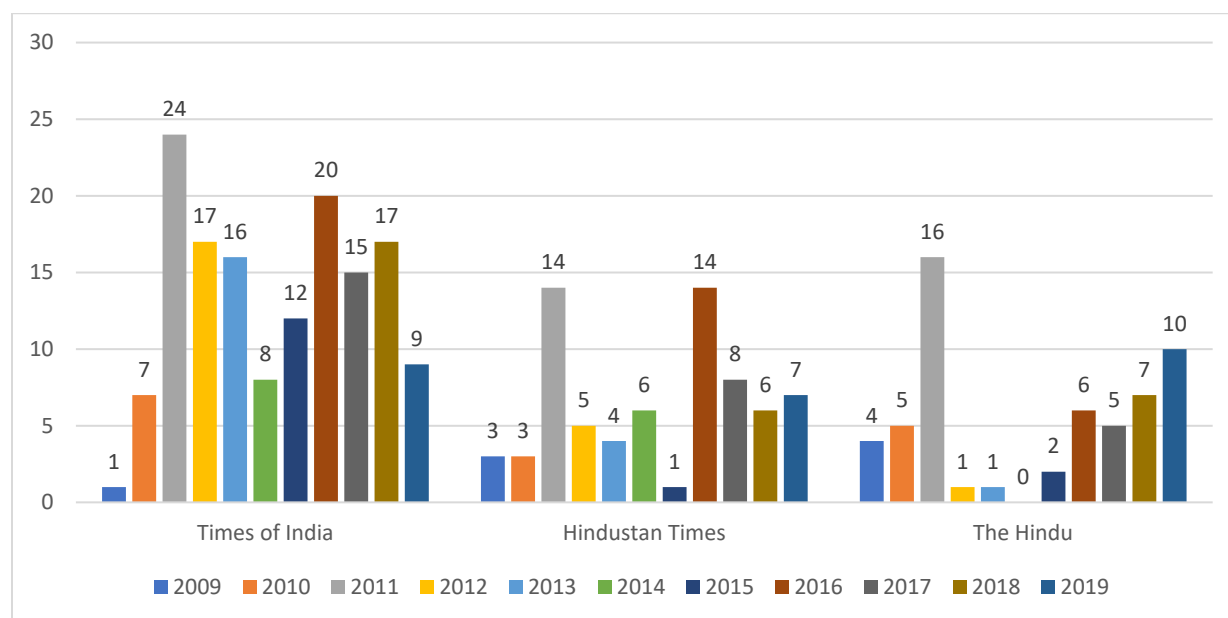
I.   Manifest Content Analysis

Manifest content refers to the elements that are "physically present and countable" or "the surface structure present in the message" (Berg, 2008, p. 343-44). In essence, manifest content analysis involves counting certain terms or themes within a text, and the number of instances in which those terms or themes emerge. The first phase of coding entails the visible, obvious, countable, and straightforward text of the newspaper articles. The manifest content is composed of in vivo codes (Strauss, 1990), that is, the literal terms or words used by the news articles under investigation. To be counted, each news article was treated as a whole unit or an

item. The 274 news records that met inclusion criteria were uploaded on the NVivo computer

software for analysis and read line by line for coding purposes. Key issues discussed in the title

and body of the news articles were treated as relevant surface content and given categorical

labels (See Table 5). These broad labels are inductive categories and grounded in the data from

which they derive (Berg, 2008). Surface relevant content of the articles was coded appropriately

where similar phrases, alternative word or expression, and events were placed into appropriate

categories to ensure consistency. For example, under the broad category of Child Sex Ratio

(CSR), sub-themes of Census 2011 findings, low/declining/skewed sex ratio, and improved or

increased CSR were included. In the same way, articles that discuss legal abortions, misuse of

abortion pills for SSA purposes, and instances of women being denied abortion over the fear of

sex selection were coded under 'Abortion.' The list of categories was deemed to have reached

saturation when the data did not yield any new categories (Saldana, 2012). My manifest analysis

includes a careful recording of the frequency of a particular category, that is, the number of

instances in which a particular category emerges across the whole sample.

From January 1, 2009, to December 31, 2019, 274 news articles were published in the

three newspapers on SSA and women. Of these, the child sex ratio (CSR) received maximum

coverage with 40 (14.6%) articles, SSA with 39 (14.2%) articles, and public awareness events

and SSA awareness campaigns with 36 (13.1%) articles. Of the total sample of 274 news articles,

31 (11.3%) articles, including opinion pieces focused on women's and gender-related, namely,

violence against women, gender oppression, and the urgent need to address the devaluation of

women and girls. Other significant coverage includes abortion (32 or 11.7%), arrest and

convictions under the PCPNDT Act (30 or 10.9%), and the issue of India's 'missing girl child' or

'unborn daughters' (25 or 9.1%). Table 5 (p. 176) shows the categories or themes that emerged

directly from the raw data and their frequencies during the coding of surface relevant content. I

have created descriptions for each category and cited examples from the newspaper data to

indicate the relationship between the categories and surface relevant content.

Table 5: Coding and Sample Frequencies of Manifest or Surface Relevant Content

	Categories	Description	Keywords and examples from data	No. of Articles
1)	Child Sex Ratio	Number of females per 1000 males in the age group 0–6 years. Low or decline in CSR associated with SSA	'Census of India 2011,' 'Low sex ratio,' 'decline in sex ratio,' 'skewed sex ratio,' 'drop in female population,' 'numbers shame,' 'improved sex ratio'	40 (14.6%)
2)	Sex Selective Abortion	Abortion based on the predicted sex of the fetus, usually female	'social problem,' 'social catastrophe,' 'India's silent genocide,' 'mental illness,' 'national emergency,' 'nothing more sinister,' 'worst social evil'	39 (14.2%)
3)	Awareness initiative	Initiatives to raise public awareness on SSA and its consequences	'NGO campaigns,' 'arts and entertainment,' 'gender-sensitization projects,' 'fight against sex selection'	36 (13.1%)
4)	Abortion	Abortion is legal under the Medical Termination of Pregnancy (MTP) Act, 1971	'safe and legal abortion,' 'MTP kits,' 'illegal abortion,' 'botched abortion,' 'abortion pill violation,' 'denied abortion over sex selection fears'	32 (11.7%)
5)	Women	Discussions on women's and gender related issues	'women empowerment,' 'reproductive health,' 'women's safety,' 'oppression,' 'stopping misogyny'	31 (11.3%)
6)	Arrest and Conviction	Arrest and conviction of medical service providers that engage in illegal fetal sex determination	'sting operations', 'raids,' 'crackdowns,' 'use of decoys to arrest erring doctors and radiologists,' 'witnesses turning hostile'	30 (10.9%)
7)	Girl Child or Missing Girls	Deficit of girls in India, presumed to arise from sex bias in relative care and SSA	'missing girls,' 'unborn child,' 'unborn daughter,' 'discrimination,' 'decline in girl population,' 'gender discrimination'	25 (9.1%)
8)	Government Initiatives	National and state campaigns undertaken by the Government to improve CSR and check SSA	'Beti Bachao, Beti Padhao Campaign,' 'save the gild child,' 'regulate IVF centers,' 'cash awards for informants'	13 (4.7%)
9)	PCPNDT Act, 1994	Bans and penalizes fetal sex determination with intent of SSA	'advisory boards,' 'lacuna in law,' 'implementation failure,' 'lack of regular inspections,' 'fund under-utilization'	11 (4%)
10)	Fetal sex determination	Considered a criminal offence under Indian Penal Code (IPC)	'unregulated ultrasound machines,' 'illegal use,' 'cheaper and easily available,' 'map sonography centers'	8 (2.9%)
11)	Mandatory sex determination tests	Proposal to enforce sex determination tests to track pregnant women to prevent SSA	'monitor ART centers,' 'foetus registration not feasible'	7 (2.5%)
12)	Population Regulation Bill	To enforce two-child family norm	'The perils of a two-child policy,' 'two-child norm is ineffective and wrong'	2 (0.7%)

In the following sections, I discuss the major themes that emerged from the Manifest content in the 274 articles included for the study. The manifest content findings include—declining child sex ratio, awareness initiatives, and campaigns against SSA, SSA as a crime, and SSA as more commonly practiced by affluent and educated families in urban centers of India than those from the economically lower sections of society and rural populations.

(i) Declining Child Sex Ratio (CSR)

Newspaper coverage on SSA places an overwhelming emphasis on the declining CSR and the urgency to engage solutions to reverse this adverse trend. On a national average, the number of girls for every 1,000 boys in the 0-6 years age group dipped to 918 in the 2011 decennial population Census. State officials and social activists argue that low CSR signifies son-preference, promotes SSA, and has skewed the overall sex ratio of India (HT, June 10, 2016; *Hindu*, April 25, 2019). Moreover, low or declining CSR is said to reflect the gross neglect of female children, as the ratio tends to worsen with age (TOI, September 8, 2013). For example, a notable Indian sociologist tells TOI that her field studies support the theory of "daughter aversion" in terms of the distribution of food, neglect in sickness, and overburdening girls with domestic work (May 4, 2019). The sociologist also adds that special incentives for the girl child - such as conditional cash transfers, nutritional supplements, and family incentives - have failed to change the prevailing norms of son-preference and discrimination against girls.

Newspaper reports also attest to the ineffectiveness of the PCPNDT Act of 1994 in erasing son-preference in several communities across India (TOI, December 10, 2012; HT, November 24, 2013). The law has been compromised due to lack of regular inspections, underutilization of funds meant for implementation of the Act, and failure to conduct sting operations (HT, September 23, 2016). Furthermore, low CSRs have been associated with

"millions of excess young men" in north India, where crime rates and violence against women have increased (HT, January 26, 2011). There are claims that SSA has led to a deficit of women and girls and has generated a "marriage bazaar" and "bride trading business" in north-west India. Local men are often forced to "buy brides" from out-of-state because their villages experience an acute shortage of girls (HT, December 29, 2014).[20]

(ii) SSA Awareness Initiatives and Campaigns

News articles included in the study show that several suggestions and recommendations have been proposed by health officials, Government representatives, and women's rights activists to meet the end goal of eliminating SSA. In particular, a combined and engaged effort of both Government initiatives and civil society participation has been proposed to curb SSA. Many awareness generating workshops, community sensitizing programs, and interface meetings at district and village levels have been organized in states with low or declining CSR. The government has urged NGOs to strengthen grassroots monitoring mechanism and the media to increase coverage on SSA in the larger context of discrimination against girls and women.

In July 2015, the Prime Minister of India launched the 'Beti Bachao, Beti Padhao' and 'Sukanya Samriddhi' to encourage the birth of female children and to support girls' education and marriage expenses (TOI, January 24, 2015). Local as well as international bodies such as the Participatory Research in Asia (PRIA) and the United Nations Population Fund (UNFPA) have implemented 'gender-sensitization' programs in regions with consistently low CSR. Other major state-level workshops include the 'Vision 2021' and 'Let Girls be Born' initiatives that address harmful impacts of low CSR and anticipate a "complete elimination of female foeticide" (*Hindu*,

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[20] Some studies show evidence of female deficit and bride-buying practices in some states of north and northwestern India (Kaur, 2013; Samal, 2016; Kukreja, 2018). However, there is no conclusive empirical evidence to support the claim that a shortage in brides and trafficking in women and girls is a direct outcome of SSA practices. It is difficult to ascertain a conclusive causal effect between SSA and an increase in violence (Diamond-Smith & Rudolph, 2018).

June 13, 2011). Lastly, ActionAid India, a leading charity organization that funds studies on low CSR and SSA, has launched the 'Beti Zindabad Abhiyan,' a campaign to celebrate daughters, in collaboration with the Government and other NGOs. ActionAid plans to spread awareness on SSA in 15,000 Indian villages (TOI, December 10, 2012). Although there is extensive coverage on awareness initiatives and Government-sponsored schemes underway to curb SSA and improve skewed CSRs, the publications do not provide data on the results or effectiveness of the numerous anti-SSA programs and policy.

(iii) SSA viewed as Crime

SSA is viewed as a "crime," and charges against illegal sex-determination tests are treated as a criminal case under Indian penal law (*Hindu*, August 10, 2011; TOI, November 13, 2013). SSA is alleged to be a serious social problem that has led to population imbalances and increased violence against women. Preference for male children and devaluation of female lives are considered as primary causes of SSA. Son-preference is described as an age-old cultural norm manifested in female infanticides before the advent of fetal sex-determination technologies. The increasing availability and misuse of prenatal sex-determination services like ultrasound machines and amniocentesis for SSA purposes are believed to have decreased female infanticide.

The manifest findings show that law enforcement officials and activists believe SSA practices occur due to acute preference for sons. These stakeholders also believe that SSA is compounded by the well-established networks of illegal sex-determination centers in India (*Hindu*, October 27, 2019). These SSA rackets are suspected of using portable ultrasound machines, operating in clandestine ways, and moving fluidly from urban centers to remote villages. News articles reveal numerous accounts of sting operations against radiologists, geneticists, diagnostic centers, and maternity homes suspected of performing illegal sex

determination tests. These raids often include crackdowns on pharmacies that sell the Medical Termination of Pregnancy (MTP) kits and legalized abortion pill. Central and state governments and the Indian Medical Association (IMA) have also announced cash awards for persons who would help arrest doctors who conduct illegal sex determination tests in major cities (TOI, July 4, 2011). Despite stringent measures and high numbers of first information reports (FIR) filed, the conviction rate remains low. The Supreme Court of India corroborated the challenges in implementing the PCPNDT Act to "save the girl child." The Court noted that since 1995, only 586 convictions had been carried out against the 4,202 cases registered under the PCPNDT Act (TOI, May 4, 2019). State officials argue that the low conviction rate enables the continued operation of illegal diagnostic centers (HT, May 27, 2019).

(iv) SSA more Common among Affluent and Educated Families

The manifest findings indicate that SSA tends to cut across educational and economic backgrounds. However, economic prosperity appears to worsen child sex ratio (CSR) as one TOI headline asserts, "Affluent, educated families killing unborn girls" (November 1, 2011). Figures from India's Census 2011 indicate that some of the most affluent districts of several north Indian states have recorded one of the lowest CSR. These regions with low CSR have been described as "impervious to the concept of gender equality" (HT, November 24, 2013). Similarly, India's most prosperous and wealthiest cities, such as Mumbai and Delhi, are said to have the country's lowest sex ratios (HT, August 19, 2016). Certain academics note that low sex ratio in urban areas may occur due to the influx of men who come to find employment in cities. However, the proportion of women to total populations, mostly within the Hindu and Muslim communities, remain "abysmally low," leading scholars to speculate that the "neo-middle class is ferociously carrying out sex-selective abortion" (TOI, November 15, 2015).

Likewise, the poorer regions of central India with usually healthy sex ratio figures have shown downward trends (*Hindu*, August 30, 2011). A sample registration system conducted by the Census Commissioner indicates that New Delhi has recorded the steepest decline from 887 to 876 girls per thousand boys in the 2014-16 period. The report also contends that SSA has spread from "Hindi heartland," which mostly comprises of northern Indian states, to the southern states (HT, September 23, 2016). Christian communities were predicted to have a high proportion of women to their total population. This trend was attributed to higher literacy and "a proactive campaign by the church against both abortions in general and sex-selective abortion in particular" (TO1, November 9, 2015). However, no empirical evidence was provided to validate that religious-based anti-abortion messages lower abortion rates or SSA incidences.

II. Latent Content Analysis

Latent content refers to the "deep structural meaning conveyed by the message" and involves an "interpretive reading of the symbolism underlying the physical data" (Berg, 2008, p. 333-344). Latent content analysis is an inherently subjective process and engages a more in-depth and reflexive analysis (Downe-Wambolt, 1992; Neuendorf & Kumar, 2006; Altheide, 2012). In this section, I extend my analysis of the newspaper articles to an interpretive level to infer and interpret the underlying meanings embedded in the texts. The latent content is derived from coding the manifest or surface content, as demonstrated in the previous sections. Following the manifest content analysis, two overarching thematic categories were deemed noteworthy and suitable for latent coding and analysis— 1) *SSA as a social problem and national emergency,* and 2) *the feminization of SSA*. The decision to focus on SSA as an Indian social problem was informed by the pervasive use of negative terms to describe SSA as socially repugnant – some examples include "societal problem," "social catastrophe," and "national

emergency." Latent content findings show that SSA is consistently framed as violence against women, with a specific focus on the harm done to the fetus, which is frequently described as the "unborn daughter" or "girl child." These two themes are expected to provide contextual understandings of SSA through deeper engagement with the content. To support and strengthen my arguments, I will use sociological constructs that have been drawn from my substantive knowledge of the literature on SSA (Strauss 1990; Berg 2003). I provide detailed excerpts from the data for each theme to substantiate my interpretation of the implications and consequences of the newspapers' constructions of SSA and women.

(i)   *Sex-Selective Abortion as a Social Problem and National Emergency*

Drawing on a social constructionist framework of social problems, I argue that newspapers construct SSA not only as a social problem but as a national emergency that needs critical public awareness and urgent national attention. A social problem is defined as "morally offensive and objectionable conditions" (Spector, 1976, p. 415) and is often associated with a state of "dysfunction, pathology, disorganization, or deviance" (Blumer, 1971, p. 298). In the scholarly literature, sociologists have discussed how a 'social problem' comes to be defined and sustained, what establishes or excludes social problems, and who or what social group has the right to define social conditions as social problems (Merton, 1971; Ross and Staines, 1972; Kitsuse and Spector, 1973; Lauer, 1976; Manis, 1974; Schneider, 1985, Rubington & Weinberg, 2010). These scholars propose a social constructivist view that understands social problems as not a given, but "socially constructed" and defined based on the acts and behaviors that members of society find troublesome (Schneider, 1985).

According to Best (2013), the social problems process typically involves a series of stages: claims-making (involving various figures, activists, and experts as claimsmakers), media

coverage, public reactions, policymaking, implementing policy, and policy outcomes. Claimsmakers are people such as experts and activists that utilize claims "to persuade others to support and identify with the presumed social problem" (Best, 2008, p. 15). Claims are defined as "any verbal, visual or behavioral statement that tries to persuade audience members to take a condition seriously and respond to it as a social problem" (Loseke, 2003, p. 39). Claims also signify social conditions or human behaviors that are considered to violate the fundamental values, beliefs, and norms of an ideal state of affairs and are therefore presumed to need social change (Ross & Staines, 1972; Eitzen et al., 2014). From the data, I have identified politicians, SSA opposing activists, several healthcare providers, state officials, and media sections as claimsmakers that engage in portraying SSA as morally depraved and an objectionable practice. Claimsmakers who oppose SSA have forcefully and consistently claimed SSA as a social problem that must be treated as a national emergency.

There are relevant examples from the newspapers to support how claimsmakers frame SSA as a social problem through various claims-making. For example, while launching the 'Beti Bachao, Beti Padhao' ('Save the girl child, educate the girl child') campaign, the Prime Minister of India, Narendra Modi, called SSA a "mental illness" and a "terrible crisis" that will lead to lack of women in the country. The PM added, "We cannot call ourselves citizens of 21st century by practicing such a crime...our mindsets belong to 18th century when daughters were killed soon after they were born…the Prime Minister of this country has come to you like a beggar and begging for the lives of daughters" (TOI, January 24, 2015). Similarly, a bench of justices from the Supreme court of India claimed that there is "nothing more sinister than female foeticide," which indicates a "moral regression of the people of India" (TOI, May 4, 2019). The justices also refused a petition to relax the stringent provisions under the PCPNDT Act, which initiates

criminal proceedings against medical practitioners and suspends their registration indefinitely during the trial's pendency. Sensationalist and provocative language are often used in newspaper editorials to describe SSA as a social and moral crisis.

Staunch opponents of SSA also tend to construct SSA as a social catastrophe. For example, SSA is described as "a major social issue and a sensitive topic" by a medical practitioner (*Hindu*, April 1, 2019), a "core social problem" by the Campaign Against Sex-Selective Abortion (CASSA) (*Hindu*, January 22, 2009), "societal problem" by a leading member of the PCPNDT committee (TOI, May 27, 2019), and "a social issue about rights" by a WHO India representative (TOI, September 4, 2010). Editorials in the media have also used charged language to describe SSA. For instance, a TOI reporter referred to SSA as "barbaric" that will lead to a "social catastrophe" (TOI, May 28, 2011). Another report described SSA as "India's silent genocide" (TOI, May 4, 2019) and "mass murder on a scale unseen in any other country this century" (HT, January 26, 2011). Evidence from data indicates that claimsmakers use emotionally charged language to criminalize SSA and elicit public attention and support.

However, categorizing SSA as a social problem is not sufficient to generate public outcry and elicit endorsement from crucial stakeholders. Therefore, claimsmakers go beyond constructing SSA as a social problem to portraying it as befitting a 'national emergency.' The idea of SSA as a national emergency was first presented to the public by the then Minister for Women and Child Development, Renuka Chowdhury. Chowdhry declared that the government would "treat low sex ratio numbers as an issue of national emergency" (TOI, February 19, 2007). The Minister voiced her concerns to the TOI news agency and stated, "We will bring up the children. But do not kill them because there really is a crisis situation." These statements were made in light of the government's introduction of a "cradle scheme" in which abandoned girls

would be taken care of by state agencies. When reporters asked if the scheme would encourage families to abandon their daughters, the Minister responded curtly, "It doesn't matter, it is better than killing them" (TOI, February 19, 2007). Sections of the media have urged the Government to declare "national emergency" on SSA to improve India's declining CSRs (HT, September 23, 2016).

Lipsky & Smith (1989) assert that policymakers, social advocates, and the press tend to treat social problems as 'emergencies' for certain reasons – to attract public attention to the problem, to deflect from more deeply rooted underlying conditions and to legitimize the mobilization of relief funds or resources (p. 6-7). A national emergency typically denotes life-threatening and catastrophic circumstances within a social problem framework and involves "a temporary problem that requires short-term, immediate responses" (Lipsky & Smith, 1989, p. 6).

In light of Lipsky and Smith's (1989) definition, SSA does not merit a national emergency status, mainly because critically low CSRs are evident in only certain north and northwest Indian states, such as Haryana, Punjab, Rajasthan, Jammu & Kashmir, and Delhi out of the total 28 states and eight union territories of India (MOHFW 2017-2018). Haryana and Punjab show an improved CSR in the Census 2011 data compared to its 2001 figures; however, 18 states show less than favorable CSR trends as per the Ministry of Health and Family Welfare Annual Report (MOHFW) of 2017-2018. Even so, SSA does not underscore a condition that is life-threatening and of catastrophic proportions. While it is expected of the central and state governments to fervently address the adverse impact of low CSR, claiming SSA as 'national emergency' and treating the issue as a pan-Indian social problem are inadvertently premature and, at best, exaggerated to evoke a moral panic and generate an impassioned public response.

Ferguson (2015) asserts that media-based moral panic occurs when "a social narrative develops to explain a perceived social problem that places blame on a scapegoat with perceived lesser moral value" (p. 241). Moral panics may explain a social issue that does exist in some form. However, the magnitude of the problem may be "exaggerated" or may "effectively create a nonexistent problem entirely out of fantasy" (p. 241). Moral panics are created or constructed by important stakeholders when they perceive the existing social order as being "threatened by the scapegoat" (Ferguson, 2015, p. 242). In the case of SSA, claimsmakers, particularly the media, are prone to dramatize and often exaggerate SSA's prevalence without providing empirical data to support their claims. Certainly, empirical evidence indicates that SSA is practiced in several parts of India. However, the magnitude of the problem and most of the figures cited by moral panic claimsmakers may be highly exaggerated (Goode, 1994; Ferguson, 2015). This is not to say that the Census figures are erroneous and misrepresented. However, the point is that the census figures are intentionally overstated and exaggerated to present SSA as a pan-Indian phenomenon where each state is presumed to be in a state of emergency and suffer from life-threatening circumstances due to low or skewed CSRs. The use of emotionally charged language for a deeply personal and already contentious issue can perpetuate unfounded public fears and shape public perceptions of SSA as a criminal act. Sensationalized depictions of SSA as a criminal act may influence the public to hold negative perceptions about abortions in general.

The construction of SSA as a 'national emergency' has authorized and empowered officials that are tasked to enforce the PCPNDT Act to engage in arrests and convictions; to use spy cams; to conduct sting operations, raids, crackdowns; and to recruit decoys, including pregnant women, to expose medical practitioners that are allegedly involved in illegal sex determination scans. According to the Federation of Obstetric and Gynecological Societies of

India (FOGSI), legal provisions under the PCPNDT Act are being misused as criminal cases are being launched even in cases of "minor clerical error" in maintaining patient records (TOI, May 4, 2019). Further, raids have been conducted even in diagnostics centers covered under the Medical Termination of Pregnancy Act (MTP) under which abortion is legal in India. An NGO worker attests to the implications of sting operations for legal abortion and explains, "Even state-run civil hospitals are turning away women because doctors fear the elaborate paperwork, record-keeping, or harassment at the hands of officials…The environment is hardly conducive for women to demand MTP rights" (TOI, November 21, 2015). There are also reports of women being routinely denied abortion over sex selection fears, but state officials have yet to address and untangle this conundrum effectively.

While the Government defends search and seizure methods on the grounds of addressing a 'national emergency,' it fails to address where the right to privacy begins properly, and right of surveillance ends, and how these methods will restrain the state from overstepping its authority. Covert surveillance can fuel state control and undermine privacy protections in a country that prides itself as the world's biggest democracy.[21] A higher number of court cases and higher conviction rates are assumed to curb SSA, but evidence suggests that conviction rates remain low. The MOHFW 2017-18 Annual Report shows that a total of 2636 court cases have been filed under the PCPNDT Act, but only 421 convictions have been secured. Despite the data, officials continue to entice districts that have improved CSRs and informants that expose illegal ultrasound centers with cash awards, while threatening and denying essential social service

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[21] On August 24, 2017, the Supreme Court of India upheld The Right to Privacy (Kalra & Jain, 2017). It is a fundamental right for Indian citizens as part of the freedoms guaranteed under Article 21, 'Right to Freedom,' Part III ('Fundamental Rights') of the Constitution of India (Chaudhary, 2016). Constitution of India full text, retrieved from india.gov.in, the national portal of India.
https://www.india.gov.in/sites/upload_files/npi/files/coi_part_full.pdf

grants to districts with poor sex ratio outcomes. Even though claimsmakers claim that SSA is a social problem and a national emergency because low CSRs have increased violence against women and girls, the preponderant focus on sex ratios suggests that their ultimate objective is to stabilize population imbalances. Even though SSA is an issue intrinsic to women's reproductive rights and health concerns, women are either overlooked or inadequately mentioned in SSA news reporting.

(ii)   *Feminization of Sex-Selective Abortion*

Women as Victims of SSA

Indian officials and anti-SSA advocates tend to draw on feminist language and proffer feminized claims about the dangers of SSA, namely, "female feticide," "gendercide," and "violence against women." These descriptors indicate that women and girls are viewed and constructed as a protected group of the state. Scholars who research abortion-related issues have noted the prevalence of 'women-protective' framings in abortion discourses, particularly through state surveillance (Siegel, 2014; Jesudason & Weitz, 2015; Doan & Schwarz, 2020). For instance, Doan & Schwarz (2020) note that anti-abortion policy in the U.S. primarily seeks to protect women and their "unborn child" from abortion providers who are viewed as unethical healthcare practitioners. Protective framings also tend to depict women as an uninformed and ignorant group that must be protected from their own ill-conceived decisions to choose abortion. Claimsmakers tend to construct women and "unborn girls" as victims of gender-based violence. "Unborn girls" are specifically designated as the "ideal victim," and the fetus's cause has often come to overshadow the social reality of pregnant women.

Perceptions of violence against women and "unborn girls" stem from the view that SSA is a consequence of the devaluation of girls and women. This is a legitimate argument; however,

news reporting on SSA is replete with speculative claims and arguments about the lack of women and the surplus of men in the country. SSA news reporting indicates that there is a pervasive and often unfounded fear that the presumed crisis of excess has increased violence against women and girls, including sex-trafficking, bride-kidnapping, and a thriving bride trade. For example, the Union Health Minister Ghulam Nabi Azad warned fellow members of the Indian Parliament that the gender imbalance created by SSA could lead to increased violence against women, abduction, rape, and trafficking (TOI, September 8, 2012).

The rhetoric of feminized oppositions to SSA can also be seen in how several social activists make claims of increased domestic violence against women, acid attacks, and sexual assaults to justify their support of enforcing coercive laws to eliminate SSA. Likewise, the newspapers tend to draw arbitrary links between the trafficking of poor women and forced polyandry in some regions marked by skewed sex ratios. These claims about SSA directly leading to bride-trade and trafficking in women has little empirical evidence in the scholarly literature on SSA. As I stated earlier, few studies indicate that there is a female deficit in some states of north and northwestern India, and these regions are known to 'buy' brides from out-of-state (Kaur, 2013; Samal, 2016; Kukreja, 2018). However, there is no reliable empirical evidence to support the claim that a shortage in brides and trafficking in women and girls is a direct outcome of SSA and occurs throughout India.

Yet, claims about SSA leading to increased violence against women and girls dominate newspaper reporting of SSA. Several NGOs that collaborate with the Government to spearhead anti-SSA campaigns argue that bride-buying and bride trafficking have turned into a lucrative trade, which is expanding rapidly. Some Justices from the Indian Supreme Court have also drawn connections between demographic imbalance and the trafficking of women and bride-

buying. Similarly, several newspaper headlines detail the consequences of shortages of brides in the country. For example, some headlines read, "Forced bachelorhood for 4.12 crore men (i.e., million) in the country as brides go missing" (TOI, April 22, 2015), and "The marriage bazaar: How female foeticide has made bride trade a roaring business" (HT, December 29, 2014). Another headline announces an activist's rescue of "slave brides" (HT, January 15, 2016). Data from the National Crime Records Bureau (NCRB), 2014, is cited to support claims that minority and low-income women are especially prone to kidnapping and forced marriages, with Delhi often acting as the transit point of trafficking. These issues are uncritically attributed to SSA without bearing in mind the possibility of underlying socio-economic factors such as poverty, forced migration, and shifting marriage norms that lead to cross-region marriages and inter-caste marriages.

Further, the use of a 'woman-centered' and feminized oppositions to SSA tend to uphold the assumption that "women do not really choose abortion but are pressured into it by others and then experience a range of negative effects afterward…" (Cannold, 2002, p. 171; Siegel, 2014; Lowe, 2019; Erhlich & Doan, 2019). In the news articles I retrieved and those included in the study, claimsmakers, including state officials, activists, and the media, construct women as helpless victims without agency that cannot make informed reproductive decisions, including decisions about SSA. Women are consistently presented as being forced or coerced against their will to obtain SSA. The former Women's Commission of India chairperson emphasizes this assumption by stating, "Women generally seek sex selection under pressure, coercion or encouragement by the husband or the family" (HT, October 29, 2011). Even though news reports include certain instances of women participating in SSA, female infanticide, and illegal clinics, the onus of responsibility is placed mainly on people presumed to "victimize" women. A former

president of the Indian Medical Association (IMA) weighs in on this matter and asks, "What about pregnant mothers, their husbands, and in-laws wishing male heirs to carry on the so-called family lineage...Our Government proudly declares the number of raids on doctors, but to date, how many expectant mothers have been fined? Is the law only against doctors?" (TOI, July 4, 2011).

The belief that women are incapable of sex-selecting reinforces stereotypes about women as perpetual victims of patriarchy and buttresses their biologically and culturally assigned roles as mothers. Women, with their presumed maternal inclinations, are incapable of defying their socially constructed roles as mothers. Thus, state officials have declared that spouses and relatives of pregnant women could be arrested and jailed for forcing women to engage in fetal sex tests and SSA. The PCPNDT Act, 1994 also replicates protective framings and constructions of women as victims by specifically protecting the pregnant woman but sanctioning penalties against medical practitioners, the husband, and family members abetting SSA (MOHFW Annual Report, 2017-2018). The Government would not hold women to the same standard as erring doctors and radiologists. Doing so would counter the stereotypical and essentialist constructions of women as mothers and motherhood as 'natural.' Emphasizing women's role as perpetrators of violence would also undermine their socially constructed roles as victims that require paternalist state regulation and protection. Certainly, I do not propose that women that choose to have SSA ought to be blamed or subjected to legal sanctions and punitive measures. Rather, the point here is that by treating women as victims without agency, the government, through its paternalistic policies and protective framings, reinforces the stereotypical constructions of women as existing in perpetual distress. Further, by placing the onus of blame on the family members of 'victimized' women and abortion service providers, government officials deflect responsibility

and fail to address and ameliorate the underlying and systemic structural inequalities that ultimately create conditions for the proliferation of SSA.

Unborn Girls as Ideal Victims of SSA

A unique feature stands out in feminized opposition to SSA. Certainly, women are perceived and portrayed as victims that require state protection, including surveillance of their pregnancies. However, it is the "unborn daughter" or "unborn girl" that befits the status of an ideal victim. Christie (1986) describes the "ideal victim" as a person or a category of individuals who are given the legitimate status of being a victim by "participants" who get to construct and define the situation (p. 18). These ideal victim groups are perceived as the following: defenseless, innocent, and worthy of sympathy and compassion…and may attract massive media attention, generate collective mourning on a global scale, and drive significant change to social and criminal justice policy and practice (Davies et al., 2017, p. 4).

Specifically, the media and official discourses reinforce a "hierarchy of victimization" (Greer, 2017). Within this hierarchy, women may be considered victims, but they are not considered as ideal victims in the same way as unborn girl children. Descriptions such as 'missing girls,' 'unborn child,' 'unborn daughter,' and 'killing of unborn daughter' are frequently used to define the state of the female fetus. The focus on the "unborn girl child" and constructing it as the ideal victim is intended to accomplish three things – 1) support pro-life construction of fetal personhood, 2) rights of the unborn fetus eclipse the particular needs of pregnant women, and 3) the disregard for women's subjective experiences and constructions of the aborted "girl child" as the "ideal victim" is inadvertently designed to construct victim groups that the public can relate to and empathize with. It is also designed to arouse a moral condemnation of SSA.

A founding member of an NGO that is known to clamp down sex determination test centers captures how fetal rights have tended to overshadow women, particularly the pregnant woman in SSA discourse, "I do agree that women have to be saved, but it cannot be at the cost of girl children" (HT, November 19, 2011). Perceptions of SSA as gender-based violence primarily against the "unborn girl child" prompted the Union Minister for Women and Child Development, Maneka Gandhi, to propose mandatory sex determination tests in 2016. If passed as law, the Minister's proposal could have authorized state officials to monitor and track a pregnant woman and her fetus until delivery. The proposal also required IVF centers to maintain records of all pregnancies and their outcomes to track the misuse of technology for SSA. Many NGOs and women's rights groups condemned the Minister's proposal, as mandatory sex determination tests could severely curtail women's rights to bodily autonomy, access to essential maternal healthcare, legal abortion, and post-abortion care.

Concerns for the aborted "girl child" in SSA news reporting occlude women's lived realities, voices, and experiences to place the female fetus's presumed right in opposition to the bodily autonomy and maternal rights of the pregnant woman. The data shows women being used as 'decoys' to apprehend medical practitioners that conduct illegal sex-determination tests and SSA at ultrasound diagnostics centers and abortion clinics. For instance, some state officials seek the media's help to issue recruitment advertisements for "pregnant women decoys." These women are hired to conduct sting operations and are promised cash rewards. The advertisements implored them to do a "favor to the society" by becoming informers. Pregnant decoy women are required to be 14-22 weeks pregnant when the sex of the fetus can be established. They are tasked to scan ultrasound centers, film the proceedings, and help authorities arrest and book erring medical practitioners under the PCPNDT Act. Furthermore, to ensure that the pregnant

decoy woman does not herself end up seeking SSA, state officials require the woman to file an affidavit that states the following:

> My future child is precious to me, whether it is a son or daughter. Under no circumstances will I undergo a selective sex abortion, if the sex of the foetus is revealed during the course of decoy operation. (*Hindu*, April 25, 2019).

The utter dissociation of the pregnant woman from her pregnancy and the assertion of fetal rights over the rights of the woman is quite alarming. State officials hold the pregnant decoy accountable not only towards her own fetus but also towards all other female fetuses. Pregnant decoys are perceived as rendering public service to the fetus as well as ensuring the welfare of the larger society. As such, the pregnant body is treated as two individuals with equal rights, where a pregnant woman is expected by state officials to perform a "self-sacrificing" role in the interest of the state. Thus, the pregnant decoy becomes the "maternal environment," the "site" of the fetus, and "a passive spectator in her own pregnancy" (Petchesky, 1987, p. 277).

There are features of a "pro-woman, pro-life" or "pro fetus" in the feminized opposition to SSA (Kalantry, 2013; Anitha & Gill, 2018). This point is most evident in how news reporting on SSA advances conceptions of the female fetus as an "unborn girl child." For example, one headline reports, "Girl child's life worth Rs 2,000 in Maharashtra's Beed district" (TOI, June 5, 2012). Here, the "girl child" specifically refers to the abortion of five female fetuses at an abortion clinic and where the doctor was apprehended. The article does not mention the registration status of the clinic. The article includes a note on the newspaper's stance on this issue at the end of the article and states, "Law-enforcing agencies, which do not clamp down on sex-selective abortions despite strong evidence, are equal partners in this crime against humanity" (TOI, June 5, 2012). There are other examples from the data that show the conflation of fetuses with girls-- "A step forward for girls' sake" (TOI February 13, 2013) about an anti-

SSA workshop, 'Girl Abortions: UK relief for NRI doctors' (TOI, September 7, 2013) about an Indian doctor charged for SSA in the U.K.; "Clinics where India's baby girls go missing" (HT, November 11, 2016) to refer to abortion clinics and, "In the 21st century, why are we still losing 7 million unborn girls each decade?" (HT, January 20, 2018) to talk about the declining CSRs that are presumed to be caused by SSA.

Thus, anti-SSA messages use the language used by anti-abortion advocates to construct the fetus as a "person" (Solinger, 2013, p. 90), by continually referring to the female fetus as the "girl child." Feminist scholars who are engaged in abortion discourse note that such constructions of fetal personhood are intended to move the focus away from the specific needs of pregnant women and mothers. Fetal personhood undermines women's social circumstances, and pregnancy becomes subordinated to the needs of the embryo or fetus (Petchesky, 1987; Sheldon, 1999; Halva-Neubauer & Zeigler 2010). Anti-abortion advocates construct the fetus as a "person" and define the fetus's interest as distinct from and perhaps in conflict with the interest of the pregnant woman (Solinger, 2013, p. 90). Anti-abortion proponents also propose that women do not choose abortions voluntarily; abortions are harmful to women's health, and many women have post-abortion regret (Siegel, 2014; Lowe, 2019; Lowe & Erhlich & Doan, 2019). Similarly, news reports advance the idea that women that undertake SSA are victims of coercion and risks their health by having SSA procedures under the assumption that most SSA takes place in unlicensed and unregistered abortion clinics.

Discussion

Latent content analysis reveals that news reporting on SSA fails to account for the needs of pregnant women or center women's testimonies unless it fits the victimized woman's narrative. Even so, the victimized woman is underrepresented, and the government's

preoccupation with the skewed child sex ratios dominate news reporting on content related to SSA. I have inferred from my findings that newspapers frequently use morally loaded language to describe and portray SSA practices. This strategy is intended to evoke an emotional public response and build a staunch opposition to SSA. On the surface, the three newspaper publications appear to reflect and resonate with the Indian government's stance on SSA as a crime and a social problem of sinister proportions. However, latent analysis shows that the newspapers are not just mirroring back the moral panic manufactured by government officials and anti-SSA activists, but actively partake in creating and fostering the moral panic. Like other claimsmakers, including census figures, state officials, activists, and experts, the newspapers tend to dramatize SSA and its presumed consequences to compare it to a social catastrophe and a national emergency.

Furthermore, although women are perceived and represented as victims that require paternalist protections, the unborn female fetus is emphasized as the "ideal victim" and is frequently described as the "unborn daughter" or the "girl child." Therefore, SSA is presumed to cause the most harm to the unborn "girl child." These two themes have provided a more contextual and critical understanding of the strategies that claimsmakers in India use to construct SSA as a crime against women and girls. The female fetus's construction as the ideal victim perpetuates "pro-life" narratives of fetal personhood, undermines the authority and particular needs of pregnant women, and presents the figure of a defenseless, innocent entity that the public can relate to and empathize with.

There are some inadvertent consequences of newspapers' portrayals of SSA and women. Firstly, the use of morally loaded language and sensationalist depictions of SSA as 'India's silent genocide' can create unfounded public fear and unwarranted moral panic (Goode, 1994;

Ferguson, 2016). Census figures are often exaggerated by claimsmakers to claim that low child sex ratios have led to a crisis of excess in men. Excess in men and increased violence against women are argued as direct SSA outcomes without any empirical evidence. Staunch opposition to SSA has often blurred the line between legal abortions and illegal fetal sex determination tests. Thus, misinformation and confusion surround the legality of abortion and the illegality of sex-determination. This has led many private medical practitioners to face negative media publicity, defamation, and even criminal charges (Potdar et al., 2015; Eklund & Purewal, 2017; Gupta et al., 2018). Additionally, women who need an ultrasound or legal abortion have found themselves denied these services by medical personnel due to the fear of having their licenses revoked on arbitrary grounds (Ganatra, 2008; Jha et al., 2011; Bhaktwani, 2012; Barot, 2012). Unsafe abortions significantly contribute to high maternal deaths in India, and arbitrary legislation will further increase preventable maternal mortality. Further, punitive laws and legislation that prohibit sex-selection are found to be ineffective in ending SSA. Rather, they restrict women's reproductive choices and thus affect their health outcomes by reducing access to safe and legal abortion services (Ganatra, 2008; Jha et al., 2011).

Secondly, the overrepresentation and overstated issue of declining CSRs reveal noteworthy discrepancies. The newspapers publications link higher SSA cases to educated and wealthy families that have the means to access SSA services in India and abroad. Empirical data, as well as the data for this content analysis, indicate that SSA is a common practice among those that are generally well-educated, reside in urban centers, have easy access to diagnostics centers and can afford to pay for sex determination tests and SSA procedures (Guilmoto, 2007; Jha et al., 2011; WHO, 2011). Wealthier urban cities are also shown to have the lowest CSR figures. However, gender sensitization programs and anti-SSA advocacy appear disproportionately

directed towards the poor, lesser-educated women and rural communities. These groups are often referred to as the most vulnerable groups that will benefit most from tracking, tracing, and decoy operations. The content analysis shows that abortion clinics in urban locations appear to be under surveillance more than rural villages and towns. However, this can be attributed to urban centers and cities having more ultrasound diagnostics centers than their rural counterparts, many of which lack even the most basic primary healthcare center. Thus, diagnostics centers in urban locations appear to be more heavily regulated than villages in news reports. Claimsmakers can determine who may be considered an at-risk group or be designated, potential defaulters. The poor and rural communities appear as token figures to create the impression that the Indian government regulates SSA laws in a socially inclusive way.

Thirdly, women's perceived helplessness appears to dominate their representation in SSA reporting, and the notion of the woman in perpetual distress grounds state legislation. Thus, most laws that pertain to women reflect paternalistic undertones that seek to protect and defend women like innocent "unborn girls." The possibility of women undertaking SSA of their own accord is buried under frameworks of victimhood and coercion narratives. Such representations of women who obtain SSA conflicts with the data from my in-depth interviews with service providers in Delhi (as elucidated in Chapter 4). Surely, the victim narrative holds true for some women in certain communities and backgrounds, such as those with lower literacy levels, higher poverty rates, and lesser bargaining power in their households. However, interviews with research participants suggest that there are women who exercise agency and empower through SSA. There are a few instances in the news coverage in which women are reported as perpetrators of violence. These usually involve harm caused to the "female fetus" or death to the "unborn daughter" by SSA or female infanticide. The most significant contributions of women

appear to be their role as pregnant decoys that render their services for the larger good of society. While the presence of pregnant women is emotionally powerful, they appear as an "afterthought" and remain "parenthetical note" in the overall discourse on SSA coverage (Marques de Mesquita, 2016).

Newspaper coverage can reflect the social reality of SSA, but it can also distort certain aspects of SSA through selective reporting. The local and national newspapers usually operate as sources of information for a public that does not possess first-hand knowledge or have SSA experiences. A heightened public fear may improve bolstering support for an anti-SSA policy, such as the PCPNDT Act and approve the application of coercive measures to eliminate SSA. Further, the overreporting of victimized women and "murdered" female fetuses neglects other challenges that many Indian women experience, such as access to safe abortions, access to contraceptives, adolescent sexuality, forced sterilizations, and reducing abortion stigma. Victim narratives also undermine the numerous contributions of Indian women that may otherwise promote them as empowered and autonomous subjects. The media should avoid the misrepresentations of women who obtain SSA and include more perspectives of feminist and women's rights organizations that may have an informed knowledge or alternative viewpoints on SSA. This will enable women to fully integrate their potential in the making of law and policy that concerns their reproductive lives and effectively put such policy on the line.

Chapter 6: Conclusion, Discussion, and Future Considerations

The politics of sex-selective abortion (SSA) is a complex and multi-layered reproductive practice closely intertwined with and informed by the social, political, and material environment. This dissertation has broadened the understanding of SSA in India by using feminist methodologies and presenting a qualitative empirical analysis, including in-depth interviews with service providers and professionals and a content analysis of three national newspapers in the English language. I have specifically explored and responded to three important thematic areas of analysis: 1) The social and institutional determinants of SSA in India, 2) Women's potential for exercising agency in SSA, and 3) The portrayals of SSA and women in three leading national newspapers of India.

There is abundant scholarship on SSA that accounts for the factors that exacerbate son-preference and discrimination against girls, which lead to SSA. These contributions are valuable to advancing SSA discourse, locally and globally. However, much of these works focus on quantitative analysis. Their interpretations are mainly informed by indirect measures and statistical sample observations obtained from Census figures, National Family Health Survey data, and survey population data. My work builds on the existing body of knowledge on SSA but deviates and enhances the existing literature in three significant ways. First, I present a qualitative empirical analysis of socio-structural determinants that create conditions for SSA through in-depth interviews with human subjects. These include service providers and professionals that are situated within the place and context being studied. As such, my analysis of SSA is grounded in their experience and knowledge of SSA. Second, I centralize women's role in SSA discourse and politics by accounting for their agency. Thus, my work challenges prevailing notions of women that obtain SSA as an uninformed and homogenized group of

victims. Reassessing and reasserting women's agency in a reproductive practice that is often practiced on the grounds of sexism and gender discrimination creates conceptual space for advancing feminist theorizations and conceptualizations of agency. Third, my research develops the significantly under-explored area of media discourse analysis of SSA. By conducting an in-depth content analysis of newspaper coverage of SSA, I have demonstrated the inadvertent consequences of underrepresenting and misrepresenting women in news coverage of a reproductive issue that concerns women and their bodies the most.

This conclusion chapter provides a synthesis of the major themes that have emerged from my fieldwork and content analysis research. I will also discuss the challenges and dilemmas that I experienced during my field research in New Delhi, India. In particular, I elucidate the ethical concerns that arise from engaging in a sensitive research topic and the associated advantages and disadvantages of insider research. I will then highlight the broader significance of my dissertation and the scope it creates for future research studies. The chapter closes with a concluding remark on the COVID-19 public health crisis currently affecting the global community. I address the implications of the pandemic for the sexual and reproductive health and rights of women and appeal to the Indian government to redress the discrepancies and inequities embedded within its reproductive policies.

Synthesis of Major Research Themes

Four significant themes have emerged in this dissertation research: 1) The conflation of abortion and sex-selective abortion, 2) The family is a major determinant of sex-selective abortion, 3) Women exercise agency in sex-selective abortion, and 4) The Indian state perpetuates colonial paradigms through its social constructions of women as perpetual victims that require paternalist control, regulation, and protection.

(i) The Conflation of Abortion and Sex-Selective Abortion

Research findings indicate that abortion and sex-selective abortion are mutually exclusive reproductive issues within the purview of Indian law; however, the two are often conflated in terms of implementation. While the Medical Termination of Pregnancy (MTP) Act, 1971, permits abortion up to 20 weeks under specific conditions and situations, the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, and its amended version of Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act (PCPNDT) prohibits sex selection before and after conception. It is useful to reemphasize that the PCPNDT law is primarily intended to prevent the misuse of diagnostics techniques for determining fetal sex with the intent to abort. The law does not explicitly state that SSA in itself is illegal. Thus, the 'illegality' of SSA is implied rather than clearly articulated within the law's language. The ambiguous use of language has tended to create room for diverse interpretations by various stakeholders tasked with implementing the PCPNDT Act.

Despite the MTP and the PCPNDT laws having distinctly defined purposes, many women have been denied a legal abortion by medical practitioners from fears of sex-selection accusations. The conflation between the two laws has tended to restrict women's access to safe and legal prenatal and post-abortion care. Research participants indicate that critical prenatal ultrasound scans are often denied even when the woman has no intent to determine fetal sex or obtain SSA. Laws intended to prevent SSA are used to curtail further the reproductive rights of women on the premise that many legal abortions may be a case of sex-selection and SSA. The resulting confusion between the purpose of the two laws has also tended to create unnecessary barriers for service providers who are often compelled to navigate the tight and murky space between legal abortion and illegal sex-determination with the intent of sex-selective abortion.

(ii) The Family is a Major Social Determinant of Sex-Selective Abortion

The family is a potent social structure and an authoritative site for establishing norms and rules about gender, gender roles, sexuality, marriage and distribution of resources. The family emerges as the primary institution that creates and recreates conditions for SSA. According to research participants, several factors determine the social relations between men and women, including household economics, that is, who controls the distribution of resources, the sexual division of labor, and the decision-making power. Unequal power relations within the household and strong hierarchical authority patterns create conditions for son-preference and may determine the gender composition of children. Within the Indian patrilineal and patrilocal family structure, men typically control family earnings and decision-making power. Men's control over critical resources can have adverse implications for women's reproductive autonomy and general healthcare. Men can also determine the nature and outcome of reproductive decisions such as the time, place, spacing, and number of children, often without the wives' informed consent. A new wife or a daughter-in-law is usually viewed as an "outsider" until she earns her place in the household and gives birth to a son. Thus, some women choose SSA to establish their power and lifelong security with family and kin.

Research participants also point to the joint family system, the dominant form of family organization in India, and how families that observe the joint family systems tend to share a collectivist sense of identity. These members of joint family structures are generally bound by reciprocal duties, obligations, and responsibilities. The shared sense of collectivity between family members and extended kinship groups often obligates individuals to prioritize collective interests over individual needs and desires. Women are often socialized to uncritically absorb

and internalize their idealized roles as brides, nurturers, mothers of sons, and lifelong dependents.

These perspectives were particularly important as they signal a shift from arguments about SSA that tend to assert dowry practices and Hindu religious obligations as the leading determinants of SSA. While dowry and religion are contributing factors, inequities and disparities stem from resource-based power relationships and women's subordinate social positions. There may be regional and sub-regional variations on the grounds of family structure, caste, income, education, and religious differences. There are also gradual social transformations in terms of increased social mobility, migration, and plurality of family structures. Despite these changes, the family remains a primary site for establishing and regulating the fundamental norms and rules about gender, sexuality, marriage, and allocation of material resources.

Indeed, transformations in caste and class consciousness, including the rise of nuclear families and increased social mobility due to demographic, technological, and socio-economic changes have been observed in India. Notwithstanding social transformations, a collective valorization of the institution of the family appears to ensure the continuance of India's cultural and social traditions (Gupta 1994; Patel, 2005; Béteille, 2012; Cohn, 2007). Those that choose to transition to nuclear family settings may still cling to the collectivist ideals of shared identity and kinship associations. Within the complex inter-dependent family system, men control decisions over the allocation of resources, including property, food, clothing, budget for education, and healthcare expenses. Women's reproductive decisions and outcomes operate in tandem with what their immediate and extended family deems the most sustainable options for their collective interests. Participants concurred that unequal household economics, particularly within the

patrilocal and patrilineal social systems and a shared sense of collective identity, reinforce the cultural and economic viability of sons and perpetuates the practice of SSA.

(iii) Women Exercise Agency in Sex-selective Abortion

In-depth interviews with research participants have indicated that women exercise varying degrees of agency in choosing SSA. Women's agency does not only constitute overt forms of decision-making power and affecting tangible structural changes but can involve "bargaining and negotiation, deception and manipulation, subversion and resistance…" (Kabeer, 1999, p. 438). My data supports that women do not make arbitrary decisions about SSA but view SSA as the most realistic response to their life circumstances and social position. Many Indian women perceive the family, marriage, and bearing sons as critical components of their identities and self-worth. Thus, some women perceive compliance with family as agentic. In choosing SSA, women often act in the interest of their families and the larger community based on notions of interdependence and prioritizing collective agency over individual agency.

Some women perceive SSA as a logical way to maximize their bargaining power, preserve their sense of self-worth, and sustain long-term social security with family and kin in a patriarchal social system. Many Indian women perceive family, marriage, sexual division of labor, and bearing male children as critical components of their identities as embodied, gendered selves (Dube, 1997; Jejeebhoy & Sathan, 2001; Thapan, 2003; Deshmukh, 2005; Menon, 2009; Desai and Andrist, 2010; Allendorf, 2012). Many women also embrace the well-being of their families as a form of empowerment (Basu, 2006; Allendorf, 2012). These complex webs of social relationships determine women's agency, and women exercise agency in varying degrees by navigating the hierarchical, relational, and consensual social identities.

For this reason, notions of 'autonomy' that assume choice as existing independently of social influences do not apply in the Indian context. I have purposely avoided the use of liberal feminists and some western concepts of autonomy that tend to associate women's rationalized actions with absolute freedom and choice. In the case of SSA in India, women tend to tie their sense of agency and well-being to their family and collective well-being. If the family desires a male child, and if women associate having a male child with self-empowerment and lifelong security, then they will ensure the realization of this desire through all possible avenues.

SSA choices do not all result out of false consciousness. It would also be inaccurate to assume that SSA is a consequence of absolute resignation to patriarchal oppression. Undoubtedly, unequal social relations such as family-based hierarchy, dowry payments, lack of inheritance rights, and educational opportunities can significantly curtail women's choices and options. Indeed, research participants recognize that some women are coerced into choosing SSA by their husbands and in-laws and have little room to maneuver in their assigned places. However, some women that are aware of their subordinated status still choose to sex-select because they recognize the associated benefits of mothering sons. Mothering sons increase social security and respectability status within family and community that is already encoded masculine. As one of my participants elucidated this point, "If women do not have a place outside of patriarchy, and if their security depends in maintaining their place within their marriage, and if that marriage involves getting a son, then, they will want to have a son" (Dr. Seema, June 7, 2019). These women may not have "freely chosen" or acted "autonomously," but to uncritically confer victimhood status would mean a decontextualization of their circumstances and reducing their complex identities to mere "dupes of patriarchy" (Narayan, 2000). Some arguments that tend to present SSA as a sole consequence of a patriarchal oppression and

coercion tend to isolate women who practice SSA from their social and material contexts. Thus, they are often inadequately equipped to account for the complex realities of women and the multi-layered nature of SSA. Other than a preference for sons, SSA can also arise due to women's desire to advance their career, financial constraints, desire for smaller families, and desire to balance the gender composition of their children.

My fieldwork has enabled me to challenge the victimizing discourse in SSA and present a grounded understanding of women's capacity to exercise agency even in a contentious practice that may appear oppressive. Research participants assert that men and women can reshape gendered practices and adopt both victim and perpetrator roles in SSA. SSA can manifest as a gendered site for contestations of power, as husbands, wives, and in-laws collectively partake in the decision-making process. Thus, SSA invalidates the clear distinctions that tend to be constructed between what constitutes victimhood and empowerment.

(iv) Anti-SSA legislation in postcolonial India shows strains of colonial residue

Lastly, Indian law and policy, including abortion, SSA, and population control programs, indicate that the government perpetuates colonial paradigms in its control and regulation of women's reproductive capacities. Historically, the British colonials undertook social reforms to prevent the "social evils" perpetrated on Indian women by the "degenerate and barbaric" Indian cultural traditions such as dowry and female infanticide (Chatterjee, 1989, p. 622). The British equated the 'oppressed' Indian woman as a symbolic representation of India's inherently oppressive cultural traditions. Indian feminist historians have challenged colonial claims and contend that it was British colonial rule that reinforced hierarchical structures of male control and gender-regressive norms (Sangari & Vaid, 1989; Rajan, 1993; Oldenburg, 2000; Chowdhry, 2009; Newbigin, 2010). The anti-colonial and nationalists took up the 'women's question' to

counter the 'westernizing' and 'missionizing' tendencies (Chatterjee, 1989; Basu & Ray, 1990; Kumar, 1993; Sinha, 2006), but in their eagerness to preserve the 'purity' of Indian women, they re-captured them in their traditional stereotypes. Thus, Indian women came to symbolize "the pre-colonial, the traditional, and the untouched domestic spaces" (Lewis & Mills, 2003, p.3). While India has come a long way since its liberation from British rule in 1947, the impact of colonial legacy and colonial constructs of women continue to find traces in contemporary times.

Specifically, abortion law, anti-SSA legislation, and population control programs in postcolonial India show strains of colonial residue. The state uses these laws to pronounce paternalistic guardianship and protective framings on women. For instance, abortion was legalized in India to reduce and stabilize the population to meet the national economy's requirements. India's population policy, such as the 'two-child norm' and sterilization programs, mirror its colonial predecessor's use of Malthusian eugenics in the early 19th century, which treated the population as a tool to further imperial interests (Davin, 1978). Even though population and family planning programs are intended to alleviate poverty and increase economic productivity, research participants point to its implicit eugenic aims, such as the use of forced sterilization and disproportionate targeting of women, particularly poor and marginalized women. Research participants also point to a potential linkage between low sex ratio trends resulting from SSA, and the government's push for a two-child norm, which would render families with more than two children ineligible for receiving state-sponsored welfare benefits.

Similarly, the provisions of the MTP Act of 1971 echo the restrictive conditions and situations of the Abortion Act of 1967 of Great Britain (U.K. Public General Acts 1967). The similarly is ironic given that the MTP Act was passed to de-criminalize abortion laws premised on the British Penal Code of 1861. The MTP (Amendment) Bill of 2020 has increased the upper

gestational limit to 24 weeks for abortion; however, it is envisaged only for "vulnerable women" that include survivors of rape, victims of incest, disabled women, and minors. Thus, it appears to reinstate the underlying reality that abortion in India is conditional and not an absolute right.

The lack of separation between women's sexual autonomy from reproductive capacity manifests in the state-centric ways in which SSA laws have been designed. The PCPNDT Act is premised upon the framework of women's rights and preventing violence against women. However, women are continually stereotyped as a homogenous group and oppressed victims of harmful cultural practices. Women's narratives and perspectives rarely figure in SSA discourse unless presented in victim roles. Rather, the rights of the female fetus or the "unborn girl child" overshadows the social reality of pregnant women in government and media discourse. The use of pregnant decoys to clamp down on illegal sex determination test centers is an appropriate example of how state officials dissociate the pregnant woman's bodily rights from the fetus's perceived human rights. Empirical evidence, as well as my participant accounts, suggest that anti-SSA laws and punitive measures are ineffective in preventing SSA. Abortion service providers that I interviewed assert that SSA laws have become a convenient strategy to curtail women's reproductive rights further. Legal abortions are increasingly being conflated with sex selection. Despite empirical evidence that has SSA laws may further harm than help women, the government has yet to address the adverse implications of its policies or suggest alternative strategies to ameliorate SSA without impinging on women's right to determine their reproductive outcomes. The use of surveillance systems, coercive crackdowns, and pregnancy tracking measures have been employed to heighten public fear, condemn SSA, and give the impression that the state is taking necessary measures to solve a "national crisis."

Victim narratives can be more harmful than productive as they may perpetuate sexist stereotypes about women. Victim narratives also undermine Indian women's vital participation in the labor force and contributions to cultural and economic processes. Generalized assumptions about women's inherent helplessness and coercion in SSA will further perpetuate abortion stigma, reinforce patriarchal ideologies about women's assigned places in society, and limit women's potential to have an active role in the country's development initiatives. The state and policymakers do not treat women's rights as an end goal in itself, but rather, seek to empower women by assigning them "token statuses" within the overall development agenda (Kanter, 1977; Ban & Rao, 2008). The MTP and PCPNDT Act laws are intended to protect women's rights. However, neither has properly ascertained the contextual needs of Indian women nor grounded its provisions on the structural limitations under which women make reproductive decisions. Thus, the Indian state "upholds the ideological framework as its British predecessor," and legislation concerning women, including abortion and SSA laws, "end up reproducing colonialism and patriarchy by pronouncing the ideology of guardianship" (Chowdhry, 2009, p. 1339). Ultimately, women only occupy symbolic positions within the purview of state policy.

Feminist Dilemmas in Fieldwork[22]

The decision to use feminist methodology and methods in my dissertation research evolved as a logical progression in my academic and intellectual growth as a Ph.D. student in Women's, Gender, and Sexuality Studies (WGSS). Training in feminist theories and methods has enabled me to use women, gender, and sexuality as analytical tools for understanding social phenomena. My interdisciplinary rootedness in WGSS facilitates the incorporation of diverse scholarly works, theories, and concepts. This dissertation has endeavored to produce research

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[22] Adapted from *Feminist Dilemmas in Fieldwork* by Diane L. Wolf (1996). Routledge.

that is primarily committed to three goals 1) "excavation" or locate and bring women's lives to the fore and avoiding false universalization, 2) minimize harm to women and limit negative consequences to research participants. Some of the ways to facilitating this include, drawing from professional women's organizations, developing inclusive practices, and leveling power differentials, and, 3) use a methodology that will support research that is of value to women, and that which is committed to political change (DeVault, 1996; p. 33).

I conducted in-depth and in-person qualitative interviews with service providers and professionals because it is my understanding that feminist research involves processes of interaction, self-reflection and mutual involvement of both the researcher and research subjects to establish trust, credibility, and rapport (Clark 2010; Rubin & Rubin, 2011; Hesse-Biber & Piatelli, 2012; McHugh, 2014). As a self-identified feminist, my training in feminist methodologies encourages me to reduce harm to research participants, check my privileges and biases as much as possible, and ground research findings and interpretations in the research participants' interests and experiences. Thus, this research's primary goal has been to center the knowledge and perspectives of my research participants and allow them to be the "narrators of their own experiences" (Ong, 2005, p. 354). At the same time, as feminist scholars, we recognize that producing an objective and value-free result is an "unachievable ideal" (Haraway, 1988; Bhavnani, 1993; Harding & Norberg, 2005, p. 10). Human emotions, biases, and subjective values are informed by our cultural and social position. Thus, the denial of "values, biases, and politics is seen as unrealistic and undesirable" (Hesse-Biber, 2011, p. 9). In essence, feminist social research and researchers are tasked to use multiple methodological techniques to challenge the mainstream ideal of a positivist, disengaged, and "value-free" science (Sprague 2016, p. 35).

Furthermore, as a woman of color from India, I have gained awareness of how the intellectual consumption in advanced "first world nations" depends on unequal, and often exploitative relationships with the so-called "third worlds" (Mies, 1996; Harding, 1998; Mohanty, 1984; Ong, 1995; Grewal & Kaplan 2000). Thus, I have intentionally used transnational feminist theoretical frameworks to examine SSA. Doing so enables me to recognize the risk and responsibility that comes with "representations of women" situated in non-white and non-Western contexts (Rajan 1993; Hedge, 1998; Hurtado, 2000; Herr, 2014). Using transnational feminist frameworks also enable me to critique practices that contradict feminist ideals of gender equality and justice, but at the same time, acknowledge that women can exercise agency even when they adopt seemingly oppressive practices. Doing feminist research, as other research that values ethical integrity, also involves the application of research practices such as protecting the privacy of research participants through de-identification of sensitive and private information, framing and asking critical questions to acquire reliable data without coercing participants, leveling power hierarchies between researcher and the researched, and engaging in a continual process of self-reflexivity.

My training in key qualitative research methods and data analysis strategies has facilitated the completion of this study. Nonetheless, doing feminist research is bound to have anticipated as well as unanticipated challenges that occur on-site. The minor challenges consisted of balancing childcare needs with interviews, transcribing, and rescheduling interview dates. The main challenges involved ethical and methodological issues such as recruitment, sampling, and associated privileges and disadvantages of doing insider research.

There was also an inherent dilemma in deciding what data must be included or omitted in my final analysis. Researchers have an ethical obligation not to suppress or censor their findings

and strive for "narrative fidelity" to reflect participants' social reality in an authentic way (Polletta, 2009, p 34). However, not all observations have found their way in my final analyses. Certain politically charged comments directed against the ruling government have been omitted at the request of the participants who made them. Some private and personal narratives have also been excluded at participants' request. All personal accounts and anecdotes published in this study have received the informed consent of the participants that shared them.

During each interview, I frequently reminded my participants that they were under no obligation to participate or answer questions they did not feel comfortable answering. I did not want to place them in vulnerable positions or feel obligated to provide answers as this could have adversely impacted the reliability of data. Only the research participants had access to interview questions before the interview. Pseudonyms have also been used to protect individual and organization names at every step of the data collection and analysis. I framed and reframed interview questions for each interview to ensure the quality and validity of data. I will now discuss three specific challenges that I experienced during my fieldwork and their implications. I have learned from this experience that it is important to set realistic goals and use available resources in the way the researcher deems the most feasible.

(i)   *Challenges in Recruitment of Research Participants*

Women researchers and feminist scholars have documented the difficulties they have faced in conducting fieldwork in local and international contexts (Wolf, 1996; Griffin, 2012; Zarestky, 2015; Aghtaie & Gangoli, 2015; Simic, 2016). Difficulties and challenges of doing feminist research can range from concerns surrounding tangible forms of logistics and safety issues to the more intangible processes of the researcher's attempts to negotiate their identity, social position, and level power hierarchies. One of the main challenges relates to participant

recruitment. There is an imminent risk when engaging in a research topic that is considered controversial and criminal in the location in which one conducts fieldwork. Since my research focused on SSA, a highly sensitive, contentious, and politicized subject, I intentionally have chosen to recruit and interview members of relatively low-risk populations. Yet, several individuals and organizations refused to participate at the onset, even though I emphasized consent and reassured potential participants that I would de-identify all human subjects and affiliation names. Some potential participants who initially agreed to participate in the study retracted their agreement upon learning that SSA was a specific area of focus. I experienced unsuccessful attempts to gain access to elite participants that ranged from high-ranking police officers and politicians to doctors at private and government hospitals. As these potential participants did not respond to my email inquiries sent a month before departing the U.S., I decided to conduct door-to-door visits and walk-ins at their offices upon arriving in India.

My first point of contact would usually be an armed security guard or two, a figure I soon came to view as the literal and symbolic 'gatekeeper' of my interview process. I was often asked multiple questions about my purpose of visit and my place of residence. Curiously, on two occasions, security personnel asked me if I were a "foreign journalist," obliging me to explain in detail the purpose and context of my visits. I would be asked to wait either outside or in the lobby. In the blistering summer heat of New Delhi, where temperatures soared up to 48 degrees Celsius (118 F), waiting outside in the heat for long moments were often discouraging. My unsuccessful attempts to recruit elite participants involved front-desk personnel telling me curtly that their employers had no interest in contributing to my research without further explanation. The final sample of research participants consisted of Sexual and Reproductive Health and Rights (SRHR) advocates, academics, abortion service providers, population policy researchers,

community-based women's organizations, and NGOs deemed to represent the target SSA-impacted population adequately.

As I engaged in self-reflection, I also thought of plausible reasons why some of my requests for interviews were rejected. It could be that they did not want to engage in a dialogue on a sensitive subject with a junior researcher affiliated with a foreign university. It could be that their organizations may be engaged in an urgent and more pressing issue than SSA. Indeed, it is frustrating to travel abroad, arrive at the gates, and be denied access. As I continued to engage in self-reflection, I realized that my frustrations revealed my entitlement to access as a researcher who is determined to procure data. Target populations and potential participants have no obligation to agree to participate, and the tedious process of continually seeking and obtaining consent is an essential part of the research process. Thus, I came to accept the hindrances, including the long and frustrating waiting periods, institutional resistance, and unsuccessful recruitment attempts as the messy parts of doing fieldwork.

(ii)   Challenges in Undertaking Sensitive Research

Sensitive research topics are broadly described as private, emotionally laden, poses a threat or sanction for the researcher and researched (Sieber & Stanley, 1988; Lee & Renzetti, 1990; Lee, 1993). Sensitive research can also impact those that are involved in the collection and dissemination of research data. SSA is a deeply personal and private issue that is generally considered a taboo subject in India. SSA can lead to a criminal offense that is punishable by fine, imprisonment, or both under the guidelines of the PCPNDT Act, 1994. Inevitably, my decision to dive into a topic that is stigmatized, criminalized, and occur within a political climate that is generally anti-SSA created certain methodological and ethical concerns. I have not included the

biographies of women who have personally experienced SSA in my interviews out of safety and ethical concerns.

The ideal and perhaps, the most authoritative way to collect data on SSA would potentially involve collaborative research partnerships with the women whose lives and reproductive practices are being discussed and analyzed. I was unable to materialize my initial intent to interview women directly affected by SSA because, firstly, these groups constitute high-risk populations. Indeed, first person's accounts that document the narratives of women's personal experiences of SSA may enhance my data's rigor and credibility in different or unexpected ways. However, ideal as it may be, these groups' inclusion could pose serious ethical concerns and forfeit feminist research ethics that seek to minimize harm and reduce negative consequences to research participants, especially women. Additionally, SSA occurs in clandestine ways and remains a hidden "crime," so the target population may be difficult to access. Any attempt to trace, track, and identify these groups could pose a risk to anonymity and privacy issues. In particular, such an approach could put women, their families, and abortion service providers involved in the SSA in vulnerable spots. Thus, I did not intend to increase the odds of arrest and criminal charges for research participants.

In a way, my endeavor to use a feminist methodology that seeks to "excavate" women's experiences and bring their lives to the fore conflicted with SSA being a sensitive research topic that warrants fines, arrests, and imprisonment. I decided to redirect, redesign, and facilitate fieldwork without involving high-risk population groups of women who obtained SSA. Instead, I conducted interviews with service providers and professionals whose perspectives form the core of my dissertation research and analysis, while keeping in mind that the selected group may also have personal experiences with SSA. Service providers' accounts are vital sources of knowledge

as they occupy critical positions between the government and service seekers or clients. Their insights shed new light on the social reality of SSA as it occurs on the ground. Service providers and professionals are important social actors that perform the role of incisive observers. They tend to have a more grounded understanding of SSA either by serving the population of women who have experienced SSA or through extensive research about the subject. Some of them work with high-risk populations and serve their reproductive health needs. In their capacity as service providers, they can act as interlocutors and mediators of SSA discourse. Their interactions with clients at the grassroots level and their assessment of the nature and outcome of services can also influence policy outcomes.

Simultaneously, notwithstanding their important location, as human subjects, research participants are dynamic and socially constructed social actors. They may mirror the people they serve or render critical observations through their own values, biases, and social position. Thus, there is a degree of a dilemma regarding how service providers may be legitimate holders of knowledge on SSA. The researcher has the flexibility to construct, select, and reconstitute interview transcripts and field notes to convey the impression of authenticity (DeVault 1990; Sprague, 2016). Likewise, research participants may be implicated in similar processes by speaking for themselves and their social positions, rather than representing the voices of the subjects and clients they serve. I do not discredit the validity of service providers' accounts' in any way; rather, I acknowledge that their narratives cannot be treated as the absolute authority of the women that have embodied SSA experiences.

(iii)   Challenges of Insider Research

Insider research refers to fieldwork settings where a researcher studies one's own social group or society or conducts research with populations of which they are also members (Kanuha,

2000; Naples, 2003). The general assumption is that insider researchers share particular characteristics with their research participants, such as race, gender, ethnicity, or culture (Mercer, 2007). A researcher's membership role in the population that they are studying may offer them a certain amount of legitimacy and trust (Adler & Adler, 1994). The trust that an insider researcher generates among research participants may also allow them to gather more valid data (Wolf, 1996). Insider research is often contrasted with research undertaken by an 'outsider' who is not a member, who does not share the same characteristics with their research subjects or have a priori knowledge of the group or organization being researched (Mercer, 2007; Fleming, 2018).

Having obtained elementary to postgraduate level education at educational institutions in New Delhi, I felt confident about doing fieldwork in a place I often referred to as home. I am not only familiar with the city of New Delhi but also have social and professional ties. While I had not personally met any of my participants before beginning my fieldwork, I had read the scholarly works of many of the academics and met them at conferences and seminars while studying and working as a research assistant at the University of Delhi. I was also relatively familiar with some of the NGOs and their work. Despite my optimism and relative ease about researching as an "insider," I had embodied experiences of degrees of discomfort while conducting fieldwork. The idea of a shared status has validity in terms of endowing the benefits of access, entry, and common ground from which to begin the research. This idea is primarily premised on the assumption that "insiders" self-identify in the same ways as research participants.

My insider position would meet conventional definitions of an insider researcher—Indian, longtime resident of New Delhi, and have a working knowledge of SSA. I am familiar with the environment and grown accustomed to prevailing norms of cultural etiquette and

unspoken rules of professional conduct. I could speak Hindi fluently, which often benefited me in terms of grasping certain local adages that would typically get lost English translation. Research participants and I mutually agreed to use English for all interviews, except for one interview where the service provider preferred using Hindi. I could visibly sense that participants found my knowledge of the local language endearing. My more than adequate knowledge of the city, culture, and politics also enabled me to immediately identify politicians, think-tanks, and places that research participants referenced in the interviews.

Despite these apparent advantages, many of my research participants could not put an 'Indianness' to my physical appearance at our initial meetings and were surprised by my admittance of being a 'local.' I found myself navigating gratuitous moments where I had to admit to my Indian citizenship to put our interactions in a better context. Although these exchanges may surprise those unfamiliar with the workings of the local culture and society, these instances were familiar terrains for me. As a Thadou-Kuki tribe from the far northeast state of Manipur, my linguistic, ethnic, racial, cultural identity and physical attributes differ from those that generally inhabit Delhi and other states of India that is often referred to as 'mainland India.'[23] Although I have acquired much of my education and work experience in New Delhi, the

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[23] The northeast states of India comprise of multiple ethnic, linguistic, and indigenous communities. These communities speak variants of the family of Sino-Tibetan and Tibeto-Burman languages. However, the region is collectively referred to as 'Northeast,' and the people, 'Northeast Indians' in colloquial terminology. The Constitution of India recognizes a large majority of these tribes. The state of Manipur, which I call home, was an autonomous princely state that the British annexed and merged with 'mainland' India in 1949. Many Manipuris disputed this merger as having been consummated under coercion and duress by the British. 'Mainland Indian' or 'mainland India' is generally used by people of the historically marginalized and minoritized people of northeast Indian states to refer to people that inhabit the major Indian states outside of northeast India, and who speak Dravidian languages. Many northeast people migrate to metropolitan cities of India to pursue education or join the service industry. There are numerous personal accounts and media reports of northeast people and their experiences of racism in 'mainland' India (Thounaojam, 2012; McDuie-Ra, 2015)
--See, India's northeast speaks out against racism.' February 2014, Aljazeera News.
https://www.aljazeera.com/indepth/features/2014/02/voices-from-india-northeast-201421811314600858.html
--See also, 'Indians from the northeast face intensified racism as coronavirus fears grow.' April 3, 2020. Caravan Magazine. https://caravanmagazine.in/communities/coronavirus-increases-racism-against-indians-from-northeast

years of being a resident of this city are tainted by psychologically draining narratives of racial profiling, name-calling, negative stereotyping, and unwarranted processes of 'othering.' These are everyday life situations that many people from northeast India confront because of their historically and anthropologically defined 'mongoloid' racial attributes.[24] Research participants did not treat me condescendingly in any visible way or form. However, my past experiences of racist encounters added a layer of burden. I often struggled to separate anxieties induced by my past experiences from that of participants' attitudes towards me. Awareness of my marginalized and minoritized social position often compelled me to adopt certain societal norms and preferred behaviors of the dominant culture – for example, I put on 'salwar kameez' (two-set traditional Indian dress) for the interviews and stressed on my 'Indianness' in subtle ways. Thus, notwithstanding my supposed insider status, I found myself striving to construct particular representations of myself to be taken seriously, granted access into organizational spaces, and adequately feel 'safe' to talk with research participants as research partners.

Additionally, as a graduate student, I occupied a subordinate position in terms of the occupational hierarchy. This factor was more pronounced with research participants with more advanced educational degrees, such as doctorates and post-doctorates. Participants that did not have advanced educational degrees still enjoyed an upper hand in terms of the years of experience they had accumulated in their service work. Furthermore, in India, age-specific cultural expectations oblige one to express reverence for those that are older. I often felt inclined to observe prevailing cultural norms and forms of conduct and reflected them in my speaking and mannerisms around research participants that were more senior in age.

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[24] Indian anthropologist B.S. Guha (1935) considered racial and linguistic criteria to classify India's races. 'Mongoloid' is an anthropological term given to people from northeast regions of India. Although it is an outmoded and offensive term in current contexts, the racial classification is still accepted and used in Indian educational texts.

I navigated both an insider and outsider space in the field and located myself in an unmarked in-between space and negotiated a neither/nor identity. As an insider, my positionality aligned with research participants in terms of citizenship, residence, use of English, and shared interests in reproductive issues and women's rights. Yet, I occupied a 'peripheral insider' status as I did not participate in the core activities of the members being interviewed (Adler & Adler, 1994; Chavez, 2008). My self-identification with indigeneity puts me in a lower position of the racial hierarchy as research participants mostly consisted of individuals from the dominant ethnic and racial groups. Further, there were instances where certain participants would counsel me to set aside my "western lens" to be able to grasp the complexities of SSA; these promptings often created a sense of alienation and a fragmented identity that reaffirmed the in-between spaces. Based on my field experience, I have observed that the insider-outsider dichotomy can be misleading and often false, and researchers can exist and operate on a continuum (Merton, 1972; Naples, 2003; Breen, 2007; Chavez, 2008; Dwyer & Buckle, 2009).

Reflexivity in Feminist Research Practice

Feminist qualitative research methods emphasize the need for awareness of the power relations in fieldwork, particularly between the researcher and research subjects or participants (Ramazanoğlu & Holland, 2002; Fonow & Cook, 2005; Hesse-Bibber & Piatelli, 2012; Sprague, 2016; Peake, 2017). Feminist researchers believe that the researcher's positionality and biography can affect fieldwork and that fieldwork is a dialogical process structured by the researcher and the participants (Rubin & Rubin, 2011). Reflexivity includes assessing "how social, historical, and cultural factors shape the research site as well as participants' goals, values, and experiences" (Kirsch 1999, p. 3). Further, feminist researchers believe that knowledge is shaped by the specific contexts or circumstances in which it situated and produced

(Haraway, 1991; Valentine 2002). Therefore, it is important to acknowledge personal viewpoints on gender, race, class, professional status, and other categories that may impact the research. Reflexivity enables the researcher to reflect on the politics of representation or how their positionality affects their relationship with research participants.

Some feminist researchers note that researchers have more control over the research process, particularly the power over how findings are interpreted (Wolf, 1996; Sprague, 2006). Researchers often enjoy more social power because of their privileged positions in academic institutions that posit them as "legitimate producers of knowledge" that is "based on methodology" (Sprague, 2006, p. 65). To a considerable extent, I took charge of the interview sessions by guiding the flow and participating in the conversations. But participants also enjoyed various degrees of control and flexibility. For instance, the use of open-ended questions provided allowed participants to maneuver and add relevant information outside the purview of the interview questions. Participants only shared information that they had consented and had the power to conceal others.

In this particular case, SSA is a subject I cannot personally relate to, and I have not encountered women or families that have had experiences of SSA. Similarly, I did not have substantive knowledge about my research participants' perspectives on SSA. Any prior knowledge was acquired from organizations' websites. I learned about their focus areas and identified potential participants as information-rich sites through the information gathered from organizations' websites. Initially, I did not expect to gather unexpected findings, perhaps because I had presumed that research participants would most likely align themselves with prevailing views about SSA, namely, SSA, and is crime and women who have SSA are victimized. In the same way, some research participants had made assumptions about my understandings of SSA.

For instance, some participants envisaged me as a researcher seeking to excavate the "evils" of SSA in India. Others would begin our conversations with questions such as, "What is your stance on SSA? What is your verdict going to look like?" These were confusing moments as I did not know whether to remain silent or to explain myself. Thus, I thought that prompting participants regularly with my research questions, the purpose of the study, and reminding them of their critical roles as narrators of their own stories would minimize bias. I recognized that this approach helped reduced confusion or tension during interviews. Further, I stayed up to date in writing fieldnotes and memos. Memos consisted of personal thoughts, observations during the interviews, reflections on the interview process, and noting emerging codes and categories. These notes aided in self-reflection and introspection about my fieldwork experience. Reflecting on my notes also helped identify problem areas and work towards improving these areas in subsequent interviews.

My fieldwork experience, particularly as an 'insider' researcher and negotiations of power, mirrors my graduate experience as a woman of color and an international student in a predominantly white U.S. academic institution. In the U.S., I perceive myself as an 'outsider' of the dominant structures of identity, knowledge, and culture of America and my American educational institution. At the same time, my graduate education – including my pedagogical, theoretical, and methodological training – are primarily grounded in western ways of knowing and systems of knowledge creation and production. As a researcher affiliated with a U.S. institution and as a citizen of India, I enjoyed certain institutional and nationality-based privileges; yet, my experiences of doing fieldwork in a place I call home has been strained by instances of vulnerability, discomfort and dependence on research participants.

Trinh (1991) maintains that feminist research disrupts traditional ways of knowing and enables a researcher to become both insider and outsider, negotiating these identities simultaneously. As I have demonstrated, power differentials shifted back and forth between research participants and me during interviews. Acker (2000) argues that the insider-outsider dilemma cannot be fully resolved, and the way forward may come in the form of attempting to find creative ways to do both. Through critical self-reflection, I came to recognize that moments of discomfort, doubt, and rejection in the research process can be an important exercise in facilitating reflexivity as a feminist research method. If anything, engaging in reflexivity has shown me that power inequality may never be overcome, but moments of discomfort and doubt may act as "a guide" towards producing "a more thoughtful rendering of participants' lives" and narratives (Kirsch 1999, xii). As Shope (2006) reasonably states, feminist research "resides amid the contradictions and complexities," and doing fieldwork is about "diving into the water and soaking oneself in the contradictions and messiness of research" (p. 163, 182).

Broader Significance and Scope for Future Research

This dissertation is a culmination of years of graduate education and training in feminist theory and methods. It is also an intended outcome of my personal and intellectual interest in doing feminist research that focuses on Indian women's reproductive experiences that may potentially have important implications for other aspects of their lives. I have specifically drawn on transnational feminist theories and frameworks that engage feminist critiques of the uneven power structures that result from historical legacies of colonialism and its continued impact on postcolonial condition (Grewal & Kaplan 1994; Mohanty 1984, 2003; Alexander & Mohanty 1997; Kim-Puri, 2005; Moghadam 2007; Sandoval, 2007; Patil, 2013). In drawing on transnational feminist frameworks, I have endeavored to recognize meaningful cultural

differences and acknowledge the risk and responsibility that comes with the politics of "representations of women" that are situated in non-Western and marginalized contexts (Rajan, 1993; Jayawardena & Alwis, 1996; Hedge 1998). My work also emphasizes the importance of doing non-hierarchical research that builds rapport with research participants and prioritizes their narratives (Ong, 1995; Hurtado, 2000, p. 142).

My work expands empirical research on an important reproductive issue under-explored within the larger reproductive rights discourse. In centering the narratives of service providers' accounts of SSA, I have facilitated feminist research that involves and values processes of interaction, self-reflection, and mutual involvement of both the researcher and research subjects. My work especially appeals to feminist sociological approaches to understanding social structures and the cultural and material dimensions of social life (Kim-Puri, 2005; Rosenburg & Howard, 2008; Patil, 2013). Specifically, it provides important insights into how social structures such as the family and state perpetuate gender hierarchies and organize relations of inequality. My work also paves the way for further developing media discourse analysis on SSA and other contentious practices concerning women and gender issues. Since I have content analyzed only print media, there is enormous scope for broadcast and social media analysis of the portrayals and perceptions of SSA and women. Future research can also engage in a comparative analysis of English and Hindi newspapers.

Although my dissertation focuses exclusively on SSA in a specific geographic region, my findings have relevance for feminist interrogations of local practices that may have transnational implications. In my research on SSA in India, the issue may be localized, but SSA has ramifications on a transnational scale. For instance, research shows that migrant-receiving countries such as the U.S. and U.K. have initiated regulations against the reproductive practices

of ethnic minority communities from Southeast Asian countries like India, on the alleged grounds of SSA being preferred and practiced by these cultural groups (Kalantry, 2017; Sundari & Gill, 2018). These bans on SSA are often used as a political ruse to further an anti-abortion agenda and racially profile immigrant women in migrant-receiving countries. There is already work being done to compare and analyze SSA cases in western countries such as the U.S. and countries in Asia from human rights and legal perspective. However, such comparative discourse is at a nascent stage. Future research on SSA can utilize similar research methods and conceptual frameworks as a basis for comparison to explore cross-cultural parallels between SSA bans in local and transnational contexts.

Of particular significance would be the integration of postcolonial feminist perspectives with the reproductive justice framework formulated by anti-racist women of color organizations and reproductive health advocates for women of color in the U.S. (Price, 2010; Ross & Solinger, 2017). For example, reproductive justice collective such as Asia Pacific Alliance and SisterSong view laws and proposals to ban SSA as a cynical political ploy by social conservatives to control women's sexuality and reproductive decisions. Many Indian feminists who oppose blanket bans on abortions to remedy SSA also believe that such bans are often rooted in discriminatory and oppressive caste, gender, religious and political ideology. A critical integration of these two distinct but intellectually and politically related frameworks would facilitate opportunities for building feminist alliances. It would also create opportunities for a vital feminist transnational coalition while acknowledging that women have diverse needs and agendas across national boundaries and cultural contexts.

The feminist sociological theories and the empirical methods that I have used, including transnational feminist theories, in-depth interviews, and content analysis, can serve as a

benchmark for research that emphasizes the importance of context-specific considerations. The challenges I have encountered and relayed in this chapter— namely, participant recruitment, sensitive research, and insider/outsider advantages and disadvantages can serve as caveat as well as a catalyst for the direction of research. My research findings and testimonies of research participants are primarily grounded in the knowledge of SSA practices in the north and northwest Indian states. These regions are empirically evidenced as SSA-prone areas. My interview data cannot account for SSA practices in other parts of India. Likewise, my study cannot fully capture the complex diversity of the Indian culture and society or claim to represent the views of service providers, NGOs, and social scientists outside my field site. My study can be replicated to examine SSA practices in different contexts and locations in India and outside. Future studies can include cross-regional research on service providers' experiences with SSA at the grassroots level in different Indian states. Additionally, more research is needed to develop and advance the issue of women's agency in SSA. Extended ethnographic research and immersion in the study population, that is, women who have obtained SSA, can further advance theories and concepts about how women exercise and make sense of their own agency. SSA creates ambiguities and dilemmas from a feminist standpoint. It also produces paradoxes as there tends to be a conflict between the need to recognize women's bodily autonomy and choice and the urgency to amend SSA from exacerbating gender inequality.

Although the Indian government seeks to address the social roots of SSA, such as patriarchy and the consequent devaluation of women and girls, it fails to systematically address the inequities within the private and public realms of social life. These include gender regressive sexual division of labor in domestic spaces and lack of social security for women outside of their homes. Furthermore, the measures that have been deployed to eliminate SSA tend to operate

more as political stunts and rhetorical devices without producing sustainable results. The use of coercion via the rigorous pursuit of state surveillance, pregnancy monitoring, and the crackdown on abortion clinics have proven to be highly intrusive. Social welfare services and state programs intended to serve the healthcare and educational needs of women and girls are crafted with the ideology of paternal guardianship and end up reinforcing traditional gender ideology.

Lastly, India has high rates of maternal mortality and morbidity due to the lack of access to contraceptives, access to safe abortion, particularly in public hospitals, and stigma towards abortion, particularly for young and unmarried women. The government needs to ensure that the restrictions placed on prenatal sex determination will not create barriers for women with legitimate abortion needs and hinder reproductive service providers from operating without fear of legal sanctions. Therefore, it needs effectively reduce systemic forms of gender inequality, treat women's rights as an end in itself, and create enabling socio-economic and political conditions for women in and outside of their homes. This way, perhaps, SSA will no longer appeal to women and families as the most realistic option for their life circumstances.

My dissertation research has deeply informed me that reproductive practices such as SSA, despite its inherently problematic nature on the grounds of morality and ethics, cannot be arbitrated via the lens of morality alone. If SSA is condemned as morally unjust, then taking such a stance solicits debates about the ethics of supporting abortion for disability. Further, if blanket bans on SSA are to be supported, other reproductive technologies and medical procedures that permit families to pre-select fetal sex and fetal traits must be assessed on similar moral and ethical grounds. Indeed, SSA's continued practices can potentially have deleterious ramifications for women's equality and well-being in developing countries like India, which tend to fare poorly in gender and social justice. However, any solution proffered must first recognize that

SSA's roots run deep and extend beyond patriarchy and daughter aversion. SSA involves the active collusion of families, the medical establishment, new reproductive technologies, and the government's fixation on population control and family planning programs, often at the expense of women's bodies and reproductive capacities. There may not be easy resolutions to ameliorating SSA, but as feminists, we must continue to engage and sustain our long-term commitment to transformative projects, locally, nationally, and transnationally.

Many Indian women view the family as the single-most-important resource for extending emotional support, endowing self-worth, and providing social security. These ingrained perceptions are compounded by the highly inadequate state of social security and welfare services for women outside of the socially sanctioned security that the family provides. Thus, if the government seeks to eliminate SSA, it must ensure that social security is no longer considered a family subject in India. Many Indian women are socialized from their childhoods to believe that the family is the most reliable form of social security provision. The family also creates preconditions for SSA as many women associate mothering sons with self-empowerment and lifelong security within the family and community that is already encoded masculine. Thus, government policies need to first address unequal power relations within the home if it seeks to impact sustainable structural changes. The government must envision and create a robust social security system for women outside of their homes.

I close this chapter with a quote that amplifies the core principles and assertions in this dissertation. These words by Indian feminist Nivedita Menon encourage us to continue our resilient feminist politics to protect and preserve women's reproductive rights with the ardent hope that our feminist scholarship and activism assures new and transformative possibilities.

> "An ideal feminist world would not be one in which abortions are free and common, but one in which women have greater control over pregnancy, and the circumstances that

make pregnancies unwanted have been transformed. Until then, in a hugely imperfect, unfair and sexist world, feminists must defend women's access to legal and safe abortions whenever they decide to have them whatever the reason for their decision" (Menon, 2009, p. 109)

Postscript

In this current moment, more than ever, women's sexual and reproductive health and rights, including abortion, need to be recognized as fundamental and essential. As I write this chapter amid a global pandemic caused by the novel coronavirus (SARS-CoV-2) that causes COVID-19, India has declared a state of emergency and sanctioned the world's biggest coronavirus lockdown. On March 25, 2020, the World Health Organization issued operational guidance on maintaining essential health services during an outbreak, including high priority areas, "services related to reproductive health, including care during pregnancy and childbirth" (WHO, 2020). However, a coalition of anti-abortion groups is seeking to exploit the COVID crisis to declare opportunistic bans on time-sensitive abortion and life-saving abortion care in the U.S. (Palacio, 2020). Adverse impacts of the pandemic, including unintended pregnancies, unsafe abortions, and maternal and newborn deaths, have also been estimated for low and middle-income countries (LMICs), the category under which India fall (Riley et al., 2020). In India, total lockdowns have suspended healthcare services that are not classified as essential, such as abortion care. As a result, clinics operated by Marie Stopes International, the largest provider of family planning services in India outside of the public sector, have been closed (Marie Stopes International, 2020).

These challenges are immediate and long-term consequences of the threat of the virus; however, the disproportionate ways in which the public health crisis has impacted women and marginalized communities reflect underlying socio-structural inequities and longstanding gaps in state policies and programs. In the U.S, one in three jobs held by women has been designated as

essential (Robertson & Gebelof, 2020). Women make up the majority of healthcare workers, service workers, and unpaid caregivers at home, which is now amplified with children staying home due to schools being closed. Women's unemployment has also exceeded men in almost all sectors (Szal, 2020). Women of color are especially likely to experience the compounded harms and challenges associated with racism and poverty (Society for Women's Health Research, 2020; Women's Media Center, 2020). They also tend to have higher rates of pre-existing conditions associated with increased risk for COVID-19 and lower rates of health insurance (Berry, 2020).

In many parts of the world where there is limited access to health, education, protective services, and where girls are viewed as disposable assets, families are likely to marry off their young daughters to secure some forms of financial security. Young girls also face an increased risk of sexual exploitation and abuse pregnancies, especially in the global south (Fakoya, 2020). In India, the lockdown has already disproportionately hurt marginalized communities, and "social distancing" has taken on social caste and class bias with the police reportedly using force against the poor and vulnerable populations that allegedly violated lockdown orders (Human Rights Watch, 2020; Quartz India, 2020). Several women participate in the informal economy in India. They are more likely than men to live in poverty and face an increased risk of sexual and reproductive violence and food insecurity. The National Commission for Women (NCW) in India has already noted a significant surge in intimate partner violence (IPV) complaints since the nationwide lockdown began on March 24, 2020 (Rukmini, 2020). The burden of unpaid work is also likely to increase amid the lockdown since most men in India do not contribute to household chores according to a report by the Organization of Economic Cooperation and Development (OECD). These outcomes may be directly linked to the global pandemic, but, in fact, manifest pre-existing structural inequities that have been exacerbated by the COVID crisis.

The unprecedented nature and urgency of these conditions and outcomes constitute a national emergency and national crisis. Perhaps, now is India's time to address the root causes of the structural inequities that have been exposed by the pandemic. It is also the time for the government to reassess its cosmetic approach for managing policies to promote inclusivity, women's empowerment, and gender justice. In equal measure, the government would do well to reevaluate its militant stance on SSA and refrain from constructing the issue as a national emergency.

References

Abbamonte, J. (2019). Sex-Selective Abortion in India: Estimates on the Occurrence of Sex-Selective Abortion in India and Some Possible. Population Research Institute, VA. Available at https://www.pop.org/wp-content/uploads/2019/07/Sex-Selective-Abortion-in-India-Final-1.pdf
--(2019, August 26). *Indian Prime Minister Calls for Population Control, Says Small Families are an "Act of Patriotism."* Population Research Institute. https://www.pop.org/india-prime-minister-calls-for-population-control/

Acker, J. (2006). Introduction: 'The Missing Revolution' Symposium. *Social Problems*, 53(4), 444–47.

Acker, S. (2000). In/out/side: Positioning the researcher in feminist qualitative research. *Resources for Feminist Research*, 28 (1/2), 189.

Adler, P. A., Adler, P. (1994). Observational techniques. In Denzin, N. K., Lincoln, Y. S. (Eds.), *Handbook of qualitative research* (pp. 377–392). Thousand Oaks, CA: Sage.

Agarwal, B. (1994). *A Field of One's Own: Gender and Land Rights in South Asia*. Cambridge: Cambridge University Press.

Agarwal, P. (1995). Surat, Savarkar and Draupadi: Legitimizing Rape as a Political Weapon. In Tanika Sarkar & Urvashi Butalia (Eds.), *Women and the Hindu Right* (pp. 29-57). New Delhi: Kali for Women.

Aghtaie, N., & Gangoli, G. (2015). *Understanding Gender Based Violence: National and international contexts*. Routledge.

Agewell Foundation Studies. (2019). Social Security and Social Protection Floors in India, March 2019. https://www.agewellfoundation.org/wp-content/uploads/2013/10/Social-Security-in-India-2019.pdf

Aiyar, S.S.A. (2016). Twenty-Five Years of Indian Economic Reform. *Policy Analysis*, No. 803. Cato Institute. https://www.cato.org/publications/policy-analysis/twenty-five-years-indian-economic-reform.

Alcoff, L. (1995). The Problem of Speaking for Others. In Judith Roof and Robyn Wiegman (Eds.), *Who Can Speak: Authority and Critical Identity* (pp. 5-32). University of Illinois Press.

Allan, S. (2004). *News Culture* (3rd ed). Maidenhead: Open University Press.

Alkema, L., Chao, F., You, D., Pedersen, J., Sawyer, C.C. (2014). National, regional, and global sex ratios of infant, child, and under-5 mortality and identification of countries with outlying ratios: a systematic assessment. *Lancet Global Health*, 2: e521–30. https://doi.org/10.1016/S2214-109X(14)70280-3

Althaus, F.A. (1997). Female Circumcision: Rite of Passage or Violation of Rights? *International Perspectives on Sexual and Reproductive Health,* 23(3), 130-3. Guttmacher Institute.

Allendorf, K. (2012). Women's Agency and the Quality of Family Relationships in India. *Population Research and Policy Review*, 31(2), 187-206.

Alexander, J.M., & Mohanty, C.T. (Eds.). (1996). *Feminist Genealogies, Colonial Legacies, Democratic Futures (Thinking Gender)*. Routledge.

Ali, A. (2006). Population: Myths and Facts. In Pandey, S; Das, A; Shravanti, R; Rani, B. (Eds.), *Coercion Versus Empowerment* (pp. 3-9). New Delhi: Human Rights Law Network.

Altheide, D.L. and Schneider C.J. (2012). *Qualitative media analysis*. Sage Publications.

https://journals.sagepub.com/doi/pdf/10.1177/097185240701200108

ANI News Agency. (2015, November 1). Worry about female foeticide, not population 'imbalance': Muslim cleric on RSS resolution. https://www.dnaindia.com/india/report-worry-about-female-foeticide-not-population-imbalance-muslim-cleric-on-rss-resolution-2140961

Anitha, S., & Gill, A.K. (2018). Making politics visible: discourses on gender and race in the problematisation of sex-selective abortion. *Feminist Review*, 120, 1–19. https://doi.org/10.1057/s41305-018-0137-4

Arnold, F., Choe, M.K., & Roy, T.K. (2010) Son Preference, the Family-building Process and Child Mortality in India. *Population Studies*, 52(3), 301-315. DOI:10.1080/0032472031000150486.

Arnold, F, Kishore, S., & Roy, T.K. (2002). Sex-Selective Abortions in India. *Population and Development Review*, 28(4), 759-785.

Asia Pacific Alliance for Sexual and Reproductive Health and Rights. http://www.asiapacificalliance.org/

Associated Press (AP). (2011, April 11). *Veiled women arrested at Paris protest*. https://www.cbc.ca/news/world/veiled-women-arrested-at-paris-protest-1.1004020

Atkinson J.D. (2017). *Journey into Social Activism: Qualitative Approaches*. Fordham University Press. DOI: 10.26530/oapen_626395

Audit Bureau of Circulations (ABC), India. July December 2019. http://www.auditbureau.org/files/JD%202019%20Highest%20Circulated%20(across%20languages).pdf

Bacchetta, P. (2004). *Gender in the Hindu Nation: RSS Women as Ideologues*. New Delhi: Women Unlimited.

Ban, B., & Rao, V. (2008). Tokenism or Agency? The Impact of Women's Reservations on Village Democracies in South India. *Economic Development and Cultural Change* 56(30), 501-530.

Bartky, S. L. (1990). *Femininity and Domination: Studies in the Phenomenology of Oppression*. Routledge. doi:10.4324/9780203825259

Barthel, M. (2019). Newspapers: Fact Sheet. *Pew Research Center Journalism & Media*. https://www.journalism.org/fact-sheet/newspapers/

Basu, A. M. (2006). The emotions and reproductive health. *Population and Development Review*, 32(1), 107-121.

Basu, A & Ray, B (Eds.). (1990). Women's struggle: a history of the All-India Women's movement 1927-1990. New Delhi: Manohar.

Banerjee, S. (2003). Gender and Nationalism: The masculinization of Hinduism and Female Political Participation. *Women's Studies International Forum*, 26(2) 167-179.

Banister, J. (2004). Shortage of girls in China today. *Journal of Population Research*, 21(1):19-45.

Barber, J. (2004). Community Social Context and Individualistic Attitudes toward Marriage. *Social Psychology Quarterly*, 67(3), 236–256.

Barber, N. (2000). The Sex Ratio as a Predictor of Cross-National Variation in Violent Crime. *Society for Cross-cultural Research*, 34(3),264-282. Sage. https://doi.org/10.1177/106939710003400304.

Barbour, R.S. (2001). Checklists for improving the rigour of qualitative research: a case of the tail wagging the dog? *British Medical Journal*, 322, 1115-1117.

Bardhan, Pranab K. (1974). On life and death questions. *Economic and Political Weekly*, 19(1), A39-A52.

Barot, S. (2012). A problem-and-solution mismatch: son preference and sex-selective abortion Bans. *Guttmacher Policy Review*, 15(2), 18−22.

Basu, A. (1996). Caste and Class: The Rise of Hindu Nationalism in India. *Harvard International Review*, 8(3), 28-31, 79.

Basu, A.M. (1989). Is Discrimination in Food Really Necessary for Explaining Sex Differentials in Childhood Mortality? *Population Studies*, 43(2), 193-210, DOI: 10.1080/0032472031000144086.

Batliwala, S., & Sen, G. (2000). Empowering Women for Reproductive Rights. Women's Empowerment and Demographic Processing: Moving Beyond Cairo. London: Oxford. pp.15-36.

Bauman, Z. (1999). *In Search of Politics*. Stanford University Press.

BBC News. (2018, May 31). *The Islamic veil across Europe.* BBC. https://www.bbc.com/news/world-europe-13038095

Beauvoir, S. D. (1949) (2011). *Le Deuxième Sexe*, Paris : Gallimard. Translated as *The Second Sex*, Constance Borde and Sheila Malovaney-Chevallier (trans.), New York: Alfred A. Knopf.

Berry, D.B. (2020, MAY 31). Health issues for blacks, Latinos and Native Americans may cause coronavirus to ravage communities. *USA Today*. https://www.usatoday.com/story/news/nation/2020/03/30/coronavirus-cases-could-soar-blacks-latinos-and-native-americans/2917493001/

Benedict, H. (1992). *Virgin or vamp: How the press covers sex crimes*. New York: Oxford University Press.

Benson, P. (1990). Feminist Second Thoughts About Free Agency. *Hypatia*, 3, 47–64.

Bearman, S., Korobov, N., Thorne, A. (2009). The fabric of internalized sexism. *Journal of Integrated Social Sciences* 1(1), 10-47.

Berer, M. (2017). Abortion Law and Policy Around the World: In Search of Decriminalization. *Health and human rights*, 19(1), 13–27.
--(1993). Population and Family Planning Policies: Women-centered perspectives. *Reproductive Health Matters*, 18, 4-7.

Berg, B. (2008). *Qualitative Research Methods for the Social Sciences* (7th ed.) Pearson.

Berkeley Media Studies Group. (2003). Distracted by drama: How California newspapers portray intimate partner violence. http://www.bmsg.org/pdfs/Issue13.pdf

Berns, N. (2004). *Framing the victim: Domestic violence, media and social problems*. Hawthorne, NY: Aldine de Gruyter.

Berry, J. (2002). Validity and Reliability Issues in Elite Interviewing. *Political Science and Politics*, 35, 679-682. 10.1017/S1049096502001166.

Best, J. (2008). *Social Problems*. W.W. Norton & Company.
--(2013). Constructionist Social Problems Theory. *Annals of the International Communication Association*, 36(1), 237-269. DOI: 10.1080/23808985.2013.11679134

Béteille, André. (1992). *The Backward Classes in Contemporary India*. Oxford University Press
-- (2012, February 22). India's destiny not caste in stone. *The Hindu*. https://www.thehindu.com/opinion/lead/indias-destiny-not-caste-in-stone/article2913662.ece

Bhaktwani A. (2012). The PC-PNDT act in a nutshell. The Indian journal of radiology &

imaging, 22(2), 133–134. https://doi.org/10.4103/0971-3026.101114

Bhavnani, K. (1993). Tracing the contours: Feminist research and feminist objectivity. *Women's Studies International Forum*, 16, 95–104.

Bjoernaas, T. I. (2015). Saving Muslim Women: A Feminist-postcolonial Critique of Veiling Legislation in Norway. *Islamophobia Studies Journal*, 3(1), 78-89. doi:10.13169/islastudj.3.1.0078

Bhangaokar, R., & Kapadia, S. (2019). Gendered Boundaries, Cultured Lives: The Underexplored Dimensions of Duty (Kartavya) in the Indian Family Context. *Psychology and Developing Societi*es, 31(2), 252–282.

Bharati, S., I, Chakrabarty, M.A, Pal, S.M., & Bharat, P. (2017). Patterns, Determinants and Comparative Account of Son Preferences in India. *Genus Homo*, 1, 12-31.

Bhat, P. N.M, & Zavier, F. (2007). Factors influencing the use of prenatal diagnostic techniques and sex ratio at birth in India. In Isabelle Ittane and Christophe Guilmoto (Eds.), *Watering the Neighbour's Garden*: *The Growing Demographic Female Deficit in Asia*. Paris: CICRED.

Bhatt, A. (2013, January 6). Women meant to do household chores: another shocker from RSS Chief. *NDTV News*. https://www.ndtv.com/india-news/women-meant-to-do-household-chores-another-shocker-from-rss-chief-509519

Bhawuk, D.P.S. (2017). Individualism and Collectivism: Cross-Cultural Communication, Theories, Issues, and Concepts. *The Encyclopedia of Intercultural Communication*. https://doi.org/10.1002/9781118783665.ieicc0107

Billig, M. (1991). The Marriage Squeeze on High-Caste Rajasthani Women. *The Journal of Asian Studies*, 50(2), 341-360. doi:10.2307/2057211

Bloom, S. S., Wypij, D., & Das Gupta, M. (2001). Dimensions of women's autonomy and the influence on maternal health care utilization in a north Indian city. *Demography*, 38(1), 67-78.

Blumer, H. (1971). Social Problems as Collective Behavior. *Social Problems*, 18(3), 298-306. Oxford University Press.

Boddy, J. (1998). Violence Embodied? Female Circumcision, Gender Politics, and Cultural Aesthetics. In R. Dobash and R. Dobash (Eds.), *Rethinking Violence Against Women*, Sage, Thousand Oaks, Calif. (in press).
--(2018). *Civilizing Women: British Crusades in Colonial Sudan*. Princeton University Press.

Bogdan, R, & Biklen, S.K. (2007). *Qualitative Research for Education: An Introduction to Theories and Methods* (5th ed.). Pearson.

Bose, A. (2007). Female Foeticide: A civilisational Collapse. In Patel, T. (Ed.), *Sex-Selective Abortion in India: Gender, Society and New Reproductive Technologies*. Sage.

Brah, A. (2001). Feminist Theory and Women of Color. *International Encyclopedia of the Social & Behavioral Sciences*. Elsevier. pp. 5491-5495

Breen, L. J. (2007). The researcher 'in the middle': Negotiating the insider/outsider dichotomy. *The Australian Community Psychologist*, 19 (1), 163-174.

Bongaarts, J., & Guilmoto, C.Z. (2015). How Many More Missing Women? Excess Female Mortality and Prenatal Sex Selection, 1970–2050. *Population and Development Review*, 41(2), 241-269. https://doi.org/10.1111/j.1728-4457.2015.00046

Bordo, S. (2003). *Unbearable Weight. Feminism, Western Culture and the Body* (1st ed.). University of California Press.

Bronitt, S., & Misra, A. (2014). Reforming Sexual Offences in India: Lessons in Human Rights and Comparative Law. *Griffith Asia Quarterly*, 2(1), 36-56.

Brown, W. (2006). American Nightmare, Neoliberalism, Neoconservatism, and De-Democratization. *Political Theory*, 34(6), 690-734.

Browne, J.C. (1857). *Indian Infanticide: its origin, progress, and suppression.* London: W.H. Allen and Co., Leadenhall Street.

Bullock, C. F., & Cubert, J. (2002). Coverage of domestic violence fatalities by newspapers in Washington state. *Journal of Interpersonal Violence*, 17, 475-499.

Calvi, R. (2016). Essays on Health and Family Economics in India. PhD Thesis. Boston College. https://dlib.bc.edu/islandora/object/bc-ir:106809

Cannold, L. (2002) Understanding and responding to anti-choice women-centred strategies. *Reproductive Health Matters* 10(19), 171–179.

Capodilupo, C. (2017). Internalized sexism. In K. Nadal (Ed.), *The SAGE encyclopedia of psychology and gender* (pp. 949-951). Thousand Oaks, CA: SAGE Publications, Inc. doi: 10.4135/9781483384269.n320.

Carter, C., Branston, G., Allan, S. (1998). *News, Gender and Power*. London: Routledge.

Carroll, L. (1991). Daughter's Right of Inheritance in India: A Perspective on the Problem of Dowry. *Modern Asian Studies*, 25(4), 791-809.

Castetter, D. L. (1978). India's compulsory sterilization laws: The human right of family planning. *California Western International Law Journal*, 8(2), 342-367.

CEHAT Research Centre for Anusandhan Trust. (1998). Access to safe and legal abortion, issues and concerns. Summary report of the state level consultation, Pune, India.

Center for Reproductive Rights. (2009). Statement of Policies and Principles on Discrimination Against Women and Sex-Selective Abortion Bans. https://www.reproductiverights.org/document/statement-of-policies-and-principles-on-discrimination-against-women-and-sex-selective-abor

Chadda, R. K, & Deb, K.S. (2013). Indian family systems, collectivistic society and psychotherapy. *Indian Journal of* Psychiatry, 55(2), S299-309. doi:10.4103/0019-5545.105555

Chandrashekar, V.S. (2020, March 7). Does the MTP Amendment Bill 2020 Really Advance Women's Rights? *Businessworld India*. http://www.businessworld.in/article/Does-the-MTP-Amendment-Bill-2020-really-advance-Women-s-Rights-/07-03-2020-185470/ -- (2019, December 12), Why India Is Making Progress in Slowing Its Population Growth. *Yale Environment 360*. Yale School of Forestry and Environmental Studies. https://e360.yale.edu/features/why-india-is-making-progress-in-slowing-its-population-growth.

Chavez, C. (2008). Conceptualizing from the inside: Advantages, complications, and demands on insider positionality. *The Qualitative Report*, 13(3), 474-494. http://www.nova.edu/ssss/QR/QR13-3/chavez.pdf

Clark, R. (2006). Three Faces of Women's Power and their Reproductive Health: A Cross-National Study. *International Review of Modern Sociology* 32(1), 35-52.

Cohn, B. S. (Ed.). (2007). *Structure and Change in Indian Society* (1st ed.). Routledge.

Chao, F., Gerland, P., Cook, A.R., Alkema, L. (2019). Systematic assessment of the sex ratio at birth for all countries and estimation of national imbalances and regional reference levels Proceedings of the National Academy of Sciences, 116(19), 9303-9311. DOI: 10.1073/pnas.1812593116

Chambers, C. (2013). Feminism. In Freeden, M., & Stears, M. (Eds.), *The Oxford Handbook of Political Ideologies*. Oxford University Press.

Chatterjee, P. (1989). Colonialism, Nationalism, and Colonialized Women: The Contest in India. *American Ethnologist*, 16(4), 622-633. American Anthropological Association.

Chaudhuri, M. (2014). Gender, Media and Popular Culture in a Global India. In Leela Fernandes (Ed.), *Routledge Handbook of Gender in South Asia* (1st ed.). Routledge.

Chaudhry, V. (2016). Right to privacy under the Indian constitution. *International Journal of Education and Management Studies*, 6(4), 454-456.

Chaudhari, S. (2012). The Desire for Sons and Excess Fertility: A Household-Level Analysis of Parity Progression in India. *International Perspectives on Sexual and Reproductive Health*, 38(4), 178-186. Guttmacher Institute.

Chermak, S. (1995). *Victims in the news: Crime and the American news media*. Boulder, CO: Westview Press

Cherry, A. L. (1995). Feminist understanding of sex-selective abortion: Solely matter of choice. *Wisconsin Women's Law Journal*, 10(2), 161-224.

Chesney-Lind, M. (2017). Policing Women's Bodies: Law, Crime, Sexuality, and Reproduction. *Women & Criminal Justice*, 27(1), 1-3. DOI:10.1080/08974454.2017.1268014.

Chhabra, S. (2008). Sexual violence among pregnant women in India. *Journal of Obstetrics and Gynecology Research*, 34(2), 238-241.

Chhabra R., & Nuna, S.C. (1994). *Abortion in India: An Overview*. New Delhi: Veerendra Printers.

Chitnis, V., & Wright, D.C. (2007). The Legacy of Colonialism: Law and Women's Rights in India. University of Florida Levin College of Law. https://scholarship.law.ufl.edu/cgi/viewcontent.cgi?referer=https://www.google.com/&httpsredir=1&article=1148&context=facultypub

Chowdhry, P. (2004). *The Veiled Women: Shifting Gender Equations in Rural Haryana: 1880-1990.* Oxford University Press.
        -- (2007). *Contentious Marriages, Eloping Couples: Gender, Caste, and Patriarchy in Northern India.* Oxford University Press.
        -- (2009). *Gender Discrimination in Land Ownership.* Sage Publications.

Christie, N. (1986). *The Ideal Victim*. In Fattah E.A. (Ed.), *From Crime Policy to Victim Policy* (pp. 17-30). Palgrave Macmillan.

Clark, T. (2010). On 'being researched': why do people engage with qualitative research? *Sociology*, 10(4), 399-419.

Clark, R. (2006). Three Faces of Women's Power and their Reproductive Health: A Cross-National Study. *International Review of Modern Sociology*, 32(1), 35-52.

Clegg, S. (2006). The problem of agency in feminism: a critical realist approach. *Gender and Education*, 18(3), 309-324. DOI: 10.1080/09540250600667892

Cohn, B. (1996). *Colonialism and Its Forms of Knowledge: The British in India*. Princeton University Press.

Cole, C.B., (2009). Responding to the Two-Child Norm: Barriers and opportunities in the campaign to combat target-oriented population polices in the Post-ICPD India. [A Collaborative Study by the Center for Health and Social Justice and the Community-Oriented Public Health Practice Program at the University of Washington School of Public Health].

Collumbien, M., Mishra, M., & Blackmore, C. (2011). Youth-friendly services in two rural

districts of West Bengal and Jharkhand, India: definite progress, a long way to go. *Reproductive Health Matters*, 19(37), 174–183, doi:10.1016/S0968-8080(11)37557-X.

Connell, R.W., & Messerschmidt, J.W. (2005). Hegemonic Masculinity: Rethinking the Concept. *Gender and Society*, 19(6), 829-859.

--(1995). Connell, R.W. *Masculinities*. Polity Press, Cambridge, p. 77.

Connelly, M. (2006). Population Control in India: Prologue to the Emergency Period. Population and Development Review, 32(4), 629-667.

Cockerham, W. C. (2013). Bourdieu and an Update of Health Lifestyle Theory. *Medical Sociology on the Move: New Directions in Theory*. Springer. pp 127-154.

Collins, P.H. (2002). *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. Routledge.

-- (1998). It's All in the Family: Intersections of Gender, Race, and Nation. *Hypatia* 13(3), 62-82. Border Crossings: Multicultural and Postcolonial Feminist Challenges to Philosophy (Part 2).

--(2008). *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment* (1st ed.). Routledge.

Corea, G. (1985). *The Mother Machine: Reproductive Technologies from Artificial Insemination to Artificial Wombs* (1st ed.). Harper Collins.

Cornwall, A. (2007). Buzzwords and Fuzzwords: Deconstructing Development Discourse. *Development in Practice*, 17(4/5), 471–84.

Crane, B. B. (1994). The Transnational Politics of Abortion. *Population and Development Review*, 20, 241-262, Supplement: The New Politics of Population: Conflict and Consensus in Family Planning.

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. Issue 1, Article 8. University of Chicago Legal Forum.

Croteau, D., & Hoynes, W. (1997). *Media/Society: Industries, images, and audiences*. Thousand Oaks, CA: Pine Forge Press

Cushion, S. (2007) Protesting their Apathy? An Analysis of British Press Coverage of Young anti-Iraq War Protestors, *Journal of Youth Studies*, 10(4), 419-437. DOI: 10.1080/13676260701462695.

Cudd, A.E. (2006). *Analyzing Oppression*. Oxford University Press.

--(2009). Missionary Positions. *Hypatia: Analytical Feminism*. 20(4), 164-182.

Currier, D. M. (2013). Strategic Ambiguity: Protecting Emphasized Femininity and Hegemonic Masculinity in the Hookup Culture. *Gender & Society*, 27(5), 704–727. https://doi.org/10.1177/0891243213493960

D'Amico, F. (2000). Globalizing Forces: Review of "Maneuvers: The International Politics of Militarizing Women's Lives." *Social Justice*, 27(4) (82), 167-172.

Das Gupta, M., & Bhat, P.N. M. (1997). Fertility Decline and Increased Manifestation of Sex Bias in India. *Population Studies*, 51(3), 307-315.

--(1999). Das Gupta, M., & Li, S. Gender Bias in China, South Korea and India: 1920-1990, Effects of War, Famine and Fertility Decline. *Development and Change*, 30, 619-651.

--(2003). Das Gupta, M., Zhenghua, J., Bohua, L., Zhenming, X., Chung, W., & Hwa-Ok, B. Why is Son preference so persistent in East and South Asia? A cross-country study of

China, India and the Republic of Korea. *The Journal of Development Studies*, 40(2), 153-187. DOI: 10.1080/00220380412331293807.

--(2010). Family systems, political Systems and Asia's missing girls. *Asian Population Studies*, 6(2), 123–152.

Das, M. (2011). Gender Role Portrayals in Indian Television Ads. *Sex Roles* 64, 208–222. https://doi.org/10.1007/s11199-010-9750-1

Das, H., & Das, M. (2009) Gender Stereotyping in Contemporary Indian Magazine Fiction, *Asian Studies Review*, 33(1), 63-82. DOI: 10.1080/10357820802713593

Davies, P, Francis, P & Greer, C (Eds.). (2017). *Victims, Crime and Society: An Introduction*. Second edition. Sage Publications.

Davin, A. (1978). Imperialism and Motherhood. *History Workshop*, 5, 9-65. Oxford University Press.

Datta Gupta, N., & Dubey, A. (2006) Fertility and the household's economic status: A natural experiment using Indian micro data *The Journal of Development Studies*, 42(1), 110-138, DOI: 10.1080/00220380500356779

Davies, B. (1991). The Concept of Agency: A Feminist Poststructuralist Analysis. *Social Analysis: The International Journal of Anthropology*, No. 30, Postmodern Critical Theorising, pp. 42-53.

David, E.J.R (ed). (2013). *Internalized Oppression: The Psychology of Marginalized Groups*. Springer Publishing Company.

D'Cruz, P., & Bharat, S. (2001). Beyond Joint and Nuclear: The Indian Family Revisited. *Journal of Comparative Family Studies*, 323(2), 167-194. https://doi.org/10.3138/jcfs.32.2.167

Denbow, J.M. (2016). Abortion as Genocide: Race, Agency, and Nation in Prenatal Nondiscrimination Bans. *Signs* 41(3), 603-626.

Desai, S., & Andrist, L. (2010). Gender scripts and age at marriage in India. *Demography*, 47(3), 667-687.

Deshmukh-Ranadive, J. (2005). Gender, power, and empowerment: An analysis of household and family dynamics. In D. Narayan (Ed.), *Measuring empowerment: Cross-disciplinary perspectives* (pp. 103-122). Washington, DC: The World Bank

DeVault, M. (1996). Talking Back to Sociology: Distinctive Contributions of Feminist Methodology. *Annual Review of Sociology*, 22, 29-59.

Dhar, M., Payal, Y. S., & Krishna, V. (2018). The Pre-Conception and Pre-Natal Diagnostic Techniques Act and its implication on advancement of ultrasound in anaesthesiology; time to change mindsets rather than laws. *Indian journal of Anaesthesia*, 62(12), 930–933. https://doi.org/10.4103/ija.IJA_518_18

Drake, P. (2010). Grasping at methodological understanding: A cautionary tale from insider research. *International Journal of Research & Method in Education*, 33 (1), 85-99.

Diamond-Smith, N., & Rudolph, K. (2018). The association between uneven sex ratios and violence: Evidence from 6 Asian countries. *PLoS One*, 13(6), e0197516.

Doan, A.E. and Schwarz, C. (2020). Father Knows Best: "Protecting" Women through State Surveillance and Social Control in Anti-Abortion Policy. *Politics & Policy*, 48(1), 6-37.

Dorius, S.F., & Firebaugh, G. (2010). Trends in Global Gender Inequality. *Social Forces* 88(5), 1941-1968.

Dougal, L., & Raj, A. (2014). Sexual Violence and Rape in India. *The Lancet*, 383, 865-866.

Downe-Wambolt, B. (1992). Content analysis: method, applications and issues. *Health Care for Women International*, 13, 313-321.

Drèze, J., & Sen, A. (2013). *An Uncertain Glory: India and Its Contradictions*. New Delhi: Penguin.

Dube, L. (1997). *Women and Kinship: Comparative Perspectives on Gender in South and South-East Asia.* New York: United Nations University Press.

Duggal R., & Ramachandran, V. (2004). The abortion assessment project--India: key findings and recommendations. *Reproductive Health Matters* (24 Suppl), 122-9.

Dwyer, S. C., & Buckle, J. L. (2009). The Space Between: On Being an Insider-Outsider in Qualitative Research. *International Journal of Qualitative Methods*, 54–63. https://doi.org/10.1177/160940690900800105

Edlund, L., Hongbin, L., Junjian, Y., & Junsen, Z. (2007). Sex Ratios and Crime: Evidence from China's One-Child Policy. IZA Discussion, Paper No 3214, December.

Eitzen, S.D., Zinn, M.B., Eitzen Smith, K. (2014). *Social Problems* (13th ed.). Pearson.

Ehrlich, J. S., & Doan, A. E. (2019). *Abortion Regret: The New Attack on Reproductive Freedom*. Praeger.

Ehrenreich, B. (2005). What is Socialist Feminism? *The Monthly Review*. https://monthlyreview.org/2005/07/01/what-is-socialist-feminism/

Eklund, L., & Purewal, N. (2017). The bio-politics of population control and sex-selective abortion in China and India. *Feminism & Psychology*, 27(1), 34–55. https://doi.org/10.1177/0959353516682262.

England, K.V.L. (1994) Getting Personal: Reflexivity, Positionality, and Feminist Research. *The Professional Geographer*, 46(1), 80-89. DOI: 10.1111/j.0033-0124.1994.00080.x

Enloe, C. (1983). *The Morning After: Sexual Politics at the End of the Cold War*. Berkeley: University of California Press.
--(2000). *Maneuvers: The International Politics of Militarizing Women's Lives*. Berkeley: University of California Press.
--(1990) 2014. *Bananas, beaches and bases: making feminist sense of international politics*. Berkeley/Los Angeles: University of California Press.

Fakoya, F. Y. (2020, April 20). COVID-19 and Young Girls: Expect Increases in Child Marriage and Teen Pregnancy. *Ms. Magazine*. https://msmagazine.com/2020/04/20/covid-19-and-young-girls-expect-increases-in-child-marriage-and-teen-pregnancy/

Ferree, M., & Tripp, A.M. (2006). *Global Feminism: Transnational Women's Activism, Organizing, and Human Rights*. New York University Press.

Ferguson, C. J., & Beaver, K. M. (2016). Who's afraid of the big, bad video game? Media-based moral panics. In D. Chadee (Ed.), *Researching social psychology, psychology of fear, crime, and the media: International perspectives* (p. 240–252). Routledge/Taylor & Francis Group.

Ferguson, M. (2010). Choice Feminism and the Fear of Politics. *Perspectives on Politics*, 8(1), 247-253.

Filmer, D., Friedman, J., & Schady, N. (2008). *Development, modernization, and son preference in fertility decisions*. The World Bank.

Finer, L., & Fine, J. B. (2013). Abortion law around the world: progress and pushback. *American journal of public health*, 103(4), 585–589. https://doi.org/10.2105/AJPH.2012.301197

Fleming, J. (2018). Recognizing and resolving the challenges of being an insider researcher in

work-integrated learning. *Special Issue: Work-integrated learning research methodologies and methods*. https://files.eric.ed.gov/fulltext/EJ1196753.pdf

Flick, U. (2007). *The SAGE Qualitative Research Kit*. SAGE publications.

Fonow, M.M, & Cook, J. (2005). Feminist Methodology: New Applications in the Academy and Public Policy. *Signs*, 30(4), 2211-2236.

Friedman, M. (1997). Autonomy and Social Relationships: Rethinking the Feminist Critique. In Meyers, D.T. (Ed.), *Feminists Rethink the Self* (pp. 40-61). Boulder, CO: Westview.
--(2003). *Autonomy, Gender, Politics*. New York: Oxford University Press.

Furedi, A. (2013). You can't be pro-choice only when you like the choice. *Spiked*. https://www.spiked-online.com/2013/09/16/you-cant-be-pro-choice-only-when-you-like-the-choice/

Gandhi, L. (1998). *Postcolonial Theory*. Columbia University Press.

Gangoli, G. (1998). Reproduction, Abortion and Women's Health. *Social Scientist* 26 (11/12), 83-105.

Ganatra, B. (2008). Maintaining access to safe abortion and reducing sex ratio imbalances in Asia. *Reproductive Health Matters*, 16(31), 90-98.

George, A. J. (1989). The Supreme Court, Privacy and Abortion. *The New England Journal of Medicine*, 321(17), 1200-03.

Ghai, A., & Johri, R. (2008). Prenatal Diagnosis: Where do we draw the Line? *Indian Journal of Gender Studies* 15(2), 291-316.

Giddens, A. (1984). *The Constitution of Society: Outline of a Theory of Structuration*. Cambridge, UK: Polity.

Gillis, M. (2017). *Introduction to Women's and Gender Studies: An Interdisciplinary Approach*. Oxford University Press.

Gittinger, J. (2011). Saffron Terror: Splinter or Symptom? *Economic and Political Weekly*, 46(37), 22-25.

Glick, P., & Fiske, S. T. (2001). An ambivalent alliance: Hostile and benevolent sexism as complementary justifications for gender inequality. *American Psychologist*, 56(2), 109.

Global Media Monitoring Project. (2015, November). *Who Makes the News?* The Global Media Monitoring Project. Available at http://cdn.agilitycms.com/who-makes-the-news/Imported/reports_2015/global/gmmp_global_report_en.pdf

Goffman, E. (1977). The Arrangement between the Sexes. *Theory and Society*, 4(3), 301-331.

Goode, E. & Ben-Yehuda, N. (1994). Moral Panics: Culture, Politics, and Social Construction. *Annual Review of Sociology*, 20, 149-171

Gooder, T. (2018). Selective Abortion Bans: The Birth of a New State Compelling Interest. *University of Cincinnati Law Review*, Article 6, 87(2), 545-569. https://scholarship.law.uc.edu/uclr/vol87/iss2/6

Goodkind, D. (1999). Should Prenatal Sex Selection be Restricted? Ethical Questions and Their Implications for Research and Policy. *Population Studies*, 53(1), 49–61.

Government of India. (1966). Report of the Shah Committee to study the question of legalization of abortion. New Delhi: Ministry of Health and Family Planning.
-- (1971). The Medical Termination of Pregnancy Act (MTP). (1971). No. 34, Ministry of Health and Family Welfare, Government of India. Available at http://tcw.nic.in/Acts/MTP-Act-1971.pdf
-- (1992). Family Planning Association of India (1992). Challenges: Strategic Plan 1992-2000. Bombay: FPAI.

-- (2001). National Policy for the Empowerment of Women, 2001. Ministry of Women and Child Development, Govt of India. https://wcd.nic.in/womendevelopment/national-policy-women-empowerment.

-- (2002). The Medical Termination of Pregnancy Act (Amendment), 2002. Ministry of Health and Family Welfare, Government of India. December 18, 2002. Retrieved from https://main.mohfw.gov.in/acts-rules-and-standards-health-sector/acts/mtp-act-amendment-2002

--(2006). Handbook on Pre-conception and Pre-natal Diagnostics Techniques Act and Rules with Amendments. Ministry of Health and Family Welfare, Govt of India. Available at, http://qi.nhsrcindia.org/sites/default/files/Handbook%20on%20PC%26PNDT%20Act%20%26%20Rules%20with%20Amendments.pdf

--See also, Standard Operating Guidelines for District Appropriate Authorities, Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection Act, 1994. Ministry of Health and Family Welfare, Government of India, in collaboration with United Nations Population Fund (UNFPA). http://india.unfpa.org/sites/default/files/pub-pdf/FINALfinalUNFPA_SOGsReport_Inside_LowRes.pdf

--Government of India. (2006). Morbidity, health care and the condition of the aged. National Sample Survey Organization 60th round (January-June 2004).

-- (2008). Delhi Laadli Scheme. Department of Women and Child Development, Government of India. Retrieved from http://www.wcddel.in/streesakti_3Ladli.html

--(2011) Census of India, 2011. Office of the Registrar General and Census Commissioner. Ministry of Home Affairs, Government of India. http://censusindia.gov.in/

--(2013). Statistics Division, MoHFW, Rural Health Statistics in India 2012, New Delhi: MoHFW, Government of India.

--(2015). The Hindu Succession Amendment Act 2005. Global Database on Violence against Women. UN Women. National review on Beijing +20, 2015, page 12; CEDAW/ C/IND/4-5, para. 5. https://evaw-global-database.unwomen.org/fr/countries/asia/india/2005/the-hindu-succession-amendment-act-2005

-- (2015). Beti Bachao, Beti Padhao: Caring for the Girl Child (BBBP). Ministry of Women and Child Development, Government of India. 2015. https://wcd.nic.in/bbbp-schemes

-- (2015). Snapshots, 2015. Crime in India, 2015. National Crime Records Bureau, Government of India. http://ncrb.nic.in/StatPublications/CII/CII2015/FILES/Snapshots-11.11.16.pdf

-- (2015). National Policy for the Empowerment of Women (2001). Ministry of Women and Child Development. Government of India. Available at, https://wcd.nic.in/womendevelopment/national-policy-women-empowerment

-- (2016). The Population Control Bill 2016. Bill No. 77 of 2016. Govt of India. http://164.100.47.4/BillsTexts/LSBillTexts/Asintroduced/27LS.pdf

--(2016). Mission Parivar Vikas. Ministry of Health and Family Welfare, Govt of India. http://www.nhmmp.gov.in/WebContent/FW/Scheme/Scheme2017/Mission_Parivar_Vikas.pdf

-- (2018). Annual Report of Department of Health and Family Welfare (2017-2018). Chapter 23, Gender Issues. Ministry of Health and Family Welfare (MOHFW), Government of India. https://main.mohfw.gov.in/sites/default/files/23Chapter.pdf
-- (2020). Government of India. Cabinet approves The Medical Termination of Pregnancy (Amendment) Bill, 2020. Press Information Bureau of India, Government of India. January 29, 2020. Available at https://pib.gov.in/PressReleseDetail.aspx?PRID=1600916

Granner, M. L., Sharpe, P. A., Burroughs, E. L., Fields, R., & Hallenbeck, J. (2010). Newspaper content analysis in evaluation of a community-based participatory project to increase physical activity. *Health Education Research*, 25(4), 656-667.

Greenhalgh, S. (2008). *Just One Child: Science and Policy in Deng's China*. Berkeley: University of California Press.

Greer, C. (2004). Crime, media and community: grief and virtual engagement in late Modernity. In J. Ferrell, K. Hayward, W. Morrison and M. Presdee (Eds.), *Cultural Criminology Unleashed* (pp. 109-121). London: Cavendish
--(2017). News Media, Victims and Crime. In Davies, P, Francis, P & Greer, C (Eds.). *Victims, Crime and Society: An Introduction*. Sage Publications

Grewal, I., & Kaplan, C (Eds). (1994). *Scattered Hegemonies: Postmodernity and Transnational Feminist Practices*. Duke University Press.
--(2000). *Postcolonial Studies and Transnational Feminist Practices*. 5(1). San Francisco State University and University of California—Berkeley https://legacy.chass.ncsu.edu/jouvert/v5i1/grewal.htm

Griffin, G. (2012). The Compromised Researcher: Issues in Feminist Research Methodologies. *Sociologisk Forskning*, 49(4), 333-347.

Grimes, D.A., Stuart, G. (2010). *Abortion jabberwocky: the need for better terminology*. *Contraception*, 81, 93-6.

Grossbard, S. (2015). Household Economics. Paul Baltes & Neil Smelser (Eds.) (2nd ed.). *In International Encyclopedia of the Social and Behavioral Sciences*. Elsevier.

Grover, V. (2020, February 28). The amendments in the MTP Act bill are flawed| Analysis. *The Hindustan Times*. https://www.hindustantimes.com/analysis/the-amendments-in-the-mtp-act-bill-are-flawed-analysis/story-H0DZJUAWWopQZKPzbLXyJL.html

Guilmoto, C. (2007). Characteristics of sex ratio imbalance in India and future scenarios. 4th Asia and Pacific Conference on Sexual and Reproductive Health and Rights. UNFPA, New Delhi. Hyderabad, India.
--(2012). Sex Imbalances at Birth: Current Trends, Consequences and Policy Implications. Bangkok: United Nations Population Fund (UNFPA), Asia and the Pacific Regional Office.
----(2015). Missing Girls: A Globalizing Issue. In *International Encyclopedia of the Social & Behavioral Sciences*. Elsevier, pp. 608-613

Guha, B.S. (1935). Census of India 1931, 1-India, Part III, Ethnographical (Simla: Govt. India Press).

Gupta, B. (1994). Modernity and the Hindu Joint Family System: A Problematic Interaction. *International Journal on World Peace* 11(4), 37-60.

Gupta, R, Nimesh, R, Girdhari Lal Singal, Bhalla, P, Prinja, S. (2018). Effectiveness of India's National Programme to save the girl child: experience of Beti Bachao Beti Padao (B3P) programme from Haryana State. *Health Policy and Planning*, 33(7), 870–876.

Gupta, J. A. (1996). New freedom, new dependency: New reproductive technologies, women's health and autonomy'. PhD dissertation. Leiden University.

Gupta, M. D. (1987). Selective discrimination against female children in rural Punjab, India. *Population and Development Review*, 13(1), 77-100.
-- (2016). Is banning sex-selection the best approach for reducing prenatal discrimination? In Population Association of America meeting, Washington DC.

Gupta, R. (2014). Pro-choice: all the way to the sex-selection gallows. *Feminist Review*, No. 107, pp. 84-89.

Gupte, P.R. (2017). India: "The Emergency" and the Politics of Mass Sterilization. *Demographics, Social Policy and Asia*, 22(3), 40-44.

Haddad, Y. (2007). The Post-9/11 Hijab as Icon. *Sociology of Religion*. 68. 253-267. 10.1093/socrel/68.3.253.

Hall, S. (1982). The rediscovery of ideology: return of the repressed in media studies. In M. Gurevitch, T. Bennett, J. Curran & J. Woollacott (Eds.), *Culture, Society and the Media* (pp. 56-90). Methuen, London.

Halva-Neubauer, G., & Zeigler, S. (2010). Promoting Fetal Personhood: The Rhetorical and Legislative Strategies of the Pro-Life Movement after Planned Parenthood v. Casey. *Feminist Formations*, 22(2), 101-123.

Hanmer, J., and Allen, S. (1982). Reproductive Engineering: The Final Solution. *Gender Issues*, 2, 53-74.

Hang, T. H. (2018). Social responses to sex-selective abortion. In *Global Debates, Local Dilemmas: Sex-selective Abortion in Contemporary Vietnam.* ANU Press.

Harding, S. (Ed.). (1987). Introduction: Is there a feminist method? In *Feminism \ and Methodology*. Bloomington: Indiana University Press
--(1998). *Is Science Multicultural? Postcolonialism, Feminisms and Epistemologies*. Bloomington: Indiana University Press
-- (2005) Harding, S., & Norberg, K. New Feminist Approaches to Social Science Methodologies: An Introduction. *Signs*, 30(4):2009-2015

Haraway, D. (1988). Situated knowledges: The science question in feminism and the privilege of partial perspective. *Feminist Studies*, 14(13), 575–599.

Hardgrave, R.L., & Koachanek, S. (2008). *India: Government and politics in a developing nation* (7th ed.). Thomson Wadsworth. p. 146.

Hartmann, H. I. (1979). The Unhappy Marriage of Marxism and Feminism: Toward a More Progressive Union. *Capital and Class* 3(2), 1-33.

Hartsock N.C.M. (1983). The Feminist Standpoint: Developing the Ground for a Specifically Feminist Historical Materialism. In Harding S., Hintikka M.B. (Eds), *Discovering Reality*. Vol. 161. Springer.

Hashmi, N. (2006). Gender and Discrimination: Muslim Women Living in Europe (n.d.) (abstract of Ph.D. dissertation in progress, European University in Florence, Italy), available at http://www.lse.ac.uk/collections/EPIC/documents/ICHashmi.pdf

Harrigan, E. (2015). Let Girls be Born Elsewhere: Sex Selective Abortion in India and the need for Self-Regulation within the Medical Profession. *Journal of Global Justice and Public Policy*, 1(59), 59-78.

Hartmann, B., & Rao, M. (2015). India's Population Programme: Obstacles and Opportunities. *Economic & Political Weekly*, 1(44), 10-14.

Hawkesworth, M.E. (2006). *Globalization and Feminist Activism* (1st ed.). Rowman &

Littlefield.

Hays, S. (1994). Structure and Agency and the Sticky Problem of Culture. *Sociological Theory*, 12(1), 57-72.

Hedge, R.S. (1998). A View from Elsewhere: Locating Difference and the Politics of Representation for a Transnational Feminist Perspective. *Communication Theory*, 8(3), 271-297.

--(2006). A View from Elsewhere: Locating Difference and the Politics of Representation from a Transnational Feminist Perspective. *Communication Theory,* 8(3): 271-297.

Herr, R. (2014). Reclaiming Third World Feminism: Or Why Transnational Feminism Needs Third World Feminism. *Meridians*, 12(1), 1-30. doi:10.2979/meridians.12.1.1

Hesse-Biber, & Leavy, P. (2010). *The Practice of Qualitative Research* (2nd ed.). Sage.

--(2010). Analyzing Qualitative Data: With or Without Software. https://www.bumc.bu.edu/crro/files/2010/07/Hesse-Bieber-4-10.pdf

-- (2011). Hesse-Bieber, S.N. (Ed.). *Handbook of Feminist Research: Theory and Praxis* (2nd ed.). Sage.

--(2012). Feminist Approaches to Triangulation: Uncovering Subjugated Knowledge and Fostering Social Change in Mixed Methods Research. *Journal of Mixed Methods Research*, 6(2), 137-146.

--(2012). Hesse-Bibber, S. & Piatelli, D. The feminist practice of holistic reflexivity. In Hesse-Biber, S. N. (Eds.), *Handbook of feminist research: Theory and praxis* (pp. 557-582). Thousand Oaks, CA: SAGE Publications.

Hesketh, T., & Xing, Z. W. (2006). Abnormal sex ratios in human populations: causes and consequences. Proceedings of the National Academy of Sciences of the United States of America, 103(36), 13271–13275. https://doi.org/10.1073/pnas.0602203103

--Hesketh, T., Lu, L., & Xing, Z. W. (2011). The consequences of son preference and sex-selective abortion in China and other Asian countries. *CMAJ: Canadian Medical Association journal = journal de l'Association medicale canadienne*, 183(12), 1374–1377. https://doi.org/10.1503/cmaj.101368

Higgins, A. (2016). Sex-Selection Abortion: The Real War on Women. American Reports Series, Issue 11. Charlotte Lozier Institute. https://lozierinstitute.org/sex-selection-abortion-the-real-war-on-women/

Hine, D. C., & Thompson, K. (1998). *A Shining Thread of Hope: The History of Black Women in America*. Broadway Book.

Hirshman, L. R. (2006). *Get to Work: A Manifesto for Women of the World*. Viking Publishers.

Hirve, S.S. (2004). Abortion Policy in India: Lacunae and Future Challenges. Abortion Assessment Project, India. Mumbai: CEHAT, Health Watch.

--(2004). Abortion Law, Policy and Services in India: A Critical Review. *Reproductive Health Matters*, 12(24), 114-121.

hooks, bell. 2000. *Feminism Is for Everybody: Passionate Politics.* South End Press

Hopkins, J. C. & Cohn, B.S (eds). (2017). *Structure and Change in Indian Society*. 1st Edition. Routledge.

Hudson, V.M, & Boer, A. D. (2004). Bare Branches: The Security Implications of Asia's Surplus Male Population. MIT Press, Cambridge, MA, USA, pp. 329, ISBN 0-262-08325-6.

-- (2005). Missing women and bare branches: gender balance and conflict. Environmental

Change and Security Program Report, (11), 20-24.

Human Rights Watch. (2020, March 20). *India: COVID-19 Lockdown Puts Poor at Risk: Ensure All Have Access to Food, Health Care*. https://www.hrw.org/news/2020/03/27/india-covid-19-lockdown-puts-poor-risk
-- Quartz India. (2020, March 30). India's coronavirus response needs to address the question of social inequity. *Quartz India*. https://qz.com/india/1828141/indias-coronavirus-response-must-address-caste-and-class-divide/

Hurtado, A. (2002). *The Color of Privilege: Three Blasphemies on Race and Feminism*. University of Michigan Press.

Hvistendahl, M. (2011). *Unnatural Selection: Choosing Boys Over Girls, and the Consequences of a World Full of Men.* Public Affairs.

Indian Readership Survey (IRS) Q1, 2019 Report. Media Research Users Council (MRUC) with Nielson Holdings Inc., India. April 2019.
https://mruc.net/uploads/posts/8e428e54a95edcd6e8be593a7021a185.pdf

International Federation of Journalists (Asia-Pacific) (IFJ). (2015). Research Study on Media and Gender in Asia-Pacific Country Report: Media and Gender in India. Part of the IFJ Media and Gender in Asia-Pacific Research Project. file:///C:/Users/jokip/Downloads/INDIA.pdf

International Institute for Population Sciences (IIPS), District Level Household and Facility Survey (DLHS-3), 2007-–08: India, Mumbai: IIPS, 2010.

Irani, S. (2020, January 31). It's gender justice: Amendment to MTP Act will align the reproductive rights of women with 21st century medicine. *Times of India*. https://timesofindia.indiatimes.com/blogs/toi-edit-page/its-gender-justice-amendment-to-mtp-act-will-align-the-reproductive-rights-of-women-with-21st-century-medicine/

Irigaray, L. (1985). Speculum of the Other Woman. Cornell University Press.

Issacs, T. (2002). Feminism and Agency. *Canadian Journal of Philosophy*, 32(1), 129-154.

Jaffrelot, C. (1996). *The Hindu Nationalist Movement and Indian Politics: 1925 to the 1990s: Strategies of Identity-building, Implantation and Mobilisation (with Special Reference to Central India*. C Hurst & Co Publishers Ltd.

Jain, A. (2013). Sex selection and abortion in India: Efforts to curb sex selection must not retard progressive safe abortion policies. *BMJ: British Medical Journal*, 346(7902), 8-10.

Jackson, C. (2007). Resolving Risk Marriage and Creative Conjugality. *Development and Change*, 38(1), 107–129.

Jaggar, A.M. (1988). *Feminist Politics and Human Nature*. Totowa: Rowman and Littlefield

Jesudason, S. and Weitz, T. (2015). Eggs and abortion: ''women-protective'' language used by opponents in legislative debates over reproductive health. *Journal of Law, Medicine & Ethics*, 43(2), 259–269.

Jayachandran, S. (2017). Fertility decline and missing women. *American Economic Journal: Applied Economics*, 9(1), 118-39.

Jayawardena, K. (1986). *Feminism and Nationalism in the Third World*. London: Zed Books.
--(1996). Jayawardena, K., & Alwis, M.D. (Eds.). (1996). *Embodied Violence: Communalising Women's Sexuality in South Asia*. London: Zed Books.

Jeffery, R., & Jeffery, P. (1983). Female Infanticide and Amniocentesis. *Economic and Political Weekly*, 18(16/17), 654-656.

Jejeebhoy, S. J., & Sathar, Z. A. (2001). Women's autonomy in India and Pakistan: The influence of religion and region. *Population and Development Review*, 27(4), 687-712.

Jejeebhoy, S.J., Zavier, A. J. F., Acharya, R., & Kalyanwala, S. (2011). Increasing access to safe

abortion in rural Maharashtra: Outcomes of a comprehensive abortion care model. New Delhi: Population Council. doi.org/10.31899/rh2.1033

Jesani, A., & Iyer, A. (1993). Women and Abortion. *Economic and Political Weekly*, 23(48), 259-94.

-- (1995). Abortion-Who is responsible for our rights? In Makini Karkal (Ed.), *Our Lives, Our Health* (pp.114-30). Coordination Unit: The World Conference on Women (New Delhi, India),

Jha, P., Kesler, M.A., Kuman, R., Bassani, D.G, et al. (2011). Trends in Selective Abortions of Girls in India: Analysis of Nationally Representative Birth Histories from 1990-2005 and Census from 1991 to 2011. The *Lancet* 377(9781), 1921-1928.

Jiang, Q., Li, Y. & Sánchez-Barricarte, J.J. (2016). Fertility Intention, Son Preference, and Second Childbirth: Survey Findings from Shaanxi Province of China. *Social Indicators Research*, 125, 935–953. https://doi.org/10.1007/s11205-015-0875-z

--(2014). Jiang, Q, Feldman, M.W., Li, S. Marriage Squeeze, Never-Married Proportion, and Mean Age at First Marriage in China. *Population Research and Policy Review*, 33(2), 189-204. doi:10.1007/s11113-013-9283-8

John, M.E. (2005). Feminism, Poverty and the Emergent Social Order. In Raka, R. & Katzenstein, M. F (Eds.), *Social Movements in India: Poverty, Power and Politics*. Rowman and Littlefield and Delhi: Oxford University Press.

--(2011). Census 2011: Governing Populations and the Girl Child. *Economic and Political* Weekly, 46 (16), 10-12.

-- (2011). Sexing the Foetus: Feminist Politics and Method across Cultures. *Positions: East Asia Cultural Critique*, vol. 19, no. 1.

--(2014). Sex Ratios and Gender-biased sex selection: History, Debates and Future Directions. UN Women Multi Country Office for India, Bhutan, Maldives & Sri Lanka. https://india.unfpa.org/sites/default/files/pub-pdf/SexRatiosandGBSS.pdf

-- (2016) John, M. E., Kaur, R., Palriwala, R., Raju, S., & Sagar, A. (2016). Planning Families, Planning Gender: The Adverse Child Sex Ratio in Selected Districts of Madhya Pradesh, Rajasthan, Himachal Pradesh, Haryana and Punjab. Action Aid, New Delhi, India.

Johnsen, D.E. (1986). The Creation of Fetal Rights: Conflicts with Women's Constitutional Rights to Liberty, Privacy, and Equal Protection. *The Yale Law Journal*, 95(3), 599-625.

Jorgensen, J. (2011). Reflexivity in Feminist Research Practice: Hearing the Unsaid. *Women & Language*, 34(2), 115-119.

Joseph, A., & Sharma, K. (Eds). (2006). *Whose News? The Media and Women's Issues* (2nd ed.) Sage Publications.

Joseph, S. (2007). Neoliberal Reforms and Democracy in India. *Economic and Political Weekly*, 42(31), 3213-3218.

Junhong, C. (2001). Prenatal Sex Determination and Sex-Selective Abortion in Rural Central China. *Population and Development Review* 27 (2):259-281.

Kabeer, N. (1999). Resources, Agency, Achievements: Reflections on the Measurement of Women's Empowerment. *Development and Change*, 30(3), 435-464.

-- (2000). *The Power to Choose: Bangladeshi Women and Labour Market Decisions in London and Dhaka*. Verso.

--(2001). Family Bargaining. In Neil J. Smelser and Paul B. Baltes (Eds.), *International Encyclopedia of the Social & Behavioral Sciences*. Elsevier.

-- (2005). Gender equality and women's empowerment: a critical analysis of the third Millennium Development Goal. *Gender and Development*, 13(1), 13-24.

--(2019). Women's Empowerment and Question of Choice. *Journal of International Affairs,* 72(2), 209-214.

Kalantry, S. (2013). Sex selection in the United States and India: A contextualist feminist approach. *UCLA Journal of International Law and Foreign Affairs,* 61, 61–85.

--(2017). *Women's Human Rights and Migration: Sex-selective abortion laws in the United States and India*. University of Pennsylvania Press.

Kalra, V., & Jain, R. (2017). An armistice between right to privacy and right of surveillance. *Indian Journal of Law & Public Policy*, 4(1), 1-23.

Kamat, S., & Mathew, B. (2003). Mapping Political Violence in a Globalized World: The Case of Hindu Nationalism. *Social Justice*, *The Intersection of Ideologies of Violence*, 30(3) (93), 4-16.

Kanter, R.M. (1977). Some Effects of Proportions on Group Life: Skewed Sex Ratios and Responses to Token Women. *American Journal of Sociology*, 82(5), 965-990.

Kanuha, V. K. (2000). "Being" native versus "going native": Conducting social work research as an insider. *Social Work*, 45(5), 439–447.

Kandiyoti, D. (1988). Bargaining with Patriarchy. *Gender and Society* 2(3), 274–90.

-- (1998). Gender, Power and Contestation: Rethinking Bargaining with Patriarchy. In C. Jackson and R. Pearson (Eds.), *Feminist Visions of Development: Gender Analysis and Policy*. London: Routledge.

Kaplan, C., & Grewal, I. (1994). Transnational feminist cultural studies: Beyond Marxism/ Poststructuralism/feminism divides. *Positions,* 2(2), 430-45.

Karim, L. (2011). *Microfinance and Its Discontents: Women in Debt in Bangladesh*. Minneapolis: University of Minnesota Press.

Kaur, R. (2013). Mapping the Adverse Consequences of Sex Selection and Gender Imbalance in India and China. Consequences of Gender Imbalance. *Economic and Political* Weekly, 48(35), 1113-1124.

Kennedy, E.L. (2008). Socialist Feminism: What Difference Did It Make to the History of Women's Studies? *Feminist Studies,* 34(3), 497-525.

Khan M.E., Barge, S., Kumar, N. (2001). *Availability and Access to Abortion Services in India: Myth and Realities*. Baroda: Center for Operations Research and Training

Khan, S. (2000). Inheritance of Indian women: a perspective. *India International Centre Quarterly,* 27(2), 139-154.

Khullar, M (Ed.). (2005). *Writing the Women's Movement: A Reader*. New Delhi: Zubaan.

Kim, E. H. (1998). At Least You're Not Black: Asian Americans in U.S. Race Relations. *Social Justice,* 25(3/73), 3-12. Crossing Lines: Revisioning U.S. Race Relations.

Kim-Puri, H. J. (2005). Conceptualizing Gender-Sexuality-State-Nation: An Introduction. *Gender & Society,* 19(2), 137–59.

Kirsch, G. E. (1999). *Ethical Dilemmas in Feminist Research*. Albany: State University of New York Press.

Kishwar, M., & Vanita, R. (1988). The burning of Roop Kanwar. *Race & Class*, 30(1), 59–67. https://doi.org/10.1177/030639688803000104

Klasen, K., & Wink, C. (2002). A Turning Point in Gender Bias in Mortality? An Update on the Number of Missing Women. *Population and Development Review*, 28(2), 285-312.

Kotwal, K., Ramaswami, B., & Wadhwa, W. (2011). Economic Liberalization and Indian

Economic Growth: What's the Evidence? *Journal of Economic Literature*, 49(4), 1152-1199.

Krippendorff, K. (2004). Content Analysis: An Introduction to Its Methodology (2nd ed.). Sage Publications.

Kulkarni, S. (1995). Claiming our Sexuality. In Malini Karkal (Ed), *Our Lives Our Health* (pp.76-82). Co-ordination Unit. World Conference on Women. Beijing 1995.

Kukreja, R., & Kumar, P. (2013). *Tied in a Knot: Cross-region Marriages in Haryana and Rajasthan: Implications for Gender Rights and Gender Relations*. Tamarind Tree, Canada.

Kukreja, R. (2018). Caste and Cross-region Marriages in Haryana, India: Experience of Dalit cross-region brides in Jat households. *Modern Asian Studies*, 52(2), 492-531. doi:10.1017/S0026749X16000391

Kumar, D. (1983). Male utopias or nightmares? *Economic and Political Weekly*, 13(3), 61-64.

Kumar, R. (1993). *The history of doing: an illustrated account of movement for women's rights and feminism in India 1800-1990*. New Delhi: Zubaan Books

Lai-wan, C.C., Eric, B., & Hoi-yan, C.C. (2006). Attitudes to and practices regarding sex selection in China. Prenatal Diagnosis: Published in Affiliation with the International Society for Prenatal Diagnosis, 26(7), 610-613.

Lauer, R. H. (1976). Defining social problems: Public and professional perspectives. *Social Problems,* 24(1), 12.

LeCompte, M.D. & Preissle, J. (1993). *Ethnography and qualitative design in educational research* [revised ed.]. Academic Press.

Lee, E. (2017). Constructing abortion as a social problem: "Sex selection" and the British abortion debate. *Feminism & Psychology*, 27, 115-33.

Lee, R. M., & Renzetti, C. M. (1990). The problems of researching sensitive topics: An overview and introduction. *The American Behavioral Scientist*, 33(5), 510–528. --(1993). Lee, R. M. (1993). *Doing research on sensitive topics*. London: Sage.

Lewis, R., & Mills, S. (Eds). (2003). *Feminist Postcolonial Theory: A Reader*. Routledge.

Leech, B. L. (2002). Asking Questions: Techniques for Semistructured Interviews. *PS: Political Science and Politics*, 35:4- 665-668. American Political Science Association.

Leone T., Matthews, Z., Zuanna, G. D. (2003). Impact and determinants of sex preference in Nepal. *International Family Planning Perspectives*, 29(2), 69-75. doi:10.1363/ifpp.29.069.03.

Lin, N. (2002). *Social Capital: A Theory of Social Structure and Action* (Structural Analysis in the Social Sciences) (1st ed.). Cambridge University Press.

Lipsky, M. & Smith, S. R. (1989). When Social Problems Are Treated as Emergencies. *Social Service Review*, 63(1), 5-25.

Lock, M. & Nguyen, V.K. (2010). *An Anthropology of Biomedicine* (1st ed.). Wiley-Blackwell.

Lohr, P. A., Fjerstad, M., DeSilva, U., & Lyus, R. (2014). Abortion. *British Medical Journal* 348, f7553.

Loke, J., Bachmann, I., & Harp, D. (2017). Co-opting feminism: media discourses on political women and the definition of a (new) feminist identity. *Media, Culture & Society*, 39(1), 122–132.

Lopez, J. and J. Scott (2000). *Social Structure*. Buckingham and Philadelphia: Open University Press.

Loseke, D.R. (2003). Thinking About Social Problems (Social Problems & Social Issues) (2nd

ed.) Routledge.

Lowe, P., & Page, SJ. (2019). Rights-based Claims Made by UK Anti-abortion Activists. *Health and human rights*, 21(2), 133-144.

Lowe, P. (2019). (Re)imagining the 'Backstreet': Anti-abortion Campaigning against Decriminalisation in the UK. *Sociological Research Online*, 24(2), 203–218. https://doi.org/10.1177/1360780418811973

Mani, L. (1987). Contentious Traditions: The Debate on Sati in Colonial India. *Cultural Critique* 7, 119–56.

MacPherson, Y. (2007). Images and Icons: Harnessing the Power of the Media to Reduce Sex-Selective Abortion in India. *Gender and Development,* 15(3), 413-423.

Madan, K., & Breuning, M. H. (2014). Impact of prenatal technologies on the sex ratio in India: an overview. *Genetics in Medicine*, 16(6), 425.

Majumdar, S. (2013). India: The Two-child Norm, a Sword Hanging over Women. OneWorld South Asia.

Mandal, S. (2014) The Impossibility of Marital Rape: Contestations Around Marriage, Sex, Violence and the Law in Contemporary India. *Australian Feminist Studies*, 29:81, 255-272, DOI: 10.1080/08164649.2014.958124.

Mandelbaum, D.G (1988). *Women's Seclusion and Men's Honor: Sex Roles in North India, Bangladesh, and Pakistan.* Tucson: University of Arizona Press.
--. (1970). *Indian Society*. Berkeley: University of California Press.

Manis, J.G. (1974). The concept of social problems: Voc populi and sociological analysis. *Social Problems,* 21(3), 305-315
--(1974). Assessing the Seriousness of Social Problems. *Social Problems*, 22(1), 1-15.

Marie Stopes International. (2020). Stories from the frontline: in the shadow of the COVID-19 pandemic, Marie Stopes International. https://www.mariestopes.org/covid-19/stories-from-the-frontline/
--See also, International Planned Parenthood Federation, COVID-19 pandemic cuts access to sexual and reproductive healthcare for women around the world, 2020, https://www.ippf.org/news/covid-19-pandemic-cuts-access-sexual-and-reproductive-healthcarewomen-around-world.

Marques de Mesquita, C. (2016). Beyond the Helpless Victim: Media representation of women in conflict zones. *New America Weekly*. https://www.newamerica.org/weekly/beyond-helpless-victim/

Martin, J.L. (2009). *Social Structures.* Princeton University Press.

Martin, J.L., & Lee, M. (2015). Social Structure. In: James D. Wright (Ed), *International Encyclopedia of the Social & Behavioral Sciences* (2nd ed.), 22, 713-718. Oxford: Elsevier.

Marriot, A., & Sanchez, J. (1998). The Integration of Family Planning and Development Activities in India. *Geography*, 83(3), 237-245.

Mathews, T.J., Hamilton, B.E. (2005). Trend Analysis of the Sex Ratio at Birth in the United States. National Vital Statistics Reports, 53(20)1-18. Division of Vital StatisticS, Centers for Disease Control and Prevention (CDC).

Maxwell, J. (2012). *Qualitative Research Design: An Interactive Approach (Applied Social Research Methods* (3rd ed.). Sage.

Maxfield, M.G. & Babbie, E.R. (2014). *Research Methods for Criminal Justice and Criminology* (7th ed.). Cengage Learning.

McDuie-Ra, D. (2015). Introduction: 'Let's Stop Pretending There's No Racism in India. In: Debating Race in Contemporary India. Palgrave Pivot, London. pp. 1-31. https://doi.org/10.1057/9781137538987_1

McRobbie, A. (1994). *Postmodernism and Popular Culture*. New York: Routledge.

McGinty, M.A. (2006). *Becoming Muslim: Western Women's Conversions to Islam*. Culture, Mind and Society Series. Palgrave Macmillan US.

McNay, L. (2003). Agency, Anticipation and Indeterminacy in Feminist Theory. *Feminist Theory*, 4(2), 139–148. https://doi.org/10.1177/14647001030042003

McHugh, M.C. (2014). Feminist Qualitative Research: Toward Transformation of Science and Society. In Patricia Leavy (Ed.), *Oxford Handbook of Qualitative Research*. Oxford University Press.

Mehta, S. (2019) The perils of being a "woman": Acute problems within Indian media ecology, *Feminist Media Studies*, 19(7), 1056-1060, DOI:10.1080/14680777.2019.1667077

Melhado, L. (2011). Sex-Selective Abortions During Past Three Decades May Explain Absence of Millions of Girls in India. *International Perspectives on Sexual and Reproductive Health* 37 (3):162-163.

Menon, N. (2004). Abortion: When Pro-Choice is Anti-Women. In *Recovering Subversion: Feminist Politics beyond the Law*. New Delhi: Permanent Black.
-- (2009). Sexuality, caste, governmentality: contests over 'gender' in India. *Feminist Review*, 91, 94-112. South Asian Feminisms: Negotiating New Terrains.
--(2012). Abortion as a Feminist Issue: Who decides, and what? *Outlook Magazine*. https://www.outlookindia.com/website/story/abortion-as-a-feminist-issue/280902
--(2015). Fighting patriarchy and capitalism. *Journal of Contemporary African Studies*, 33(1), 3-11, DOI: 10.1080/02589001.2015.1021208

Menon, S. (2000). Hindu Nationalism. *Economic and Political Weekly*. 35(7), 2455.

Mercer, J. (2007). The challenges of insider research in educational institutions: Wielding a double-edged sword and resolving delicate dilemmas. *Oxford Review of Education*, 33(1), 1-17.

Merli, M.G., Raftery, AE. (2000). Are births underreported in rural China? Manipulation of statistical records in response to China's population policies. *Demography*, 37(1), 109-126.

Merton, R.K. 1(971). Social problems and sociological theory. In Robert K. Merton and Robert Nisbet (Eds.), *Contemporary Social Problem* (pp. 793-845). Harcourt.
-- (1972). Insiders and outsiders: A chapter in the sociology of knowledge. *American Journal of Sociology*, 78 (1), 9-47.

Mesle, F., Vallin, J., Badurashvili, I. (2007). A sharp increase in the sex ratio at birth in the Caucasus: Why? How? In Attane, Isabella and Christophe Z. Guilmoto (Eds.) *Watering the Neighbour's Garden: The Growing Demographic Female Deficit in Asia*. Committee for International Cooperation in National Research on Demography, Paris.

Meyers, D. T. (1987). Personal Autonomy and the Paradox of Feminine Socialization. *Journal of Philosophy*, 84, 619–628
--(2000). Feminism and Women's Autonomy: The Challenge of Female Genital Cutting. *Metaphilosophy*, 31(5), 469–491.

Meyers, M. (1997). *News coverage of violence against women: Endangering blame*. Thousand Oaks, CA: Sage.

Mies, M. (1986). *Patriarchy and accumulation on a world scale: Women in the international*

division of labour. Zed Books.

Miller, B. (1981). *The Endangered Sex: Female Neglect in Rural North India*. Cornell University Press.

Misra, G. (2009). Decriminalising homosexuality in India. *Reproductive Health Matters*, 17(34), 20-28.

Moazam, F. (2004). Feminist discourse on sex screening and selective abortion of female foetuses. *Bioethics*, 18(3), 205-220. doi:10.1111/j.1467-8519.2004.00390.x

Moghadam, Valentine (Ed). (2007). *From Patriarchy to Empowerment: Women's Participation, Movements, and Rights in the Middle East, North Africa, and South Asia*. Syracuse University Press.

Mohanty, C.T. (1984). Under Western Eyes: Feminist Scholarship and Colonial Discourse. In C.T. Mohanty, A. Russo and L. Torres (eds), *Third World Women and The Politics of Feminism*. Indiana University Press.
-- (2003). Under Western Eyes" Revisited: Feminist Solidarity through Anticapitalist Struggles. *Signs*, 28(2), 499-535. doi:10.1086/342914.
--(2003). *Feminism without Borders: Decolonizing Theory, Practicing Solidarity* (5th ed.). Duke University Press.

Mohanty, S., & Bhalla, N. (2016, September 16). Indian activists welcome the top court ban on 'sterilization camps' after women's deaths. *Reuters*. https://www.reuters.com/article/us-india-women-sterilisation/indian-activists-welcome-top-court-ban-on-sterilization-camps-after-womens-deaths-idUSKCN11M1YT

Moore, H.L. (1986). *Space, Text, and Gender: An Anthropological Study of the Marakwet of Kenya*. Cambridge: Cambridge University Press.

Morse, J.M, Richards, L. (2002). *Read me first for a user's guide to qualitative methods*. Sage Publications

Mosse, G. (1985). *Nationalism and Sexuality: Middle-Class Morality and Sexual Norms in Modern Europe*. Madison: University of Wisconsin Press.

Mulvey, L. (1975). Visual Pleasure and Narrative Cinema. *Screen*, 16(3), 6–18.

Nagel, J. (1998) Masculinity and nationalism: gender and sexuality in the making of nations, *Ethnic and Racial Studies*, 21(2), 242-269. DOI: 10.1080/014198798330007

Nagpal, S. (2015). Sex-selective Abortion in India: Exploring Institutional Dynamics and Responses. *McGill Sociological Review*, 3, 18-25.

Nair, S. (1992). Population policies and the ideology of population control in India. *Issues in Reproductive and Genetic Engineering*, 5(3), 237-252.

Nair, P.M. & Sen, S. (2004). A Report on Trafficking in Women and Children. Vol 1. National Human Rights Commission of India, Institute of Social Sciences, New Delhi and UNIFEM, New Delhi Project. http://nlrd.org/wp-content/uploads/2012/02/ReportonTrafficking.pdf

Nandi, A., & Deolalikar, A. B. (2013). Does a legal ban on sex-selective abortions improve child sex ratios? Evidence from a policy change in India. *Journal of Development Economics*, 103, 216-228.

Naples, N. A. (2003). *Feminism and method: Ethnography, discourse analysis, and Activist research*. Routledge

Narayan, U. (1997). *Dislocating Cultures: Identities, Traditions and Third-World Feminism*. Routledge.
-- (2002). Minds of Their Own: Choices, Autonomy, Cultural Practices and Other

Women. In L. Antony and C. Witt (Eds.), *A Mind of One's Own. Feminist Essays on Reason and Objectivity* (pp. 418–432). Westview.

National Mental Health Survey of India, 2015-2016: Prevalence, Patterns and Outcomes. (2016). Supported by Ministry of Health and Family Welfare, Government of India, and implemented by National institute of Mental Health and Neurosciences (NIMHANS), Bengaluru, in Collaboration with Partner Institutions. http://indianmhs.nimhans.ac.in/Docs/Report2.pdf

National Women's Law Center. (2015). Fact Sheet: Race and Sex Selection Abortion Bans Are Harmful to Women. https://www.nwlc.org/wpcontent/uploads/2015/08/prendafactsheet.pdf

Neuendorf, K.A. (2002). *The content analysis guidebook*. Sage Publications
    --(2006). Neuendorf, K.A., & Kumar, A. Content Analysis. In Mazzoleni G (Ed.), *The international encyclopedia of political communication* (pp. 221-230). Oxford, UK: Wiley Blackwell.

Newbigin, E. (2010). A post-colonial patriarchy? Representing family in the Indian nation-state. *Modern Asian Studies*. The politics of work, family and community in India, 44(1), 121-144. Cambridge University Press.

Newcastle University. (2008, December 12). Boy or girl? It's in the father's genes. *ScienceDaily*. www.sciencedaily.com/releases/2008/12/081211121835.htm

Nidadavolu V., & Bracken, H. (2006). Abortion and sex determination: conflicting messages in information materials in a District of Rajasthan, India. *Reproductive Health Matters* 14(27), 160–171. doi:10.1016/S0968-8080(06)27228-8.

Nie, J.B. (2010). Limits of state intervention in sex-selective abortion: the case of China. *Culture, Health & Sexuality*, 12(2), 205-219. Quality of Offspring-The Impact of New Reproductive Technologies in Asia.

Njambi, W. N. (2004). Dualisms and female bodies in representations of African female circumcision: A feminist critique. *Feminist Theory*, 5(3), 281–303. https://doi.org/10.1177/1464700104040811

Office of Women's Health. Stages of Pregnancy. U.S. Department of Women and Human Health Services. https://www.womenshealth.gov/pregnancy/youre-pregnant-now-what/stages-pregnancy

Oldenburg, V. T. (2002). *Dowry Murder: The Imperial Origins of a Cultural Crime*. Oxford University Press.

Ong, A. (1995). Women out of China: Traveling Tales and Traveling Theories in Postcolonial Feminism. In *Women Writing Culture*, edited by R. Behar and D. Gordon. Berkeley: University of California Press.
    --(2005). (Re)Articulations of Citizenship. *PS: Political Science & Politics*, 38(4), 697-699.

O'Reilly M. (2018). *Gendered Agency in War and Peace. Rethinking Peace and Conflict Studies*. Palgrave.

Organization of Economic Cooperation and Development (OECD). (2018, March 3). *Employment: Time spent in paid and unpaid work, by sex.* https://stats.oecd.org/index.aspx?queryid=54757

Osella, C., & Osella, F. (2006). *Men and Masculinities in South India*. Anthem Press.

Owings, M., Uddin, S., Williams, S. (2013). Trends in Circumcision for Male Newborns in U.S.

Hospitals: 1979–2010. Division of Health and Care Statistics. Centers for Disease Control and Prevention (CDC) Report.

Oyeˇwu`mi, O. (1997). *The Invention of Women: Making an African Sense of Western Gender Discourses.* University of Minnesota Press.

Oza, R. (2006). The Making of Neoliberal India: Nationalism, Gender, and the Paradoxes of Globalization. Routledge.

Pal, S. (2009). Agrarian Unrest in Punjab and Sardar Ajit Singh. Proceedings of the Indian History Congress, 70, 451-464. www.jstor.org/stable/44147692

Palacio, H. (2020, March 30). Anti-abortion Groups Are Making COVID-19 an Even Greater Public Health Threat. Guttmacher Institute. https://www.guttmacher.org/article/2020/03/anti-abortion-groups-are-making-covid-19-even-greater-public-health-threat
--See also, (2020, March 24). Anti-Abortion Rights Groups Ask HHS To Urge End to Abortion During Pandemic. *NPR*. https://www.npr.org/sections/coronavirus-live-updates/2020/03/24/820730777/anti-abortion-rights-groups-ask-hhs-to-urge-end-to-abortion-during-pandemic

Palriwala, R., & Uberoi, P. (2008). *Marriage, Migration and Gender (Women and Migration in Asia).* Sage Publications.

Patel, T. (2004). Missing Girls in India. *Economic and Political Weekly*, 39 (9), 887-889.
--(2005). The Family in India: Structure and Practice (Themes in Indian Sociology series) (1st ed.). Sage Publications.
-- (2007) Patel, Tulsi (Ed.). *Sex-selective Abortion in India: Gender, Society and New Reproductive Technologies*. SAGE publications.
-- (2018). Experiencing abortion rights in India through issues of autonomy and legality: A few controversies. *Global Public Health*. 13(6):702-710. doi: 10.1080/17441692.2018.1424920.

Patel, R. (2006) Hindu women's property rights in India: a critical appraisal, *Third World Quarterly*, 27(7), 1255-1268. DOI: 10.1080/01436590600933453.

Patnaik, M.M.A & Kejriwal, G.S. (2012). A perspective on the PCPNDT Act. *Indian Journal of Radiology and Imaging*, 22(2), 137–140.

Patil, V. (2013). From patriarchy to intersectionality: A transnational feminist assessment of how far we've really come. *Signs*, 38(4), 847–867.

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful Sampling for Qualitative Data Collection and Analysis in Mixed Method Implementation Research. *Administration and policy in mental health*, 42(5), 533–544. https://doi.org/10.1007/s10488-013-0528-y

Parliamentary Assembly: Committee on Equal Opportunities for Women and Men (PACE). (2011). Prenatal Sex Selection. Council of Europe. Sep 16, 2011. https://web.archive.org/web/20111003133834/http://assembly.coe.int/Documents/WorkingDocs/Doc11/EDOC12715.pdf.

Patton, M. (1990). *Qualitative evaluation and research methods*. Sage.

Peake, L. (2017) Feminist methodologies. In D. Richardson, N. Castree, M. Goodchild, A. Kobayashi, W. Liu and R. Marston (Eds.), *The AAG International Encyclopedia of Geography* (331-340). Vol. V. Oxford: John Wiley and Sons Ltd.

Petchesky, R. (1987). Fetal Images: The Power of Visual Culture in the Politics of Reproduction. *Feminist Studies*, 13(2), 263-292. doi:10.2307/3177802

--(1994) Petchesky, R., & Corrêa, S. (1994). Reproductive and sexual rights: A feminist Perspective. In Gita Sen, Adrienne Germain, and Lincoln C. Chen (Eds.). *Population Policies Reconsidered: Health, Empowerment, and Rights*. Harvard Series on Population and International Health. Harvard University Press.

Petchesky, R., & Corrêa, S. (1994). Reproductive and sexual rights: A feminist Perspective. In Gita Sen, Adrienne Germain, and Lincoln C. Chen (Eds.). Population Policies Reconsidered: Health, Empowerment, and Rights. Harvard Series on Population and International Health. Harvard University Press.

Petersen, V. S. (1998). Gendered Nationalism: Reproducing 'Us' versus 'Them.' In Ann Lorentzen and Jennifer Turpin (Eds). *The Woman and War Reader* (pp. 41-49). New York University Press.

Pillai, V.K. & Wang, G.Z. (1999). Reproductive Rights in Developing Countries: An Assessment of Regional Variations. *Michigan Sociological Review*, 13, 10-27.
  -- (2001). Women's Reproductive Health: A Gender-Sensitive Human Rights Approach. *Acta Sociologica*, 44(3), 231-242.

Porter, T., & Gavin, H. (2010). Infanticide and neonaticide: a review of 40 years of research literature on incidence and causes. *Trauma, Violence, & Abuse*, 11(3), 99-112.

Polletta, F. (2009). How to Tell a New Story About Battering. *Violence Against Women*, 15(12), 1490–1508. https://doi.org/10.1177/1077801209347093

Potdar, P., Barua, A., Dalvie, S., Pawar, A. (2015) "If a woman has even one daughter, I refuse to perform the abortion": Sex determination and safe abortion in India. *Reproductive Health Matters*, 23, 114–125.

Pradhan, M., Singh, R., Agrawal, M.S. (2004). Shortcomings of the Prenatal Diagnostic Techniques Act, 1994. *National Medical Journal of India*, 17(6), 342.

Price, K. (2010). What is Reproductive Justice? How Women of Color Activists Are Redefining the Pro-Choice Paradigm. *Meridians*, 10(2), 42-65.

Purewal, N. K. (2010) Son Preference: Sex Selection, Gender and Culture in South Asia. London: Berg.
  ---- (2014) Disciplining the sex ratio: Exploring the governmentality of female feticide in India. *Identities: Global Studies in Culture and Power*, 21, 466–480.

Puri, J. (2002.) Concerning Kamasutras: Challenging narratives of history and sexuality. *Signs: Journal of Women in Culture and Society*, 27(3), 603-40.
  -- (1999). *Woman, body, desire in post-colonial India: Narratives of gender and sexuality*. Routledge.

Qadeer, I. (2002). Women's Health Policies and Programmes: A Critical Review. Towards Comprehensive Women's Health Programmes and Policy. Gujarat: SAHAJ. pp. 231-260.

Radhakrishnan, S. (2015). 'Low Profile' or Entrepreneurial? Gender, Class, and Cultural Adaptation in the Global Microfinance Industry. *World Development,* 74, 264–74.

Rahman, T. A., & Siddiqui, A.T. (2016). Discrepancies in the laws on identifying foetal sex and terminating a pregnancy in India. *Indian Journal of Medical Ethics*, [S.l.], 4(3), 119. https://ijme.in/articles/discrepancies-in-the-laws-on-identifying-foetal-sex-and-terminating-a-pregnancy-in-india/

Rajagopal, K. (2017, September 6). Supreme Court allows 13-year-old rape survivor to abort her 31-week-old foetus. *The Hindu*. https://www.thehindu.com/news/national/supreme-court-allows-13-year-old-rape-survivor-to-abort-her-31-week-old-foetus/article19629701.ece

Rajan, R.S. (1993). *Real and Imagined Women: Gender, Culture and Postcolonialism*. Routledge.
    -- (2003). *Scandal of the State: Women, Law and Citizenship in Postcolonial India*. Duke University Press.

Rajan, S., & Kumar, S. (2003). Living Arrangements among Indian Elderly: New Evidence from National Family Health Survey. *Economic and Political Weekly*, 38(1), 75-80.

Rao, L. (2001) Facets of Media and Gender Studies in India, *Feminist Media Studies*, 1(1), 45-48. DOI: 10.1080/14680770120042828

Ram, U., Strohschein, L. & Guar, K. (2014. Gender Socialization: Differences between male and female youth in India and associations with mental health. *International Journal of Population Research*, Article ID 357145. Doi:10.1155/2014/357145 https://www.hindawi.com/journals/ijpr/2014/357145/

Ramachandran, S.K. (2019, July 20). Depleting resources' shift RSS's focus on changing demography. *Hindustan Times*. https://www.hindustantimes.com/india-news/depleting-resources-shift-rss-s-focus-on-changing-demography/story-Bl8lLw4FAnK18lSrG86WTM.html

Ramachandar, L., & Pelto, P.J. (2010). Choosing abortion providers in rural Tamil Nadu: Balancing costs and quality of care. In Andrea M. Whittaker (Ed.), *Abortion in Asia: Local Dilemmas*, *Global Politics* (pp. 123-148). Berghan Books.
    -- (2004) Abortion Providers and Safety of Abortion: A Community-Based Study in a Rural District of Tamil Nadu, India, *Reproductive Health Matters*, 12, sup24, 138-146, DOI: 10.1016/S0968-8080(04)24015-0.

Ramazanoğlu, C. & Holland, J. (2002). *Feminist Methodology*. London: Sage Publications.

Rao, M. (2005). India's Population Policies: Untouched by the Cairo rhetoric. *Development* 48, 21–27 (2005). https://doi.org/10.1057/palgrave.development.1100179

Ray, S. (2000). *En-gendering India: Woman and Nation in Colonial India and Postcolonial Narratives*. Duke University Press.

Raychaudhuri, P. S. (2014). Challenging the female stereotypes in Indian television advertisements: The women consumers' perspective. *Indian Journal of Marketing*, 44(5), 30–43.

Retherford R. D., & Roy, T.K. (2003). Factors affecting sex-selective abortion in India and 17 major states. *National Family Health Survey Subject Reports*, No. 21.

Richards, T., & Richards, L. (2013). The Way Ahead in Qualitative Computing. *Journal of Modern Applied Statistical Methods*, 2(1), 15-26, Article 4. DOI: 10.22237/jmasm/1051747440. http://digitalcommons.wayne.edu/jmasm/vol2/iss1/4

Riley, T., Sully, E., Ahmed, Z., & Biddlecom, A. (2020). Impact of COVID-19 on Sexual and Reproductive Health in Low- and Middle-Income Countries. 46, 73-76. Guttmacher Institute. https://www.guttmacher.org/journals/ipsrh/2020/04/estimates-potential-impact-covid-19-pandemic-sexual-and-reproductive-health

Ritchie, H., & Roser, M. (2019). Gender Ratio. Published online at OurWorldInData.org. https://ourworldindata.org/gender-ratio#sex-ratio-through-adulthood

Risman, B. (2003). From the SWS President: Valuing All Flavors of Feminist Sociology. *Gender and Society*, 17(5), 659-663.

Robertson, C. & Gebeloff, R. (2020, April 18). How Millions of Women Became the Most

Essential Workers in America. *New York Times*.
https://www.nytimes.com/2020/04/18/us/coronavirus-women-essential-workers.html?action=click&module=Spotlight&pgtype=Homepage
--See also, Paskin, J. (2020, March 11). Women Are Bearing the Brunt of Coronavirus Disruption. *Bloomberg Businessweek*. https://www.bloomberg.com/news/articles/2020-03-11/coronavirus-will-make-gender-inequality-worse

Robila, M., & Taylor, A.C. (2018). Global Perspectives on Family Life Education (1st ed.). Springer.

Rogers, W., Ba, A., & Draper, H. (2007). Is Sex-selective abortion morally justified and should it be prohibited? *Bioethics*, 21(9), 520-524. doi:10.1111/j.1467-8519.2007.00599.x

Rosenblum, D. (2013). The effect of fertility decisions on excess female mortality in India. *Journal of Population Economics*, 26(1), 147-180.
--(2014). Economic Incentive for Sex-Selective Abortion in India. Working Paper Series, No: 2014-13. *Canadian Center for Health Economics*.

Rosenberg, K.E., & Howard, J.A. (2008). Finding Feminist Sociology: A Review Essay. *Signs*, 33(3), 675-696.

Ross, R., & Staines, G.L. (1972). The politics of analyzing social problems. *Social Problems*, 20(1), 18-40.

Ross, L., & Solinger, R. (2017). *Reproductive Justice: An Introduction.* University of California Press.

Roth, S., & Dashper, K. (2016). Sociology in the 1980s: The Rise of Gender (and Intersectionality). *Sociology*, 50(6): NP1-NP12. Sage Publications.

Rothman, B. K. (1986). *The Tentative Pregnancy: Prenatal Diagnosis and the Future of Motherhood*. Viking Books.

Roy, A. (2010). *Poverty Capital: Microfinance and the Making of Development*. New York: Routledge

Roy, N. (2016). Globalizing India and Consumerism in a New World Order (1991-2016). Proceedings of the Indian History Congress, 77, 987-993. Published by Indian History Congress.

Rowlands, S. (2008). The decision to opt for abortion. *Journal of Family Planning and Reproductive Health Care*, 38, 175-80.

Royal College of Obstetricians and Gynaecologists. (2011). The care of women requesting in induced abortion. Evidence-based clinical guideline number 7.
https://www.rcog.org.uk/en/guidelines-research-services/guidelines/the-care-of-women-requesting-induced-abortion/

Rubin, H.J., & Rubin, I.S. (2005). *Qualitative Interviewing: The Art of Hearing Data* (2nd ed.). Sage Publications.

Rubington, E., & Weinberg, M. S. (2010). *The study of social problems: Seven perspectives* (7th ed.). New York, NY: Oxford University Press.

Rukmini, S. (2020, April 17). Locked down with abusers: India sees surge in domestic violence. *Aljajeera News*. https://www.aljazeera.com/news/2020/04/locked-abusers-india-domestic-violence-surge-200415092014621.html

Russell, D. E.H., & Harmes, R.A., (Eds.). (2001). *Femicide in Global Perspective*. Teachers College Press. Ch. 2, p. 13-14.

Sagar, R., Dandona, R., Gopalkrishna, G., Dhaliwal. R.S. et al. (2020). The burden of mental

disorders across the states of India: The Global Burden of Disease Study 1990–2017. *Lancet Psychiatry 2020*, 7(2), 148–161. DOI: https://doi.org/10.1016/S2215-0366(19)30475-4

Sahgal, S. (2015). Situating Kingship within an Embryonic Frame of Masculinity in Early India. *Social Scientist,* 43(11/12), 3-26.

Sahni, M., Verma, N., Narula, D., Varghese, R. M., Sreenivas, V., & Puliyel, J. M. (2008). Missing girls in India: infanticide, feticide and made-to-order pregnancies? Insights from hospital-based sex-ratio-at-birth over the last century. *PloS one*, 3(5), e2224. https://doi.org/10.1371/journal.pone.0002224

Saldana, J. (2012). *The Coding Manual for Qualitative Researchers*. Third edition. Sage.

SAMA Resource Group. (2006). Beyond Numbers – Implications of the two-child norm. http://www.samawomenshealth.in/beyond-numbers-implications-of-the-two-child-norm/ -- Sama Team. (2007). Assisted Reproductive Technologies in India: Implications for Women. *Economic and Political Weekly*, 42(23), 2184-2189.

Samal, J. (2016). The unabated female feticide is leading to bride crisis and bride trade in India. *Journal of Family Medicine and Primary Care*, 5(2), 503–505.

Sandoval, C. (2000). *Methodology of the Oppressed*. 1ed Edition. University of Minnesota Press.

Sangari, K. (2015): *Solid: Liquid: A (Trans)national Reproductive Formation*. New Delhi: Tulika Books --Sangari, K., & Vaid, S. (1989). *Recasting Women: Essays in Colonial History*. New Delhi: Zubaan.

Sarkar, T. (1995). Heroic Women, mother Goddesses: Family and organization in Hidutva Politics. In Tanika Sarkar & Urvashi Butalia (Eds.). *Women and the Hindu Right* (pp. 29-57). New Delhi: Kali for Women.

Satyavrata, I. (2003). Hindu Nationalism, Challenges and Opportunities for Christian Mission. *Transformation*, 20(2), 195-202. Hinduism, Islam and Mission Challenges Today.

Savell, K. (2008). Life and death before birth: 4D ultrasound and the shifting frontiers of the abortion debate. Legal Studies Research Paper, University of Sydney No.08/89. http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1219085. [PubMed]

Schlosser, M. (2019). Agency. *The Stanford Encyclopedia of Philosophy* (Edward N. Zalta (ed.), URL https://plato.stanford.edu/archives/win2019/entries/agency/

Scott, J. W. (1986). Gender: A Useful Category of Historical Analysis. *The American Historical Review* 91 (5): 1053-1075.

Sekher, T.V. (2010). Special Financial Incentive Schemes for the girl child in India: A review of select schemes. The Planning Commission, Government of India in collaboration with the United Nations Population Fund (UNFPA). https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA_Publication-39772.pdf

Sen, A. (1990). *More Than 100 Million Women Are Missing*. New York Review of Books, Retrieved from http://www.nybooks.com/articles/1990/12/20/more-than-100-million-women-are-missing/ --(2003). Missing women revisited. *British Medical Journal*, 327, 1297–8.

Sen, G. (2009). Gender biased sex selection. Key issues for action. Briefing Paper for WHO, Geneva. https://www.dawnnet.org/uploads/documents/Sex%20Selection%20GS%20draft%2008062009_2011-Mar-8.pdf -- (1994). Sen, G., Germain, A., & Chen, L.C. (Eds.). *Population Policies Reconsidered:*

Health, Empowerment, and Rights. Harvard Series on Population and International Health. Harvard University Press.

Sen, J, Lansdall-Welfare, T, Sudhahar, S, Carter, C, & Cristianin, N. (2016). Women Are Seen More than Heard in Online Newspapers. *PLoS One* 11(2), e0148434. doi: 10.1371/journal.pone.0148434

Sewell, W. H. (1992). A Theory of Structure: Duality, Agency, and Transformation. *American Journal of Sociology*, 98, 1-29.

Shah, A. (1998). *The family in India: Critical essays*. Orient Longman.

Sharma, B. R., Gupta, N., & Relhan, N. (2007). Misuse of prenatal diagnostic technology for sex-selected abortions and its consequences in India. *Public Health*, 121(11), 854-860.

Sharma, N.C. (2019, July 15). Can proposed 'Population Regulation Bill, 2019' solve India's population growth crisis? *Livemint*. https://www.livemint.com/news/india/can-proposed-population-regulation-bill-2019-solve-india-s-population-growth-crisis-1563197280540.html

Sharma, U. (1989). Women, work and property in north-west India. In H Alavi & Harris, J (Ed.), *Sociology of 'Developing Societies': South Asia*. Macmillan.

Sharma, M. (2008). Twenty-first Century Pink or Blue: How Sex Selection Technology Facilitates Gendercide and what we can do about it. *Family Court Review*, 46(1), 198-215. Wiley Online Library.

Sheldon, S. (1999). *Beyond Control: Medical Power and Abortion Law*. Law and Social Theory. Pluto Press.
-- (2016). The Decriminalisation of Abortion: An Argument for Modernisation. *Oxford Journal of Legal Studies*, 36(2): 334–365. doi:10.1093/ojls/gqv026.

Shope, J.H. (2006). 'You Can't Cross a River Without Getting Wet': A Feminist Standpoint on the Dilemmas of Cross-Cultural Research. *Qualitative Inquiry*, 12(1), 163-184.

Sieber, J. E. & Stanley, B. (1988). Ethical and professional dimensions of socially sensitive research. *American Psychologist*, 43, 49-55.

Siegel, R.B., 2014 (2012). Abortion and the ''woman question'': forty years of debate. *Indiana Law Journal*, 89(4), 1365–1380. http://digitalcommons.law.yale.edu/cgi/viewcontent.cgi?article=6007&context=fss_papers

Silliman, J., & Bhattacharjee, A (Eds.). (2002). *Policing the National Body: Race, Gender and Criminalization*. South End Press.

Silverman, D. (2006). *Interpreting qualitative data methods for analyzing talk, text and interaction.* Sage Publications

Sinha, M. (2006). *Specters of Mother India: the global restructuring of an Empire*. Duke University Press.

Singh, K. (1976). National Population Policy: A Statement of the Government of India. *Population and Development Review*, 2(2), 309-312.
--2015). *Separated and Divorced Women in India: Economic Rights and Entitlements*. Sage Publications.

Singh, S., Sedgh, G., Bankole, A & Hussain, R. (2012). Making Abortion Services Accessible in the Wake of Legal Reforms: A Framework and Six Case Studies. Guttmacher Institute.

Singhal, S. (2007). Women as Coparceners: Ramifications of the Amended Section 6 of the Hindu Succession Act, 1956. *Student Bar Review*, 19(1), 50-67.

Simic, O. (2016). Feminist Research in Transitional Justice Studies: Navigating Silences and

Disruptions in the Field. *Hum Rights Review*, 17, 95–113. https://doi.org/10.1007/s12142-015-0378-y

Sistersong: Women of Color Reproductive Justice Collective. http://sistersong.net/

Smith, D. (1987). *The Everyday World as Problematic. A Feminist Sociology*. Northeastern University Press.

Smyth, D.C. (1972). The Social Basis of Militant Hindu Nationalism. *The Journal of Developing Areas* 6(3): 323-344.

Snehi, Y. (2003). Female Infanticide and Gender in Punjab: Imperial Claims and Contemporary Discourse. *Economic and Political Weekly*, 38 (41): 4302–4305.

Snow, D.A. & Corrigall-Brown C. (2015). Collective Identity. In James D. Wright (Ed.), *International Encyclopedia of the Social & Behavioral Sciences* (2nd Edition, pp. 174-180). Elsevier.

Snyder, C. R. (2008). Snyder, R. (2008). What Is Third-Wave Feminism? A New Directions Essay. *Signs*, 34(1), 175-196. doi:10.1086/588436
--(2010). Snyder-Hall, C.R. (2010). Third-Wave Feminism and the Defense of Choice. *Perspectives on Politics*, 8(1), 255-61.

Society for Women's Health Research. (2020, April 30). The Disproportionate Impact of COVID-19 on Women of Color. *Society for Women's Health Research*. https://swhr.org/the-disproportionate-impact-of-covid-19-on-women-of-color/
--See also, (2020, April 7). *Why COVID-19 is hitting Black women so hard*. Women's Media Center. https://womensmediacenter.com/news-features/why-covid-19-is-hitting-black-women-so-hard

Solinger, R. (2013). *Reproductive Politics: What everyone needs to know*. Oxford University Press.

South, S.J, Trent, K., & Bose, s. (2012). India's 'Missing Women' and Men's Sexual Risk Behavior, *Population Research and Policy Review*, 31, 777-95.

Spector, M & Kitsuse, J.I. (1974). Social problems: A re-formulation. *Social Problems*, 21(2), 145-159.
-- (2001). *Constructing social problems*. New Brunswick, NJ: Transaction.

Sprague, J. (2016). *Feminist Methodologies for Critical Researchers: Bridging Differences*. Rowman & Littlefield.

Sperry, E. (2013). Dupes of Patriarchy: Feminist Strong Substantive Autonomy's Epistemological Weaknesses. *Hypatia*, 28(4), 887-904.

Spivak, C. G. (1985). Three Women's Texts and a Critique of Imperialism. *Critical Inquiry*, 12(1), 243-261.

Sreenivas, M. (2004). Conjugality and Capital: Gender, Families, and Property under Colonial Law in India. *The Journal of Asian Studies*, 63(4), 937-960.

Stacey, J., & Thorne, B. (1985). "The Missing Feminist Revolution in Sociology." *Social Problems*, 32(4), 301-316.

Steffensmeier, D., J. Schwartz, H. Zhong and J. Ackerman (2005) 'An Assessment of Recent Trends in Girls' Violence Using Diverse Longitudinal Sources: Is the Gender Gap Closing?', *Criminology*, 45(2), 355–405

Steinbacher, R. (1984). Sex Preselection: From Here to Fraternity. In C. Gould (Ed.), *Beyond Domination* (pp. 274-282). Rowman and Littlefield.

Stillman, M., Frost, J.J., Singh, S, Moore, A.M., & Kalyanwala, S. (2014). Abortion in India: A

Literature Review. New York: Guttmacher Institute. www.guttmacher.org/report/abortion-india-literature-review

Stoljar, N. (2000). Autonomy and the Feminist Intuition. *In Relational Autonomy: Feminist perspectives on autonomy, agency, and the social self*. Oxford University Press.
--. (2018). Feminist Perspectives on Autonomy. The Stanford Encyclopedia of Philosophy. Edward N. Zalta (Ed.). https://plato.stanford.edu/archives/win2018/entries/feminism-autonomy/

Strohschein, L., and Ram, U. (2017). Gender, Marital Status, and Mental Health: A Test of the Sex Role Hypothesis in India. *Journal of Family Issues,* 38(13), 1899-1922.

Subramanian, S. V., & Selvaraj, S. (2009). Social analysis of sex imbalance in India: before and after the implementation of the Pre-Natal Diagnostic Techniques (PNDT) Act. *Journal of Epidemiology & Community Health*, 63(3), 245-252.

Superson. A.M. (2005). Deformed Desires and Informed Desire Tests. *Hypatia: A Journal of Feminist Philosophy*, 20(4), 109–126.

Swarr, A.L., & Nagar, R. (Eds). (2010). *Critical Transnational Feminist Praxis*. SUNY Press.

Szal, R. (2020, April 4, 2020). During Coronavirus Pandemic, Women's Unemployment Exceeds Men's in Almost All Sectors. *Ms. Magazine.* https://msmagazine.com/2020/04/09/during-coronavirus-pandemic-womens-unemployment-exceeds-mens-in-almost-all-sectors/

Tabaie S. (2017). Stopping female feticide in India: the failure and unintended consequence of ultrasound restriction. *Journal of global health*, 7(1), 010304. https://doi.org/10.7189/jogh.07.010304

Taylor, C. A., & Sorenson, S. B. (2002). The nature of newspaper coverage of homicide. *Injury Prevention*, 8(2), 121-127.

Tewari, L.G. (1988). "Sohar": Childbirth Songs of Joy. *Asian Folklore Studies* 47(2):257-276.

Thapan, M. (2003). Marriage, Well-Being, and Agency among Women. *Gender and Development* 11(2), 77-84.

The European Platform of Regulatory Authorities (EPRA). (2018, 18 September). *Women are under-represented on- and off-screen says EPRA report.* https://ec.europa.eu/digital-single-market/en/news/women-are-under-represented-and-screen-says-epra-report.

Thompson, W. (1957). The Population Problem of India. *The Antioch Review, 17*(1), 19-30. doi:10.2307/4609928.

Thorsen, D.E., & Lie, A. (2009). What is Neoliberalism? Department of Political Science, University of Oslo, Working paper. October 10, 2009.

Thounaojam, S. (2012). A Preface to Racial Discourse in India: North-east and Mainland. *Economic and Political Weekly*, 47(32), 10-13.

Times of India. (2007, February 19). *Government set to 'cradle' girl child*. https://timesofindia.indiatimes.com/india/Government-set-to-cradle-girl-child/articleshow/1635184.cms

Titzmann, F. M. (2017). Contesting the Norm? Live-in Relationships in Indian Media Discourses *South Asia Multidisciplinary Academic Journal* [Online], 16|2017, DOI: https://doi.org/10.4000/samaj.4371

Tomlinson, J. (2012). Cultural Imperialism. The Wiley Blackwell Encyclopedia of Globalization. DOI: https://doi.org/10.1002/9780470670590.wbeog129.

Tong, R, & Botts, T.F. (2018). *Feminist Thought: A More Comprehensive Introduction* (5th ed.) Routledge.

Tostan. (2018). The Tostan Model. https://www.tostan.org/

Toubia, N. (1995). Female Genital Mutilation: A Call for Global Action. RAINBO (2nd ed.) New York.

Trent, K., South, S.J., & Bose, S. (2013). The Effect of a Male Surplus on Intimate Partner Violence in India. Consequences of Gender Imbalance. *Economic and Political Weekly*, 48(35), 1112-1123.

Trinh, T. M. (1991). *Framer framed*. New York: Routledge.

Tripathy J. P. (2014). Geriatric care in India: A long way to go. *Journal of mid-life health*, 5(4), 205–206. https://doi.org/10.4103/0976-7800.145176

Tuchman, G. (2000). The Symbolic Annihilation of Women by the Mass Media. In Crothers L., & Lockhart C. (Eds.), *Culture and Politics*. Palgrave Macmillan, New York. Originally published as the introduction to Hearth and Home: Images of women in the mass media, 1978.

Tyagi, R. (2014). Understanding Postcolonial Feminism in relation with Postcolonial and Feminist Theories. *International Journal of Language and Linguistics*, (2), 45-50.

United Nations (UN). (1979). World Health Organization (WHO), Khartoum Seminar on Traditional Practices Affecting the Health of Women and Children, Khartoum, Sudan. --(1995). The United Nations Fourth World Conference on Women: Action for Equality, Development and Peace. Platform for Action. UN Women. Beijing, China, September 4-15, 1995. Available at https://www.un.org/womenwatch/daw/beijing/platform/violence.htm -- (2011). Preventing gender-biased sex selection: An interagency statement OHCHR, UNFPA, UNICEF, UN Women and WHO. World Health Organization (WHO), 2011. https://apps.who.int/iris/bitstream/handle/10665/44577/9789241501460_eng.pdf?sequence=1 -- (2014). Slow progress in ending female genital mutilation. *Bulletin of the World Health Organization*, 92, 6-7. doi: http://dx.doi.org/10.2471/BLT.14.020114. -- (2016). Female Genital Mutilation/Cutting: A Global Concern. New York: UNICEF'S Data Work on FGM/C. https://www.unicef.org/media/files/FGMC_2016_brochure_final_UNICEF_SPREAD.pdf --(2020). Female genital mutilation. World Health Organization (WHO). February 3, 2020. https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation

Uberoi, P. (2000). *The family in India: beyond the nuclear versus joint debate*. Delhi, India: Institute of Economic Growth.

Uberoi, D., & de Bruyn, M. (2013). Human rights versus legal control over women's reproductive self-determination. *Health and Human Rights Journal*, 15/1. https://www.hhrjournal.org/2013/10/human-rights-versus-legal-control-over-womens-reproductive-self-determination/

United Nations (UN). (1994). Programme of action. Report of the International Conference on Population and Development. United Nations Population Fund, Cairo. Sept 5-13, 1994. --(2007). Commission on the Status of Women: Elimination of all forms of discrimination and violence against the girl child. CSW51 Agreed Conclusions. United Nations, 51st Session, March 2007. Retrieved from, https://www.unwomen.org/~/media/headquarters/attachments/sections/csw/51/csw51_e_final.pdf

--(2014). Sex Ratios and Gender-biased sex selection: History, Debates and Future Directions. Report prepared by Dr Mary John on behalf of UN Women Multi Country Office for India, Bhutan, Maldives & Sri Lanka. Available at https://india.unfpa.org/sites/default/files/pub-pdf/SexRatiosandGBSS.pdf

--(2015). United Nations Population Fund (UNFPA). (2015). Sex-ratio imbalance in Asia: Trends, consequences and policy responses. By Guilmoto, C.Z. https://www.unfpa.org/resources/sex-ratio-imbalance-asia-trends-consequences-and-policy-responses

--(2018). Gender-biased sex selection. https://www.unfpa.org/gender-biased-sex-selection

Valle, F. S. (2018). Moving beyond Co-optation Gender, Development, and Intimacy. *Sociology of Development*, 4(4), 325-345.

Visaria, P. (1971). The Sex Ratio of the Population in India. Monograph No 10, Census of India, 1961. Government of India, New Delhi, Controller of Publications.

Visaria, L., Acharya, A., & Raj, F. (2006). Two-Child Norm: Victimising the Vulnerable? *Economic and Political Weekly*, 41(1), 41-48.

--Visaria, L. & Ved, R.R. (2016). *India's Family Planning Programme: Policies, practices and Challenges*. Routledge.

--(2009). *Gender Discrimination in Land Ownership.* (1st ed.). Sage Publications.

Vishwanath, L.S. (1995). Efforts of the Colonial state to Suppress Female Infanticide; Use of Colonial Texts, Generation of Knowledge. *Economic and Political Weekly*, 33(19), 1104-1112.

--(2004). Female Infanticide: The Colonial Experience. *Economic and Political Weekly*, 39(22), 2313-2318.

Wade, L. D. (2006). "Female genital mutilation" in the American imagination (OrderNo. 3234702). Available from ProQuest Dissertations & Theses Global. (304983432). http://search.proquest.com/docview/304983432?accountid=12536.

--(2012). Learning from "Female Genital Mutilation": Lessons from 30 Years of Academic Discourse. *Ethnicities*, 12(1), 26–49. https://doi.org/10.1177/1468796811419603

Warnke, G. (2011). *Debating Sex and Gender*. Oxford University Press.

Warren, M. A. (1985). *Gendercide: The Implications of Sex Selection*. Rowman and Allanheld.

Warsame, A. (1994). Social and Cultural Implications of Infibulation in Somalia. In *Female Circumcision: Strategies to Bring About Change, Proceedings of the International Seminar on Female Circumcision*. Italian Association for Women in Development, Rome, 1989; and V.L. Barnes and J. Boddy, Aman: The Story of a Somali Girl, Knopf, Toronto, 1994.

Watkins, D., Mortazavi, S., & Trofimova, I. (2000). Independent and Interdependent Conceptions of Self: An Investigation of Age, Gender, and Culture Differences in Importance and Satisfaction Ratings. *Cross-Cultural Research*, 34(2, 113–134. https://doi.org/10.1177/106939710003400202.

Watkins, C., & Emerson, R.A. (2000). Feminist Media Criticism and Feminist Media Practices. *The Annals of the American Academy of Political and Social Science*, 571, 151-166. Feminist Views of the Social Sciences

Watson, A. (2019). U.S. Print media industry - Statistics & Facts. Statista. https://www.statista.com/topics/1052/print-media/

Weiss, G. (1995). Sex-Selective Abortion: A Relational Approach. *Feminist Ethics and Social Policy*. Part 1, 10(1), 202-217.

Weisz, B., Pajkrt, E., & Jauniaux, E. (2005). Early detection of fetal structural abnormalities. *Reproductive Biomedicine Online*, 10(4), 541-53.

West, C., & Zimmerman, D. H. (1987). Doing Gender. *Gender & Society*, 1(2), 125–151.

Wharton, A.S. (1991). Structure and Agency in Socialist-Feminist Theory. *Gender and Society*, 5(3), 373-389. Sage Publications.

Whitney, V. H. (1976). Population Planning in Asia in the 1970s. *Population Studies*, 30(2), 337-351.

Whittaker, A. (2010). *Abortion in Asia: Local dilemmas, global politics*. Oxford, UK: Berghahn Books.

Wing, A.K, & Smith, M. N. (2006). Critical Race Feminism Lifts the Veil? Muslim Women, France, and the Headscarf Ban. U.C. Davis Law Review Symposium, "The Future of. Critical Race Feminism," held April 1, 2005.

Wolf, D. L. (1996.) Situating Feminist Dilemmas in Fieldwork. *Introduction to Feminist Dilemmas in Fieldwork.* Boulder, CO: Westview.

Wolf, N. (2006). Two Traditions, excerpt from Fire with Fire. In Leslie L. Heywood (Ed.), *The Women's Movement Today: An Encyclopedia of Third-Wave Feminism*. Westport, CT: Greenwood Press.

Women's Media Center. (2019, February 21). The Status of Women in U.S. Media 2019. https://www.womensmediacenter.com/reports/the-status-of-women-in-u-s-media-2019

Wood, J. (1994). *Gendered Lives: Communication, Gender, and Culture*. Wadsworth Publishing Company

World Health Organization (WHO). (2011). Preventing gender-biased sex selection: an interagency statement OHCHR, UNFPA, UNICEF, UN Women and WHO. http://www.unfpa.org/sites/default/files/resource-pdf/Preventing_gender-biased_sex_selection.pdf
-- (2011). Preventing gender-biased sex selection: an interagency statement OHCHR, UNFPA, UNICEF, UN Women and WHO. http://www.unfpa.org/sites/default/files/resource-pdf/Preventing_gender-biased_sex_selection.pdf
-- (2011). Health situation and trend assessment: sex ratio. WHO South East Asia. http://origin.searo.who.int/entity/health_situation_trends/data/chi/sex-ratio/en/
--(2011). Preventing gender-biased sex selection: An interagency statement OHCHR, UNFPA, UNICEF, UN Women and WHO. p. 12 https://www.unfpa.org/sites/default/files/resource-pdf/Preventing_gender-biased_sex_selection.pdf
--(2019). Maternal Mortality. Septemeber 19, 2019. World Health Organization. https://www.who.int/newsroom/factsheets/detail/maternalmortality#:~:text=Key%20facts,dropped%20by%20about%2038%25%20worldwide.
-- (2020, March 25). COVID-19: Operational guidance for maintaining essential health services during an outbreak. WHO. https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak

Wulff, D.M. (1997). Hindu Nationalism: An Oxymoron. *The Brown Journal of World Affairs*, 4(2), 163- 176.

Yasmin, S., Mukherjee, A, Manna, N., et al. (2013). Gender preference and awareness regarding sex determination among antenatal mothers attending a medical college of eastern India. *Scandinavian Journal of Public Health*, 41(4), 344-350. doi:10.1177/1403494813478694

Young, R. J.C. 2003. *Postcolonialism: A Very Short Introduction*. New York: Oxford University Press.

Yuval-Davis, N. (1987). *Gender and Nation*. Sage Publications

Zarestky, J. (2015). Insights on Conducting International Fieldwork in Developing Regions. *Adult Education Research Conference*. https://newprairiepress.org/aerc/2015/papers/58

Zee Media Bureau. (2017, June 3). *Western culture responsible for increase in triple talaq, rape, female foeticide cases: RSS leader Indresh Kumar*. https://zeenews.india.com/india/western-culture-responsible-for-increase-in-triple-talaq-rape-female-foeticide-cases-rss-leader-indresh-kumar-2011565.html

Zeng Y., Tu, P., Gu, B., et al. (1993). Causes and implications of the recent increase in the reported sex ratio at birth in China. *Population Development Review*, 19, 283–302.

Zhang, Y, & Wildemuth, B. (2009). Qualitative Analysis of Content. In B. Wildemuth (Ed.), *Applications of Social Research Methods to Questions in Information and Library Science* (pp. 308-319). Libraries Unlimited

Zilberberg, J. (2007). Sex Selection and Restricting Abortion and Sex Determination. *Bioethics*, 9, 517–519.

Zimmerman, D. D. (2015). Young Arab Muslim Women's Agency Challenging Western Feminism. *Affilia*, 30(2), 145–157. https://doi.org/10.1177/0886109914546126

Zhu, W.X., Lu, L., & Hesketh, T. (2009). China's excess males, sex selective abortion, and one child policy: analysis of data from 2005 national inter-census survey. *British Medical Journal*, 338(7700), 920–936. http://www.bmj.com/content/338/bmj.b1211.abstract

Appendix A: Informed Consent

As a PhD student in the Department of Women, Gender and Sexuality Studies at the University of Kansas, USA, I am conducting a research project about the reproductive programs, policies and practices in India. I would like to interview you to obtain your views on women's reproductive rights, given your experience as an academic researcher, grassroots activist, and role as social service provider. The data I collect will be used for future academic publications stemming from this research. Although participation may not benefit you directly, I believe that the information obtained from this study will help us gain a better understanding of the cultural problem, affect public policy and social change.

You have been selected as a possible participant in this study because you are at least 18 years old, and because you might have important insights on women's reproductive practices. I would like to ask you about your view as a service provider in the non-profit, government, legal, or medical fields. I will interview you at a location and time that is convenient to you. It will take an average of thirty minutes to one hour. If you kindly offer me a follow-up interview, that may also be scheduled at your convenience.

If you decide to participate, I would like to audio record your interview. If you do not wish to be recorded, I will take notes instead. Please understand that your participation is voluntary, your refusal to participate will involve no penalty, and you may discontinue your participation at any time. You may also choose not to answer any question I ask. I will exclude information, stop the interview, and/or allow you to make statements off the record at your request. Any information that is obtained in connection with this study and can be identified with you will remain confidential. Only I, Josephine Kipgen and my faculty Advisor, Dr. Hannah Britton, will have access to the data. I will transcribe the interview data and keep it on a secure computer. Your name will not be associated in any way with the information collected about you or with the research findings from this study. We will use a pseudonym instead of your name, and you can choose whether or not you wish to have your organization referred to by name. Your identifiable information will not be shared unless (a) it is required by law or university policy, or (b) you give written permission. Additionally, we will destroy all data once we publish scholarly work, including journal articles, grant proposals, and public policy documents.

Your participation is voluntary. If you decide to participate, you are free to withdraw your consent at any stage of the research and discontinue participation. Should you have any questions about this project or your participation in it, you may contact me Josephine Kipgen, at (785)-551-0893 or jo.kipgen@ku.edu, or my academic advisor Dr. Hannah Britton at (785) 864-9016, or email britton@ku.edu. If you have any questions about your rights as a research participant, you may call the University of Kansas Human Subject Office at (785) 864-7249 or email ird@ku.edu.

<u>Oral Consent</u>

As a PhD student in the Department of Women, Gender and Sexuality Studies at the University of Kansas, USA, I am conducting a research project about women's reproductive programs, policies and practices India.

I would like to ask questions to obtain your views on reproductive policies and practices in India as a service provider in the non-profit, government, legal, or medical fields.

You have no obligation to participate and you may discontinue your involvement at any time.

Participation in the interview indicates your willingness to take part in this study and that you are at least 18 years old.

Should you have any questions about this project or your participation in it you may contact me or my Academic Advisor, Dr. Hannah Britton [(785) 864-9016]

If you have any questions about your rights as a research participant, you may call the Human Subjects Protection Office at (785) 864-7429 or email <irb@ku.edu>.

Could I ask now if you could permit me to audio record our interview? If you don't, would you mind if I take notes?

Appendix B: Sample Interview Questions

Academics and Policy Researchers
1. What motivated you to pursue your line of research?
2. Can you please elaborate on one major project or study that your center has undertaken to address women's and gender issues? What were the main findings?
3. Sex-selective abortion (SSA) in India seems to be well documented. What according to you are some of the factors that cause SSA? (I've heard that son-preference is the primary cause for SSA. Is this your understanding of SSA, or is there a different way to interpret this?)
4. What has stood out to you the most from your own research on women's reproductive issues or SSA?
5. In your fieldwork or research projects, have you encountered individuals or families that expressed son-preference or have experienced SSA? Without going into specific confidential information, what can you tell me about their situation?
6. What is your understanding of women that have SSA?
7. Do you think women exercise choice or agency when choosing SSA?
8. Do you know if the laws have had an impact on SSA? Have they been able to curb the practice?
9. What do you think the role of government or government policies in SSA should be? (Is SSA beyond government law and policy?)
10. What have we not talked about that you wish to share with me—or what should I have asked?
11. Are there other scholars or academics I should speak with regarding this research topic?

Non-Governmental Organizations (NGO) and Healthcare Service Providers
1. What motivated you to pursue your line of work?
2. Can you please elaborate on one major initiative that your organization has undertaken to address women's reproductive issues such as contraception, abortion etc.?
3. What according to you are some of the factors that cause SSA?
4. Through the course of your work, have you encountered individuals or families that expressed son-preference in obvious or subtle ways? Without going into specific confidential information, what can you tell me about their situation?
5. What kinds of services do you provide clients that consider an abortion? (Does the conversation change if it concerns SSA?)
6. MTP 1971 Act which permits legal abortion up to 20 weeks, but the Act, 1994 does not permit second trimester abortions to prevent SSA. What is it like working within this climate?
7. What do you think the role of government in SSA should be? (Is SSA beyond government law and policy?)
8. What is your understanding of women that have SSA?
9. Do you think women that choose SSA have choice or agency?
10. What have we not talked about that you wish to share with me—or what should I have asked?
11. Are there other organizations or people I should speak with regarding this research topic?