

TECHNOLOGIES like amniocentesis and ultrasound, used in most parts of the world largely for detecting foetal abnormalities, are used in large parts of the Indian subcontinent for determining the sex of the foetus so that the mother can have an abortion if the foetus in the womb happens to be a female. The rapid spread of these tests has resulted in sex selective abortions of hundreds of thousands of female foetuses.

The magnitude of the problem can be gauged by noting that Dr Sunil Kothari, who runs a major ultrasound and abortion clinic in Delhi, admitted to having performed 60,000 such tests during an interview on the BBC. He declared with total conviction: "This is the best way of population control for India." There are thousands of doctors all over the country who are engaged in the same type of medical practice as Kothari - some operating openly and some in a clandestine manner.

The full demographic impact of the spread of this technology is likely to show up dramatically in the all-India census in the year 2001. India has had a lower proportion of females than of males in the overall population for at least a century. The 1901 census recorded 972 females per 1000 males in the country's population. By 1991, the sex ratio had come down to 929 females per 1,000 males, indicating a deficit of nearly 30 million females in the total population. Selective abortions of female foetuses following sex determination tests are likely to further accelerate the deficit of females.

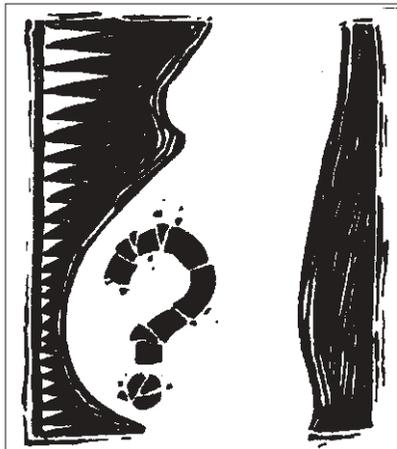
There are important regional differences in son preference and devaluation of daughters. As the census figures testify, sex ratios are much lower in the Northwestern areas of the subcontinent. Traditionally, the South and the extreme Northeast have recorded

When Daughters Are Unwanted

Sex Determination Tests in India

Madhu Kishwar

either evenly-balanced sex ratios or sex ratios in favour of females, as in states like Kerala and Manipur. In the Northwest sex ratios have been far more imbalanced against females among specific land-owning communities (such as Rajputs, Jats, Gujjars) and relatively more balanced among



the landless poor, or among the artisanal groups. In Bihar, there is a sharp north-south divide. Among the landowning Hindu peasant communities of the North, the sex ratio is in favour of males. However, in South Bihar, among the predominantly tribal population, the sex ratio is in favour of females.

An alarming aspect of the deficit of females is that, over the last few decades, the prevalence of low sex ratios has spread both horizontally and vertically. The South and the North-east (which earlier recorded sex ratios slightly in favour of females) now

almost all have shifted to a deficit of females and are slowly moving towards the all-India pattern. Lower status groups, which not too long ago had favourable sex ratios, are beginning to emulate higher status groups in rural areas, and are recording a decline in the proportion of their respective female populations. Thus the culture of overvaluing male lives at the cost of female lives is not a mere hangover of traditional norms, as is often believed, but is also a widespread contemporary phenomenon.

Sex Selective Abortion

Many women's organisations and other concerned citizen groups have responded to the epidemic of abortions of female foetuses by demanding a ban on sex determination tests. The state of Maharashtra was the first to outlaw these tests. It passed the Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) Act of 1988 after a government sponsored study found that in most cases gynaecologists were performing amniocentesis solely to determine the sex of the foetus; only a tiny proportion of all tests were for detection of genetic disorders. Nearly all of the 15,914 abortions during 1984-85 at a well known abortion clinic in Bombay were undertaken after sex determination tests indicated the foetus was female. Such clinics are not confined to big cities. They have sprung up in small towns and villages as well.

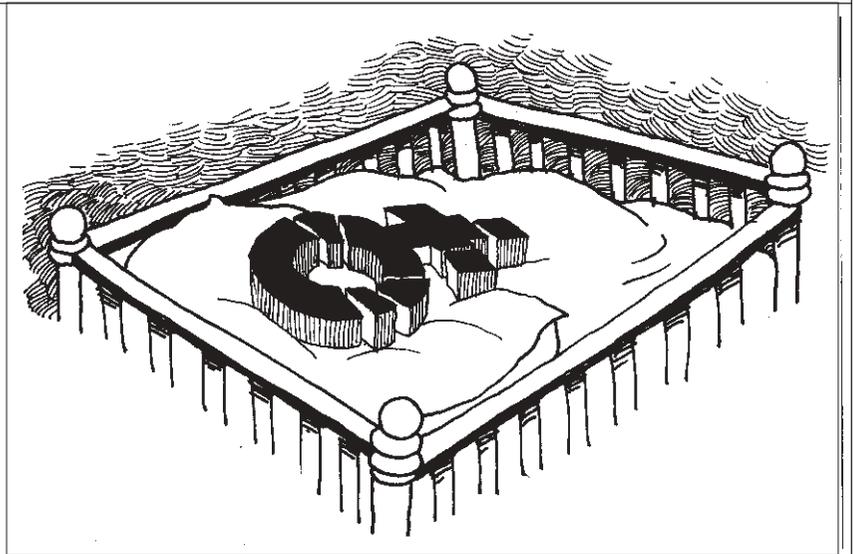
Three other states - Punjab, Haryana and Gujarat - also banned these tests because these clinics were indulging in aggressive campaigns to encourage people to abort female fetuses. Hoardings such as "Pay Rs 500 now and save Rs five lakh later," playing on the anxieties of parents about having daughters, had become a common sight in these states.

The Ineffective Ban

However, the law remained a dead letter and the clinics continued to mushroom and thrive in all these states. The only difference the new law made was that huge hoardings that had earlier read, *Ladka Ya ladki jaanch karaiye* (Find out if it's a boy or a girl), were replaced by barely veiled messages such as *Swasth ladka ya ladki?* (Healthy boy or girl?) or *Garbh mein bacchhe ki har prakar ki jankari* (Everything you want to know about the child in your womb).

Doctor-client complicity ensured that the clinics flourished despite the ban. A magazine reported that in a small town like Sirsa in Haryana at least a hundred tests were being performed every day. Doctors in the town declared openly: "Earlier, we used to give our findings in writing. Now we will simply tell them the sex of their child verbally. Who can stop us from doing that?" Dr M. R. Bansal of Sirsa, who had earlier hit the headlines with his display jars containing female fetuses preserved in formalin, declared that the ban would only result in doctors "hiking their fees" and as a result "the poor will suffer". (*Sunday* July 24-30, 1994, by Minu Jain and Harry Singh)

Before the ban, an amniocentesis test cost anything between Rs 70 to Rs 600. After the new law, amniocentesis could still be had for Rs 1,500 to Rs 2,000 at average quality clinics.



Another less invasive and safer sex determination test, ultrasound, is now easily available for Rs 800 to Rs 1,500.

Despite this dismal failure of new state laws to curb female foeticide, some women's organisations continued to demand comprehensive all-India legislation and even more stringent provisions to deal with the problem. In August 1994, Parliament enacted another law, also called the Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, in response to their pressure. This law prohibits any genetic counselling centre, laboratory or clinic from performing any of the PND techniques unless they register under this Act. They must also satisfy one or more of the criteria which the law establishes for determining if the test is permissible:

- the age of the pregnant woman is above 35 years;
- the pregnant woman has undergone two or more spontaneous abortions or foetal losses;
- during her pregnancy, the pregnant woman had been exposed to substances potentially harmful to the foetus such as certain drugs, radiation, infections, or exposure to certain dangerous chemicals;

- the pregnant woman has a family history of mental retardation or physical deformities.

The doctor who conducts the tests is required to not only explain the possible side effects and risks involved, but also to obtain the pregnant woman's consent in writing.

Attempting to ensure that the results of these tests are not used in deciding to abort a female foetus, the law states that, "no person conducting PND procedures shall communicate to the pregnant woman concerned or her relatives the sex of the foetus by words, signs or in any other manner". Likewise, the law bans advertising in any manner whatsoever the availability of PND procedures as a means of determining the sex of the foetus. Any person violating this law can be sentenced to imprisonment for a term which may stretch to three years, and with fines which may extend to Rs 10,000. A medical practitioner convicted by the court for flouting the law may lose his membership in the State Medical Council for a period of two years for the first offence, and permanently for any subsequent offence.

The Act does not limit penalties to the medical fraternity. It considers

the woman's family even more culpable. The normal practice is that a person is believed innocent unless proven guilty. But not by this law. "The court shall presume unless the contrary is proved that the pregnant woman has been compelled by her husband or the relative to undergo the PND test and such persons shall be liable for abetment of offence" and held punishable. As an indication that the law considers improper use of the PND test, it stipulates that "every offence under this Act shall be non-cognisable, non-bailable and non-compoundable".

The Maharashtra Act had exempted from punishment any pregnant woman who underwent this test. However, the central legislation states that any person who seeks the aid of a genetic lab or clinic for conducting PND tests on any pregnant woman is punishable with imprisonment up to three years, and a fine up to Rs 10,000. Unless the pregnant woman herself can prove that she was compelled to undergo the test, she is no longer exempt from punishment. In case of a second offence, the term of imprisonment can go up to five years and the fine up to Rs 50,000.

With such a draconian law, one would imagine that people would be too frightened to conduct or undergo such tests. This is far from the case. Delhi, the seat of the central government, has thousands of clinics with facilities for carrying out prenatal sex determinations tests.

Several women's organisations have demanded that the law be made even more stringent. They want genetic tests to be permitted only in government hospitals. They have also demanded that all ultra-sonography equipment be registered with the government to prevent its misuse.

It is time that we face the fact that

the laws that have been enacted to prohibit prenatal sex determination will not work given the political and administrative level of functioning in our country. The more stringent a law attempting to prohibit consensual behaviour, the greater the likelihood that it will be used primarily for making money by officials. The police know the location and activities of sex determination clinics; they collect regular bribes from the doctors as protection money, just as they do from brothel owners in states where prostitution is banned. Similar issues arise in the selective enforcement of the laws against drug smuggling, or brewing illicit liquor. In fact, the moment any activity is declared illegal, the police develop a vested interest in encouraging people to undertake it - for that brings them enormous amounts of extra income.

In banning SDTs we run the risk of further criminalisation of the medical profession. The popular demand for these tests will ensure that many doctors will be willing to do the tests in return for higher payments. Part of that money will be used to buy police protection. In addition, if clinics go underground, it will become impossible to monitor clinic functioning and safety, thus exposing women who go for these tests to even greater risks. The emergence of a police-doctor nexus has dangerous implications for the well-being of any society. As it is, large numbers of Indian doctors commit unethical practices. This easily and profitably flouted law will further strengthen the hold of such people on the profession.

Moreover, the technology needed for performing these tests is easily available and relatively inexpensive; just about anyone can set up such a lab if he or she so desires. There is no way to police these mushrooming clinics, especially since many doctors

have begun to use portable ultrasound machines which they carry in their cars, performing the tests in people's homes. Since ultrasound is a valuable technique for a whole range of other diagnoses of the internal organs, there is no way the use of ultrasound can be banned altogether.

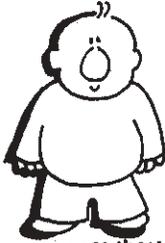
New innovations in this field will make it even easier to choose the sex of children. Recent research indicates that it may soon be possible to prevent the very conception of female children by manipulating male sperm to ensure that a mother desirous of having a son will conceive only a male child. Things are likely to move in this direction in the near future, making any attempt to ban prenatal sex selection even more difficult.

Pro SDT Arguments

Sadly enough many people feel that sex selective foeticide can serve as an important part of India's answer to overpopulation. Most families in India keep producing children until they feel they have the desired number of sons. In the process, often several daughters are born before the desired number of sons arrives. Therefore, it is argued that if families could ensure the birth of a son or two without risking the birth of too many unwanted daughters, it is likely that they would have more of an interest in smaller sized families.

Many people even argue that as women become scarcer their lives will be more valued. One reason why bodies like the medical associations have failed to take a stand against these tests is that most doctors involved in this business are convinced that they are providing an important social service, that they are doing "noble work". Dr Pai, a pioneer in providing cheap and safe SDTs and sex selective abortions in Bombay, speaks on behalf of many

**THEY SAID-
HAVE ONLY ONE***



{ Amnio-
centesis, ensures they will only
* be boys! Of course..! }

AND THEN....



**...THERE WERE
NONE!**



in his profession when he says: "Happy and wanted children is what we desire... Unwanted babies must be aborted". A woman doctor, Sudha Limaye, head of the Obstetric and Gynaecology Department of Bokaro General Hospital in Bihar, is reported to have said, "Our priority is population control by any means. Amniocentesis should be used as a method of family planning and be made available to everyone at a minimum cost or even free".

Some studies have revealed that most parents obtain sex determination tests only after the birth of one or two children. For instance, the data so far collected by Ritu Juneja of Delhi University in her doctoral research on Pre-Natal Gender Selection shows that the majority of parents come for SDTs only if they already have one or two daughters. In her sample she found that 40 percent women came for SDT after the birth of one daughter, 29 percent after two daughters and the rest after 3 or more daughters. In her sample she did not find a single case of a woman using a SDT for her first pregnancy. Her respondents saw SDTs not just as a family planning (keeping families small) measure but also as a way of "balancing" (having children of both sex) their families. However, the anxiety to "balance" the family through SDTs is far more

pronounced in families who only have girls than in those who only have sons. Juneja came across only one woman who had undergone 2 sex-selective abortions with a view to having a daughter after two sons. However, Sunil Khanna's study (see pp.23-29) indicates that among a certain community a SDT is resorted to even in the case of a first pregnancy. This is unlikely to be a general pattern.

Many argue: what is wrong with helping people achieve their desired family size? Most of those who are pro-choice and want women to have autonomy tend to support a woman's rights to abort. Why then do some of these very same people object to sex selective abortion, especially if the woman herself is averse to producing more than one or at the most two daughters? If we do not want the government to prevent women from aborting unwanted children, how can we remain consistent and support it when it tries to prevent women from aborting unwanted daughters?

Perpetrators or Victims?

Most of those supporting the laws against SDTs respond by saying that women are being socially coerced into getting rid of daughters; they are not viewed as free agents. Therefore, banning sex selective abortions does

not amount to encroaching on a woman's right to decide how many children she should have. However, several studies have revealed that in large parts of the country and in many communities, a mothers' aversion to having more than one daughter is no less strong than that of male family members. Investigations have revealed that many women go for these tests on their own initiative; they are not mere victims of coercion, though other forms of constriction of choice may be salient considerations.

A recent M.Sc. thesis by Meenu Sondhi entitled *The Silent Deaths: A Study of Female Foeticide in Delhi* found that most of the women clients coming to SDT clinics that were included in her study were highly educated and from well-off families. Several of the interviewed women suggested that SDTs must be legalised since this technology is an advance in science and optimum use should be made of it. Some talked about the social pressure to produce a son. Others pointed out the need to "balance" their families since they already had a daughter. Though the doctors performing the tests and subsequent abortions claimed that they provided this service only to those women who already had two daughters, the researcher found that several of the women who opted for the test already

had a son. (Reported in the *Indian Express*, October 28, 1990, by Sharmila Chandra)

All these socio-economic factors, therefore, make it virtually impossible to enforce such a ban in our country where the police is unable to enforce the law impartially and effectively even for those activities that people agree are harmful, such as manufacture of spurious medicines. Few of the parties involved in SDT tests and subsequent abortions or their families and neighbours view themselves as doing anything wrong. Abortion is legal in India and is frequently advocated as a family planning measure. Aborting female foetuses to limit family size has a widespread legitimacy. It is socially sanctioned among several communities. A law can work only when at least some people have an interest in enforcing it and see in it some benefit for themselves.

When Women Are Scarce

This brings us to vital questions. Is there any truth in the argument that the killing of unwanted girls will ultimately help make the lives of those daughters that are allowed to live any better? Is greater scarcity of women likely to lead to the surviving women becoming more valued?

From what we know of the existing low sex ratio regions, it appears that the market law assigning a higher value to items lower in supply does not appear to operate in this realm. Communities with low sex ratios tend to be more misogynistic and those with high sex ratios tend to allow for greater female autonomy and dignity. Compare the lives of Jat and Rajput women with Nair women of Kerala or Meitis of Manipur and the point becomes obvious. Seclusion and purdah, disinheritance of women from property, low female literacy rates, poor

health, and low employment rates are all characteristic of low sex ratio regions, as is a greater incidence of domestic violence against women. In contrast, among the high sex ratio regions and communities, women do not live under as many crippling restrictions, have more secure inheritance rights, are rarely forbidden the right to earn independent incomes, and tend to have higher literacy levels and relatively better health. They also tend to have better opportunities for political participation at the local level.

If women's own lives are so nega-



tively affected by discrimination against their daughters, why then are women so wrapped up in the culture of son preference? Aversion to having daughters is a culturally conditioned choice rooted in certain economic and political power relations within the family and community. For instance, a study done in a Punjab village (*Family Life: The Unequal Deal* by Berny Horowitz and Madhu Kishwar, *In Search of Answers*; Zed Books, 1984) found that both peasant women and landless agricultural labourers displayed an overwhelming preference for boys and a serious dread of having daughters. Some women wanted no daughters at all. Even those who mentioned that daughters provide valuable support to their mothers, share their problems and

give a helping hand in domestic work, still did not want any daughters. Two of the 15 peasant women interviewed got sterilised after they gave birth to two sons because neither they themselves nor their families wanted a daughter. One of these women said that because she had eight sisters and had suffered so much as a result, she herself never wanted to give birth to a girl. Almost all the women said girls are unwanted because they are a burden. One of them reported that her own mother had died within days after the birth of her fifth daughter because her husband had become very unhappy at the birth of yet another daughter.

Even among the agricultural labourers, nine out of 14 stated a clear preference for male children. Not one of them said she preferred a girl, but their reactions to the birth of daughters was not as adverse as it was among peasant women. However, most of these women did clearly admit that, from their own point of view, daughters would be good for them; they felt daughters would be more emotionally supportive and help them more than the sons.

Dread of Daughters

Why is it that women dread having daughters?

□ Their own lives as women and what they saw of their mothers' lives give them an aversion to producing another sufferer like them.

□ Their own status in the family is downgraded and they become vulnerable to more abuse every time an unwanted daughter is born to them or if they fail to produce a son. A woman often even seems to become incapable of breast feeding her girl child when she herself has an insecure place in the family. If the birth of a girl child makes her life more miserable, there

is reason for her to hate that child, and even to want it dead.

❑ Most women do not see their daughters having a better life than they themselves have experienced.

❑ As distinct from the mother's own interest, the family as an economic unit sees these daughters as burdensome on account of dowry and limited employment opportunities for women.

Thus we find that women's responses to their children are not just a matter of unconditional nurturing and caring but are also determined in part by their own perceived interests. Motherhood gets expressed in a variety of ways, depending on the woman's own situation in the family.

Since in our culture men and women are expected to subordinate their individual interests to that of the family, it is to be expected that ultimately women themselves see their own interests as indistinguishable from the family's interests, and consequently become actively involved in favouring male children at the cost of daughters, just as they ignore their own health and nutritional needs but seldom those of their husband's.

Why Are Women Devalued

However, the culture of self-neglect and self-depreciation is more prevalent among women of certain communities and regions. One can identify some of them by their low sex ratios. Misogynist attitudes are much stronger in the Northwest plains of India, for example, because this region has been a frontier area for centuries. It witnessed constant warfare, facing outside invaders as well as fighting among the diverse groups inhabiting this area. The people of this area came to pride themselves on their martial traditions. They adopted more

stringent forms of female seclusion and *purdah* that went far beyond those practised in other parts of India.

In this region, ownership of land was the hallmark of higher status and there was a constant drive toward acquiring more and more land. Since maintaining possession of land was so precarious, the importance of males was enhanced considerably in comparison to areas which did not experience so much turbulence. The land-owning communities in the Northwest came to value physical strength, skills in wielding weapons, and equated 'manly' qualities with aggressiveness and virility far more than is healthy for any society.



In such a situation, women came to be valued primarily as the bearers of sons and were seen as liabilities in most other contexts. The fiercely patrilineal family and kinship structure that evolved made it mandatory for daughters to be sent away to their husband's family after marriage. Not only were daughters a constant source of anxiety because of their assumed need for greater protection against an outside world full of enemies, they were also seen as an economic drain because they take away wealth rather than add to it.

The establishment of British rule brought an end to internecine warfare

as well as to external invasions but exacerbated land hunger even more. The most important and far reaching of the changes introduced by the British involved imposing changes in land ownership patterns. Cultivators now ended up as tenants of a much more interventionist and rapacious State. While creating these new tenancy rights, women's rights in the land were disregarded and bypassed. Even among communities where women were the primary workers on the land, in the process of converting communal property rights of the clan into individual property rights, women were almost completely excluded.

Labour power is more valued in societies with surplus land and scarce labour. As land becomes scarce and population pressure increases, a woman's labour power loses its value and possession of land becomes the all important asset. If ownership of land is vested mostly or exclusively in the hands of men, women begin to be treated like mere dependents and considered as liabilities rather than assets.

Take the case of certain tribal communities, which until the 19th century practised shifting cultivation combined with hunting. In tribal groups, families highly value their daughters because women's labour is the mainstay of agricultural operations. Men's labour plays a very peripheral role in their rural economy. Consequently most tribal girls fetch a bride price instead of taking a dowry. They are not perceived as a burden on the family and their birth is far from dreaded as is evident from their sex ratio figures. According to the 1971 census, there were 1,041 females for every 1,000 males amongst the Hos in Bihar. The comparable figures from the 1971 census for other northern states were: Punjab and Haryana (874), UP (883), and Rajasthan (919).

However, these communities were forced to become settled agriculturalists by the British, and their communally-owned land parcelled out to individual families, the title vesting with the male head. The impact of the British forcing tribals to switch to sedentary agriculture is documented at length in my study of women of the Ho tribe in Singhbhum District, Bihar (*Economic and Political Weekly*, volume 22 Nos. 3,4 and 5: January, 1987). It shows how the society was forced by outside forces to fall in line with the culture of son preference even though these communities did not traditionally devalue daughters, as is evident from their sex ratios.

The new ownership patterns introduced by the British were crystallised in the Chhotanagpur Tenancy Act of 1908 which conferred exclusive rights on men as the owners of cultivatable land; widows and unmarried daughters were only allowed limited usufructory rights. For instance, as soon as a daughter marries, she loses even the right to be maintained from her father's land. She does not inherit land as a son does. Even if an unmarried daughter is raped or has a brief sexual affair with a man, she loses her right to live off the family land, in the same way as she would if she were to get married.

A tribal woman cannot claim a share in her husband's land in her own right even if she is the one cultivating it while he may have migrated elsewhere for employment. She is only allowed to claim a right through her son, if she has one. If a man has no sons, the land he cultivates will revert to his brothers and their sons after his death. A man is assured of his right over the land in his lifetime, but his wife's position is not so secure.

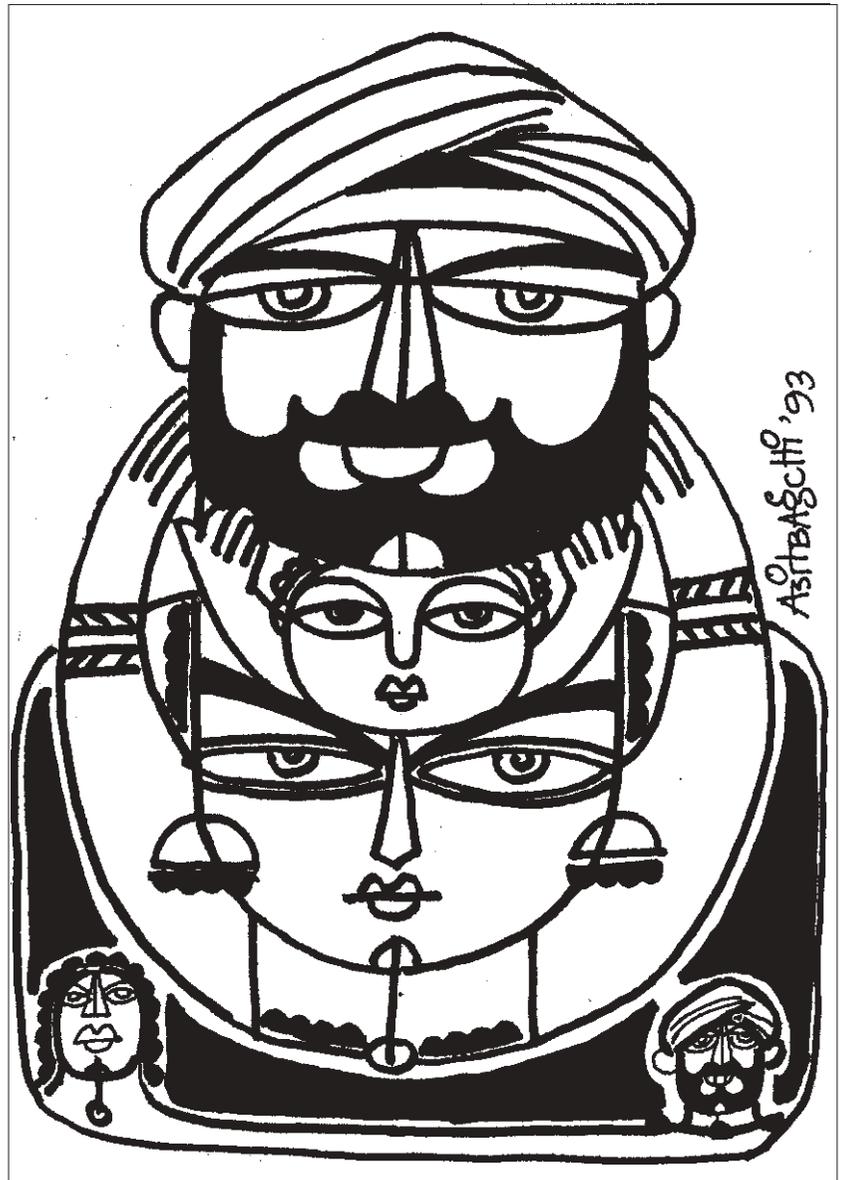
A woman's ability to hold on to the land is also determined by the age

of her sons at the time of her husband's death. Women who have only daughters or baby sons tend to be relatively powerless in the violence - charged atmosphere of the village. The land of such widows is often snatched away from them through force or fraud. Thus, women are forced into a situation of son preference for their own protection.

Another reason for son preference is that the outside world of education and employment is extremely male-

oriented and male dominated. Therefore, if tribals have to seek a foothold in the mainstream economy, they can do so only through sons.

Most of the 37 women I interviewed in the course of my study of a Ho village stated that they personally preferred daughters. One of the women, Jasmati Sundi, explained this preference in response to my question as to whether she wanted a son or a daughter: "I want a daughter even though having a son will improve my



position vis a vis my husband's land. Even if I have a son, my husband may throw me out before the son is grown up enough to defend me. If he does allow me to stay on, what do I need a son for? If our land goes to his uncles or cousins after we die, what do I care? If we don't have a daughter who will give us some affection and care when I am old? A son and a daughter-in-law will never do that. When my mother was sick I cared for her, none of my brothers looked after her."

That the culture of son preference has largely been imposed on the Hos by patriarchal land relations dictated from above becomes evident when one considers the attitude of Hos to children born out of wedlock. Daughters born out of wedlock are not as unwelcome as sons, even in cases where the father refuses to acknowledge responsibility for the child. A baby boy whose father does not accept him runs a higher risk of being killed or allowed to die through neglect than does a girl. A boy's life is not seen as worth much if he is not going to inherit land since that is seen as his most important function in life. Also, if an unmarried woman is saddled with a son, she will find it more difficult to get married because a prospective husband would not like another man's son in the house as a possible claimant of the land, whereas a stepdaughter is welcome because she is seen as an additional worker on their land and can earn a bride price for the family.

Increasing Land Hunger

At the heart of these battles is the growing land hunger among the peasantry - both tribal and non-tribal. Land hunger is leading to constant conflicts in villages. The relatively more powerful families are constantly on the lookout for opportunities to usurp the land of less powerful families. Often the influential families get

widows' land surreptitiously transferred in their own names by bribing local officials. They push out those women who have no adult male family members to protect their land. Given the corruption and lawlessness of the government machinery in India, those who cannot resist aggression and physical force tend to lose their land. There is a popular saying in the North: *Jitney ladke utne lath, jitney lath utna kabza* (the more the sons, the more your capacity to wield sticks [violence] - and the number of sticks decides how much land a family controls).



As the scale of violence increases in society, and its importance in controlling and gaining access to new resources is enhanced, daughters appear more and more frequently as liabilities.

The increase in insecurity bolsters the ideology of keeping women in the house. In many parts of India, working outside the home is seen as a sign of a family's low social and economic status. Refusing to let women work outside the home does not save women from drudgery, but rather ensures that they stay confined to all the unpaid jobs on their family farm - field labour, harvesting, weeding, caring for

family livestock, basic home processing of their farm produce, housework of all kinds, and care of children.

While they may play an important role in producing food, women are usually not allowed to engage in other economic activities that might give them access to cash, such as the marketing of produce, which involves exposure to and contact with the world of commerce and men. Since cash is highly prized in rural areas, and women have few opportunities to earn cash, this is another way that women are kept dependent and are usually considered an economic liability rather than an asset.

Summing Up

Thus, if we want to stop the killing and neglect of women, it is not enough to simply pass a law and hope that it will succeed in countering all those social and economic forces which make women's lives appear expendable.

However, when I argue that a legal ban on female foeticide won't work, I do not mean to imply that we should leave things as they are nor that the resultant scarcity of females will inevitably raise the value of female lives. What I am suggesting is that we stop looking for quick fixes and instead face the problem squarely. There is no way to ensure the healthy survival of baby girls unless families find them worth nurturing. That is indeed a complex task which allows for no easy short term solutions. As Ravindra's letter on page 44 demonstrates, all the hard work put in by activists in Maharashtra has not led to curbing SDT tests. If anything the practice has grown and spread.

The real challenge before us is to figure out ways in which a realisation of the value of daughters can be enhanced in the eyes of their own families. □