SEX-SELECTION AND DECLINE IN CHILD SEX RATIO UNDER PCPNDT ACT

Sumit Pandey, Amity University, Lucknow, Uttar Pradesh

Dr Jyotsna Singh, Amity University, Lucknow, Uttar Pradesh

A) ABSTRACT

The declining sex ratio remains a persistent issue and is a constant concern for the majority of Indian population. Despite the interventions addressing the female population, scientific advances and the modern medicine have been masquerading as a two-edged sword disrupting the socially constructed child ratio and enabling prospective parents to prevent the birth of a girl child. **"Pre-conception and Pre-Natal diagnostic techniques (PCPNDT) Act 1994",** was enacted to prevent the widespread practice of female foeticide and to ensure that **"pre-natal diagnostic techniques"** are used only for legitimate medical purposes. "**The Act was further amended in 2003 for improving the sex ratio in our country. However, even after its implementation, there has been no improvement in the sex ratio".**

While patriarchal traditions exist in many countries globally, they seem especially entrenched in many areas of the Indian subcontinent. Norms and beliefs stemming from patriarchy influence arrangements for marriage, rules of lineage, and the seclusion of women. Additionally, traditional divisions of labor shape social gender norms. As a result of this sociocultural framework, girls are often denied access to education and the opportunity to work outside their family homes.

Moreover, in many patriarchal societies, young girls are wed and are not entitled to inherit property. Getting married early and becoming mothers can disrupt their education, lead to social isolation, and limit their access to career training and options, resulting in restricted job prospects and making them financially reliant on their husbands and in-laws.

In addition, studies link such imbalance and low status of women with other forms of gender violence as well such as forced labour and sexual violence.

Unfortunately, there is still a long way to go to achieve full equality of rights and opportunities between men and women in the Indian subcontinent. Neglect of the girl child in terms of nutrition, education, health care and her overall development is just one facet; a more heinous practice against girls is female infanticide, female feticide and sex-selection practices. The

obvious result is a sex ratio increasingly adverse to women. Therefore, it is of paramount importance to end the multiple forms of gender violence and secure equal access to quality education and health, economic resources and full participation in all aspects of life for both women and girls.

Keywords: Child sex ratio, PCPNDT Act, female foeticide, sex selection, gender gap.

B) INTRODUCTION

The child sex ratio in India started showing gradual signs of decrease after the Independence[1]. After independence i.e. from 1951 to 1961, most states and Union territories maintained a balanced sex ratio, however, from 1971 to 2001 the declining trend in sex ratio was shown with the exceptions of Kerala and Pondicherry[2], which displayed a positive trend.

As per Census 2011 report, child sex ratio for India is 919. It was 946 in year 1991 and 927 in year 2001, reducing by 8 points from year 2001 to year 2011[3],the lower most since the Indian Independence, thereby, indicating a continued cultural preference for male children in the Indian society.

The deep-rooted perception that a girl child is not a good "investment" and a curse with social and economic liability often makes families prefer a male child thereby, resulting in gender inequality and harmful practices such as female infanticide and sex selective abortions.

In addition, studies link such imbalance and low status of women with other forms of gender violence as well such as forced labour and sexual violence.

"The Indian Constitution's Article 21 protects the right to life and personal liberty, which includes a degree of autonomy over one's reproductive decisions. However, this

[1] Jwal M. Banker, "Awareness and Attitude About Prenatal Sex Determination and the Pre-Conception and Prenatal Diagnostic Techniques Act Among Pregnant Women Attending the Antenatal Clinic", (Dec. 2018), available at https://www.jsafog.com/doi/JSAFOG/pdf/10.5005/jp-journals-10006-1589 (last visited June 4, 2025).

[2] D. Kaur & R. Kohli, **"**Declining Sex Ratio in India: Reasons of Gender Gap and Need for Policy Reforms", 9(4) Pramana Research Journal (2019), available at https://www.pramanaresearch.org/gallery/prj-p747.pdf.

[3] National Health Mission, "Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act 1994", Government of Maharashtra(2025), available at https://nhm.maharashtra.gov.in/en/scheme/preconception-and-pre-natal-diagnostic-techniques-prohibition-of-sex-selection-act-1994/

right is not absolute and can be subject to reasonable restrictions in the interest of public health and morality". Thus, this constitutional recognition establishes a foundation for women's rights, to exercise control over their reproductive health without undue interference from the state or societal and cultural norms.

"The Pre-Conception and Pre-Natal Diagnostic Techniques Act (PC&PNDT Act) enacted in 1994, further amended in 2003, aims to prevent female foeticide and the illegal practice of sex determination before or after conception and addresses the declining sex ratio in India legally". The PNDT Act further seeks to eliminate the misuse of "**pre-natal diagnostic techniques for sex selection"** which lead to female foeticide and echoes[4] the collective agitation of the civil rights groups.

However, legislation alone cannot the solve the deep-rooted harmful practices such as sex selection in the Indian society which lead to a decline in the sex ratio[5]. It has been observed that even after the **"implementation of the PCPNDT Act",** the sex ratio continues to be unfavourable and skewed.

C) RESEARCH OBJECTIVES

1. To comprehensively examine the socio-cultural and economic factors contributing to the decline of child sex ratio.

2. To elucidate the requisites that constitute the misuse of the Pre Conception and Prenatal Diagnostic Techniques Act and the inconsistencies in legal and regulatory frameworks.

3. To demonstrate the efficiency of the **"PCPNDT Act"** in curbing "sex-selective abortions" and improving the child-sex ratio in India.

D) RESEARCH QUESTIONS

1. What are the key socio-cultural, economic, and religious factors which lead to an

[4] https://pcpndt.delhi.gov.in/about "Department of Health and Family Welfare, Government of National Capital Territory of Delhi", India, PC & PNDT, available at https://pmc.ncbi.nlm.nih.gov/articles/PMC3498638/
[5] Id

imbalanced child sex ratio?

2. Why has legislation including the enforcement of the PCPNDT Act,1994, been insufficient in preventing the deeply rooted issues of sex determination and gender inequality?

3. How does the ongoing challenge of adverse child sex ratio contribute to broader forms of gender-based harmful practices and discrimination in Indian society?

E) RESEARCH METHODOLOGY

The methodology implemented in this study involves a combination of qualitative and quantitative methods, grounded in a doctrinal framework. **"This research adopts a mixed method strategy that integrates both qualitative and quantitative perspectives"** to attain a holistic understanding of the research question, facilitating the exploration of intricate issues that are difficult to measure. Additionally, doctrinal research—also referred to as theoretical or library-based research—serves as a unique approach to legal inquiry, concentrating on the examination of current legal provisions, doctrines, case law, and academic literature. This combined methodological approach is particularly advantageous for investigating the theoretical and conceptual facets of socio-legal and cultural matters pertinent to this research. Furthermore, the integration of qualitative and quantitative techniques offers a structured analysis of demographic information concerning the enforcement and effects of the PCPNDT Act on the child sex ratio in India. The research process includes identifying, gathering, observing, and critically assessing census data, legal statutes, case law, and interviews to delve into the various socio-cultural and legal aspects tied to the concerning drop in the child sex ratio and the efficacy of the PCPNDT Act since its implementation in the Indian subcontinent. **"These resources will assist in formulating sound and practical conclusions while also providing deep and nuanced insights into social phenomena by exploring different dimensions".** Through the application of a mixed-method approach, this paper aspires to thoroughly investigate the subject matter at hand.

F) LITERATURE REVIEW

The issue of sex selection and the declining child sex ratio in India has been thoroughly

studied across multiple disciplines, including law, sociology, and public policy.

Christophe Z. Guilmoto (2008)[6] highlights the longstanding issue of female infanticide in India and points out demographic patterns that reflect a continued preference for male children in patriarchal societies. His research underscores how modern diagnostic technologies, combined with persistent socio-cultural beliefs, have exacerbated sex-selective practices.

Studies by S. Nair (2012)[7] and Arvind K. Sharma (2015)[8] investigate the cultural integration of son preference. These investigations suggest that the root of gender imbalance goes beyond economic factors such as dowry and encompasses social constructs that portray male children as bearers of lineage and supporters of aging parents, while daughters are often seen as financial burdens.

Legal frameworks have also been critically analysed. The enactment of the PreConception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994, and its amendment in 2003 marked a significant legal step. Nevertheless, annual reports from the Ministry of Health and Family Welfare[9] reveal that implementation encounters numerous difficulties, including issues with compliance, lack of awareness, and misuse by medical practitioners. The Population Research Institute (2015) reports a troubling number of sex-selective abortions, indicating that over 12 million such procedures took place from 2000 to 2014.

Statistical data from UNICEF[10] and the United Nations Population Fund[11] (UNFPA) indicates that India stands out among large nations due to a higher mortality rate for girl babies compared to boys, estimating around 2,000 girls facing illegal abortions every day. These revelations reaffirm the enduring societal biases and the insufficiency of current interventions.

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[6] Christophe Z. Guilmoto, The Sex Ratio Transition in Asia, 34 POPULATION & DEV. REV. 519 (2008).
[7] S. Nair, Gender Imbalance and Social Consequences in India, 56 INDIAN J. SOC. RES. 210 (2012).
[8] Arvind K. Sharma, Gender and Society in India (Rawat Publications, 2015).
[9] Ministry of Health and Family Welfare, "Annual Report on PCPNDT Act Implementation (2020)", https://main.mohfw.gov.in.
[10] UNICEF India, India's Missing Daughters, https://www.unicef.org/india.
[11] "United Nations Population Fund" (UNFPA), Sex Ratio Trends in India (2018), https://www.unfpa.org. [12] The "Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, No. 57 of 1994", INDIA CODE (1994), amended by Act No. 14 of 2003.

Moreover, criticisms from professional bodies like the Indian Medical Association (IMA) argue that the PCPNDT Act[12] has imposed unjust penalties on doctors without addressing the fundamental social attitudes and gender norms that perpetuate discrimination. Despite judicial endorsement of the law's constitutional validity, its enforcement has been inconsistent across different states, as evidenced by disparities in conviction rates and case filings, particularly in regions such as Karnataka and Haryana.

The body of literature converges on two main insights: first, that sex-selective practices are intricately linked to cultural and economic systems; and second, that while legal measures are essential, they are insufficient on their own. These studies reveal a notable gap between legal initiatives and the necessity for extensive socio-cultural reform and awareness-raising efforts. This paper aims to explore this gap by assessing the legal effectiveness of the Act and scrutinizing the broader societal dynamics that shape its influence.

G) HISTORICAL ROOTS OF GENDER BIAS IN INDIA

The Indian system of family formation and fertility changes have led to many social changes which has affected the growth and development of the Indian society, this rule especially applies to the labor class, and agricultural families living in the outskirts of the society. These families are mostly concerned with the women’s role in the labor and agricultural work, as they have always merely been pawns for marriage purposes and reproductive instrument for the society, thus seeing them as a burden which eventually result into killing of girl child at birth. The cause of decline in child sex ratio is the son preference in the Indian societies, as they are believed to bring prosperity, will stay with their parents during their old days and will also carry forward the lineage of the family. This patriarchal nature of such families results in discrimination of women and their ill treatment. The demeaning nature of societies result in less social value provided to women. Guilmoto (2008), research work noted that in India, female infanticide has existed since the colonial rule.

Indian society has mostly been patriarchal in nature, in which daughters are viewed as liabilities whereas sons are referred as assets for their family. Parents with this thought that a girl would eventually get married and will move to their husband’s house leads them to

believe that investing in their education and their upbringing doesn't seem to be very beneficial.

In lower class family's dowry was never a concern until now but the system of hypergamy

(meaning women marrying into a family of upper class) has resulted into an ungodly tradition. The upper-class families have slightly different approach towards dowry as they do not demand any materialistic goods, instead they show strong factors for son preference attitude due to which women are bound by experiencing abortions. According to studies, sex selection and abortion have resulted into deteriorating women health and greatly reducing chances of giving natural birth to a child. Thus, these scenarios have let to changing perspective of Indian society regarding girl child.

H) SEX SELECTION AND GENDER PREFERENCE IN INDIAN SOCIETY

In many countries, there is a significant cultural bias favouring sons. High dowries and discriminatory laws related to family and property often cause traditional frameworks and institutions to support the preference for male offspring, leading to various forms of violence against women. Research shows that India stands out as the only large nation in which more female infants than male infants perish. This is underscored by data from the United Nations Population Fund, which indicates that around 460,000 girls in India were deemed "missing" at birth each year between 2013 and 2017 due to sex-selective abortions.

"**The United Nations further estimates that around 2,000 unborn girls are illegally aborted every day in India".**

Moreover, statistics reveal community biases, demonstrated by the fewer hospital registrations for girls compared to boys, suggesting that parents tend to provide less healthcare for female newborns. "**In 2017 alone, there were 150,000 fewer girl admissions to Special Newborn Care Units (SNCUs) than those of boys. In areas where a preference for sons exists, occurrences of female infanticide and sexselective abortions are common, resulting in a heavily skewed gender ratio in the population. This disparity increases the likelihood of other types of gender-based violence, such as rape and forced marriage"**.

The "Ministry of Health and Family Welfare has recognized the concerning trend that the number of illegal abortions and sex-selective practices continues to surpass that of legal abortions, resulting in the deaths of thousands of women annually due to complications from unsafe abortions". The Population Research Institute reports that between 2000 and 2014, there were at least **"12,771,043 sex-determined abortions in India, averaging around 2,332 sex-selective abortions daily. Ongoing underreporting under the Medical Termination of Pregnancy Act of 1971",** which allows for safe and accessible abortion services, has continued to pose a major challenge in addressing sex-selective abortions and female infanticide. To promote the birth of daughters, eradicate female foeticide, and encourage girl's education, the government has introduced various initiatives aimed at improving the sex ratio in India. A stringent prohibition on sex determination during pregnancy was established under the PreConception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act of 1994, which was revised in 2003.

1. National Girl Child Day, established in 2012, is celebrated on January 24th.

2. The Sabla Yojana, introduced on International Women's Day in 2011, seeks to empower adolescent girls by improving their health and nutrition while raising awareness about health, sanitation, nutrition, reproductive health, and family and child care within Indian society.

3. In January 2015, the **"Beti Bachao Beti Padhao Scheme"** was initiated to address sex-selective abortions and the declining child sex ratio, recorded at **"918 girls for every 1,000 boys in 2011"**. The objectives of this scheme are:

- Prohibition and prevention of gender-biased sex-selective detention
- Encourage and raise awareness about girl child's survival and safety.
- Encourage the involvement, development, and education of girl child
- Protection of rights of girl child
- Implementation of sensitization initiatives for both women and children.
- Effective implementation of existing legislation affecting women and children

- Improving women's status in society may help to shift the gender bias in favor of sons.
- Investing in women's empowerment and economic success in order to close the gender gap.

The government has introduced several conditional cash transfer programs, such as the Balika Samriddhi Yojana and the Dhanalakshmi Scheme. However, the current laws and regulations have proven inadequate in curbing sex-selective practices or in mitigating their impact on the skewed sex ratio, largely due to the entrenched socio-cultural biases and patriarchal elements in our society that prefer sons. Given this socio-cultural context and the prevailing beliefs, it is crucial to transform the collective mindset to ensure that gender does not influence equal rights and opportunities. This approach will enable individuals to claim their right to participate on equal footing in society, realize their full potential, and enjoy the same rights and responsibilities, irrespective of gender.

I) CULTURAL AND SOCIAL ELEMENTS OF PRENATAL SEX SELECTION IN INDIA

In India, a commonly used expression for a girl born into a family is ParayaDhan, which translates to "belonging to someone else." Such widely accepted terms emphasize the broader issue of the undervaluation of women. In certain communities, women lack full control over their own lives, transitioning from their parents' homes to those of their husbands, typically having minimal input in their personal decisions. Additionally, on a global scale, females spend two to ten times more hours on unpaid caregiving tasks than males, often causing young girls to forgo education to care for younger siblings.

Because societal norms assign unpaid caregiving responsibilities mainly to women, females from diverse backgrounds, economic statuses, and cultures invest a significant amount of their time meeting domestic and reproductive duties. This situation, combined with their paid employment, results in a "double burden" of work for women.

Although patriarchal traditions can be observed in numerous countries worldwide, they seem particularly entrenched in various regions of the Indian subcontinent.

The limited negotiating power of women in marriage, along with the dowry system, rights of inheritance, and land ownership, renders them more vulnerable and regarded as less

valuable.

Moreover, the focus on having male offspring is an important element of patrilineal family structures. Within Indian culture, sons are seen as responsible for preserving the family name, inheriting property, and upholding significant family traditions. Wealth is transmitted through the male lineage, while women are often given movable assets as part of their dowry. Additionally, the principles of patrilineality and patrilocality are closely intertwined. After marriage, sons are expected to reside with their parents, while married daughters are anticipated to leave their family homes.

Additionally, the importance of having male children is a key feature of patrilineal family structures. In Indian culture, sons are responsible for continuing the family name, inheriting property, and upholding significant family traditions. Familial wealth is transferred through the male lineage, while women might receive movable property as part of their dowry. Moreover, the concepts of patrilineality and patrilocality are interconnected. After getting married, sons are expected to reside with their parents, whereas married daughters are anticipated to move out of their family home.

J) ANALYSIS OF THE PCPNDT ACT,1994

The "Supreme Court has expressed serious concern regarding the attack on sex-selective discriminatory practices within the medical community, as such actions may be linked to the misuse of pre-natal sex determination"; "**therefore, it has instructed the Centre to fully enforce the PC & PNDT Act. This directive came in response to a public interest litigation. The petition was submitted by the Centre for the Enquiry of Health and Allied Themes (CEHAT), the Mahila Sarvangeen Utkarsh Mandal (MASUM), and Dr. Sabu George, a researcher who has extensively studied this issue.**

Within the framework of the National Rural Health Mission (NRHM), it is proposed to include this initiative as a component of the RCH II Program". While RCH II addresses critical aspects of safe motherhood, child health, and reproductive health issues, the SGC program aims to enhance the survival of girl children before and after conception by implementing the Pre-conception and Pre-natal Diagnostic Technique Act of 1994. This Act regulates the misuse of prenatal diagnostic techniques for sex determination and

promotes the value of girl children in the nation. The "SGC will operate as a decentralized, centrally sponsored program".

"**The strategies outlined in this Act to ensure its comprehensive implementation include:**

- Guaranteeing the enactment of all promotional initiatives for girl children at the district level.
- Monitoring and assessing the implementation of the PNDT Act through community engagement.
- Ensuring accountability among implementing bodies by supervising the Act's enforcement through community participation.
- Tracking pregnancies, medical termination of pregnancies (MTPs), and birth registrations by engaging Anganwadi workers and ASHAs.
- Identifying those who violate the Act by performing detailed audits of Form 'F' submitted for pregnant women in medical facilities.
- Creating an annual plan at the national, state, and district levels.

In addition to these strategies, various governmental initiatives are in place to facilitate improved enforcement of the Act. However, the Delhi High Court has raised concerns regarding these efforts, suggesting that government initiatives are not as effective as expected. A significant issue arises when healthcare professionals facilitate such practices, and when the authorities responsible for revoking or suspending the licenses of practitioners violating the PC & PNDT Act fail to act".

Furthermore, the rate of convictions under this Act is alarmingly low, as offenders frequently evade justice through financial means, highlighting a failure in the justice system to curb illegal sex-selective abortions and prosecute violators effectively. Sex-selective abortions discriminate against women, inflict violence, and violate their rights to life, dignity, and equality. The diversity and inherent worth of human life are compromised. Negative societal repercussions include a distorted sex ratio, heightened trafficking, increased violence against women, and diminished marriage prospects for men. This raises ethical dilemmas regarding the non-medical use of prenatal diagnoses and prompts

consideration of the obligations parents and healthcare providers have toward unborn children.

Since this issue is not a recent development, the government faces significant challenges in eradicating this societal menace; nevertheless, whether the "**Pre-conception and Pre-natal Diagnostic Technique Act of 1994"** can be regarded as a transformative step for society remains an open question.

K) ASSESSING THE EFFECTIVENESS AND INSTANCES OF MISUSE IN THE IMPLEMENTATION OF THE PCPNDT ACT

1) Mechanism for Implementation

To combat the significant and rising "**problem of sex-selection due to the misuse of prenatal diagnostic techniques for determining fetal sex, which has resulted in female feticide, the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (PC & PNDT Act)"** was enacted on September 20, 1994, and subsequently amended for better enforcement in 2003, followed by more rigorous updates in 2011. "**As reported daily by news outlets nationwide, strict measures are being taken against radiologists, sonologists, gynecologists, and other healthcare professionals who breach the law. The efficient enforcement of this Act reflects a troubling reality concerning its effectiveness"**.

The PC & PNDT Act includes numerous legal provisions and measures which are designed to discourage violations. Nonetheless, only the proper enforcement of the Act can effectively address and improve the ongoing decline in the Child Sex Ratio.

The "execution of the PC & PNDT Act is managed by established statutory bodies, such as the State Supervisory Board, State Advisory Committee, State Appropriate Authority, District Appropriate Authority, and District Advisory Committee, in line with the Act's stipulations.

The key requirements of the Act include:

a) Mandatory registration as specified in Section (18) of the PC-PNDT Act.

b) Written consent from the pregnant woman, along with a prohibition on revealing the fetus's sex as stated in Section 5 of the Act.

c) Maintaining records in accordance with Section 29 of the Act.

d) Promoting public awareness by displaying boards that prohibit sex determination".

2) Barriers and Challenges in the Implementation of the PCPNDT Act

"The Indian Medical Association (IMA)" has been vocal about its concerns regarding the implementation of the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994. The IMA has repeatedly called for a review and modification of the Act, "**contending that it has not been effective in preventing female foeticide and has instead led to undue "harassment" of obstetricians and radiologists and has "miserably failed" in restoring the sex ratio of the country. The Indian Medical Association (IMA) contention came after the Supreme Court upheld the constitutional validity of Sections 23(1) [12] and 23(2) of the Act[13]".**

The main objective of enforcing the PCPNDT Act was to put an end to the misuse of sexselection methods and to combat female foeticide, "**thereby improving the country's sex ratio. According to Section 24 of the PCPNDT Act, 1994, the court will presume, unless evidence to the contrary is presented, that if a pregnant woman is coerced by her husband and family to seek sex determination for reasons not outlined in section 4(2), this individual will face punishment under section 23(3) for providing assistance. Section 23(3)**" of the same law specifies that a woman who is forced into sex selection will not face penalties under the Act.

"**The layman's approach of the ill-conceived legislation has only resulted in unending harassment of every single practising obstetrician and radiologist in the country. The sex ratio of the country has in fact deteriorated...,**" IMA president Santanu Sen said[15].

"The IMA states that no movement for the girl child empowerment can succeed without the partnership and wholehearted support of the medical profession".

[12] "Section 23 provides for imprisonment of up to three years and a fine, which may extend to ten thousand rupees, for the first offence".
[13] Economic Times Health, "IMA Demands Review, Repeal and Re-Conception of PCPNDT, Policy News, May 7, 2019, June 5, 2025", available at https://health.economictimes.indiatimes.com/news/policy/ima-demandsreview-repeal-and-re-conception-of-pcpndt/69209618. [15] Economic Times Health, supra note 16.

"This table illustrates a comparison of the sex ratio for different Indian states according to the 2001 and 2011 censuses.

	2001 census	2011 census
Gujarat	**921**	**918**
Kerala	**1058**	**1084**
Rajasthan	**922**	**926**
Tamil Nadu	**986**	**995**
Bihar	**921**	**916**
West Bengal	**934**	**947**

This shows that Kerala has the highest sex ratio, with 1,084 females for every 1,000 males, while Haryana has the lowest, with only 916 females per 1,000 males". The substantial gender inequalities in literacy in India emphasize the influence of this relationship. Studies indicate that states with higher literacy rates, particularly among women, tend to have better sex ratios. Although the state is making efforts to tackle the decrease in the child sex ratio, which dropped from 934 in 2019 to 929 in 2022 (per CRS data), Karnataka's Health Department has only pursued 100 cases of breaches under the PCPNDT Act since 2002, raising doubts about how effectively the act is enforced.

M) CONCLUSION AND SUGGESTIONS

"Women and girls constitute half of the world's population, reflecting half of its potential as well. Achieving gender equality is not just a fundamental right" embedded in legal structures but is also critical for fostering peaceful societies, unlocking human potential, and addressing damaging practices that sustain existing gender inequalities and biases. The current review indicates that the PCPNDT Act has not fulfilled its intended goals, having been established without considering the diverse aspirations of individuals from various states and cultures.

The present study observes that the "PCPNDT Act has failed to fulfil its purpose as this law

was made without taking into account the aspirations of the people of different states" and cultures. There is a lack of direction in the implementation of the Act. Despite the Act being in place for several years, the number of convictions has been significantly lower than the number of registered cases, indicating several difficulties in implementing and enforcing the law to curb such practices and improving the child sex ratio. Concerns remain about its effectiveness in curbing the practice and its impact on medical professionals. “Doctors should not be the only ones made responsible for the gender disparity as they are often targeted without sufficient evidence” of wrongdoing. However, too much emphasis is given to the poor implementation of the PCPNDT act as the main cause of gender disparity when the underlying issues such as societal pressures, poverty, illiteracy, unemployment, social customs, belief and anti-female attitude are overlooked and should be given higher consideration.

Regrettably, considerable progress is still needed to attain full equality in rights and opportunities for both men and women in the Indian subcontinent.

The disregard for girls in domains like nutrition, education, healthcare, and overall development is one aspect; an even more pressing problem relates to female infanticide, female feticide, and sex-selective practices. This results in a sex ratio that increasingly favors males over females. Thus, it is crucial to eliminate various “forms of gender-based violence and guarantee equal access to quality education, healthcare, economic resources, and significant involvement in all areas of life for both women and girls”.

According to our findings, we believe that the law penalizes medical technology while failing to address the root societal biases and lack of awareness that contribute to its ineffectiveness. It is essential to focus on the actual factors that lead to gender inequality and enhance the status of women in society.

REFERENCES

1. Books / Commentaries / Journals Referred

- Guilmoto, Christophe Z. *The Sex Ratio Transition in Asia*. Population and Development Review, 2008.
- Sharma, Arvind K. *Gender and Society in India*. Rawat Publications, 2015. *(If used)*
- Nair, S. "Gender Imbalance and Social Consequences in India," *Indian Journal of Social Research*, Vol. 56, No. 3, 2012, pp. 210–225.

2. Online Articles / Sources Referred

- UNICEF India. *India's Missing Daughters*. https://www.unicef.org/india
- United Nations Population Fund (UNFPA). *Sex Ratio Trends in India*, 2018. https://www.unfpa.org
- Ministry of Health and Family Welfare, Government of India. *Annual Report on PCPNDT Act Implementation*, 2020. https://main.mohfw.gov.in
- Population Research Institute. *Sex-selective Abortions in India Report*, 2015.

  https://www.pop.org
- PTI, *India's Child Sex Ratio at Lowest Since Independence*, *The Hindu*, April 12, 2011. https://www.thehindu.com

3. Statutes Referred

- The Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (as amended in 2003).
- The Medical Termination of Pregnancy Act, 1971.
- Constitution of India – Article 14 (Right to Equality), Article 15 (Prohibition of Discrimination), Article 21 (Right to Life and Personal Liberty).