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# Comparative Analysis of Sex-Selection in Nigeria and India Adetutu AINA-PELEMO 

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## Abstract:

The study examined the Nigerian perspective of sex selection vis-a-vis India's PreConception and Pre-Natal Diagnostic Technique Act, 1994. Sex selection is rampant worldwide despite being prohibited by policies or laws of numerous countries. However, is there a need for prohibition of sex-selection in Nigeria when compared with Indian perspective? The paper adopted both primary and secondary data sources as a means of information. A semi-structured interview of One Hundred (100) participants; fifty (50) Nigerian and fifty (50) Indian by convenience sampling method was conducted. The research reveals that there is sex-imbalance in both countries, as there are more female adults than male adults in Nigeria. In contrast, there are more males than females in India. It's finally concluded that: the focus should be on abolition of barbaric cultures, all forms of discrimination and self-empowerment as a way of education to the both gender especially females.
Keywords: Culture; Gender and Family; Personal re-orientation; Self-empowerment; Sex-Selection; Indian and Nigerian society

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1. Introduction: Sex selection simply means preference of a particular sex of an infant or the control of offspring sex to achieve a desired gender of interest for medical or social purpose (Bumgarner, 2007). Meanwhile, it is the male child that is being preferred to the female child in several parts of the world, stretching from North-Africa to South-Asia (Sinha et al., 2004), particularly in India (Shashi, 2015). This pervasive preference for male child is due to numerous reasons such as; patriarchal cultural preferences (Ohagwu et al., 2014; Khatun and Islam, 2011), the power structure of the society, (because of manual labor and the opinion that women will get married and leave their father's house while the male child will continue the lineage and remain the heir of the house), and disparate gender access to economical position (due to socioeconomic status, people are of the notion that a male child can strife to access food, healthcare, and assume responsibility while a female
child cannot), the dowry burden to marry out the female child, among others (Basumatary, 2015). This preference for male child is a pervasive social, cultural, political and economic injustice against women (UNFPA, 2012).

Bhattacharya and Singh (2016) posited that there are 'four' major ways of having a male child at any cost, i.e. going through multiple pregnancies till a son is born, sex selective abortions, pre-conceptional techniques and post-conceptional intake of drugs. The most rampant is sex-selective abortion i.e. female feticide: once a female foetus is detected by ultrasound when a woman is pregnant, she aborts the foetus. Glaringly, this situation becomes worst where the couple cannot afford the cost for technology or there is limited access to the technology during or before conception of the child so, Basumatary (2015) revealed that the woman delivers the female child, then kills her or neglects / starves the female child to death or throws the child into river Ganga for those who lives close to the river or submerge the baby in a big container of milk or hot water and feed her with salt as well as burying her alive in an earthen pot. This is referred to as female infanticide. Evans (1968) however said killing infants has being in practice since the evolution of man in almost all over the world, but for diverse reasons: mental sickness, religion, culling, family planning, shame and trade, as well as anger and childbirth psychosis. Albeit, in India, infanticide was the in thing before the discovery of technology and its prevalence can be traced to old custom of Hindu civilization (Basumatary, 2015), but rampant amidst the Rajput and Bengali communities. As medical technology improves, it has been replaced largely by feticide and sex-selective abortion (George, 2002). After ultrasound machines became available in India, sex-selective abortions became much more common (Maneesha, 2007). This was to reduce female child birth and lessen future burden.

It is important to note that both feticide and infanticide has led to high female infant mortality (Khuroo, 2016), and imbalance sex-ratio in the population of India till date; 945 females per 1,000 males (indiaonlinepages.com, 2017). Although, sex selection of male child has been prohibited by policies or laws of various countries and where it is not prohibited entirely, it is limited only to medical uses for situations in which an embryo or foetus might be affected by serious sex-linked diseases (Singh et al., 2017; Bumgarner, 2007). There are about thirty-six (36) countries including India ${ }^{1}$ which have prohibited sex

[^0]selection. However, can prohibition of sex-selective abortion be the long-lasting solution to this disparity in sex-ratio? Keshav et al. (2017) reported that the illegal practice of sex selective abortions in India has been curtailed by enforcement of PNDT Act 1994, but the decrease is not statistically significant.

Some researchers said the solution to disparity in sex-ratio is lifting off the ban of sex selection and ensuring gender equality (Kalantry, 2013), empowerment of women (Basumatary 2015), strict implementation of laws (Nawal et al., 2011; Sarabu, 2012), multidimensional gender sensitive programs (Ganju and Ganju, 2015), creations of awareness to shed old beliefs (Shashi, 2015), raising the value and importance of women in the society (Bhattacharya and Singh, 2016), changing the cultural attitudes and giving women more control over their lives (Madan and Breuning, 2014), monitoring the effectiveness of the preventive strategies provided by Government (George, 1997) etc. but little or nothing has been said on the negative effect of sex selection on the victim in term of maximization of their potentials in life. This study seeks to cover that gap. Nevertheless, sex selection does not only affect the economic, social and general development of the society, but it also makes women timid, insecure, and unable to perform as they ought to in all facets of life. With emphasis; this study focuses on self-development in other to create value to the reason for the 'fights'.

The research is of great importance due to the similarities and differences of the countries of study: Nigeria and India especially in terms of the common law system they operate (Ziltener and Kunzler, 2015), the well-populated country of their distinct continent (Jamali and Karam, 2016), cultural disparity, the gendered power structures which is common throughout the world (Bumgarner, 2007), patriarchal societies, the economy and sex-ratio of both countries. I begin to reason whether there is need for sex-selection Act in the first place, especially in Nigeria. Despite the laws here and there, gender-bias is still an issue of concern in India society. This research argues that there is need for self-discovery and liberation for the females rather than emphasis on sex-selection prohibition.

Thousand rupees as punishment for its contravention. The person who contravenes the major objective of this Act shall be punished with imprisonment which may extend to three years with fine extending to Fifty Thousand rupees for first offender while second offender will be sanctioned with an imprisonment which may extend to 5 years with fine which may extend to One Lakh rupees see Section 23(3) of the Act. India strictly regulates PND [prenatal diagnosis]. The practice is admissible only in order to detect fetal abnormalities or genetic, metabolic or chromosomal disorders see Section 4(2) of the Act. Additionally, Section 4(3(i-v) of this Act permits, the conduct of PND on only pregnant women in one of the following critical conditions: a) is more than thirtyfive years of age, b) has two or more spontaneous abortions, c) has been exposed to potentially teratogenic agents, such as drugs, radiation, infection, or chemicals, d) she or her spouse has a family history of mental retardation or physical deformities, such as spasticity or other genetic disease, or, f) any other condition specified by the state supervisory board.
1.1 Theory / Historical Perspective of India Sex-Selection: Historically, before the advent of technology in this field, sex selection was done by fetish means (Sharma, 2001) wherein a soothsayer or voodoo will be consulted to determine the sex of a child before or during pregnancy and this was so rampant that people saw it as a normal way of life. Alternatively, female children were continuously delivered until a male child was delivered into the family (Bhattacharya and Singh, 2016). Later, in the early 90s, innovative technologies made sex selection easier through the discovery of ultrasound techniques which subsequently gained widespread use in India (Nehra, 2015). These actions necessitated the enactment of the PreNatal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994. The Act banned Pre-natal sex determination in India since 1994 (Jejeebhoy et al., 2015) and in an effort to close loopholes contained in this Act, it was further amended in 2002 to include some salient provisions, especially the technique of pre-conception sex selection within the ambit of the 'Act' which is now known as 'Pre-Conception \& Pre-Natal Diagnostic Techniques (Amendment) Act, 2003' (Keshav et al., 2017).

Seema (2013) said; in India, the gender ratios seem to differ with religion. Within the Sikh population in India, the ratio is 127 boys to 100 girls, while amongst the Christian population; the ratios are much more even, as low as 104 boys to 100 girls. These average ratios skew even more dramatically when discussing a second or third child. If the firstborn child is a girl, the male to female ratio increases to 132 boys to 100 girls. If the first child and second child born were both female, the sex ratio for the third child increases even more to 139 boys to 100 girls (Allahbadia, 2002). Due to the skewed sex ratios, there is a shortage of eligible women for men to marry in certain areas of India and China (UNFPA, 2012).

All these boils down to the strong existent of male preference ideology which denote that prenatal gender identification technology is being used mainly to restrict female births and promotes male births (Seema 2013). Interestingly, among all the 29 States and 7 Union Territories of India, only Kerala have a well-balanced sex-ratio in their region due to the matriarchal system and maternal feelings (Evans, 1968) that is symbolic with the region (Ashwin et al., 2015). In fact, Sarabu (2012) in his review study on female foeticide, reported the 2011 India set-ratio census proved that Kerala have female biased ratio.
1.1.1 Theory / Historical Perspective of Likely Sex-Selection in Nigeria: In all these, cultures in Africa are not left behind as the discrimination or quest for male child over female child is all over the world. However, certainly it is not the experience in Nigeria for most of the reasons for seeking prenatal foetal gender are innocuous because, Nigeria's sex ratio at birth is the natural one in the past (Udjo 1991): in (1996-2008) 1.03 boys were born to 1 girl annually, in (2009-2014) 1.06 to 1 girl (Kaba 2015). The reasons for the sex-ratio fluctuations in Nigeria are geographical and ethnical in nature. A quick preliminary point must be made here, no law prohibiting sex selection is necessitated or exists in Nigeria though, there appears to be an almost universal desire among parents and families all over the world who prefer to have a male child. According to Milazzo (2014), it is evidenced that
women in Nigeria would continue to have children until they give birth to the desired sex composition (Adebowale et al., 2014) which is the major contributory factor in the increase of population in Nigeria, being the most populated country in Africa.

However, with regard to a significant number of scholarly publications substantiating the claim that expectant mothers in Nigeria tend to prefer male children, there was no evidence found that they seek, or performed sex selective abortion (Kaba, 2015). Even though, thousands of abortions are performed annually in Nigeria for diverse reasons, such as; extra-marital affairs, incomplete educational attainment, economic hardship, immaturity, close pregnancy interval, and social stigma (Omideyi et al., 2011; Aderibigbe et al., 2011; Sedgh et al., 2006). In contrast, Nigerian population is the reverse of India, as females are more than males (Smith, 2002). Notably at birth, males are more than female in Nigeria; 114 boys for every 100 girls born and it has nothing to do with the seasons of birth (Oyeniyi, 2012). It indicates that there is no substantial correlation between the sex of infant and the season of birth because the ratio of male to female infants remains unchanged through the seasons. While, Onyiriuka and Ikeanyi (2016) reported that season influences human secondary set-ratio: in dry season, there is higher male births than female births and in wet season, there is lower male births than female births.

However, from the moment they are born; girls tend to outlive their male counterparts (Kaba, 2008; Azeez et al., 2007). Kaba (2008), further said that, the variance is due to the fact that male children are biologically weaker than females and are more likely to die at birth and during infancy. Male children are also three to four times more likely to have developmental disorders, take more risks, commit suicide and die violently before adulthood. Khosla (1980) said this has been the trend all over countries; nature provides a better survival chances for females, but in India, it is the contrary. It is apposite to note at this juncture that Nigeria is a country comprising of 36 States with a Federal Capital Territory, Abuja, sub-divided into 6 geopolitical zones: North-Central, North-East, NorthWest, South-East, South-South and South-West. These geopolitical zones are dominated by the three major tribes, namely: Yoruba, Igbo and Hausa, coupled with about 374 ethnic group (Adebowale et al., 2014).

Observably, sex ratio at birth in Nigeria may vary from State to States as well as from tribe to tribe for several reasons. Of 453 respondents, 294 ( $64.9 \%$ ) mothers preferred to have male children in the study conducted in South-South by Inyang-Etoh and Ekanem (2016). Among the Igbo, male gender preference is a dominant culture and it is strongly perceived among the Igbo women, in a study conducted among 790 pregnant Igbo women $58.6 \%$, (463/790) preferred male child birth; this may lead women to embrace sex selection technologies and sex-selective abortion, tilting in favor of males (Ohagwu et al., 2014). In similar study conducted by Okeke et al. (2015) in Enugu State, 62\% (155/250) of their respondents had preference for male children. In contrast, the study conducted by Egwuatu (1984) on determination of sex ration of births among the Igbo, revealed that the sex ratio within identical population varies with years, urban and rural areas, place of confinement, from high in hospitals to low in community health centers. He further found that the sex
ratio at birth for Igbo infants is about 1.04 and referred to that of Yoruba and Hausa as 1.06 / 1.07 ratios respectively. He however concluded that ratio at birth is influenced by geographic and genetic distribution. Nnadi (2013) said traditional preference for sons is deeply rooted in the structure of the Igbo society, sons enjoy great socio-cultural prestige and some rites are strictly performed by them. Nwokocha (2007) also said male-preferences remains a lasting cultural value among the Igbos.

Interestingly, studies conducted in South-West, old Western States of Nigeria, and among the Northern Hausa infants showed bias for male births (Oyeniyi, 2012; Azeez et al., 2007; Boroffice, 1979; Rehan, 1982; Hesketh et al., 2006). In contrast, data obtained by Nicholas (1907) and Mosuro (1997) for Ibadan and Lagos showed preference for female births. Meanwhile, the sample populations selected are from the largest and most populated places in Nigeria respectively. In the study, only the average secondary sex ratio from General hospital Ogbomoso, Oyo State showed bias for female births, but data from the other hospitals showed that more males were born than females during the period of 1995 to 2004. When pooled together, the results produced an average value of 102.7:100, which shows a little bias for males than females.

However, these statistics were just the sex ratio of children delivered in four major hospitals in Nigeria and Azeez et al., (2007) further reported that not all records of births are available in hospitals or birth registries, as births occurring at home, herbal homes (traditional maternity homes), in family homes and births of unwanted or abandoned infants go unrecorded. Only $37.3 \%$ of births in Nigeria take place within health facilities, so it is concluded that this statistics study is inconclusive. They further concluded that sex ratio at birth in African population may vary from area to area. In the data collected from 17 countries in Eastern and Southern Africa, it was revealed that Bantu populations tend to have slightly (0.989) more female births than male births (Garenne, 2002). Also, Nigeriadataportal (2016) revealed bias of males than females. However, this result is faulted as some local governments were not counted due to force majeure and this result is obsolete as the period of 2006 to 2016 is a long period for drastic change and development in the society.

## 2 Research Methodology:

### 2.1 Participants and procedure

The study was conducted with both Primary and secondary sources, cumulated into mixed-method. The secondary source involves: studying existing researched published papers and online websites vi-a-viz the subject matter. While the primary source involves an interview schedule and focus group discussions amidst 100 participants, enrolled in undergraduate courses in a global private university in Greater -North, Uttar Pradesh, India. This selection of sample was done in stratified random procedure, 50(100\%) Indian participants were from law faculty, $35(70 \%$ ) females, $15(30 \%)$ males) and $50(100 \%)$ Nigerian participants $35(70 \%$ ) males, $15(30 \%)$ females), were selected randomly by convenience sampling from all other faculties of the same institution. I had focus group discussions with the total participants and subsequently administered the semi-structured

Comparative Analysis of Sex-Selection in Nigeria and India A. AINA-PELEMO , Simran SALUJA
interview schedule to them (Firth et al., 2011; Nawal et al., 2011) which comprises of 10 questions. The study was conducted within May and June, 2016.
Measure:
The first five questions involve demographics: Name, gender, faculty of study, age and country, while the remaining five questions involves the participants' knowledge and perception of the term 'sex-selection', which was measured by inferential and simple arithmetic calculation (Sarabu, 2012).

3 Interview Results: The results revealed gender equal participation (100\%), involving $50 \%$ female and $50 \%$ male students, undergraduates from all faculties of the same university, within the age range of $20-30$ years ( $83 \%$ ) and from Nigeria and India.
The five other questions involve the participants' knowledge and perception of the term 'sex-selection' (see Table 1 below).
TABLE 1: Responses on Knowledge and perception of Nigerian and Indian respondents on sex-ratio \& sex-selection

| S/N | Items |  | Frequency |  |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  | Nigerian | Indian |
|  | 1 Are you aware of the term 'sex- | Yes | 6(12\%) | 47(94\%) |
|  | selection'? | No | 41(82\%) | $3(6 \%)$ |
|  |  | Not sure | 3(6\%) | $0(0 \%)$ |
|  |  | Total | 50(100\%) | 50(100\%) |
|  | 2 Does it affect the growth of the | Yes | 35(70\%) | 45(90\%) |
|  | population? | No | 5(10\%) | 5(10\%) |
|  |  | Not sure | 10(20\%) | $0(0 \%)$ |
|  |  | Total | 50(100\%) | 50(100\%) |
|  | 3 Are female more than the male | Yes | 44(88\%) | 49(98\%) |
|  | in your country? | No | 4(8\%) | 1(2\%) |
|  |  | Not sure | 2(4\%) | 0 (0\%) |
|  |  | Total | 50(100\%) | 50(100\%) |
|  | 4 Are you aware of the | Yes | 9(18\%) | 22(44\%) |
|  | prohibition of sex-selection? | No | 41(82\%) | 28(56\%) |
|  |  | Total | 50(100\%) | 50(100\%) |
|  | 5 What are the measures put in | Laws | 5(10\%) | 25(50\%) |
|  | place by the government to | Women | 10(20\%) | 7(14\%) |
|  | eradicate sex selection? | empowerment | $35(70 \%)$ | $18(36 \%)$ |
|  |  | No idea | 50(100\%) | 50(100\%) |
|  |  | Total |  |  |

4 Discussions: Of the 50 Nigerian respondents interviewed for this study, 44(88\%) were of the opinion that female is more than male, $4(8 \%)$ are not sure and $2(4 \%)$ opined that males are more than females. However, in the 2006-2015 reports released by (NationalBureauofStatisticsNigeria, 2016), it revealed that; in the projected population of Nigeria in 2015, women constitute 49.5 percent and men 50.5 percent of the population and Volume-IV, Issue-VI

May 2018
the sex ratio dropped from 103 to 102 men per 100 women. These reports are contradictory to the findings of this study and the earlier discussed works, but concluded that this disparity could be due to mortality and migration of both gender within the population. The significance of this finding is that the survey was not conducted on infants or pregnant women, but on adults, and it shows that females are more than males. It is similar with the report of (Kaba, 2015) which concluded that the mortality rate of males in Nigeria is higher, so females lives longer. Kaba (2008) and Azeez et al., (2007) also corroborated this findings in their studies; saying female infants tends to outlive their male counterparts. Therefore females are more than males.

James (2004) and Cagnacci et al. (2004) said, the reason for this is not fully understood, but certain factors can influence sex ratio at birth, such factors could be: sex-preference, stress, war, several diseases, etc. The interview also revealed that $41(82 \%)$ out of the Nigerian respondents knows nothing about sex-selection while $47(94 \%)$ of the Indian respondents knows what sex selection is and acknowledged that it is rampant due to numerous reasons, but could not say much about its prohibition. This finding is similar with that of Varma et al. (2015) where they found that the basic legal knowledge of their respondents of female feticide is relatively low. Incongruously, Naik et al. (2015) revealed that nearly $6 \%(16 / 270)$ of their respondents were aware of existence of practice of sex determination and female feticide in Pondicherry India. In conformity with this finding; Chaudhary et al. (2010), established that, out of the 527 total population students' sample, 97.9\% were aware of female feticide in Ludhiana, Punjab.

Based on the foregoing, it will be right to say there are more women than men in most nations specifically in Nigeria except in Asia and North-Africa as postulated by (Sinha et al., 2004). However, the implication of this recent bias in favor of female against male in Nigeria majorly affects the Christians in terms of marriage (there are lot of single marriageable ladies without suitors) while the Muslims can marry more than a wife. 'This creates another room for further research on solution to biased sex ratio favoring women against men in Nigeria.' Nevertheless, as earlier discussed, sex ratio at birth in Nigeria may vary from tribe to tribe for several reasons such as; name continuity, inheritance purposes (Anonymous 2014), future welfare and care of the parent during old age etc.

Although, these reasons do not warrant sex-selection, they caused discrimination and molestation amidst some tribes of Nigeria. E.g. majority of the women suffer one form of discrimination or another for not having a male child or for having all female children because of the wrongful perception of the society that women belong to a subordinate class and they will get married and move to another home and so, the male children are the ones most likely to inherit any family accumulated wealth or property. This leads us to Nigerian tribal discussions.
4.1 Nigeria Tribal Discussions: Tribally, as earlier said, we have three major tribes in Nigeria.i.e. the (Hausa, Igbo and Yoruba) among others; we will consider the Yoruba firstin those days, women were regarded as property to decorate the house, slaves to keep in the house and the farm, but gradually that notion changed after the British colonization, when
education became a necessity for the development of the society. But male preference in this tribe is such that the woman will keep having children until she is able to deliver a male child otherwise, her husband will marry another wife after her since in Nigeria, polygamous relationship is a common practice; such that a man can marry many wives, all in a search for a son (especially the royal families) and such men or husbands are seen as weak men for being unable to bear a son. While the Igbo tribe is more like the Indians, because they seem to have similar strong patriarchal and gender sensitive society/culture (Ohagwu et al., 2014), but are slightly different due to the following facts:

The Igbo have a strong preference for male child (Okeke et al., 2015; Nnadi, 2013; Nwokocha, 2007), because they believe that only a male child can carry on the lineage. Thus, only male children are entitled to property / inheritance especially the "obi" (the house of the father) etc. This culture was so stringent then that women who did not have a male child were not recognized in the society and could not talk when other women were talking. Some were mistreated and called names by their in-laws and finally when the husband dies, the daughters would be denied of inheritance customarily. However, the alternate against this denial was for the woman to remain in the father's house, continue to bear the father's name, get married but never relocate to her husband's house. Then she would be regarded as a man or a male child and deemed entitled to the inheritance.

This act became so frightening that even the said daughters were not only discriminated, but killed in order to be dispossessed of the said inheritance. So, the law took its course in the case of Augustine Nwofor Mojekwu vs Caroline Mbafor Okechukwu Mojekwu ${ }^{2}$ which marked a turning point in the inheritance rights of women where the court decided that the 'Oli-Ekpe' custom of Nnewi in Anambra State, which discriminates / denies women or female children of their father's property or legacy among the Igbos, was unconstitutional, against public policy, barbaric- and repugnant to natural justice, equity and good conscience. In furtherance, Justice Nikki Tobi J.C.A. (as he then was) stated that:

Nigeria is an egalitarian society where the civilized sociology does not discriminate against women. However, there are customs all over which discriminate against women folk which regard them as inferior to the man folk. That should not be so as all human beings' male and female, are born into a free world and are expected to participate freely without any inhibition on ground of sex...
The Court further condemned the custom to be contrary to human rights guaranteed in the Nigerian Constitution and in the Convention on the Elimination of all forms of Discrimination against Women, which prohibit discrimination on the ground of sex ${ }^{3}$. Also, in the decision of Per Rhode-Vivour of Supreme Court of Nigeria in the case of Mrs. Lois Chituru Ukeje \& 2ors Vs. Mrs. Gladys Ada Ukeje (2004), ${ }^{4}$ the appeal was dismissed

[^1]for violation of the constitutional provision contained in Section 42(1) (a-b) of the 1999 Constitution of the Federal Republic of Nigeria, ${ }^{5}$
Justice Bode Rhodes-Vivour, emphatically reiterated that;
No matter the circumstances of the birth of a female child, such a child is entitled to an inheritance from her late father's estate. Consequently, the Igbo customary law, which dis-entitles a female child from partaking in the sharing of her deceased father's estate, is a breach of the ...fundamental rights provision guaranteed to every Nigerian.

Also, the custom of the 'Awka people' in Anambra State (Igbo speaking state) which allows married women to be disinherited (thrown out of her matrimonial home) upon the death of their husbands because they could not produce a male child for their late husbands was held by Justice Clara Ogunbiyi of the Supreme Court of Nigeria as ${ }^{6}$; punitive, uncivilized and only intended to protect the selfish perpetuation of male dominance which is aimed at suppressing the right of the women folk in the given society..." Hence, any culture that discriminates by reason of God instituted gender differential should be unforgivingly dealt with.

Remarkably, the transformative decisions in all these notable cases curbed this barbaric act because the role of women in modern society has changed from what it used to be. Everywhere, women are assuming more leadership responsibilities than the traditional society envisaged. Discriminatory practices against females are, therefore, not justifiable (Okwusogu, 2015). Also, the Igbo traditional uniqueness is fading speedily as their level of exposure and sophistication increases by mixing with numerous countries in a search for greener pasture (Ndiokwere 1998). Fascinatingly, despite this strong male preference nature of the Igbos, they do not see reasons for sex-selection abortions, because the female child is mainly recognized as source of wealth or enrichment due to the rigorous process / ceremony involved in giving their daughter or female child's hand in marriage. It is apposite to note that, in Nigeria, men pay dowry during traditional wedding be it Yoruba, Igbo and Hausa (Omonijo, et al. 2013), but 'some' Igbos families collect dowry according to the volume of

[^2]${ }^{6}$ Alajemba Uke and Anna Alajiofor. Vs. Albert Iro (2001) 11 NWLR 196
knowledge or exposure impacted in the female child. Hence, the suitor is to pay all that has been invested in the female child from when she was young till the date of marriage.

This implies that if the female child is a foreign school degree graduate or a doctorate degree holder, then the suitor is likely to pay through his nose. Meanwhile, the prospective husband does not only pay a fat dowry, but buys a lot of gifts for the prospective bride's family. The result is that it makes the fathers value their daughter and give them the best, believing that he will get it refunded by the prospective husband to the said female child. Though this act is still in practice and no law has disabused or abolished it, the consequence is that women from this tribe remains single for a long time since the prospective husbands or suitors are not up to the task of the requirement for marrying them. Also, some Igbo men avoid marrying women from their tribes.
4.1.1 Comparative and General discussions: While in India, it is the direct oppositeResearch has it that from many years and technically even till date, traditionally, the female child pays dowry to her prospective-in-law to marry their son (Madan and Breuning, 2014). Although, this act has been legally prohibited by the 1985 Dowry Prohibition Act, ${ }^{7}$ which I rarely believe it exists since about 50 years of it enactment. Observably, the female payment of dowry is still very much in practice (Naik et al., 2015), even among the elites. Madan and Breuning (2014) revealed that the law has been ineffective and difficult to enforce due to the pervasive rooted traditions of not reporting the collector and the giver of the dowry. This failure has stigmatized the female children as burdensome to their fathers and provokes the society not only to discriminate against the female children but prefers male children (Vadera et al., 2007).

What is worrisome today, for Indians especially, is that all laws are there to put an end to sex- selection abortions, but they seem not to be operational (Kejriwal et al., 2012), because influential people or affluent elites- can still get done what the PCPNDT Act prohibits in India, from other countries. Only the average or poor classes are restrained by this 'Act' because, due to the family issues and pressures attached, the average classes can be informed of the sex of her foetus via a family doctor or closed relatives and get an abortion done through unsafe, unregulated, illegal, and often high-risk means so, the aim will still be achieved, rendering the PCPNDT Act nugatory (which signifies that women's health are put at risk and male preference still proliferates). A Nigerian adage says; 'The solution to head ache is not by cutting off the head' but by discovering the cause and confronting it. This implies that the solution to sex selection is discovering why it exists and taking all substantive measures to totally eradicate 'it' from the root.

Hence, restricting access to the technology that allows sex selection, though applauded, is not an effective solution to male preference, but how well the siege of women discrimination is removed from the Indian society. It is appropriate to state that this gender

[^3]Comparative Analysis of Sex-Selection in Nigeria and India A. AINA-PELEMO , Simran SALUJA
imbalance does not only traumatize women, it's also massively affects the socio-economic development of a country generally. E.g. No wives for the men (Sarabu, 2012), it encourages emigration, increases sexual related offences and sharing of women in and outside wedlock which will consequently cause familial jeopardy etc. (Chakraborty and Das, 2013).

The impact of the law and its enforcement vis-à-vis the PCPNDT Act is also unclear as there are very few prosecutions launched and not many case laws available till date. Despite the rampage of sex selection in India, one would expect a substantial number of cases. However, on PCPNDT Act, the Maharashtra state, reported only (5) cases of convictions, (9) cases on implementation of the Act, (2) cases on constitutionality / validity of the Act, (12) cases on procedural issues and (1) case on appeal against acquittal, totaling (29) cases since its enactment (Phansalkar 2014) while Punjab reported (143) cases out of which (90) were disposed of, (31) were convicted and (22) are still pending (Punjab, 2015). This implies that a number of cases are unreported or awareness is still lacking.

It is apposite to note at this juncture that: the feminist is of the view that sex selection ban is deemed as unmitigated contravention of women's rights to autonomy and should not be permitted in any country. Kalantry (2013) however, proposed the equality of women and girls who are already born rather than continuous discrimination against the foetus. Oomman and Ganatra (2002) stated the reasons why sex selection should be available as a form of reproductive choice for women, but concluded that only improved status for women and girls will reduce the demand for sex selection. I posit that emphasis should be on women/girls' self-development, building of confidence other than relying solely on Government protections and women empowerments.

Thus, in all societies, raising the economic value of girls by enacting laws and supporting female education would help much more than the global legislative efforts that curb access to technology and abortion services. Rather than focus on ban of sex selection, the focus should be eradication of all forms of act leading to women's discouragement to work, to own properties, to freedom of life and security, to self-confidence, selfempowerment and expression and assuming equal positions as men. Women/girls should start seeing themselves as helpmate and nigh equal with the men (Aina, 2016), rather than occupy spaces at home as full-time nannies: they should work to support their husbands in meeting basic needs just like other developing countries.
In essence, together we can eradicate discrimination and sex selection from the society. Apparently, all efforts put in place by Indian government to eradicate sex-selection are commendable, but not enough as compared to the level of impact that this discrimination against women / girls has gone in the country. More intensive measures are needed to say bye-bye to sex-selection.

## 5 Recommendations:

This paper suggests the followings:

- Self-empowerment to the existing females;
- Believe in yourself in order to convince the world or society to believe in you;
- Carry yourself with dignity and never allow the society to undermine you or make you feel less human, because the Government cannot help individuals with this instinct even if all provisions are made to eradicate sex-selection and discrimination;
- Parents should treat children equally rather than segregating, molesting and preferring one sex above the other;
- Women should encourage themselves to work just like men, so they can be of support to their homes or family;
- Student should be taught these enactments.i.e. PCPNDT Act, Dowry Prohibition Act and like Acts under family law in all Indian University curriculum, so they can know it exists;
- Creation of awareness of those enactments is very essential to all. Its implementation, by law enforcers must be handled significantly and more seriously;
- Proper education should be given to both male and female children with accurate support of the government by means of subsidized school fees, scholarships, seminars, workshops, trainings etc.;
- The Non-Governmental Organisations (NGOs) should sustainably provide the government with support, in educating male and female children of their basic rights;
- Stern measures should be put in place by the government to fish out / sanction those who discriminates by gender in any facets of life;

6 Limitations of Study: This study could be limited in comparability due to little or no research done in this field based on the author's knowledge. However, the place of study could seem as a constraint to this research work. The non-probability sampling method used could also have varied the result if conducted with probability sampling distribution. Finally, if the sample size is increased it might further vary the result.

7 Conclusions: In all happenings in Nigeria, it could be concluded that there is no need for an 'Act' to prohibit sex selection. Both countries sex-ratio is imbalanced, but this imbalance in Nigeria; does not warrant the abolition of sex- selection or restriction of Ultrasound, but eradication of all forms of cultural customs that renders females less human to males. This paper concludes that the major consequence of sex-selection ban, make the women feel insecure, timid and unable to express themselves in India. It is high time we re-focus our research into self-development of females in other to create value to the reason for the fights. However, the essential general element to reduce sex ratio imbalances are selfempowerment (by believing in oneself), advocacy, sensitization and awareness-raising programs conducted by individual, governments, non-governmental organisations and the society at large.

Comparative Analysis of Sex-Selection in Nigeria and India A. AINA-PELEMO , Simran SALUJA
Although, legal action is an important and necessary element, but is not sufficient on its own as it has been deemed unproductive by the numbers of cases reported in India from the enactment of the PCPNDT Act till date. Also, even if the government of India put all these measures in place, all females need to believe in themselves as first class persons and second to none, so they must empower themselves and set their goals right. It is not all about male or female, but about a change of attitude, acceptability and ones' input in the society at large. We were all born equal until some decided to treat themselves above others. Hence, we can reverse the nigh irreversible by a complete change of attitudes.

## 8 Declaration of Interest

No conflicting interest.
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## 9 References:

1. Aal-Hamdan, H. M., Refaat', A. R., Babu, S. R., \& Choudhry, A. R. (2015). Fetal gender determination through Y-STR analysis of maternal plasma during the third trimester of pregnancy, Gendér Journal of Medical Human Genetics, 16(1), 47-53.
2. Adebowale, S. A., Yusuf, O. B., \& Palmuleni, E. A. (2014). Child's Gender Preference: What is the Regional Situation among Women in Nigeria. Gender and Behavior, 12(3), 5868-5869.
3. Aderibigbe, S. A., Araoye, M. O., Akande, T. M., Musa, O. I., Monehin, J. O. \& Babatunde, O. A. (2011). Teenage Pregnancy and Prevalence of Abortion among in school Adolescents in North Central, Nigeria. Asian Social Science, 7(1), 122-127.
4. Aina, A. D. (2016, March). Issues on PCPNDT Act, 1994: Nigerian Perspective: Paper Presentation on the celebration of International Women's Day at Sharda University, School of Law, Greater-Noida, Uttar-Pradesh.
5. Allahbadia, G. N. (2002). The 50 Million Missing Women. Journal of Assisted Reproduction and Genetics, 19(9), 411-412.
6. Anonymous (2014). Bring Back the Girls: Fertility and Son- Preference in Nigeria. The Economist, July 19, 44.
7. Ashwin, B. D., Prajnya, R., Shubha, P. R., Madhulika, K., Danda, S., Patil, S.J., Mandal, K., Tambankar, P. D., Aggarwal, S., \& Agarwal, M. (2015). Prenatal diagnosis in India is not limited to sex selection. Genetics in medicine, 17(1), 88.
8. Azeez, M. A., Akinboro, A., \& Bakare, A. A. (2007). Human sex ratio at birth in South West Nigeria, Indian Journal of Human Genetics, 13(2), 59 - 64. doi:10.4103/09716866.34708

Comparative Analysis of Sex-Selection in Nigeria and India A. AINA-PELEMO , Simran SALUJA
9. Basumatary, A. (2015). Study of Institution of Female Infanticide in Colonial India. Journal of International Academic Research for Multidisciplinary, 3(7), 404-411.
10. Bhattacharya, S. \& Singh, A. (2016). Changing strategies of female foeticide in India: a never ending story. International Journal of Community Medicine and Public Health, 3(9), 2672-2676. doi: http://dx.doi.org/10.18203/23946040.ijcmph20163094
11. Boroffice R. A. (1979). Human sex ratio in Nigeria: Secondary sex ratio of live births. Journal of Natural Science, 1, $99-102$.
12. Bumgarner, A. (2007). A Right to Choose: Sex Selection in the International Context. Duke Journal of Gender Law \& Policy, 14, 1289-1309.
13. Cagnacci, A., Renzi, A., Arangino, S., Alessandrini, C., \& Volpe, A. (2004). Influences of maternal weight on the secondary ratio of human offspring. Human Reproduction, 19, 442-444.
14. Chakraborty, P. C., \& Das, A. (2013). Female Feticides in India: Past, Present and Future. Indian Journal of Perinatology and Reproductive Biology, 3(3): 4-31.
15. Chaudhary, A., Satija, M., Sharma, S., Singh, G., Soni, R. K, \& Sachar, R. K. (2010). Awareness and perceptions of school children about female feticide in urban Ludhiana. Indian Journal of Community Medicine, 35, 302-304.
16. Egwuatu, V.E. (1984). The Sex Ratio of Igbo Births. International Journal of Gynaecology and Obstetrics, 22(5), 399-402.
17. Evans, P. (1968). Infanticides. Proceedings Royal Society of Medicine. 61, $36-38$.
18. Firth, R., Mlay, P., Walker, R., \& Silt, P. R. (2011). Pregnant Women's Beliefs, Expectations \& Experiences of Antenatal Ultrasound in Northern Tanzania. African Journal of Reproductive Health, 15(2), 91-107.
19. Ganju, S. A., \& Ganju, N. K. (2015). Promoting a Gender Sensitive Environment in Himachal Pradesh, India. International Journal of Medical Research and Pharmaceutical Sciences, 2(5), 13-25.
20. Garenne, M. (2002). Sex ratios at birth in populations of Eastern and Southern Africa. Southern African Journal of Demography, 9(1), 91-96.
21. George, S. M. (2002). Sex Selection/Determination in India: Contemporary Developments. Reproductive health matters, 10(19), 184 - 197. doi.org/10.1016/S0968-8080(02)000344
22. George, S. M. (1997). Female Infanticide in Tamil Nadu, India: From Recognition Back to Denial? Reproductive Health Matters, 3, 1-17. doi:10.1016/S0968-8080(97)90093-8
23. Hesketh, T., \& Xing, Z. W. (2006). Abnormal sex ratios in human populations: Causes and consequences. Proceedings of the National Academy of Sciences USA, 103(1), 3271-5.
24. Indianonlinepage.com (2017). Population of India 2017 Retrieved August, 2017 from http://www.indiaonlinepages.com/population/india-current-population.html

Comparative Analysis of Sex-Selection in Nigeria and India A. AINA-PELEMO, Simran SALUJA
25. Inyang-Etoh, E. C., \& Ekanem, A. M. (2016). Child-Sex Preference and Factors That Influenced Such Choices among Women in an Obstetric Population in Nigeria. Open Access Library Journal 03(10), 1-10.
26. Jamali, D., \& Karam, C. M. (2016). Corporate Social Responsibility in Developing countries as an Emerge field of study: CSR in Developing... International Journal of Management Reviews, 00, 1-30.
27. James, W. H. (2004). Further evidence that mammalian sex ratios at birth are partially controlled by parental hormone levels around the time of conception. Human Reproduction, 19, 1250-1256.
28. Jejeebhoy, S. J., Basu, S., Acharya, R., \& Zavier, A. J. F. (2015). Gender-biased Sex Selection in India: A Review of the Situation and Interventions to counter the Practice. Technical Report, 1-79. doi:10.13140/RG.2.1.5101.2323
29. Kaba, A. J. (2015). Explaining the Rapid Increase, African Journal of Reproductive Health, 19(2), 22.
30. Kaba, A. J. (2008). Sex Ratio at Birth and Racial Differences: Why Do Black Women Give Birth to More Females Than Non-Black Women? African Journal of Reproductive Health, 12(3), 141-142.
31. Kalantry, S. (2013). Sex Selection in the United States and India: A Contextualist Feminist Approach, UCLA Journal of International Law and Foreign Affairs, 18, 61-85.
32. Kejriwal, G. S., Murali, A., \& Patnaik, M. (2012). A perspective on the PCPNDT Act. Indian Journal of Radiology and Imaging, 22(2), 137-140. doi: 10.4103/09713026.101116
33. Keshav, S., Shantha, A., Rajendran, A. K., Kasthuri, A. \& Arumugam, P. (2017). Impact of Pre-natal Diagnostic Technique (PNDT) Act: Implementation on Child Sex Ratio in India. International Journal of Recent Trends in Science and Technology, 22(1), 35-37.
34. Khatun, S., and Islam, A. (2011). Death before birth'- A Study on Female Feticide in India. Microsoft Academic, 1(3), 94-99.
35. Khosla, T. (1980). The plight of female infants in India. Journal of Epidemiology and Community Health, 34, 143-146.
36. Khuroo, M. S. (2016). Female Foeticide: A Crime Unpardonable. Research, 41-79 doi:10.13140/RG.2.1.1255.0167
37. Madan, K., \& Breuning, M. H. (2014). Impact of prenatal technologies on the sex ratio in India: an overview. Genetics in Medicine, 16(6), 425-432.
38. Maneesha, D. (2007). (Not) Reproducing the Cultural, Racial and Embodied Other: A Feminist Response to Canada's Partial Ban on Sex Selection, UCLA Women's Law Journal, 16, 1-11.
39. Milazzo, A. (2014). Son Preference, Fertility and Family Structure: Evidence from Reproductive Behavior among Nigerian Women. Policy Research Working Paper WSP6869, 1, 1-46.
40. Mosuro, A. A. (1997). Sex ratio of live births in South West Nigeria. Journal of Scientific Research, 3, 113-117.
41. Naik, B. N., Majumdar, A., \& Sahu, S. K. (2015). Understanding the perceived reasons and practices related to gender preferences in an urban population of Puducherry: An exploratory study. International Journal of Contemporary Pediatrics, 2(3), 227-232.
42. National Bureau of Statistics (2016, November). Statistics Reports of Women and Men in Nigeria (2015). Published by: Statistician-General of the Federation/Chief Executive Officer, Abuja. Statistical Reports within 2006-2015. 1-113.
43. Nawal, S., Hiral, V., Dhwanee, T., Bansal, R. K., Dhara, S., and Shashank, S. (2011). Female Foeticide Perceptions and Practices among Women in Surat City. National Journal of Community Medicine, 2(1), 171-174.
44. Ndiokwere, N. (1998). Search for Greener pastures: Igbo and African Experience. Nebraska: Morris Publishing
45. Nehra, K. S., (2015, September $\left.6^{\text {th }}\right)$. Sex Selection \& Abortion in India. The Law Library of Congress: Retrieved $18^{\text {th }}$ day of August, 2017. From https://www.loc.gov/law/help/sex-selection/india.php
46. Nicholas, J. B. (1907). The numerical proportion of sexes at birth. Member of American Anthropological Association, 1, 247.
47. Nigeriadataportal. (2006). Nigeria Population Census: 2006nigeria.opendataforafrica.org. Retrieved September $2^{\text {nd, }}$ 2017: from http://nigeria.opendataforafrica.org/xspplpb/nigeria-census
48. Nnadi, I. (2013). Son Preference-A Violation of Women's Human Rights: A Case Study of Igbo Customs in Nigeria. Journal of Politics and Law, 6(1), 134-141.
49. Nwokocha, Ezebunwa. E. 2007. "Male-child syndrome and the agony of motherhood among the Igbo of Nigeria. International Journal of Sociology for the Family, 33(1), 219-234.
50. Ohagwu, C. C., Eze, C. U., Eze, J. C., Odo, M. C., Abu, P. O. \& Ohagwu, C. I. (2014). Perception of Male Gender Preference among Pregnant Igbo Women. Annals of Medical and Health Sciences Research, 4(2), 173-178.
51. Okeke, T.C., Enwereji, J.O., Okoro, O.S., Iferikigwe, E.S., Ikeako, L.C., Ezenyeaku, C.C. \& Adiri, C.O. (2015) Desire for Prenatal Gender Disclosure among Primigravidae in Enugu, Nigeria. Patient and Adherence, 9, 429-433.
52. Okwusogu, O. (2015, August). Current Developments in Judicial Reforms in Nigeria: Paper presented at the Annual Nigeria Bar Association Annual General Conference, Abuja.
53. Omideyi, A. K., Akinyemi, A. I., Aina, O. I., Adeyemi, A. B., Fadeyibi, O. A., Bamiwuye, S. O., Akinbami, C. A., \& Anazodo, A. (2011). Contraceptive practice, unwanted pregnancies and induced abortion in Southwest Nigeria. Global Public Health, 6(1), S52-S72. doi.org/10.1080/17441692.2011.594073

Comparative Analysis of Sex-Selection in Nigeria and India A. AINA-PELEMO , Simran SALUJA
54. Oomman, N., \& Ganatra B. R. (2002). Sex Selection: The Systematic Elimination of Girls. International Journal on Sexual and Reproductive Health and Rights, 10(19), 184-188.
55. Omonijo, D. O., Uche, O. C., Nwadiafor, K. L., \& Rotimi, O. A. (2013). A Study of Sexual Harassment in Three Selected Private Faith-Based Universities, Ogun - State, South-West Nigeria. Open Journal of Social Science Research, 1(9), 250-263.
56. Onyiriuka, A. N. \& Ikeanyi, E. M. (2016). Seasonal Variation in Secondary sex ratio in Edo-State, Nigeria: A Retrospective Study. Pacific Journal of Medical Sciences, 15(2), 0-9.
57. Oyeniyi, Tolulope (2012). Secondary Sex Ratio in a South-Western Nigerian Town. International Journal of Genetics, 4(3), 92-94.
58. Phansalkar, S. J. (2014). Compilation and Analysis of Case-laws on Pre-conception and Pre-Natal Diagnostics Techniques (Prohibition of Sex Selection act 1994. Indian Mediation Center and Training Institute, Uttan, Bhayander (West). 1-228.
59. Punjab, (2015, Sep $16^{\text {th }}$ ). Update on the implementation of PC \& PNDT Act. Retrieved
September2017,from:http://pbhealth.gov.in/Note\ on\ enforcement\ of\  PCPNDT\%20Act\%20in\%20english.pdf
60. Rehan N. E. (1982). Sex Ratio of Live-born Hausa Infants. British Journal of Obstetrics and Gynecologist, 89, 136-141.
61. Sarabu, K.V. (2012). Female Sex-ratio in India: A Review. Indian Journal of Development Research and Social Action, 8(1), 29-44.
62. Sedgh, G., Bankole, A., Oye-Adeniran, B., Adewole, I. F., Singh, S. \& Hussain, R. (2006). Unwanted Pregnancy and Associated Factors Among Nigerian Women. International Family Planning Perspectives, 32(4), 175-184.
63. Seema, M. (2013). Global Legal Responses to Prenatal Gender Identification and Sex-Selection. Barry University School of Law Digital Commons, p. 3-5.
64. Sharma, B. R. (2001). Female feticide in India: Issues \& Concerns. Journal of Indian Academy Forensic Medicine, 30(3), 157 - 160.
65. Shashi, P. (2015). Demographic Indicators and Female foeticide in Himachal Pradesh. International Journal in Management and Social Science, 3(04), 140-158.
66. Singh, K., Shantha, A., Rajendran, A. K., Kasthuri A., \& Arumugam, P. (2017). Impact of pre-Natal diagnostic technique (PNDT) Act implementation on child sex ratio in India. International Journal of Recent Trends in Science and Technology, 22(1), 35-37.
67. Sinha, B., Mari-Bhat, P. N. \& Gulati, S. C. (2004). Son Preference and Gender bias in Demographic Behaviour. Technical Report, 1-59. doi:10.13140/RG.2.2.27794.25280
68. Smith, D. J. (2002). 'Man No Be Wood': Gender and Extramarital Sex in Contemporary South-eastern Nigeria. Afhad Journal, 19(2), 4-23.
69. Udjo, E.O. Fertility Levels among Nigeria's Kanuri. (1991). Genus, 47(1/2), 163 176.
70. Vadera, B. N., Joshi, U. K., Unadakat, S. V., Yadav, B. S., \& Yadav, S. (2007). Study on Knowledge, Attitude and Practices Regarding Gender Preference and Female Feticide among Pregnant Women. Indian Journal of Community Medicine, 32(4), 300-301.
71. Varma, P. M., Satyavara, K. P., Mummadi, M. K., Kusneniwar, G. N., and Chappa, S. N. (2015). Assessment of Knowledge and Awareness of Female feticide among college students of shamirpet mandal: A cross sectional... Indian Journal of Medical Research and Pharmaceutical Sciences, 2(5), 1-8.
72. UNFPA Asia and the Pacific Regional Office, (2012) Sex Imbalances at Birth: Current Trends, Consequences and Policy Implications, Bangkok, APRO Publications, pg. 1-88.
73. Ziltener, P., \& Kunzler, D. (2015). Impacts of Colonialism: A Research Survey. Journal of World-Systems Research, 19(2), 290-311.


[^0]:    ${ }^{1}$ INDIA: The Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994. The Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, (Act No. 57 of 1994) was enacted and subsequently amended into The Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) amended Act, 2002 (N0. 14 of 2003), in order to check female infanticide and feticide respectively. Rules have also been framed under the Act. Section 3(a) prohibits determination and disclosure of the sex of foetus while Section 3(b) also prohibits the sale of ultrasound machine to unregistered medical centers under this Act.i.e. all laboratories, clinics etc. must be registered under this Act before they can be licensed to use an ultrasound technology. Also, Section $22(1,2 \& 3)$ of the Act prohibits any advertisements relating to pre-natal determination of sex and prescribes imprisonment which may extend to 3years or and fine which may extend to Ten Volume-IV, Issue-VI

[^1]:    ${ }^{2}$. Mojekwu v. Iwuchukwu [2004] 4. S.C. (Pt. II). 1.; (2004) 11 NWLR Pt. 883, P. 196.
    ${ }^{3}$ Mojekwu Vs. Ejikeme (2000) 5 NWLR Pt. 657 P. 402
    ${ }^{4}$ Ukeje V. Ukeje (2014) LPELR-22724(SC); Suit No: SC.224/2004.

[^2]:    5 "42-(1) A citizen of Nigeria of a particular community, ethnic group, place of origin, sex, religion or political opinion shall not, by reason only that he is such a person - Be subjected either expressly by, or in the practical application of, any law in force in Nigeria or any executive or administrative action of the government, to disabilities or restrictions to which citizen of Nigeria of other communities, ethnic groups places of origin, sex, religions or political opinions are not made subject; or Be accorded either expressly by, or in the practical application of, any law in force in Nigeria or any such executive or administrative action, any privilege or advantage that is not accorded to citizen Nigeria of other communities, ethnic groups, places of origin, sex, religions or political opinions."

[^3]:    ${ }^{7}$ The Dowry Prohibition Act, 1961 (Act No. 28 of 1961) with (maintenance of list of presents to the bride and bride groom) Rules 1985, cited 1990.

