

AN ASSESSMENT OF THE SOCIO-ECONOMIC AND CULTURAL DIMENSIONS OF FEMALE FOETICIDE AND INFANTICIDE

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Abstract: It is a disgrace for the Indian society, which considers the birth of a girl child as a bad investment in future. Women who live in societies where they are made miserable through injustice and inequality may not want to raise daughters who will live lives as unhappy as their own. Women have used this excuse as a rationale for killing their girl children. Many women in feudal areas of India don't want to have a daughter who would go through the same misery, humiliation and dependence that seemed to define their own lives. The cultural and economic factors that lead to female infanticide and selective abortion are part of the vicious cycle of discrimination against women and their devaluation. The socioeconomic pressures favoring sons are so strong that women undergo female foeticide despite possible health problems resulting from an abortion and their belief that abortion is a sin. Improving women's status in society will reduce social prejudices which, in turn, will decrease female foeticide. The suggestive measures include strict implementation of laws banning female foeticide and dowry, providing old age pension for parents who have no son, free and compulsory education for girl and job reservation for women in specific occupations and giving them an equal share in the property. The present study deals with analysis of incidence of foeticide, infanticide its causes, intervention steps taken by the government and the remedial measures to eliminate the menace.

Keywords: Infanticide, Foeticide, Girl Child, Socio-Economic, Education.

Introduction: The girl children in India have been the most vulnerable for centuries and, are even today, vulnerable to the insults of deprivation as well as discrimination. Whatever the natural biological laws of human reproduction had given mankind for balancing its natural sex ratio, has been taken away by man made laws, customs, traditions, religious beliefs and sophisticated medical technology, resulting in a lower status in society for girls as well as women. For too long have they been left on the back burner, facing see that the gender bias and deep-rooted prejudice and discrimination against girl child, which have been there down the centuries, are now found to begin in the womb itself. The girl child in the womb faces the peril of prebirth elimination i.e. female foeticide. The latest advances in modern medical sciences - the tests like amniocentesis and ultrasonography are being abused. The tests which were originally designed for the detection of gender related congenital abnormalities in the foetus are now being abused particularly in India and Asian countries primarily to detect the sex of the foetus with the intention of getting it aborted if it happens to be that of a female. If the female foetus is lucky enough to survive till her birth then she faced the peril of elimination in infancy by female infanticide. Historically, female infanticide has been in existence since long. Girl infants have been known to be killed by rubbing poison on the mother's breast, by feeding infants with milk of errukam flower or oleander berries, by using sap of calotropis plant, paddy grains, giving sleeping tablets or by simply burying the girl infants alive. Law banned this heinous practice in 1870, more than a century ago. Yet this abuse of girl child which is violation of her human right to life continues to prevail.

The Problem: Female foeticide resulting in decline of child sex ratio has led to enforcement of Preconception & Prenatal diagnostic Techniques (PNDT) act since February 2003.

Sex ratio, an important social indicator measuring extent of prevailing equity between males & females in society, is defined as no. of females/1000 males. Changes in sex ratio reflect underlying

socioeconomic, cultural patterns of a society. As per 2001 census sex ratio in India is 933/1000 males, which continues to be significantly adverse towards women. . Most alarming is decrease in CSR (Child sex ratio 0-6). In Punjab the number was least (793) in 2001, followed by Haryana (820) and Chandigarh (845). Advances in technology & diagnostic facilities have opened up avenue for the girl haters leading to serious disturbances in sex ratio as a result of female foeticide. Desire for male child manifests so blatantly that parents have no qualms about repeated, closely spaced pregnancies, premature deaths & even terminating child before it is born. Birth of female child is perceived as a curse with economic & social liability.

Abortion was first legalised under the Indian Penal Code(IPC), which makes the causing of a miscarriage (if not done in good faith to save the life of the woman), an offence punishable with imprisonment up to seven years. Both, the doctor and the concerned woman, are punishable under this. In case carried out without the consent of the woman (a woman under a misconception, a woman with an unsound mind or in an intoxicated state, and a girl below 12 years of age), the person carrying out such an act is punishable for life. Medical technology makes it easier for parents to discover the sex of a fetus at earlier stages of pregnancy. Such techniques have been developed to check a fetus for genetic or birth disorders, but in societies where son preference is strong, parents are eager to discover the sex of a fetus as soon as possible. As this technology spreads around the world, many women from communities with a preference for boys practice selective abortion, and abort foetuses solely because they are female. Acting on son preference at an even earlier stage, clinics that offer pre-pregnancy sex-selective technology are doing a booming business despite laws against sex-discriminatory techniques. Coupled with a higher mortality rate for girl children due to neglect or murder, the ratio of women to men has noticeably fallen in India in comparison to countries where female infanticide and selective abortion are not practiced. Traditional cultural practices reflect deeply rooted values and beliefs. Son preference is exhibited in many cultures and is not unique to developing countries or rural areas, although it is stronger in countries where patriarchy and patriliney are prevalent. Societies that expect women to live and express themselves within narrowly defined gender roles also often exhibit cultural practices that benefit men and harm women and girl children. Family lineage and the family name are carried on by male children in many societies, leading parents concerned about their family's future generations to hope for a son and possibly murder or abort girl children in order to get an heir.

Women who live in societies where they are made miserable through injustice and inequality may not want to raise daughters who will live lives as unhappy as their own. Women have used this excuse as a rationale for killing their girl children. Many women in feudal areas of India don't want to have a daughter who would go through the same misery, humiliation and dependence that seemed to define their own lives. It is difficult to determine how many girl children have been lost to female infanticide and selective abortion. The cultural and economic factors that lead to female infanticide and selective abortion are part of the vicious cycle of discrimination against women and their devaluation. In general, girls still have lower economic earning potential than boys. A poor family may not want the added expense of another child unless that child will someday bring economic wealth back to the family.

Legal Initiative: To check female foeticide, the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 was enacted. The Act came into force in 1996. By itself it is a comprehensive legislation which lays down the situations in which the use of pre-natal diagnostic techniques is prohibited as also where it is regulated. It has provisions for establishing mechanisms responsible for policy making under the Act and also those responsible for the implementation of the Act. The penalties for various offences are also elaborated. During the course of the implementation of this Act, certain inadequacies and practical difficulties in its administration came to the Government's notice.

At the same time newer techniques have been developed to select the sex of the child even before conception leading to a further decline in the sex ratio. These developments were also taken note of by the Supreme Court in its various orders in a public interest litigation filed by an NGO, CEHAT & Others versus Union of India & Others. The Court had laid down that amendments to the PNDT Act and the

amended Act came into force from February 14, 2003. Its main purpose has been to ban the use of sex-selection techniques before or after conception as well as the misuse of pre-natal diagnostic techniques for sex-selective abortions and to regulate such techniques. The implementation of the Act rests with the States and Union Territories.

As a part of the implementation of the Act, appropriate authorities are constituted and each is assisted by an eight member advisory committee. The committee consists of doctors, lawyers, social workers and officers dealing with the media. Supervisory Boards have also been constituted under the chairpersonship of the Minister of Health and Family Welfare to oversee the implementation of the Act. As per the reports received from States/UTs more than 21,600 centres conducting pre-natal diagnostic procedure including ultrasonography have been registered under the PC&PNDT Act. So far more than 400 complaints have been filed in various courts for violation of the Act and Rules.

Awareness Campaign: To achieve the long-term vision, efforts are afloat to create an environment where sons and daughters are equally valued. Such efforts cannot take place in isolation or in relation to a single issue of female foeticide. They have to be integrated into the larger advocacy and communication efforts that are already taking place. Legislation and regulation provide a framework within which the role of multiple actors and institutions can be concretely measured and evaluated. A number of measures can be taken to ensure effective implementation. For example under both the MTP Act, 1971 and the PNDT Act, 1994, specific sites have been classified for legal provision of these services. Universal registration of these sites and listing of diagnostic equipment, granting licenses and requiring that they be prominently displayed, among others, could help curb misuse. The PNDT Act can be the first step in a broader effort to regulate the private health care sector.

Strategy for Elimination of Female Foeticide; It is not poverty alone that makes families kill their children. The community, too acts in strange ways to perpetuate the crime by ridiculing couples who do not have a male child. Illiteracy, ignorance of the welfare scheme available for the girl child and poverty alleviation, the legal implication of indulging in female infanticide, the dowry system are some of the reasons for failure of the schemes and interventions undertaken by the government and NGOs to eradicate female infanticide. The long-term strategies should include education and empowerment of women. Empowerment of rural marginalized women and education to improve their lot will heighten their status in the society.

As the women groups and the federation gain in importance and play a greater role in the development of the area, it is hoped that their presence and the politico-economic strength they enable will help curb the practice. Media, both print and electronic can play a very significant role in removing gender bias and developing a positive image of the girl child in the society, but in a county like ours where there are problems in reaching the backward rural and tribal areas, a mix of mass media with various traditional forms of communication may provide a more effective alternative to influence the illiterate and the poor. Enhancing sensitization to gender issues to influence the policy makers, planners, administrators and enforcement machinery is another important strategy.

Media will be effectively used to bring about attitudinal changes towards the girl child. Priority will be given to educating parents on the importance of providing adequate food for the girl child. Extensive use of media for the sensitive promotion of a positive image of women and girls should be looked into. Development of school based strategies for inculcating of positive self-image amongst girls. Concerted efforts to break the gender stereotypes particularly at the +2 level and conscious inputs into curriculum, textbooks, teacher education institutional planning supported by career guidance, counseling should be given importance. Special awareness generation programmes and campaigns to sensitize the public should be highlighted. For keeping a close watch on the pregnant women for six months (three months before delivery and three months after it) Panchayat-level vigilance committees should be formed. Female infanticide programmes should include strategies to modify and liberalize the traditional cultural values that are strongly held by the affected communities.

Conclusion and Suggestive Measures: Instead of decennial surveys, annual appraisal of sex ratio in worst affected states and districts should be done. Daughters should get the right to perform the last rites of their parents equivalent to that of sons. The government should amend the existing laws of inheritance. The daughter should be accepted as heir to ancestral property legally as well as socially. Exemplary punishment should be given to the doctors who aid or indulge in this heinous practice of conducting sex determination tests. Such doctors should be punished by MCI under the offence of Professional Misconduct. We should not wait for social transformation to take care of this burning issue. We may be paving way for more hazardous technologies that may have more catastrophic results. There is urgent need to change the mindset of people. The millennium development goals of gender equality and the empowerment of common should be on top priority. India's missing women cannot be brought back to life but the future generations of women can be protected if we take the campaign against female foeticide on a war footing.

The following suggestive measures are recommended:

- Laws have been passed declaring female foeticide as illegal. Advertising for prenatal prediction of sex has also been declared illegal. Efforts should be made to implement these laws effectively. Strict punishment should be given to the defaulters.
- The trend of taking and giving of dowry which takes place mostly in educated and upper class homes can not be discouraged by laws alone. Efforts should continue to be made at the individual as well as at the government level. Stringent and effective laws should be supported by speedy trials, dowry giving and taking cases should be tried by a special court and short stay homes should be set up for battered women.
- Girl children should be provided free and compulsory education up to higher secondary level. This would decrease the so-called unnecessary investment on girl children made by the parents on their daughters. They would stop taking their daughters as a liability.
- Certain schemes should be started for providing economic provisions for the female children. For this purpose, government should start various employment schemes for females where 100% reservation could be made for women in occupations like teaching, nursing, telephone operators etc.
- Religious education can play a role by preaching against female foeticide, dowry and discrimination against the girl children. Moral education should be imparted in schools. Children should be taught to uphold morals and refrain from practices of dowry, female foeticide, gender bias. The vulnerable minds of the children should be so influenced that they grow up as adults who consider practicing dowry and female foeticide as immoral.
- Various monetary benefits should be provided to parents having daughters. Only the state of Tamil Nadu has offered a savings bond of Rs. 2000/- to families that accept sterilization after bearing two daughters and no son. It has also started a scheme whereby, girls from scheduled castes who after completing grade VIII could receive a bonus of Rs. 5000/.

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