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Female Foeticide and Infanticide in India: An Analysis of Crimes against Girl Children

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Abstract

Sex selective abortions and increase in the number of female infanticide cases have become a significant social phenomenon in several parts of India. It transcends all castes, class and communities and even the North South dichotomy. The girl children become target of attack even before they are born. Numerous scholars have observed that the latest advances in modern medical sciences – the tests like Amniocentesis and Ultra-sonography which were originally designed for detection of congenital abnormalities of the foetus, are being misused for knowing the sex of the foetus with the intention of aborting it if it happens to be that of a female. The worst situation is when these abortions are carried out well beyond the safe period of 12 weeks endangering the women's life. This paper theoretically analyses the magnitude of the incidence of female foeticide and infanticide in India.

Keywords: Foeticide; Infanticide; Ultra-sonography; sex selective abortion; crimes against girl children

Female Foeticide

Incidence and Magnitude

Sex selective abortions cases have become a significant social phenomenon in several parts of India. It transcends all castes, class and communities and even the North South dichotomy. The girl children become target of attack even before they are born. Diaz, (1988) states that in a well-known Abortion Centre in Mumbai, after undertaking the sex determination tests, out of the 15,914 abortions performed during 1984-85 almost 100 per cent were those of girl foetuses. Similarly, a survey report of women's centre in Mumbai found that out of 8,000 foetuses aborted in six city hospitals 7,999 foetuses were of girls (Gangrade, 1988: 63-70). It is reported that about 4,000 female babies are aborted in Tamil Nadu (southern India) every year. Sex determination tests are widely resorted to even in the remotest rural areas. Since most deliveries in rural areas take place at home there is no record of the exact number of births/deaths that take place. Therefore, it is difficult to assess the magnitude of the problem. However, the fact remains that

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the right to be born are being denied to the female child. Since all religions treated abortion as immoral, and contrary to divine law, this blanket ban on abortion, resulted in illegal abortions and risking the life of the woman.

Though a series of government circulars banned the sex determination tests from 1977 onwards yet a field study conducted in Mumbai by Sanjeev Kulkarni (1986) brought to light the fact that 84 per cent of the gynaecologists admitted to having performed the amniocentesis tests for sex determination. Of these 74 per cent gynaecologists had started performing the test since 1982 and only a few cases of genetic defects were detected. The overwhelming majority of 'patients', most of whom were from middle or upper middle class, were only interested in knowing the sex of the foetus.

Interestingly, Bandewar (2003: 2075-2081) found that 64 per cent of the abortion service providers were against sex selective abortions; 10 per cent said they were against it but had to do it and the rest about 24 per cent approved the practice of sex selective abortions. Although there was not much variation among service providers working in public/private health care facilities or rural/urban location but difference was found among men and women service providers. About 28 per cent men approved of sex selective abortion practice whereas it was only 17 per cent in case of women providers. Thus it was higher percentage of women providers (68 per cent) compared to men (61 per cent) who were against such a practice. Those who disapproved of the practice of sex selective abortions but engaged in it against their principles expressed their compulsions and helplessness for two reasons:

1. Due to pressures arising out of unhealthy competition in the health care service sector it was said that if they did not provide abortion care services, some others would have provided them, and
2. Implications in terms of persistent abuse and exploitation that the women have to face back home in case they did not get the abortion done.

Many talked of compulsions that women have at their ends to go for sex selection abortions. These arise either out of social norms fostering son preference or because their lives are put at stake in case they do not produce a son. Some also said that unwanted girls ran the risk of severe ill treatment at their natal homes causing them emotional and mental trauma. Hence the service providers empathised with the woman's social needs for sex selective abortions (Economic and Political Weekly, 2003). Nearly 10,000 cases of female foeticide have been reported from Ahmedabad alone (Gangrade, 1988: 63-70).

Additional threat that causes grave concern is the development of new pre-selection techniques, such as, Electrophoresis, Ericsson's method, etc., which involve prior manipulation of the sex of the child. What will be the future of the female race is a moot question. There is dearth of empirical data on this subject. Sections 312-316 of the Indian Penal Code (IPC) deal with miscarriage and death of an unborn child and depending on the severity and intention with which the

crime is committed, the penalties range from seven years to life imprisonment for fourteen years and fine.

Legal Provisions

Until 1970 the provisions contained in the Indian Penal Code (IPC) governed the law on abortion. The Indian Penal Code 1860 permitted 'legal abortions' did without criminal intent and in good faith for the express purpose of saving the life of the mother. Liberalisation of abortion laws was also advocated as one of the measures of population control. With these considerations, the Medical Termination of Pregnancy Act was passed in July 1971, which came into force in April 1972. This law was conceived as a tool to let the pregnant women decide on the number and frequency of children. It further gave them the right to decide on having or not having the child. However, this good intentioned step was being used to force women to abort the female child. In order to do away with lacunae inherent in previous legislation, the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act had to be passed in 1994, which came into force in January 1996. The Act prohibited determination of sex of the foetus and stated punishment for the violation of the provisions. It also provided for mandatory registration of genetic counselling centres, clinics, hospitals, nursing homes, etc. Thus both these laws were meant to protect the childbearing function of the woman and legitimise the purpose for which pre-natal tests and abortions could be carried out. However, in practice we find that these provisions have been misused and are proving against the interest of the females.

Female Infanticide

Another form of eliminating the girl child has been the practice of female infanticide. It is a deliberate and intentional act of killing a female child within one year of its birth either directly by using poisonous organic and inorganic chemicals or indirectly by deliberate neglect to feed the infant by either one of the parents or other family members or neighbours or by the midwife. Kolloor (1990) defines infanticide as, "Killing of an entirely dependent child under "one year of age" who is killed by mother, parents or others in whose care the child is entrusted". It is unfortunate that the parents also view her as a liability. This attitude is rooted in a complex set of social, cultural, and economic factors. It is the dowry system, lack of economic independence, social customs and traditions that have relegated the female to a secondary status. The degree may vary but the neglect of the girl child and discrimination goes hand-in- hand.

It is reported that female infanticide existed in India since 1789 in several districts of Rajasthan; along the western shores in Gujarat – Surat and Kutch; and among a clan of Rajputs in eastern part of Uttar Pradesh. Desai (1988) reported that female infanticide was so widespread in Jadeja (Rajput) families of Kutch and Saurashtra that only five of such families were found who had not killed their 'new-born' daughters. There are alarming reports of the baby girls being murdered

even in areas where this practice did not exist earlier. Poverty, ignorance of family planning, cost of dowry, etc. have been reported as the possible causes for this crime (Tandon, 1999: 46-57).

Prevalence of female infanticide, in the post independence period, has been reported from Madurai district of Tamil Nadu (southern India), Bihar, Orissa, Rajasthan and Maharashtra. According to Chunkath and Athreya (1997) there is a contagious 'female infanticide belt' that starts from Madurai, extends across the districts of Dindigul, Karur, Erode, Salem, Dharmapuri to North Arcot districts of Tamil Nadu. Official records indicate that 1,747 female infants have been killed since 1989 in 19 blocks of Salem district alone. Government hospital records show that out of the 600 girl babies born among Kallars, 570 babies vanish every year and out of these, 450 are victims of infanticide (Krishna Kumar, 1992). Based on researches conducted in 12 villages of K.V. Kuppam block, North Arcot Ambedkar district in Tamil Nadu, George et al. (1992) reported that among the 56 deaths, 23 were of males and 33 of females. Out of the 33 female deaths 19 cases were of infanticide and 17 of these occurred within 7 days of birth. Except one, all other cases involved death of a higher birth order child. Normally it was the second or third girl child who became victim of infanticide. In Erode and Salem districts of Tamil Nadu, this practice is found to be widely prevalent. Out of the 1,250 families interviewed more than 5.1 per cent were found to have practiced it over the last two years (Srinivasan, 1992).

In Tamil Nadu, the overall juvenile sex ratio has fallen down sharply from 948 in 1991 to 939 in 2001 (Census of India 2001). Sen (1989: 123-149) estimated that about 30 million women were missing from the Indian population. Such violent criminal acts have attacked the dignity of women as human beings and have left them more vulnerable and fearful (see Thilagaraj and Sasirekha, 2002; and Kapur, 1995: 246-257). A study conducted by Premi and Raju (1996) in Bhind district in Madhya Pradesh and Barmer and Jaisalmer districts in Rajasthan found that female infanticide was community specific. Villages that were inhabited entirely or predominantly by Gujars, Yadavs (Ahir) and the Rajputs had the lowest sex ratio. In multi-caste villages the chances of female infanticide reduced very substantially. The twin process of 'elimination of unborn daughters' and the 'slow killing' through neglect and discrimination of those that are born has become a matter of concern.

Female Foeticide and Infanticide: State-wise incidence Analysis of Crime against Girl Children

According to Crime in India (2000) foeticide cases reported an increase by 49.2 per cent over previous year and infanticide cases increased by 19.5 per cent over previous year. However, state-wise analysis reveals wide variation from state to state. Table I shows that not a single case of foeticide or infanticide has been reported from Arunachal Pradesh, Goa, Himachal Pradesh Manipur, Mizoram, Nagaland, Tripura and surprisingly even Uttar Pradesh. States of Assam, Gujarat,

Jammu and Kashmir, Kerala, Meghalaya, Punjab, Sikkim, Tamil Nadu, and West Bengal have reported only infanticide cases and no foeticide cases have been reported from these states, whereas only foeticide cases have been reported from Orissa and Chandigarh. It is worthwhile exploring why crimes against the born and the unborn do not exist in some states and why some states have reported only infanticide cases or only foeticide cases. Can it be because of non-reporting of cases or because of cultural and social variations that may be specific to these states? These are some of the issues that need to be looked into.

Among the states/Union Territories (come directly under central government rule) that report prevalence of both infanticide and foeticide, the highest rate of prevalence is found in the states of Maharashtra, followed by Madhya Pradesh, Andhra Pradesh, Rajasthan, Haryana, Bihar and the Union Territory of Delhi.

Table 1: Incidence (I) Percentage Contribution to All India (P) of Crimes Committed Against Children during 2000 (State and UT-Wise)

Sl. No.	State/UT	Foeticide		Infanticide	
STATES		I	P	I	P
1	Andhra Pradesh	8	8.8	8	7.7
2	Assam	0	0.0	4	3.8
3	Bihar	1	1.1	4	3.8
4	Gujarat	0	0.0	4	3.8
5	Haryana	13	14.3	1	1.0
6	J& K	0	0.0	1	1.0
7	Karnataka	1	1.1	2	1.9
8	Kerala	0	0.0	2	1.9
9	Madhya Pradesh	14	15.4	31	29.8
10	Maharashtra	41	45.1	20	19.2
11	Orissa	1	1.1	0	0.0
12	Punjab	0	0.0	6	5.8
13	Rajasthan	9	9.9	5	4.8
14	Sikkim	0	0.0	3	2.9

15	Tamil Nadu	0	0.0	8	7.7
16	West Bengal	0	0.0	2	1.9
UNION TERRITORIES					
17	Chandigarh	1	1.1	0	0.0
18	Delhi	2	2.2	2	1.9

Source: Crime in India 2000, p. 216.

Patel (1994: 60-61) mentions the efforts of women's groups in Rajasthan and Tamil Nadu and the Forum against Sex Determination and Sex Pre-selection. These groups not only highlighted the utter powerlessness of women who opt for sex linked abortions but have also brought about a significant qualitative change in the consciousness of the decision making bodies (state, government organisations & non-government organisations) by highlighting pertinent issues such as:

1. Economists who apply the law of demand and supply and recommend that the reduction in the 'supply' of women will enhance their status need to review anthropological evidence that shows that the regions in India where the sex ratio is extremely adverse are notorious for some of the most inhuman practices against women. These include forced polyandry, gang rape, abduction, dowry murders, and the degraded status of widows and deserted women.
2. Techno-doctors who promote non-reproductive technologies for commercial reasons cash in on anti-women biases that reduce the Indian women to a "male child producing machine" They treat a healthy woman as raw material, not as a human being, converting her into a pathological case. They violate the code of medical ethics by violating women's dignity and bodily integrity and also become a party to aiding and abetting the process.
3. Advocates of population control whose target is to achieve a Net Reproductive Rate of Zero (NRR-0) by supporting foeticide and whose cynical logic is "Fewer women = Lesser Procreation" have placed Indian women in the category of "endangered species".

Another effort by a voluntary organisation in Tamil Nadu has been reported by Giriraj (2004: 13-14 & 35-45) who conducted the study in Kadayampatti Panchayat of Salem district on 42 families identified by a voluntary organisation 'World Vision' as rescued families who were provided facilities, assistance and awareness with a view to set their mind against female infanticide. His study revealed that 63.91 per cent of the respondents were in the age group of 20-30 years and 26.19 per cent were above 30 years. Of these only 19.05 per cent of the respondents were married at the age of 19 years and above. Majority of them married between 16-18 years (52.38%), and (28.57%) below 15 years. A large majority (95.24%) had nuclear families and nearly two third (71.43%) had 2-3 girl

children. The women respondents reported facing problem in the family and psychological disturbance because of giving birth to the girl child and regretted being women. Girl child was considered a liability by 90.48 per cent of them though interestingly none of them thought educating the girl was unnecessary in spite of the fact that their own educational background was very dismal, 83.33` percent were illiterate. Employment status showed that more than half (52.38%) worked as coolies whereas 42.86 per cent were unemployed. The monthly earnings in majority of the cases ranged between Rs.1000-2000.

Almost all the respondents stated that burden of dowry and poverty were the two main reasons for female infanticide however, 76.19 per cent stated fear of safety for the girl as a reason for female infanticide and 83.33 per cent accepted son preference because it is the male who carries the family lineage. Overwhelming majority (83.33%) of the respondents believed that they would have committed female infanticide if the voluntary organisation would not have intervened and provided economic assistance/incentives and awareness generation. Only 4.76 per cent of the respondents said that they were afraid of the laws enacted by the government.

Most of the women reported that they killed their babies under pressure from their husbands. Many a time the husbands would beat up their wives and force them to kill the female child because she is an economic burden. Such situations occur more so among poverty stricken families. Srivastava (2001: 7-12) states that, “the spectre of domestic violence chocks their voices and silences their opposition to attitudes and practices derogatory to their dignity. This social reality does not allow women to protest against any suggestion or coercion to get the female child aborted. It is unthinkable that any woman would readily agree to be a party to the crime. They do so under male pressure, coercion and domination”. Thus willingly or unwillingly they become party to the crime for they have no control even over their bodies.

Policy Framework

National Plan of Action exclusively for the girl child (1991-2000) was formulated in 1992 for the "Survival, Protection and Development of the Girl Children". The Plan recognized the rights of the girl child to equal opportunity, to be free from hunger, illiteracy, ignorance and exploitation. Towards ensuring survival of the girl child, the objectives are to:

- Prevent cases of female foeticide and infanticide and ban the practice of amniocentesis for sex determination;
- End gender disparity in infant mortality rate; eliminate gender disparities in feeding practices, expand nutritional interventions to reduce severe malnourishment by half and provide supplementary nutrition to adolescent girls in need;
- Reduce deaths due to diarrhoea by 50% among girl children under 5 years and ensure immunization against all forms of serious illnesses; and

- Provide safe drinking water and ensure access to fodder and drinking water nearer home.

The launching of the Balika Samriddhi Yojana in 1997 is a major initiative of Government to raise the overall status of the girl child. It intends to change family and community attitudes towards her and her mother. Under this scheme about 25 lakh girl children born every year in families below the poverty line are to be benefited. The first component of the scheme, which has already been launched, is to provide Rs.500/ - as a post-delivery grant to the mother of the girl child as a symbolic gift from Government. The other components proposed under the scheme are provision of annual scholarships to the beneficiaries when they go to school and assistance for taking upon income generating activity when they attain the age of maturity.

Besides having specific legislation and policy proclamations to deal with this menace, the precipitating factors such as dowry, poverty, and woman's economic dependence etc., leading to the problem of foeticide and infanticide have been addressed by enacting various legislations as:

- Dowry Prohibition Act, 1961(Amended in 1986);
- Hindu Marriage Act, 1955;
- Hindu Adoption and Maintenance Act, 1956;
- Immoral Traffic Prevention Act, 1986
- Equal Remuneration Act, 1976 etc.

These and various other legislations and policy proclamations intend to bring about women's economic and social empowerment to the maximum and it is hoped that such measures would equip women to exercise their rights.

Concluding Remarks

Legally infanticide amounts to homicide and all legal provisions applicable to the offence of homicide are applicable to infanticide (Section 318 concealment of birth by secret disposal of the dead body amounts to culpable homicide). The National Plan of Action for the South Asian Association for Regional Cooperation (SAARC) Decade of the Girl Child (1991-2000) seeks to ensure the equality of status for the girl child by laying down specific goals for her dignified survival and development without discrimination. The codified law world over considers human life as sacred and specific legal provisions have been devised to protect the life of the born and the un-born. However, the objective of the law gets defeated due to lacunae in the law and lack of proper implementation.

Even though the law is a powerful instrument of change yet law alone cannot root out this social problem. The girls are devalued not only because of the economic considerations but also because of socio-cultural factors, such as, the belief that son extends the lineage, enlarges the family tree, provides protection safety and security to the family and is necessary for salvation as he alone can light the funeral pyre and perform other death related rites and rituals. Evidence

indicates that the problem of female foeticide and infanticide is more prevalent in orthodox families (see Srivastava, 2001). It is, therefore, essential that these socio-cultural factors be tackled by changing the thought process through awareness generation, mass appeal and social action. In addition to this all concerned i.e. the religious and social leaders, voluntary organisations, women's groups, socially responsible media, the doctors; the Medical Council/Association (by enforcing medical ethics and penalties on deviant doctors) and the law enforcement personnel should work in a coordinated way.

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