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Attitude Towards Females Foeticide: Does It influence the Survival Status of Female Children? (A Case of Punjab)

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Introduction

Long back in 1971, the committee on the status of women in India was appointed by the Government of India to undertake a comprehensive examination of all the questions relating to the rights and status of women in the context of changing social and economic conditions in the country and new problems relating to the advancement of women. However, care for the girl child the message aimed to improve the low status of women in society when compared to men gained momentum recently. The constitution of India makes no distinction between the sexes, and its preamble guarantees, to secure to all its citizens justice, social, economic and political, liberty of thought, expression, belief, faith and worship, equality of status and of opportunity etc. But this equality has not been very evident in practice and the social and economic status of women has not been on par with that of men. Moreover the dynamics of social change and development had adversely affected a large section of women, particularly among the poor, and had created new imbalances and disparities.

At this juncture, where the Governmental machineries are in full swing to find a way to improve the status of women, the prevalence of female foeticide and infanticide in some parts of India has heatened up the whole issue of prevailing low status of females in society. Hence, this paper puts forth the attitudes regarding the practice of killing the female foetus/ babies and the need for looking at various other issues to improve the status of women in society, thereby eliminating the barbaric act of female infanticide/foeticide.

(a) Female Infanticide and Foeticide female Infanticide is not a recent phenomenon in India. Sir Jonathan Duncan was the first to present officially earliest known evidence of infanticide in India amongst the Rajkoomar tribe of Junapore areas of Banaras district in 1789 (Pakrasi, 1970). According to Balfour (1885) the Jhare a Rajpoots of Gujarat, Kattywar (Gujarat) and Kutch, Jut (jat), the Rhator Rajpoots of Jeypore and Jodhpur, the sourah of Ganjam, the polyandric Toda race on the Nilgiri hills and the Naga tribes of Assam also practiced female infanticide in India.

The Polyandrous Toda of Nilgiri Hills in Southern India practices female infanticide, which maintained a certain demographic imbalance, before independence. The British found it difficult to eradicate the practice of female infanticide among the Toda much after it was legally banned (Dube, 1993). During the later half of the nineteenth century, administrative, police, census and other official reports refer to the practice of infanticide in certain parts of India particularly in the United Provinces, Punjab, Rajasthan, Jammu and Kashmir and parts of Gujarat (Chandrasekhar, 1972; Jain and Visaria, 1988).

According to Rai (1992), 51 per cent of the families in the Salem district of Tamil Nadu were found killing baby girls within a week of their birth. It was also observed that in a particular village of Tamil Nadu, among Telugu Naickers even male infanticide was practised after having one child of each sex. But, such cases were few when compared to female infanticide.

It has been pointed out by Pakrasi (1970) that the Jharejas had to sustain the cruel custom of female infanticide only to get rid forever of the twin difficulties organically related to: (a) procurement of suitable son-in-laws from families of equal, if not, higher rank, and (b) defrayal of an heavy amount as marriage expenses in marrying daughters. Saundrapandiyan (1985) in the Usilampatti village of Tamil Nadu observed that, people are of the belief, "if we kill female babies immediately after their birth, the chance of having a male child son is very high". People in this village according to Elangovan (1986) feel that, "as we have the right to have a child, we do have the right for killing the same". It is also noted in this study that there is a fear among the people for using the family planning methods, because of their possible side effects.

Although .the reasons are plenty for killing the male infants, the; important among them are apprehension about dowry and various superstitious beliefs in which witches and astrologers play a dubious role, (Mani, 1993). This barbaric act of killing of infants reflects the prevailing low status for women in society.

In addition to female infanticide, there is also increasing evidence of foeticide in society. Usually in India, the female foetus is found to be the victim after the Amniocentesis test. Although knowing that abortions in the second trimester of pregnancy are extremely dangerous to health, women in urban areas opt for killing the foetus in their womb. A study of 8000 cases of abortion showed that 7999 of them involved a female foetus (Choudhury, 1984). They defend themselves for the above act saying that, since a female would be subjected to great hardships after birth, getting rid of the child before her birth would save her from greater hardships after birth, getting rid of the child before her birth would save her from greater humiliation" (Elangovan, 1986). Recently, a study by Kaur (1993) in a village of Chandigarh reveals that 95 per cent of women

favoured female foeticide, since as quoted by one woman, "we are ashamed to have a female foetus". The study also reveals that socio-economic pressures are such that even those who consider abortion to be a sin, are prepared to abort a female foetus. Hence, it is felt that, though foeticide is taken as a far kinder and hence preferable method compared to infanticide, but both (foeticide and infanticide) should be treated as a barbaric act and should be strongly condemned (Sureender and Prabhakarall, 1996).

(b) The Case of Punjab

Punjab is the state where agriculture economy is dominant. The level of development and per capita income is high in this state compared to all other states of India. During 1987-88. only 7 per cent of the population was estimated to be below the poverty line which is comparatively very, low among all other Indian states. In 1991, the sex ratio of Punjab was 882 females per 1000 males, compared with 927 females per 1000 males for India. And there has been a steady decline in the sex ratio over the years.

Among Indian states, historically Punjab in the North-west has had the most imbalanced sex ratios. The excessing mortality of females is commonly hypothesized to be due to discrimination against females, particularly female children, relative to males, in the allocation of food and health care within the household (Das Gupta, 1987). Punjab was the "first state to start the commercial use of amniocentesis and all educated respondents indicated positively to a question "known about the test and found it useful" (Marie, 1990).

A study by De Sweemer et al, (1993) reveals that Punjabis have a preference for removing unwanted daughters as early as possible by such means as infanticide, neglect at early ages and most recently, foeticide. "Better 500 now than 5,000 later" coax the posters by the Bhandari hospital in Amristar where 500 indicates the price of the sex determination test and abortion and 5,000 the price of her dowry, if the girl is allowed to be born (Marie, 1990). Although,' female foeticide could be one of the reasons for the decline in the sex ratio, researchers however feel that female foeticide cannot be advanced as a major contributory factor behind the decline in the sex ratio of the Indian population between 1981 and 1991 (Rajan et al, 1991, 1992). According to earlier researchers (Bardan 1974, 1982 & Das Gupta 1987), some of the possible hypotheses related to sex discrimination in Punjab are: (1) The neglect of female children is related to the low participation of female labour in agriculture and in income accelerating activities in general; (2) The Punjabi parents' attitudes towards girls are related to the fact that married women can do almost nothing for their natal kin.

The results of the National Family Health Survey (1993) reveals that in Punjab out of all respondents, almost 59 per cent women opt for their next child to be a son. Only 6 percent opt for their next child to be a daughter. Although this relationship to an extent depends on the sex coi.nbinatioii of the livina children, the above mentioned survey results show that regardless of the sex combination of living, children, son preference persists. Since, the prevalence of infanticide in the state is not known, it has been hypothesized in this paper, that women having a favourable attitude towards female foeticide would show differential treatment for a girl child compared to a male child and hence, would experience more female child deaths compared to those women who disapprove of female foeticide. In order to understand the relationship between the attitude towards female foeticide and survival status of a girl child, women who had given births in the last four years only were selected for the analysis.

Methods and Materials

The source of data for this paper is obtained from the National family Health Survey 1993, Punjab. The survey has gathered information on a representative sample of 2,995 every married women aged 13-49. It also has information on health related issues for 1,470 children who were born during the four years proceeding the survey and also have a set of state specific questions on the topic of sex pre-selection. In the survey, women were asked about their awareness of the prevalence of sex pre-determination tests and their attitude towards female foeticide. Their attitudes were classified as 'approve' and 'disapprove' among those who were aware of the test. To examine the relationship between the attitude towards female foeticide and the survival status of female children, chi-square test and logistic regression analysis are carried out.

Results and Discussion

Almost three-fourths of Punjabi women are aware of the technology to determine the sex of the foetus. Among those who are aware of sex pre-selection procedures, 23 percent approved of the practice of aborting unwanted female foetuses. This, to an extent, reveals the prevalence of low status for females in this society. The differentials in the attitude towards female foeticide by education of women shows that though illiterate women are more favourable to foeticide (22.7%) as compared to those educated up to high school and above (21.8%), the difference is not statistically significant. The place of residence of women is found to have a substantial impact on the attitude towards foeticide. While 24 per cent of rural residents approve foeticide, the corresponding percentage among urban residents is 19. However, there is not much difference in the attitudes of women belonging to different religious and caste groups. This,

in general, reveals that the practice of female foeticide stayed as a norm as we have the norm of age-difference between the spouses in society.

To understand where the attitude towards foeticide is reflected in the behaviour of women, the information collected on abortions is analyzed. It is expected that women having a favourable attitude towards foeticide would experience more abortions (induced) compared to those who disapprove of it. It is noted from the National Family Health Survey results that those who favour foeticide also had more abortions (5.6 % experienced at least one induced abortion), although the difference is insignificant with those who disapprove of foeticide (3.7 per cent have experienced at least one induced abortion). However, it should be kept in mind that generally abortions are under estimated in the surveys and it would be more true among those who approve of foeticide. Further, there is also a change of stating induced abortions as spontaneous abortions by women in fear of the negative values attached to induced abortions in society. Hence, the difference in abortions (although it is small) reveals to an extent that it has a relationship with the attitude of women towards foeticide.

The analysis of survival of female children shows that those who approve of female foeticide experience more child (girl) loss as compared to those who disapprove of female foeticide. To be precise, around 10 per cent of female children did not survive compared to 5 per cent among others of those who disapprove of female foeticide. The differences is also found to be significantly related to substantiate the results further. However, to find out the individual impact of the variable 'attitude towards aborting female foetus' on the survival status of daughters, logistic regression technique is used. This particular technique is adopted since the dependent variable 'survival status of the girl child is dichotomous (Surviving 1; not surviving: 0). In addition to the variable, 'attitude towards female foeticide' few background variables were also considered in the analysis. They are: (i) Mother's level of education (Illiterate, Literate Upto Middle, High school and above); (ii) Mother's current place or residence (Urban, Literate-Upto Middle, High school and above); (ii) Mother's current place or residence (Urban or Rural); (iii) Age of the mother (Adolescents - less than 20 years of age, Middle - 20 to 29 years of age, Higher- 30 years and above; (iv) Religion (Hindu and Non-Hindus i.e., Sikhs, Muslims, Others) (v) Caste of the respondents (SC/ST or Others) (vi) Children Even Born (upto 2 children, more than 2 children) (vii) Level of ante natal care (Not Received and Received ANC) (viii) Type of toilet facility (flush or Non-flush); (ix) Source of drinking water (safe or unsafe) (x) Gestation Period (Pre-mature or, on time).

The logistic regression results (Table 2) (Table 2 is missing) show that even after allowing for all socio-economic and demographic variables, the relationship between attitude towards female foeticide on survival status of female children is

found to be statistically significant. In a nutshell, among the female children born to women who approve of female foeticide, only half of them survive compared to the female children born to women who disapprove of female foeticide. To substantiate this argument the immunization status of female children are cross-classified with their mother's attitude towards female foeticide to understand the differential treatment given to girls. It is noted that while 31 percentage of female children born to women with a favourable attitude towards female foeticide are not immunized, the corresponding percentage among women with an unfavourable attitude is 23. This to an extent reveals the negligence of health status of girls among those who favour foeticide, which at a late, state would act as a determinant of their survival status, in this society.

Policy Implications

This study clearly brings out the fact that women with favourable attitude towards foeticide experienced more female child loss even after allowing, for the background characteristics. Hence, the attitude of women needs to be modified and some of the possible ways for same are listed below

The ameniocentesis test should be completely banned in all the states of India. However, there are two schools of thought about banning the sex selective abortions. According to one group this type of abortions are unjustified since the foetus has an absolute right to live and hence the test should be banned. The other group argues that when the woman has the right to choose the number of children she should have, why not the sex of the baby so the test should not be banned. Hence, it is going to be extremely difficult to establish a nexus between sex determination and selective abortions. It is generally felt that, as amniocentesis test does not leave any mark on the pregnant woman's body,, it is impossible to know xvlietlier a preanant woin-.n asking for an abortion has really undergone a sex determination test or 1 not (Ravindra, 1987). Further, at times they were riot even conducted at the same clinic; women would go to a private clinic for the test and then approach a government hospital for a free abortion (Agnes, 1992). So, this issue has to be dealt with at the level of sex determination test and not at the level of constraining a woman"s right to abortion.

With the view that the law alone cannot get rid of female foeticide and infanticide, steps should also be taken to create public awareness about this menace and educate them about the daughter role in supporting the parents in their old age. To increase awareness on the value of the girl child, adult education programmes in the literacy mission should be further strengthened.

Since the problem is acclaimed to be the major reason for killing of foetus/child, care should be taken to improve the situation. As a first step towards solving the problem of dowry, the Dowry Prohibition Act, which was introduced by the Indian Government way back in 1961, should be strictly enforced. Further, with the view that it is not possible to bring about a change in the people's attitude through this Act alone, effective programmes have to be laid down to make people understand the problems of dowry.

The quality of family planning services should be improved in order to remove the misconceptions regarding family planning methods. This in turn will definitely motivate couples to avoid the unwanted pregnancy and thereby reduce the chance of killing the unwanted foetus/child. The cradle baby scheme, as adopted by the Tamil Nadu Government, should be tried out in Punjab too to weaken the concept of "girl being a burden" in the views of society. This may boost the image of females in the family and in society, which then may pave the way for the elimination of the barbaric practice of killing the female foetus/babies.

Notes

Amniocentesis the technique was originally developed for the detection of genetic abnormalities at an earlier stage of pregnancy, so that complications if any could be rectified with ease. But currently, this technique is being mainly used to, answer the anxiety of the parents about the sex of the forthcoming baby. Generally, this, test is made in the 14-16 weeks of pregnancy. However, now it has become possible to detect the sex of the foetus in the first trimester.

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