Female feticide in India: Issues and concerns

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ABSTRACT

The preference for a son continues to be a prevalent norm in the traditional Indian household. This is evident from the declining sex ratio which has dropped to alarming levels, especially in the northern states according to Census 2001 reports. The proliferation and abuse of advanced technologies coupled with social factors contributing to the low status of women such as dowry, concerns with family name and looking up to the son as a breadwinner has made the evil practice of female feticide to become common in the middle and higher socioeconomic households, especially in the northern states. Despite the existence of the Prenatal Diagnostic Techniques Act, there is a dire need to strengthen this law since the number of convictions is despairingly low as compared to the burden posed by this crime. Moreover, it is necessary to gear efforts against the cultural, economic and religious roots of this social malady by woman empowerment and intensive Information, Education and Communication campaigns. The medical colleges and professional bodies have a vital role to play by sensitizing medical students who are the doctors of tomorrow.

KEY WORDS: Female feticide, sex ratio, sex selection technology

Prabhuji mein teri binti karoon
Paiyan Paroon bar bar
Agle Janam M ohe Bitiya Na Dije
Narak Dije Chahe Dar...

Oh, God, I beg of you,
I touch your feet time and again,
Next birth don't give me a daughter,
Give me HELL instead... - An old folk song

The United Nations Children’s Fund states that systematic gender discrimination has resulted in up to 50 million girls and women “going missing” from India’s population.[1] These findings are endorsed by the abnormal sex ratio figures found in the of Census 2001.[2] An analysis of the fertility and mortality survey of 1998 estimates that about 0.5 million female births go missing yearly. These translate into approximately 10 million female fetuses getting aborted over the past two decades.[3]

Ancient Indian Vedic texts gave importance to the worship of goddesses. A woman was referred to as “saamraajini”, the queen or mistress of the home, who was to have an equal share in the performance of religious rites. Manu, the law giver said, “The gods are satisfied wherever women are honored, but where they are not respected, rites and prayers are ineffectual” (Manusmriti 3.62).[4] Although the preference for bearing sons has been prevalent in Indian households from time immemorial, Vedic society then did not disturb that part of the society that gave prominence to female supremacy under its fold. However, slowly, other customs, rituals and beliefs found their way into the Indian households. A newly-wed bride is usually blessed to be ‘a mother of hundred sons’. When a woman becomes pregnant, other women in the family chant mantras exhorting the female fetus to be transformed into a male fetus. In India, female infanticide has been practiced for centuries with the earliest evidence being provided by Sir Jonathan Duncan in 1789.[5] With the availability of new technology, the bias suffered by females from birth to the grave is being extended to womb to tomb. The present article aims to reflect upon the issue of female feticide and its determining factors and the concern regarding adverse child sex ratio and its consequences.

Sex Ratio and Child Sex Ratio in India

Given the traditional preference for a male child, it is not surprising that right from the first census of 1871, India has consistently shown an abnormal sex ratio (940 women for every 1000 men). The abnormal sex ratio runs counter to the greater longevity expected of female species who are supposed to be more resilient. It must be remembered that this is possible only if females get equivalent nutrition and access to healthcare.[6,7] Pregnancy-related morbidity and mortality account for 136,000 maternal deaths annually[8] and tend to further distort sex ratios. A steep decline in the sex ratio in recent years has coincided with an increased availability of ultrasound machines.[9,10] About 70% of all abortions performed in Delhi are terminations due to the fetus being female.[11]

The child sex ratio is calculated as number of girls per 1000 boys in the 0-6 years age group and has consistently declined
Factors Responsible for Female Feticide

Increased availability of advanced technologies, especially ultrasonography (USG), has been the single most important factor responsible for decrease in sex ratios and increase in female feticides. In India over 25000 prenatal units have been registered. Facilities of sex determination through “clinic next door” are now conveniently available with the families willing to dish out any amount that is demanded of them. The easy availability of mobile scanning machines has translated into brisk business for doctors. Sex selection techniques became popular in the western and northwestern states in the late 70s and early 80s whilst they are becoming popular in the South now. The sex of a fetus can be determined at 13-14 weeks through abdominal ultrasound. These methods have rendered early sex determination inexpensive, feasible and easily accessible. Although various preconception techniques that help in choosing the fetal sex have been described, their use is not widespread due to higher costs. There are several other factors that have a bearing upon the child sex ratio.

Status of women: The most important factor responsible for decreasing child sex ratio is the low status of Indian women coupled with traditional gender bias. The needs with regards to health, nutrition and education of a girl child have been neglected. As mentioned above, in the Vedic Age (1500-1000 BC), they were worshipped as goddesses. However, with the passage of time, their status underwent significant and sharp decline and they were looked down upon as ‘slaves of slaves’. Studies report that women in southern India enjoy a better status irrespective of their literacy in comparison to their north Indian counterparts. It has long been argued that improvement in literacy rates and socioeconomic development amongst women could change the adverse sex ratio for the better. However, it has been observed that educated mothers in Punjab are more prone to discriminate against their daughters than the uneducated ones. Also, the prevalence of prenatal sex determination is more widespread among the economically well-off because availing of such services is determined by one’s ability to pay. Thus, the rich agriculturalists living in the rural areas of Punjab, Haryana and Gujarat and the urban elite living in the metropolis of Delhi tend to avail of sex-selective abortion. Similarly, transition from a rural agrarian economy to urban economy has not prevented Jat couples from using prenatal sex determination and sex-selective abortion to achieve smaller family size through reduction in the number of daughters in the family. On the other hand, in matriarchal societies in the northeastern states of India, women control land holding and have a better say in matters related to family, economy and society. This has resulted in a slight preference for daughters in states like Meghalaya.

Gender discrimination: The bias against females in India is grounded in cultural, economic and religious roots. Sons are expected to work in the fields, provide greater income and look after parents in old age. In this way, sons are looked upon as a type of insurance. In addition, in a patriarchal society, sons are responsible for “preservation” of the family name. Also, as per Hindu belief, lighting the funeral pyre by a son is considered necessary for salvation of the spirit. This strong preference for sons which results in a life-endangering deprivation of daughters, is not considered abhorrent culturally and socially. In north India, girls currently constitute about 60% of the unwanted births and the elimination of unwanted fertility in this manner has the potential to raise the sex ratio at birth to 130 boys per 100 girls.

Gender discrimination manifests itself in the form of delay in seeking medical care, seeking care from less qualified doctors and spending lesser money on medicines when a daughter is sick. The extreme disappointment of a mother as a result of a daughter’s birth can adversely affect her ability to breastfeed the girl child, which leads to poor nutritional status. It is no wonder that the prevalence of malnutrition and stunting is higher in girls than boys.

Dowry: The evil practice of dowry is widely prevalent in India. As a result, daughters are considered to be an economic liability. The dowry system is more rigid in the northern states of India which is likely to contribute to the lesser child sex ratio. Women have little control over economic resources and the best way for a young north Indian bride to gain domestic power mainly comes from her ability to produce children, in particular, sons. Most often in south Indian communities, marriages are not exogamous (but often consanguineous), and married daughters usually stay close socially and geographically to their original family. Until recently, dowries were unheard of and benefits of inheritance for the daughters were not ruled out. In the Muslim community, paying of high dowry is not a prevalent practice. Also consanguineous marriages are highly prevalent and women are entitled to a portion of parental inheritance.
Strategies to Curb Female Feticide

Female feticide is a symptom of an underlying malady. Its incidence is increasing as families perceive that bearing daughters does not make economic sense and does not provide any social advantages. Added to that is generations of bias that favors bearing a male child. Hence, efforts directed selectively towards curbing the practice of prenatal sex determination are unlikely to provide rich dividends. However, measures aimed at improving the status of women in the society are likely to show beneficial effects only after several years. This situation calls for a two-pronged strategy: one to take steps to improve the status of women in the society and the other to ensure effective implementation of the Prenatal Diagnostic Techniques (PNDT) Act so that families find it difficult to undertake sex determination and selective abortion.

The successive Indian governments have taken several steps to improve the status of women in the society. The steps primarily intend to provide them with greater opportunities for education, employment and greater say in the matters of governance. They have included steps to correct the bias in terms of inheritance rights. The PNDT Act is a law made with good intentions. It bans sex selection before and after conception, and further regulates the use of prenatal diagnostic techniques for strictly medical purposes. In particular, the law restricts the use of diagnostic techniques to registered institutions and operators, which have to maintain detailed records. Violations of the PNDT Act carry a three-year jail term and a fine of about Rs 10000 (US $250) for the first offence and a five-year jail term and a fine of Rs 50000 (US $1250) for the second offence. So far, there have been only two successful convictions under the law: a fine of Rs 500 (US $7) and another fine of Rs 4000 (US $98) from over 400 cases lodged under the PNDT Act. The reason why the law has proved ineffective is because it is difficult to regulate all clinics that use ultrasound for sex determination as well as for a host of other purposes including detection of genetic abnormalities in the fetus. Its implementation needs to be improved upon. There is a need to plug the loopholes. Registration procedures should be made tougher and clinics run by technicians and unqualified personnel should be registered and better regulated. Use of ingenious ways to convey the sex of the fetus should also be curbed through greater use of surprise checks and dummy patients. The PNDT Act is rendered ineffective because of the liberal MTP (Medical Termination of Pregnancy) Act which allows abortion on several grounds including mental trauma and failure of contraceptives. Even though the use of blatant hoardings and advertisements of sex determination seem to have disappeared, spread of information about clinic services is now done by "word of mouth".

MTP providers need to be more vigilant when performing second-trimester abortions. While the feminist discourse on abortion advocates that abortion is a right over one’s body, sex-selective abortion in itself is a form of female violence.

Intensive Information, Education and Communication (IEC) campaigns for raising awareness: The Government has recently launched a “Save the Girl Child Campaign”. One of its main objectives is to lessen the preference for a son by highlighting the achievements of young girls. To achieve the long-term vision, efforts are afloat to create an environment where sons and daughters are equally valued. Boys need to be educated at an early level with regard to giving respect and equal regard to girls. The mass media must be involved in promoting a positive image of women. School and college girls should be the target audience. However, this should be combined with highlighting the issue and dangers of female feticide and skewed gender ratio. Analysis of content of information provided regarding abortion and sex determination showed that the message emphasized upon the illegality of sex-selective abortion instead of describing the difference between sex-selective abortion and other abortions. Various Non-Governmental Organizations (NGOs) are already taking an active lead in this area. It must be emphasized that involvement of community leaders as well as influential persons would go a long way in assuring success in such campaigns. However, the root causes of gender bias need to be tackled first and steps towards woman empowerment must be strengthened.

Women empowerment: Education of women is a powerful tool for improving nutrition levels, raising the age at marriage, acceptance of family planning, improvement in self-image, and their empowerment. NGOs may be encouraged to promote formation of self-help groups, organize non-formal education for adult females and school dropouts, create employment opportunities for women as well as provide counseling and support services to newly married and pregnant women to discourage them from undergoing sex-selective abortion.

Role of medical colleges and professional bodies: While many medical practitioners have joined campaigns against the misuse of these technologies with the support of professional associations, some have been strong supporters of sex-selective abortion emphasizing that it is the family’s personal decision to determine the sex of their children. Hence the role of medical colleges and professional bodies such as Indian Medical Association (IMA), Federation of Obstetric and Gynecological Societies of India (FOGSI) and association of radiologists, in countering this burning issue needs to be given due importance. This may include:

- Sensitizing medical students regarding the adverse sex ratio while stressing upon the ethical issues involved in female feticide.
- Conduct regular workshops/Continuing Medical Education sessions which would greatly help to reiterate the importance of this problem in the country. Private practitioners should also be encouraged to participate in such programs.
- Organize awareness campaigns in field practice areas.

India has yet a long way to go in her fight against pre-birth elimination of females. Time is quickly ticking away. A shortage of girls would lead to a shortage of eligible brides thus making the girl a “scarce commodity”. According to UNFPA projection, by the year 2025 a significant share of men above 30 would still be single, and that many will never be able to marry at all. Men in the states of Haryana and Punjab are already experiencing a nearly 20% deficit of marriageable women.
A concerted effort by the medical fraternity, the law, political leaders, NGOs, media, teachers and the community itself is the need of the hour.

References


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