

## Female infanticide in India: A review of literature\*

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**In spite of the legal provisions to prevent female infanticide and foeticide, it continues to occur in many parts of the country. While infanticide was first known to be recorded in British rule, in some States like Tamil Nadu, it is essentially a post-Independence occurrence. Data from Bihar shows that it started among the high castes and now cuts across all castes and classes. In Tamil Nadu also, there are indications that the practice cuts across social groups, and also, that there has been a core area of occurrence, from where it is slowly spreading to the surrounding areas.**

**Female infanticide is supported by sanctions and pressures from the family. It is fueled by the evil of the dowry system, which places demands on the girl's family. Sometimes, mothers kill their female babies to save them from abuse and violence later in life. Birth order also is an important factor – after two girls are born, the next girl is at high risk, according to a study from Tamil Nadu. It is believed also that killing a girl child increases the probability of a male child born in the family. Female infanticide is reported to occur also due to a lack of scanning centres, as an alternative to foeticide. Another factor implicated in infanticide is the decline in the status of women due to the modernisation of agriculture. The new agricultural technology makes the traditional agricultural knowledge of women redundant, and due to the constraints on their free movement in the public space, it is the men who visit government offices to get loans and information on new varieties of seeds, pesticides and so on. In this context, women become liabilities and dowry becomes important. A change in the status of women for the**

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**worse in the wake of the modernisation of agriculture has been reported from Madurai district of Tamil Nadu, where there is a high incidence of female infanticide.**

**Female infanticide and foeticide need to be dealt with by mobilising people to get together and work against this social evil and bring about changes in the society.**

FOETICIDE AND INFANTICIDE ARE FATAL FORMS of child abuse. There are other passive forms of child abuse that leads to illness of the female child, like neglect, sustained nutritional deprivation, delayed health care for female infants or, in other words, an unequal allocation of household resources detrimental to the health of the girl child.

### History of infanticide

Female infanticide and foeticide has not only occurred in several cultures across history, it is known to occur in contemporary societies as well. Several scholars have documented female infanticide in British Colonial rule. The first recorded instance in India dates to 1789 when Jonathan Duncan, a British Resident at Benares (at present Varanasi in Uttar Pradesh State, North India) detected the practice in a Rajput clan. In 1870, the British passed the Infanticide Regulation Act. Subsequently, a special Census was taken in 1881 in the Western Provinces and Oudh to detect female infanticide (Negi 1997: 4). Post Independence, the practice has been reported as occurring in many parts of the country, including Tamil Nadu, where it was not known to have occurred earlier (Chunkath *et al.*, 1997). While evidence from British records and other historical sources shows that female infanticide was confined to Northern and Western regions of the country including present day Rajasthan, Punjab, Uttar Pradesh and Bihar, in Tamil Nadu, it is essentially a post-Independence phenomenon. Interviews with village elders in Tamil Nadu confirm this (Chunkath *et al.*, 1999: 4).

In 1986, when the practice of female infanticide in Madurai district of Tamil Nadu first received major media attention, the focus was on the caste group known as 'Pramalai Kallar' and it was held that the practice was confined to this caste. Over the past two decades, the region has attracted wide attention due to the prevalence of the practice of female infanticide in Usilampatti *taluka*. This region has a predominant large population of Kallars (Negi 1997: 4). Female infanticide in Tamil Nadu had been reported as occurring also among the Toda tribe of Tamil Nadu. Chunkath *et al.*, who confirm that the practice

of female infanticide is widespread in Dharmapuri, Salem and Madurai districts, arrive at this conclusion after preparing a Table on the distribution of blocks by number of female infanticide deaths as per PHC records. They observe that there is a contiguous cluster of blocks where female infanticide occurs and what should be of a cause for particular concern is that the phenomenon is spreading from the core area to a much wider neighbouring periphery area and beyond (Chunkath *et al.*, 1997: WS25).

### Legal provisions

The Constitution of India contains certain provisions that guarantee the welfare and development of children. The Indian Penal Code also has defined infanticide as murder. The deliberate act of causing a miscarriage or injury to the newborn child, exposure of the infant and concealment of births are covered under Sections 312 to 318 of the I.P.C. The intention of preventing a child being born and causing bodily harm to the infant are covered under I.P.C Section 315/Section 317. This makes the concealment of the birth and secret disposal of the dead body an offence (Negi, 1997: 24). Yet, it is a well-known fact that technologies like amniocentesis<sup>1</sup> and ultrasound have been extensively misused for determining the sex of the foetus so that it can be aborted, if it happens to be a female. To prevent female foeticide and to restrict the misuse of ultrasound facilities, the Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) Act was passed on 20th September 1994 to forbid the communication of the sex of the foetus (Negi 1997:26). Despite legislation in certain states to regulate the tests, however, amniocentesis continues to take place in many parts of the country. Even if there is a restriction of the doctor communicating the sex of the child to the women or her family members, it is very difficult to monitor this communication. Apart from this, abortion was legalised with the Medical Termination of Pregnancy Act (MTPA) of 1971. Ironically, the Act was meant purely to safeguard the rights of women and doctors who performed abortion. It was conceived as a health measure, where there is danger to the life or risk to physical or mental health of the woman; on humanitarian grounds such as when a lunatic woman was raped, etc., and eugenic grounds, where there is substantial risk that the offspring would suffer from deformities and disease (Ramaseshan 1998:46).

<sup>1</sup> Amniocentesis is the technique 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 cater to parents wanting to know the sex of the forthcoming baby. Generally, this test is made in the 14-16 weeks of the pregnancy. However, now it has become possible to detect the sex of the foetus in the first trimester.

### Survey findings

Carefully confirmed primary data on infanticide cases and social variables related to infanticide are difficult to obtain. There is also a problem of gathering data on direct or indirect infanticide through any brief field trip. It makes it even more difficult to obtain data when people remain tight-lipped. With the practice recognised as a crime by the law and media coverage, people tend to hide the reality. However some selected survey findings have been discussed below.

One of the key points that emerges from the findings of Chunkath *et al.*, (1997) is that, there is hardly any gender differential in post-natal infant death rates in most of the districts surveyed in Tamil Nadu. On the other hand, mortality rates are considerably higher for female as against male infants in the entire neo-natal phase<sup>2</sup> (Chunkath *et al.*, 1997: WS25) indicating that the girls are killed almost as soon as they are born.

Sabu George, Rajaratnam Abel and B.D.Miller carried out their research in 12 villages of K.V.Kuppam block, North Arcot Ambedkar District, Tamil Nadu State, South India, for four years beginning in September 1986. All pregnancies in the 13,000 population during this period were followed. After about five months following the establishment of excellent rapport with the study families, the field team had knowledge of the intent of infanticide even before the birth occurred in many cases. The main findings of the survey conducted by George and his associates was that in the study population of 13,000, there were a total of 773 birth outcomes recorded, involving 759 live births of which 378 were male and 381 were female. Among the cohort of live births, 56 died in the period of two and a half years (from April 1, 1987 to September 30, 1989), and of these 23 were males and 33 females. Thus the FMR (Female Male Ratio) was about 3:4. Of the 23 male deaths, there was no infanticide. Among the 33 female deaths, there were 19 infanticides. Thus more than half the female deaths in the 12 study villages were due to direct or indirect infanticide. In the six villages in which all infanticides occurred, infanticide constitute 72% of female child mortality (excluding the only case of the female infanticide to an unwed mother). In the 12 village study population, the overall sex ratio (Females per Male) at the time of the study was 977.5. In the village where female infanticide was practised, the sex ratio was 939.8, while in the other villages it was 1018.6. (George *et al.*, 1992: 1155)

In the study by George *et al.*, in 1992 in Tamil Nadu, of the 18 cases of female infanticide (of the daughters of married mothers) that they came across,

<sup>2</sup> Early neo-natal (0-6 days), other neo-natal (7-27 days), post-natal 28-364 days.

17 were among the Gounders. The remaining one case occurred among the Arunthathi, a cobbler Scheduled Caste (George *et al.*, 1992: 1155). Adithi, a local NGO in Katihar district, Bihar, in its survey report of 35 *dais* says the practice originally began among Rajputs but spread to many castes including the Bhumiars, Brahmins, Kayasthas, Yadavas and some Scheduled Castes. This, the report says, is similar to the case in Tamil Nadu, where it originally began with Gounder caste and has now spread to almost all castes (*Times of India* 22nd April 1995). What makes the practice important in the contemporary society is that there are indications of its increase in occurrence.

In Tamil Nadu, hospital records are a major source by which, one can speculate that female infanticide has occurred. Negi states that in a number of cases, especially in hospital delivery, the female infants are sent home in good health. Subsequently, within a few hours after reaching home, the family claims that the child has died due to various causes. This leads to speculate that a case of infanticide has occurred. Even the ritual that is normally observed on death in the family is never followed in cases of female infanticide (Negi 1997: 19). There are also survey findings to show that babies and mothers vanish from hospitals when the new born is a girl child. George and his associates in their study recorded nearly 600 girls born into the Kallar caste in the Usilampatti government hospital every year, out of which an estimated 570 babies vanish from the hospital with their mothers. Hospital sources estimate that nearly 80 per cent of these vanishing babies, i.e., more than 450, become victims of infanticide (George *et al.*, 1992: 1154). Hospital records however only report the births that take place in hospitals. It is a common practice in rural India that the delivery is done by the midwives and at home. It is also known through various surveys that midwives are themselves perpetrators of this violence.

Adithi, a local NGO in Katihar district, Bihar, conducted a survey in four districts of Bihar State, and found that Katihar district alone accounts for over 1000 infanticide cases per year. The survey, based on interviews with the 35 midwives in the district reveals that each kills at least three to four babies every month. A similar situation was found in Sitamarhi, Gumla and Purnia districts. In Bihar, it is primarily the *dais*, at the behest of the parents, who kill the newborn girls. They receive an amount of Rs. 25 to 30 for the deed (*Times of India* 22nd April 1995)

The child is normally killed within the first three days or the first week of its birth, after which the chances of its survival increase. It is only in rare instances that the child is killed after the first week (Negi 1997:23). According to the survey done by George *et al.*, 17 of the 19 female infanticides occurred within

seven days of birth, one on the ninth day after birth, and the remaining one on the 16th day. In the entire study population, there were a total of 18 female infant deaths during the first seven days after birth (George *et al.*, 1992:1155).

### Causes of female infanticide

The lower status of women is one of the main reasons for these ruthless killings of infant girls. Dowry, given at the time of the daughter's marriage, has influenced the status of women. The daughter is considered to be a liability as her contribution to the family is temporary, up to the time she is married and sent to another family. Dowry is not the only transaction as far as the daughter's marriage is concerned. There is a series of ceremonies in South India, Tamil Nadu, associated with the girls in the family - gifts in cash and kind to the husband's family during ceremonies connected with pregnancy, childbirth and ceremonies for piercing the ear of the girl child and so on. It is the inability to meet the dowry-related demands from the in-law's family that is a major cause for female infanticide.

Harris-White (1997) cites poverty as one of the reasons for female infanticide (Negi 1997: 12); and the Chunkath *et al.*, survey shows the occurrence of female infanticide as widespread among the poorer and socially disadvantaged community including the Thevars, Vaniyars and Scheduled Castes (Chunkath *et al.*, 1997: WS27). In contrast, Adithi and Community Services Guild, 1992 has suggested that several communities, including the wealthy Gounder community, the landed caste in Salem District, Tamil Nadu, also practice female infanticide (Negi 1997: 12).<sup>3</sup> Thus, the practice cuts across all classes.

Negi, in her report has mentioned that the society and families having used coercive tactics to ensure that female infanticide continues, limit the scope for outside influences in arresting the problem (Negi 1997: 18) The view of Negi (1997) and others who have researched this issue is that there is a social sanction for the deed. The familial and social situations seem to outweigh personal reactions and therefore women opt to kill their new born girl children. The Indian Council for Child Welfare (ICCW), Tamil Nadu, has mentioned that the feeling of guilt and trauma is almost absent in the community that perpetrates the practice, although there is grief among the mothers (Negi 1997: 19).

<sup>3</sup> Although the Gounders live in remote villages, they own a significant proportion of land and are the upper social stratum of their villages, in the North and South Arcot districts in Tamil Nadu. (George *et al.*, 1992: 1155).

George *et al.*, have also observed maternal motivation in their study as a factor affecting infanticide. They also came across one case of male infanticide just before the beginning of the study period (Feb. 1997) where the mother lost her husband and killed the male child soon after birth, after which the mother remarried. In case of the unwed mother, she tried to abort the pregnancy, which was unsuccessful and committed infanticide when it was born. Maternal motivations for infanticide may be said, therefore, to vary on the basis of marital status (George *et al.*, 1992:1155). According to one of the *dais* interviewed, in the survey conducted by Adithi, Bihar, 'mothers are never willing, but the men force them' (*Times of India*, 22nd April 1995). The same study holds that the men generally take the decision to carry out the killing of the new-born babies with females being reluctant participants (Navin 1995).

One mother justifies her action by saying that they have hardly any access to medical care. All deliveries take place at home and often the mother is left to bleed after a particular difficult childbirth. They categorically state that they do not wish to expose their girls to such harsh conditions. Mothers sometimes kill their babies as an act of 'mercy' so that they may be saved from sexual abuse, molestation or other kinds of violence. They feel justified in killing their girl child so that she is saved from all the suffering she may have to undergo all her life (Negi 1997:19).

According to a study in Tamil Nadu, the first female infant is, in a majority of cases, not a victim of female infanticide. The second female infant also has a chance of escaping infanticide. Thereafter the girl infants are at a high risk of facing infanticide. The survey finding by George and others mentions 19 female infanticides and 18 of the victims had birth orders greater than one and one involved a first-born daughter. Each of these families had at least one surviving female child at the time and usually they had two. In their study they also found that no twin died as a result of direct infanticide, but they also say that they are subject to more neglect than a male twin and a female infant born after a set of twins girls is very likely to be killed (George *et al.*, 1992:1155). The above given results show that birth order does influence the chances of child's survival.

Negi after conducting interviews and discussions with people and NGOs closely working in Madurai district (Tamil Nadu) indicates the prevalence of a superstition that killing a new born girl child increases the probability of a male child being born in the family (Negi 1997:19).

Some of the other findings of the survey conducted by George and his associates in 1989 is that, the villages in which female infanticide occurs tend to be even more remote and have less educated people than the villages with no cases of infanticide (George *et al.*, 1992:1155). Lack of scanning centres has also been cited as reason for infanticide. As people do not have this facility, they kill the child after it is born. According to Soma Wadhwa, every year 50,000 female foetuses are aborted in India. These perpetrators of the deed are not very different from those who kill the baby after it is born. The latter, she says, simply do not have enough money or facility to kill the baby when it is in the womb (Wadhwa 1995). Another analyst, Kumarbabu (1996) observes that scanning centres exist even in the so-called remote, less-developed areas (Negi 1997: 23).

Negi cites modernisation of the traditional way of cultivation as one of the reason for a decline in the overall status of women and increase in the forms of violence against them, for instance female infanticide. Earlier women had the knowledge of how to cultivate seeds in the traditional way, when to start collecting them, when to sow them and how to store them. They also had the knowledge of, what kinds of fertilizers are necessary and should be used and so on. With modernisation of agriculture, and given restrictions on female mobility in the public sphere, it was the man who started going out to government offices to get loans, bring seeds and pesticides and sell the crops, and overlook the irrigation. Women became mere liabilities with their knowledge having become redundant and men aspired to marry only those women whose families could afford to offer more dowry (Asia Pacific Hearing 1997: 38). Modernisation has brought about these changes in the traditional systems and thereby lowering the status of women in the society (Chunath *et al.*, 1997: WS22). This has happened in Madurai district of Tamil Nadu where infanticide has a high occurrence.

## Conclusions

It is very important that an attempt is made at eradicating the evil of female infanticide and foeticide. Social mobilization along with political will and widespread awareness generation can make a difference. Apart from bringing about awareness among people, fear of community ostracism has known to make a difference people's attitude and behaviour. It is very important to have community support and political will to bring about any change in the present situation. □

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