

## Female Foeticide to Restrict the Family Size ?

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### INTRODUCTION

Female foeticide is the intentional killing or aborting the female foetus due to preference for a male child. There are many countries in which this practice is quite common and India is one of these. It is ironical that even in today's educated and technologically advanced society there is discrimination against girl child, which is affecting the natural sex ratio i.e. male female balance, resulting in its distortion and hence lowering the number of females (Thukral, 1993).

The number of females per thousand males in a population is the best way for expressing sex ratio. The sex ratio at conception, birth and maturity is termed as primary, secondary and tertiary sex ratio. The secondary sex ratio is never the same as the primary sex ratio since the pre-natal mortality affects the two sexes differently, hence male and female babies are not born in the ratio of 1:1. From the available literature it is clear that the sex ratio is in favour of males (Curt Stern, 1960) in most of the populations of the World.

India constitutes about one seventh of the total population of the world, and approximately half of it is the female population. But unfortunately a perpetual decline has been observed in the sex ratio from 972 females per 1000 males in 1901 to 929 females per 1000 males in 1991. In Punjab, the sex ratio is 882 females per 1000 males as compared to 929 females for 1000 males in the rest of the country (Census of India, 1991).

According to a recent report published in Chandigarh Newslines, the declining birth ratio of girls was most pronounced in Amritsar, Bathinda and Faridkot districts of Punjab. The birth rates being 861, 863, 865 females against 1000 males respectively. Kerala is the only state in India showing higher number of females than males (1032 females per 1000 males) whereas the lowest sex ratio is reported from Chandigarh i.e. 793 females per 1000 males (Jassi, 1999).

The Government of India recognised the girl

child as a critical issue for the country's development. There was a stronger focus on the girls and realisation of the extent of disparity between the girls and boys. Both UNICEF and Government of India are maintaining the momentum on the girl child, focussing on eliminating female foeticide and infanticide, advising against early marriage of the girls and ensuring that the girls go to school (Ramachandran, 1998).

Rapid advancement in medical technology in the recent years has opened a way to wide ranging interventions in the sphere of reproduction and have further added to discrimination against females in the form of denial of the right of birth. The modern scientific techniques like ultrasound, amniocentesis, maternal serum analysis, chorionic villi sampling, biopsy and foetoscopy etc. supposedly meant for the purpose of detection of foetal abnormalities have been widely misused as sex determination tests for selective elimination of female foetuses.

The test which helped to detect genetic defects in the foetus incidentally could also detect the gender of the child. Thus numerous sex determination clinics were established in the country and in the process female foetuses were aborted ruthlessly. This forced the Government of India to impose a ban on such tests. These tests have transferred the elimination of a female child from born to an unborn stage. The female mortality rate has also been observed to be about 55 per cent higher than the male upto the age of 5 years in our country (Kain, 1998). This again shows the negative attitude of the parents towards the girl child during the early years of her life.

### MATERIAL AND METHODS

The data comprises of 200 families upto two generations for the present investigation. Each family was interviewed and the required information was collected on the printed proforma.

The survey was conducted personally from door to door by interviewing the female



members of the family. Educational status of both husbands and wives was recorded separately and they were grouped into uneducated and literate. Literates were further grouped into primary, middle, matric, higher secondary (+2), graduates and post graduates. The age of husbands and wives was also recorded at the time of collection of data.

## RESULTS AND DISCUSSION

The results of our study are presented and discussed below:

The data comprises of 200 families collected from a small village Bhani Mian Khan from Distt. Gurdaspur. It was observed that the grandparents (n=200) i.e. the first generation of the family never adopted the practice of female foeticide, probably, because they had no access to sex determination techniques such as ultrasound etc., during their time. Moreover there was no emphasis on restriction of family size during those days because most of the women were house wives and their sole duty was to raise the children and look after the house hold chores.

In second generation, however, out of a total of 225 couples investigated only 151 couples yielded any meaningful information regarding :

- i) Female foeticide (f.f.)
- ii) foeticide to restrict family size and (r.f.s.)
- iii) Spontaneous abortions (s.a.) i.e. the natural abortions - which may occur due to a number of reasons.

We came across 124 cases of female foeticide, 7 cases of foeticide without sex determination i.e. abortions opted for the sole purpose of family planning and 20 cases of spontaneous abortions (Table 1).

It is disheartening to note that out of a total of 151 couples, approximately 82 per cent opted for termination of pregnancy after sex determi-

nation i.e. female foeticide. The number was much less where the baby was aborted only to restrict the family size. The number of males was found to be much higher i.e. almost 60 per cent in spontaneously aborted fetuses, supporting the well known fact that the female is a stronger sex.

Table 2 gives the results of educational status of fathers opting for female foeticide after sex determination. It was observed that the majority of the men opted for the determination of sex of their unborn babies irrespective of their educational status. Though the people of this village are not educated enough, still, it appears that everybody is aware of the availability of tests for sex determination. The reason may be, that, before these sex tests were banned, the advertisements were given in newspapers, magazines and were also prominently displayed on big hoardings almost in all big cities and towns by the medical practitioners engaged in conducting such tests.

Table 2 shows that the maximum number of fathers opted for female foeticide after the birth of their first daughter. The main reason appears to be the preference for 2 child norm per family irrespective of the educational status of the father. The number of people having the second baby girl without prenatal sex determination is very less. Most of these people were found to be either God fearing/or considered it inhumane/or had great faith in God and expected Him to bless them with a son or had taken some medicine from some Godmen, but when their wishes were not fulfilled they also came under the influence of people advocating the use of this technology and went for selective elimination of any incoming daughters in an urge to have a heir.

Though the females, especially in villages, where they still have a joint family system, do not have much say in such matters, the results of educational status of mother and female foeticide were studied and are presented in Table 3.

Similar trend as in the case of males was observed, i.e. both educated as well as uneducated mothers were found to be opting for elimination of their unborn daughters.

The maximum number of mothers went for termination of pregnancy after the birth of their first daughter followed by second, third or fourth

Table 1: Record of female foeticide, foeticide and spontaneous abortions (n=151 couples)

|                                                                 |     |        |
|-----------------------------------------------------------------|-----|--------|
| Female foeticide after sex determination                        | 124 | 82.12% |
| Foeticide to restrict the family size without sex determination | 7   | 4.64%  |
| Spontaneous abortions                                           | 20  | 13.24% |
| (Males = 12, Females = 5,<br>Sex unknown = 3)                   |     |        |

Table 2: Educational status of father and female foeticide (f.f.) after first, second, third or fourth daughter

| Educational Status         | No. of Fathers | f.f.               |                    |                    |                    | rfs | sa | (n) |
|----------------------------|----------------|--------------------|--------------------|--------------------|--------------------|-----|----|-----|
|                            |                | After 1st Daughter | After 2nd Daughter | After 3rd Daughter | After 4th Daughter |     |    |     |
| Uneducated                 | 21             | 10<br>(47.62)      | 6<br>(28.57)       | 4<br>(19.04)       | 1<br>(4.76)        | 0   | 6  | 27  |
| Upto Primary Level         | 13             | 6<br>(46.15)       | 5<br>(38.46)       | 1<br>(7.69)        | 1<br>(7.69)        | 0   | 1  | 14  |
| Upto Middle Level          | 19             | 12<br>(63.16)      | 4<br>(21.05)       | 3<br>(15.79)       | 0                  | 2   | 2  | 23  |
| Upto Matric Level          | 59             | 32<br>(54.24)      | 20<br>(33.90)      | 4<br>(6.78)        | 3<br>(5.08)        | 4   | 7  | 70  |
| Upto Higher Secondary (+2) | 7              | 5<br>(71.43)       | 2<br>(28.51)       | 0                  | 0                  | 0   | 3  | 10  |
| Upto Graduation Level      | 4              | 2<br>(50.00)       | 2<br>(50.00)       | 0                  | 0                  | 1   | 1  | 6   |
| Post-Graduation            | 1              | 1<br>(100.0)       | 0                  | 0                  | 0                  | 0   | 0  | 1   |

although their number is almost negligible because nobody seems to wait to have a son in the normal manner these days as was the way in the past and hence increase the family size. So most of these women go for determination of sex of their unborn child to restrict the family size to a desired norm.

When the couples who opted for pre-natal sex determination (n=124) were grouped age-wise it was observed that 101 were upto 35 years of age and the maximum were in the age group of 25-30 years, that is born after 1964-65. Only 23 couples were in the higher age group, who had either married late or had their children at a later age.

However again it was observed that in most of the cases the prenatal sex determination was opted (Table 4) when the couple already had one (63.70%), two (24.73%), three (6.45%) or more (2.42%) daughters. It is clear therefore that there is selective elimination of unborn daughters to restrict the family size as well as to have a son.

Similar observations have been made earlier by Nanda et al., 1993, Thukral, 1993, Arora, 1996 and Singha et al., 1998, who opined that the acceptance of pre-natal diagnostic techniques was convincingly argued as a benefit (sic!) made available by technology to help achieve the norm of small family with children of the desired sex.

It appears that so far no rules or regulations

Table 3: Educational status of mother and female foeticide after first, second, third or fourth daughter

| Educational Status         | No. of Mothers | f.f.               |                    |                    |                    | rfs | sa | (n) |
|----------------------------|----------------|--------------------|--------------------|--------------------|--------------------|-----|----|-----|
|                            |                | After 1st Daughter | After 2nd Daughter | After 3rd Daughter | After 4th Daughter |     |    |     |
| Uneducated                 | 31             | 17<br>(54.84)      | 8<br>(25.80)       | 5<br>(16.13)       | 1<br>(3.23)        | 1   | 5  | 37  |
| Upto Primary Level         | 18             | 12<br>(66.66)      | 4<br>(22.22)       | 1<br>(5.56)        | 1<br>(5.56)        | 2   | 1  | 22  |
| Upto Middle Level          | 16             | 9<br>(56.25)       | 5<br>(31.25)       | 2<br>(12.50)       | 0                  | 0   | 2  | 18  |
| Upto Matric Level          | 51             | 30<br>(58.83)      | 17<br>(33.33)      | 3<br>(5.88)        | 1<br>(1.96)        | 3   | 11 | 65  |
| Upto Higher Secondary (+2) | 6              | 4<br>(66.66)       | 2<br>(33.34)       | 0                  | 0                  | 1   | 0  | 7   |
| Upto Graduation Level      | 2              | 2<br>(100.0)       | 0                  | 0                  | 0                  | 0   | 0  | 2   |
| Upto Post-Graduation       | 0              | 0                  | 0                  | 0                  | 0                  | 0   | 0  | 0   |



Table 4: Age group-wise distribution of couples going for termination of pregnancy after first, second, third or fourth daughter

| Educational Status | No. of Couples | ff.                |                    |                    |                    | rfs | sa | (n) |
|--------------------|----------------|--------------------|--------------------|--------------------|--------------------|-----|----|-----|
|                    |                | After 1st Daughter | After 2nd Daughter | After 3rd Daughter | After 4th Daughter |     |    |     |
| 20 - 25            | 11             | 7<br>(63.64)       | 4<br>(36.36)       | 0                  | 0                  | 3   | 3  | 17  |
| 25 - 30            | 53             | 35<br>(66.04)      | 15<br>(28.31)      | 2<br>(3.77)        | 1<br>(1.88)        | 1   | 7  | 61  |
| 30 - 35            | 37             | 24<br>(64.87)      | 9<br>(24.33)       | 2<br>(5.40)        | 2<br>(5.40)        | 2   | 3  | 42  |
| 35 - 40            | 13             | 8<br>(61.54)       | 4<br>(30.77)       | 1<br>(7.69)        | 0                  | 0   | 3  | 16  |
| 40 - 45            | 7              | 3<br>(42.86)       | 1<br>(14.28)       | 3<br>(42.86)       | 0                  | 1   | 1  | 9   |
| 45 - 50            | 3              | 2<br>(66.66)       | 1<br>(33.34)       | 0                  | 0                  | 0   | 3  | 6   |

have helped and the process of female foeticide is going on unabated. It is evident from the fact that during 1982-87 the number of clinics for sex determination multiplied manifold in the city of Bombay alone i.e. from 10 to 248. Between 1987-88 nearly 13,000 sex determination tests were estimated to have been done in seven Delhi clinics alone (Arora 1996). The selective abortion law has gone unnoticed and so is the maternal health care law of 1994 which strictly prohibits the use of technology to identify the gender of a foetus. This practice can be stopped only if government handles it with an iron hand and the people indulging in it are punished by law.

**KEY WORDS** Sex-ratio. Female Foeticide. Punjab.

**ABSTRACT** The present study designed to assess the effect of female foeticide on sex ratio, was carried out in a small village Bhani Mian Khan in district Gurdaspur, Punjab. A total of 124 couples (82.12 per cent) in the present study admitted that they had opted for termination of pregnancy after determination of the sex of the foetus i.e. female foeticide. Our results revealed that this practise is go-

ing on unabated irrespective of the educational status of the parents and despite the ban imposed by the Government on such tests.

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