PRINT: ISSN 0972-0073 ONLINE: ISSN 2456-6802
Anthropologist, 2(4): 221-224 (2000)
DOI: 10.31901/24566802.2000/02.04.03

Relationship Between Female Foeticide and Sex Ratio

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KEY WORDS Female Foeticide. Sex Ratio. Socio-economic Conditions.

ABSTRACT The present study is an attempt in studying the relationship between female foeticide and sex ratio, which was carried out in Jalandhar district, Punjab. The results of the present study throw light on the affect of female foeticide on the sex ratio of the present and coming generation. This study also depicts that the male/ female child ratio in the family is also a factor adding to the female foeticide. Our results clearly indicates that with advancing birth order the tendency for female foeticide increases especially when girl child is already existing in the family. This practise is going on irrespective of the educational status of the parents and despite the bans imposed by the Government on these tests.

INTRODUCTION

There are many countries in which the practice of female foeticide is quite common and India is one of these where the ratio of women to men has been on decline. Son preference is a fact, both because of traditions and prevailing socio-economic practices. The female foeticide is the intentional killing or aborting the female foetus due to preference for a male child. In Punjab, where the present study has been undertaken it is only 880 females. These facts speak about the volume of problems faced (Census of India, 1991) by women from birth to adulthood in health care, education and nutrition etc. in our country. Sad enough, till today in an educated, medically and technologically advanced society because of discrimation against girl child there is imbalance in the natural sex ratio. Unfortunately, there has been a perpetual decline of sex ratio in India from 972 females per 1000 males in 1901 to 929 females per 1000 males in 1991, which is indicative of sex-discriminated population growth and hence less number of females (Thukral, 1996).

Number of females per 1000 males in a population is the most common way of expressing sex ratio. Sex ratio at conception, birth and maturity is termed as primary, secondary and tertiary sex ratio. It is clear from the literature available that the sex ratio is in favour of males in most of the world populations (Curt Stern, 1960).

In India Kerala is the only state with a sex ratio of 1032 females per 1000 males. However, in Punjab where the present study has been undertaken the sex ratio is 880 females per 1000 males as compared to 929 females per 1000 males in the rest of the country (Census of India, 1991). According to a recent report published in Chandigarh Newsline, the declining birth rate of girls was more noticeable in Amritsar (861), Bathinda (863) and Faridkot (865) districts of Punjab against 1000 males respectively.

Both UNICEF and Govt. of India are maintaining the momentum on the girl child, focussing on eliminating female foeticide and infanticide, advicing against early marriage of girls and ensuring that the girls go to school (Ramachandran, 1998), whereas the lowest sex ratio is reported from Chandigarh i.e. 793 females per 1000 males (Jassi, 1999).

In recent years the rapid advancements in medical technologies have opened the road to wide ranging interventions in the sphere of reproduction. The pre-natal diagnostic techniques which include ultrasonography, amniocentesis, chorionvilli biopsy, foetoscopy, maternal serum analysis, supposedly meant to facilitate the detection of foetal abnormalities have been used as test for selective extermination of female foetuses.

The pre-natal sex determination and selective abortion of female foetuses is now readily accepted throughout the country since 1956 - the year when first pre-natal diagnosis of sex was made. Since then numerous sex determination clinics were established in the country and in the processes female foetuses were aborted ruthlessly. Although it is not possible to provide exact statistics regarding the present extent of sex determination leading to female foeticide, one

of the estimate place the number somewhere around two lakhs in a year (Arora, 1996). Thus forced the Government of India to impose a ban on such tests. However, Govt. of Maharashtra (1989) was the first to adopt the law against this practice followed by the states of Punjab, Haryana and Rajasthan. After the imposition of these laws, the practice of female feoticide remains unaltered as there is wide acceptance among people to prevent the birth of unwanted girl child. The female mortality rate of about 55% higher than the male upto the age of 5 years in our country (Kain, 1998) is also indicative of the negative attitude of the parents towards the girl child.

Thus the present report is an attempt towards observing the extent of female foeticide after pre-natal sex determination in this part of country - Punjab, even after the imposition of ban on these tests alongwith the educational level, age of parents and socio-economic status of the parents. Thus it aims at visualising the effect of female foeticide on sex-ratio of the coming generations.

MATERIALS AND METHODS

The present report comprises of 300 pregnant women attending various clinics (Government/private) in Punjab during the months of December, 1996 to March, 1997. The required information was collected on the printed proforma. The age and educational status of both husbands and wives were recorded separately and they were grouped into uneducated and iliterate. All the pregnant women included in the present study had underwent the pre-natal sex determination test and knew that they were carrying a female foetus.

RESULTS AND DISCUSSION

The results of the present study indicates that it is disheartening to note that majority of the couples going in for female foeticide were urbanites (72.67%) and literates (Table 1) and from lower income group (42.67%). Majority of the women undergoing termination of their pregnancy were between 20 to 35 years, while in majority cases the husbands were in the age group of 25 to 40 years. Thus the couples accepting female feoticide largely were urbanites, educated and from lower and middle social strata

Table 1: Female foeticide - socio-economic, educational, urban/rural status and age group of couples going in for termination of pregnancy

Parameter	*Number*	*Percentage*
Urban/Rural Status		
Urban	218	72.67
Rural	82	27.33
Socio-economic Status		
L.I.G.	128	42.67
M.I.G.	124	41.33
H.I.G.	48	16.00
Educational Status		
Uneducated		
Wives	38	12.67
Husbands	31	10.33
Upto Middle Level		
Wives	29	9.67
Husbands	28	9.33
Upto Matric Level		
Wives	97	32.33
Husbands	92	30.67
Upto Secondary Level		
Wives	9	3.00
Husbands	8	2.67
Upto Graduation Level		
Wives	99	33.00
Husbands	71	23.67
Technical Education		
Wives	1	0.33
Husbands	45	15.00
Post-graduation Level		
Wives	27	9.00
Husbands	25	8.33
Age-group Status		
20-25 years		
Husband	2	0.67
Wife	23	7.67
25-30 years		
Husband	59	19.67
Wife	134	44.67
30-35 years		
Husband	147	49.00
Wife	105	35.00
35-40 years		
Husband	65	21.66
Wife	34	11.33
40 years onwards		
Husband	27	9.00
Wife	4	1.33

L.I.G.: Lower Income Group
M.I.G.: Middle Income Group
H.I.G.: Higher Income Group

and in the early years of married life. Thus the results of the present study revealed that the couples going for sex determination were mainly literates. Normally we think that education decrease the inequality between boy and a girl. But practically, it does not happen so. This depicts that couples residing in the urban area were very much crazy to know the sex of the foetus although they were aware about the adverse side effects on women of pregnancy termination as son preference is already a fact, both because of traditions and prevailing socio-economic practices. Even though these couples had to pay a high cost (Rs. 1000 to Rs. 2000) per termination of pregnancy to save them from adding females to the family. Similar observations were also made by Sarin et al. (1990), Thukral (1991, 1993, 1996), Nanda et al. (1993), Arora (1996), Singhal et al. (1998) and Kaur et al. (2000). Thus by doing so they achieve a small family with sex of the children of their own choice by making use of the pre-natal sex determination test (Arora, 1996).

The eagerness of couple for male child birth has been observed highest (44.67%) in women after second daughter followed by women (30.34%) at third pregnancy (Table 2). Thus the couples having two living female children are showing greater tendency for female foeticide. It is therefore clear that there is selective elimination of unborn daughters to restrict the family size and at every birth order the couples are showing preference for male child - the factor compelling them to go in for female foeticide.

Table 2: Distribution of couples going for female extermination, birth order and sex of the live children in the family

Couples going in for female foeticide	*Sex M : F Ratio*	*Total number of couples*	*Percentage*
After First child	M 10 F 35	45	15.00
After second child	M 105 F 163	134	44.67
After third child	M 133 F 140	91	30.34
After fourth child	M 47 F 65	28	9.33
After fifth child	M 2 F 3	1	0.33
After sixth child	M 5 F 1	1	0.33

The present study reveals that the female foeticide has been maximum at the third birth order or after second pregnancy followed by third pregnancy (30.34%). Thus with advancing birth order the tendency for female foeticide increases especially when girl child is already existing in the family.

Like the present report, studies conducted by different authors have also revealed similar observations (Nanda et al., 1993; Thukral, 1993 and 1996; Arora, 1996; Singhal et al., 1998; Kaur et al., 2000) who were of the opinion that the acceptability of pre-natal diagnostic techniques was convincingly argued as a 'benefit' made available by the Modern technology to achieve the objective of small family with the children of the desired sex.

According to a model floated by Thukral (1993) there will be greater distortions in sex ratio and for every percent rise in couples practicising female foeticide will result in the decline of females in coming generations. Thukral (1996) proposed a model for the quantification of sex discrimination during population growth in India. According to him if current trend of population growth continues, there will be a further decline in the female population. According to Arora (1996) the lack of social and economic security to women, differential rights and opportunities are having cumulative and far reaching effects making sex ratio increasing unfavourable to women and thus bringing serious demographic imbalances.

Till date no rules or regulations have helped and the process of female foeticide is still going on with the same pace. It is clear from the fact that the number of genetic clinics increased manifold in the cities like Bombay from 10 to 248 during 1982-87. About 13,000 tests were estimated to have been done in different clinics in Delhi (Arora, 1996). The abortion law and maternal health care law of 1994 which strictly prohibits the identification of the gender of a foetus. Thus practice can be stopped only if Government handles it with an iron hand the people indulge in such practices be punished. Such tests should be confined to the Research institutions and genetic clinics run by Govt. where sex of the foetus is not disclosed to the patient or to her relation. These tests will be used to detect

different genetical, metabolic and sex-linked disorders or chromosomal and congenital abnormalities.

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