

VIEWS ON FEMALE FOETICIDE, INFANTICIDE, SEX DETERMINATION AND GENDER DISCRIMINATION IN SURAT CITY

R. K. Bansal*, Ajay Narola**, Prakash Nakrani**, Hema Shah**, Devashish Raval**, Neeta Khokhar**

* Professor and Head- Department of Community Medicine

** Interns

Introduction

The issues of female foeticide, infanticide, sex determination and gender discrimination have indeed caught national and international fancy and the mere utterance of these words is sufficient to elicit fierce, divided and often passionate opinions though confidential due to government and social sanctions. The media has been relentless in its crusade against this heinous crime against humanity and the Indian government has instituted harsh punitive measures to curb the same in an attempt to usher in an era of non-gender discrimination. Bandyopadhyay had pointed out the fact that trajectories of selective neglect of and discrimination against daughters have been researched extensively, but the related issues of female foeticide and infanticide have been less examined¹ though extensively reported.²⁻³

Correspondence: Dr. R. K. Bansal, Professor and Head, Department of Community Medicine, Surat Municipal Institute of Medical Education & Research, Opp. Bombay Market, Surat – 395010, Gujarat. (M): 9898619509, Email: drrkbansal@gmail.com

Methods

This study explores the opinions on issues related to female foeticide, infanticide, sex determination and sex discrimination among 200 randomly selected households in the various zones of Surat city. The respondents were interviewed using a pre-tested and semi-structured questionnaire with their informed consent.

Observation and Discussion

The general profile of the respondents reveals that majority of the respondents were males (58.5%). 96% were Hindus and 78.5% were in the age group 20 to 40 years (78.5%). The average family size was 4 to 6 (68%). The average family income was above Rs. 10,000 (60.5%). 56.5% of them had been married for less than 10 years and most of them had 1 to 3 children (78%).

The majority (67%) had stated no first child gender preferences reportedly for reasons as belief in no child sex discrimination, gift of God; yet, in 59% instances their first child was a male child. 18% had opined the choice of a boy as their first child for reasons as old age and family support, continuation of familial lineage. 45% of the respondents had opined the need for a male child in case their first child was a female child for reasons as reported earlier and in only 5% instances were they desirous of a second female child. In case of a first male child the majority (50%) were unconcerned about the sex of their second offspring. The consensus was that one male and one female child norm is ideal. 28.5% had stated the need for sex determination in case of 2 existing girl child and the remaining were either not in favour of another child or uninterested in sex determination. The strong son preference and the consequent female foeticide and infanticide in India has been reported in earlier studies though it is difficult to prove that parents are guilty of female foeticide.⁴ Studies have also cautioned that as family size decreases, the desire for sons will lead to increased female

neglect⁵. Though, with the advent of the recent strict government sanctions it is unlikely that the community would be forthcoming in its factual opinions.

A disturbing finding is that 12% of the respondents had reported of strong family pressures favouring sex determination of their offspring while some others had hinted of the same. The majority (74.5%) had agreed that the government ban on sex determination is a proper and beneficial step while the remaining had disagreed. 73% had stated that this ban would prevent female foeticide. The majority of the respondents (86%) had stated that investigations as sonography play a vital role in sex determination and female foeticide while 13.5% had disagreed with the same.

Over one third (35%) stated that a male child is essential for a family for reasons as stated earlier and as reported in earlier studies⁴ 27% had given a history of having sex determination done in the past. 15% had given a past history of M.T.P and in the majority (70%) this had been done in a hospital setting. 53.3% had cited the reason of completion of desired family size and the remaining had refused to give any reasons. The issue of smaller family size and son preferences has already been stated. 42% of the respondents had opined that abortions are harmful to the health of the women. It needs to be mentioned that studies have shown that majority of the aborted foetus are girls.

Nearly all of the respondents (95.5%) opined that infanticide and foeticide had increased in the contemporary times as compared to 20 years ago whereas the practice of drowning in milk had decreased. Nearly all of them (99.5%) had opined that male child preponderance would have negative impacts on the society. The majority (65%) of the respondents had expressed the need for significantly grand celebrations upon the arrival of a male child, 25% had stated that they would distribute sweets for a girl child while the remaining had stated no such discrimination in celebrations. Only 4.5% respondents had stated the need to give equal

pocket money to their sons and daughters, the remaining had stated that it would be as per their needs and invariably it would be higher for boys.

There were no significant differences in the schooling preferences for both the sexes. Nearly all of the respondents had opined upon the need for equal educational opportunities irrespective of gender (95.5%); equal need for tuition classes (92%); higher studies (96%); equal civic rights (99%); equal access to medical services (93%); and career freedom (89%); equal dietary provisions (85%); job freedom after marriage (84.5%). The remaining had invariably opined in favour of male child and the gender bias was more pronounced in case of restrictions on parties and social functions (37%); marriage by the age of 20 years (75.5%). The male gender bias was discerningly visible in other opinions such as the male member being the boss of the family (68.6%). It is heartening to note that the community is gradually coming to grips with the notions of gender equality though initially its sphere is expectedly somewhat restrictive to issues as education and career.

67.5% respondents opined that the practice of dowry did not exist in their society and that this practice was improper (96%) because it led to dowry deaths and is a social evil and that they did not wish to subscribe to such a practice. Nearly all of them (97.5%) knew of a case of dowry related harassment. One third (33%) had opined that dowry deaths exist today and the remaining had opined this as an act of the past. Nearly all (96.5%) had opined that actions taken by the government authorities after dowry related deaths are reliable. The majority (65.5%) were aware about the existence of educational and welfare schemes for girls. Similarly 62.5% were aware of the existence of ongoing social activities for the prevention of female foeticide and sex determination. However only 46% were willing to guarantee that the government legislation banning female foeticide and sex determination would enable the government to actually halt this social evil. This finding points out to the need to further increase the visibility of the actions taken by the government through necessary media

coverage. Nearly all of the respondents had reported of being aware of the fact that about 3 female children were being killed every minute. The majority has ascribed the responsibility of female foeticide to the couples (59.5%), followed by doctors (47.5%) and the remaining to both of them. The suggestions given were strengthening of the existing laws to prevent female foeticide and infanticide ,increasing awareness (22%) and strengthening of the current mechanism (42.5%).

Conclusion

The results bring out the fact that male child preference, gender discrimination and female foeticide and infanticide do exist today though perhaps on a subtle level in comparison to earlier Indian studies. There is a hesitation among the community to openly discuss this issue given its moral undertones hence underreporting of discrimination is a real possibility. Yet, it is heartening to note that the spectre of gender discrimination is wearing out and the communities are gradually beginning to be attuned to the concept of gender equality. The community is significantly aware of the various correlates related to this delicate issue and is reporting an increasing confidence in the steps being taken by the government to curtail this menace. The steps taken by the Gujarat government and the community such as the Gujarat Patidar Samaj are indeed laudable. The perpetuation of gender equality and the universal absence of female foeticide and infanticide are possible only if the communities themselves ensure the same.

Acknowledgement

The authors gratefully acknowledge the assistance of Dr. Neha Patel, Dr. Saket Saradhiya, Dr. Urjit Rana, Dr. Namrata Puwar, Dr. Dinesh Kheni in the conduction of this study.

References

1. Bandyopadhyay M. *Missing girls and son preference in rural India: looking beyond popular myth. Health Care Women Int.* 2003; 24 (10): 910 – 26.
2. Rao M. *Female foeticide: where do we go? Issues Med Ethics* 2001; 9 (4): 123 - 4.
Comment in: Issues Med Ethics 2002; 10 (1): 138.
3. Mago V, Ahmad I, Kochhar N, Bariar LM. *Burnt pregnant wives: a social stigma. Burns* 2005; 31 (2): 175 – 7.
4. Kaur GB. *Female foeticide. A danger to society. Nurs J India* 1996; 87 (4): 77 - 8.
5. Jeffery R, Jeffery P, Lyon A. *Female infanticide and amniocentesis. Soc Sci Med* 1984; 19 (11): 1207 - 12.