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Female Foeticide and Female Infanticide: Perceptions of Situation in the Combined State of Andhra Pradesh

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Abstract:
Sex selective abortions and increase in the number of female infanticide cases have become a significant social phenomenon in several parts of Andhra Pradesh. The girl children become target of attack even before they are born. Several studies were focused around this alarming issue and revealed that the technological advances in the field of medicine – the tests like Amniocentesis and Ultra-sonography which were originally designed for detection of congenital abnormalities of the foetus, are being misused for knowing the sex of the foetus with the intention of aborting it if it happens to be that of a female. The worst situation is when these abortions are carried out well beyond the safe period of 12 weeks endangering the women's life. The present study analyses the reasons and practices adopted for female foeticide and infanticide existing in the rural, urban and tribal areas of Andhra Pradesh. A sample of four hundred and twenty men and women belonging to Hindu, Islam and Christian religions were interviewed to study the incidence of female foeticide and infanticide in the Andhra, Rayalaseema and Telanagana regions of Andhra Pradesh.

Keywords: *Foeticide, Infanticide, sex selective abortion, Andhra Pradesh*

1. Introduction

Female foeticide and infanticide is a matter of grave concern because both are the worst form of crime against the womanhood in contemporary Indian society. This is an insidious social problem which is rooted deeply in Indian ethos since ages. The most shocking fact is that the innovative and hard end technologies are brutally killing the female foetus and the girl child. This has been the reason that sex ratio is 1000:914 among 0-6 year old boys and girls which is declining day by day (Dhar, 2011). In the era of science and technology people are being remedied from rarest of rare diseases by medical science, however, this boon of medical science is being misused. Today, people are carrying out abortion knowing the female sex by ultra-sonography, amniotesis and other techniques. If baby girl takes birth, she deprived of love and affection because she is abandoned to die on canals, coverts and footpath etc. Female foeticide and infanticide is not the only issues with a girl child in India but also every stage of life she is discriminated and neglected for the basic nutrition, education and living standard. According to United Nations report in India 750,000 girls are aborted every year. Moreover, in India more than 10,000 girl babies are victims of infanticide each year. Punjab and Haryana are such states where the highest numbers of abortions (80%) are carried out every year. If the cases of foeticide and infanticide continues, no longer a day will come when Mother India will have no mothers, potentially, no life (Indianchild.com,2012).

1.1. Female Foeticide

Sex selective abortions cases have become a significant social phenomenon in several parts of India. It transcends all castes, class and communities and even the North South dichotomy. The girl children become target of attack even before they are born. Sex determination tests are widely resorted to even in the remotest rural areas. Since most deliveries in rural areas take place at home there is no record of the exact number of births/deaths that take place. Therefore, it is difficult to assess the magnitude of the problem. However, the fact remains that the right to be born are being denied to the female child. Since all religions treated abortion as immoral, and contrary to divine law, this blanket ban on abortion, resulted in illegal abortions and risking the life of the woman.

1.2. Female Infanticide

Another form of eliminating the girl child has been the practice of female infanticide. It is a deliberate and intentional act of killing a female child within one year of its birth either directly by using poisonous organic and inorganic chemicals or indirectly by deliberate neglect to feed the infant by either one of the parents or other family members or neighbors or by the midwife. It is unfortunate that

the parents also view her as a liability. This attitude is rooted in a complex set of social, cultural, and economic factors. It is the dowry system, lack of economic independence, social customs and traditions that have relegated the female to a secondary status. The degree may vary but the neglect of the girl child and discrimination goes hand-in- hand. Poverty, ignorance of family planning, cost of dowry, etc. have been reported as the possible causes for this crime (Tandon, 1999). The twin process of 'elimination of unborn daughters' and the 'slow killing' through neglect and discrimination of those that are born has become a matter of concern.

1.3. Objectives

There are three objectives of this paper. The first objective is to explore the causes of foeticide and infanticide. The second objective is to find out the female foeticide and infanticide practices existing in the three regions of Andhra Pradesh. The third objective is to suggest remedial measures and strategies to control female foeticide and infanticide.

2. Methodology

- Sample selection: Stratified random sampling technique was used for selecting the sample.
- Sample size: Four hundred and twenty people were selected for the study.
  - One hundred and forty (140) from Andhra region – 70 men and 70 women
  - One hundred and forty (140) from Rayalaseem region – 70 men and 70 women
  - One hundred and forty (140) from Telangana region – 70 men and 70 women
- Tool : A Questionnaire was developed and standardized by the researcher for the purpose of the study
- Area of study: Three villages from each region where the girl child sex ratio is less according to according to 2011 census records were selected for the study. The sample covered rural, urban and tribal areas.

3. Results and Discussion

The results obtained were analyzed and presented in the following tables: For the items for which the respondents needed to rank their preferences, the scoring was done as follows

Rank score = rank x number of items in the question

Eg: where items are 10 = Rank 1 x 10 = 10 score for Rank 1

Rank 2 = 9 score

For arriving at how much score has been given to each item, all scores of that item are added. This way highest scoring item becomes the most preferred response of the subjects

Sl. no	MALES N=70			FEMALES N=70		
	Reason	Weighted score	Rank	Reason	Weighted score	Rank
1	Family with more than two girl children	844	1	Force from husband / In laws family	786	1
2	Fear of dowry and other expenses	747	2	Family with more than two girl children	755	2
3	First child should be Boy	638	3	Fear of dowry and other expenses	545	3
4	Force from husband / In laws family	582	4	First child should be Boy	472	4
5	Society is not girl child friendly	448	5	Society is not girl child friendly	426	5
6	Fear of child abuse/ sexual assault	322	6	Poverty	350	6
7	Unwanted pregnancy and child birth	315	7	Fear of child abuse/ sexual assault	335	7
8	Poverty	275	8	Unwanted pregnancy and child birth	243	8
9	Born with deformity / loss of body part	250	9	Born with deformity / loss of body part	220	9
10	Not fair and good looking	232	10	Not fair and good looking	214	10

Table 1: Reasons for female foeticide / Infanticide – Rayalaseema region

The above table indicates that majority of the male respondents from the Rayalaseema region felt that if there are more than one female child in the family it is a burden. Hence they go for aborting the female foetus. They said that the first child in the family should be a boy. The respondents said that the negative attitude towards the girl child is due to the fear of dowry and sexual abuse. Sometimes if the child is born with deformity and failure of the family planning method then they go for aborting the female foetus. Good looking appearance of the child does not matter much and ranked last by the sample. Similar responses were reported by the female sample. However the females said that more number of female foeticides are due to the husband and in law's force and their opinion is not taken into consideration. They had opined that due to dowry problem and other social reasons female foeticide and infanticide are increasing in our society.

Sl. no	MALES N=70			FEMALES N=70		
	Reason	Weighted score	Rank	Reason	Weighted score	Rank
1	Fear of dowry and other expenses	825	1	Family with more than two girl children	807	1
2	Family with more than two girl children	714	2	First child should be Boy	724	2
3	First child should be Boy	665	3	Fear of dowry and other expenses	635	3
4	Poverty	543	4	Force from husband / In laws family	554	4
5	Society is not girl child friendly	420	5	Society is not girl child friendly	484	5
6	Fear of child abuse/ sexual assault	318	6	Poverty	369	6
7	Unwanted pregnancy and child birth	310	7	Fear of child abuse/ sexual assault	374	7
8	Force from husband / In laws family	286	8	Unwanted pregnancy and child birth	275	8
9	Born with deformity / loss of body part	220	9	Born with deformity / loss of body part	217	9
10	Not fair and good looking	186	10	Not fair and good looking	210	10

Table 2: Reasons for female foeticide / Infanticide – Andhra region

The Andhra region respondents opined that fear of dowry, family with more than one girl child and son preference are the major reasons for female foeticide and hence ranked them on the top whereas child born with deformity and not being fair and good looking are the reasons for female infanticide. Both male and female respondents opined that the socio economic conditions of the family play an important role in going for this heinous crime. They said that if a woman refuses for female foeticide then she would be thrown out of the family by the in laws. In many cases it is the higher birth order female infants who are becoming the victims.

Sl. no	MALES N=70			FEMALES N=70		
	Reason	Weighted score	Rank	Reason	Weighted score	Rank
1	Family with more than two girl children	875	1	Force from husband / In laws family	814	1
2	Fear of dowry and other expenses	735	2	Family with more than two girl children	736	2
3	Poverty	664	3	Fear of dowry and other expenses	640	3
4	Force from husband / In laws family	547	4	First child should be Boy	554	4
5	Society is not girl child friendly	425	5	Society is not girl child friendly	478	5
6	Fear of child abuse/ sexual assault	315	6	Poverty	379	6
7	Unwanted pregnancy and child birth	288	7	Fear of child abuse/ sexual assault	350	7
8	First child should be Boy	275	8	Unwanted pregnancy and child birth	227	8
9	Born with deformity / loss of body part	250	9	Born with deformity / loss of body part	210	9
10	Not fair and good looking	217	10	Not fair and good looking	195	10

Table 3: Reasons for female foeticide / Infanticide – Telangana region

In the Telangana region the male respondents felt that if there are more than two girl children in the family then they go for aborting the female foetus as raising a girl child is a costly affair. They had expressed that society is not girl friendly and number of crimes on girls are on the rise. The female sample expressed that their in laws and husband force them to go for sex determination tests and if it is a girl child then they are forced to go for aborting the foetus. Majority of the respondents opined that the first child should be a boy. They had expressed that girl child sexual abuse and crimes are increasing in the present society and parents always need to protect the girls. The respondents said that if a girl child is born with a deformity and ugly features then the child is killed by the dai or birth attendant immediately after birth. They did not consider it as a crime as they feel that the child is saved from the parasitic life and curse from the family members and society. However if a male child is born with such deformity then it is not killed but accepted by the family.

Andhra region	Rayalaseema region	Telangana region
• If the size of the belly is big, it is a boy • If the line from naval to the pit of the stomach is straight, it is a boy otherwise it is a girl. • By observing the position of the foetus- girls to the right and boys to the left • Foetal movement – weak in case of girls and vigorous in case of boys	• If the size of the belly is big, it is a boy • If the mother has vomiting till the ninth month then it is a boy. • By observing the position of the foetus- girls to the right and boys to the left • If the mother's neck part becomes dark by last trimester of pregnancy, then it is a girl. • If the placenta of the first child has outward protrusions then the second child would be a boy and if the placenta is smooth then the next child would be a girl.	• If the size of the belly is big, it is a boy • By observing the position of the foetus- girls to the right and boys to the left • If the mother becomes fair and beautiful then it is a girl. • By feeling the ribs of the pregnant woman – if they are soft then it is girl if they are hard then it is a boy. • If the mother's belly protrudes outwards then it is a boy.

Table 4: Indigenous methods of sex determination (N=420)

The above table depicts various indigenous foetal sex determination methods. Different methods and beliefs exist in different regions. Mostly the elders in the family or Dais who conduct deliveries in villages identify the sex of the foetus by observing some of the signs and symptoms in the mother. Most of the signs and symptoms appear during the fifth month of the pregnancy. In Andhra region Dais said that if the size of the belly is big and the foetal movements are vigorous then it is a boy. If the foetal implantation is towards the right side of the mother then it is a girl whereas if the foetal position is towards left then it is a boy. Similarly, in the Rayalaseema region also some of the beliefs exist about the sex of the foetus. The elder age group of respondents said that if the mother's neck becomes darker in the last trimester then it is a baby girl. In the Telangana region the rural and tribal respondents said that by observing the outward signs and symptoms of the mother, the sex of the foetus is determined. The respondents expressed that in many cases the guess turned out to be correct. Though there is no scientific base for these beliefs people still consider these indigenous methods in their families. In few villages of Rayalaseema and Telangana regions, pregnant woman is given medicines which is prepared by using certain herbs and root extracts in the third month, fifth month and seventh month of pregnancy for giving birth to a male child. Similarly, another medicine for female child is also given. The local people said that this medicine gives hundred percent success and no failure cases were observed so far.

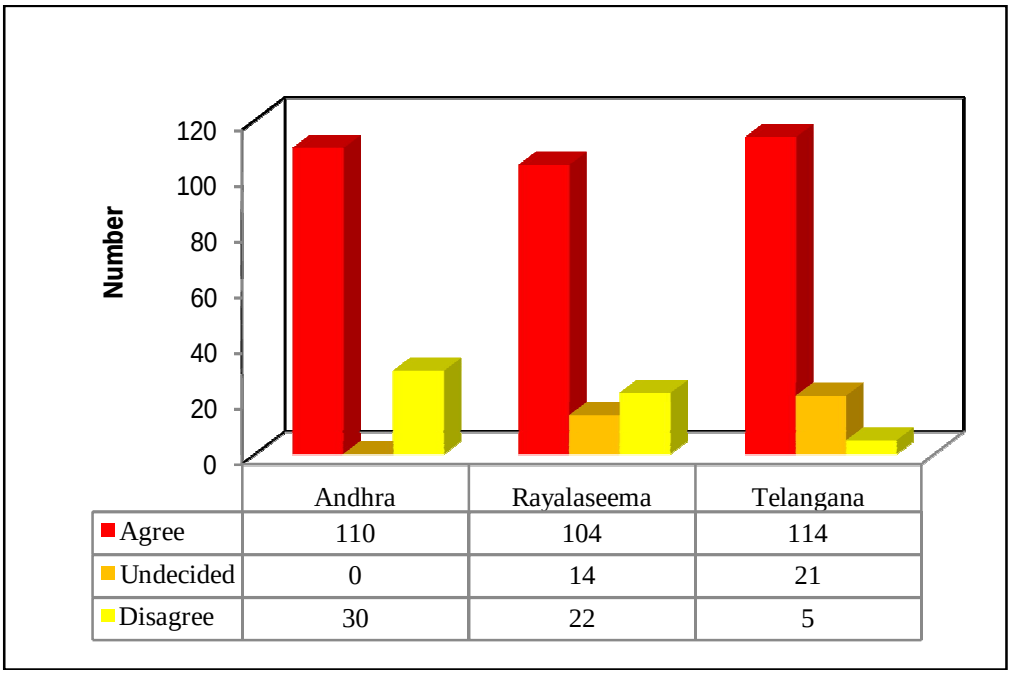

Figure 1: Parents have the right to know about the sex of the foetus (N=420)

About eighty percent of the respondents from the three regions felt that parents have the right to know about the sex of the foetus, whereas thirty percent of the Andhra respondents thought that sex of the child should be known only after birth. The respondents were from both urban and rural areas. Few members felt that the element of suspense would be gone if they know the sex of the foetus in advance. Majority of the female participants in the study expressed that they would like to know the sex of the foetus in the second issue if the first child is a female child. The elder members in the family said that as the technology is now available for sex determination, there is no harm in finding out the sex of the child and felt that they have the right to take decision for continuing pregnancy.

Sl. no	MALES N=70			FEMALES N=70		
	Reason	Weighted score	Rank	Reason	Weighted score	Rank
1	Health functionaries	784	1	Health functionaries	784	1
2	Private clinics/ Labs	647	2	Private clinics/ Labs	647	2
3	Friends	532	3	Private practitioners	532	3
4	Private practitioners	482	4	ICDS functionaries	482	4
5	ICDS functionaries	426	5	Friends	426	5
6	Government doctors	364	6	Government doctors	364	6
7	Relatives	325	7	Relatives	325	7
8	Hoardings	286	8	Hoardings	286	8
9	Pamphlets	224	9	Pamphlets	224	9
10	Media (TV, Radio)	244	10	Media (TV, Radio)	244	10

Table 5: Sources of information about the foetal sex determination – Rayalaseema region

In the Rayalaseema region male and female respondents said that the mains sources of information about the foetal sex determination were health functionaries like ANMs and Asha workers in the villages. The persons working in the private clinics and diagnostic labs also give information about sex determination, hence they were ranked on top by the respondents. Private practitioners having their own nursing homes, friends and ICDS functionaries like anganwadi teacher, helper and supervisors also provide the needed information at village level. Few respondents said that government doctors who are working as medical officers in PHCs provide information and refer them to the concerned clinics or scanning centers in the mandal and district head quarters. The electronic and print media were ranked in the last preferences as the sex determination was done secretly and the information was not disclosed to the public in view of legal actions.

Sl. no	MALES N=70			FEMALES N=70		
	Reason	Weighted score	Rank	Reason	Weighted score	Rank
1	Health functionaries	866	1	Health functionaries	824	1
2	Private practitioners	725	2	Private clinics/ Labs	775	2
3	Friends	614	3	Private practitioners	637	3
4	Private clinics/ Labs	552	4	ICDS functionaries	614	4
5	ICDS functionaries	428	5	Government doctors	558	5
6	Government doctors	375	6	Relatives	462	6
7	Relatives	342	7	Friends	384	7
8	Hoardings	269	8	Pamphlets	242	8
9	Pamphlets	254	9	Hoardings	225	9
10	Media (TV, Radio)	242	10	Media (TV, Radio)	210	10

Table 6: Sources of information about the foetal sex determination – Andhra region

In the Andhra region majority of the respondents said that health functionaries, private clinics, friends and ICDS personnel play an important role in providing the information to the people about the sources of foetal sex determination. The educated urban people get the information from the pamphlets and electronic media, whereas the uneducated rural and tribal respondents said that they get the information from the local health workers and other clinic assistants. In some cases the medical officer refers to the scanning center to check the foetal health and growth but the person who does the scanning reveal the sex of the foetus when bribed. The health and ICDS functionaries said that people get the sources of foetal sex determination from their friends and relatives who have the network at gross root level. The health officials do physical checkups in the PHCs and refer them to the scanning centers to detect any abnormality in the growing foetus.

Sl.no	MALES N=70			FEMALES N=70		
	Reason	Weighted score	Rank	Reason	Weighted score	Rank
1	Health functionaries	814	1	Health functionaries	776	1
2	Private clinics/ Labs	747	2	Private clinics/ Labs	655	2
3	Friends	638	3	Private practitioners	545	3
4	Private practitioners	582	4	ICDS functionaries	472	4
5	ICDS functionaries	448	5	Friends	426	5
6	Government doctors	322	6	Government doctors	350	6
7	Relatives	315	7	Relatives	335	7
8	Hoardings	275	8	Hoardings	243	8
9	Pamphlets	250	9	Pamphlets	220	9
10	Media (TV, Radio)	232	10	Media (TV, Radio)	214	10

Table 7: Sources of information about the foetal sex determination methods – Telanagna region

Majority of the male and female respondents from the Telangana region said that health functionaries, private doctors and private clinics and labs followed by ICDS functionaries are the main sources of providing information about the foetal sex determination in the rural and tribal areas. Hence, they were ranked on the top. The print and electronic media has a little role to play in providing the sources of foetal sex determination. Hence, these were ranked in the last by the respondents. The local health workers and anganwadi workers play an important role in providing the information to the mothers. Currently the tribal mothers are also going for foetal sex determination when they have girl child earlier and did not want another girl child. The health workers said that female foeticide cases are increasing in this area. The rural and tribal mothers go for sex determination in the scanning centers maintained secretly in the mandal head quarters and if there is a female child in the womb then they go for forced abortion in their village using the local ayurvedic medicines prepared by the tribal vejjus.

Andhra region	Rayalaseema region	Telangana region
• Leaving the baby • Throwing in the garbage /wells/ drainage • Putting paddy seeds in the throat • Making the infant breathless • Mixing poison in milk • Milk of calotropis • Putting clay or mud in the throat • Neglecting • Denying medical care	• Leaving the baby • Throwing in the garbage /wells/ drainage • Putting paddy seeds in the throat • Making the infant breathless • Starving the baby to death • Not giving proper medical and health care • Wrapping the baby tightly in the towel	• Throwing in the garbage /wells/ drainage • Putting paddy seeds in the throat • Making the infant breathless • Mixing poison in milk • Milk of calotropis • Throat splitting • Starving the baby to death • Burying infant alive • Exposing to the smoke and cause choking

Table 8: Practices adopted for female infanticide

The above table explains about the female infanticide practices observed in the three regions of Andhra Pradesh. In the rural areas of Andhra region if a female child is born who is not wanted by the family then they simply leave the child in the hospital after the delivery and come home without anybody's notice or throw the infant into the garbage bin or nearby well. In the remote villages the dai puts the paddy seeds in the newly born infant's throat which causes death of the infant. Few traditional birth attendants or elder women in the family mix the poison or milk of calotropis and feed the infant resulting in blood vomiting and immediate death of the infant. Few people put clay or mud inside the throat and block the air passage. In few cases, the female child is not breast fed and denied of any kind of feeding and medical care ultimately leading to death. Similar type of practices is observed in the Rayalaseema region. In addition to the above practices, Dai in the village said that the female child is wrapped tightly in the towel immediately after birth and buried in the ground. In few villages if the mother dies after delivering a female child, then the live infant is also buried along with the mother. If it is a male child then it is given to somebody for raising. Similarly, in some villages if the mother gives birth to twins – one male child and one female child then the female child is killed with a belief that the strength of the female child would be taken by the male child and he would survive for long. In the tribal Telangana region female infanticide is a common practice and the birth attendant slits the throat of the female infant immediately after birth if it is a unwanted child. Many deliveries are attended by the local quacks or dais in their homes. Hospital deliveries are rare. If there is any emergency they go to hospital. In some tribal villages female infants are buried alive by the dais. Few infants were left neglected and no feed is given for two to three days. The infant dies ultimately due to starvation. In few rural and tribal families, infants are exposed to smoke and cause choking and breathlessness leading to death. Sometimes the elder woman or mother in law presses pillow over the infant's face for few minutes and the infant dies. In some cases, parents take a false death certificate by bribing the doctor and bury the live female infant secretly.
The number of female infanticides is reduced compared to the previous years where the number of female foeticides is on the rise due to technological advances and easy accessibility of sex determination tests in the rural and urban areas. This is the reason why the rural female sex ratios are declining in the recent years.

4. Conclusion

Sex selective abortion is the result of son-preference and the dowry system; however the major cause is the social status of women in India. Women in many pockets of the country are still the subject of domination and subordination. While Government has tried to address the issue through legislation, not much success has been witnessed since implementing the laws at grass root level is an onerous task for a vast country like India. Economic empowerment of women through education and training is being considered seriously, but educating men in treating the other half of the population as their equals is critically more important and no provisions have yet been made by the government in this direction. Responsibility also lies in strictly implementing the legal provisions to deter the practices of female foeticide and infanticide.

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