

Female Foeticide – A Sociological Perspective

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Introduction

Female infanticide is not uncommon in Indian society, and is still prevalent in certain parts of the country. With the advancement of modern technology its practice, however, has taken a different shape. Now it is possible to detect the sex of the baby when it is still in the womb of the mother. This has made it possible to abort the female foetus, if it is unwanted. The most commonly used sex determination test is amniocentesis. Discovered primarily for the detection of foetal malformations, it has, over the years, been used to determine the sex of the foetus. In India, since 1978, the test is being used as a sex determination or sex preselection test. Since then, the test has become extremely popular and has led to a mushrooming of private clinics, which perform the test, all over the country. The seriousness and social implications of this practice were realised only in 1986.

The extent of the problem in Bombay and its suburbs was brought out by a survey [1] which showed that 84 percent of the gynecologists were performing about 270 amniocentesis tests per month. Only five percent of the tests were being done for detecting foetal malformation, while the remaining-as many as 95 percent were being carried out for sex determination and subsequent abortion if the foetus was found to be female. Some medical practitioners had been performing the test for the last 10-12 years [1].

Over the years, a number of news items and articles have also appeared in the newspapers highlighting the increasing popularity of the sex pre-selection test. Simultaneously, a number of social organisations started campaigning for a ban on the test. They pleaded that the test is not only discriminatory and inhuman but also has dangerous social implications. The reduced sex ratio would lead to polyandry, prostitution and other crimes against women [2], [3].

The growing public opinion against the test led to an enactment of legislation banning the test by the government of Maharashtra state. However, no other state government or the central government itself has enforced such an Act. The Medical Centre, a voluntary health organisation, has organised a number of seminars in Chandigarh and Haryana to mobilise public opinion against the test, and at present, the government of Haryana is considering a ban on the test [4], [5].

To supporters of female foeticide, the test appears to be the solution to a number of problems like population control, dowry deaths, bride burning and so on. They believe that the reduced sex ratio will lead to an improvement in the status of women and dowry may be replaced by bride price [6]. This study therefore, was undertaken in order to study the reasons for female foeticide in a sociological perspective.

Village Daun, situated at a distance of 8km from the Chandigarh-Ludhiana Road was selected for the study. In all, 126 women representing nearly 98 percent of the married women in the age group of 20-45 years were interviewed. An in-depth perspective of the problem was obtained by way of case studies done at Chandigarh. The objectives of the study then were to understand the attitude of women towards female foeticide, and to know the underlying reasons for the practice.

Results

About four-fifths of the respondents were housewives; the remaining were self-employed. About 74 percent had a monthly family income of less than Rs. 1,000/-. Over half (54 percent) belonged to the scheduled castes. About half of the respondents were illiterate, and yet nearly three-fourths (74 percent) knew about sex determination test.

Attitude towards female foeticide

Nearly three-fourths of the respondents (72 percent) considered abortion or medical termination of pregnancy "a sin as it is a murder and a rejection of God's will". However, their bias against the female child came out strongly when subsequently they were asked if they would favour termination of pregnancy if they knew that the foetus is female: an overwhelming majority (95 percent) answered "Yes". Only five percent answered "No"; these women considered it to

be a sin. On probing among the former majority group, it was found that 46 percent were actually prepared to terminate a pregnancy if the foetus were female, while the remaining 54 percent despite a favourable attitude, said that they would not actually do so as they had either completed their family or had two sons.

The 46 percent who were in favour of female foeticide revealed a strong son preference. While about half of them wanted one son, the other half wanted two sons and considered 3-4 children as the 'ideal family size'. It may be noted that while only 28 percent of the respondents did not consider abortion a sin, 46 percent were ready to undergo an abortion if the amniocentesis test showed a female foetus, thereby indicating that at least 18 percent of the respondents were ready to abort a female foetus even though they considered it a sin. This explains the paradox of social compulsion and individual choice. According to social norms they considered abortion a sin, and yet, female foeticide was acceptable.

The main reasons for harbouring a favourable attitude towards female foeticide have been categorised into economic reasons and son preference. Son preference has been found to be very strong in the case of scheduled caste respondents while it is lowest among other castes. The majority of the respondents gave economic reasons as the basis of their favourable attitude towards female foeticide. Table 1 indicates that attitude towards female foeticide is most favourable when a combination of both reasons prevails.

Table 1 : Percent distribution of respondents by caste and reason for favouring female foeticide

Caste	Economic reason *	Son preference
Jats, Brahmins, Kshatriyas, Rajputs	5 (71.4)	2 (28.6)
Lohars, Tarkhans	5 (63.0)	3 (37.0)
Nais, Telis, Rains	5 (71.4)	2 (28.6)
Scheduled castes	17 (47.2)	19 (52.8)
Total	32 (55.2)	26 (44.8)

* The reasons given were that a girl is a liability, or that a large sum of dowry is needed for her marriage.

Case Studies

A few case studies conducted to obtain a better insight into the problem are described below.

Case 1

Mrs. A from Jalandhar district was married in Chandigarh. Both the husband and wife are highly educated (post-graduates). The husband earns a salary of Rs.4,000 per month. At present they live in a joint family consisting of the father-in-law, mother-in-law, brother-in-law and his wife. The brother-in-law has a 13 year-old only son. All the members are highly qualified-one of the brothers-in-law and his wife are doctors and live separately.

Mrs. A has one daughter. She conceived a second time after keeping a conscious spacing of three years. In the fifth month of pregnancy, she went for amniocentesis and found the foetus to be a female. She did not reveal this to her in-laws but secretly, with her husband's consent, she underwent an abortion. The researcher was able to contact her before the event, and found Mrs. A to be depressed and pale with fear and the guilt of having conceived a daughter. Sobbing, she said that she was ashamed of having a female foetus. While her husband did not mind having a daughter again, she herself wanted to have only two children and to earn the respect of the family she presumed that it is important to have a son. What a dilemma!

Case 2

Mrs. N, from Ropar, went to Chandigarh to get an amniocentesis test done. Her husband is a postgraduate businessman, earning around Rs. 5,000/- per month, and she, though a postgraduate, is a non-working woman. She already has two daughters. After receiving the report confirming a male foetus, the couple was very happy. The overjoyed husband assured his wife that if need be, he would donate blood at the time of her delivery!

Case 3

Mrs. L is a matriculate housewife whose husband works as a law officer, earning RS. 4000-5000/- per month. The family is nuclear with two daughters. Mrs. L has a history two female foeticides. Mrs. L faced a number of health problems due to the tests and the subsequent abortions. However, to her satisfaction, the third time, the revealed a male foetus. The discussion with the couple made it clear that both of them considered a son a social as well as an economic necessity of the family in today's society. Mrs. L says, "to have a son is an essential as taking food at least once a day".

Case 4

Mrs. P is an Army Officer's wife, a graduate from Chandigarh. She has undergone two abortions on the basis of amniocentesis tests and feels relieved that the doctor was able to determine the sex of the foetus in the first trimester of pregnancy. The couple agrees and has accepted that they cannot rely on their children for old age security. But because they consider a family of two children as a status symbol and think "Ladke ka naa hona bura lagta hai" (it is bad to not have a son), they favour female foeticide.

Case 5

Mrs. R lives in a slum in Chandigarh. She has five daughters and is worried about their marriage, which is a costly affair in her community. She wants a son as an earning member and is not convinced that she and her daughters are also contributing to the family income by helping her husband in 'Moorha-making' Mrs. R wants to take an amniocentesis test and an abortion if necessary, if she could do so. She feels ashamed of going out in her community as she is looked down upon for not having a son.

Conclusions

The study reveals that

1. Nearly three-fourths of the women in the suburban area knew about the sex determination test, and female foeticide is favoured both in rural and urban areas.

2. Women are aware of the health problems resulting from such decisions but favour it for socio-economic reasons: a girl is considered as a liability on account of dowry; her education does not add anything to the income of her parental family. A son is preferred for social as well as economic reasons.

3. The socioeconomic pressures are such that even those who consider abortion to be a sin, are prepared to abort a female foetus.

4. The case studies in the urban area reveal that middle class women of the area are obsessed with the idea of a two-child family and that one of the two children must be a son.

The study makes it clear that a woman, whether educated or uneducated, rich or poor, is not conscious of her own identity, which is as indispensable for progress as a man's. She is unable to recognise her role in resolving her problems because of the prevalence of systems like dowry, etc. In the end, it may be concluded that the banning of this test, though an essential and urgently required step, is not the final solution to the problem. In the long run, social prejudices against women have to be overcome by improving her overall status in society.

References

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