

**A CRY STILL UNHEARD:
A MENACE OF FEMALE FOETICIDE SOCIETAL ATTITUDE
TOWARDS FEMALE FOETICIDE**

Mona Arora

Abstract

India has an age old fascination with the boy child and considers the birth of a girl as a bad investment in future. A girl is considered to be consumer rather than a producer, and this narrow viewpoint of the Indian patriarchal society has lead to horrid practices like female infanticide and female foeticide.

There is societal pressure for women to have male children and failures tend to feel guilty after giving birth to a girl. Such women are at risk of being beaten and rejected by their husbands. This can even lead to rejection by in-laws and by the society as a whole. Keeping in view the above discourse the present paper aims to study the attitude of society towards female foeticide.

Keywords: Female foeticide, social attitude, social pressures, Indian society.

Introduction

The concern for girl child, who is murdered because she is female, is of growing concern in contemporary society worldwide. This violation of a girl's basic right to life requires urgent attention and action. Girl children are undesirable in many regions of the world. In fact, due to the high occurrence of foeticides, infanticides, including newborn neglect and abandonment, the world is currently deprived of over 100 million women. China and India alone are responsible for 80 million missing females.

Female infanticide has been practiced in India for thousands of years, but with the increased availability of modern sex determination techniques such as amniocentesis and ultrasound, sex selective abortion has become common in most of India's big cities.

As a result of selective abortion, between 35 and 40 million girls and women are missing from the Indian population. In some parts of the country, the sex ratio of girls to boys has dropped to less than 800:1000. The United Nations has expressed serious concern about the situation. The sex ratio has altered consistently in favour of boys since the beginning of the 20th Century and the effect has been most pronounced in the States of Punjab, Haryana and Delhi. It was in these states that private foetal sex determination clinics were first established and the practice of selective abortion became popular from the late 1970s. Worryingly, the tend is far stronger in urban rather than rural areas, and among literate rather than illiterate women, exploding the myth that growing affluence and spread of basic education alone will result in the erosion of gender bias.

The adverse sex ratio has been linked with the low status of women in Indian communities, both Hindu and Muslim. The status of women in a society can be determined by their education, health, economic role, presence in the professions and management, and decision making power within the family. It is deeply influenced by the beliefs and values of society. Islam permits polygamy and gives women fewer rights than men. Among Hindus, preference for the male child is likewise deeply enshrined in belief and practice. The Ramayana and the Manusmriti (the Laws of Manu) represent the ideal woman as obedient and submissive and always needing the care of a male; first father, then husband, then son.

The birth of a son is regarded as essential in Hinduism and many prayers and lavish offerings are made in temples in the hope of having a male child. Modern medical technology is used in the service of this religion-driven devaluing of women and girls.

Religion operates alongside other culture and economic factors in lowering the status of women. The practice of dowry has spread nationwide, to communities and castes in which it had never been the custom, fuelled by consumerism and emulation of upper caste practices. In the majority of cases, the legal system has no impact on the practice of dowry. It is estimated that a dowry death occurs in India every 93 minutes.

The need of dowry for girl children and the ability to demand a dowry for boys exerts considerable economic pressure on families to use any means to avoid having girls, who are seen as a liability. Sonalda Desai has reported that there are posters advertising sex determination tests read as, "It is better to pay 500 Rs. now than 50,000 Rs. (in dowry) later".

Women and Developments in Reproductive Technology Abortion was legalized in India in 1971 (Medical Termination of Pregnancy Act) to strengthen humanitarian values (pregnancy can be aborted if it is a result of sexual assault, contraceptive failure, if the baby would be severely handicapped, or if the mother is incapable of bearing a healthy child). Amniocentesis was introduced in 1975 to detect foetal abnormalities but it soon began to be used for determining the sex of the baby. Ultrasound scanning, being a non-invasive technique, quickly gained popularity and is now available in some of the most remote rural areas. But techniques are now being used for sex determination with the intention of abortion if the foetus turns out to be female. These methods do not involve manipulation of genetic material to select the sex of a baby.

Most of those in the medical profession, being part of the same gender based society, are steeped in the same attitudes concerning women. It is scarcely surprising that they are happy to fulfill the demands of prospective parents. Medical malpractice in this area is flourishing, and bans on gender selection in society as a whole have had little effect.

Attitude of Society towards female foeticide

- (a) Discrimination against girl children is the direct outcome of male preference. For more than 100 years, the Indian census has shown a marked gap between the number of boys and girls, men, and women. This gap, which has nationwide implications, is the result of decisions made at the most local level – the family. Common wisdom is that the preference for sons is motivated by economic, religious, social and emotional desires and norms that favour males and make females less desirable: Parents expect sons – but not daughters – to provide financial and emotional care, especially in their old age; sons add to family wealth and property while daughter drain it through to another household; sons perform important religious roles, and sons defend or exercise the family's power while daughters have to be defended and protected, creating a perceived burden on the household.
- (b) According to many Indian parents, a girl entails costs related to protective efforts extended especially to daughters. Girls are perceived to be particularly vulnerable, as family honour seems, at times, to rest exclusively on women's behavior, rather than on men's. But apart from this aspect, raising daughters cannot be said to be more expensive than raising sons, especially when they

receive care and education of inferior quality compared to their brothers. As such, it is only with reference to costs arising during or after their marriage that daughters appear to be more “expensive” than sons. In addition, though the “investment” in daughters is essentially the same as sons before marriage, this money is subsequently considered wasted due to the patrilocal” nature of marriage, meaning that married couples in India generally live near the husband’s family, rather than the wife’s.

Marriage and related expenditures constitute a large category of costs. This includes several sub categories, such as wedding expenses borne by the bride family, customary gifts to the groom’s side, and especially dowry (paid to the groom’s family) or even post marriage expenses (additional dowry demands, support at time of first pregnancy etc.

In 1994, the Government of India passed the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act with the aim of preventing female foeticide. The implementation of this Act was slow. It was later amended and replaced in 2002 by the Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) Act without ever having been properly implemented.

The Act has a central and state level Supervisory Board, an Appropriate Authority, and supporting Advisory Committee. The function of the Supervisory Board is to oversee, monitor, and make amendments to the provisions of the Act. Appropriate Authority provides registration, and conducts the administrative work involved in inspection, investigation, and the penalizing of defaulters. The Advisory Committee provides expert and technical support to the Appropriate Authority. Contravening the provisions of the Act can lead to a fine of Rs.10,000 and up to three years imprisonment for a first offence, with greater fines and longer terms of imprisonment for repeat offender. The Appropriate Authority informs the central or state medical council to take action against medical professionals, leading to suspension or the striking off the practitioners found guilty of contravening the provisions of the Act.

Before conducting any prenatal diagnostic procedure, the medical practitioner must obtain a written consent from the pregnant woman in a local language that she understands. Prenatal tests may be performed in various specified circumstances, including risk of chromosomal abnormalities in the case of women over 35, and genetic diseases evident in the family history of the couple. Implementation of the 1994 Act.

Preventing Female Foeticide

It can be concluded that female foeticide is approved under one pretext or the other. Dowry was cited as the main reason behind it. Daughters are unable to provide social security to their parents in old age and thus are considered an unnecessary investment. The following are the suggestive measures for preventing female foeticide:

1. Laws have been passed declaring female foeticide as illegal. Advertising for prenatal prediction of sex has also been declared illegal. Efforts should be made to implement these laws effectively. Strict punishment should be given to the defaulters.
2. Efforts and provisions should be made to provide social security to parents who are above 65 years of age and have only daughters. They should be provided with old age pension if they do not have a son.
3. Girl children should be provided free and compulsory education up to higher secondary level. This would decrease the so-called

- “unnecessary investment on girl children” made by the parents on their daughters. They would stop taking their daughters as a liability.
4. Certain schemes should be started for providing economic provision for the female children. For this purpose, government should start various employment schemes for females where 100% reservation could be made for women in occupations like teaching, nursing as telephone operators etc.
 5. Women’s right to own and inherit property and the social obligation of daughters to support parents in the same way as sons, can be spread by policy intervention to inculcate these new values in households as well as legal support to implement these values should be provided.
 6. The Ministry of Women and Child Welfare should dispatch congratulatory greetings to couples who attain parenthood with the birth of a girl child. The Government by dispatching such greetings could spread awareness that the birth of a girl is a joyous occasion and would instill confidence in the mother who usually finds herself at the receiving end whenever a girl child is born.
 7. Moral education should be imparted in schools. Children should be taught to uphold morals and refrain from practices of dowry, female foeticide, and gender bias. The vulnerable minds of the children should be so influenced that they grow up as adults who consider practicing dowry and female foeticide as immoral.

References

1. Puri, N., The Girl Child in India, The Journal of Family Welfare, 44(3): 1-8 (1998).
2. Srivastava, R.D., Girls are second class citizens everywhere, The Times of India, January 17:3, (2000).
3. Khanna, Surinder, Violence Against Women and Human Rights, Swastik Publishers, Delhi, (2009).
4. Devinder Singh, Human Rights Women and Law, Allahabad Law Agency, (2010).
5. www.google.com
6. Bardan, P.E., Little Girls and Death in India, Economic and Political Weekly, 17 No. 36, 5th September, (1982).

About the Author

Assistant Professor,
G.G.D.S.D. College,
Sector-32, Chandigarh, India.