

FEMALE FOETICIDE AND INFANTICIDE: AN EDUCATIONAL PROGRAMME FOR ADOLESCENTS OF JAIPUR CITY

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ABSTRACT

One of the most heinous ways of discrimination against women in a society is through female foeticide. To not even let her be born to face that world, is quite another. Why is female foeticide practiced by some? The answer lies in a complex array of interconnected and intricate reasons, which probably have roots in culture and society, but have a strong economic angle as well. The present investigation was taken up to study the impact of educational programme on level of awareness regarding female foeticide and infanticide of adolescent boys and girls studying in 11th std. A sample of 120 adolescents (60 boys+60 girls) belonging to middle and high SES were taken. Mean, S.D. and t-value were obtained to derived the results. The finding of the study revealed no gender and SES difference was observed differences in the existing level of awareness regarding female foeticide and infanticide. A significant impact of educational programme was found in the level of awareness regarding female foeticide and infanticide among adolescent boys and girls belonging to high and middle SES as a highly significant difference was observed in the pre-test and post-test scores of adolescents.

KEYWORDS: Female Foeticide, Infanticide, Adolescents, Educational Programme.

INTRODUCTION

The social, cultural and religious fiber of India is pre-dominantly patriarchal contributing extensively to the secondary status to women. The patrilineal social structure based on the foundation that the family life runs through a male, makes men a precious “commodity” that needs to be protected and given a special status. Another important pillar of the patriarchal structure is marriage wherein women are given a subordinate status, having no say in the running of their lives or any control over their bodies or bodily integrity. The dowry or groom price is so staggeringly high irrespective of the class structure that generations may have to toil to repay the

debts incurred during marriage. All of this has contributed to a secondary status for women in society, to such an extent that even the birth of a girl child in a family is sought to be avoided.

A deleterious fall-out of the subjugated position of women is their vulnerability to violence like domestic violence, rape, sexual abuse, dowry harassment, trafficking etc, with little or no mechanisms for combating the same, either by way of effective laws and implementation or civil society action. One of the most heinous ways of discrimination against women in a society is through female foeticide. To discriminate against a women when she enters what is often referred to as a 'man's world' is one thing, to not even let her be born to face that world, is quite another. Why is female foeticide practiced by some? The answer lies in a complex array of interconnected and intricate reasons, which probably have roots in culture and society, but have a strong economic angle as well. The practice has got a further boost with the introduction of advanced technology.

An examination of the causes for eliminating the girl child indicates that the reasons are similar and different depending upon the geographical location in which female infanticide is practiced. Exorbitant dowry demand is one of the main reasons for female infanticide. Some of the other reasons are the belief that it is only the son who can perform the last rites, that lineage and inheritance runs through the male line, sons will look after parents in old age, men are the bread winners etc. "They want to keep property in the family," "Because boys traditionally inherit the wealth, people want boys."

Boy-preference is so ingrained in the Indian family system that many women don't feel they have done their wifely duty until they produce a son.

Female infanticide now in most places has been replaced by female foeticide and in fact sadly, female foeticide has made inroads into areas where traditionally there were no instances of female infanticide. The moral guilt attached to the elimination of the girl child after she is born is not felt equally if the child is eliminated while still in the womb.

A January study in the Lancet (2009) estimated that ten million female foeticides had occurred in India over the past two decades.

In India, sex-selective abortion as far more prevalent among the urban middle classes than the illiterate poor. Though the practice has recently begun to spread to remote areas and to the south, it has been most widely practiced in cities, particularly in the north.

Female Foeticide

Female foeticide is a practice of selective elimination of the female foetus after prenatal sex determination or sex pre-selection, thus, avoiding the birth of a girl child.

Sex of the baby could be detected through *pre-conception* and *post-conception* methods. The pre-conception methods include ericsson method (X and Y chromosome separation), and pre-implantation genetic diagnosis. However, it is the post-conception methods that are in much wide use, namely: amniocentesis, chronic villus sampling and ultra-sonography.

Female Infanticide

Discrimination does not end with the sex-selective abortion of female foetus. In most cases, it continues beyond birth. Female infanticide 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 the parents or other family members. Kolloor (1990) defines infanticide as, "Killing of an entirely dependent child under "one year of age" who is killed by mother, parents or others in whose care the child is entrusted". It is unfortunate that the parents also view her as a liability.

Female Foeticide and Infanticide: A Perspective

1. Regional Differences

Female foeticide is fast emerging as a problem that affects all parts of the country.

Moving on to Census 2011, the state figures point to a clear difference between the north-west and the rest of India. It would appear that there has been a peaking (or plateauing) of the practice of sex selection in states like Gujarat, Haryana, Delhi and Himachal Pradesh, with small improvements from very low levels in Chandigarh and Punjab. (none of the north-western states have fallen further, though they have by no means come back to 1991 levels, which were themselves well below the 950 mark.) Punjab's rise from 798 to 846 (48 points) according to 2011 figures makes it now look more like its neighbours, but only a district-wise analysis would reveal where the real changes are. In states like Delhi and Gujarat roughly the same proportion of families is resorting to sex selection as was true a decade ago (since this is a comparison of the number of girl children born and alive between 1996-2001 and 2006-2011). In Punjab, the severity of the practice has thus only eased slightly. According to a news report mentioning district level data for the state of Haryana, the district of Kurukshetra (which had the worst CSR of 771 in 2001) now has a CSR of 817, similar to the trend for Punjab. However, many more districts (Jhajjar, Mahendragarh, Rewari, Bhiwani, Faridabad, among others) have worse CSRs than in 2001. Whatever the "improvements" (if that is the right word) in north-west India, CSRs are falling in large parts of western, central and eastern India – Maharashtra, Goa, Rajasthan, Madhya Pradesh, Uttar Pradesh – and even Andhra Pradesh has joined the ranks from among the southern states. (Of course, Tamil Nadu is well known for its history of female infanticide and sex selection in districts like Salem and Dharmapuri – so it remains to be seen what a more disaggregated picture of that state would

To give an example of such contextual analysis during the previous decade, in a study conducted by a group of researchers (John et al 2008) during 2003-05 in five of the lowest CSR districts of north-west India, it became evident that within this broad belt where child sex ratios had dropped severely, local contexts were nonetheless extremely significant. While Fatehgar Sahib in Punjab demonstrated the presence of families with just one son (especially among Jat Sikhs and urban upper castes), and families in Kangra and Rohtak strived for two children (but very few with only girls), in the districts of Dholpur and Morena significant forms of child neglect leading to high rates of mortality among girls in larger families went hand in hand with the growing practice of sex selection.

2. Differences over Income and Wealth Levels

Income and wealth, usually taken as symbols of prosperity and development, have not led to a change in the social mindset of the people. The highly prosperous areas of the country are not immune to the trend of female foeticide (as seen in the figure). Areas of Punjab and Haryana are the most prosperous states in the country, and Gujarat and Maharashtra the most industrialized. Yet, the practice pervades these prosperous states as well.

3. Differences by Social and Religious Groups

An analysis of the census data reveals that among the various religious communities, the Sikhs have the worst track record for sex selection. There are just 786 females to every 1000 males in the 0 to 6 age groups. After the Sikhs, it is the Jains, who have a dismal sex ratio of 870 females to a 1000 males. Muslims fair well with regard to a sex ratio of 950 females to 1000 males. The best sex ratio is of Christians, at 964 females to 1000 males.

The linkage between culture, religion and foeticide has always been considered an important one. Several researchers have pointed out that the practice of female foeticide has received religious sanction, which has led to the masses adopting such values. The pregnant woman, though often equally anxious to have a boy, is frequently pressurized to undergo such procedures.

By gathering and then disseminating proper information on the problem of female foeticide and Infanticide can give rise to the social awareness in the general public. As far as female foeticide is concerned, a research effort is needed in learning about the scope of the phenomenon to promote public awareness. Female foeticide is not just a medical issue. It is a social issue, an economic concern, and a development crisis.

It is very important to make young generation aware about these social problems, they should know the reasons, why our society is not transforming so fast. They will be the future parents, they need to aware about these malpractices. Keeping this in view the present investigation, “an educational programme on female foeticide and infanticide for adolescents” has been planned with the following objectives:

- (1) To assess the level of awareness (pretest) regarding female foeticide/ infanticide among adolescent girls and boys (11th standard) belonging to high & middle SES.
- (2) To expose the adolescent girls and boys (11th Standard) to an educational programme regarding female foeticide/infanticide.
- (3) To see the impact of educational programme, on the level of awareness (post test), regarding female foeticide/infanticide among adolescent girls and boys (11th standard) belonging to high and middle SES.
- (4) To find out the gender differences, if any, in the level of awareness regarding female foeticide/infanticide among adolescent boys and girls belonging to high and middle SES.

METHODOLOGY

Locale of the study

The study was conducted in senior secondary schools of Jaipur city which were selected on the basis of their fee structure.

Tools & their Description

- A questionnaire cum interview schedule was prepared by the investigator. It consists of 33 questions on eight dimensions (conception and pregnancy, female foeticide and infanticide, law and legislations, rights of women and children, opportunities, size of family, role of family members and communication channels).
- An educational programme was designed based on questionnaire using different methods to expose the adolescents to adverse effects of female foeticide and infanticide. The methods used were documentary films (Aatmza & Uska aana), posters, leaflets, lecture, interactive talks, focus Group Discussion, nukkad natak etc.

Phases of Data Collection:

Data were collected in three phases:

Phase –I: Pre Testing:

Questionnaires were given to the 120 students studying in 11th standard in groups of 30 each. This way, the responses of all 120 adolescents, on questionnaire, were taken.

Phase – II: Educational Programme:

To increase the level of awareness and to bring changes in their understanding about ill effects of female foeticide and infanticide, rights of woman and children and PC&PNDT Act, an educational programme was developed. Documentary films (Aatmza & Uska aana), lecture, leaflets, interactive talks and focus group discussion, nukkad natak were included in educational programme.

Phase –III: Post testing:

To assess the impact of educational programme, post testing was done with the same questionnaire after a gap of one month of exposure to educational programme.

RESULT AND DISCUSSIONS**Table 1**

Mean, S.D. and t-value showing existing level of awareness regarding female foeticide and Infanticide among adolescents in pre-testing phase

	Subjects	N	Mean	S.D.	t-value	level of significant
Gender Difference	Girls	60	25.10	3.47	0.22	NS
	Boys	60	24.93	4.64		
Girls and Boys	High SES	60	25.00	4.25	0.09	NS
	Middle SES	60	24.92	3.81		
Boys	High SES	30	24.06	5.71	1.63	NS
	Middle SES	30	25.80	3.10		
Girls	High SES	30	25.53	2.60	1.08	NS
	Middle SES	30	24.66	4.17		

Table 1 depicts the mean, S.D. and t-value of pre-testing phase about the level of awareness regarding Female foeticide and Infanticide of adolescent boys and girls belonging to high and middle SES to find out the gender differences as well as SES difference. It revealed no significant gender and SES differences in the level of awareness regarding female foeticide and Infanticide among adolescent boys and girls in pre-testing phase. It may be possible that both adolescent boys and girls were having the similar exposure, sharing common views and information. Secondly, they are in that stage of education when their major focus is preparation for 12th and other competitive exams. They usually go for coaching. Their hectic schedule of 6-8

hours schools with tedious coaching might not left them with any time for such information. This may be possible reason for not having any difference in their level of awareness regarding female foeticide and Infanticide.

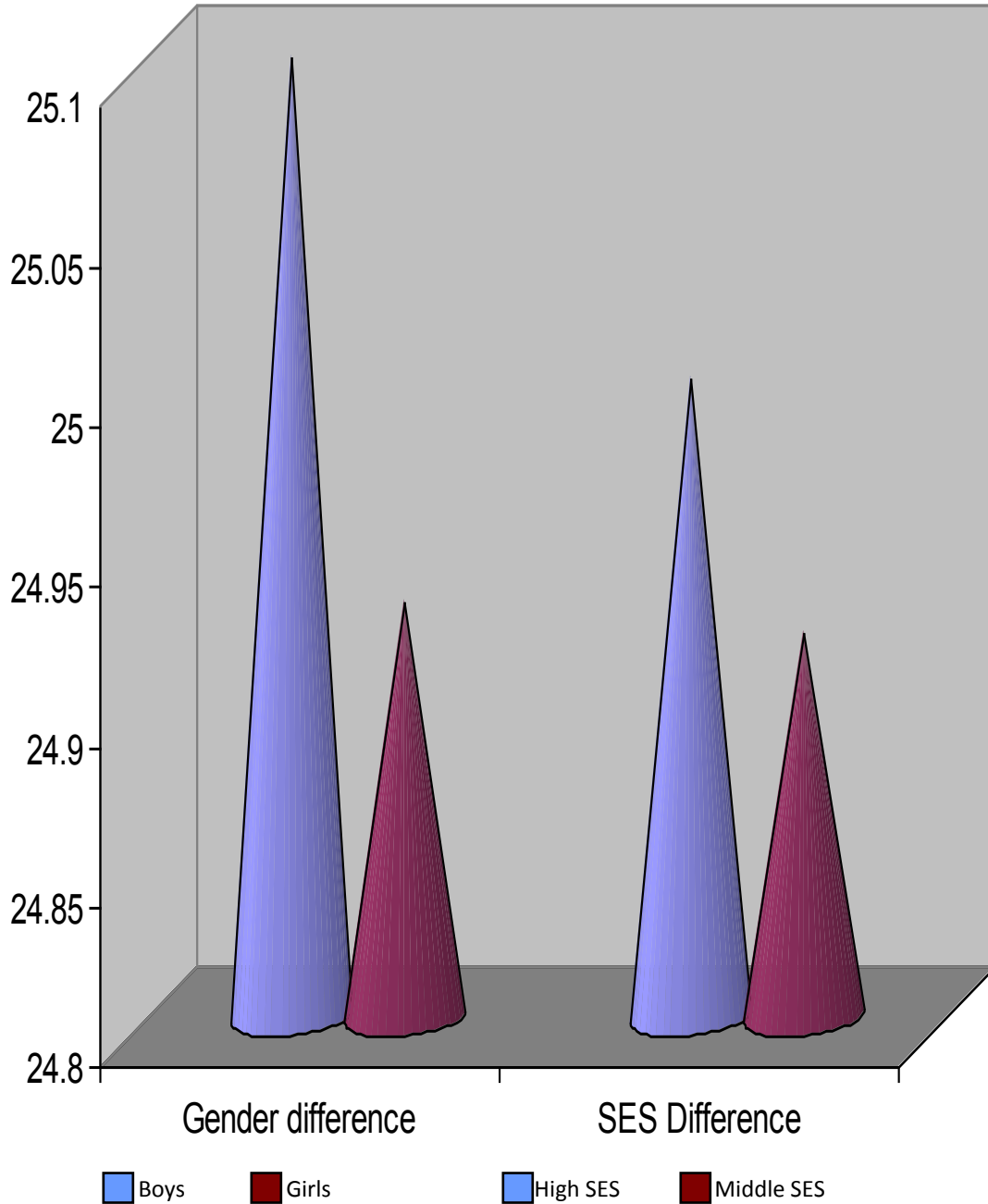


Fig. 4.1 (A)
Pre-test scores of existing level of awareness of adolescents showing Gender Difference and SES Difference

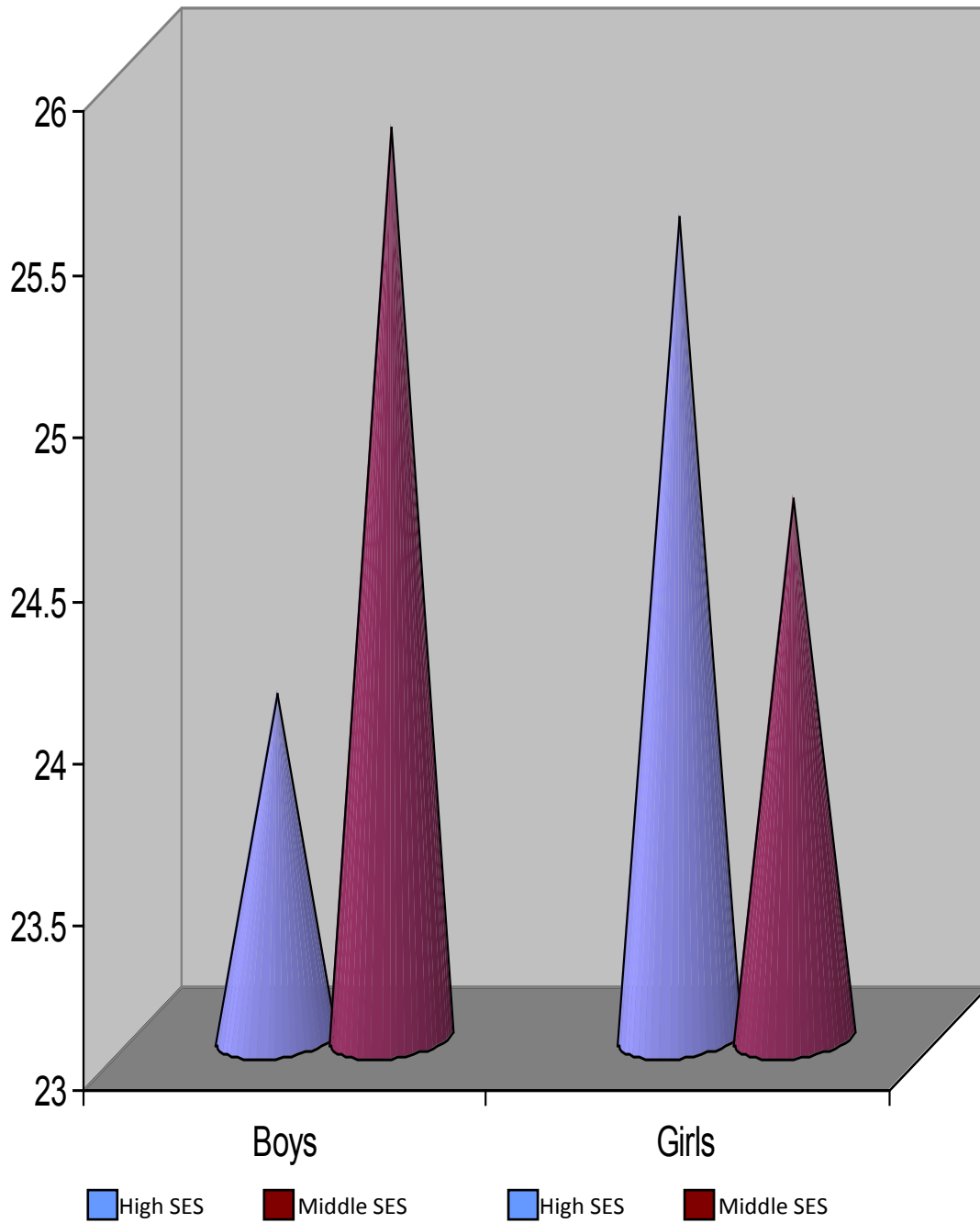


Fig. 4.1 (B)
Pre-test scores of existing level of awareness of adolescent Boys and Girls belonging to High and Middle SES

Table 2
Mean, S.D. and t-value showing difference (Pre Testing and Post Testing) in the level of awareness regarding female foeticide and Infanticide among adolescents boys and girls of Middle SES

Subject	Phase	Mean	S.D.	t-value	Level of Significant
Boys (n=30)	Pre testing	25.80	3.11	1.21	NS
Girls (n=30)	Pre testing	24.66	4.17		
Girls (n=30)	Pre-testing	24.66	4.17	12.17***	0.000
Girls (n=30)	post-testing	33.10	1.06		
Boys (n=30)	Pre-testing	25.80	3.10	11.65***	0.000
Boys (n=30)	Post-testing	33.30	0.99		

Table 2 shows the mean, S.D. and t-value of level of awareness regarding female foeticide and infanticide of adolescent boys and girls in pre test and post test phase. It reveals that there is a highly significant difference in the pre test and post test scores of adolescent boys belonging to middle SES as well as among girls of middle SES, as the calculated t-value of adolescent boys (11.65) and girls (12.17) is higher than tabulated value. Though there is no difference in the existing level of awareness of adolescents with regard to female foeticide and infanticide but after exposure to educational programme, all the subjects of middle SES showed a marked increase in the level of awareness. Thus, we can say that educational programme played a significant role in raising the awareness about female foeticide and infanticide.

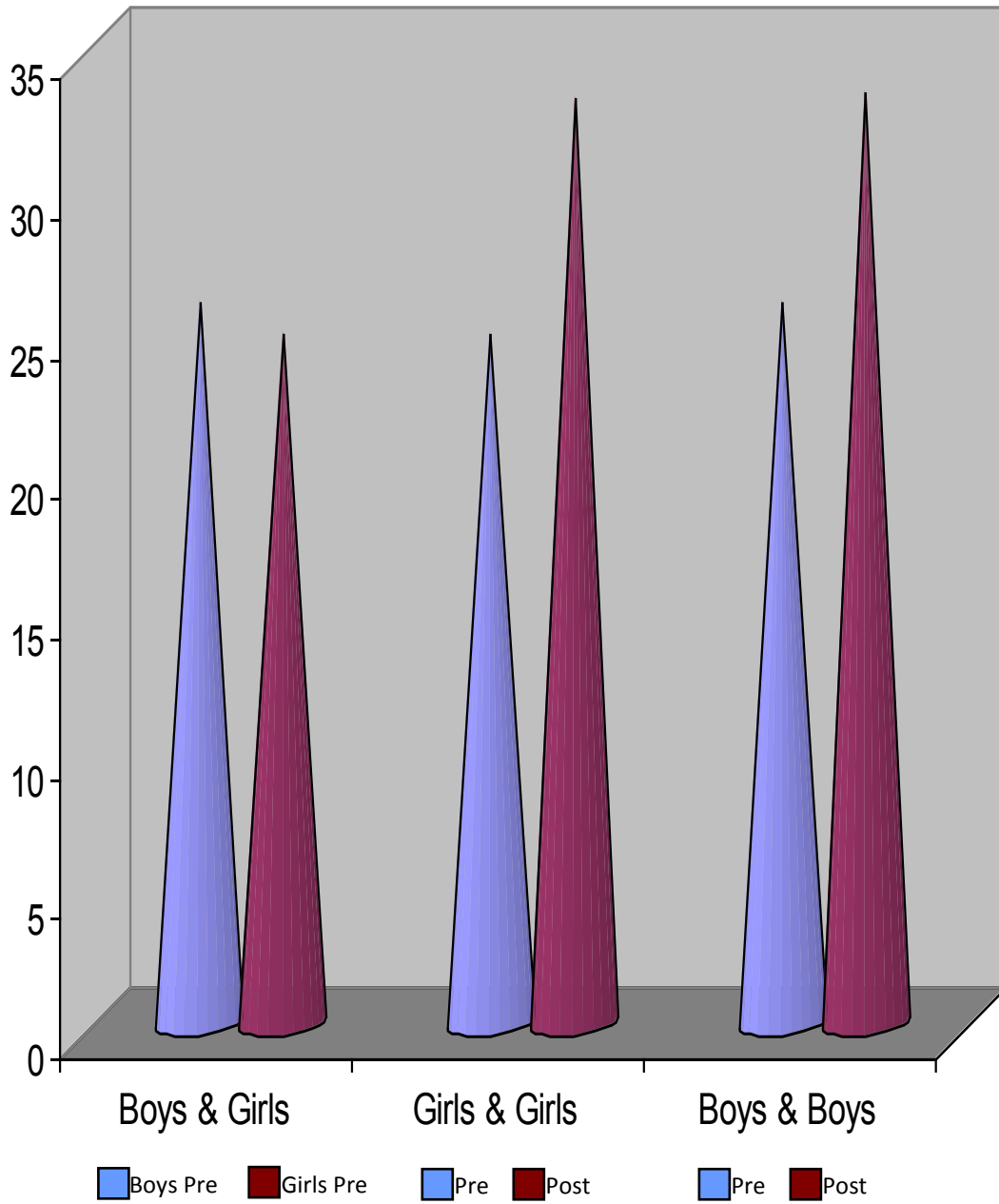


Fig. 4.2

Table 3

Mean, S.D. and t-value showing difference (Pre Testing and Post Testing) in the level of awareness regarding female foeticide and Infanticide among adolescents boys and girls of High SES

Subject	Phase	Mean	S.D.	t-value	Level of Significant
Boys (n=30)	Pre testing	24.06	5.71	1.35	NS
Girls (n=30)	Pre testing	25.53	2.60		
Girls (n=30)	Pre-testing	25.53	2.60	15.43***	0.000
Girls (n=30)	post-testing	33.46	1.22		
Boys (n=30)	Pre-testing	24.06	5.71	8.71***	0.000
Boys (n=30)	Post-testing	33.10	1.91		

Table 4.3 shows the mean, S.D. and t-value of level of awareness regarding female foeticide and infanticide of adolescent boys and girls in pre test and post test phase.

Table reveals that there is a highly significant difference in the pre test and post test scores of adolescent boys as well as girls of high SES as the calculated t-value of adolescent boys (8.71) and girls (15.43) is higher than tabulated value. Once again these results are in line with the previous findings. There is no difference in the existing level of awareness of adolescents with regard to female foeticide and infanticide but after exposure to educational programme all the subjects of high SES showed a marked increase in the level of awareness. Thus, we can say that educational programme played a significant role in raising the awareness about female foeticide and infanticide.

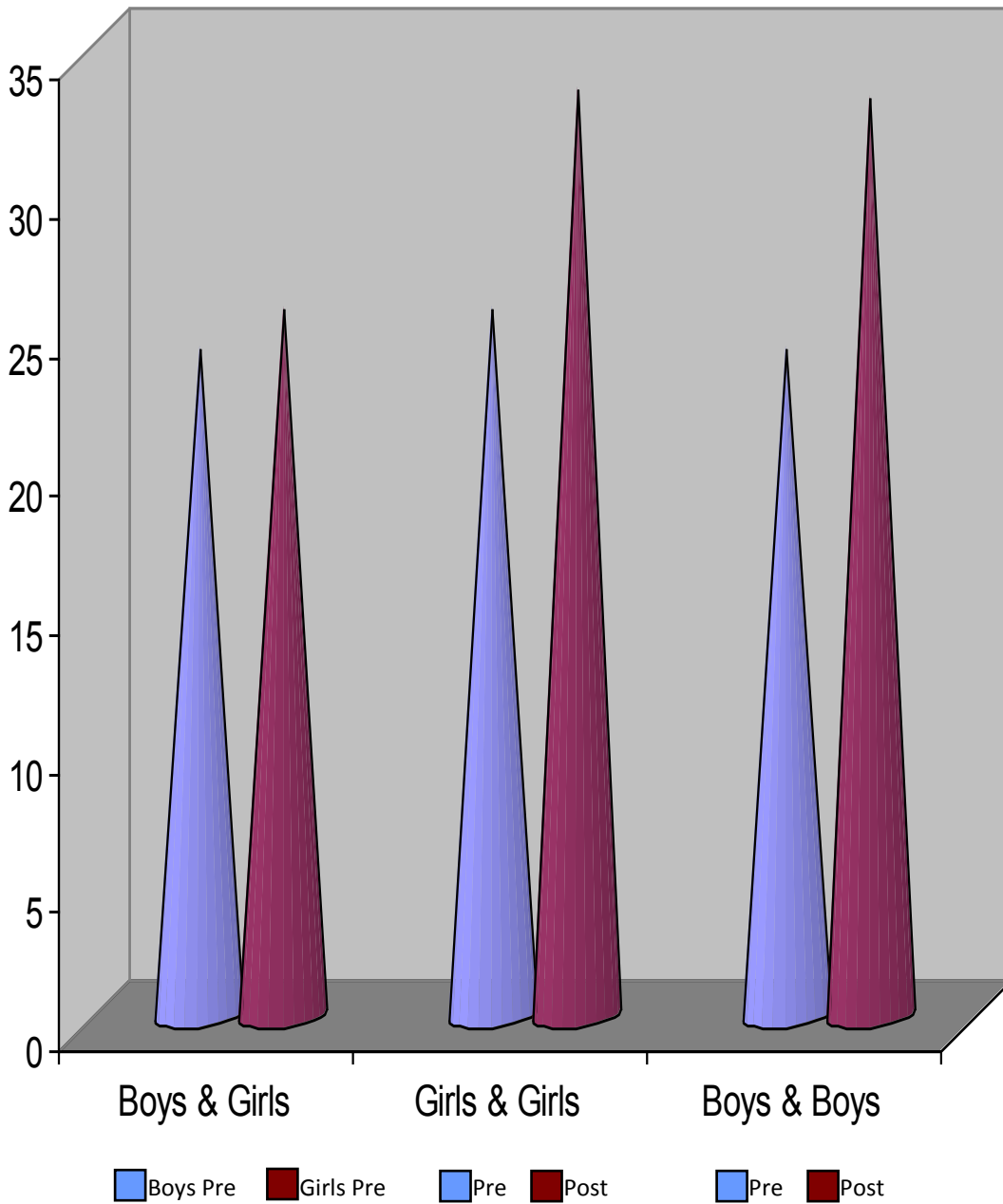


Fig. 4.3

Difference (Pre Testing and Post Testing) in the level of awareness regarding female foeticide and Infanticide among adolescents boys and girls of High SES

Table 4.4

Mean, S.D., t-value showing differences in the level of awareness regarding Female Foeticide and Infanticide of Adolescents in Pre Testing and Post Testing Phase

Subjects	N	Mean	S.D.	t-value	Level of Significant
Pre Testing	120	25.01	3.89	22.24***	0.000
Post Testing	120	33.24	1.29		

Table 4 reveals a significant difference in level of awareness regarding female foeticide and Infanticide of adolescent boys and girls by comparing their pre test and post test scores, as the calculated t value (22.24) is higher than the tabulated value. The above result clearly indicates that there is a significant impact of educational programme planned to raise the level of awareness regarding female foeticide and Infanticide in adolescent boys and girls. The adolescents were informed about prevalence of sex determination practices, its causes and consequences. They were also made aware about the declining sex ratio and how this will lead to serious problems in society. With the use of various audio-visual aids and lecture method, their level of awareness was raised and in focus group discussion, they were made clear about any queries. The positive impact of educational programme leads to such a significant difference in findings.

Thus, we can conclude that a significant difference was observed in the pre-test and post-test scores of adolescent belonging to middle and high SES, which revealed a significant impact of educational programme on the level of awareness regarding female foeticide and Infanticide among adolescent boys and girls. Though, no gender differences were seen in the level of awareness regarding female foeticide and Infanticide.

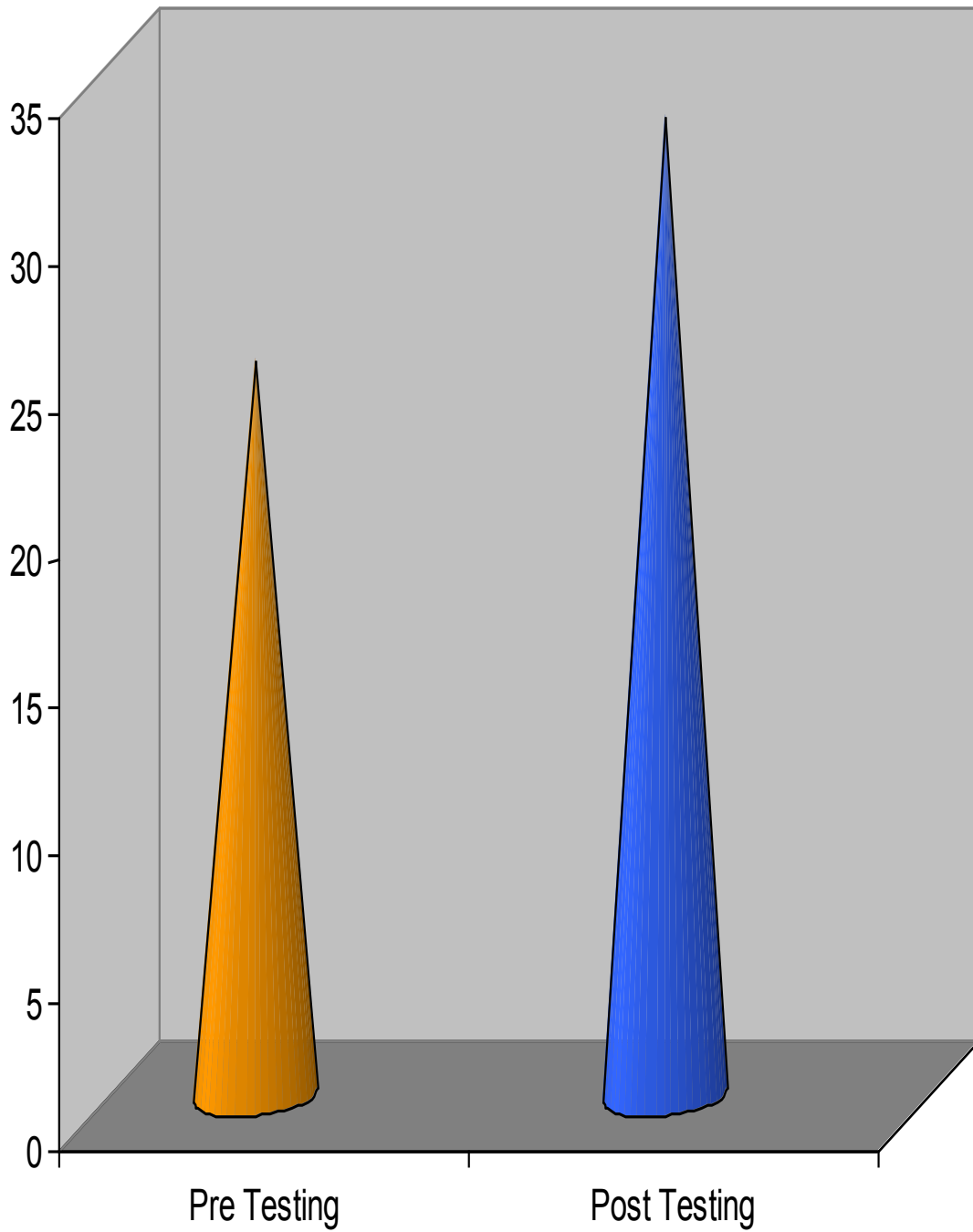


Fig. 4.4

Impact of Educational Programme regarding female foeticide and Infanticide among adolescents

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