Death by "Social Causes"

Causes of Infant Deaths
(in Konganapuram Block - 1990-91)

s / ays)	Konganapuram		Vellalapuram		Chittoor	
	M	F	M	F	M	F
	3	4	3	14	1	4
ratory	-	-	2	4	-	2
maturity	2	3	1	3	1	3
iarrhoea	1	2	-	2	-	6
Fever	5	(28)	11	(72)	3	(51)
Social Causes						
Umbilical cord around neck	-	2	1	1	-	-
Total	11	39	18	96	5	66

Source : Arulraj et al - PHC Records

perceptions of
and responses to
female infanticide
in Tamil Nadu

Death by "Social Causes"

Perceptions of and Responses to Female Infanticide in Tamil Nadu

Elizabeth Francina Negi

Monograph No. 5

M. S. Swaminathan Research Foundation

June 1997

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Printed in India at Reliance Printers, Chennai - 600 020.

Foreword

The situation of the girl child has evoked considerable concern globally, which has been addressed by the international community through various measures directed at supporting the girl child. Following the call made by the UN for a firmer commitment of member States to upholding the rights of the girl child, 1990 was declared as the International Year of the Girl Child in South Asia. India is not far behind in sharing this concern as is evident from the various programmes aimed at supporting the girl child.

However, the overall situation of the girl child in the country leaves much to be desired. A major cause for concern is the adverse and still declining sex-ratio as a whole, and especially among young children. According to one estimate, there are nearly 4 million 'missing girls' in the age-group of 0 - 6 years. At a time when rapid strides have been made in health care delivery systems and reduction of infant mortality, this cannot but point to a deeper social malaise of systematic deprivation and unequal treatment of girls right from birth. One of the major reasons for the decline in sex-ratios is the continued prevalence of female infanticide, a practice found in several parts of India. Even in Tamil Nadu, this practice has unfortunately taken roots in recent years and spread at alarming rates, as indicated by various reports. While a host of reasons are cited as causative factors, a clear picture, pinpointing the exact cause or set of causes is yet to emerge. This has to a great extent negated attempts at formulating and implementing interventions.

This is the context in which this paper tries to consolidate the various perceptions on the problem and more importantly, the action emerging in response to the problem. The author has collected information from various sources and examined the problem both in its historical context and in the contemporary milieu, thereby providing a wider perspective on the issue. I hope this publication will contribute to a better understanding of the issues behind female infanticide, stimulate thinking and provide an overall perspective to all those interested in tackling the problem.

There is no doubt that the media have played a significant role, not only in drawing public attention to the problem, but even more so in mediating and structuring understanding of the issues involved. Hence it was considered worthwhile to take up a separate study of media perceptions of the issue, which is being published shortly as the next title in our Research series.

I sincerely appreciate Ms. Elizabeth Negi's painstaking efforts in preparing this paper in the limited time available. I also thank all those who reviewed the paper and gave their suggestions, and the Bernard van Leer Foundation for making this publication possible.

M. S. Swaminathan

Acknowledgements

I would like to thank the M.S.Swaminathan Research Foundation for the opportunity given to me in compiling this report on female infanticide. Although the topic itself is extremely painful for any woman to deal with comfortably, I am grateful to Ms. Mina Swaminathan for entrusting this task to me. The absolute confidence that Mina Swaminathan had in me was a major reason for this being in print today; her constructive comments and valuable suggestions have contributed in no small measure in this effort.

I would like to thank the Social Welfare Department and the Dept. of Public Health and Preventive Medicine, Government of Tamilnadu, as well as the National Informatics Centre, Govt of India, for co-operating and giving me the necessary background data. I am grateful to the NGOs in Chennai, Madurai and Salem who preferred to retain their anonymity but gave us the necessary information to make the report more meaningful. My deep gratitude goes to Ms. Girija Kumarababu, of the ICCW - TN, Mr. T.V.Antony I.A.S (Retd.) and Dr. Barbara Miller, Director, Women's Studies Program, George Washington University for the time they spent in discussing various aspects of the problem with me; and to Dr.K.Nagaraj of the Madras Institute of Development Studies, Ms. Ranjani Krishnamurthy and Ms. Jayshree Vencatesan for their suggestions in improving the text.

There are many persons who have provided their valuable time at various stages of my work and I would like to thank them all individually, especially my friends and colleagues in Project ACCESS. To Mr. Raja Samuel, Project Co-ordinator, for his support at each and every step in this documentation; Mr.Murali Shanmugavelan and Mr.S Ravindran who were responsible for gathering the factual information at the field level which made the writing of the NGO contribution an easy task; Ms. D. Radhika who spent her time going through the draft many times; Drs. V Padma, L. Vedavalli and Ms. Sarada Natarajan for their helpful comments and suggestions; Dr. Seethalakshmi Viswanath for editing the manuscript; Ms. Santhiya Maheshwari for help in collating the background information, and Ms. Jazeela Banu for secretarial help, I express my appreciation and gratitude.

Elizabeth Francina Negi

Contents

Preface

Female infanticide and foeticide have caused widespread concern among all sections of society, as forms of violence against the most vulnerable and defenceless section of the female population - the unborn and newborn infants. This compilation is not an attempt to recount the historical factors relating to the practice of female infanticide in India as a whole or even Tamilnadu in particular, nor is it a research review. It does not claim to be exhaustive or comprehensive, but remains an attempt to bring together and consolidate some of the relevant information sieved from papers/ articles, research studies on female infanticide and from discussions with those who have worked closely with people in the affected areas. Many organisations in and around Madurai and Salem were interviewed, and the valuable information provided by them was sifted. This text draws from the field-level experience of many such people.

References to history, research studies and press reports are made in order to provide a backdrop to the problem as it exists today, and to highlight the kind of action that is being taken at the grassroot level. There are still many gaps in understanding both the psyche of the practising population and the true extent of the problem. This report does not claim to fill these gaps.

The Primary Health Centre (PHC) records in Tamilnadu have listed the causes of deaths among infants under various heads. One such broad category is "social causes". It was found that nearly 75% of the deaths recorded under this elastic category were of baby girls - all within the first month of birth. The title for this report was inspired by this finding.

Some valuable sources of information left out in the preparation of this text are references to articles, books and journalistic writing in the regional language. However, the companion paper to this text, on the media's response to female infanticide, titled "Watering the Neighbour's Plant" by Sarada Natarajan, has drawn extensively from regional language publications, including newspaper articles.

This paper does not intend to review female foeticide along with female infanticide. Female foeticide gets mentioned here only in the context that it is a more sophisticated version of the same problem - the flip side of the same coin.

1 INTRODUCTION

The idea of parents destroying infant girls consciously and wilfully under social pressure has been an issue that has assumed special significance in Tamilnadu. Tamilnadu was the first State in India to openly acknowledge the existence of this practice. The earliest media report to highlight female infanticide in Usilampatti was an article by Soundarapandian A., in *Junior Vikatan* (Dec. 4, 1985). Subsequently, the English press brought out the story in an article entitled "Born to Die", in the monthly *India Today* (1986). Following the publication of these reports came a series of newspaper reports and articles that have expressed serious concern on the emerging trend of female infanticide in certain parts of Tamilnadu.

Perceptions

All the reports indicate the enormity of the problem, especially over the last ten years. There was an initial period of shock, disbelief and dismay after the spate of press reports. It was inconceivable that such a drastic and primitive custom could exist in any contemporary society, more so in India, that prided itself on its non-violent tradition. Such macabre happenings left the Government in an extremely embarrassing position within the country and the national image suffered considerably, too.

The problem of female infanticide is not merely the problem of the State of Tamilnadu. It is the problem of the country as a whole. The urgency in tackling the issue lies in the fact that it affects one of the most vulnerable sections of the population — infant girls. The state, society and family have the primary responsibility in ensuring that the rights of the female child, her very survival, are ensured. She has to be protected and given an opportunity to live in an environment which is socially and psychologically conducive to her.

Enshrined in the Constitution of India is Article 14 which guarantees that no citizen in the country will be discriminated against on the basis of caste, creed or gender. India is also a signatory to the UN Charter of the Rights of the Child. Keeping in mind the constitutional guarantees and safeguards provided by the stalwarts who framed the Constitution, it was imperative that the rights of the female child be protected by the state. The state in India had to assume the role of protecting the "weakest members of society", in order to preserve its reputation internationally.

Responses

One heartening factor amidst this widespread concern was the reaction at all levels, within both the governmental and the non-governmental sectors. After facing a blistering attack from the media and outrage from the public, the Government of Tamilnadu officially acknowledged the existence of the practice of

female infanticide. Though the government adopted the usual predictable, placatory approach in dealing with the problem, it had no other alternative but to come forward with a strategy to counteract accusations of inaction by the state machinery. This was also a starting point for voluntary action in this sensitive area, especially through NGOs (non-governmental organisations.)

There is no doubt that certain human rights issues, thrown up periodically by the media, have been addressed by local NGOs. The voluntary organisations in and around Madurai and Salem, rooted in the ethos of the area, have emerged with a wide range of strategies and options that show both innovation and perception. Many of their "actions" are success stories, while some others have not been so successful. There is an immense need today to document these experiences, to replicate success strategies in this field, on the sensitive issue of female infanticide.

Some academic institutions and larger NGOs have made an attempt to find collaborative solutions to such problems in a more scientific manner, by conducting research studies. These studies, though restricted to a few villages each, have helped in making inroads in understanding the problem as it exists today. The most significant contribution of these micro - studies has been the attempt to analyse the causes of the problem. These research studies together with the media reports have also assessed the reaction of the local community to the situation, especially the impact of governmental action or inaction. The responsibility does not rest with the state alone. Society has the fundamental responsibility to ensure that the rights of its individual members are upheld.

2 THE BACKDROP

According to Miller, (1987) the practice of infanticide existed in Europe in the early twentieth century. The practice extended from the borders of Pakistan to the West Asian countries and included the Eastern parts of the Asian continent right across from China to North Africa. Mascarenhas (1990) has pointed out that infanticide reveals the practising society's intrinsic value for human life. It had probably originated due to a few distinct reasons listed below —

- to control population.
- to get rid of illegitimate or handicapped children.
- for superstitious or religious reasons.
- to get rid of female children.

Extensive information regarding the patterns of infanticide, male and female, all over the world, is given in a paper by George, Abel and Miller (1992). George et al concede that most of the data available today, even in research reports, are from second-hand, inferential sources, which reduces their reliability and may limit the utility of information available through anthropological studies on infanticide. In these cross-cultural studies, a strong element of social stigma was quoted as being present in the practising population. These studies quote a variety of reasons for practising infanticide, some of the most significant being too many children in the family; disabled children, a history of instability among mothers, and mothers without husbands. The other reasons for infanticide were those related to social changes in the practising population, such as physical resettlement in reservations. Data from archival sources regarding female infanticide are limited (George et al 1992; Mitra, Amit. 1993). Canada and Japan, among the developed countries, have been recorded to practise female infanticide. Many studies conducted locally in India over the last few years refer to the widespread nature of infanticide globally.

The Indian Scenario

The practice of doing away with the girl child has been known throughout India, in some form or the other. The killing of the baby within the first 24 hours after birth, referred to by Miller (1987) as *neonaticide*, was widespread in North India. Miller categorises infanticide as a fatal form of child abuse. There are more passive forms of infanticide like neglect, sustained nutritional deprivation, delayed health care for female infants or, in other words, an unequal allocation of household resources detrimental to the health of the girl child. According to Miller's analysis, the process of deprivation occurs all through the life of the female child. In fact, the passive forms of female death remain unrecorded as infanticide by both health workers and sociologists.

Historically, one of the earliest records of female infanticide was made during the British period in India, by Jonathan Duncan, a British official posted in North India, among a clan of *Rajputs* in Uttar Pradesh. The British passed the Infanticide Regulation Act in 1870. Subsequently, a special Census was taken in 1881 in the Western Provinces and Oudh to detect female infanticide. According to reports, the problem still exists in parts of Rajasthan, Bihar, Uttar Pradesh and West Bengal. (Bardhan, Pranab, 1982). In fact, Bardhan explicitly states that there is a higher incidence of female infanticide in the North and North-Western regions of the country than in East or South India.

The Tamil Nadu Scene

In South India, the practice of female infanticide existed among the *Toda* tribe of Tamilnadu. No factual data is available to show whether the practice is still being followed today among this tribe. However, the practice of female infanticide has survived many generations among the *Kallars*. Some press reports suggest that the practice might have died out temporarily, but could have been revived during the last two decades. George (1995), argues that this phenomenon may not have actually died out in reality, and that it should have existed for the last 50 or 60 years without ever being eliminated entirely.

Over the past two decades, the region that has attracted wide attention due to the prevalence of the practice of female infanticide, is Usilampatti taluka. This region has a predominantly large population of *Kallars*. According to the *India Today* (1986) report, among the *Kallars,* nearly 70% of the children below the age of 10 are boys. According to very rough estimates, nearly 6000 female babies were killed in Usilampatti itself within the decade ending 1986 (Venkatramani, 1986).

The Asian Women's Human Rights Council and Vimochana (1995) documented, in a paper on female infanticide, a detailed history of the *Kallars*. Among the *Kallars,* a warrior clan, female infanticide was the practice at one time to keep the population of the women down, especially during the period when the men were at war (Thurston, 1975 and Krishnaswamy S.,1988). Other communities in South India which may have carried on this practice were the *Thevar* and the *Gounder* community although there is little historical data regarding the practice within these two communities. History has indicated that the regions occupied by the *Kallar* and *Thevar* communities were war-prone areas. The geographic distribution of the communities mentioned above, shows that they spread over areas extending from Thanjavur to South Madurai, including the old Ramnad district. These were the former war zones of the *Cholan* and *Pandyan* dynasties with possible intrusions from the *Cherans* from the West. However, conclusions about present-day phenomena cannot easily be drawn from such accounts.

3 THE EXTENT

There are few clear indicators to identify the extent of female infanticide. However, it is known that in any genetic group, the proportion of males to females is fairly equal. Studies based on hospital birth records show that boys outnumber girls at birth under natural circumstances. Initially the mortality rate among boys is higher than among girls; so the ratio balances out in the long run. Hence an adverse sex ratio (number of females per thousand males) especially in the first few years of life, and gender differences in the IMR (Infant Mortality Rate) are significant pointers towards the possibility of female infanticide.

Other socio-demographic factors which may collectively indicate the possibility of female infanticide in any geographic area are educational status and developmental level of the region. Without gender-specific data, it is difficult to assess the present situation of the girl child, and most studies have acknowledged that there are very few hard facts to go on. Significant socio-demographic factors like the IMR and the implications of age-wise sex ratio changes should, however, have signalled the serious nature of the problem even earlier.

Sex Ratio

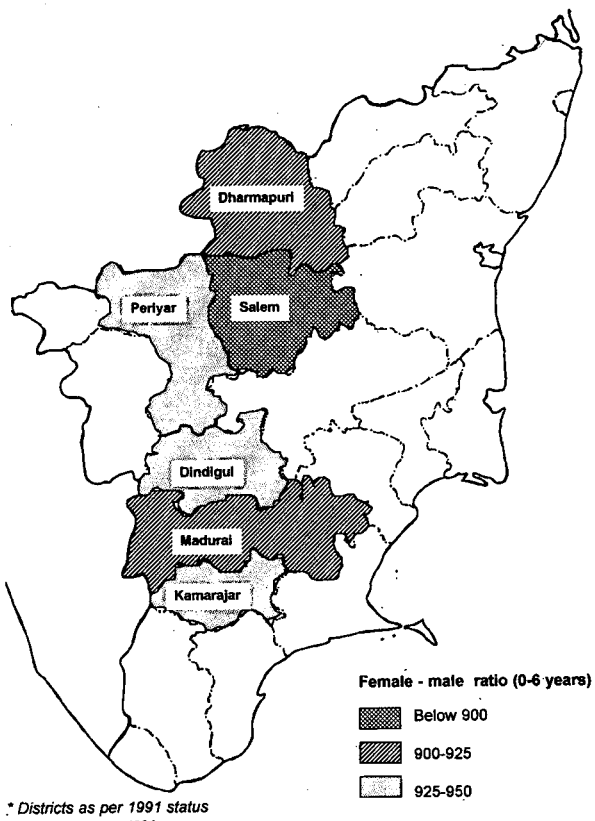
India is among the handful of countries which have an adverse sex ratio for the population as a whole. Agnihotri (1995), has worked out a statistical formula for disaggregating the "missing females" in the overall population of the country and has computed the missing females in a demographic analysis based on the sex ratio. Agnihotri has revealed the gravity of the situation by an analysis of the female- male ratio (fmr) among the population, using Census data. The "missing females" would no doubt include those who are victims of malnutrition, delayed health care and other forms of childhood abuse, including infanticide, and in recent years, even foeticide. Agnihotri's estimation is based on the total number of females required to be added on to reach the level of the male population over a period of years. This estimation can be carried out for any caste or class or regional subgroup to show which section is contributing largely to the "missing females" in the population. If the age-wise differences in sex ratios for these areas are computed, then the picture that emerges will depict the actual position of the "missing *girls*"

Looking at the sex ratio figures for the country as a whole may be misleading, since the differences between the various States get blurred and often give the impression that the situation is better than it really is. The State-wise breakdown (Annexure 1) shows that Tamil Nadu has the third highest sex ratio among the Indian States, while Kerala has a

sex ratio of 1036, well on par with international figures. On the other hand the States of Punjab, Uttar Pradesh and Haryana have a sex ratio of <900 per thousand males, while Rajasthan and Bihar have ratios of 910 and 911 respectively which are just marginally better.

The same holds true for intra-State differences in the sex ratio. (Annexure 2) While the State of Tamil Nadu has a sex ratio of 974, there is wide variation among the districts. The sex ratio in Salem is 937; Dharmapuri has a ratio of 942 while several districts have ratios greater than 1000. But these reveal little, as there are a large number of factors which affect the overall sex ratio. The reason for alarm arises when the juvenile sex ratio (0-6 years) is adverse, as this could be a danger signal pointing towards phenomena like female infanticide and foeticide, as well as general neglect of female children in matters related to health and nutrition.

Fig. 1 Juvenile sex ratio in Tamil Nadu (1991)*



*Districts as per 1991 status
Source: Census 1991

Danger Signals

Regional differences in the 0-6 sex ratio are marked. The juvenile sex ratio for Tamil Nadu is 948, with at least five districts with figures below the State average. In Salem district the figure is as low as 849, in Dharmapuri and Madurai it is 905 and 918 respectively, while in Periyar and Dindigul Districts the ratio stands at 929 and 934. The map above (Fig. 1), shows that the districts with sex ratio below the state average are found in a cluster or belt.

Declining trends over time are also a cause for concern. While the overall sex ratio in the country declined from 972 (1901) to 927 females per thousand males in 1991, in Tamil Nadu itself there has been a steady decline over the last fifty years. In 1901, the

State of Tamilnadu had the highest sex ratio in the Indian Union, but by 1991, it had dropped to third place at 974 per thousand males. Table 1 shows the trends over the last six decades in the juvenile sex ratio. There was a marginal increase during the late seventies in some districts but by the 1991 Census the decline had re-established itself.

In 1941 the sex ratio for the 0-4 age group was 1010; it fell below the 1000 mark over the next 10 years and the declining trend has continued over the subsequent 40 years to the 948 figure in 1991. The decline is very sharp in the Salem, Madurai, Dharmapuri and Periyar Districts. This steep decline in the sex ratio in the early years of life, inspite of improved

Table 1 Juvenile sex ratio trends - India, Tamil Nadu & districts

Territory	*1941 (0-4 Years)*	*1951 (0-4 Years)*	*1961 (0-4 Years)*	*1971 (0-4 Years)*	*1981 (0-4 Years)*	*1991 (0-6 Years)*
India	-	-	976	964	962	945
Tamil Nadu	1010	999	995	984	974	948
Dharmapuri	-	-	-	993	955	905
Madurai	1011	978	988	981	970	918
Salem	1010	1016	990	966	900	849
Tiruvannamalai Sambuvarayar	-	-	-	-	-	964
Dindigul	-	-	-	-	-	934
North Arcot Ambedkar	1013	995	998	988	999	962
South Arcot	1007	1015	1017	981	973	970
Pudukkottai	-	-	-	-	999	976
Periyar	-	-	-	-	964	929
Coimbatore	1006	979	987	978	969	966
Chidambaranar	-	-	-	-	-	964
Kanyakumari	-	-	966	978	997	970
Nilgris	921	-	998	985	987	968
Thanjavur	1017	1008	997	984	987	965
Tiruchirapalli	1035	1017	1005	994	969	955
Kamarajar	-	-	-	-	-	946
Chengai	999	999	1015	986	996	970
Nagai Quaid-e-Milleth	-	-	-	-	-	971
Tirunelveli Kattabomman	990	1042	986	995	973	955
Pasumpon Muthramalinga Thevar	-	-	-	-	-	958
Ramanathapuram	1042	1015	995	998	969	960
Chennai	942	928	976	969	987	962

Source : Census of India, various volumes

Courtesy : Chunkath, S.R. et al (1997) in *Female Infanticide in Tamil Nadu.* Economic and Political Weekly Vol. XXXII, No.17 April 26 - May 2.

health care facilities, is the issue that has to be resolved.

Sex ratio and IMR are some of the tools that researchers have used to probe into the problem of female infanticide. Some studies of a serious nature using first-hand knowledge, are by George (1992); by Arulraj, Sarvesan and Samuel (1993) and *Kuzhi Pappa* by the Community Services Guild and Adhiti (1992) and more recently, Chunkath and Athreya (1997) which draws on both sources i.e state-wide survey and PHC records. One other study, conducted by the Madras School of Social Work, entitled 'Declining Sex Ratio and the Problems of Female Infanticide' is restricted to Salem district of Tamil Nadu. This study has used sex ratio exclusively as an indicator in assessing female infanticide in the area covered by the study. It makes no statistical predictions or computations but merely assesses the magnitude of the problem of female infanticide.

Gender Gap in Mortality Rates

The country paper presented at the Fourth World Conference on Women in Beijing has claimed that the gender gap in child mortality rates today is narrower than ever before (Government of India, 1995). But a gender gap still exists. The National Family Health Survey (1995) found that the post neonatal mortality is 13% higher for females than males, and child mortality is 43% higher for females than for males. But these are all-India figures which do not convey the regional differences. For instance, the IMR for Tamilnadu had fallen from 113/1000 in 1971 to 91/1000 in 1981 and the fall was even more obvious to 57/1000 in 1991. The overall decline is attributed to the improved health care in the State through the comprehensive health and nutrition programmes, Universal Immunisation Programme, midday meal programme etc. But these figures do not reveal gender differences.

The most significant indicator would be the neonatal mortality rate (0-7 days) and it is here that the gender differences assume significance, especially if the analysis is based on Primary Health Centre (PHC) records, as seen for instance in Table 2 from the study by Arulraj et al., (1993).

Table 2 Causes of Infant Deaths (in Konganapuram Block - 1990-91)

Causes	*Konganapuram*		*Vellalapuram*		*Chittoor*	
(1-7 days)	*M*	*F*	*M*	*F*	*M*	*F*
Respiratory	3	4	3	14	1	4
Prematurity	-	-	2	4	-	2
Diarrhoea	2	3	1	3	1	3
Fever	1	2	-	2	-	6
Social Causes	5	28	11	72	3	51
Umbilical cord around neck	-	2	1	1	-	-
Total	11	39	18	96	5	66

Source: Arulraj et al - PHC Records

In this study, out of the 235 infant deaths recorded in Table 2, it is evident that only 34 deaths were of male children. The remaining 201 infant deaths were of female infants, and of these, the causes attributed to 151 deaths were "social causes". No clear explanation emerges for the abnormally high figures for death due to "social causes". As a higher death rate among male children is more likely under normal circumstances, if in these regions the death rates are higher among the female babies, then the "social causes" have to be female infanticide. According to Chunkath & Athreya (1997), there is *an almost contiguous belt of female infanticide territory running from Madurai to North Arcot Ambedkar via Dindigal, Karur, Periyar, Salem and Dharmapuri Districts*, although the four districts of Dharmapuri, Madurai, Salem and Dindigal were noted as being highest contributing areas towards female infanticide. The study analysed gender differentials in the IMR using PHC records and data from a large survey of rural households.

Missing Girl Babies

ICCW - TN's Annual Report (1995/96) indicates that 378 girl babies were saved and only 32 cases of female infanticide had occurred at their Usilampatti project area which covered 288 villages. An additional 16 babies were abandoned at the receiving centre (no clear mention is made if the 378 saved children are inclusive of the 16 abandoned babies).

Krishnaswamy (cited in Ghadially, 1988), has also provided some factual data. According to the article, in one hospital in Usilampatti, out of the 1200 deliveries conducted, nearly 600 were female babies. Out of these, nearly 570 babies disappeared. There is an existing practice in this region, that after the hospitalised delivery, nearly all the mothers leave the hospital/PHCs without informing the authorities. Subsequently, the mothers appear within a few days for a death certificate, claiming that their children had died of various causes. (Venkatramani, 1986 and Krishnaswamy, 1988).

Widespread publicity about some cases has resulted in sweeping the problem figuratively under the mat. George et al., (1992), in their study of 12 villages in North Arcot Ambedkar district revealed that information obtained through any other source except through long-term contact with the community, gets distorted. Rapport building is primary, if facts are to be established. There are wide discrepancies between the reasons given in PHC records and those available with the Health Department. Another probable cause for the inaccuracy of the records may be the figures given under categories like death due to respiratory diseases or diarrhoea. In some instances, even stillbirths, where the number of girls is higher than boys, may be included, as these may also be unreported cases of female infanticide.

Other Pointers

Some of the strongest associations established between socio-demographic variables have been between education and fertility; and between education and mortality. According to Clark

(cited in Sargent et al., 1996), there is a linear association between education and child mortality rates. Therefore any increase in female literacy figures should also bring with it a corresponding decline in child mortality rates. There is an increasing self-esteem among women with an increase in educational input. Arulraj et al. (1993), in their study on female infanticide, have also recorded a positive association between education and the status of the girl child/woman. This in turn suggests that education, especially of women, can be used positively to eradicate the practice of killing female children. Findings in this study have re-emphasised the fact that families with a higher educational status reveal a more positive attitude to women and consequently, have not killed more than one female child, if any. George et al (1992), have also indicated that an association does exist between the practice of female infanticide and the educational status of the population.

George, Abel & Miller (1992) in their study have attributed the remoteness of the village as a factor which, in their estimation, influences female infanticide. Out of the 12 villages covered in their study, the villages that were geographically far away from urban areas have a higher incidence of female infanticide. The developmental level of the villages where infanticide is practised was significantly lower than those where such practices do not exist. Contradicting this assessment is the observation of Kumarbabu (1996)[1] of the ICCW - TN, that even in the so-called remote, less - developed areas, "scanning centres" exist. She has cited Edapadi as an underdeveloped village that has three scanning centres. Contrary to common understanding, it seems that certain technological changes have preceded development efforts in these areas, and have taken place in a manner detrimental to women.

Possible Consequences

There is a need to understand the manner in which this imbalance has been brought about and the long-term impact on the entire population. Some researchers and experts in population studies predict that the sex ratio imbalance will create disturbances in the fabric of society, especially if the present trends of infanticide and foeticide are allowed to continue. The report by Ravindra (1996), predicts that India is likely to follow the pattern of China in recording a national imbalance in sex ratio. This could have serious repercussions on the status of women. According to the report by Ravindra (1996), such an imbalance will increase the risk of crimes against women, resulting in rape, forced marriages, prostitution, sale of brides, polyandry and social turmoil. The situation may not be as bleak as predicted, but the question of the right of the girl child to survive, persists.

4 THE REASONS

In India, some of the socio-cultural practices/rituals, especially those with roots in religious beliefs, have a negative impact on the status of women. These sanctions usually get perpetrated under the guise of the best interests of the family, a well-used argument that women often succumb to, since it plays on women's sentiments.

The primary role attributed to woman by society is her reproductive role. This societal emphasis on the familial role of the woman has made her give priority to the survival of the family as a whole. Therefore, women have become used to playing second fiddle to men. Patriarchy has ensured that most customs persist through successive generations. In many such practices like *Sati* or infanticide, victimisation of women is a foregone conclusion. When customs involve any form of sacrifice from any family member, it is usually women who are the victims. The entire rationale for such customs which persist today, is related to the low value society has placed on the girl child. The chauvinistic mantle assumed by society as a whole, and men in particular, has left women with few options.

Finding the Whys

Literature which has tried to identify various causes for female infanticide, has generally mentioned poverty, caste, dowry and prejudice in favour of a son. Unfortunately, these realities exist widely all over India and have not always provoked or resulted in female infanticide. Lack of adequate quantitative data and scientific research has resulted in all kinds of speculation on the various causes. Arulraj et al. (1993), have isolated five major reasons for female infanticide in the State of Tamilnadu. The study, sponsored by the Tamilnadu State Social Welfare Board covered Madurai, Salem and Periyar districts of Tamilnadu regions, areas where there is a suspicion that female infanticide is still being practised today. The reasons debated in this study include-

- poverty
- dowry
- strong desire for the male child, or son preference
- pressure from the community and neighbours/ relatives /visitors
- superstition or altruistic reasons for preventing the suffering of the female child

A few other reasons which have a lower statistical significance were also given in the study. Some of these are: taunts from neighbours if they do not kill the female child, difficulty in safeguarding an adolescent daughter and providing security to her during her period of parental care, living with the constant fear of girls eloping, fear of property being divided and aversion to family planning practices. A few of the factors are discussed below.

Poverty

Harris-White (1997), in a recent magazine article on the adverse sex ratio in Tamilnadu, has indicated that a cursory examination of discrimination against the girl child will sometimes lead to infanticide being attributed to poverty rather than wealth. Poverty as a factor is not the answer or even the major cause of female infanticide in India. Harris-White has indicated that the rise in the practice of female infanticide among the landed households was recent and implied that the accumulation of wealth will work adversely against women. Some of the wealthy classes in North India and the economically wealthy, landed *Gounder* community from South India, practise female infanticide and provide a counter - argument for the poverty theory.

There is evidence to suggest that several communities may be practising female infanticide, as revealed in the study by Adithi and C.S.G.(1992). Press reports from Salem indicate that the practice had started among the wealthy *Gounder* community of the region, the landed caste in Salem district. The report *Kuzhi Pappa* (CSG and Adithi,1992) has revealed that nearly 67% of the respondents in their study knew of the existence of the practice in their village in Salem. Hence, the disproportionate emphasis on poverty as the motivating factor behind the persistence of the problem today is questionable. Poverty may contribute to child mortality to some extent, but not to excess female mortality. On the other hand, in landed or wealthy households where women do not contribute economically to familial income, girls will be looked upon as the element depleting the family resources or wealth.

The child survival rate, according to Clark, Sargent et al., (1996) will depend on the power networks created with marriages and the transfer of property that arises as a consequence. This reasoning, cited in Sargent et al. (1996), will hold true only for the moneyed classes/castes. Female infanticide could play a role in altering demographic imbalances that affect economic security (Harris & Ross, 1987). The logic, of course, is different for non-landed classes, where the presence of sons ensures that the labour participation rates are higher per family. In such a situation, the presence of an increased number of male children will ensure a correspondingly high financial support to the family, while the presence of female children will reduce the labour participation rate to some extent. Therefore the distribution of limited resources within the family will favour male children. The probability of a higher female mortality rate within such households is an obvious outcome (Sargent et al., 1996). Credence may be given to Sargent, Harris, White and Janakarajan's (1996) analysis of women's labour participation rates and their status within the family and society. They support the hypothesis that where there are higher levels of female employment, there are better chances of female survival. The actual process through which it happens is still unclear. Ideally, female employment opportunities should increase the returns on the investment on girls and thereby increase their status and

lower dowry levels. This assumes that the power and status of the woman in such households are automatically enhanced (Murthi, M., cited in Sargent et al., 1996). The recognition of women's economic and non-economic contribution to the economy should also influence their status. This aspect is discussed in the analysis that follows on the status of the girl child.

Status of the Girl Child

Kumarbabu, (1996)[2] of the ICCW - TN, a NGO working in Usilampatti, which is often cited in the press as having the highest incidence of female infanticide in the State of Tamilnadu, offers valuable information on the profile of the *Kallar* women. According to her, *Kallar* women are strong, aggressive, extremely vocal, bold and frequently opt for divorce. This opinion, shared by others working among the *Kallars* of Usilampatti (Vedavalli, L., 1997)[3], contradicts the image of the highly subjugated Indian woman as conceptualised by sociologists, and shatters the traditional image of women. Against this background, it is indeed difficult to imagine the reasons behind the practice of female infanticide. The personality of the *Kallar* women has obviously had little influence on their social status.

A major reason for this practice continuing uninterrupted is the total lack of alternatives or options open to women, from their point of view. An individual's status in a community is usually linked to the economic output the individual is able to generate in gross terms. In this analysis, the woman falls behind as the least productive, economically. Unfortunately, the contribution of the woman remains unseen/ invisible in monetary terms. The fact that women's contribution to economic output is directly connected to her chances for survival is reaffirmed by Bardhan (1982). The female child survival rate is better in regions where rice cultivation is practised. The reason is that rice cultivation involves higher female labour participation (weeding, harvesting and replanting). On the other hand, the wheat - producing areas that require more muscle power (North India) depend on the male labour force. The value placed on the girl child is substantially less in these regions. South India, where the *Kallars* and *Gounders* live, is basically a rice-producing area. Yet the value of female labour, inspite of her economic contribution, remains by and large unseen. This has not substantially affected the chances of survival for the girl child. According to Harris and Ross(1987), landlessness in South India accounts for the low status of women. Men and women are competitors for the same employment (agriculture) in the case of the landless classes. In this competition, women emerge as the losers in terms of economic security. The low status of the *Kallar* women might be argued along these lines. Countering this argument is the landed community of the *Gounders* which also practises female infanticide.

One encouraging research finding (CSG and Adithi, 1992) seems to support the socio-economic development of women as the prime solution to women's empowerment. Nearly 62% of the female respondents felt that female children can be viewed as assets. The respondents believed that this could be

achieved through better education and employment opportunities for women. The value placed on the economic contribution of an individual to the familial earnings gets linked to his/her status. Women's contribution at the economic level will definitely enhance her status within the family. One factor that inhibits the economic contribution of women is the association that exists between caste/class and employment of women. It is generally women of lower social classes who seek employment. Therefore in the climb to the top of the class ladder, women's economic contribution is overlooked.

If the solution is the socio-economic development of women, the answer to the problem is far too simplistic. Then the cause gets restricted to poverty, eliminating all other factors. To counter this line of thinking, it is necessary to make an assessment of the incidents of female infanticide in Salem district among the wealthy *Gounder* community. There appears to be no apparent discrimination in the care of male children and the surviving female child within *Gounder* families (Arulraj et al., 1993). Even among the *Kallars,* there is a mistaken notion that all female children are equally vulnerable, which is not true. In reality, the presence of one female child in the family increases the possibility of female infanticide. Often it is the second female child that falls victim to infanticide. The birth order of the child as well as its sex, very often determines its vulnerability to infanticide.

Dowry

The transfer of property to the daughter at the time of marriage through dowry has influenced the status of women. The birth of daughters cause great anxiety since significant amounts of the patrilineal property is given to the marital families of the daughter at the time of marriage. (Liddle and Joshi, 1986). Arguments put forward by press reports and field interviews seem to suggest that dowry is the single reason for the existence of female infanticide today. The burden on the family due to the presence of the daughter is not mitigated by her contribution during her lifetime. The daughter is always visualised as a non-productive commodity. As long as the girl child is visualised as a liability to her family, her status will remain ambiguous. The family always sees the girl child as being in the temporary care of the natal family. Her ultimate destination is the family of marriage /procreation. Therefore any of the scant resources in the family is never "wasted" on her.

The report *Kuzhi Pappa* prepared by the Community Services Guild and Adithi (1992) expands on the notion that the expenses incurred by the family on the girl child are tremendous. There are a minimum of four ceremonies to be performed that are likely to drain the resources of the family. The situation is not made any easier with the increasing trend towards consumerism. In an interview with the BBC, Andal Damodaran, Hon. Secretary of the ICCW - TN, stated that the primary cause for infanticide is the emphasis placed on dowry at the time of marriage. The status of the woman and her family is decreased or enhanced when she is married. A woman is never given the

choice of remaining single as a healthy alternative to marriage. This emphasis on marriage, especially hypergamous marriage, has brought with it the added burden of dowry as the only perceived way out of this vicious circle. According to Damodaran,

"Exposure to the media has resulted in an increasing trend towards consumerism. People cannot afford the luxuries that are thrust upon them through advertisements targeted at the urban population. They see dowry as an avenue to fulfil their otherwise impossible dreams".

The process of *sanskritisation* is also a major factor in keeping alive the dowry system. Probably due to this process, communities like the Scheduled Castes have also started ostentatious ceremonies for their female children. Poverty has no noticeable impact on the demands made as dowry. In fact, among the *Kallars,* the shift from bride price to dowry is recent. Vedavalli (1997)[4] has revealed in a discussion that the few years of famine, probably caused by drought, (tentative dates as mentioned by the local people would place the years between 1958 and 1962), was the time that dowry first took roots in this society. Demands for dowry began to offset difficult times and it soon came to be seen as a means to overcome financial problems.

In fact, George et al. (1992), reveal that the economic pressures of bringing up a daughter outweigh all other considerations when parents opt for female infanticide. This is applicable irrespective of the social class of the family in question. Whatever the resources available with the family, the allocation for the female child is substantially lower than that for the male child. Strange though the argument may seem, parents in these communities seem unable to extend their physical and emotional resources to include more than one female offspring in the family!

The economist Judith Heyer's (cited in Sargent et al., 1996) assessment of the dowry system is in pure economic terms. It centres on the accumulation and distribution of capital among the landed class. The argument follows the reasoning that the landed classes want to marry their daughters into a wealthier class (hypergamy) and the accumulation of capital for the husband's family is associated with the number of daughters in the family. This argument does not take into consideration the caste factor or the landless classes, but it provides an explanation for the cause of high female mortality rates among the landed castes like the *Gounder* community.

The dowry given at the time of marriage is not the only transaction as far as the daughter's marriage is concerned. There is a series of ceremonies associated with the girls in the family. The practice of *seimurai,* which are certain obligations that the girl's family has to perform, includes gifts to the husband's family in cash and kind, and rituals connected with pregnancy, childbirth and ceremonies for piercing the ear of the girl child, etc., (Krishnaswamy, 1988). Vedavalli and Sharada, (unpublished) have mentioned *seimurai* as a practice among

the *Kallars*. This practice of *seimurai,* involving gifts to the daughters and her offspring at various social events and life cycle rituals, places a heavy burden on the family for a lifetime. Unfortunately with the change from bride price to dowry, the burden on the family is infinitely greater. The gifts (*seimurai*) are no longer a token of affection of a parent to the daughter, but instead an elaborate demand from the marital family. Inability to meet the pressure of these lifetime demands is a major cause for female infanticide. There is an added responsibility to the maternal uncle to provide many of the gifts. In the age - old custom of uncle-niece marriages (endogamous marriages), this ensured that the wealth remained within the family, but there is an increasing trend towards hypergamy (exogamous marriages) in recent years. Occasionally, according to Vedavalli (1997), the *seimurai* can mean the dowry is given in instalments by the girl's family, through an arrangement with the groom's family.

Son Preference

Women experience discrimination throughout their life, which makes it doubly difficult for them to shake off attitudes imbibed by them during their childhood socialisation process. Patriarchal pressure is the greatest deterrent to any form of cultural/ social change. Society has a strong bias favouring sons as an important part of the social, economic, religious and familial life in India. Socialisation of the girl child includes an acceptance of discriminatory practices, a burden which is hers, simply because of the "curse of being a woman". Therefore the theory of male supremacy continues unchallenged. Women have internalised the idea of self-sacrifice and the futility of resisting change. In this way, women are used in the patriarchal system to propagate the cultural values that may go against their own best interests.

A male child, on the other hand, is an asset. His presence is welcomed as his needs are fewer, when compared to a girl, he will contribute to the family's economic betterment; he will bring in a dowry; his presence is indispensable in rituals associated with the death of his parents and finally it is he who carries on the family name. Expenditure on the boy is believed to be returned fourfold. Therefore, no resources spent on the boy ever get "wasted".

The preference or desire is so strong that many couples do not practise family planning methods. There is yet another theory that suggests that the government's enthusiasm in inculcating the small family norm has been so successful that people practise female infanticide to achieve a better standard of life! (Mascarenhas M.M., 1990). Unfortunately in this process, the female children get eliminated. The hope of producing more than one male offspring is the ultimate ambition of most parents. According to the study *Kuzhi Pappa* (CSG and Adithi,1992), both Hindu and Muslim families seem to view female children as liabilities. *Kuzhi Pappa* is the only report that has pointed out that one of the reasons expressed by women for not wanting female children is because they do not want the daughters to suffer their own fate — a fate which includes being used as sex ob-

jects by the fathers-in-law. Sons tolerate this practice in order to retain their hold on the family property.

Caste

Various reports have assigned a major role to caste in this scenario, but this argument may have to be disregarded. The *Kallars* and tribes like the *Todas* of South India are from the lower social castes/ tribes, while in North India female infanticide is more widespread among the higher castes such as the *Jats* and the *Rajputs*. These north-south differences in the practice are extensively discussed in Miller (1987).

There is a widespread belief that the practice of female infanticide is embedded deep in the psyche of the *Kallar* community because of their position in the caste hierarchy, and their aggressive nature is traced to their ancestral roots. The theory that the erstwhile warrior clans continue their aggressive behaviour patterns has not yet been put to rest. However, to attribute aggressive qualities to a particular community is both unpleasant and inaccurate. Such assumptions have to stand the test of research studies before any generalisations or inferences can be drawn. There are no reported cases of *Kallars* from any other region other than Usilampatti practising female infanticide. The subcaste known as the *Piramalai Kallars* is the only group among the *Kallars* known to do so.

It may be better to look for the theoretical explanation for the persistence of the problem today in the social changes taking place within the larger society, especially change accelerated by advancements in technology. Technological changes, if not accompanied by a corresponding attitudinal change, may lead to a phenomenon very akin to "culture shock". The pace of change in the *Kallar* community has been noticeably slower than that of the change taking place in the larger society. The differential pace of social change with little or no adaptive changes in social norms among the *Kallars* may have led to a reactive situation. Adaptive changes in the norms that govern social behaviour should rightly keep pace with socio-cultural changes, but this has not happened in this case. The traditional function of the *Kallar* community was to provide protection to the local community. The colonial reign in India ensured that this community's traditional role got negatively interpreted as an antisocial practice to be eliminated. The *Kallars* were classified by the British as a denotified tribe (Criminal Tribe Act 1917) and were required to register themselves at police stations as criminals (Asian Women's Human Rights Council and Vimochana, 1995). The alienation of this community was complete. The categorisation of this community as a denotified community deprived it of its traditional status and marginalised it completely. Mainstreaming these communities has become a major issue, especially in understanding the customs of the *Kallars* and in order to bring about adaptive changes that are necessary to integrate them into the larger society.

Chunkath and Athreya (1997) quote evidence that the practice of female infanticide is found among several castes, though it might have

originated among *Kallars* and *Gounders* in specific regions, and suggest that the reason for the spread is the "social legitimacy" provided by the practice of the dominant landed caste in the region.

Religion

It has been asked if all religious groups practise female infanticide. There is no concrete evidence of either the Muslim or the Christian population adopting this practice. Bardhan (1982) alone has stated that religion may have an impact in the scheme of events, but his argument that the Muslim communities in North India practise female infanticide is largely unsubstantiated. It is safe to presume, on the basis of available information, that no clear cut parallels can be drawn between the practice of female infanticide in North and South India. A reference is made by Brown, as cited in Krishnaswamy (1988) and by Ravindra (1996), in a press report to religious groups on the practice of female infanticide. Both implied that all religious groups in Tamilnadu practise female infanticide. (*The Hindu,* 1 Sept. 1996.). Conclusive evidence is still lacking.

Superstition

There are also other, perhaps less important, factors of a socio- cultural nature affecting female infanticide. News reports and discussions with NGOs working in the area indicate that there is a misguided belief that killing a newborn female child increases the probability of a male child being born in the family. This custom may have existed many years ago for whatever rationale was applicable at the time. What has astounded social workers and sociologists about the custom, is that it has mysteriously resurfaced again and again over a fairly wide geographical area. This lends credence to the possibility that the methods used traditionally to kill these children must have been passed on by word of mouth, through successive generations.

Coercive tactics, used by society and families in ensuring that female infanticide continues today, have resulted in a feeling that social pressures have a more far-reaching influence in our tradition-bound Indian society than was previously estimated. These tactics continue to influence the population practising female infanticide probably because of the total absence of stigma in the practising society.

Modernisation

Some interviews with NGOs and experts in the field indicate that there are other reasons suggested as relevant for the practice being revived recently. According to K. Nagaraj, the changes related to modernisation in agricultural practices have led to the creation of a new rich class, in and around Madurai, after the construction of the Vaigai Dam (Iyengar, *The Times of India, 30 Oct, 1992).* The fertile areas around the dam and the side canals have made these regions doubly fertile. The consequent changes in agricultural practices have resulted in affluence among some land owners in the area. Vedavalli[5] (1997) also holds similar views, based on her analysis of the region. According to her, the agrarian practice was predominantly rained agriculture. The

construction of the Vaigai dam has changed the irrigation practices to the wetland cultivation method. Cash crops were introduced and these brought in a huge inflow of capital. The shift in cultivation patterns to cash crops has meant that these families had suddenly enhanced their position in the class-caste hierarchy. Power structures within the community also changed as a result of the unequal distribution of gains. Families with recent wealth acquired social clout in these areas resulting in a corresponding shift in the power equations in the community. This has consequently led to changes in marriage practices and the subsequent spread of dowry and its demand. This could be an underlying factor in the spread of female infanticide.

Psycho-social Factors

There is a need to understand the psychological drive within individuals and communities underlying phenomena like female infanticide. The other causes listed do not fully explain the problem as it exists. One of the major hurdles in understanding the practice of female infanticide and its rampant spread is the near-total absence of guilt in the community that perpetrates the practice. The community has closed its ranks against outsiders and accorded the sanction needed for the practice to survive. This limits the scope for outside influences in arresting the problem. According to ICCW - TN and other field practitioners working in this area, there is predictable grief among the mothers, but a marked absence of guilt. The familial and social situations seem to outweigh personal reactions and therefore women opt to kill their newborn female children. The absence of guilt can be a possible causal factor in sustaining mental health status, in spite of the trauma that may exist within families of the region. If the burden of guilt had been a deterring factor, it does not get reflected in the mental health status of the community.

The lack of trauma is another aspect that has not been covered adequately in research studies. One probable explanation could be that people in lower income groups cannot afford to indulge in prolonged grief and the trauma associated with it. The immediate necessity is survival. In this struggle, people can ill afford the psychological luxury of prolonged mourning.

Observations from field practitioners reveal that often, observance of the normal customary *theetu* (impurity) after a death in the family, is never followed in cases of female infanticide. If this *theetu* was observed, it may have given people a clue that female infanticide had occurred. The infant is not considered a "person" and therefore does not warrant rituals. If the practice or ritual had been followed, then the probability of identifying cases may have increased. In a number of cases, especially in hospitalised delivery, the female infants are sent home in good health. Subsequently, within a few hours after reaching home, the family claims that the child has died due to various causes. This leads to speculation that a case of infanticide had occurred.

Dr.Thomas M Kottoor (1990) has presented a psychological analysis of fe-

male infanticide in a paper under the same title (Annexure 3). He has mentioned three theories that could provide a basis for analysing the psychopathology of female infanticide.

- Frustration-Aggression Hypothesis
- Learned Helplessness Model
- Attribution Theory

These theories have not yet been developed fully nor has there been any attempt to empirically test them *in situ* to enable psychologists to understand the motivation patterns of the Kallars or Gounders. Perhaps if there is a clear understanding of the psycho-social theoretical basis for such behaviour, it may provide approaches to tackle the problem. Community - based epidemiological studies in the future, using standardised psycho-social evaluative scales, are probably one answer to this question.

5 THE IMPACT OF MEDIA

The positive and negative influences of media have been discussed on various platforms. Affirmative action programmes in the area of gender issues have no doubt been facilitated by the media. Media has its rightful place in spearheading social and gender issues in a traditional patriarchal society.* There is no doubt that the media has to focus on such events. The dismay associated with such a focus may provoke the community or the society to some concrete reaction. Such a role is essential in any democracy where the media has a right to publicise what the people have to know. This kind of publicity also brings with it a corresponding responsibility, which should be exercised continuously, since the primary motive should not be merely to embarrass the government. To make the public conscience-stricken should be the main aim of these efforts by the media, otherwise, its role will not be taken seriously.

One of the more positive aspects regarding the media's key role is in highlighting the phenomenon of female infanticide as a contemporary problem in India. The media has not merely highlighted the issue, but has helped in bringing forward the reform process with active pressure from women's groups and NGOs. The government was forced to come forward with schemes to offset the media's challenge. There is no doubt that many of the programmes/schemes that were processed by the government were in fact stimulated by the media.

Myth vs. Reality

The negative impact of media has been in lending support to certain misguided views, attribution of certain traits to certain communities, implications that the practising community is basically violent by nature and therefore impervious to legal restrictions or societal controls. The people and organisations working in the area are still apprehensive about the media's attempt to sensationalise the issue. People in these areas have also become adept at handling media representatives. As a result, the community puts up a front of ignorance or else sidelines the phenomenon as a thing of the past.

Another myth that has been perpetrated is attributing poverty as the direct cause for female infanticide. Accentuating the cause as poverty is actually providing a lop-sided argument about female infanticide. In reality, female infanticide is rarely an option among groups well below the poverty line. According to one organisation, the media has been the sole cause of spreading the problem among groups like the *dalits* that historically never practised infanticide.

* For further material on media responses to female infanticide, please refer to the companion paper entitled 'Watering the Neighbour's Plant' by Sarada Natarajan

During discussions with agencies and community members, it was felt that the community's response to the media is extremely negative. Damodaran (1993) held an identical view in her paper presented at the symposium on female infanticide organised by the Indian Society of Victimology. She cautioned that excessive publicity may produce a negative effect and thus prove counter- productive in efforts to eradicate the problem. There was some punitive action initiated against a *dai* who was mentioned in a press report. This has caused widespread fear among the people and some agencies regarding the damaging impact of the media. From a social point of view, the phenomenon may have become "hidden" as a result of media attention. A certain amount of wariness is seen when strangers enter those areas where female infanticide exists. The fears of the community are that they may be held accountable or get apprehended for killing female children. This has become a dominant factor in the minds of the people in the community.

Changes in Methods

Another area where the media has created a negative impact is in triggering changes in the traditional methods used for infanticide. There have been reports about the various methods used by the community/ families in committing infanticide. The press, in their interviews with agencies working in the area, had already highlighted the gory methods used in explicit detail. Graphic descriptions and vivid details were given of the horrendous methods used to kill newborn babies. Some of the methods used for female infanticide within Usilampatti and Salem district of Tamilnadu are documented in Arulraj et al., (1993). Forced ingestion of alien and toxic substances like the poisonous milky sap of plants like calatropis *(errukkam)* and oleander *(arali)* was the most common way of ensuring the death of an infant. Extracting the sap of these plants is a time-tested method, indigenous to certain Indian communities. Synthetic substances that are toxic in nature, like pills, pesticides or even kerosene, were also in use. The methods used varied and often combined indigenous ones with some newer innovations. Ultimately, the female babies were poisoned, asphyxiated or died of haemorrhages.

There are questions asked today, if there was any need to focus so much attention on these details. The strategy adopted by the media was probably to shock the community and the government into action. The attempts to sensationalise the methods employed by the community in killing innocent babies was, in a way, a retrograde step. The mistaken belief that highlighting these methods would ultimately ease the potential suffering of the child has, in fact, backfired. The community has revealed that the reasons for killing the girl child was to 'ease her suffering in the future'.

The less sophisticated methods of the past were probably much easier to detect than the more painful and often cruel forms of killing adopted today. Unfortunately, the use of humane methods in killing no longer seems to be important. The community that practises female infanticide usually

shows resourcefulness, combined with ingenuity, for they know that they have the support of the people around them. Ironically, the fact remains that either way the community and the media have succeeded only in enhancing the suffering of a girl child.

The media's attention to the methods used has resulted in more subtle methods coming into existence. The primary objective today is that the cause of death should remain undetected in case of a post-mortem examination. Therefore, the more easily detectable forms of killing are comparatively rare today. Poisonous substances, either from plant or synthetic sources, are less widespread today. Asphyxiating the baby girl is the most common method used now, mainly because the cause of death is less easy to ascertain, in case of legal complications. What is extremely painful to imagine is that it may take nearly three hours for a child to die when asphyxiated. The traditional procedure may have resulted in instantaneous death of the infant instead of a prolonged and often painful one, as in the more recent methods. Unfortunately, no clear estimate or judgement can be made regarding the extent or magnitude of the problem.

Fixing Responsibility

Who actually does the killing also remains highly ambiguous. Discussions with field practitioners from ICCW - TN have indicated that the people who actually kill the children are usually the local midwives. One news report has indicated that fathers themselves are directly involved in killing their children. Often it is the older women in the community and the family, like the mother-in-law, who actually kill the babies. The child gets killed within the first three days or the first week of its birth, after which the chances of its survival increase. It is only in very rare instances that the child is killed after the first week.

In January 1994, a mother was apprehended for killing her own daughter. (*The Week* 3 April, 1994). The girl child, a healthy 3.5 kg in weight, was delivered in the government hospital. Later, when a field worker visited the house, the child was missing. The agency resorted to legal action after the body of the child was exhumed from the front yard of the house. Forensic reports showed that the infant had the bones of the neck crushed and broken to pieces. The report was that manual strangulation must have been the cause of death.

Many customs have been adapted to make way for the practice of female infanticide. Arulraj et al (1993) mention the decision of those family friends and relatives who are normally expected to visit a newborn infant, to postpone such visits if the infant is a female. The reason for postponing the customary visit was extremely practical - to combine it with the funeral of the newborn baby.

THE LEGAL SIDE 6

The earliest known legislation against female infanticide was enacted by the British Government in 1870. Prior to this, there were regional regulations established by the British, such as the Bengal Regulation of XXI 1795 and Regulation III of 1807, that declared that infanticide amounted to murder. The Infanticide Regulation Act of 1870 was passed nearly a hundred years after it was discovered officially by the British. This Act required the compulsory registration of births and deaths to enable verification of female children a few years after birth.

Infanticide as Murder

The Constitution of India contains certain provisions that guarantee the welfare and development of children. The Indian Penal Code also has defined infanticide as murder. (I.P.C Sec.102). While the deliberate act of causing a miscarriage or injury to the unborn child, exposure of the infant and concealment of births are covered under Sections 312 to 318 of the I.P.C., the intention of preventing a child being born and causing bodily harm to the infant are covered under I.P.C Sec. 315. Sec. 317 makes the act of abandoning a child under the age of 12 years an offence, and Sec 318 makes the concealment of the birth and secret disposal of the dead body an offence. (Ramaseshan, G., 1993). Ramaseshan goes on to reveal that there are hardly any cases or any known judgements against the offenders. Convictions have been related to cases involving illegitimate children. In the opinion of Ramaseshan (1993), the existing laws are sufficient to deal with cases of female infanticide. The difficulties lie in providing proof.

The above sections deal with children in general and not the girl child in particular. Some of the sections of the I.P.C also make abortion illegal but the Medical Termination of Pregnancy Act (1971) ensured that these sections relating to abortions were made irrelevant.

Differing Views

There are two opinions regarding the use of legislative measures in preventing female infanticide. There is one school of thought that believes that all infanticide cases should get treated as "homicide" and be treated accordingly. Others believe that legislative or punitive action cannot be an active deterrent in preventing female infanticide. The problem will only get swept out of sight if aggressive legal remedies are adopted. If female infanticide is tackled legally there is every possibility of it becoming even more clandestine. Ramaseshan (1993) also advocates a more understanding approach when taking steps to curb female infanticide. She advocates that the sociological background of the practising population and women in particular, should be kept in mind.

The recent ruling of the Madurai II Additional Sessions court, in the one case that came to trial in January 1997, has proved that in the eyes of the law, the culpability for the act will rest with the mother. The court opted to sentence the mother to life imprisonment and released the father. According to press reports, both parents were charged under the F.I.R (first information report) by the police. The case is waiting for an appeal at the higher court at the time of writing this report. (*Junior Vikatan*,1997, Jan.19). According to the same report, at least 50 legal cases of female infanticide have been registered. Unfortunately, in 40 of them the accused are women. One other issue has been highlighted by the above case. The court opted to cite the social worker who brought the case to trial as the plaintiff. This course of action has naturally curbed other NGOs from taking any legal stand in matters relating to female infanticide.

Abortion vs. Foeticide

In most countries, abortion is an accepted idea. Abortion means the destruction of the unborn infant and should, by its very terms of reference, be categorised as foeticide. It is only the law of the land that restricts categorisation of abortion as foeticide and therefore removes the label of crime from the action. Fortunately, there is a presumption that when an abortion is conducted without determining the sex of the baby, then that society at least is free of gender bias. Mascarenhas (1990) has quoted Michael Tooley who has said that there should be "...no moral distinction between abortion and infanticide."

It is pathetic that in recent times, discrimination starts even before the birth of the child, in the form of female foeticide. Female foeticide is a new facet of the old problem. Mascarenhas, M.M.,(1990) refers to foeticide as the "cousin" of infanticide and feels that both coexist. However, female foeticide in different from infanticide, since it requires a different strategy if it is to be tackled. The large majority of reasons for its practice are similar though not exactly identical, but if a careful assessment of the practice is made, it will be clear that the solution should be handled differently.

Combating Foeticide

Amniocentesis and sonography are prenatal diagnostic techniques intended for detecting genetic abnormalities of the foetus in the interest of the unborn child and the expectant mother. Instead, the test is used in determining the sex of the unborn infant. The information gleaned during this test was being extensively misused, and led to the promulgation of the Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) Act in 1994. This Act is a trend-setter among legislations. The Bill was in fact introduced in 1991 and was thereafter examined by a joint committee of both Houses of Parliament. After the committee submitted its report in December 1992, based on its recommendations, both Houses passed the Bill on 20th Sept. 1994 (Act 57 of 1994). The purpose of the legislation was to prevent female foeticide and to restrict the use of prenatal diagnostic techniques to detect only genetic abnormalities in the unborn infant. The Act expressly forbids the communication of

the sex of the foetus. Unfortunately, this aspect of the legislation cannot easily be enforced with the "Ultrasound Clinics" indulging in unethical practices. The majority of these centres run as profit - making enterprises. The Act and the subsequent rules, which were gazetted in 1996, called for stringent action against erring clinics, but the enforcement machinery does not seem to be effective. The indiscriminate mushrooming of such "clinics" is an indication of its weakness.

Amniocentesis is less frequently used today. Scans, on the other hand, are less expensive and more widely used. This test, coupled with the Medical Termination of Pregnancy Act (1971), has proved a facilitating combination for the maintenance of low sex ratios in the country. The Medical Termination of Pregnancy Act (1971) was at no time intended as a method of family planning. Nonetheless, the procedure gets rampantly misused with the collaboration of the medical fraternity, as an alternative in the case of couples who do not opt to practise family planning methods and who want to do away with the unwanted child.

Misuse of Technology

When such legally available avenues get misused in perpetuating gender discrimination, the issue must necessarily enter the ambit of social problems in India. Radhika Coomaraswamy, UN Special Rapporteur on Violence against Women, who presented a comprehensive paper on causes and consequences of Violence against Women, has revealed that one study on amniocentesis in a large Bombay hospital found that 95.5% of foetuses aborted were female (Coomaraswamy, R., 1995). In Coomaraswamy's words,

The one area which is particularly relevant to the problem of violence against women in the context of technology is the issue of reproductive technology. Though reproductive technology has allowed women greater freedom and greater choice with regard to the important function of childbirth, it has also created innumerable health problems for women, problems which are often ignored by the medical establishment. In addition, reproductive technology which allows for pre-selection of the sex of the child has resulted in the killing of female foetuses and selective abortion. Modern technology has been the means of liberation and choice for many women, but for others it has resulted in death and exploitation. (Coomaraswamy, R., 1995).

According to George (1995), there is a widespread tendency towards female foeticide among the immigrant Asian population originating from Korea, China and India, residing in Britain, United States and Canada. It seems that it is difficult to completely wipe out centuries-old customs from the minds of the people.

There seems to be a clear lack of motivation to enforce legislation which bans sex determination tests as a normal procedure during early pregnancy. The Medical Council Act has the necessary provisions required to prosecute errant doctors for this unethical practice (Pandarinath R.R., *The Lawyers*

August, 1991). Unfortunately, the apathy of the government and the Medical Council, has allowed the misuse of the test as an everyday event, resulting in the killing of millions of female foetuses in the country. The government here is not dealing with the less educated section of the population, such as the *Kallar* community. The medical fraternity is an informed and enlightened group. The Medical Council and other regulatory bodies who have the necessary mandate, have to act collectively on behalf of the whole community. Instead of providing a cover for the deviant members among them, the Council should ensure that sex determination tests do not get misused and that the recommendations of the Central Committee on Sex Determination are carried forward.

GOVERNMENT ACTION 7

In 1974, the Government of India adopted the National Policy on the Child and declared that the children of India are "supremely important assets". The policy emphasised that the State of India shall provide adequate services to all children, both before and after birth and during all stages, for their full physical, social and mental development. In spite of such far-reaching emphasis and periodic safeguards provided through policy and legislative provisions, the status of the girl child continues to cause concern, countrywide. The SAARC declared 1990 as the Year of the Girl Child and 1991-2000 as the Decade of the Girl Child. The Government of India is also a signatory to the Convention on Elimination of Discrimination Against Women in 1993. Consequently, in formulating the National Plan of Action during the decade for the girl child, one of the objectives included in the agenda for action was to prevent female infanticide and female foeticide and ban sex determination tests. The government followed through on the latter part of the objective by passing the Prenatal Diagnostic Techniques Act 1994, which makes genetic sex determination tests illegal.

The earliest report of female infanticide in the media was Venkatramani's article in *India Today* (15 June 1985), and later reports revealed that the problem was more widespread. Propaganda became concentrated in Tamilnadu in the last few years mainly due to the collaborative concern of agencies involved with the eradication of female infanticide. The government has taken a positive stand. It has acknowledged public opinion and accepted the possibility of the problem occurring in the state, for which it deserves credit in full measure. The Government of Tamilnadu, in its Vision 2000 programme, drew up a 15 point action plan for the Women of Tamilnadu. Point 13 of this action plan emphasised the government's intention to eliminate female infanticide in Tamilnadu.

The earliest of governmental policies and action was a curb on the misuse of amniocentesis as a tool in sex discrimination. Later, the strategy adopted by the state has been more of a patriarchal nature. The state has taken on an in *loco parentis* stance, by merely assuming responsibility for the care of children who are potential victims. The two schemes of the Government of Tamilnadu viz. the Cradle Baby scheme and the Girl Child programme, though timely, can at best be described as ameliorative and not revolutionary.

The Cradle Baby Scheme

In the wake of reports of female infanticide in Salem, the Minister for Social Welfare personally visited Salem and launched the *Cradle Baby* Scheme, under which parents

unwilling to bring up their female babies could place them in cradles placed for this purpose at Primary Health Centre and selected Government orphanages instead of resorting to female infanticide. The Government ordered for cradles in hospitals, Primary Health centre and orphanages. Reception centres were set up to received the abandoned female babies. The Government also constituted a welfare and monitoring committee to review the effective implementation of the scheme.

So far, 138 babies are stated to have been saved under this scheme and 98 of the children survived. Eighty six children were either placed for adoption or have been handed over to a responsible and reputed voluntary organisation under whose care the babies are being brought up, while 12 children were taken back by the parents. Twenty eight babies died due to diseases inspite of intensive medical care provided to them.

Out of the children "saved", twenty have been given in adoption to childless Indian couples. The cradle babies have also been enrolled under the *Puratchi Thalaivi Dr. Jayalalitha Scheme for the Girl Child.** As a further boost to their welfare, the government has directed that the cradle babies be given the State government concessions available to Scheduled Caste and Scheduled Tribes in respective of education and employment.

Difficulties and Pitfalls

There have been several difficulties and pitfalls associated with this scheme. These cradles were placed at

Table 3 Status of Saved Babies

S.No.	*Name of the Organisation*	*No. of children given to them under the scheme*
1.	Karna Prayag Trust(Chennai)	40
2.	Guild of Service (Chennai)	26
3.	Theresa Home (Salem)	5
4.	Bethel Home (Danishpet)	6
5.	Donavur (Tirunelveli)	5
6.	Raja Rajeshwari Mahila Samajam (Salem)	2
7.	Bala Vihar (Chennai)	1
8.	Pathway (Chennai)	1
	Total	86
	Total number of children taken under the cradle baby scheme	134
	No. of children who survived	98
	No. of children given back to parents	12

Source : Department of Social Welfare, Govt. of Tamil Nadu

* Now renamed as the "Girl Child Protection Scheme"

hospitals, police stations and local PHCs, otherwise known as *receiving centres*. The idea was that mothers/ parents would allow the child to be left in the care of others rather than choosing to kill the children. The children left in the cradles would become the responsibility of the State. The parents are given three months to make up their minds whether they would like to take the children back. According to experts in the field like Kumarbabu[6] (1996) from ICCW - TN, the survival rate of these children is low. Parents who leave their children in the cradles, do so at night, to maintain anonymity. Often the cradle babies are picked up several hours later, leaving the infants exposed to the elements for long stretches of time. These already vulnerable children have further reduced chances of survival.

The cradles are usually located outside PHCs, the most likely place where mothers would leave their children, immediately after birth. The PHCs are under the control of the Health Department. Unfortunately, the Health Department has no funds allotted to take physical care of these infants at these centres. Subsequently, the care of these abandoned infants falls under the purview of the Social Welfare Department. The ambiguity in the situation and the lack of co-operation between the two departments have resulted in scuttling the scheme.

A large number of children were abandoned in the cradles during the initial period after the launch of the programme. It was widely reported in the media that a many of these children died after they were sent to foundling homes/institutions. This resulted in reaffirming the belief within the community that they would rather kill the babies themselves than abandon them to agencies where they die at the hands of strangers.

Arulraj et al. (1993), in their study have indicated that with the exception of a limited number in Madurai district, most of the families in the area oppose the cradle baby scheme. The questions voiced by the community relate to the future of the child. Arulraj et al. recommended that the entire scheme be reviewed. One agency in Madurai has used a different strategy to ensure the survival of the female child within the family. The agency accepts the care of the infant through their receiving centre, and then gives three months to the parents to take the child back if they so desire. In the event that the parents decline to do so, the agency encourages parents to continue their interest in the child through the payment of a minimal monthly remittance towards the care of the child. Through the next few years, the parents maintain contact with the child and are actively encouraged to take the child back.

The Girl Child Scheme*

This scheme was promulgated by the Tamilnadu Government in the year 1993-94, through the Social Welfare and Nutritious Meal Programme Department of the State with the primary aim to educate people to adopt the small family norm, and to promote the education of girl children of poor families.

* Now being modified

Conditions for Eligibility

1. The parent should undergo sterilisation on or after 01.04.92.
2. The parent undergoing sterilisation should not be more than 40 years of age.
3. The parents should have only one or two daughters and no son.
4. The beneficiary girl child should not be more than 3 years of age.
5. The family of the girl child should be below poverty line and the annual family income should not exceed Rs. 12,000/- p.a.

Benefits under the Scheme

1. An amount of Rs. 5,000/- will be deposited in the name of the girl child in a government fund maintained under public account.
2. On the Ist birthday of the girl child, or the succeeding birthday after enrolment, a gold ring worth Rs. 800/- will be given.
3. On joining school, an amount of Rs. 250/- will be given.
4. On joining VI Std. an amount of Rs. 500/- will be given.
5. From IX Std to XII Std an amount of Rs. 50/- p.m. will be given for 10 months each year.
6. On attaining 20 years of age, a lump sum of Rs. 20,000/- is to be given in cash towards the expenses for her marriage or further studies.

The payments to the girl child on the first birthday and after completion of the 20th year of age will be made directly by the District Social Welfare Officer through the Headmaster of the school concerned at the beginning of the school year. The headmasters will disburse the amount to the beneficiaries studying in their institutions. The girl child who has been enrolled in the scheme must have completed at least 10th Standard (successfully) and must also remain unmarried till the completion of 20 years of age to become eligible to receive the lump sum amount on her 21st birthday. If the girl drops out before completing the 10th standard or gets married before completing 20 years of age, she will be ineligible to receive the lump sum amount which will automatically lapse to the government. If the child covered under scheme dies before completing 20 years of age, the surviving girl child may be brought under the scheme provided she is under 20 years of age.

Weaknesses of the Scheme

While is too early to evaluate the impact of the scheme, certain weaknesses can be seen, which have not been carefully examined. The scheme envisaged to extend a certain amount of money, on an annual basis, to 20,000 poor families who had girl children. Unfortunately, this was linked to the parents opting for sterilisation.

Another loophole in the scheme was to pass on the benefits to the next surviving child, in case the beneficiary died before her 20th year. This does not ensure the survival of girls, but instead provides avenues for the families to utilise the funds for a fairly

Table 4 Girl Child Scheme Target and Expenditure

Year	Physical		Financial	
	(No. of children)		(Rs. in Lakhs)	
	Target	Achievement	Target	Achievement
1993-94	20,000	6,886	400.00	370.77
1994-95	8,000	8,000	400.00	400.00
1995-96	8,000	8,000	400.00	400.00
1996-97	8,000	NA	400.00	NA

Source: Performance Budget, Govt. of Tamilnadu 1996-97

long period. There is also no content of gender sensitisation in the scheme for communities for whom the programme is intended, and several departments overlap in administering, supervising and monitoring the programme. Details about the disbursements under the scheme are given in Table 5.

The study by Madras School of Social Work (1994) for the Ministry of Human Resources Development, Government of India, predicts that in the future, with the inflow of capital, there will be an increasing tendency for early marriages for the beneficiaries under the scheme. In all likelihood this may be a problem that the government will have to reckon with in the future.

The lack of awareness of these governmental programmes and policies has been a shortcoming that has affected the success of the schemes. Arulraj et al (1993), established that in the sample selected for their study, nearly 75% of respondents were ignorant of the programmes and policies regarding the girl child. This was reaffirmed by a news report based on a study conducted by Alternatives for India Development, an NGO, using the case study method, in 1993.(details of the report were not available).

There is however, some recognition of the importance of communication in conveying socially relevant themes to the public. The Government of Tamilnadu has brought out some communication material through the State Directorate of Information and Public Relations. The government, in collaboration with the Tamilnadu Integrated Nutrition Project, UNICEF and the India Population Project V has also brought out some posters and video clippings on the girl child and on female infanticide. It remains to be seen how effective these are.

8 THE NGO RESPONSE

The non-governmental organisations have to a large extent bridged the gap between governmental programmes and the need of the community. The efforts of organisations working in the non-governmental sector require careful analysis, since there is a wealth of knowledge and experience in these organisations. The strategies of these organisations are, in some instances, very individual and unique and have proved to be very effective. In Madurai District itself, there are over thirty different organisations involved in female infanticide prevention programmes. In Salem, there are approximately 25 organisations, but infanticide prevention programmes may not be the main or the only activity of the organisation.

The main thrust of most of the organisations interviewed was rural development. The strategies followed by the organisations are described below. It should be emphasised that there is no single right or wrong method in tackling the problem. For any evaluation to be made, more scientific methods of rating the success of any individual strategy need to be formulated. In fact, from the information received in interviews with the organisations, the methods varied widely, but there are a few common strategies. No single agency covers all the activities geared towards the eradication of female infanticide. The primary function of each agency is usually different, covering health, education, institutional care, rural development etc. There is also a certain amount of duplication of services and a corresponding waste of resources. The dream of interagency co-operation still remains distant.

Strategies for Action

S 1 Advocacy and lobbying

Conscious use of lobbying tactics is rarely resorted to by organisations. Selective use of the media in advocacy against the phenomenon has been used by some organisations. Some of the media attention to female infanticide can be traced to the concern of an organisation like SIRD (Society for Integrated Rural Development.) The organisation has been successful not merely in getting the problem highlighted in the media, but also among the local population. The agency has mobilised local *sangams* to increase the participation of women in awareness creation and gender sensitisation programmes. Similar activities exist in other organisations like WED Trust (Women Emancipation and Development Trust.). There is one agency which receives financial support from the wealthy *Kallars* in Usilampatti area for funding female infanticide prevention programmes. Recently, however, the NGO's and the community have become wary of the presence of the media in their midst.

S 2 Enhancing socio-economic development

This strategy, used by an organisation like ICCW - TN, is based on an understanding of the personality of the *Kallar* women and has succeeded in introducing them to trades that appeal to them. What has been particularly remarkable is the change that ICCW - TN has brought about in this region in the socio-economic development of women at the village level. One woman trained as a blacksmith now runs her own foundry, while another owns a bicycle hiring shop. These women have become role models in their villages. The agency has used the community's affinity to trades like foundry work and small businesses to accelerate self-help among women, who in turn provide valuable guidance to other women in their communities.

Options in the form of socio-economic programmes have given the women of the Usilampatti area a much better chance of making a decision to save their female babies. This indicates that dramatic changes are possible if some developmental inputs are given, along with infrastructural facilities. It is true that the reasons attributed as the cause of the problem in Usilampatti are different from those in Salem and Dharmapuri Districts which also have high female infanticide rates. The replicability of the strategy in other districts has to be carefully studied.

S 3 Gender sensitisation

Some organisations are consciously using specially designed avenues in encouraging gender consciousness among the general public. These programmes form an integral part of all the projects taken up by agencies sensitive to the women's issue. These programmes draw on the local interest of the community, basically of a socio-cultural nature, through street theatre and films etc., and try to impart gender-sensitive messages in an acceptable and palatable form to the larger community. The *sangams* provide the vital link in this endeavour. The agencies that work in the female infanticide prone areas have succeeded in building a special rapport with the community through the *sangams* that provide the initial contact. The intervention technique reported next is a gender sensitising effort, but is being treated as a separate strategy.

S 4 Working with village elders

One agency has started adopting the unique method of working with the village elders or the *panchayat* members to settle disputes, especially domestic disputes. This strategy would probably have the maximum impact in the long run. The organisation's representatives meet village leaders and discuss the case with them (with the permission of the women), prior to the case being brought up in front of the village *panchayat*. This ensures that up-to-date versions of the woman's side of the case gets the leaders' attention, and that the *panchayat* decisions are not loaded against women. According to the organisation, this strategy is successful in settling property disputes after marital breakdown. The agency has tried this technique with property disputes and marital decisions, *chiefly*, but they have included other gender

issues in their discussions, especially the key issue of female infanticide.

S 5 Monitoring of "high risk" mothers

Many agencies follow this strategy. ICCW - TN adopts this strategy in the areas covered by their programmes. Pregnant mothers are targeted from these areas. They are considered vulnerable, especially if they have one surviving female child. These mothers are considered "high risk" mothers and their progress during pregnancy is monitored by the village level worker. This ensures that the mother is given the optimum input necessary for her to retain the child. Even this type of close monitoring may sometimes fail. The inevitable end may be the killing of the newborn infant, though ICCW - TN has revealed that the success rate is higher today than ever before.

The focus of most agencies is on counselling and guidance services so that the vulnerable target group of pregnant mothers is informed of the alternatives available to them. The mothers are oriented to think by themselves and not have decisions made for them, impelled by community pressure to kill their female babies. Most women, according to the ICCW - TN, respond to these methods and value the efforts of the agency. The women are highly motivated, according to the agency, after different options are offered to them. This strategy could provide the maximum benefits in the long term. This strategy is followed by most organisations based in Madurai and Salem districts.

S 6 Legal remedies

Most organisations are apprehensive of using legal methods mainly because they can alienate the community and ruin many years of work in building the confidence of the communities. It is the opinion of most agencies, that slow pedalling and understanding the psyche of the people, will help in eradicating the problem, even though it is a slower process. Most of the agencies working in Madurai district feel that the legal method should be used with extreme caution, and when legal remedies are resorted to, it should be done with the support of the community. Agencies have the experience of the community turning against them when they take a unilateral decision to take legal action. The credibility of the organisation has suffered when legal alternatives were used to make the community toe the line. George (1995), has also drawn attention to the fact that legal methods may in fact ensure that the problem will become even more clandestine than it is at present. Successful prosecution of cases is also not possible, especially if one keeps in mind the changes in the methods used to kill the babies. At the time of writing this report, only in one case was the judgement actually passed.

S 7 Providing temporary care

There are a few organisations that have come forward to provide temporary care and shelter to the unwanted female babies. This ensures that the female child gets removed from the vicinity of the key family members dur-

ing the vulnerable period, so-called, immediately after the birth of the child. During the *post partum* period the mother gets exposed to ridicule and extreme disappointment. This makes her emotionally weak and open to suggestion and family pressure. Some agencies intervene and take over the care of the child with the assurance to the parents that they will look after the child if the parents do not want the infant. Agencies usually give the parents the option of reclaiming the child during the first three months, failing which the child gets relegated to the care of the agency. Some agencies leave the option open to families to reclaim the child at any time.

Agencies also encourage families to provide financial support to the child who is in the care of the institution. There is active encouragement for periodic visits by the parents, usually restricted to one visit a month. These interactions with families may be meagre in the eyes of child care experts, but when weighed against the option of killing the child, institutional care may be the better alternative.

S 8 Activist approach

Though social action can be an effective lobbying tactic, slogan shouting and picketing may, in fact, create disturbances in rural communities which are not basically exposed to such strategies. In the case of Usilampatti, the community is, in fact, well exposed to the use of this strategy. Agencies with allegiance to the cause organise demonstrations through their grassroot groups or *sangams*. In one organisation, one day of the week is regularly slotted for raising slogans against female infanticide and violence against women. Viewing female infanticide as a violation of human rights has been the new focus of some organisations in Madurai and Salem districts.

S 9 Networking

In Salem there are two networks — the *Kurinji* and COPFI (Coalition for Prevention of Female Infanticide). COPFI consists of 25 organisations, including 17 from Salem and a few from Dharmapuri, North Arcot and Sambuvarayar Districts. They form a loose network, with an operating base in Salem, in the premises of a member organisation. The *Kurinji* network organises training programmes for monitors (or grassroot workers) to help them enhance their field level skills. COPFI was responsible for formulating a long-term action plan for member organisations for the next five years. This kind of consolidated action will help organisations to strengthen their action and work in unison to solve the problem of female infanticide. On the other hand, the NGOs from Madurai attempted to form a network, FAFI (Forum Against Female Infanticide) but were unable to continue after an attempt to register the organisation was made.

The emphasis laid on the above strategies is based on the assumption that successful methods and techniques can be replicated by other organisations involved in similar activities.

9 WHAT NEXT?

The lacunae in various governmental efforts are mostly in creating public awareness about the value placed on the girl child. More radical changes have to be made to ensure that the intention of the government and efforts of NGOs do not get diluted but are actively sustained. In spite of large-scale publicity through government - controlled media like television, and government - sponsored schemes aimed at reducing female infanticide, there is a dearth of information regarding the actual status of the problem today. Some measures need to be taken to educate the public and the community, if there is any serious intention of reducing the incidence of female infanticide.

Need for Information

The government has to execute large-scale surveys to assess the extent of the problem, using comparable data in all regions. Unfortunately, demographic experts or research scientists have not yet evolved a methodology that can clearly isolate indicators through which regions/ communities prone to female infanticide can be monitored.

Areas that reveal wide sex ratio disparities should be the focus of more surveys that will yield information / data on changing patterns or trends in the region. Ten year assessments may be the general rule in revealing population figures in the country, but when demographic data get closely linked to social problems, there should be an emphasis on obtaining data at shorter intervals. Preventive action is necessary before problems take root in any community.

The female-male ratio, IMR, etc. are so far the best indicators of the problem from which inferences can be drawn. The IMR may provide the only form of isolating the female infanticide cases, through its death due to "social causes" category. Unfortunately, this information is restricted to the data at the PHC level. When it is presented in the form of social or health statistics of the State, the data is camouflaged in a comprehensive category clubbed with mortality due to other causes. This results in 'sweeping the dust under the mat' and in trivialising the efforts of NGOs working in the area. One area where more research should be conducted, is to make an epidemiological survey of the mental health status of the practising population, to ascertain the extent of psychological disturbances, if any, through a standardised Community Mental Health scale.

Arising from the previous suggestion is the need to streamline a system through which medical and paramedical personnel can be admonished for misusing the prenatal diagnostic techniques. There is urgent need for apex bodies like the Medical Council of India and the Nurses Council of India to intervene and rectify the

breaches in the practising etiquette of their registered members. In the absence of such a monitoring system there is a large vacuum, since the spirit of the legislation can never be enforced without the co-operation of the medical fraternity.

Sharing Resources

The limitation in the resources available with any agency in operating a programme has naturally imposed a constraint, most visible in the number of field level personnel, which has imposed curbs on the extent of monitoring possible. Greater co-ordination between agencies is needed. Larger ground can be covered and duplication of services avoided, if non-governmental effort gets channelled into interagency co-operation. Organisations could specialise their efforts and work together to avoid wasting resources on similar activities.

Resources are shared and so is information, when networks are formed. A fragile coalition was tentatively formed in Madurai consisting of nine organisations. This network called FAFI (Forum Against Female Infanticide) later became dysfunctional, when efforts were made to register it. Loose networks may be the answer for agencies who hold similar ideologies and who aspire towards similar goals. The success of *Kurinji* and COPFI (Coalition for Prevention of Female Infanticide) are two such examples.

Documenting Success

There is also little documentation at present on the success stories or strategies of the NGOs in this area of work. There is a wealth of information within themselves of which the NGOs themselves are sadly unaware. Communication of such information would help them to work individually and collectively. The agencies seem to be so bogged down with the paper work related to the funding agencies that they have overlooked the cooperative strategies that could be developed with the existing knowledge base. Several agencies mention lack of funds as the prime reason for the absence of documentary evidence of the work done in the field so far.

There have been several micro-level research studies over the last five years that have identified various causes and factors contributing to persistence or revival of the practice today. Most of them suffer from some methodological flaws, as some of the variables that may have an influence on the practice of female infanticide are very difficult to isolate and evaluate. Methodological strategies that identify the influence of each contributory variable have yet to be derived and systematised. A lacuna in most research studies is the absence of a standardised yardstick for assessing socio-demographic data. Each factor has to be statistically isolated and studied and its degree of influence assessed to arrive at conclusions or benchmark variables for future studies.

There is also a need for agencies to use scientific methods in monitoring both the extent of the problem and the rate of success of projects or programmes, failing which, there will be a tendency to go with gut-level instincts in evaluation. There is a widespread belief in the field that there are many more

cases of female foeticide today than ever before. There is added force in this assumption since a large number of "scanning centres" have sprung up in almost all areas. Even in areas with few other health facilities, there are reported centres for scanning.

Gender Sensitisation

The majority of programmes have so far targeted women. In the ultimate analysis, women are not the decision-makers in the family. More serious efforts should be made to involve males in the community while working on serious gender issues. Programmes aimed to sensitise men to women's issues have to be the focus today, if the non-monetary contribution of women is to be appreciated, particularly in rural populations where the reach of media is limited. It is presumptuous to assume that attitudinal changes can be brought about rapidly through limited gender sensitisation programmes.

There is also a need to re-examine the messages that are given to young people today. The female child needs to be given the positive message that she is a valuable contributing member of society. At present, the female child is indoctrinated with the message that she is an expendable commodity, while the young male children are saturated with the message that female sibling(s) are second-class members of the family.

There is no doubt that the girl child in India is in an extremely vulnerable position. The status accorded to women in India is very closely intertwined with the process of development. There is need to stop falling into the trap of blaming the victim - be it women or the community as a whole. The women of Usilampatti, and others like them, need to be understood for making the decisions and choices in life that few other women or men are forced to in the more "civilised" world.

Endnotes

1 Kumarababu, Girija, 1996, Girija Kumarababu is the Project Co-ordinator for ICCW - TN. These references are based on personal discussions with her.

2 ibid,

3 Vedavalli, L., 1997, Comments were based on a discussion with Dr. Vedavalli, a Social Anthropologist working at the M.S. Swaminathan Research Foundation. Dr. Vedavalli's information on female infanticide was obtained as a part of her work and documentation for The Hunger Project in Madurai District

4.ibid

5 ibid,

6 Kumarababu, Girija, 1996, op cit.,

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Annexure 1

Sex Ratio for India and the States

State/UT	FMR
India	927
Andhra Pradesh	972
Arunachal Pradesh	859
Assam	923
Bihar	911
Goa	967
Gujarat	934
Haryana	865
Himachal Pradesh	976
Jammu and Kashmir	-
Karnataka	960
Kerala	1,036
Madhya Pradesh	931
Maharashtra	934
Manipur	958
Meghalaya	955
Mizoram	921
Nagaland	888
Orissa	971
Punjab	882
Rajasthan	910
Sikkim	878
Tamil Nadu	974
Tripura	945
Uttar Pradesh	879
West Bengal	917

Source : Census of India 1991
FMR = Number of females per thousand males

Annexure 2

Sex Ratio in Tamil Nadu and Districts

Districts	FMR
Tamil Nadu State	974
Chengalpattu - M.G.R.	960
Chennai	934
Chidambaranar	1051
Coimbatore	952
Dharmapuri	942
Dindigul Anna	976
Kamarajar	994
Kanyakumari	991
Madurai	964
Nilgiri	983
North Arcot Ambedkar	978
Pasumpon Muthuramalinga Thevar	1032
Periyar	958
Pudukottai	1005
Ramanathapuram	1012
Salem	937
South Arcot	968
Thanjavur	993
Thiruvannamalai Sambuvarayar	983
Tiruchirapalli	984
Tirunelveli Kattabomman	1034

Source : Census of India 1991
FMR = Number of females per thousand males

Annexure 3

Frustration-Aggression Hypothesis

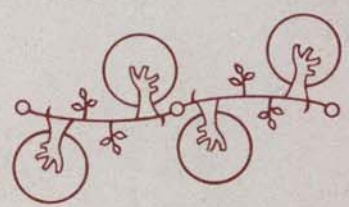
This theory is based on the assumption that aggression is learnt behaviour. When an excessive amount of frustration accumulates in an individual, it results in the generation of aggressive behaviour. Usually the source of the frustration is external factors. The aggressive reaction is usually proportionate to the magnitude of the frustrating circumstances and gets directed to the target. Curbs in the manifestations of such behaviour are imposed by environmental conditions. When an individual receives appropriate cues from the environment, aggression is directed to an external target. Cultural patterns, caste norms and prejudices can constitute the triggering stimuli. In the case of female infanticide, the overt behaviour is the actual killing of the child, depending on the social circumstances. The protective community provides the right atmosphere for such a reaction to take place.

Learned Helplessness Model

The feeling of resignation and unquestioning acceptance of the future is the base of this learned behaviour pattern, according to this theory. Indian rural families are cited as classic examples of this behaviour pattern. According to Kottoor, "... infanticide is an overt behaviour of the covert helplessness, depression and hopelessness." Cases of infanticide may be external manifestations of inner helplessness. The environment, which under normal circumstances could influence adaptive changes, contributes little in this case to bringing about any change.

Attribution Theory

The external and internal attributions of social behaviour should be studied, according to this theory. In this case, the causes for female infanticide could be attributed to external or internal causes. Sometimes situational demands (as in the case of female infanticide) override impulses that are internally motivated. As a result, the feeling of existential guilt is absent. When the external constraints are great, it is easier to place the blame on outside factors, which legitimise the action. This results in a feeling that the individual has no control over what happens to him or her - in other words, a feeling of being a mere victim of circumstances.



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