

Crime Against Women-Female Infanticide In Tamil Nadu

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Abstract

Female infanticide in Tamil Nadu, South India, has recently received widespread attention within India and abroad. The paper contains reflections based on over a decade of fieldwork and study of this phenomenon, and information gathered from NGOs, activists and officials. It discusses the recent history of the practice of female infanticide, and the circumstances, which forced the state government in 1992 to acknowledge its existence. Activities to prevent female infanticide, such as the 'Girl Child Protection Scheme' and coercive actions against those committing female infanticide, by the state government and non-governmental organizations are critically reviewed. The unwantedness of girl children manifests itself not only in female infanticide, but also in selective abortion of female fetuses and neglect of girl children, leading to excess female child mortality. Prevention and eradication of female infanticide calls for sustained and long-term efforts to ameliorate the subordinate status of women. Under the circumstances, the tendency of several governments to deny the phenomenon, remains silent about it, or engage in interventions which stand little chance of succeeding, is a cause for concern.

Introduction

DELIBERATE discrimination against girl children takes several forms: nutritional denial such as inadequate breastfeeding and early weaning; insufficient or delayed medical care; lack of attention, causing emotional deprivation; and insufficient investment in resources. All these have been documented as leading to excess mortality in the female child. Excess female child mortality has been reported mainly from South Asian countries. [1]

Another manifestation of gender discrimination against girl children is sex specific abortion of female fetuses. In countries like China, South Korea and among the South Asian Diaspora in Britain, USA and Canada, abortion of female fetuses has been prevalent for over 15 years. [2] During the late 1970s, cases of abortion of female fetuses were reported from many of the major cities of India. [3], [4] The practice continues to this day, with the more invasive techniques of sex determination, such as amniocentesis and chorionic villus sampling, replaced by ultrasonography. In the 1980s, not only the Indian media, but also India Abroad,

the largest circulating Indian news weekly in North America, carried advertisements for clinics offering fetal sex determination. [5] This served to popularise these techniques and make them widely known. In the states of Punjab and Haryana in northwestern India, there are today mobile ultrasound units, which regularly visit rural areas. Abortion of female fetuses is no longer an urban phenomenon in those parts of India. [6]

This paper focuses on the practice of female infanticide in recent years in Tamil Nadu, South India. Female infanticide - the deliberate killing of female infants soon after birth - is a much rarer phenomenon than neglect of girl children and sex-selective abortion. The practice was common in China in the past and although it was thought to have been largely eradicated after the Communist revolution, in recent years there have again been reports of female infanticide in China, following the adoption of the 'one-child' policy. [7] Among the immigrant Punjabi community in Canada, occasional cases of female infanticide are reported every few years, in addition to sex-selective abortions. [8] Unlike excess female child mortality caused by deliberate neglect, female infanticide in India is very poorly documented, and deserves more attention. There are no good data on the number of cases of female infanticide in India. A rough estimate of sex-specific abortions and female infanticide together has been obtained by using indirect demographic techniques on census data, indicating that there have been about 1.2 million 'missing girls' in India during the decade 1981-1991. [9] This constitutes less than one percent of all girls born. Another million girls who died prematurely in the first four to six years of life represent a further source of excess female mortality.

Causes of Female Infanticide

While many hypotheses have been put forth the understanding of causes of female infanticide has been the weakest link in scholarly work in Tamil Nadu. As Harris-White points out, 'the terrain of theory is quite rich, while the actual evidence is poor. All of the following factors have been mentioned as responsible for the increase in the incidence of female infanticide: the low status of women, decreasing fertility and consequent intensification of son preference, spread of the practice of dowry across all caste groups, the green revolution and the resulting marginalisation of women in agriculture, and a shift to cash cropping. [10]

That decreasing fertility can lead to intensification of gender discrimination has been observed in many patriarchal societies the world over. This is because the number of sons wanted declines much more slowly than the desired total number of children. Both the green revolution and cash crop agriculture, unlike traditional subsistence agriculture are intimately linked to large district, state, national and even global markets for various kinds of inputs and produce. Women become marginalised in these transactions. Further, this scale of marketisation results in the accumulation of large amounts of money in the hands

of a few privileged farmers and traders in the villages. This extra cash is spent on ostentatious marriages and for dowries. Then, there is pressure for these new norms to be emulated by others in the society. Yet there has been no systematic exploration of the reasons why discrimination manifests itself as female infanticide in a widespread way only in some communities and some regions of the state. People in several rural communities I have visited in the districts of Madurai, Salem and North Arcot justify the practice on the grounds that the urban elite can terminate female fetuses because they have access to ultrasound scanning without state interference. However, there is recent evidence that the numbers of clinics with ultrasound facilities for sex determination and abortion are on the increase in small towns such as Tiruppattur in North Arcot, Usilampatti in Madurai and others in Salem.

Government Responses

When the leading newsmagazine India Today exposed female infanticide in Usilampatti in 1986, the then government asserted that the practice was confined only to that particular place in the state. Moreover, the government of Tamil Nadu reportedly brought false and baseless charges against the Society for Integrated Rural Development (SIRD), an NGO based in Usilampatti that was instrumental in getting the information published. This apparent form of harassment was presumably meant to discourage them from continuing to publicise the issue.

In contrast, the response of the government of Tamil Nadu in 1992, under Chief Minister Ms. Jayalalitha, was different in that the existence of the practice in the state was acknowledged. Earlier that year the state government had launched the 'Cradle Babies' scheme, whereby families were asked to abandon unwanted female infants in cradles provided for that purpose in government primary health centers, rather than kill them. There were also arrests by district police, particularly in Salem, of some families who had committed female infanticide. The combination of media attention and police persecution led to the abandonment of a large number of babies in the cradles in Salem. In 1992, 77 girls were left in cradles in the district. The government gave money to some NGOs to look after the abandoned girls. Some of them died and over 20 were given up for adoption. There were several discussions on this issue in the Indian parliament and in the legislative assembly of Tamil Nadu. Sustained coverage by the foreign news media, such as the BBC, were a source of embarrassment for the Tamil Nadu government. Following consultations with UNICEF and NGOs, the then Chief Minister Ms. Jayalalitha announced the 'Jayalalitha Protection Scheme for the Girl Child' in October 1992. The goal of the scheme was the total elimination of female infanticide by the year 2000. Under its provisions, a poor family with one or two girls and no sons would be eligible for monetary incentives if one parent agreed to be sterilised. Money given in the name of the infant girl would be held in a fixed deposit account until

she reached 21 years of age. Further, when the girl went to school, the family would periodically receive grants for educational expenses. This scheme was intended to cover 20,000 families every year. In Salem district 614 girls actually received this benefit over a period of eighteen months. The government also committed itself to undertaking the identification of 'high risk areas' where the practice was prevalent.

Interventions by NGOs

A number of NGOs have been involved in a broad range of activities and programmes for the prevention and eradication of female infanticide. These may be grouped broadly as individual interventions such as:

- *. Reporting specific cases of female infanticide to the police in an attempt to discourage the practice
- *. Counselling of an expectant mother and her family by social workers starting from the time of detection of pregnancy
- *. Helping parents to get the monetary incentives offered by the girl child protection scheme, and interventions which aim at broader social changes:
- *. Better childcare support to mothers through the establishment of creches and feeding programmes
- *. Projects for improving women's access to education, health and economic resources
- *. Consciousness-raising for women about women's subordination in a patriarchal society

Limitations of these Interventions

There are several problems with many of the above strategies, rendering them largely ineffective. While financial incentives for the education of girls are welcome, the problem of the state providing money that will be available when the girl is aged 21, around the time of marriage, is that it helps to legitimise the (illegal) practice of dowry. Furthermore, given the fact of limited resources, most social interventions will cover only a small segment of the needy population.

Hence, NGOs most often take up strategies focused on preventing individual cases of infanticide. The dedication of community-based groups working on this sensitive issue of female infanticide must be appreciated. Some have shown exemplary courage in continuing to work on this issue in the face of consistent displeasure and even open hostility from government functionaries and people themselves in the communities where they are working. Yet prevention of individual cases, even when this succeeds, does not address the basic causes of women's subordination in society. Nor does it touch large segments of the community who, although they are

not directly involved in killing babies, are nevertheless guilty of abetting the perpetuation of the practice in silence. Therefore, the likelihood of such strategies bringing about any lasting changes in societal attitudes towards girls is limited.

In fact, many NGO workers I have spoken with find that their pleas against female infanticide are usually ignored by the communities. Hence, they have used the tactic of threatening families who they fear may commit female infanticide with being reported to the police. Many have had no intention of acting on these threats because they also fear that actually reporting a family to the police would result in physical violence against them from the community. However, those who have reported cases to the police have had to contend with a number of unanticipated consequences.

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