

GENDER VIOLENCE DUE TO FEMALE FOETICIDE: A CROSS SECTIONAL STUDY FROM BANDA, UTTAR PRADESH

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ABSTRACT

Female foeticide is a serious Human Rights issue that plagues India. Female foeticide is the selective abortion of female foetus is killing upwards of one million females in India annually. Female not only face inequality in this culture, they are even denied the right to be born. Female foeticide is driven by many factors such as social and economic burden. Pre-natal sex detection technologies have been misused, allowing the selective abortion of female offspring to proliferate. Although female infanticide has long been committed in India, emerging concurrently with the advent of technological advancement in prenatal sex determination on a large scale in the 1990s. While abortion is legal in India, it is a crime to abort a pregnancy because the foetus is female. Strict laws and penalties are in place for violators. These laws however, have not stemmed the tide of this abhorrent practice. The main objective is to write this paper to assess the knowledge, attitude and practice regarding gender preference and female foeticide among population of different areas of Banda district. A cross sectional community based descriptive study was undertaken. Study was carried for 20 days (July to August) 2015. Total 100 participants were interviewed with the help of predesigned, semi-structure proforma. Data was analysed in terms of proportion. All the study participants were aware techniques which were used for the Pre-Natal Sex determination test (PNDT). 53% said that boys carries the name of the family and inherit property, 55% of people said that killing of the female foetus due to burden of dowry system. 49% of them said that girls needed more safety. Majority of them suggested that this harmful practice should be stopped.

Keywords: Female foeticide, Gender preference, PNDT.

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INTRODUCTION

What is female foeticide? It is defined as aborting a female foetus after sex determination test. Ultra sonography and foetoscopy help to determine abnormalities in the foetus. Misused to find out sex of the foetus and

abortion is done if it is a girl. Increasing cases of crime against women, poor implementation of **women's inheritance laws**, discouraging girls from getting an education and dowry system are some reason for female foeticide. Female foeticide refers to the aborting of a foetus, purely because she is female. Female foeticide is still prevalent in the Indian society; in fact, it has been a practice for hundreds of years. In 21st century the girl child continues to be murdered before she is born.

India has a deeply rooted patriarchal attitude. Many families put pressure

on woman to give birth to boy so that he can take family's name forward, earn and care for his parents in their later years and light the funeral pyre.

Sadly, there have been numerous incidents of the female foetus being found lying in farms, floating in rivers, wrapped up in jute bags or newspaper. The United Nations World Population Fund indicated that India has one of the highest sex imbalances in the world. (Table 1)

India ranks 114 of 142 nations. India has fared badly in removing gender-based disparities scoring below average on parameters. India is a part of the 20 worst-performing countries on the labor force participation, estimated earned income, literacy rate and sex ratio at birth indicators. India dropped a place to 101 because of prevalence of female foeticide.

Sex-Selective abortion: The map shows the human sex ratio (males per 100 females) in the 0-1 age group per 2011 census of India. (Figure 1)

Female foeticide and infanticide practices have had an adverse effect on the sex-ratio of India. As per the Indian census 2011 report, the sex ratio of India (females per 1000 males) is as follows:

Average India sex- ratio: 933/1000 males.

Rural India sex- ratio: 946/1000 males.

Urban India sex- ratio: 900/1000 males.

State with highest female sex-ratio– Kerala-1058/1000 male

State with lowest female sex- ratio– Haryana- 861/1000 male

As per the census of 2011 of Banda District, the child sex ratio of Banda has 863 females per 1000 males. Female foeticide is one of the extreme manifestations of violence against women—a social problem. (Table 2)

Sex-selection: Ultra sonography and foetoscopy are modern technology for sex-determination of the child while it's still in the womb. Plenty of scanning centres are involved in revealing this information. Many rich families fly the pregnant lady to neighbouring countries where sex determination is legal.

Girls are regarded as a "burden" to Indian families because of high costs of their weddings and recent spending money on their education only for them later to leave the home to marry. Rape, sexual harassment, molestation, verbal abuse, torture, exploitation, inequality, family pressures are some reasons to abort female foetus. Sometimes women are left by her husband if she is unable to give birth to a child and worse happens when she conceives a girl child. Many families consider, it is a status symbol to have a son and a point of shame to have a daughter. Many social, financial, emotional and religious reasons exist for the preference of a male child. Illiteracy, ignorance and poverty make the desire of male child.

MATERIALS AND METHODS

A cross-sectional community-based descriptive study was undertaken with 100 adult participants from various places of Banda district, Bundelkhand, U.P., India. The study



was carried out from July to August (20 days). The participants were selected randomly and they were interviewed. A pretested and pre-structured questionnaire was used to collect the information on their knowledge, attitude, awareness and practice towards gender preference and female foeticide. The variables in the questionnaire included evaluation of the knowledge of intrauterine on sex determination, preference of male child and fear of female child which was associated with female foeticide. The data was collected with the help of staff of Pt. J.N.P.G. College. The data was entered in Microsoft Excel and analysed by using proportions.

RESULTS AND DISCUSSION

A total of 100 participants were selected from various places of Banda city. Among these 39 participants were educated up to intermediate, 24 were educated up to U.G. level and 37 were post graduate. Out of these 100 participants 57 were males and 43 were females and 86 were married and 14 were unmarried. (Table 3)

All the study participants were aware of techniques which were used for the Pre-Natal Sex Determination Test (PNDT). But only 12% people said that ultrasound is the right modality for sex determination of unborn child.

Regarding the reasons for the preference for a son, 53% participants felt that sons were preferred as they could carry the family name and inherit property. 30% felt that they could take care of the family and the parents. 42% of them thought that elderly care could be possible by son and could perform the last rites of the dead. 96% were not favoured for the abortion of boys.

Regarding the non-preference of girl's abortion, 55% of people felt that girls were not preferred because of the burden of dowry system and 12% thought that they could not take care of the family. 49% were of the opinion that they needed more safety. 60% were not allowed the girl to go outside after evening. 14% participants said that they were forced to born male child by their family. 6% supported abortion of girls.

Regarding their opinion about knowing the sex of the foetus before birth, only 12% said that it was acceptable. 9% people accepted that miserable environment was prevalent at birth time of female child. 60% of the participants knew about the sex determination centres. They got information from family, friends, newspaper and mass media. 66% said that disparity between male and female was prevalent at the community level. The awareness regarding female foeticide was found to be very high, yet a majority of the respondents approved this to be disgraceful act.

CONCLUSION

In the present study, all the participants were aware about female foeticide. 48% accepted that PNDT gives correct result about determining sex of unborn child. 94% viewed that it is right modality of government to prohibit PNDT for sex determination and it is punishable under the law. 14% forced the women to born male child. So there is a need to create awareness among the people of Banda regarding female foeticide and the punishment which is associated with it. 31% emphasized on Dowry prohibition act, 1961 should be

implemented strongly with amendment.

If the decline in CSR (Sex ratio) continues for next 20-30 years, the number of marriageable females will be far less than that of marriageable males. Polyandry may also emerge. Violence, rape, prostitution, taking a pride price will increase substantially. The MTP act 1971 should be amended in such a way that it permits the abortion of only the first trimester pregnancies and not those which are more than 12-14 weeks old when the sex of the foetus will be known. Educational programmes, T.V, newspaper and posters can encourage parents to view daughter as valuable as son. There should be interventions undertaken by the government and NGOs to eradicate female foeticide. Economic liability is the most effective way of tackling the problem. The government should offer incentive for free education, extra PDS ration and tax concession for parents of girl child. Anyone involved in sex-selection and pre-birth elimination of girls should be ostracized by society. By implementation of stronger laws can bring about a change in the mind-set of our countrymen-uphill tasks, but absolutely crucial nevertheless. The practice of using amniocentesis for sex- determination shall be banned through law and practitioners indulging in or abetting such acts shall be punished severely. Special awareness generation programmes and campaigns to sensitize the public female infanticide/foeticide programs should include strategies to modify and liberalize the traditional cultural values.

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Table 1: Global gender gap index ranking, 2014

Country	Rank	Score	Parameters
India	114	0.6455	Overall parameters
	134	0.4096	Economic participation opportunity
	126	0.8503	Educational attainment
	141	0.9366	Health and survival
	15	0.3855	Political empowerment

Table 2: Banda census 2011

Description	2011	2001
Actual Population	1,799,410	1,537,334
Male	965,876	826,544
Female	833,534	710,790
Population Growth	17.05%	21.30%
Area Sq. Km	4,408	4,408
Density/km ²	408	345
Proportion to UttarPradesh Population	0.90%	0.93%
Sex Ratio (per 1000)	863	860
Child Sex Ratio(0-6 Age)	902	917
Average Literacy	66.67	54.38
Male Literacy	77.78	69.28
Female Literacy	53.67	36.78
Total Child Population (0-6 Age)	294,972	303,479
Male Population (0-6 Age)	155,080	158,344



Table 3: Socio-demographic profile of study participants

S.No.	Description	Number of participants
1.	Participants	100
2.	Male	57
3.	Female	43
4.	Married	86
5.	Unmarried	14
6.	Literacy up to intermediate	39
7.	Literacy up to U.G. level	24
8.	Literacy up to P.G. level	37

Figure 1: Map showing Child sex ratio among Indian states

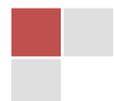
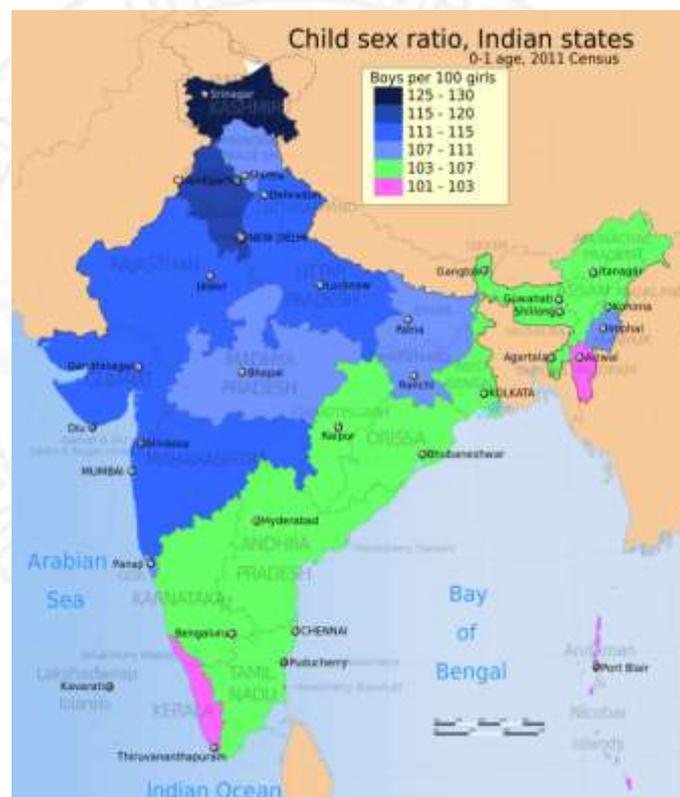


Figure 2: Bar chart showing proportion of participants regarding preference of males

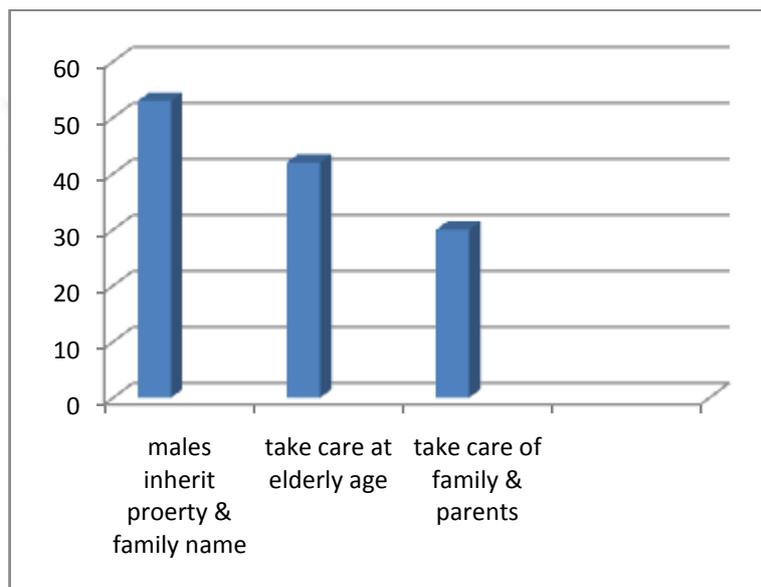


Figure 3: Bar chart showing proportion of participants regarding non-preference of females

