

A study of female foeticide and sex determination in Jammu

■ SHASHI MANHAS AND POONAM DOGRA

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■ **ABSTRACT :** The present study was conducted to know the perception and awareness of family members about sex determination and female foeticide on a sample of 200 respondents through random sampling technique. Interview schedule and interview guide were used as a tool for data collection. The sample was selected from ICDS projects of Jammu district. Findings revealed that respondents were aware about sex determination tests and female foeticide through T.V, newspapers and their surroundings. Economic pressure, dowry, cost of marriage were the factors responsible for female foeticide and sex determination. Respondents were found less aware about the legal implications of female foeticide and sex determination tests.

■ **KEY WORDS:** ICDS, Female foeticide, Declining sex ratio, Sex determination tests

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In modern times India has made significant advances and achievements in all the fields eg. science, techniques, electronics, computer, hospitals with latest technology etc. Now-a-days we find female baby being killed before being born in the mother's womb itself. Some of the reasons commonly put forward for this kind of discrimination against the girl child due to low status of women, social and financial security associated with sons, socio-cultural practices like dowry and violence against women. Studies found that the stereo type notion of parents for sons as asset and daughters as a burden and the evil of dowry demand is the main reason for sex selective abortions (Srivastava *et al.*, 2005 and Walia, 2005). The latest advances in modern medical sciences-like Amniocentesis and Ultrasonography, which were originally designed for determination of abnormalities of the foetus, are being misused for determining the sex of the foetus with the intention of aborting it, if it happens to be that of a female. Perhaps what is detestable is that people who commit this crime belong to the educated class which reveals that despite increase in literacy society still regards girl child a bane and not a boon (Chattopadhyay, 2003). This clearly points to the fact that economic growth and human development seldom moves together, when it comes to improving the gender

relation. The easy availability of machines that are able to identify the sex of the foetus indeed give an opportunity to achieve the desired family size and composition (Kaur, 2007 and Lund University, 2006).

The sex composition which is considered as one of the significant demographic and social indicators for measuring the status of male and female in a society. Changes in sex ratio reflect underlying cultural and socio-economic patterns of society. Child sex ratio (0-6 years) is a more realistic indicator of trends of female foeticide. Advances in technology and diagnostic facilities have opened up avenues for the girl child haters leading to serious disturbances in sex ratio as a result of female foeticide. The increasing incidences of female foeticide and sex selective abortions can lead to a drastic decrease in the number of girls to boys in the 0-6 years age group. The practice of female foeticide is believed to be one of the main reasons for adverse sex ratio. 15th Indian census reveals that the child sex ratio has diminished from 927 in 2001 to 914 -the lowest ever since independence reflects continued preference for a male child. The consistent declining sex ratio is a testimony to the large scale prevalence of sex selective abortions (Kashmir Times, 2011).

The 2011 census data about alarming declining sex ratio

in J&K has surprised all of us. J&K has shocking 859 sex ratio from 941 with variation of 82 points in comparison to national child sex ratio of 914. J&K-one of the three major states shown a decline in sex ratio despite fact that PNDT act prohibits sex selection which points out not just the inadequacies of existing laws in J&K but also a complete social and official denial to the enormously alarming situation (Hindustan Times, 2011). On the other hand, Jammu & Kashmir is well on path of achieving 100 per cent literacy rate from 55 per cent to 68.74 per cent in 2011.

At district level, juvenile sex ratio has declined in all districts of J&K which places them at an alarming place. Figures of 2011 census reveal that in Jammu district the girl child sex ratio declined from 819 in 2001 to 795 in 2011 which indicates prevalence of sex selective abortions. In Jammu region, six districts out of ten have child sex ratio below 900 (Source: www.pcpndtjk.in/statistics.php?link=static). The increasing imbalance between number of females and males is one of the greatest threats to our contemporary civilization. The decreasing trend of the sex ratio is a dangerous drift for the humanity and is a warning signal for the state government to wake up. The social and demographic implications of female foeticide are grave and it may have serious ramifications in the future in case this trend is not forth with because an imbalanced sex ratio not only spells economic and social disaster but also mean an uncertain future and a poor quality of life for surviving girls and their future.

Keeping in view the above said facts, the present study was planned on 200 families (200 mothers, 200 fathers and 200 grandmothers)-as members of community who either are responsible for this social evil or the ones who would end up this social evil and to get a detailed view about existing practice of female foeticide and sex determination.

■ RESEARCH METHODS

The sample for the present investigation comprised of 600 family members (200 mothers, 200 fathers and 200 grandmothers), from six ICDS blocks of Jammu district *i.e.* Gandhi Nagar, Jammu, Bishnah, Kot Bhalwal, R.S. Pura and Marh. Random sampling technique was used to select the sample for the study.

Tools used for data collection :

Selected subjects were contacted personally for data collection. Data were collected using a self-devised interview schedule and interview guide. Before finalizing the tools, pre-testing was done on 10 per cent of respondents to see the appropriateness of the interview schedule and interview guide and the necessary corrections were done and then the tools were finalised and applied on the respondents.

Data analysis:

Collected data were entered in microsoft excel and

Table A : Child sex ratio (0-6 years)			
State/District	2001	2011	Variance
Jammu & Kashmir	941	859	-82
Rajouri	905	837	-68
Poonch	959	895	-64
Kishtwar	977	922	-55
Ramban	968	931	-37
Reasi	952	921	-31
Doda	959	932	-27
Udhampur	912	887	-25
Jammu	819	795	-24
Kathua	847	836	-11
Samba	798	787	-11
Pulwama	1046	836	-210
Budgam	1004	832	-172
Kupwara	1021	854	-167
Ganderbal	1014	863	-151
Anantnag	977	832	-145
Shopian	1011	883	-128
Kulgam	1003	882	-121
Baramulla	961	866	-95
Bandipora	967	893	-74
Srinagar	928	869	-59
Leh	955	944	-11
Kargil	980	978	-2

Source: www.pcpndtjk.in/statistics.php?link=static

analysed by using both quantitative and qualitative methods to derive detailed information about female foeticide and sex determination tests.

Year of experimentation :

2013

■ RESEARCH FINDINGS AND DISCUSSION

The perception of the respondents towards female foeticide and sex determination tests was drawn out by using an interview schedule and interview guide. The major aspects were investigated and related findings are detailed out below:

Table 1 reveals the demographic profile of the respondents. Majority of the family members *i.e.* mothers (70.5%) and fathers (59.5%) were in the 20-30 years age group whereas majority of the grandmothers (54%) were in the 51-60 years age group. Educational status of respondents revealed that majority of the mothers (32.5%) and fathers (35.5%), were educated up to matric whereas a large percentage of member of past generation *i.e.* grandmothers (75.5%) were illiterate.

Table 2 highlights awareness and source of information about female foeticide as reported by the respondents. Findings revealed that majority of the mothers (75.5%), fathers (72%) and grandmothers (73%) were aware about female

foeticide and according to them it existed in both rural and urban areas. Majority were aware through media T.V., Newspapers and their surroundings but regarding sex ratio at state/district level majority were found unaware about the exact sex ratio. A study conducted by NIPCCD (2008) and Sarna (2005) also reported the similar findings.

Table 3 provides awareness and source of information about sex determination tests according to respondents. It reveals that majority of the mothers (83%), fathers (88%) and grandmothers (16%) were aware about existence of sex determination tests and their major sources of information were doctors, newspapers and their surroundings.

Table 1 : Back ground characteristics of respondents

Age group	Mothers (n=200)	No. (%)	Fathers (n=200)	No. (%)	Grandmothers (n=200)	No. (%)
20-30 years	141	70.5 %	119	59.5 %	-	-
31-40 years	58	29 %	54	27 %	-	-
41-50 years	1	0.5%	27	13.5 %	19	9.5 %
51-60 years	-	-	-	-	108	54 %
61-70 years	-	-	-	-	69	34.5 %
71-80 years	-	-	-	-	4	2 %
Total	200	100 %	200	100 %	200	100 %
Educational status						
Illiterate	18	9%	10	5 %	151	75.5 %
Primary	15	7.5%	26	13 %	17	8.5 %
Middle	38	19%	48	24 %	17	8.5 %
Matric	65	32.5%	71	35.5 %	11	5.5 %
Intermediate	38	19%	34	17 %	1	0.5 %
Graduate	11	5.5%	9	4.5 %	1	0.5 %
Graduate + B.Ed	3	1.5%	-	-	1	0.5 %
Graduate + M.Ed	2	1%	-	-	-	-
Post Graduate	4	2%	2	1 %	-	-
Post Graduate + B.Ed	6	3%	-	-	-	-
Total	200	100%	200	100%	200	100%

Table 2 : Respondents awareness about female foeticide

Awareness about female foeticide	Mother (n=200)	No. (%)	Father (n=200)	No. (%)	Grandmother (n=200)	No. (%)
Aware	151	75.5%	144	72%	146	73%
Not aware	49	24.5%	56	28%	54	27%
Total	200	100%	200	100%	200	100%
Prevalence among						
Urban	46	23%	23	11.5%	37	18.5%
Rural	28	14%	50	25%	14	7%
Both	126	63%	127	63.5%	149	74.5%
Total	200	100%	200	100%	200	100%
Source of information						
Media-T.V	82	41%	68	34%	49	24.5%
Surroundings/Neighbours	77	38.5%	53	26.5%	75	37.5%
Newspapers	46	23%	19	9.5%	15	7.5%
Religious leaders	1	0.5%	2	1 %	3	1.5%
Census/surveys	2	1%	6	3 %	2	1%
ICDS workers	-	-	62	31%	-	-
Health workers	-	-	5	2.5%	-	-
Do not know	3	1.5%	3	1.5%	7	3.5%

Multiple responses

Table 4 reveals awareness of respondents about methods for sex determination and facilities available. Less awareness was found among respondents regarding methods available for sex determination. Mothers (47.5%), fathers (19%) and only (17%) grandmothers were aware about ultrasound method and of the view that facilities for sex determination were available at private clinics and nursing homes. A study conducted by Joshi and Bajwa in 2012 and Dhingra and Manhas in 2011 revealed similar awareness about sex selection technique.

Table 5 reveals the information regarding who is responsible for sex determination tests. According to majority of the respondents mothers (60%), fathers (25.5%) and

grandmothers (65.5%) both women and family members were responsible for sex determination tests.

Table 6 highlights contributing factors for female foeticide among the respondents. Majority of the respondents-mothers (69%), fathers (43.5%), grandmothers (50%), cited dowry/increasing financial pressure as the main reason for female foeticide. For them, marriage has now become an expensive affair and greater the number of daughters more was the economic burden on parents. Other factors found among them were small family norm, obsessive desire for a son and family pressure. Zarabi (2010), Sarna (2003, 2005) and Voluntary Association of India (2003) also found the similar

Table 3: Respondents awareness and source of information about sex determination tests

Awareness and source of information about sex determination tests	Mothers (n=200)	No. (%)	Fathers (n=200)	No. (%)	Grandmothers (n=200)	No. (%)
Aware	166	83%	176	88%	32	16%
Unaware	34	17%	24	12%	168	84%
Total	200	100%	200	100%	200	100%
Source of Information						
Media-T.V	8	4%	15	7.5%	13	6.5%
Doctors	51	25.5%	30	15%	4	2%
Surroundings/neighbours	33	16.5%	45	22.5%	9	4.5%
Newspapers	-	-	1	0.5%	16	8%
Do not know	74	42%	109	54.5%	158	79%
Multiple responses						

Table 4 : Respondents awareness on sex determination methods and facilities available

Awareness on methods of sex determination	Mothers (n=200)	No. (%)	Fathers (n=200)	No. (%)	Grandmothers (n=200)	No. (%)
Ultrasound	95	47.5%	38	19%	34	17%
Any other	8	4%	-	-	-	-
Not aware	97	48.5%	162	81%	183	91.5%
Total	200	100%	200	100%	200	100%
Awareness on facilities available at						
Government hospital	1	0.5%	-	-	-	-
Private clinics/nursing homes	139	69.5%	95	47.5%	56	28%
Government hospitals/private clinics	29	14.5%	26	13%	144	72%
Not aware	31	15.5%	79	39.5%	-	-
Total	200	100%	200	100%	200	100%

Table 5 : Perception of respondents about who is responsible for sex determination tests

Who is responsible	Mothers (n=200)	No. (%)	Fathers (n=200)	No. (%)	Grandmothers (n=200)	No. (%)
Women/family members	120	60%	52	25.5%	131	65.5%
Doctors/medical personnel	18	9%	13	6.5%	42	21%
Doctors/medical personnel/women/family members	50	25%	33	16.5%	12	6%
Women herself	2	1%	2	1%	-	-
Nobody	4	2%	-	-	-	-
Do not know	6	3%	100	50%	15	7.5%
Total	200	100%	200	100%	200	100%

results.

Table 7 presents the legal information of female foeticide. It reveals that majority of the mothers (50.5%),

grandmothers (63%) were aware about the legal implications of female foeticide whereas less awareness was found among majority of the fathers (67.5%). Further it was found that

Contributing factors for female foeticide	Mothers (n=200)	No. (%)	Fathers (n=200)	No. (%)	Grandmothers (n=200)	No. (%)
Economic pressure	200	100%	83	41.5%	100	50%
Small family norm	118	59%	78	39%	44	22%
Dowry	138	69%	87	43.5%	100	50%
Cost of marriage	130	65%	-	-	42	21%
Obsessive desire for a son	5	2.5%	-	-	-	-
Family pressure	47	23.5%	22	11%	-	-
Fear of finding suitable match for daughter	9	4.5%	-	-	2	1%
Inheritance of property	2	1%	-	-	-	-
Ignorance/illiteracy of parents	9	4.5%	8	4%	-	-
Worries about daughter's future happiness	3	1.5%	-	-	13	6.5%
Son preference for carrying family name and lineage	38	19%	5	2.5%	22	11%
Fear of family honour	11	5.5%	-	-	23	11.5%
Lack of safety of daughters	3	1.5%	-	-	7	3.5%
Investing is waste/prayadan	8	4%	4	2%	1	0.5%
Sex selective abortion/ability to pay	3	1.5%	15	7.5%	7	3.5%
Multiple responses						

Legal awareness about female foeticide	Mothers (n=200)	No. (%)	Fathers (n=200)	No. (%)	Grandmothers (n=200)	No. (%)
Aware	101	50.5%	65	32.5%	126	63%
Not aware	99	49.5%	135	67.5%	74	37%
Total	200	100%	200	100%	200	100%
Awareness regarding	-	-	-	-	-	-
Fine	93	46.5%	21	10.5%	22	11%
Imprisonment	8	4%	4	2%	23	11.5%
Fine and imprisonment	74	37%	35	17.5%	39	19.5%
Ban	2	1%	5	2.5%	108	54%
Multiple responses						

Consequences of female foeticide	Mothers (n=200)	No (%)	Fathers (n=200)	No (%)	Grandmothers (n=200)	No (%)
Non-availability of brides	165	82.5%	114	57%	155	77.5%
Difficult to carry lineage	25	12.5%	16	8%	7	3.5%
Decline in child sex ratio	19	9.5%	10	5%	17	8.5%
Generation can't move	8	4%	-	-	3	1.5%
More value for girls	5	2.5%	9	4.5%	4	2%
Less choice for marriage-boys	1	0.5%	-	-	-	-
Families can't run	37	18.5%	23	11.5%	1	0.5%
Polyandry	5	2.5%	14	7%	7	3.5%
Increase in sexual violence	19	9.5%	14	7%	20	10%
Difficult to beget a son	2	1%	-	-	-	-
Lack of labour and emotional support for the mother	4	2%	2	1%	-	-
Difficult for kanyadan	1	0.5%	-	-	-	-
Multiple responses						

majority (46.5%) mothers were aware about fine, whereas fathers (17.5%) and grandmothers (19.5%) were aware about both fine and imprisonment for female foeticide.

The various problems foreseen, owing to increased female foeticide, included non-availability of brides, rise in sexual violence against women and lack of female workforce (Ghosh *et al.*, 2005).

Table 8 depicts that majority of the mothers (82.5%), fathers (57%) and grandmothers (77.5%) were of the view that female foeticide would lead to non-availability of brides followed by families can't run, difficult to carry lineage and increase in sexual violence. Similar consequences were found by Kansal *et al.* (2010) and Kumar (2010).

Conclusion and suggestions :

Female foeticide is a social problem that is now spreading unchecked across the country. Female foetuses are selectively aborted after pre-natal sex determination, thus denying a girl's right to life. The existence of son preference at an alarming high rate in our society is the root cause of female foeticide. From the results of the study, it appears that majority of the respondents were well aware about the prevalence of sex determination tests and female foeticide through media and surroundings. Dowry, increasing financial pressure, small family norm followed by family pressure were found responsible for female foeticide. Respondents were less aware about legal implications of female foeticide but were found aware about the long term social and demographic consequences of female foeticide. So, the need of the hour is strict implementation of the law by keeping a close watch over ultrasound clinics and to start awareness campaigns to change the mind set of society especially young married couples who is still scared of the birth of female child being a liability so that people understand it a social problem and further try to curb female foeticide.

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■ REFERENCES

- Chattopadhyay, D. (2003).** Child sex ratio on the decline in Bengal: A report. *The Times of India*, 10th March, 2003.
- Dhingra, R. and Manhas, S. (2011).** Perception of rural Rajput community of Jammu regarding prenatal sex determination tests. *Stud. Home Com. Sci.*, **5**(3) : 161-164.
- Ghosh Ester, A., Goel, R. and Shanti, B. (2005).** Awareness of rural couples about sex ratio. *J. Human Ecol.*, **18**(2) : 167-168.
- Hindustan Times*, 25th May, 2011. Educated, Rich Aborted Girls More Than Ever.
- Joshi, N. and Bajwa, A. (2012).** Existing intergenerational continuity and discontinuity in knowledge of rural women towards female foeticide. *J. Soc. Sci.*, **30**(2) : 161-164.
- Kansal, R., Khan, Maroof A. and Bansal, R. (2010).** A hospital based study on knowledge, attitude and practice of pregnant women on gender preference, prenatal sex determination and female foeticide. *Indian J. Public Health*, **54**(40) : 209-212.
- Kashmir Times*, 4th April 2011. India's Missing Girls.
- Kaur, R. (2007).** Declining juvenile sex ratios. *J. Appl. Econo. Res.*, **1**(2) : 231-245.
- Kumar, S. (2010).** Effect of low sex ratio on marriage practices: A study in Punjab. National Institute of Public Co-operation and Child Development, Regional Centre Lucknow (U.P.) INDIA.
- Lund University (2006). Intergenerational interests, uncertainty and discrimination : Conceptualising the process of declining sex ratios in India. Lund, Sweden : LU-DEH, 42 P.
- Metri, S.S., Venkatesh, G.M. and Thejeshwari, H.L. (2011).** Awareness regarding gender preference and female foeticide among teachers in the Hassan district. South India. *J. Clinical & Diagnostic Res.*, **5**(7) : 1430-1433.
- NIPCCD (2008). A socio-cultural study of the declining sex ratio in Delhi and Haryana. A report of NIPCCD, NEW DELHI, INDIA.
- Sarna, K. (2003).** Female foeticide on the rise in India.
- Sarna, K. (2005).** Declining sex ratio and pregnant women's attitude towards female foeticide. *Nursing J. India*, **96** (4) : 83-84.
- Sen, V. (2001).** Census of India. Report of Kolkata. Director of Census Operation. West Bengal, 2002.
- Srivastava, A., Das, Gupta and Rai, S. (2005).** Attitude towards girl child and declining sex ratio in Bhopal. *Centre for Women's Studies*, Bhopal (M.P.) INDIA.
- Voluntary Health Association of India (2003). Darkness at noon: Female foeticide in India : *VHAI*, 52.
- Walia, A. (2005).** Female foeticide in Punjab : Exploring the socio-economic and cultural dimensions. A Report of NIPCCD.
- Zarabi, D. (2010).** Effectiveness of village communities in controlling female foeticide and infanticide in selected villages in Punjab. *Adult Education Association*, NEW DELHI (INDIA).

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