

Female Infanticide

The Problem

Many cases of Female Infanticide have been reported in India¹. The British discovery of infanticide in India occurred in 1789 among a clan of Rajputs in the eastern part of Uttar Pradesh. The reports by British district officers and other contemporary observers was generally direct female infanticide, rather than death by neglect.

Clarification of terms

Infanticide, strictly defined, is killing of a child under one year of age². Infanticide would be placed at one extreme of the continuum of effects of child abuse and neglect—it is fatal. At the opposite end of the continuum are forms of child abuse that result in delayed learning, tardy physical growth, emotional problems and disturbed social adjustment. Direct or outright infanticide can be distinguished from indirect or passive infanticide; in the former, the means such as fatal beating or poisoning, are direct and immediate, while in the latter the means, such as sustained nutritional deprivation, are indirect.

Infanticide, can be further delineated with respect to the age of the child involved. The induced abortion of a foetus is sometimes categorized as a prenatal form of infanticide or foeticide. Neonaticide usually pertains to the killing of a newborn within one week after birth. Deaths after the age of one year can be classified as child homicide.

The discussion in this paper is restricted to Female Neonaticide which is still prevalent in rural India. Two recent reports in *India Today* throw light into the out-right female infanticide happening in India. The first report says that more than 450 female babies in a year become victims of infanticide among the Kallar community, a group of landless, low caste labourers

in Tamilnadu's Madurai District³. The second instance is from Rajasthan, in Jaisalmer District among the Bhatias⁴. The practices of female infanticide has been uncovered among tribal Todas of Nilgiri hills, in Uttar Pradesh, Bihar, Punjab and in Kashmir⁵. It is beyond doubt that direct infanticide of female neonates is still practised in rural India even today. But it is nearly impossible to document this phenomenon due to the extreme privacy of the birth event and the great ease with which a neonate's life may be terminated. An analysis of the trend in sex ratio of this country reveals a continuous decline in the female population⁶.

Under the norms of a civilized society, the deliberate killing of a newly born female is a premeditated, barbaric and cold blooded murder. A certain awareness of this fact is discernible in the **Pastoral Constitution on the Church In the Modern World**.

Of the Second Vatican Council which reads: "Therefore, from the moment of its conception life must be guarded with the greatest care, while abortion and infanticide are unspeakable crimes" (Art 51). In infanticide the following fundamental values are at stake;

- 1) The recognition of the right of each human being to the most basic conditions of life and to life itself
- 2) The protection of this right to live, especially by the society
- 3) The preservation of a right understanding of motherhood
- 4) Discrimination against women. The vigour of the above arguments derives from our belief in the dignity of each person and the sanctity of human life.

As we step into the Year of the Girl child, the incidence of female infanticide has tended to increase rather sharply, with those perpetrating it having little or no

qualms about it ⁷. The question of female infanticide can be analysed in the context of economic deprivation, illiteracy, deeprooted tradition and customs, and most significantly, the negative attitudes towards women in Indian society. The total lack of angst among parents of these female babies clearly points to the fact that they are also victims of tradition, of accepted practices in the community, of ignorance and isolation, above all, of poverty. Had the child lived, it would have been ignored, starved, the mother blamed by her husband and family and worse still, the future burden of providing dowry for her marriage would have been a sufficient cause for a feeling of financial insecurity.

The following case histories will substantiate the above propositions ⁸.

a) *Chinnammal*, a coolie worker, after knowing that she gave birth to a second female child she and her husband decided to poison the baby. The reason that they gave is: "we killed the child to save it from the life long ignominy of being the daughter of a poor family that cannot afford to pay a decent dowry. It is better to let her suffer an hour or two hours and die than let her suffer throughout life"

b) *Kanthammal*, who killed her second daughter, very courageously said, "How can we poor people rear so many daughters in this painful dowry situation? The village panchayat and the village administrative officer have no right to investigate or interfere in our personal affairs. If I and my husband have the right to have a child, we also have the right to kill it. If it happens to be a daughter and we decide we cannot afford it, outsiders and the Govt. have no right to poke their noses into this".

c) *Kamala*, an educated woman who gave birth to a fourth female child became mad and lunatic because her husband killed the female baby in front of her eyes.

d) *Mary*, gave birth to a third female child in the hospital. Since her husband did not visit her, she ended her life without any medicine or food. And her baby also died without the breast-milk.

What makes a mother kill her girl child, one of her own genre? The crime is committed, but the motivation lay elsewhere, in the psychological cul de sac created in her mind by forces beyond her control. The psychopathology of infanticide can be studied from various angles.

The Frustration—Aggression Hypothesis;

Almost 20 years after S. Freud proposed the existence of a death - instinct, a group of academic psychologists formally presented an alternative view of aggression called the frustration—aggression hypothesis ⁹. Their hypothesis was that aggression was learned (not instinctive), drive acquired in response to frustration. The greater the present and accumulated frustration, the stronger the resulting aggressive response. However, they saw the origin of aggressive behaviour in external factors (accumulated frustrating situations) rather than in an aggressive "instinct". When frustration occurs, the first and strongest aggressive impulse is toward its source. When that cannot be executed, the anger and aggression is displaced on to members of lesser power who are not responsible for an aggressor's frustration. It is called scapegoating.

A revision of the frustration—aggression hypothesis proposes an interaction between emotional states and environmental cues. Leonard Berkowitz, maintains that frustration creates a readiness for aggressive acts.¹⁰ Whether this readiness gets translated into overt aggression depends on the presence of a second factor—stimulus cues in the environment.

It is quite true to say that our ordinary Indian woman lives amidst frustrations and conflicts. These various stresses of daily life have become cumulative and leads to the fierce aggressive response of infanticide. Factors from particular cultural patterns, caste norms, prejudices etc. supply other triggering stimuli.

Learned Helplessness Model ¹¹

Another way to understand the dynamics of "femicide" is to focus on the concept of learned helplessness. The Indian rural family has hopelessly resigned itself with the belief that their female child will be only a liability and an unsurmountable burden in future. They have learned that there is nothing they could do about this state of affairs. Thus infanticide becomes

an overt behaviour of the covert helplessness, depression and hopelessness. Unfortunately, there is very little in the environment to persuade them to change their line of thinking.

Attribution Theory ¹² :

Female Infanticide as a social phenomenon can be analysed in the light of the attribution theory. According to the theory, it is difficult to fully understand this type of social behaviour without considering internal and external attributions. To infer causes, we should take into account the "actor", the object of the action, and the setting in which it occurs. The underlying cause of female infanticide can be attributed to an external cause or to an internal cause. Most likely the situational demands are very strong in female infanticide. When situational demands are strong, we tend to discount the claims that a person's actions are internally caused. Consequently, the feelings of existential guilt is absent among the "actors" of this crime. The greater the external constraints, the easier it is to blame outside demands and to legitimate the expression of aggression of female infanticide. Some of the case histories earlier quoted, reveal that the mothers have developed a sense of "Self-inefficacy", a feeling that they have no control over what happens to them. Self-inefficacy will naturally lead to apathy, despondency, a sense of futility and a feeling that one is a victim of external forces ¹³.

Ashis Nandy, agreeing with the psychanalytic view of Karl Menninger (1942) thinks that women identify with the aggressive male in hostility toward females ¹⁴. Female infanticide is considered as a weird expression of maternal neglect, of women's hostility towards womanhood, symbolically towards her own self. Indian social institutions have made herself a participant in her own self-repudiation and intra-aggression.

Several points must be emphasized concerning female infanticide in India. There is a strong preference for sons in India and there are several strong socio cultural reasons for this preference. It is not always associated with poverty, because upper castes in North India such as many Rajput and Jat groups have practised female infanticide. The payment of large dowries is often

associated with female infanticide, but this cannot be generalized. There are evidences of the absence of female infanticide among many groups of Bengal and South India even when large dowries are the norm in these regions.

Some moderate proposals are suggested to combat this barbaric malady in our country.

- 1) Educate the boys and their parents to value the girl child as a person in her own right.
- 2) Empower the women by providing supportive services to face crises and stress. Action plans to inculcate a feeling of hope among Indian women may be devised. Thus they will be able to control themselves and their immediate environment.
- 3) Separate schools for female children in remote rural areas should be established.
- 4) Methods of enforcement and implementation of the existing laws and regulations against female infanticide should be explored.
- 5) Indian population should be sensitized to the existing sad plight of our women folk—illiteracy, dependency, powerlessness—in controlling their lives and bodies. Real life as well as media exposure can be of great value in this campaign. A relentless fight against the dehumanising culture is much needed in India.
- 6) Conscientize the women to be proud of womanhood. A positive self-image has to be created in them.
- 7) Special rewards may be granted to families with girls. Developmental programmes, with emphasis on woman should be introduced in rural areas.
- 8) Sacred Books, religious and cultural teachings should be reinterpreted highlighting the worth and dignity of woman as a person.
- 9) Public opinion should be created to respect and honour the women from conception till death. Mass media could be mobilized to remove the ignorance of the people and to stir the consciousness of a wider public.
- 10) Religious leaders, social workers, Voluntary Organizations, public health workers throughout the country have to work together against femicide, all violence to women from the moment of conception. Otherwise, direct and indirect infanticide will continue to lessen the female component of the sex-ratio upsetting the sexual balance of the population.

Dr. Thomas Kottor
B.C.M. College
Kottayam,
Kerala.