

Female Foeticide **A Danger to Society**

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FEMALE FOETICIDE has become a topic of serious concern in Indian society today. The killing of the female child, by 'Dais' by administering poisonous extracts including yellow oleander leaves boiled with paddygrains, tobacco paste and pesticide was a well known prevalent method in the Indian society. Other methods of killing were pressing the baby's nose and mouth, closing the child's face with a thick wet towel to suffocate or during winter leaving the new born in the open space without a cover. This role which the 'Dais' used to perform has now been taken over by medical experts. It is true that the medical experts do not administer herbs but they adopt the killing of female foetus through abortion. The female foeticide is a misdeed today. It has strengthened the stigma of unwanted female child. The easy answer to this desperation for a male child is to blame it on illiteracy. Ironically increasing education is making people more aware of sex-determination tests and increasing the rate of foeticide, which is a pure psychic-blindness practised in our society.

Foeticide is on the rise amongst the affluent families. One may shout from the roof-top, but it is not going to affect those who do not want a girl child. The increasing foeticide is evi-

dent from the sex ratio in Punjab and Haryana. For every 1000 males, Punjab has 888 females while Haryana has 874, the second lowest in the country after Arunachal Pradesh. It is surprising that Chandigarh with a high literacy rate has only 793 females per 1000 males. Gradual decrease in number of females born is evident from the data of Haryana. In 1993-94 there were 10,862 boys born for 6,233 girls and in 1994-95 there were 11,186 boys born for 8,254 girls. The gradual loss of female lives due to this kind of female foeticide is a potential factor that might assume greater significance in adversely affecting the male-female ratio in the decades to come and this trend shall definitely increase the social problems in future.

Amniocentesis

A medical technology (Amniocentesis) primarily devised to detect genetic abnormalities of the developing foetus (detection of the sex was only incidental) could not have been put to greater misuse. Starting from one end of the country and spreading virtually all over India, the test has become a serious threat to the future of mankind. Since 1974 it was practised in Government hospitals only to diagnose the suspected cases of congenital diseases. But the unscrupulous doctors took it to private clinics with an eye on taking in big money and fattening their purses. The patient often became seriously

ill or even died in the process of investigations and abortions. The test leading to abortion at an advanced stage of pregnancy (about 16 weeks) carries a heavy risk of spontaneous abortion due to the damage of the foetus or placenta. Most Indian women are anaemic and are unable to face such a process. The low level of immunity and unhygienic conditions lead to septicaemia and repeated abortions can result in secondary infertility. It sometimes also so happens that due to misinterpretation of test results, the much wanted male foetus is aborted causing severe psychological trauma and guilt feelings to the mother. These are just a few horrifying consequences. Many healthy women have been killed due to the neurotic desire to have a male child.

The Medical Termination of Pregnancy Act, 1971 also legalises abortion under certain conditions. Section 3 provides :

Pregnancy less than 12 weeks old may be terminated if the doctor believes that its continuation would cause grave injury to the woman's physical or mental health. Thus if pregnancy has occurred due to failure of birth control device, the anguish caused by such unwanted pregnancy would be presumed to be a grave injury to the mental health of a married woman. The husband's consent under such circumstances is not required to perform an abortion. The Indian law is one of the few in the world which allows abortion

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on the ground of "Failure of Contraception". Such laxity in the Act has made abortion in India available on request.

The Indian Penal Code Act 315 provides :

"Whoever before the birth of any child does any act with the intention of thereby preventing that child from being born or causing it to die after its birth, and does by such act prevent that child from being born alive, or causes it to die after its birth, shall if such act be not caused in good faith for the purpose of saving the life of the mother, be punished with imprisonment of either description for a term which may extend to ten years or with fine, or with both". Here it becomes difficult to prove parents guilty and thereby it doesn't work. Those who can not afford amniocentesis wait for the child to be born and then kill, if it is a girl child. This shocking revelation of

female infanticide is being practised in states like Tamil Nadu, Rajasthan, Bihar, Uttar Pradesh and Punjab.

Government's Role

The government should take immediate steps to control the female foeticide. Only government run institutions shall be allowed to carry out foetal screening procedures and that too strictly for detection of genetic abnormalities. Under no circumstances should the sex of the foetus be disclosed to the parents. All records of such tests and abortions should be maintained and made available to women's organisations which should play the role of watchdog in preventing such practices.

Under the present socio-religious conditions of Indian society it is very difficult to eradicate the problem of female foeticide. So long as the religious belief of "Moksha" after death

through offerings of "Pind Daan" by sons only are deep-rooted in the minds of people, the problem of eradicating female foeticide becomes more difficult. It is only through education and giving a proper perspective to the belief of "Moksha" according to the needs of the time can we think of achieving the present goal. Legislations and banning of sex-determination tests are only a step towards touching the tip of an iceberg. The Himalayan task can be achieved only through education and making people aware of future potential dangers to the society.

References:

1. "The Tribune" 3.7.1995
2. "The Tribune" 23.6.1991
3. "The Tribune" 22.10.1989
4. Indian Penal Code (Act No. 45 of 1860) : 313

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REQUIRES

1. **NURSING SUPERVISOR(S)** : Candidate should be B.Sc. Nursing/M.Sc. Nursing/R.N.R.M. with Diploma in Nursing Administration, with minimum 20 years experience, out of which 5 years in a similar capacity.
2. **HEAD NURSE(S)** (O.T., I.C.C.U., I.C.U., EMERGENCY, A.K.D., GENERAL) : Candidate should be B.Sc. Nursing/ R.N.R.M. with minimum 15 years experience, out of which 5 years in a similar capacity.
3. **SENIOR STAFF NURSES** IN O.T. (CARDIAC, ORTHOPAEDIC, UROLOGY, NEUROLOGY, OPHTHALMIC), I.C.C.U., I.C.U., DIALYSIS, CATH. LAB., GENERAL : Candidate should be B.Sc. Nursing/R.N.R.M. with minimum 5 to 7 years experience in a similar capacity.
4. **STAFF NURSES** IN O.T. (CARDIAC, ORTHOPAEDIC, UROLOGY, NEUROLOGY, OPHTHALMIC), I.C.C.U., I.C.U., DIALYSIS, CATH. LAB., EMERGENCY, GENERAL : Candidate should be B.Sc. Nursing/R.N.R.M. with minimum 2 to 3 years experience in a similar position.

Please send in your application with detailed resume and photograph to :

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