

**INCIDENCE OF FEMALE INFANTICIDE
IN OMALUR BLOCK, SALEM DISTRICT.**

By

PRIYA S.

**A THESIS SUBMITTED TO THE AVINASHILINGAM INSTITUTE FOR HOME SCIENCE AND
HIGHER EDUCATION FOR WOMEN - DEEMED UNIVERSITY, COIMBATORE - 641 043
IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF SCIENCE IN FAMILY AND COMMUNITY SCIENCE**

APRIL - 1998

**INCIDENCE OF FEMALE INFANTICIDE
IN OMALUR BLOCK, SALEM DISTRICT**

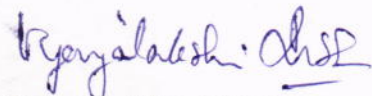
By
PRIYA, S.

A THESIS SUBMITTED TO THE
AVINASHILINGAM INSTITUTE FOR HOME SCIENCE AND HIGHER
EDUCATION FOR WOMEN (DEEMED UNIVERSITY),
COIMBATORE - 641 043.

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF SCIENCE IN FAMILY AND COMMUNITY SCIENCE

APRIL 1998.

Certified as bonafide Research Work



Signature of the Head
of the Department



Signature of the Guide

Acknowledgement

ACKNOWLEDGEMENT

The investigator owes her reverential gratitude to Hon. Colonel Tmt. RAJAMMAL P. DEVADAS, M.A., M.Sc., Ph.D. (Ohio State), D.Sc. (Madras), Hon. D.H.L. (Oregon State), Hon. D.H.L. (Ohio State), Hon. D.Sc. (C.Azad Agri. University Kanpur), Hon. D.Sc. (University of Ulster Northern Ireland), Chancellor, Avinashilingam Institute for Home Science and Higher Education for Women (Deemed University), Coimbatore, for her keen interest and the conducive infrastructure provided enabled the successful conduct of the study.

She profoundly thanks Tmt. LAKSHMI SANTA RAJAGOPAL, M.S., (Tennessee), Ph.D. (Madras), Vice-Chancellor, Tmt. SAROJA PRABHAKARAN, M.A., Dip. Ed. (Madras), Ph.D. (Mother Teresa), Registrar and to Tmt. PARVATHY EASWARAN, M.S. (Columbia), Ph.D. (Madras), Dean, Faculty of Home Science, Avinashilingam Institute for Home Science and Higher Education for Women (Deemed University), Coimbatore for their encouragements and helps in all their possible ways.

Sincere thanks to Tmt. VIJAYALAKSHMI PURUSHOTHAMAN, M.Sc., Ph.D. (Madras), Head of the Department of Family and Community Science, Avinashilingam Institute for Home Science and Higher Education for Women (Deemed University),

Coimbatore, for her constant encouragement and guidance helped the investigator in an immeasurable way.

The investigator records her immense gratitude to Tmt. PUSHPA BAI, M.Sc., M.Phil., Dip. Ed. (Madras), Lecturer (Senior Scale) in Family and Community Science, Avinashilingam Institute for Home Science and Higher Education for Women (Deemed University), Coimbatore, for her valuable guidance and encouragement throughout the study.

The investigator expresses her sincere thanks to Tmt. C. VELMAYIL, M.Sc., Dip. Ed., M.Phil. (Madras), Ph.D. (Avinashilingam), Reader in Home Science Extension Education, Avinashilingam in Home Science and Higher Education for Women (Deemed University), Coimbatore, for her timely constructive suggestions and encouragement during the study.

The investigator wishes to express her deep sense of gratitude to her family members for their moral support, encouragement, inspirations and suggestions which have made things work out the best.

The investigator expresses her thanks to the respondents for their kind hearted co-operation and friends for their moral support to carry out the research work.

Contents

CONTENTS

Chapter No.	Title	Page No.
	TABLES	
	FIGURES	
	APPENDIX	
I	INTRODUCTION	1
II	REVIEW OF LITERATURE	6
	A. Female Infanticide - Facts	6
	B. Female Infanticide in Salem District	13
	C. Highlights of Research in the Field	19
III	METHODOLOGY	23
	A. Study Area	23
	B. Sample	23
	C. Method and Tool	25
	D. Data Collection	25
	E. Analysis and Interpretation of the Data	26
IV	RESULTS AND DISCUSSION	27
	A. Socio-economic Background of the Samples	27
	B. Demographic Details of the Respondents	32
	C. Details About Female Infanticide	36

D. Efforts Towards the Checking of Female Infanticide 40

E. Suggestions given by the Respondents to Eradicate Female Infanticide 40

V SUMMARY AND CONCLUSION 42

BIBLIOGRAPHY

APPENDIX

TABLES

Table No.	Title	Page No.
I	SEX-WISE INFANT MORTALITY RATE IN DISTRICTS OF TAMIL NADU	8
II	DISTRIBUTION OF BLOCKS WHERE FEMALE INFANTICIDE OCCURRED IN 1995	15
III	FEMALE INFANT DEATHS AND FEMALE INFANTICIDE DEATHS IN TAMIL NADU, 1995	17
IV	VILLAGES AND RESPONDENTS	24
V	RELIGION AND CASTE-WISE DISTRIBUTION OF THE SAMPLES	28
VI	MARITAL STATUS OF THE RESPONDENTS	29
VII	AGE-WISE DISTRIBUTION OF THE SAMPLES	29
VIII	EDUCATIONAL LEVEL OF THE RESPONDENTS	30
IX	OCCUPATIONAL PATTERN OF THE HEADS OF THE FAMILIES	31
X	MONTHLY INCOME OF THE FAMILIES	31
XI	SUITABLE AGE FOR GIRL'S MARRIAGE	33
XII	AGE AT MARRIAGE OF THE RESPONDENTS	33
XIII	COMPOSITION OF CHILDREN IN THE FAMILIES	34
XIV	NUMBER OF CHILDREN BORN, DEAD AND ALIVE	35
XV	DETAILS ABOUT DEATH OF THE CHILDREN	36
XVI	BIRTH ORDER OF THE FEMALE INFANTICIDE	37

XVII	PERSONS MOTIVATED AND PERSONS PRACTICED FEMALE INFANTICIDE	38
XVIII	METHODS FOLLOWED IN PRACTICING FEMALE INFANTICIDE	38
XIX	REASONS FOR FEMALE INFANTICIDE	39
XX	SUGGESTIONS BY THE SAMPLES TO ERADICATE FEMALE INFANTICIDE	41

FIGURES

Figure No.	Title	Page No.
1.	TRENDS IN IMR, ENMR AND PNMR - TAMIL NADU	7a
2.	CAUSES OF INFANT DEATHS - TAMIL NADU	7b
3.	MAP SHOWING HIGH IMR AND HIGH FEMALE INFANTICIDE DISTRICTS	14a
4.	PRESS NEWS ON FEMALE INFANTICIDE	18a
5.	LOCALE OF THE STUDY	23a
6.	RELIGION AND CASTE-WISE DISTRIBUTION OF THE SAMPLES	28a
7.	COMPOSITION OF CHILDREN IN THE FAMILIES	35a
8.	NUMBER OF CHILDREN BORN, DEAD AND ALIVE	35b
9.	DETAILS ABOUT DEATH OF THE FEMALE CHILDREN	36a
10.	BIRTH ORDER OF FEMALE INFANTICIDE	37a
11.	METHODS FOLLOWED IN PRACTICING FEMALE INFANTICIDE	39a

APPENDIX

Appendix No.

Title

- I. A SCHEDULE TO ELICIT INFORMATION TO FIND OUT
THE INCIDENCE OF FEMALE INFANTICIDE IN OMALUR
BLOCK, SALEM DISTRICT

Introduction

INTRODUCTION

"A Women must be her father's shadow
in Childhood, her husband's in her
youth, her son's in old age"

- Manu Shastra

The present patriarchal system while recognising man as the bread winner of the family, treats woman only as dependents. This reveals the very pathetic state of women cutting at the very roots of her individuality (Venkatachalam and Srinivasan, 1993). According to Tutusen (1990) the case of women in India glorified as mothers, daughters and wives - abused and tortured and given a low status in the Indian society and it all being with the birth of a girl in the family.

There is no doubt that women are an oppressed and under-privileged lot in India. Women's inequality is increased by poverty and illiteracy. The inequality begins from birth. In the most backward societies, she could face the danger of being killed at birth, if she survives that calamity, she is underfed then overworked, not educated, married off early to continue her slavery in another home. When there is scarcity of food or other essentials, she will be the first to be deprived (Women's Era, 1997).

Bringing up a daughter is like watering a plant in another's courtyard. So goes one of the many Indian proverbs that reiterate the fertility of caring for a girl child. Female infanticide is a form of oppression which is shown against women. It has been a practice mostly in rural areas, to kill female infants either through lack of care, harmful customs, deliberate neglect or criminal asphyxiation. It is an heinous practice by parents to get rid of their female children, soon after its birth (Satyasan, 1987).

Shah (1996) explains when born, a girl child is generally not welcome. It is a fact of life and the social attitude towards birth of a girl child is identified with becoming a cause of worry for parents.

Today the rejection of a girl child begins even before birth and is rejected on the current practice of amniocentesis, which when it first came in 1964 was meant purely for research purposes. But by 1979, it began to be used for commercial purposes. It is being exploited by all sections of society for sex determination to detect and eliminate female foetus (Guruswamy and Kubendran, 1991). The relative simplicity and safety of these tests and their high accuracy of forecast of foetal gender have led to their misuse in this country in the form of selective female

foeticide (Salvi, 1989). It is now established that female infanticide is quite widespread not only in rural, but also in urban India (Nair, 1990).

Female Infant Mortality Rate (FIMR) is defined as the number of female infant deaths for every 1000 female births. An examination of Infant Mortality Rates (IMR) in 1995 for males, females and general population district wise, based on the sample survey conducted in early 1996 shows that at the state level, the Male Infant Mortality Rate at 52 is lower than the Female Infant Mortality Rate at 57 per cent. Because of the biological superiority of the female infant, it is the norm for female infant mortality rate to be less than male infant mortality rate. The fact that the reverse is the case in Tamil Nadu, reflects poorly on the status of gender equality (The Hindu, 1997).

Infant Mortality Rate is much high among girls than boys. Greater care is bestowed on boys rather than on girls. The deprivation of girl child is due to the grinding poverty and environmental factors where even the daily existence for a family is a struggle for survival (Josh, 1997). Factors like economic deprivation, illiteracy, deep rooted customs and most significantly the negative attitude towards women in the society and lack of awareness among parents on the female infants clearly point out the fact that they are also

victims of tradition, accepted practices in the community, ignorance and isolation and above all poverty (Velmayil and Chandramani, 1996).

The reasons for female infanticide include to control the population, to get rid of the illegitimate newborns, especially girls, to appease the gods for various superstitious beliefs, to destroy defective children eugenics, to keep the wealth within the family and especially sons and during war boy babies were preferred to girls who were killed to avoid feeding them (Mascarenhas, 1990).

In Tamil Nadu, Punjab, Rajasthan, Haryana, Bihar, Madhya Pradesh and Gujarat, the Custom of female infanticide is practiced not only by the so-called "illiterates" and "ignorant" people but by the elites also (Patel, 1994). In Tamil Nadu, the sex ratio fell from 977 in 1981 to 972 in 1991 (Venkatachalam and Srinivasan, 1993).

More than 25 per cent of the blocks in Tamil Nadu report female infanticide. Female infanticide has occurred in 15 out of 23 rural districts. Data confirm Dharmapuri, Salem and Madurai as areas of widespread female infanticide. In a survey conducted on female infant deaths and female infanticide deaths in 1995, the female infant deaths in Salem and Namakkal districts were 2419 and female

infanticide, 1033. In the female infanticide districts, the first born girl child has good chance of survival, second and third female infants unlikely to survive (DPH Survey, 1995).

To plan a healthier and more prosperous future, it is imperative to give concerted attention to the health of rising generation, especially the girl child - who, inspite of a biologically superior being, is doomed to die more often, due to prejudices, neglect, malnutrition, lack of medical attention or criminal design of parents and others (Kumar, 1990).

Since the incidence of female infanticide is found to be rampant in Salem district, this study has been carried out with the following objectives : To

1. study the incidence of female infanticide in the selected families of Omalur block, Salem district and
2. find out the causes for the incidence of female infanticide in this region.

Review of Literature

II. REVIEW OF LITERATURE

The literature pertaining to this study is reviewed as per the heads listed below :

- A. Female Infanticide - Facts
- B. Female Infanticide in Salem District
- C. Highlights of Research in the Field

A. Female Infanticide - Facts

Infanticide is the killing of a dependent innocent infant by one to whom the care of the infant is entrusted (mother or father or others on behalf of them). Female infanticide is the killing of female infants immediately after birth (Mascarenhas, 1996)

Female infanticide is a heinous crime in which new born female infants are killed (Athreya and Chunkath, 1997). In the case of female infanticide the newborn female child has suffered the greatest harm of being killed, thereby being deprived of the fundamental and universal right to live in this world. The pathetic part of the crime victimization to the female child is that the perpetrator of the crime is her own mother/father/and other family members (Chockalingam, 1993).

Female infanticide is undoubtedly a significant contributor to a high female and overall infant mortality rate (Table I) in several districts, and hence to the high level particularly of early neo-mortality rate and late neo-mortality rate in the state (Figure 1). Deaths due to female infanticide are around 8-10 per cent of all infant deaths (Figure 2) (Peeran, 1995) Massive "culling" of females would open a gender gap that would soon cause serious social upheaval. The ancient practice of female infanticide has not been completely abolished (Fathalla, 1997).

Hindu families seem to decide about "keeping" the child or not only after the birth of the child, after seeing the sex of the child (Venkatachalam and Srinivasan, 1993).

The girl child is considered to be a lesser child in our society. She continues to be neglected at all levels and discrimination against her is rampant in all strata of society irrespective of class, caste and economic conditions (Kaur, 1990). They show less care to the girl child in comparison to the male child, in areas of intake or good nourishment, allotting domestic chores, providing allowance for entertainment, school enrollment and so on.

TRENDS IN IMR, ENMR, LNMR & PNMR - TAMIL NADU

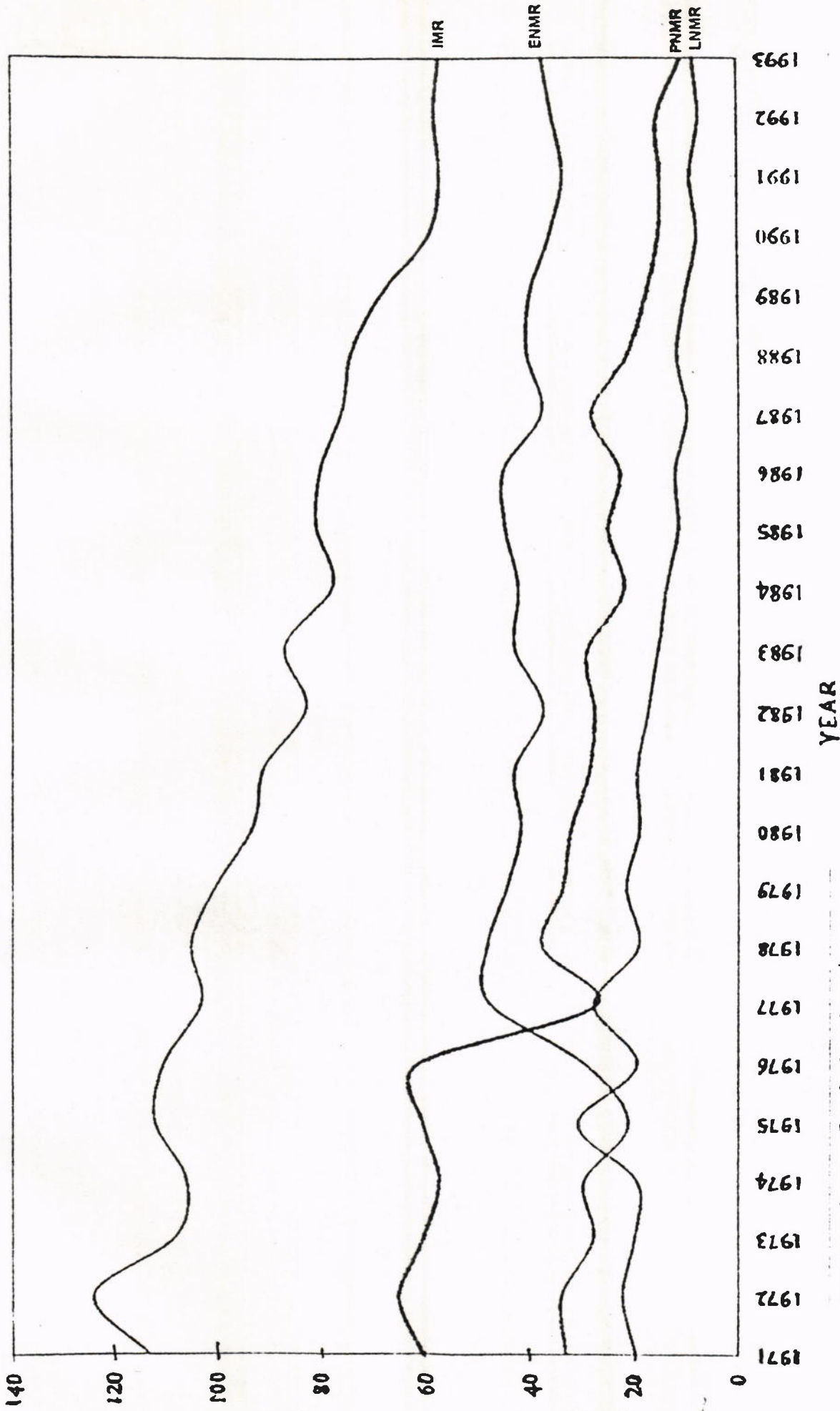


Figure 1

- Infant Mortality Rate (IMR) (x | Year)
- Early Neonatal Mortality Rate (ENMR) (0-6 days)
- Late Neonatal Mortality Rate (LNMR) (7-27 days)
- Post-Neonatal Mortality Rate (PNMR) (28-364 days)

CAUSES OF INFANT DEATHS - TAMIL NADU DPII Survey 1995

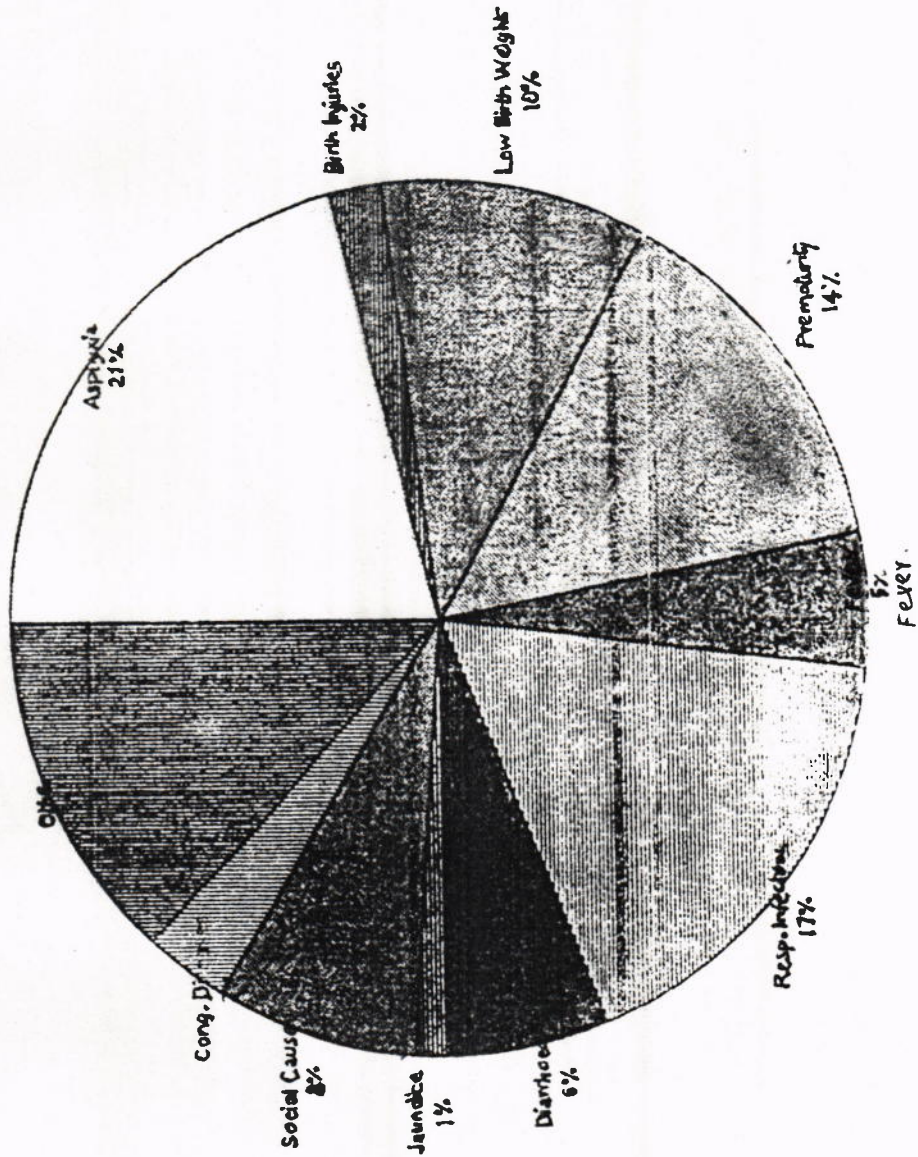


Figure 2

TABLE I
SEX WISE IMR IN DISTRICTS OF TAMIL NADU

S.No.	Name of the revenue districts	IMR		Total
		Male	Female	
1.	Dharmapuri	69.0	130.8	98.1
2.	Madurai	69.2	100.6	81.5
3.	Salem	67.3	95.6	80.2
4.	Dindigul	62.1	69.9	65.9
5.	Tiruchirapalli	62.0	58.4	60.3
6.	Perambalur	53.3	59.6	56.3
7.	Villupuram	52.0	59.1	55.6
8.	North Arcot	49.1	56.1	52.6
9.	South Arcot	49.0	51.3	51.6
10.	Karur	52.7	50.0	51.1
11.	Tirunelveli	56.4	44.2	50.5
12.	Tiruvannamalai	46.9	52.2	49.6
13.	Pasumpon	56.3	42.1	49.3
14.	Periyar	49.3	49.0	49.2
15.	Pudukkottai	45.7	48.2	46.9
16.	Nilgiri	48.1	45.1	46.7
17.	Chengalpattu	47.8	42.3	45.1
18.	Thanjavur	46.4	42.5	44.6
19.	Kamarajar	45.6	41.1	43.5
20.	Chidambaranar	43.3	42.5	42.9
21.	Nagappattinam	45.3	37.8	41.8
22.	Coimbatore	37.9	37.4	37.6
23.	Kanniyakumari	19.1	17.7	18.5
	Tamil Nadu	52.7	57.3	51.9

Source : Department of Public Health Survey - 1995.

Traditional social customs of marriage and the evil of dowry are always to the disadvantages of women. The girl which is often advised by her parents and the media through her teenage years, is looked upon as a liability, thinking of her marriage. This is indeed a contradictory image, when she is a mother, she aborts the female child and in certain

areas, practice infanticide and as a mother-in-law, ill-treats her daughter-in-law. This is inbuilt in our traditional society (Williams, 1991).

In the Middle East and south Asia, the highest preference for the male child has been indicated (Saraswathi, Kual and Limdi, 1991). Son preference is very strong in India particularly in rural areas (Rajaretnam and Deshpande, 1994). Among the important reasons for having sons, are their being of assistance in old age, as well as their being economically productive. Religious obligations, social benefits and practical help with household and farm, were other reasons (Thiruvekitasamy, 1992). Sons among Hindus, are also needed to perform rituals after the death of the father. Daughters cannot perform such rituals (Miller, 1987).

A daughter is on the contrary considered a burden on the resources of her parents and therefore a liability and her upbringing till marriage is an unwanted responsibility (Devendra, 1986). When there is a dispute between the affinal families the parents of a girl may not be interested in arranging marriage to the maternal uncle belonging to the disputed family. This may also lead to female infanticide (Karuppaiyan, 1993). A daughter is always to be protected for fear of going astray or being kidnapped by others.

Remarriage of a widowed daughter is not possible. Parents have to suffer inexpressible agony and pains of seeing the misery of widowed daughter (Gupta and Agnihotri, 1992).

A woman without a male child, is subjected to ridicule and prejudice and ill will of her family and society. Her status increases only after the birth of a son. Childlessness and the inability to produce a male child may induce a man to establish a polygamous household (Shetter, 1993). There is also a superstition that killing a daughter ensures the birth of a son (Sundranpandiyan, 1985). A mother not only hopes and prays for a boy but actually fear the birth of a girl (Kakar, 1990). The economic reasons for the practice of female infanticide is 'expenditure on girl'. Ceremonies are performed for girls in almost all communities and Rs. 60,000 to Rs. 70,000 is spent during the course of the development of a female child (Chockalingam, 1993).

Dowry is more a problem created by women than men. If the mothers and sister of boys refuse to take dowries there would be no problem. It is the woman in the family who is in the fore front for hefty dowries (Sastri, 1993). The dowry system has flourished in our society due to the economic dependence of women on their husbands. If every daughter is assumed she will get a share in her father's property sooner or later it could encourage marriage without dowry (Mishra, 1986). The daughter is a 'parayadhan' (other's property) who

leaves her parents for good, taking a good chunk of their resources in the shape of dowry (Tikoo, 1985 and Vasant, 1991).

If the quantum of the dowry or the quality of gifts, she brings with herself in marriage is not to the liking or satisfaction of the husband and in-laws, she may be subjected to inhuman tortures, including the latest and the ultimate 'bride-burning'. If she gives birth to a girl child, she is accused to further neglect and torture. She may face divorce or separation on this account.

Apprehension about dowry and superstition beliefs in which witches and astrologers reflect the prevailing low status of women in the society (Rai, 1992).

Some other important causes are poverty, marital discard, illegitimate child, wishing to live with lover without any encumbrance, sexual assault, theft, disappointment with female child, suspecting fidelity of wife, etc. (Srivastava and Pandiyan, 1991).

An average of 100 female babies are killed every month. Erukkali milk, crushed arali seeds and pesticides are the deadly diets for the doomed baby girls who is also often burried alive (Vasanthi, 1994). They are also resorted to

such practices and techniques immediately after birth such as deliberate delay in feeding, administrating paddy grains, applying kerbi ke beri (Poisonous berries) on the mother's breast before feeding the baby or feed them with hot chicken curry, suffocating the infant to death by blocking its nose and mouth, immersing the baby in water, wrapping it with a wet towel so that it suffocates to death, rolling of the mother over the baby etc. These methods are adopted extensively in North Arcot, Dharmapuri, Erode, Periyar, Anna Dindigal, Kamarajar, Madurai, Ramnad and Nellai districts of Tamil Nadu (Anjali, 1987). There are as many as 23 methods adopted for female infanticide in Usilampatti and Rasipuram. They could be broadly grouped as biological, physical and chemical (Velmayil, 1996). They adopt indigenous ways to kill the baby and the details told are horrifying and will make any civilised community bow its head in shame.

The child that was killed within 24 hours of its birth is referred to as the 'Kuzhipappa' (the child that was meant to go the burial pit). 'Valagiri Dosham', 'Mudithaakku', 'Kaathusoodu', 'Karuchivappu', 'Neelam paaidhal' and 'Nalungudal' - all these names mean infanticide only (Venkatachalam and Srinivasan, 1993).

Female infanticide not only affects the image of a particular caste or caste groups, but the image and social health of the entire society (The Hindu, 1990).

B. Female Infanticide in Salem District

Hamlet after homlet in Salem district of Tamil Nadu, has an unapologetic population of women who take pride in having killed their new born female infants and relate their stories with insouciance. Horrifying tales of the murder of innocent female babies are recounted with dumbfounding unconcern (Sastry, 1993).

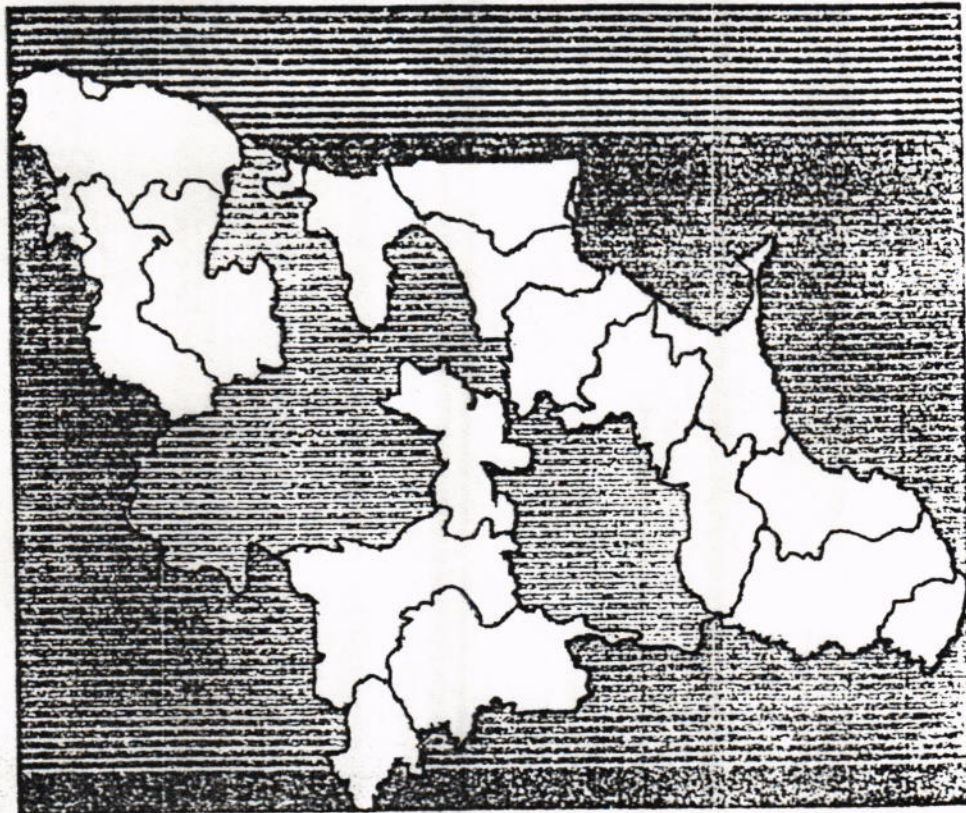
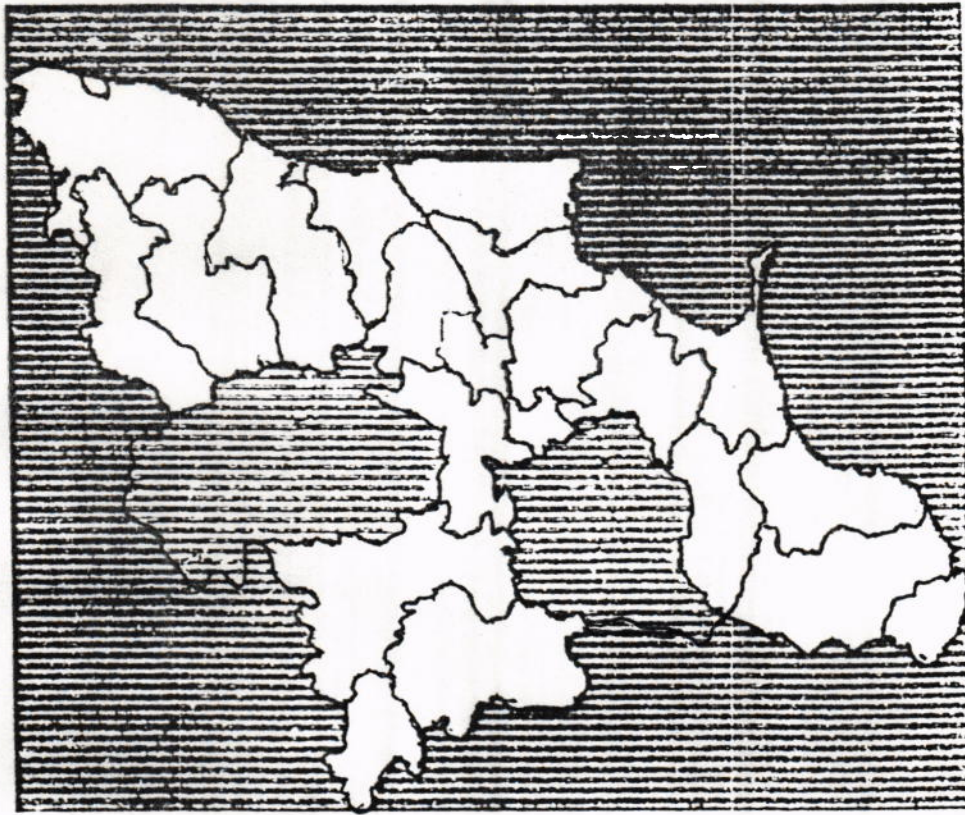
Salem District's patriarchal society in the past ten years, has developed into a tremendously greedy and materialistic society which strongly supports the notion of male supremacy and consequently justifies, even encourages/ demands for dowry. It has become a 'dowry night mare' for these young women; there is a culture of criminality and a morality which has got inbuilt into the society; there is almost no social ethics, greed can be 'afforded' by this 'craze' for sons. And when daughters are harassed and oppressed by their husbands and in-laws, when they commit suicide or are killed, there is a strong negative feeling about having daughters when the strong preference for sons and negativism about daughters impinges on the strongly internalised small family norm, the daughters are eliminated (Venkatachalam and Srinivasan, 1993).

According to a study done by the community services Guild of Madras in collaboration with Adithi, a patna based organisation for the uplift of rural women, 51 per cent of the families in Salem District were killing girl babies within a week of their birth to avoid spending upto Rs.60,000 on their dowry later (The Times of India, 1992).

Female Infanticide was first reported in Tamil Nadu in 1985 among Piramalai Kallars in Madurai district. A few years later, female infanticide was reported from Salem. Out of 35 number of total blocks of Salem district, female infanticide had occurred in 28 blocks (DPH Survey, 1995). Figure 3 shows high IMR and high female infanticide districts.

A study conducted in the five blocks of Salem district has revealed that out of 12,000 infant deaths, 45 per cent were due to female infanticide. In Salem district, the sex ratio was much lower at 932 females per 1000 males, slightly higher than the national average. The girl child experienced discrimination throughout her life and it was difficult for her to overcome the handicaps posed by her unequal status (Indian Express, 1994). Table II depicts the distribution of blocks where female infanticide had occurred.

MAP SHOWING HIGH IMR & HIGH FI
DISTRICTS



* HIGH FI

* HIGH IMR

Figure 3

TABLE II
DISTRIBUTION OF BLOCKS WHERE FEMALE INFANTICIDE OCCURRED IN
1995

S.No.	District	Total No.of blocks	No. of blocks where infanticide occurred
1.	Dharmapuri	18	14
2.	Madurai	21	19
3.	Salem	35	28
4.	Dindigul	14	11
5.	North Arcot	20	9
6.	Erode	20	4
7.	Karur	8	5
8.	Tiruchirapalli	14	3
9.	Villupuram	22	5
10.	Tiruvannamalai	18	2
11.	Perambalur	10	1
12.	South Arcot	13	1
13.	Pudukkottai	13	1
14.	Kamarajar	11	1
15.	Chengalpattu	27	1
	Tamil Nadu	386	105

Source : Department of Public Health Survey, 1995.

A study on 'Declining sex ratio and the problems of female infanticide in Salem district of Tamil Nadu' has come out with the finding that eight out of ten villages surveyed had a sex ratio of less than 917 women per 1000 men (The Hindu, 1995).

The Tamil Nadu Government has taken head on the problem of female infanticide in Salem district. Even according to official records, 1747 female infants have been killed due to social causes since 1989 in 19 blocks of this district (Frontline, 1992).

A disturbing feature is the exceptionally high female infant mortality rate in districts of Dharmapuri, Madurai and Salem which exhibit female infant mortality rates of 131, 100 and 96 respectively, with corresponding male infant mortality rates of 69, 69 and 67 (Athreya and Chunkath, 1997).

In Salem district, even in 1991, the infant mortality rate was 67 per cent 1000 (The Hindu, 1994). The Infant Mortality Rate for male is 71 and for female it is 86 per 1000 live births (Government of Tamil Nadu, 1993).

According to primary health centre records for 1995, a total of 3226 female infants were victims of infanticide and six districts accounted for most of these deaths and Salem accounted to 1033 deaths. The picture of the geographical distribution and extent of female infanticide is broadly corroborated by the survey data, where Dharmapuri, Madurai, Salem and Dindigul emerge as the major areas of female infanticide. Both the survey data and the PHC data suggest that female infanticide deaths account for around one six of all female infant deaths in the state (Table III).

TABLE III
FEMALE INFANT DEATHS AND FEMALE INFANTICIDE DEATHS IN
TAMIL NADU, 1995

District	Female infant deaths	Female infant deaths	Female infant deaths As % of female infant deaths
Dharmapuri	2375	1199	50.48
Madurai + Theni	1570	571	36.37
Salem + Namakkal	2419	1033	42.70
Dindigul	789	129	16.35
Vellore	1087	177	16.28
Erode	655	69	10.53
Karur	225	13	5.79
Tiruchirapalli	549	11	2.00
Villupuram	895	11	1.23

Source : Department of Public Health Survey, 1995.

A study was conducted by Venkatachalam and Srinivasan (1993) to find out the incidence of female infanticide in five development blocks in Salem district of Tamil Nadu namely Kabilarmalai, Elachipalayam, Paramathi, Thiruchengodu and Kulathur. In this study 250 respondents (all women) in each block was interviewed. From this study it was found out that two-thirds of the families had more than one male child whereas half of the total respondents had only one female child and only about one sixth of the families had more than one female child. On the while there were 982 male children which constitute to the sex ratio of 930 female per 1000 males.

Out of 1250 respondents on the whole, 38 per cent said that they are to commit female infanticide when more than one female child was born to them, nine per cent of the respondents agreed that they had committed female infanticide in the previous two years and 67 per cent of the respondents accepted to the fact that female infanticide is carried on in their villages. Out of the 1250 respondents interviewed female infanticide had occurred in the homes of 547 respondents.

Female infanticide is prevalent in omalur block of Salem district. As per the 1991 census, the sex ratio was woeful in this block - just 839 women as against 1,000 men. as per the questionnaire distributed by the Alternative for India Development, a non-governmental organisation initially at least 47 female infants had been killed in 1,000 families. According to the statistics compiled by the organisations, 82 women went ahead with the crude and unsafe practice of abortion (The Hindu, 1998) (Figure 4).

It is also a revealing fact that people are willing to do anything kill baby girls, abort 'girl baby' fetuses at considerable risk to the mother - but not challenge to notion of male supremacy. This supremacy is further reinforced at the community level by other pressures and

PRESS NEWS ON FEMALE INFANTICIDE

'Female infanticide still prevalent in Omalur'

By Our Special Correspondent

SALEM, March 24.

Female infanticide is still prevalent in Omalur block of Salem district.

This is the assessment of the Alternative for India Development, a non-governmental organisation, which has been working in the block for the amelioration of the standard of women and children for the past two and a half years.

Mr. George Henry and Mrs. K. Kalpana, Project Co-ordinators, told presspersons at Omalur on Tuesday that the project was launched here mainly because incidents like female infanticide, marriage at a very young age (even around 11 and 12), unsafe abortion, etc., were found rampant in the region.

As per the 1991 census, the sex ratio was woeful in this block — just 839 women as against 1,000 men. As per the questionnaire circulated by them initially, at least 47 female infants had been killed in 1,000 families.

The NGO had been also according special attention to issues such as AIDS and STD.

They pointed out that by establishing counselling centres in every village, which collected all the details regarding the women, eligible couples, maternity, etc., they could monitor the situation in every nook and corner of the block. At least 15 camps were organised every month in co-ordination with departments and organisations such as the Field Publicity, Social Welfare, TINIP, etc., in a bid to enlighten the people on such issues.

They claimed that they had been able to achieve quite a lot though it would be definitely not possible to totally transform the scenario in such a short time. "Hence, we have been seeking permission to make this a long-term project of at least 10 to 15 years."

According to the statistics compiled by the organisation, while it could prevent female infanticide in 136 families, still 85 had been killed. "Besides there have been 243 female babies who have been reported dead within a month of their birth."

With regard to unsafe abortion, the NGO could prevent 480. However, still 82 women went ahead with the crude and unsafe practice.

While the organisation could prevent 103 girls from getting married at a very tender age, still there were 123 who were married off very young.

While as many as 1,338 women could be motivated to undergo family planning operation, only one man was willing to undergo the same.

Figure 4.

processes. There has to be an opposing response to this, a counteraction women's own organisations are crucial here (Venkatachalam and Srinivasan, 1993).

C. Highlights of Research in the Field

A study was conducted by Velmayil (1996) in Rasipuram with 250 respondents and in Usilampatti with 250 respondents (all women). The mean female infanticide for Rasipuram was 2.8 while for Usilampatti it was 2.9. The incidence of female infanticide, seems to be more severe in Usilampatti than in Rasipuram. A vast majority of the respondents in both the study areas had killed female infants of second birth order (222 in Rasipuram and 244 in Usilampatti). All most all (99.8 per cent) perceived that the expenses on female children were heavy. Ninety per cent of the slayers were, infants own kith and kin. Excess female fertility and son preference were the reasons for these indiscriminate killings. Illegitimacy of the child birth led to some female infanticides in Usilampatti.

A study on "Female infanticide among Pramalai kallars in Tamil Nadu", covering 4000 households in one of the Pramalai kallars dominated community development blocks, Batlagundu, in Dindigul District posits that every fourth female infant death in this community is an act of

infanticide. The second and higher order female children are often the target of this practice (Rajaretnam, 1992).

In a study conducted by Chandrakala (1996) in Usilampatti on "Incidence of female infanticide" brings out that 52 out of the 100 families studied were indulged in the practice of female infanticide. Of the total 345 children born, 150 were males and the remaining 195 were female children. Out of these 195 female children born, 52 had died of infanticide. This brings to lime light the high incidence of female infanticide in these areas. Here 59 per cent of the families had male and female children, 16 per cent had male children alone and the remaining 15 per cent had female children alone.

A small survey was conducted in Usilampatti to find out the opinions of 50 young unmarried girls towards family life. In response to a question, what they think about female infanticide, 13 of them approved of it, 33 against the practice and a small margin of four felt that it could be resorted to circumstances so demanded (Kumarababu, 1991).

A study conducted by Balasaraswathi (1995) in Usilampatti Taluk on 'Attitude of Parents Towards Female Infanticide' reveals that a majority 82 per cent of the sample had killed at least one female infant and 12 per cent

of the sample had killed two female infants. Two per cent of the families had killed up to seven female infants. Another two per cent of the families had killed three to four female infants and the rest two per cent had killed five to six female infants. On the whole 137 female infants were killed in the 100 families surveyed. On an average 1.37 female infanticides had taken place in the studied families.

The K.V.Kuppam block of North Arcot Ambedkar district in Tamil Nadu has come to light in a survey made by the Rural Unit of Health and Social Affairs (RUSHA) of the Christian Medical College (CMC) Hospital, Vellore in Tamil Nadu. RUSHA has documented atleast a dozen cases a confirmed female infanticides, in six out of the 12 villages taken up under the research programme. In five out of the 12 cases, it was the second girl child in the family which was killed. In four cases, it was the third girl child which was killed (George et al., 1992 and Murthi, 1992).

A study conducted by Guruswamy and Kubendran, 1991 reveal that more than 550 cases of infanticide have been reported during the last ten years from the Piramalai Kallar community comprising one lakh to two lakh people. During the study period of 10 days, three girls died in that village and none was given treatment. The main reason specified was the dowry system.

A study conducted by Akil Bharatiya Vidhyarthi Parishad (ABVP) 1993, shows that female infanticide was emanated from a community called the Piramalai Kallar. Female infanticide has been practiced for a number of decades. Copying their examples even their communities are now practicing female infanticides. The main reason was dowry problem (Sastry, 1993).

A study was conducted by S.S.Latha (1997) on 'Relationship between sex ratio and female infanticide in Kabilarmalai block, Rajaji district, Tamil Nadu, 100 women samples were selected randomly who had done away with their female infants in eight villages of the district. There were 69 male children and 158 female children alive. The total number of female infants killed in the 100 families was 117. Thirty seven per cent of female infanticides had taken place in the third birth order and 27 per cent in the second birth order. Son preference, more number of female births and heavy expenditure on girls were the reasons for the act.

Methodology

III. METHODOLOGY

The methodology designed to study the "Incidence of Female Infanticide in Omalur Block, Salem District", included the following.

- A. Study Area
- B. Sample
- C. Method and Tool
- D. Data Collection and
- E. Analysis and Interpretation of the Data

A. Study Area

Omalur block of Salem district was selected for the study as the incidence of female infanticide is said to be steadily increasing here. Omalur block consists of 71 villages. Among these, eight villages, where the incidence of female infanticide was found to be in large numbers were selected for the conduct of the study (Figure 5).

B. Sample

A sample is a small proportion of a population selected for observation and analysis. It is a collection consisting of a part or subset of the objects or individuals of population which is selected for the express purpose of representing the population (Sidhu, 1984 and David, 1990). The sample for the study consisted of 100 families. The

LOCALE OF THE STUDY

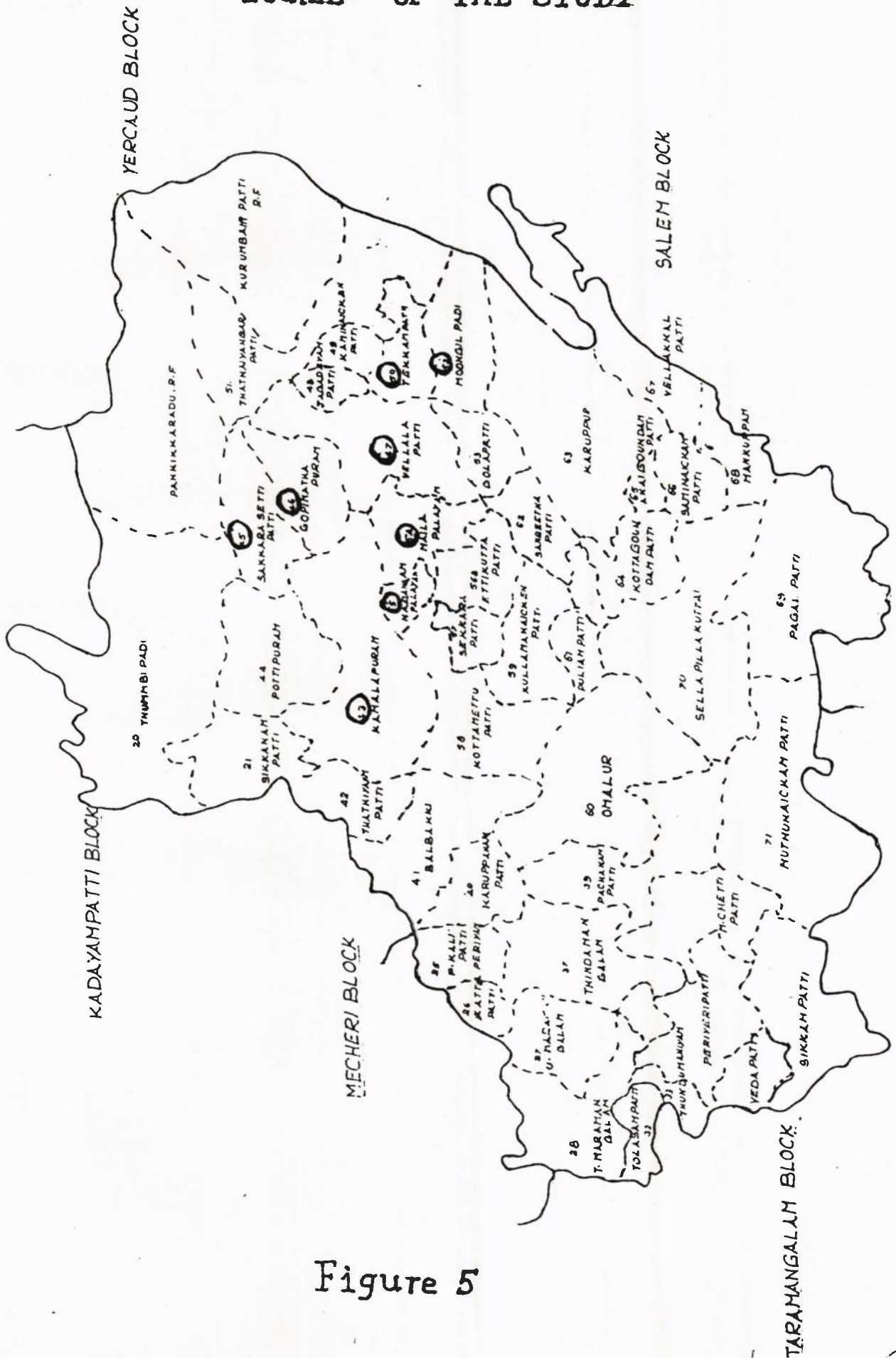


Figure 5

families where female infant deaths occurred were selected and interviewed randomly to find out the incidence of female infanticide. All the respondents were women.

Simple random sampling method is one in which every item in the universe has a known chance, or probability of being chosen for the sample. This implies that the selection of the sample items is independent of the person making the study that is, the sampling operation is controlled so objectively the items will be chosen strictly at random (Gupta, 1995).

Table IV illustrates the villages and the number of sample selected for the study in omalur block of Salem district. Women were selected as respondents as they exactly reason out the cause for their act.

TABLE IV
VILLAGES AND RESPONDENTS

S.No.	Name of the village	Percentage of respondents (N : 100)
1.	Gopinathapuram	25
2.	Kamalapuram	9
3.	Mailapalayam	8
4.	Moongilpadi	9
5.	Naranampalayam	11
6.	Sakkarasettipatti	21
7.	Tekkampatti	10
8.	Vellalapatti	7

C. Method and Tool

Interview schedule was used for the collection of data in the study areas.

Interview is one of the important tools of social research. According to the Gupta (1995) an interview schedule refers to a set of statements of questions to be answered by the respondents in a face to face situation and filled in by the interviewer herself.

A detailed schedule was preferred for the collection of required information from the respondents (Appendix I). The schedule included details regarding the socio-economic background of the sample, their demographic details, details of female infanticide, efforts of the government and non-governmental organisations to solve the problems and suggestions of the respondents for eradicating female infanticide in their villages.

D. Data Collection

Survey or experiment is a device of obtaining the desired data. A survey is a process of collecting data from the existing population units with no particular control over the factor that may affect the population characteristics of interest in the study (Gupta, 1995). The survey was carried out in the villages selected for the study with the selected respondents.

E. Analysis and Interpretation of Data

The data thus obtained were consolidated and statistically analysed and are presented in detail in the following chapter.

Results and Discussion

IV. RESULTS AND DISCUSSION

The results of the study on the "Incidence of Female Infanticide in Omalur Block, Salem District" are discussed under the following heads :

- A. Socio-economic Background of the Samples
- B. Demographic Details of the Respondents
- C. Details about Female Infanticide
- D. Efforts towards the Checking of Female Infanticide
- E. Suggestions given by the Respondents to Eradicate Female Infanticide

A. Socio-economic Background of the Sample

The socio-economic details consist of caste of the respondents, age, marital status, educational level, occupational pattern and monthly income of the families of the sample.

1. Religion and caste-wise distribution of the respondents

The religion and caste-wise distribution is shown in the Table V.

TABLE V
RELIGION AND CASTE WISE DISTRIBUTION OF THE SAMPLES

S.No.	Religion and caste	Percentage
1.	Hindus	91
	1. Scheduled caste	46
	2. Vanniars	21
	3. Gounders	14
	4. Asari	10
II.	Muslims	5
III.	Christians	4

Majority of the respondents were Hindus (91 per cent), consisting of scheduled caste, vanniars, Gounders and Asaries accounting to about 46, 21, 14 and 10 per cents. Muslims constituted five per cent and Christians four per cent. The dominant religions and caste groups in this block were found to be indulging in female infanticide. According to Velmayil (1996), a study conducted in Rasipuram shows that 17 castes were involved in the practice of female infanticide. The religion and caste wise distribution of the samples are represented in Figure 6.

2. Marital status of the respondents

The marital status of the respondents is exhibited in the Table VI.

RELIGION AND CASTE WISE DISTRIBUTION OF THE SAMPLES

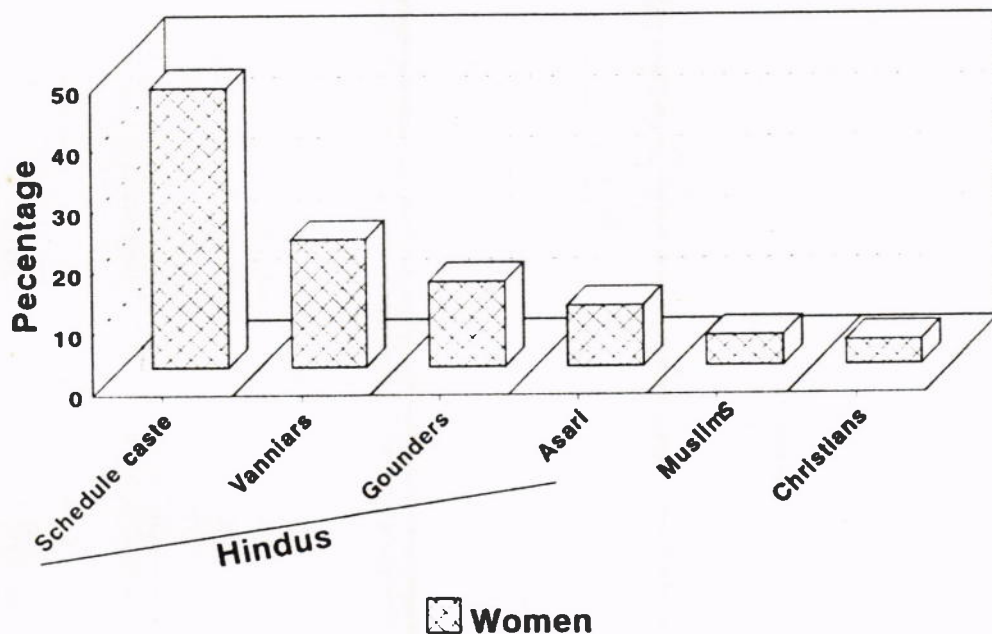


Figure 6

TABLE VI
MARITAL STATUS OF THE RESPONDENTS

S.No.	Marital status	Percentage
1.	Married and living in families	84
2.	Deserted	7
3.	Widowed	5
4.	Divorced	4

About 84 per cent of the respondents were married and living in families. A considerable percentage of them were found to be deserted (seven per cent), widowed (five per cent) and divorced, (four per cent). Perhaps this may also be a reason for female infanticide.

3. Age-wise distribution

The age-wise distribution of the sample is depicted in the following Table VII.

TABLE VII
AGE-WISE DISTRIBUTION OF THE SAMPLES

S.No.	Age (in years)	Percentage
1.	18 - 30	76
2.	31 - 40	19
3.	41 - 50	5

A majority of 76 per cent were in the age group of 18 to 30 years, 19 per cent in the age group of 31 to 40 years and five per cent in the age group of 41 to 50 years. Most of the women are in the highly fertile age group which can lead to the birth of many children.

4. Educational level of the respondents

The educational level of the sample is given in the following Table VIII.

TABLE VIII
EDUCATIONAL LEVEL OF THE RESPONDENTS

S.No.	Educational level	Percentage
1.	Illiterates	42
2.	Primary school	37
3.	High school	15
4.	Higher secondary	5
5.	Graduates	1

Out of the total 100 respondents surveyed 42 per cent were illiterates, 37 per cent had done their primary schooling, 15 per cent their high schooling and five per cent had done their higher secondary and the remaining only one of them was a graduate. Illiteracy would have paved way for the widespread of female infanticide in these areas.

5. Occupational pattern of the heads of the families

The occupational patterns of the families are given in the Table IX.

TABLE IX
OCCUPATIONAL PATTERN OF THE HEADS OF THE FAMILIES

S.No.	Occupation	Percentage
1.	Coolies	51
2.	Farmers	28
3.	Business	15
4.	Government job	6

A majority 51 per cent of the heads were coolies and 28 per cent were farmers, fifteen per cent of them were business men and six per cent were Government employees.

6. Monthly income of the families of the respondents

This is given in the Table X.

TABLE X
MONTHLY INCOME OF THE FAMILIES

S.No.	Monthly income (in rupees)	Per cent of families
1.	≤ 500	7
2.	501 - 750	12
3.	751 - 1000	26
4.	1001 - 1500	44
5.	Above 1501	11

A majority of 44 per cent of the families were earning between Rs. 1001-1500 and 26 per cent, from Rs. 751-1000, 12 per cent between Rs. 501- 750, 11 per cent of them were earning above Rs. 1501 and seven per cent of the sample earned only below Rs. 500 per month. With a poor income giving a poverty stricken life is always a threat to the values of life and this would have forced the families to exterminate the female infanticide.

B. Demographic details of the sample

The various aspects of the demographic details are discussed under :

1. Suitable age for girl's marriage as viewed by the respondents
 2. Age at marriage of the sample and
 3. Details about children
-
1. Suitable age for girl's marriage as viewed by the respondents

Table XI shows the age for girl's marriage as viewed by the respondents.

TABLE XI
SUITABLE AGE FOR GIRL'S MARRIAGE

S.No.	Age (in years)	Percentage
1.	17 - 18	58
2.	19 - 20	29
3.	21 - 22	13

A total 58 per cent of the respondents viewed that the age for girl's marriage must be between 17 to 18 years, 29 per cent answered that it should be 19 to 20 years and 13 per cent said that it should be 21 to 22 years. When girls are married according to the highest score of 17 to 18 years, the reproductive cycle will be long which may lead to more children and thereby to the practice of female infanticide in poor families.

2. Age at marriage of the sample

Table XII depicts the age at marriage of the respondents.

TABLE XII
AGE AT MARRIAGE OF THE RESPONDENTS

S.No.	Age at marriage (in years)	Percentage the sample
1.	15 - 17	52
2.	18 - 20	30
3.	21 - 23	18

Of the total 100 respondents 52 per cent were married at the age of 15 to 17 years, 20 per cent between 18 and 20 years and 18 per cent between 21 and 23 years. The early marriage of the respondents led to the birth of more children among the respondents.

3. Details about children

The details about the children born, dead and alive are discussed as under :

- a. Composition of children in the families
- b. Number of children born, dead and alive at present

a. Composition of children in the families

Table XIII describes the composition of children in the families of the respondents.

TABLE XIII

COMPOSITION OF CHILDREN IN THE FAMILIES

S.No.	Composition of children	Per cent of families having
1.	Male and female	46
2.	Female alone	40
3.	Male alone	14

Forty six per cent of families had both male and female children, 40 per cent, only female children and 14 per cent, only male children. The presence of 40 per cent females

alone in the families reveals the high fertility of females. The want to have atleast one male child for economic and social reasons leads to have more female births and this more births in turn leads to infanticides often. The composition of the children in the families is shown in Figure 7.

b. **Number of children born, dead and alive at present**

The following Table XIV relates to the number of children born, dead and alive at present.

TABLE XIV
NUMBER OF CHILDREN BORN, DEAD AND ALIVE

S.No.	Details	Male	Percentage	Female	Percentage
1.	Born	65		221	
2.	Dead	4	6	112	51
	Alive	61	94	109	49

Among the 65 males born six of them were found to be dead and the remaining 94 were found to be alive. Of the 221 females born 51 per cent died and only 49 per cent were found to be alive at the time of the study. Number of children born, dead and alive are depicted in Figure 8.

The following Table XV shows the details about death of the children.

COMPOSITION OF CHILDREN IN THE FAMILIES

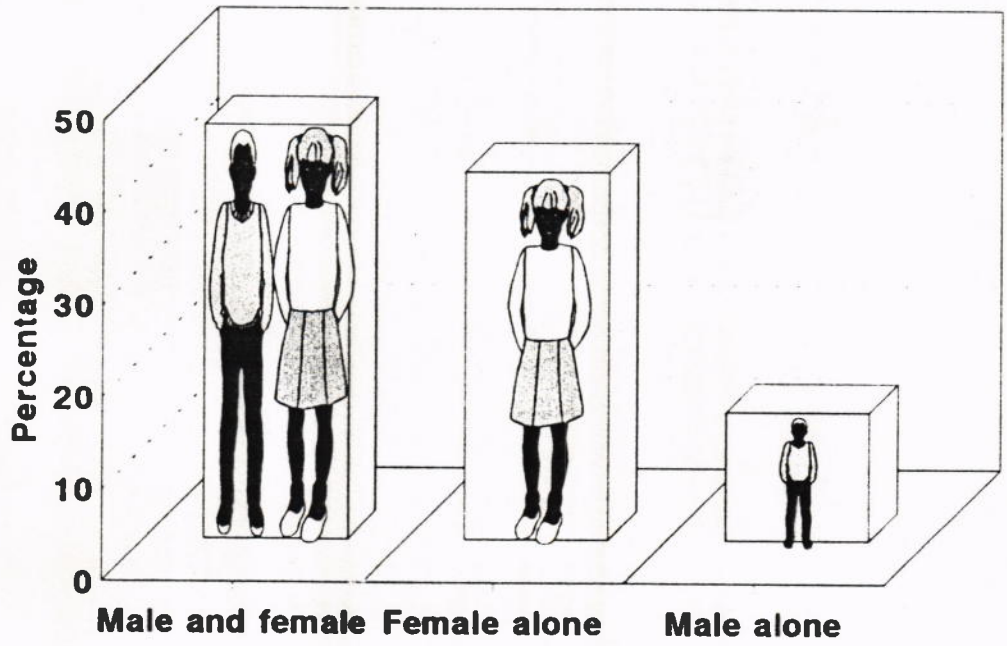


Figure 7

NUMBER OF FEMALE CHILDREN BORN, DEAD AND ALIVE

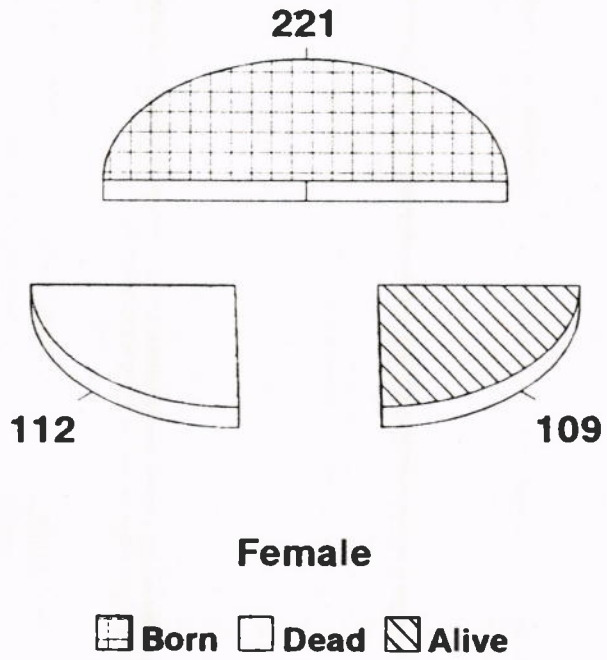


Figure 8

TABLE XV
DETAILS ABOUT DEATH OF THE CHILDREN

S.No.	Details	Male	Female
1.	Natural	1	39
2.	Infanticide	3	73
	Total deaths	4	112

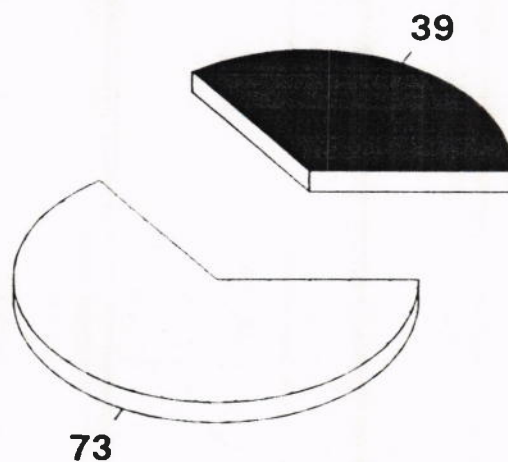
Death due to infanticide occurred in both the cases that it could be seen from the table. Three male infants and 73 female infants were done away due to this reason which are usually recorded as "death by social causes". Three male infanticide were due to economic reasons. The results show the high fertility of female children and also the high mortality amongst them. According to a survey done by Alternative for India Development (AID), 1996 a non-governmental organisation in the Omalur block reveals that 243 female babies died within a month of their birth due to "Social causes". Details about death of the female children is shown in Figure 9.

C. Details about female infanticide

The details regarding female infanticide are discussed under the following heads :

- a. Birth order of female infanticide
- b. Persons motivated and the persons practiced female-infanticide
- c. Reasons for female infanticide

DETAILS ABOUT DEATH OF THE FEMALE CHILDREN



Female

■ Natural □ Infanticide

Figure 9

a. Birth order of female infanticide

The birth order of female infanticide is illustrated in Table XVI.

TABLE XVI
BIRTH ORDER OF FEMALE INFANTICIDE

S.No.	Birth order	Number (N:73)	Percent killed
1.	II	14	19
2.	III	35	48
3.	IV	17	23
4.	V	5	7
5.	VI	2	3

A majority 48 per cent of the III birth order were killed due to female infanticide, 23 per cent of the IV birth order, 19 per cent of II birth order, seven per cent of V birth order, three per cent of VI birth order female children were killed because of the same reason. According to a survey done by DPH (1995), the female children of the birth order II and III and above had less chances of survival. The birth order of the female children is revealed in Figure 10.

b. Persons motivated and the persons practiced female infanticide

This is explained in the Table XVII.

BIRTH ORDER OF FEMALE INFANTICIDE

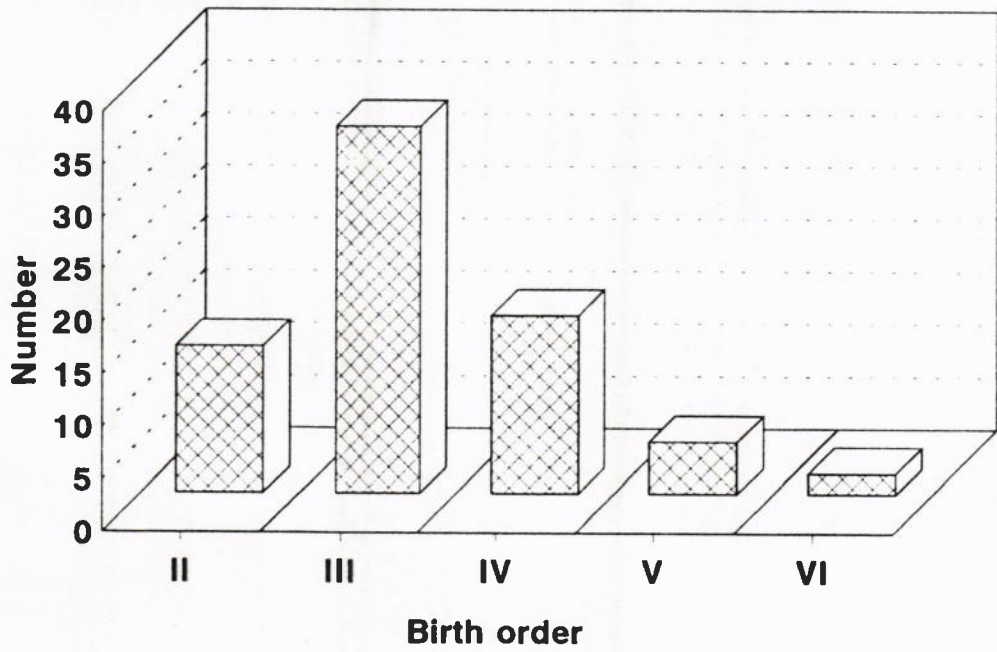


Figure 10

TABLE XVII
PERSONS MOTIVATED AND PERSONS PRACTICED FEMALE INFANTICIDE

S.No.	Persons motivated	Per cent	Persons practiced	Per cent
1.	Mothers-in-law	69	Grandmother	65
2.	Parents	16	Respondents themselves	23
3.	Husband	15	Birth attendants	12

Among the persons motivated 69 per cent were mothers-in-law, 16 per cent, parents and 15 per cent, husbands of the respondents. The persons practiced were grandmothers ranging to 65 per cent, 23 per cent of respondents themselves and 12 per cent, birth attendants. the infants own kith and kin were the slayers.

c. Methods followed to practice female infanticide

These are listed in the Table XVIII.

TABLE XVIII
METHODS FOLLOWED IN PRACTICING FEMALE INFANTICIDE

S.No.	Method	Number (N:73)	Per cent
1.	Erukkampal	39	53
2.	Paddy grain	16	22
3.	Sleeping dose	10	14
4.	Covering with wet cloth	8	11

Using Erukkampal (53 per cent) paddy grain (22 per cent), sleeping dose (14 per cent) and covering the infant with wet towel (11 per cent) were the methods followed to kill the infants here. A study done by Venkatachalam and Srinivasan in Salem District (1993), reveals eight methods followed in committing female infanticide such as giving oleander berries to the new born, with the calotropis (Erukkampal), grains of paddy, feeding with tobacco paste, pesticides, by pressing its nose and mouth, closing the face of the child with a thick wet towel, leaving the new born in open space in winter season so that the child may die out of severe cold weather. Methods followed in practicing female infanticide is shown in Figure 11.

d. **Reasons specified to practice female infanticide**

Table XIX reasons out the causes to practice female infanticide.

TABLE XIX

REASONS FOR FEMALE INFANTICIDE

S.No.	Reasons	Number [*] Stating
1.	Difficulty in bringing up the girl child	95
2.	Heavy dowry for girls	94
3.	Boys are required for performing funeral rites	92
4.	Son preference	90
5.	Boys are needed for economical support	74

*	Multiple response	

METHODS FOLLOWED IN PRACTICING FEMALE INFANTICIDE

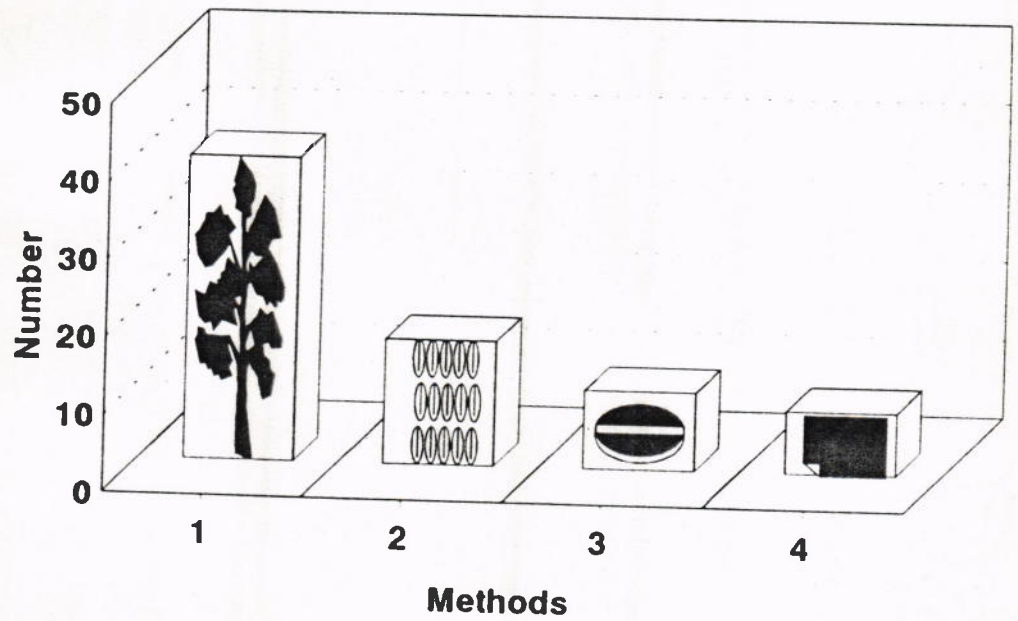


Figure 11

1. Erukkampal
2. Paddy grain
3. Sleeping dose
4. Covering with wet cloth

Multiple responses were observed as the reasons to practice female infanticide amongst the respondents. Ninety five respondents admitted the difficulty in bringing up the girl child, 94 of them indicated dowry as the main problem, 92 of them specified that boys are necessary for performing funeral rites, 90 of them indicated their strong preference towards son and 74 of them told that boys are needed for economical support.

D. Efforts Towards the Checking of Female Infanticide

More than 45 per cent were beneficiaries of governmental organisation such as Tamil Nadu Integrated Nutrition Programme (TINP), Development of Women and Children in Rural Areas (DWACRA), primary health centre etc., and non-governmental agencies such as Socio-Ecological Development (SED), Alternative for India Development (AID). These served by providing nutrition knowledge, giving ideas regarding family planning, providing loans and giving maternal and child care services. All these agencies work to reduce the prevalence of female infanticide in the respective villages.

E. Suggestions given by the Respondents to Eradicate Female Infanticide

The suggestions are exhibited in the following Table XX.

TABLE XX
SUGGESTIONS BY THE SAMPLES TO ERADICATE FEMALE INFANTICIDE

S.No.	Suggestion	Number* stating
1.	Reducing dowry	98
2.	Strict law against female infanticide	95
3.	Easy access to receiving government help	90
4.	Providing education and employment for girl children	85
5.	Propaganding the importance of girl child	75
* Multiple response		

These are multiple responses which are note worthy. Ninety eight of them insisted the eradication of dowry system, 95 of them suggested strict law against female infanticide, 90 of them suggested easy access to receiving the government help, 85 of them sticked on the education and employment opportunities for girl children and 75 of them proposed the idea of spreading the importance of girl child to the family and society which could prove to validity to eradicate female infanticide in their villages. A majority 98 respondents insisted on reducing the dowry demands which is night mare for most of the families ultimately leading to female infanticide.

Summary and Conclusion

V. SUMMARY AND CONCLUSION

A study on the "Incidence of Female Infanticide in Omalur Block, Salem District" was carried out to know the extent of female infanticide in the Omalur block, as the incidence of female infanticide was found to be rampant in this region. The sample for the study consisted of 100 families. The families where female infant deaths had occurred, were selected at random and interviewed to find out the incidence of female infanticide and all the respondents were women.

The major findings of the study are as follows.

A. Socio-economic Background of the Sample

- * A majority of the respondents of 91 per cent, were Hindus consisting of scheduled caste, vanniars, Gounders and Asaries accounting to about 46, 21, 41 and 10 per cent respectively. Muslims constituted five per cent and Christians four per cent. The dominant religions and caste groups in this block were found to be indulging in female infanticide.
- * About 84 per cent of the respondents were married and living in families. A considerable percentage of them were found to be deserted (seven per cent), widowed (five per cent) and divorced, (four per cent). This also may be a reason for female infanticide.

- * A majority 76 per cent were in the age group of 18 to 30 years, 19 per cent in the age group of 31 to 40 years and five per cent in the age group of 41 to 50 years.
- * Out of the total 100 respondents surveyed 42 per cent were illiterates, 37 per cent had done their primary schooling, 15 per cent, their high schooling and five per cent their higher secondary and the remaining only one of them was a graduate.
- * Fifty one per cent of the heads were coolies and 28 per cent were farmers, 15 per cent of them were business men and six per cent were Government employees.
- * A total of 44 per cent of the families were earning between Rs. 1001 and Rs. 1500 and 26 per cent, from Rs. 751 to Rs. 1000, 12 per cent between Rs. 501 and 11 per cent of them were earning above Rs. 1501 per month and seven per cent of the sample earned only below Rs. 500 per month.

B. Demographic Details of the Sample

- * A majority 58 per cent of the respondents viewed that the age for girl's marriage must be between 17 and 18 years, 29 per cent answered that it should be 19 to 20 years and 13 per cent said that it should be 21 to 22 years.
- * Of the total 100 respondents 52 per cent were married at the age of 15 to 17 years, 20 per cent between 18 and 20 years and 18 per cent between 21 and 23 years.

- * Forty six per cent of families had both male and female children, 40 per cent, only female children and 14 per cent, only male children.
 - * Among the 65 males born six of them were found to be dead and the remaining 94 were found to be alive. Of the 221 females born 51 per cent died and only 49 per cent were found to be alive at the time of the study.
 - * Three male infants and 73 female infants were done away by female infanticide.
- C. Details about female infanticide.
- * A majority 48 per cent of the third birth order infants were killed due to female infanticide, 23 per cent, of the fourth birth order, 19 per cent, of second birth order, seven per cent, of the fifth birth order, three per cent, of the sixth birth order female children were killed.
 - * Among the persons motivated, 69 per cent were mothers-in-law, 16 per cent, parents and 15 per cent, husbands of the respondents. The persons practiced female infanticide were grand mothers ranging to 65 per cent, 23 per cent of respondents themselves and 12 per cent, birth attendants.
 - * Using erukkampal (53 per cent), paddy grains (22 per cent), sleeping dose (14 per cent) and covering the infant with wet towel (11 per cent) were the methods followed to kill the infants.

* Multiple responses were observed as the reasons to practice female infanticide among the respondents. Ninety five respondents admitted the difficulty in bringing up the girl child, 94 of the indicated dowry as their main problem, 92 of them specified that boys are necessary for performing funeral rites, 90 of them indicated their strong preference towards son and 74 of them told that boys are needed for economic support.

D Efforts Towards the Checking of Female Infanticide

* More than 45 per cent were beneficiaries of government programmes such as Tamil Nadu Integrated Nutrition Programme (TINP), Development of Women and Children in Rural Areas (DWACRA), Primary Health Centre etc., and non-governmental agencies such as Socio-Ecological Development (SED) and Alternative for India Development (AID). These served the people here, by providing nutritional knowledge, giving ideas regarding family planning, providing loans and giving maternal and child care services.

E. Suggestions for the Eradication of Female Infanticide in these Villages

* Multiple responses were noticed that 98 of them insisted the eradication of dowry system, 95 of them, suggested strict law against female infanticide, 90 of them wanted easy access in receiving the government

help, 85 of them, stuck on to the education and employment opportunities for girl children and 75 of them, proposed the idea of spreading the importance of girl child to the family and society which could prove as the measures to eradicate female infanticide in their villages.

Recommendations

- * The law imparting punishment of the guilty is a must and
- * More research works and studies must be done in this field so as to suggest suitable measures to overcome this evil.

Conclusion

Women serve as eyes of the family. Killing of the female infants will lead only to problems of imbalance in the socio-ecological system and does not put off the atrocities against them. More education and chances of decision making must be handed over to women to help them to serve as the better halves. More importance to female children must be given by the Government and society. Women must be treated with due respect and dignity.

Bibliography

BIBLIOGRAPHY

Anjali (1987). "Prejudice against girls", Social Welfare, Vol. XXXIV, No. 9, December-January, pp. 10-12.

Athreya, V.B. and Chunkath, S. (1997). "Born to die", The Hindu Magazine, Weekly Edition - 2, Sunday, March 30, p. 1.

Balasaraswathi, S. (1995). "Attitude of Parents towards female infanticide", An unpublished thesis submitted to the Avinashilingam Institute for Home Science and Higher Education for Women (Deemed University), Coimbatore, p. 64.

Chandrakala, C. (1996). "Incidence of female infanticide in Usilampatti Taluk", An unpublished thesis submitted to the Avinashilingam Institute for Home Science and Higher Education for Women (Deemed University), Coimbatore, p. 56.

Chockalingam, K. (1993). "Female infanticide - A victimological perspective", paper presented in the one day symposium on female infanticide, on 24th April, at the University of Madras, pp. 5-6.

Department of Public Health, (1995). Details and Survey Submitted in Workshop on IMR in Tamil Nadu, Situation Analysis and Strategies for Reduction 1997, Sep, 8-10th, prepared by Chennai DANIDA, RCM project.

Devendra, K. (1986). Status and Position of Women in India, Vikas Publishing House, New Delhi, pp. 3-4.

Fathalla, M.F. (1997). "The Girl Child and Right to Health", The Journal of International Child Health, Jan-97, Vol. VIII, No. 1, pp. 57-61.

George, Sabu, Abel, Rajaratnam and Miller, B.D. (1992). "Female infanticide in Rural South India", Economical and Political Weekly, Vol. XXVII, No. 22, pp. 1153-1156.

Gupta, S.I. and Agnihotri, U.S. (1992). "Fluctuating Status of Indian Women", In : Women's Status in India (Policies and Programmes), (Ed.) Dr. B.P. Chaurasia, Chugh Publications, Allahabad, pp. 30-31.

- Gupta, S.P. (1995). *Statistical Methods*, Sultan Chand and Sons Publishers, New Delhi, pp. 3, 4-3.5, 4.5-4.6.
- Government of Tamil Nadu, (1993). *The further is now for the children of Tamil Nadu*, UNICEF, Madras, pp. 3-10.
- Guruswamy, S. and Kubendran, C. (1991). "Female infanticide in Kallathu Cluster", *Social Welfare*, Vol. XXXVII, No. 11-12, pp. 16-20.
- Indian Express, (1994). "Call for combined action against female infanticide", June, 9, p. 4.
- Josh, U. (1997). "Gender Apartheid", *Social Welfare*, Vol. XXXXIII, No. 10, pp. 15-16.
- Kakar, S. (1990). "A Psycho-analytic study of childhood and society in India", SAARC Publication, New Delhi, p. 16.
- Karuppaiyan, V. (1993). "Causes of Female Infanticide - An Anthropological perspective", paper presented in one day symposium on Female infanticide", on 24th April, at the University of Madras, pp. 1-2.
- Kaur, A. (1990). "Socio-cultural norms about girl child must change", *Kurukshetra*, Sept. Vol. XXXVIII, No.12, pp. 7.
- Kumar, R. (1990). *Women Health Development and Administration : Principles and Practices*, Deep and Deep Publications, New Delhi, Vol. I, pp. 68-69.
- Kumarababu, G. (1991). "The Problem of female infanticide with particular reference to Usilampatti", In : *Anatomy of girl child*, (ed.) J.A. Williams, Campaign for the Rights of the girl child, Madras, pp. 11-15.
- Latha, S.S. (1997). "Relationship between sex ratio and female infanticide in Kabilarmalai block, Rajaji district, Tamil Nadu", An unpublished thesis submitted to the Avinashilingam Institute for Home Science and Higher Education for Women (Deemed University), Coimbatore, pp. 51-55.
- Mascarenhas, M.M. (1996). "A Historical Overview on infanticide", *Grass-Roots Actions*, Special issue on girl child, April, issue, 3, pp. 16-17.
- Miller, (1987). "Female infanticide", *Seminar* (331), pp. 18-21.

- Mishra, K.N.T. (1986). "Daughters right to property", Social Welfare, Vol. XXXIII, No. 6, September, p. 19.
- Murthi, P.V.V. (1992). "Perpetrating the male bias", The Hindu (Magazine), October, 25, M.V.
- Nair, G.R. (1991). "Flying on only one wing", Social Welfare, Vol. XXXVII, No. 11-12, pp. 4-6.
- Patel, V. (1994). "Violence against women", Centre for development and women's studies, Madras, p. 52.
- Peeran, S.F. (1995). "Infant Mortality - Causes and Interventions in Tamil Nadu", A paper submitted in the workshop on IMR in Tamil Nadu, Situation Analysis and Strategies for Reduction 1997, Sep. 8-10, prepared by Chennai DANIDA & RCM project.
- Rai, U. (1992). "Female infanticide in Salem, Governments Counter Move goes off at a target", Indian Express, September, 29, p. 1.
- Rajaretnam, T. (1992). "Female Infanticide among piramalai kallars in Tamil Nadu, Social Change, Vol. 22, No. 3, p. 93.
- Rajaretnam, T. and Desphande, R.V. (1994). "The Effect of Sex Preference on Contraception use and Fertility in Rural South India", Family Planning Prospective, September, p. 9.
- Salvi, G. (1989). "The Lesser Child", Hindustan Times, Dec. 23, p. 15.
- Saraswathi, T.S., Kaul, Sunitha and Limdi, Kalindi (1991). "He is more precious", Social Welfare, Vol. XXXVII, No. 11-12, pp. 7-9.
- Sastry, K.N.T. (1993). "Female babies are not for killing", Women's Era, Vol. 20, No. 48, pp. 12-14.
- Satyasaran, (1987). "Female foeticide takes on frightening proportions", Femina, September, pp. 8-22.
- Shah, V. (1996). "Children are born to be happy", Social Welfare, November, Vol. XXXXIII, No. 8, pp. 19-21.
- Shetter, S.S.C. (1993). "A small family norm : A sociological study of dual earner couples", The journal of family Welfare, Vol. XXXIX, No. 3, pp. 42-43.

- Srivastava, S. and Pandiyan, R.L. (1991). "Causes of Infanticide and Child Murder in Tamil Nadu", Indian Journal of Community Guidance Service, Vol. VIII, No. 2, pp. 39-83.
- Sundrapandiyan, A. (1985). "Dowry - the reason for female infanticide", Junior Vikaten (Tamil Weekly), dated December 4, pp. 17-18.
- The Hindu, (1990). "Female infanticide the ugly reality", Sunday, November, 11, p. 6.
- The Hindu, (1994). "Worry over high infant mortality", May 10th, p. 4.
- The Hindu, (1995). "Declining sex ratio and female infanticide, Tuesday, August, 11, p. 4.
- The Hindu (1995), "Move for Vigilance panels against female infanticide", January 27th, p. 4.
- The Hindu, (1997). "Female infanticide : Government Plans punishment for parents", Nov. p. 5.
- The Hindu (1998). "Female infanticide still prevalent in Omalur", March 25th, p. 5.
- The Times of India (1992). "Tamil Nadu to Curb Female Infanticide", Friday, October 30th, Bombay, p. 11.
- Thiruvankitasamy, S. (1992). "Atleast one boy", Social Welfare, Vol. XXXIX, No. 4-5, pp. 7-8.
- Tikoo, P.N. (1985). Indian Women (A Brief Socio-Cultural Survey), B.R. Publishing Corporation, New Delhi, pp. 27-28.
- Tutusen, (1990). "Setting positive Roles for the girl child", Yojana, Delhi, Vol. XXXIV, No. 21, p. 9.
- Vasanth, F. (1991). "Prevailing Conditions of Girl Child", An Anatomy of Girl Child, Campaign for the Rights of the Girl Child, Madras, pp. 67-69.
- Vasanthi, (1994). "Born to die : Tragedy of doomed daughter", The Hindu (Magazine), November 20th, p. V.
- Velmayil, C. (1996). "Female infanticide in the Selected Districts of Tamil Nadu", An unpublished thesis

submitted to the Avinashilingam Institute for Home Science
and Higher Education for Women
(Deemed University), Coimbatore, p. 164.

Venkatachalam, R. and Srinivasan, V. (1993). Female
Infanticide. Har Anand Publications, New Delhi,
pp. 27-58.

Williams, J.R. (1991). "Some issues on girl child : An
Anatomy of girl child", Campaign for the rights of girl
child, Madras, p. 123.

Women's Era, (1997). "Strengthening Anti-dowry law", Vol.24,
No. 574, p. 5.

Appendices

APPENDIX I

**A SCHEDULE TO ELICIT INFORMATION TO FIND OUT THE
INCIDENCE OF FEMALE INFANTICIDE IN OMALUR BLOCK, SALEM
DISTRICT**

I. General Information

1. Name of the Interviewer :
2. Name of the Interviewee :
3. Address ;
4. Caste :
5. Religion ;
6. Marital status : Married : Divorced :
Widowed : Deserted :
Any other specify :
7. Type of family : Nuclear : Joint :
Any other specify :

II. Family Background

S. Name of the Age Sex Educational Occupation Income in
No. family members level Rs./month

d. Male child is preferred because - Reasons :

Efforts :

1. Do Government/non Government agency work towards eradicating female infanticide in your area

Yes No

2. If yes, give details :

S.No. Name of the organisation Type of services

1. Government :

Block Office
15 point programme
Hospitals
Primary Health Centre
TINP
DWCRA
Any other

2. Non Governmental
Organisation

AID
SED

3. Have the incidence now reduced when compared to previous years

4. What are your suggestions to eradicate female infanticide in your area.