INDIAN J SOC DEV, VOL. 3, NO. 1, 2003, 84-94

Female Infanticide in Rajasthan: History in Practice

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Female infanticide is one of the social evil existing in many parts of India. Though Legislations strongly apposing this attitude yet few communities are practicing this. Causes are many including traditional to poverty. This paper highlights the historical practices of female infanticide in Rajasthan.

INTRODUCTION

The deliberate killing of new born infants has long been practised in human societies. It seems to have been common in the ancient cultures of Greece, Rome and China, and it was practised in Europe until 19th century. Infanticide has received sanction in rituals and customs in different societies and was adopted in different inhumane ways of killing infants such as starvation, the use of opium during breast feeding, giving indigenous sedatives, hypothermia and strangulation. With the development and spread of means of effective fertility control, infanticide has become a rare phenomenon, though it continues to be practiced in some traditional cultures.

In India, female infanticide was discovered by Britishers in 1789. This practice was noticed in various parts of the north and west India. According to the reports of British officials, the castes which resorted to the practice in 19th century, including rajputs, jat, ahirs, gujars, etc, were dominant at the local level in different parts of north and west India.

Being a stigmatised subject, very little authentic primary data exists on female infanticide. The practice of infanticide as a means to dispose off inconvenient offspring is not uncommon in India, although only a small percentage of such cases find way into records[1]. Journalistic accounts and some long term imperial investigations do demonstrate that infanticide still exists in certain communities. For instance, a study conducted in 12 villages of Tamilnadu revealed that out of 56 infants died during the study period, 33 were female infants, and, that 19 were confirmed cases of female infanticide[2]. In Rajasthan, although not much official

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evidences are available, female infanticide is being reported continuously as a common practice in some pockets of the state.

REFLECTION IN THE SEX RATIO

The review of literature reveals that the practice of female infanticide has its reflection in sex ratio. The deficiency of females was observed among rajputs, jats, ahirs, gujars in the census of 1911, 1921 and 1931. The census of 1921 revealed that the castes which had tradition of female infanticide had a lower sex ratio (rajput—796, jat—789 and gujar 778 females per 1000 males) than the castes without such tradition (chamar—845, kanet 936, arain 830, females per 1000 males). According to 1931 census, the sex ratio among rajputs and jats was 868 and 805 respectively as compared to 902 and 888 among brahmins and kayasths[3].

The census 2001 has revealed the stunning fact that sex ratio in the age-group of 0-6 years in India has further gone down sharply from 945 females per 1000 males in 1991 to 927 in 2001. The sex-ratio had declined between 1981 and 1991 in all the major states of India, except Kerala. The imbalance in the sex ratio has become more prominent in states like Rajasthan, Punjab, Haryana, Gujrat, Maharashtra, etc. The census data of the last three decades indicates that there has been a continuous rise in the relative mortality of girls after birth as well as in gender imbalance in almost all the states. In Rajasthan, although the overall sex-ratio has improved, there has been a significant decline in the juvenile (0-6 years) sex ratio. It has continuously gone down from 954 in 1981 to 916 in 1991 and 909 in 2001. The continuously declining sex ratio in Rajasthan has become a matter of concern since it may have serious consequences on the overall development of the state in the years to come.

The imbalance in sex ratio can be the result not only of a rise in the relative mortality of girls after birth, but also of an increase in sex selective abortions or of an increase in the infanticide of girls. Thus, the variation in sex ratio reflects the underlying socio-economic and cultural practices and patterns in different ways. Sex selective mortality and sex selective migration are more prominent of those. Under such a situation, practices of infanticide in the state of Rajasthan, can not be overlooked. This paper discusses issue of existing practices of infanticide in the light of a study conducted recently in Jaisalmer district of Rajasthan. In addition to this, it also discusses the issue from the historical perspective.

OBJECTIVE AND METHODOLOGY

The major objective of the study was to study factors associated with son preferences and female infanticide.

The study was carried out in 20 villages of Jaisalmer district of Rajasthan. Villages with a population of more than 1000 (Census 1991) were selected by using systematic random sampling method. The methodology of the study followed qualitative and quantitative techniques. Under qualitative method, focused group discussions (FGDs)

were carried out with both male and female members of the community to study their attitude towards male and female child, socio-cultural aspects of infanticide along its related issues and the attitude and practices regarding infanticide in the study area. Under the quantitative method, in-depth interviews were taken with the women whose infant died during the previous year. A total of 48 women were interviewed for this purpose. The views of the key informants of the study area i.e. health providers, panchayat representatives, etc. were also taken in this regard.

STUDY-FINDINGS

Background Characteristics

The majority of respondents (41.7%) were from the age bracket of 21-25 years and 26-30 years (37.5%). Only around six per cent women were literate. Ninety four per cent respondents were Hindu, particularly from the rajput and meghwal community. One third of the respondents had monthly household income of Rs. 1000/- to 2000/-, while a little more than half had earnings of Rs. 2000/- to 3000/-. Around one third respondents were engaged in agriculture, whereas a quarter were housewives.

Nearly 94 per cent of the women got married during their teens, i.e. before 20 years of age. Early married and early child bearing has been a common phenomenon in Rajasthan. The results from NFHS-II (1998-99) revealed that more than one-third of the girls (15-19 years) in Rajasthan were currently married. The singulate mean age at marriage for women was found to be 17.8 years.

INFORMATION ON INFANT DEATH

The information related to infant deaths revealed that out of 58 infants who died, around 57 per cent were girls. The analysis of the proportion of male and female infant death as per literacy level indicates that the proportion of female infant deaths was higher among the literate women than illiterates. The girls accounted for three-fourth of the total infant deaths among literate women. Maximum infant deaths (88%) were found to be in the families belonging to general castes (mostly rajputs). Out of those, around 57 per cent were girls. Of the total infant deaths occurred in the families having monthly income of Rs. 3000/- and above, more than three-fourth were girls.

The above analysis indicates that the proportion of girls, among the total infant deaths, was higher in the general castes, having comparatively higher educational and economic status. Hence, the excess mortality of infant girls in this areas can not be attributed to poverty or ignorance.

Causes of Death

A majority (72.4%) of the infant deaths occurred within a week after birth and around 64 per cent of those were female. It is worth mentioning that girls accounted for only one third of the total infants who died after five weeks from the birth.

Table 1: Distribution Infant Deaths by Education of Mother and Monthly Income of the Family

#	Particular	Total	Male	Female	Per cent
1.	Total no. of Deaths	58	43.1	56.9	100
2.	Education of Mother				
	• Illiterate	54	44.4	55.6	93.1
	• Literate	04	25.0	75.0	6.9
3.	Economical status (Monthly earnings in Rs.)				
	• 1000-2000	17	58.8	41.2	29.3
	• 2000-3000	32	40.6	59.4	55.2
	• 3000-5000	09	22.2	77.8	15.5

Half of the infant deaths occurred due to illness, including diarrhoea, fever, respiratory problem or other illness. The rest of the deaths were reported due to some other unknown reasons (other than illness). It is evident (table 2) that the proportion of girls was significantly higher among the cases in which the women could not state the reason (62 per cent) of death. However, only two respondents accepted that they had killed their daughters.

Table 2: Details Infant Deaths During Last Three Years

Particular	Total	Male (%)	Female (%)	Per cent
Age of infant at the time of Death (n = 58)				
• Within a Weak	42	35.7	64.3	72.4
• 2-4 week	03	33.3	66.7	5.2
• 5 & above	13	69.2	30.8	22.4
Cause of Death				
• Illness	29	48.3	51.7	50.0
• Other than illness	29	37.9	62.1	50.0
Type of illness (n = 29)				
• Diarrhoea	3	100.0	0.0	10.3
• Fever	5	40.0	60.0	17.3
• Breathing problem	4	25.0	75.0	13.8
• Others	17	47.1	52.9	58.6

Type of causes 'other than illness' (n=29)				
• Sudden death due to unknown reason	12	25.0	75.0	41.3
• Suffocation	1	100.0	0.0	3.4
• Infanticide of girl child	2	0.0	100.0	6.8
• Don't Know	14	42.9	57.1	48.5

A large proportion of women mentioning death of infant due to unknown reason (other than illness) and a significantly higher proportion of girls in this category raise several questions. It hits the mind that why they were not able to specify the reason of death, that too mostly in the case of girls?

Emotions of Mother

The emotions and feelings of the mother regarding the death of her child give an insight into the compassion that she had towards the child. It can be observed from table-3 that a majority of the women (74 percent) expressed "deep sorrow" on death of their child. Around 16 per cent of the mothers felt "sorrow" on the death of their children, out of which 89 per cent were the mother of atleast one girl child. Around 10 per cent mothers did not feel any unhappiness on the death of their children, and remarkably all these were the cases of female infant deaths. The above analysis clearly shows that the mother who lost her son had more emotional attachment to her child than he mother who lost her daughter. It is an obvious evidence of the son preferences still prevalent in the community.

Table 3: Emotions of Mother Towards the Infant Death

Particular	Total	Male (%)	Female (%)	Per cent
Emotions after infant death				
• Deeply sorrowed	43	55.8	44.9	74.1
• Felt sorrow	9	11.1	88.9	15.5
• Doesn't make any difference	6	0	100.0	10.4
Infants given medical treatment	17	52.9	47.1	58.6
Reasons for not given medical treatment				
• No nearby accessibility of services	5	60.0	40.0	41.7
• Others	7	28.6	71.4	58.3

The FGDs with the local people revealed that 'gender discrimination' was accepted as a common practice in that area. They perceived female child as an 'invitation to trouble' while a male child was perceived as a necessity to perform social and

religious custom, earning hands for family, care taker in old age and for continuing lineage.

Of the infants who were reported ill before death, treatment was sought in around 59 per cent of cases. Among them, the proportion of boys was higher than that of girls. Moreover, among the infants who were deprived of the treatment, reasons other than accessibility were significantly higher for the girls. These other reasons included - lack of willingness for treatment, presumption that it will automatically be cured, lack of willingness to spend on treatment etc. It shows that although accessibility of the health services is a problem in rural areas of Rajasthan, many other factors also deprive the infants, especially girls, of medical assistance. It was found that people were cautious about the health of their sons, and were also able to pay for their health, but it was reverse in the case of girls. Money spent on boys is perceived as an investment, where as it becomes a wastage in case of girls. The possibilities of reaching such attitude of negligence to the extent of loss of life could not be denied.

FERTILITY PREFERENCES

When asked about their desire for more children, around 80 per cent women wished for another child, and around 76 per cent of them expressed preference for a male child. Son preference appeared to be equally strong among the other family members i.e. husbands, in-laws of the women. Of the women who desired a female child, 20 per cent already had male child (ren) in their family.

The major reasons for son preference, among the women who desired for a male child were "lineage" (35%), presence of girl child in the family (28%), girl as a burden to the family (21%) and dowry (17%). Moreover, nearly one third of the women said that either they would not feel any pleasure or would feel sorrow at the birth of an undesired girl child.

The women who wished for a male child were further probed on their probable attitude towards the undesired girl child. The analysis revealed that around 38 per cent of women would leave that girl child on the mercy of God. Amazingly a section of respondents (3.4%) admitted that they would kill her, and an equal percentage of respondent said that they would wish for her (daughter) to die.

INFORMATION ON PRACTICE OF INFANTICIDE

Out of 48 women interviewed, 75 per cent had heard about the practice of infanticide in the past. Nearly one-fourth of them accepted that the practice of infanticide is still prevalent in some area of Jaisalmer district, especially among a particular clan of rajput community. The major reasons listed by them for female infanticide included; dowry, prestige issue among rajputs (particularly in bhati, rawlot, and sodha rajputs), traditionally negative attitude towards having a girl (specially among rajputs), and considering girls as burdensome and invitation to trouble to the family.

Table 4: Desire for Children

Particular	Total	Per cent
Want more child	38	79.2
• Male	29	76.3
• Female	05	13.2
• No choice	04	10.5
Reason for not preferring girl child	29	
• Burdensome to the family	6	20.7
• Can't lineage	10	34.5
• Already having girl child	8	27.6
• Dowry	5	17.2
Feelings for having undersired girl child	29	50.0
• Feel happy	1	3.4
• Feel OK	17	58.6
• Don't feel pleasure	8	27.6
• Feel sorrow	2	6.9
• Doesn't make any difference	1	3.4
Attitude towards undesired girl child	29	50.00
• Keep affectionately	14	48.3
• Will not care properly	2	6.9
• Leave her on the mercy of God	11	37.9
• Wish for her to die	1	3.4
• Kill her	1	3.4

During the FGDs it emerged that female Infanticide was in practice among some rajput clans, which had a close relationship with the royal family of Jaisalmer State. *Bhati* and *rawalot* were among them. Participants belonging to other than rajput communities admitted that incidences of female infanticide occurred recently, but due to fear they did not disclose the name. During the FGDs with males, it was found that the elected representatives of *Panchayat* and persons belonging to the police department, holding good posts, also did not oppose the practice of female infanticide.

REASONS FOR INFANTICIDE

The reasons, as told by the participants, had their roots in the mediaeval period of the history when the Muslim invaders attacked the western part of India. These

rajput clans fought with them and invaders took their women along with wealth and cattle. Rajputs felt very ashamed for the same. For maintaining their prestige and dignity they started killing their daughters at the time of birth. Later, it became a practice among the rajputs with some other new reasons. Some clan of rajput perceived themselves superior in hierarchy among all the rajput clans and they do not marry their daughters to other clans, which they consider as an inferior clan. It becomes difficult to find a suitable match having equal status. The financial burden of marrying off a daughter and the social stigma of having an unmarried daughter in the house, were the major reasons for killing infant girls.

The review of literature reveals that having a warrior ruler ideology, Rajputs had heavy income and high standard of living. After British rulers established firm control, they found it difficult to meet heavy revenue demands and also pay large dowries which hypergamous marriages involved. Female infanticide offered a solution to this problem. In all the castes practising female infanticide, the reasons were commonly related to hypergamy, status maintenance and dowry avoidance. It was noted that people from higher and middle status in these castes had such practices to maintain their status and to avoid substantial dowry payments which hypergamous marriages involved. Secondly, the higher status groups practices female infanticide more extensively since they had to find eligible grooms in a restricted circle of elite families within their caste. Jadeja Rajputs, who constituted the top stratum among Gujrati Rajputs, resorted to almost whole scale female infanticide as their options for finding eligible grooms were confined to Gujrat region. S. Krishnaswamy in his study found that infanticide was common among Kallars of Tamil Nadu, who had similarities with Rajputs of North India. The traditional occupations of both had been as warriors[4]. Later on, it emerged in the form of an unwillingness to have girl children and a strong son preference.

The preference for son also has its roots in the sacred literature. It is believed that the absence of son means no place in heaven, and the soul wanders without any abode. The importance of a son assumes greater importance at the time of father's death, since only the son can light the funeral pyre[1] and the role of daughter is non-existent.

Still in some castes, due to the strong son preference, a woman giving births to only female children is looked down upon by her in-laws. In castes where women cannot bear sons, even divorce is reported to be common. It is perceived that the female child becomes liability in more ways than one. Apart from dowry, the expenditure from the girl's side appears to be a life long process. In this study, it came out that

1. This is an important sacred custom in Hindus to perform the funeral after death. The son has an important role. It is believed that the soul of the dead person wanders (without Moksha) unless the custom is not performed by the son.

people in this area could accept one girl child, but not more than that, because they cannot afford it. Both men and women agreed that it is very difficult to bring up a girl child due to economic deprivation and socio-cultural practices. They believe that marrying a girl means giving a dowry and jewels, as well as incurring the expenses of the marriage feasts, which, in general, is difficult for them to bear.

It is obvious that strong preference for sons over daughters exists in most parts of Rajasthan, and families continue to have children till they have adequate number of surviving sons. The son preference is more prominent and deep-rooted in the state since it has a history of male dominance. There is a reason to believe that the increase in peoples' desire to control fertility without substantial change in son preference may result into increasing foeticide and infanticide. This is because the total number of children couples desire falls more rapidly than the total number of desired sons (due to strong son preference). The experiences from the countries like South Korea and China suggest that fertility decline in societies characterized by strong son preference may be accompanied by increased manifestation of sex bias as reflected in excess mortality of girls.

METHODS USED FOR INFANTICIDE

Among the rajput communities particularly *bhati, rawalot* and *sodhha,* mothers of the girl infants throttle them just after their birth as reported by the respondents. Other ways of infanticide of girl child were-putting the sand sac on the face of the girl infants, cremating alive into the sand, by keep them hungry, and by giving them high dose of opium.

The most surprising aspect about female infanticide is that the traditional methods of killing are remarkably similar whether in north, central or south Tamil Nadu[5]. The studies done in various parts of the country reveal that in south Indian states like Tamil Nadu, children are either fed the milk of poisonous plants, or covered with a wet towel so that they die later of complications from cold (pneumonia). In Bihar, the usual methods are: holding the baby from the waist and shaking it back and forth snaps the spinal chord, and sacking in cow's milk. Sometimes a child is stuffed in a clay pot. Babies are also fed with salt to increase their blood pressure, death follows in a few minutes. Grains of paddy husk are also fed to slit the tender gullet[6].

STOPPING INFANTICIDE

The study clearly indicates that the practice of infanticide is still on in some pockets of Rajasthan. The severity of practice of female infanticide could easily be estimated by the fact that at times Rajputs celebrated the death/infanticide of the girl child by distributing sweets, as mentioned by the respondents. However, community do not report such cases even though it is in the knowledge of local people. Due to

this silence attitude towards the inhuman act, hardly any evidence is available in the official records.

During this study, an incidence of female infanticide in a study village was reported by an ANM, who witnessed the inhuman act. She described that this particular incidence was lodged in Police Station on the complaint of the victim's uncle. But unfortunately the case was dismissed in absence of proper evidence. The same ANM unofficially reported occurrence of deaths of female infants in a rajput family. Neither births nor the deaths were allowed to be registered in the records of ANM/ Anganwadi worker by the members of that family.

The incidence of neglect of female children in education, health nutrition etc. are commonly reported, but the custom of outright murder is not openly admitted by the community.

Historically, infanticide remained a subject of elaborate correspondence and reports among the Britishers in India, till the passing of Female infanticide Act in March 1870. The British administrators used sacred text to stop female infanticide in the early years of their rule, that is, late 18th and 19th century. After the passing of the Female Infanticide Act, census officials informed that castes, which practised female infanticide, were increasingly restoring to neglect of their female children to escape detection. The period census enumeration indicated that the castes that practiced female infanticide in last century, continued the practice in 20 century. The difference was, that in place of adopting traditional methods of infanticide, they stated neglecting girls to an extent, so that the death could be given shape of a natural death.

In the present context, there appears to be a substantial amount of reluctance on the part of government officials to take action, even if they know what is happening. The deaths of babies under suspicious circumstances should be reported to the village administrative officers and panchayats or local bodies. However, no one speaks even though it happens to be in common knowledge. The Female Infanticide Act of 1870, which was introduced and used effectively by Britishers, still exists and is strong enough to suppress female infanticide. Yet prevention of individual cases, even when succeeds, can not address the basic issue of women's subordination in society. Nor does it touch large segments of the community who, although not directly involved in killing babies, are guilty of abetting the perpetuation of the practice in silence.

Across the broad span of human history, there has been a general tendency (in the curbing family size) to shift from deliberate action after birth (infanticide) to action before birth (abortion) or before conception (contraception). This shift has occurred in different parts of the world at different times and is far from complete. Japan provides a dramatic example of the shift. In its past, practice of infanticide was common. Abortion was legalised in 1948 and quickly emerged as the primary means

of fertility control. In 1960s, Japanese began to employ contraception in preference to abortion[7]. However, in India, the increasing practice of infanticide and foeticide clearly indicate that the use of contraception has not taken its due space in rural areas. It is even worse in states like Rajasthan due to poor accessibility, inadequate infrastructure and lack of awareness and attitude regarding contraception.

In such circumstances, the problem of infanticide could be addressed only through a multidimensional approach-having effective strategies to address the issues of gender equity, community awareness against the killing of girls, means to address the needs of fertility regulation, and effective enforcement of the legislation.

NOTES

1. ANM—The Auxiliary Nurse and Midwife is a government health personnel working at village level health centre, covering an average population of 5000.
2. Anganwadi Worker—The Anganwadi worker is the village level service provider under the Integrated Child Development Services, covering an average population of 1000.
3. Panchayat—Panchayat is local self government at the village level elected by the community.
4. NFHS—National Family Health Survey is one of the largest survey conducted to provide the state level estimates on selected health indicators.

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