Conclusions
CONCLUSION

A strong son preference for sons have led to the practice of female infanticide in the past and female foeticide in last few decades. The abortion of female foetus, female infanticide and bride burning at a later stage can be considered to be the most intensified forms of discrimination against girls and women. Many a healthy women are killed due to neurotic desire to have a male baby. On the one hand son preference is so strongly entrenched in Indian society especially in the north-western region and on the other hand the well being and status of girls is so precarious once they are married, that couples avoid having girls at all costs. Facilities conducting sex detection tests with ultrasound machines have proliferated and are found even in some of the relatively large villages.

Preference for a male child over a female child is thus found to be universal, but unlike other societies, Indian, discriminate, dislike and in our subconscious blame a girl child for our misery and misfortune. Religion, customs and traditions too play their own role. Value attached to the son is well explained in the blessings and good wishes showered on various occasions in every day life. Our society discriminates against girls in more than one way. Girls, though eligible but are denied from inheriting parental property. In the case of healthy diet, medical attention, education, religious ceremonies and even in day to day life, boys get a direct priority over girls. Demand for enormous dowry further reduces them to the rank of second class citizens.

Studies have shown that men and women have access to equal care, nutrition health and medical facilities, women due to their biologically determined stronger constitution, live longer than men and therefore outnumber them. Only, where societies specifically and systematically discriminate against
women, fewer women are found to survive. It is also found in India too, where sex ratio has been adverse to women and has also declined over the decades. The present sex ratio stands at 861 females per 1000 males. It has been a result of gradual decline from 972 per 1000 since 1901. In addition to this North Western region has displayed the sex ratio to be most adverse to females. So, the present study was conducted in Haryana because of declining sex ratio at alarming rate.

The main objective of study were as follows:

1. To know the relationship between socio-economic conditions of respondents and female foeticide.

2. To what extent the practice of dowry and others factors are responsible for large scale female foeticide, over the years, creating dangerous situations of declining sex-ratio.

3. To know that who decides in the family about female foeticide.

4. How far education has contributed to the misuse of scientific knowledge for female foeticide.

5. To what extent the existing laws are effective in checking female foeticide.

6. Whether the declining sex ratio will lead to the promotion of inter-caste marriage.

Our sample consisted of 438 respondents from two villages of Rohtak and Jind Districts of Haryana. We confined our interview with those who were having at least one child but their period of marriage was about ten years. The entire history of pregnancies of study women was necessary for understanding and building strategies and to obtain accurate birth order of recently born...
children. The subject of the study being so sensitive and personal in nature, it
took time to establish rapport with the respondents before doing the actual field
work. It was also felt that recently married young men and women were
hesitant to answer. An open dialogue on “Sex Determination test” (SDTs)
could have been possible only when women would confide about such matters
without fear of being victimized.

The variables of the study chosen in a bid to understand the attitudes of
the respondents in a better manner, were, age, sex, educational level,
occupations, total family income, number of children, number of sons, number
of daughters, type of family, size of family, number of living children in
family, attitude towards female foeticide, and age at marriage.

The respondents mostly in the age group 31 to 35 years were 36.76
percent women in the peak productive age group of 25 to 30 years were 33.56
per cent. A large number of respondents belong to young category. Infact, this
distribution may help to find a good and relevant information about the attitude
of people towards practices of female foeticide.

Castewise distribution of respondents indicate that most of them i.e.
54.33 per cent belonged to upper caste, which included Jats Brahmin and
Khatri. Respondents, who came from the middle castes, included Khati,
Kumhār, Nai, Saini, Sunar etc. were 25.58 per cent. Only 20.09 percent were
from lower caste group which include Chamar and Balmiki.

The female respondents were divided into different occupational
categories of service, labourer and agricultural labourer, housewife. We found
that 4.10 percent and 19.18 respondents belong to the category of agriculture
labourer and labourer. This group has neither time, nor the inclination to think
about problems of declining sex ratio. It is largely concerned with how to learn
their livelihood and how to get better wages. Majority of the respondents i.e.
49.78 percent were engaged in domestic work and remains confined mainly to their village.

About 14.61 percent of the respondents belonged to the highest income category of Rs. 10,000 and above per month and were the landowners. An interesting revelation was that percentage of respondents with total monthly family income up to Rs. 10,000/- was found to be very low. A sizeable number of respondents i.e. 41.09 belonged to this categories of income 2001 to 5000, which again is in conformity with per capita income of this state being nearly highest in the country.

Majority of the respondents had education up to senior secondary. Only 18.26 percent respondents had graduation level education and 6.85 percent respondents attained postgraduate level education. The reason behind this was that most of the parents were not in favour of girl’s higher education that is why the number of women with higher educational qualification is less.

Majority i.e. 57.08 percent respondents lived in nuclear family and 42.92 percent respondents lived in joint families. It reveals that in rural areas in time to come the joint families might decrease in number as the nuclear family is increasing day by day. It shows that younger generation in rural area does not prefer to live in joint families and prefer to live in nuclear families. We have classified the size of family into three categories i.e. small, medium and large size. It was observed that overall maximum percentage i.e. 44.75 percent of the respondents belonged to medium size family. It shows that in villages still majority of the families are of medium and large size. About more that one quarter i.e. 28.09 percent of respondents had two children in family and 46.12 percent respondents had more than two children in families.

Majority of the respondents i.e. 45.66 had only one son in the family. 25.11 percent respondents had no son in the family. But it was interesting to
note that the desire for son is prevalent in all the group.

A sizeable number of respondents i.e. 34.70 percent had no daughters in family. Only 9.59 percent respondents have more than 2 daughters in the family. This indicates comparatively larger families, may be due to the absence of a son people go on producing children till the birth of son, which increases the size of the family.

Majority of the respondents have two living children, whereas 26.72 percent of respondents have four or more children. It was observed that 19.18 percent families have one living son, while the remaining have two or more living sons. A different strategy which some parents adopt to limit family size of surviving children and to eventually have the desired number of son is female foeticide and infanticide.

Majority of the respondents i.e. 50.46 per cent were married in the age group of 19 to 26 years, while 21 percent respondents were married in the age of above 26 years. In India, the mean age of marriage has increased over a period of time. While comparing the attitude towards female foeticide and female infanticide, it was observed that comparatively a higher percentage of respondents (52.53 per cent and 47.62 per cent) had positive attitude towards female foeticide and female infanticide respectively.

On comparing the attitude of the respondents from selected village towards female foeticide and female infanticide separately, it was found that comparatively a higher percentage of respondents had ‘neutral’ and strongly positive feeling towards female foeticide. This also suggests that there is still a large scope for making people aware about ill-effects of these practices in our society. It was found that there is positive correlation between upper caste, young age group i.e. 25-30 years, higher education, high income group, nuclear family with medium size family have positive attitude towards female
It is of interest to note that irrespective of the village of the respondents factors remained the same, which are as: Continuity of family name through male child was considered as the top priority for having at least one son by 56.85 per cent respondents. Performance of last rites by sons only was favourable factor for 45.43 per cent respondents. Girls can not take up family responsibility after marriage, more expenses on daughter’s marriage are more and sense of economic insecurity were considered as another major factors. Similarly other important factors were — Bringing up girls is difficult due to their biological structure which can be harmed. Feelings of insecurity among parents with the birth of a female child. Better fortune for parents can be ensured by sons only. Female children are more expensive to be brought up. Birth of female child lower status of mother. Birth of female child causes lower status of family in society. It is difficult to find a suitable match for girls.

We find that 57 percent respondents felt that continuity of family name is the most important factor to have a son. Since daughters are considered as “paraya dhan” because after marriage she would go to her in-laws, so there is no continuity of family name through female child. Only 28 percent respondents that it is not an important factor.

After marriage, girls are not allowed to take up the family responsibilities such as marriage, education, for younger brothers and sisters or care of widow mother etc. Daughters are married out and can not contribute to the family economy. Marriage makes them an outsider to their own family. They can not stay for long in their parents family after marriage.

A sizeable number of the respondents (39.3 percent) felt that expenses in daughters' marriage is another most important factor for female foeticide. It is worthwhile to note that an about equal number of respondents fell that it is
not an important factor. It was only (21.9 percent) respondent who said that expenses in daughter’s marriage is not the cause of female foeticide and female infanticide.

Further it was found that for 26.6 percent respondent fear of biological harm to girls by anti-social elements as one of the most important factor for female foeticide. With the increasing incidence of violence against women like eve teasing, molestation and rape, parents feel insecure in bringing up girls. A girl is considered weaker than a boy in all senses. She is highly vulnerable and needs protection. Parents feel insecure so the birth of a girl might have anxiety and alarm to parents. The reason for this type of behaviour pattern are manifestation of feeling of insecurity among parents with the birth of a daughter.

Better future for parents can be ensured by sons only has been found to be another important factor for the practice of female foeticide. Parents feel that better fortunes in terms of better living conditions and improved socio-economic status can be provided to the parents by sons only. This could be because of short stay of daughters in her native family. Girls’ marriage also costs family big loss of men and money power, but it deals as earning members in the family and a help for household chores to the boys family. In other words absence of a daughter does not become a matter of concern as it does in case of a son. It is necessary to have a son for economic reasons such as to carry on family business to inherit property, etc. Due to all these reasons the parents were found to have negative attitude towards birth of a girl child.

Birth of female child as cause for low status of family in the society was found to be the least common factor for the female foeticide. Just a little more than 1/5th of the respondents i.e. (20.8%) fell it to be the most important reason for female foeticide. It may also be due to the reason that women have traditionally and primarily been associated with home and men with the world
of work. This compartmentalization between home and work may have led
gender differentials in the past but they have made such deep inroads into our
psyche that some people still feel the same perception in contemporary time.
But majority of the respondents i.e. 56.9 percent do not feel it as a major factor
for female foeticide.

It is difficult for the parents to find a suitable boy for a girl who is educated. It is because parents want to find ‘good’ boy, who is earning and can provide a secured family life for their daughters.

Due to all these reasons the parents have low desire to have daughters. They consider themselves very much lucky if they have all sons. The birth of the daughters in most of the home is still considered as an unhappy events whereas the birth of son is celebrated with pomp and show. The male dominated mentality of the parents compels them to seek the help of techniques which helps in choosing the male baby.

Technology is not neutral in value. It can be used to serve society and it can also be used to perpetuate biases, exploit society and even help in extermination. The misuse of medical technology for sex determination and female foeticide is one such example. Any technology that prevents the birth of a girl child finds a big market. Female foeticide has its roots in social attitudes and blaming technology is not the answer. The technology should however, be regulated well and be used only for the purpose for which it was evolved.

Our law makers were tactful in referring to abortion as medical termination of pregnancy because traditional Indians still look down upon abortion as immoral, unethical and irreligious. But when one talk of MTP, the entire subject is put in the area of medical doctors. In the people’s perception it is the doctor who has to decide whether the abortion should take place or not. In short, a moral controversy has been tactfully transformed into medical issue.
All these prejudices and biases are prevailing in the society. The doctor's role has been totally discouraging as they have actively participated in escalating this evil. The legislature on seeing the census figures of 1991 was alarmed and therefore brought the Act of 1994 with the objective of regulating and prohibiting the roles of doctors in determining the sex of the foetus leading to female foeticide.

The enactment of any law is not sufficient, unless it is adhered to and applied rigorously. Inspite of the PNDT Act female foeticide is taking place. There is still utmost controversy as to who will serve as the watchdog to control the misuse of the practice of female foeticide what is required to be done is effective implementation of the law.

Making decisions about abortion is a dynamic process. It would be useful to find out with whom women discuss their pregnancy and who advise them to have an abortion. The role that women play in the decision making process is also of interest whenever abortion is discussed. When women are asked about the decision making process of the foetus was found to be that of a male child, the overwhelming response was that after one on two daughters, if woman was found to be pregnant with another girl, the pressure on her to abort was enormous from her extended conjugal family. Women indicated that the decision to abort a female foetus was almost entirely that of their husband and/or mothers in law.

In Indian joint family, the oldest male member used to be the head of the family and all important decisions are taken by him only. In our study, 42.92 percent respondents live in joint family. It was noted that the decision for SDT is taken by family members and not by the mother. Women who had virtually no decision-making power, apparently accept whatever is desired by her conjugal family, including husbands. They simply accept and went along with the decision made for them by others. In nuclear families, the role of the
husband in decision making is thus much more important than that of the women. Women also indicated that after the birth of a daughter, when they became pregnant again, there was some pressure from the elders in the family to have next child as son.

Women themselves also wanted to produce a son. There is a deep internalization of patriarchal values that are linked to their sense of security. However, we observed some differences between women belong to upper caste and those who belonged to middle caste and lower caste with regard to the influence of the in-laws in decision making regarding S.D.T. 69.39% respondents who belonged to upper caste, had to consult their in-laws regarding sex determination test. Among lower caste, 23.08 percent respondents pointed out that they had to obtain the consent of their husband only for abortion. It was clearly accepted by majority of the women that if the first child was a daughter, than among the upper caste women overtly or covertly pressurised to ensure that the next child must be a son and third was a boy and to take appropriate measures in this regard. Although, women from low caste did not experienced this kind of pressure from their family members but now some of them who are economically better off have started emulating upper caste to have atleast one son.

Working women have less number of children in comparison to non-working women. The reported incidence of using ultrasound for sex detection was also found more among working women as compared to non-working women. It was noted that 66.67 per cent working women decide in consultation with her husband for sex determination test, whereas 56.52 per cent non-working women were pressurised by their family members to S.D.T.

Presence or absence of children in the family is likely to affect the quality of relationship between husband and wife. The son preference was very much evident among all social groups. The decision to plan the family or stop
reproduction is taken only after achieving the desired family size with at least one son. Preference for children of a particular sex plays a dominant role in determining the number of children. Among those respondents, who indicated that they would like to have three children, the overwhelming response was for two sons and one daughter. However, working women who indicated that they would like to have only two children preferred at least one of them to be a son.

In the majority of the cases, men took all the important decisions in the family. Some husbands consulted their wives, while taking major decisions, but there was no instance where a wife could take independent decision except on trivial matters. The most commonly response regarding household decision making was: Man decide on money matters and women decide on household matters. 69.63 percent respondents mentioned that their advice was not taken on importance issues. By chance if the opinions of the husband and wives are same, the decision is called jointly decision taken after discussion and wife become happy. 30.37 percent respondent viewed that their advise is taken in day to day family expenditure.

While analyzing factors responsible for female foeticide, it was found that the cost of marriage and dowry has gone up and so daughters have become greater financial liabilities. The dowry system is invariably blamed. Female foeticide is also due to increasing crime against women. The argument that an adverse sex ratio will lead to shortage of women which will drive up their value since demand will remain high, is also clearly untenable. A shortage of women does not lead to their increasing valuation, but to greater restrictions and control over them. The increasing intensity of violence against women in all domains of life is testimony to this. The imbalance in sex ratio led to the competition for bridegrooms (and not brides who were scarce) and payment of exorbitant dowry.

The inter-caste and inter-regions marriages are a consequence of a
combination of factors like adverse sex ratio, acute poverty and the desire of parents to escape dowry. Poor parents are being driven to marry their daughters hundreds of miles away from home while men from the low sex ratio states of Haryana, Punjab, parts of UP and Rajasthan are importing ‘foreign’ women from the eastern and southern states as marriage partners. The married women bring other women may be sisters, cousins, neighbour’s daughter for marriage, creating fairly dense networks for supply girls to unmarried male. But the women from other states also feel insecure because they are new to this place and also face language problem. They feel secure only after giving birth to male babies and after a long stay in the family. The other major consequences of low sex ratio are that it will lead to practice of early marriage, sexual crime and sale of girl by poor parents.

Thus, there are various socio-economic and health implications of declining sex ratio. An increase in sexual and social crime against women, such as rape, abduction of women for marriage, child marriage, forced polyandry etc. Sexual violence is likely to become more of a problem as the number of unmarried men increases. The various factors responsible for such criminal activities of unmarried youth would be to fulfill their sexual desires. This will lead to increase in prostitution, sexual exploitation and cases of STD and HIV/AIDS.

In our study, we realized that many women suggested female foeticide not because they were heartless but because they were genuinely concerned about the fate of girls who are increasingly been subjected to eve-teasing, molestation and sexual harassment and a growing probability of bride burning and dowry at a later stage.

On the basis of above findings, we can conclude that the declining number of girls is due to low status of women in Haryana and what we find is that it will take a long way to change the attitude of the people to treat girl child at par
with male baby. What is depressing and disturbing is that the cases of female foeticide are more among educated, economically better off with urban exposure society. The only hope left is to change the mindset of the people by educating them that the female foeticide is a crime against humanity.