

Sexual Discrimination in South India

Research >
South Asia

In India's patriarchal society boys are favoured and girls are seen as a burden to their families. The nation's gender discrimination has many different guises, the most extreme of which is infanticide of girls and sex-selective abortion of female foetuses, even if the main manifestation of discrimination is negligence towards girls (in terms of care and alimentation). Notwithstanding its long history in India, infanticide is not merely an ancient practice that has survived into the present day. It is becoming more widespread. Sex-selective abortion, or foeticide, has a much shorter history, simply because prior to modern medical techniques, available for the last quarter of century, it was not possible to identify the sex of a foetus. Why is it then that gender discrimination, even in its most extreme forms, proliferates in certain regions of South India?

By Stéphanie Vella

As difficult a question as this may be, the first elements of an answer can be found by combining a spatial analysis of sexual discrimination in South India, at different levels, with the results from a field study. Whereas the spatial analysis denotes significant variations in behaviour, particularly in Tamil Nadu, the field study enables us to obtain greater precision regarding both infanticide and sex-selective abortion of girls in that state. The skewed female-male ratio, as reflected in the demographic statistics of the population, is a silent witness to these practices. Sex ratios (the number of women per 1,000 men) are not merely telling of the violent ways in which unwanted daughters are disposed of, they can also give us a quantified idea of the status of women in a society. The sex ratios of a population as a whole are the complex product of sex ratio at birth, different mortality according to sex, and migration. The child sex ratio (CSR, the same female-male ratio but for children of 0-6 years) is a much more valuable indicator of the situation of girls as it is not susceptible to migratory mechanisms.

Since 1901, the sex ratio of the Indian population as a whole has been steadily diminishing (that is to say, the number of women per 1,000 men declined) and so has the child sex ratio. These developments have been far more pronounced in certain regions, such as in the north of the country. This declining sex ratio exposes specific discriminatory socio-cultural practices, which are firmly rooted in the Indian patriarchal context. These ratios were statistically recorded, but were often difficult to feature during the first censuses, especially because the lower numbers of females then was only explained by miscounting of girls: girls were sometimes not registered because they were not considered as a part of family.

Select-a-sex

The discriminatory socio-cultural practices of infanticide and foeticide (sex-selective abortion) of girls, both of which lead to a reduced female-male ratio to this day, have known a substantially different historical development. Infanticide as an ancient discriminatory practice in North India, not only continues to be practised there, but has recently even spread to the South. Female foeticide has a much shorter history but has been on a steady rise for the last thirty years.

There are several techniques that make female foeticide possible, namely sexing embryos and – more recently, pre-implantation genetic diagnosis – amniocentesis, and ultrasound scanning. This last method, which remains the most affordable, is constantly being improved: it is now possible to identify the sex of an embryo at between 13 and

14 weeks of pregnancy by means of a trans-vaginal scan. Ever since India adopted new medical technologies to determine the sex of the unborn child, nothing has really taken place to arrest the rapid progression of female foeticide. The only legal action lies in a law named 'The Prenatal Diagnostic Techniques Regulation and Prevention of Misuse Act' that was adopted in 1994 and amended in 2003, but this law is not implemented. The difficulty in controlling these techniques lies in the fact that their propagation has mainly occurred within private infrastructures. As these are often not registered by the state, it is very difficult to establish regulations for them.

Negligence towards girls is even more widespread than the extreme forms of gender discriminative behaviour, such as infanticide and sex-selective abortion mentioned above. Negligence in terms of care and/or alimentation expresses how parents are sex-selective in investing in their children. Their behaviour corresponds to the specific value that these parents attach to the gender of their child. Gender seems to be defined extremely early in comparison with the West: the sex of the child to be born is a crucial issue for the future of the family. The sex of a child can become a crucial dimension of demographic choices, especially in a patriarchal society, in a context where dowry is the norm, where social pressures force parents to pay for many ceremonies during the course of their daughter's life (puberty, pregnancy, marriage, grandchildren's birth, festivals and so forth), and where women often suffer a difficult destiny.

Man-made

If we now consider the local variation in the child sex ratio, as presented in a digitized map of South India, it becomes evident that sexual discrimination varies greatly within the region (see explanation with map). Two large

regions in Tamil Nadu, near Madurai and Salem-Dharmapuri respectively, characterized by an abnormally low proportion of girls, have been identified as showing the most pronounced sexual discrimination. The number of girls per 1,000 boys was already exceptionally low at 858 in 1991. This figure dropped even further to 826 in 2001, giving the area the lowest CSR of South India. Without doubt the absolute peak of discrimination against young girls in South India is reached in Salem district. If we examine local child sex ratios in 1991 in some places of the district, sex ratios registered even below 660. Seen at the micro level, in numerous villages in Salem with more than 2,000 inhabitants, there were twice as many boys as there were girls. With the exception of Salem district, all Indian districts with CSR < 900 were located in the North of India in 1991. Ten years later, however, Salem had been joined by other Tamil districts, indicating that sexual discrimination in this state is increasing.

A close correspondence exists between districts with unbalanced child sex ratios, and districts where infanticide is recorded. This practice is one of the major causes of excessive and unnatural female mortality. In 1999, infanticide was behind 16 per cent of female infant mortality in Tamil Nadu and behind an astonishing 64 per cent of this rate in Salem (DANIDA Tamil Nadu Area Health Care Project, Phase III, 1999).

Today, compared with other Indian states, Tamil Nadu has a low fertility rate. The decline of the state's fertility rate was as recent as it was rapid. With its fertility rate of 2.1 in 1999, Tamil Nadu ranked second lowest after Kerala. Although lagging behind Kerala in some respects, Tamil Nadu is quite advanced in other social aspects as is indicated by its high literacy rate among girls, the high sex ratio of the population as a whole, the high level of partic-

ipation of women in work, and the low infant mortality rate. In view of these results, it is difficult to understand why discrimination in this state is so predominant.

The two areas outlined on the map have some particularities which can partially explain this phenomenon. If we look at the Salem-Dharmapuri area, we notice that these two districts are dry areas. Irrigation is scarce, but agriculture is thriving; and industry, urbanization, and literacy were very late to develop. Dharmapuri is infamous as being the most backward district of Tamil Nadu, especially in respect of health care, which is very poorly provided for (in terms of maternal and infant mortality). In order to understand the emergence of practices of sexual discrimination, we will now look more thoroughly at their socio-cultural roots.

Of rich and poor

In 2000, a micro-local study in a village consisting of five hamlets was conducted in Salem district, in an attempt to understand the context of sexual discrimination through the experience of the women, the traditions, and the rites and kinship systems of the local castes. The village belongs to the historical region of Kongu Nadu, which is a very dry agricultural area irrigated by wells, where textile industry and lorry transport activities are also found. It was chosen for its location in a very sensitive zone in terms of the figures presented above. Some 40 to 50 years ago, outside the tribal hilly places of Nilgiris (Todas), infanticide in Tamil Nadu was most probably almost unknown. My fieldwork in the Salem area supports the idea of a top-down diffusion model of infanticide: a specific upper caste of agricultural landed people may have pioneered infanticide, later transmitting this practice to other lower groups. The reason this caste took on family planning as early as it did was simply to avoid the division of land. Such top-down diffusion could also be observed in North India, where landed castes discriminated against girls before lower castes adopted the same practice. In the mid-1960s, the agricultural revolution brought about changes in the rules of land ownership. In effect, the landed classes grew wealthier and were thus in the position to buy new land and, also, to diversify into other activities, such as the transport sector.

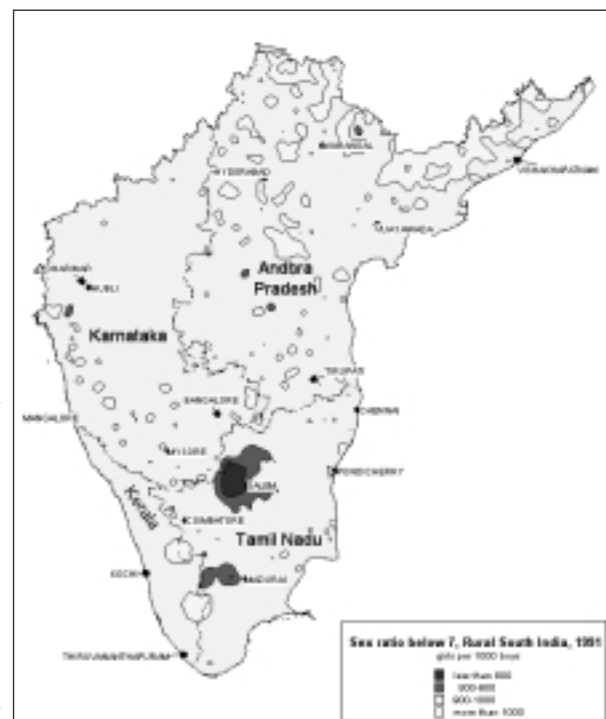
One hypothesis would be that these developments taking place all over India facilitated the appearance of the dowry in South India, in imitation of customs in North India, and that infanticide was a later consequence. The disappearance of the bride price and the marked increase of the dowry thus directly correspond to rapid wealth acquisition among certain small farmers and the pressure exerted on women in the marriage market. Inter-marriages gave way to marriages outside the family, based on economic choices, and the size of the dowry increased very rapidly. Due to the increased pressure of the dowry and also to decreasing female participation and pay in agriculture as a result of the India Agricultural Revolution, the position of women is deteriorating. It seems that infanticide made its appearance subsequent to these upheavals. In short, the accumulation of property can be seen to harm the status of women. The fact that excessive female mortality appears more frequently among the wealthy classes, lends support to this socio-economic explanation.

Private clinics

Excessive female mortality is also closely linked to the medical, penal, and political evolution in Tamil Nadu, namely the development of private abortion clinics in the Salem area in the 1990s, which completely escaped application of the law. In effect, sex-selective abortion is available throughout the state today, owing to the multiplication of private clinics and ultrasound scan equipment. The reproductive practices of women have been subject to the strong impact of the transfer of technology, which they encounter when frequenting hospitals, dispensaries, and clinics for family planning, monitoring of pregnancies, and childbirth itself. As a result, there is a marked transition from infanticide to sex-selective abortion, as the number of deliveries and patients in private clinics is rapidly increasing. Nonetheless, organizations working in the field have found that infanticide is far from disappearing.

The above examination of the social and spatial contours of the phenomenon shows that the complex dynamics of sexual discrimination have their roots in the specificity of a regional cultural area, in the structural economic changes which mark rural India, and in the mechanisms of the diffusion of social change. Only an analysis integrating demography, economics, space, and anthropology can give a coherent impression of the increasing hold of sexual discrimination, which is taking ever graver forms in contemporary Tamil Nadu. <

Stéphanie Vella, MA is currently completing her PhD in tropical geography at the Research Unit of DYMSET (Dynamic of environments and societies in tropical spaces), University Bordeaux III, France. Her area of specialization is the geography of population and geography of gender in India. Vella is involved in the Project South India Fertility Project (SIFP), of the IRD (Research Institute for the Development, Paris) and the French Institute of Pondicherry, India, which analyses socio-spatial transformations in South India. stephanie.vella@free.fr



Map of Child Sex Ratio in 1991 in South India

The map represents the child sex ratio (CSR) for all villages in South India. In view of the very large number of village units (69,700), an aggregation has been carried out. Then a spatial interpolation and a contouring of the homogeneous statistical regions has taken place. On the whole the CSR is between 900 and 1,000, but considerable geographical variations are evident when reading this map. Firstly, few regions have a CSR > 1,000, except in Kerala which has two pockets advantageous for girls, and in Andhra Pradesh, notably in the tribal regions on the borders to Orissa and Madhya Pradesh. In Andhra Pradesh as in Karnataka, a few micro-regions have a disadvantageous CSR for girls. As the map shows, local variations of the CSR are very high, particularly for districts in Tamil Nadu.