

Asian Resonance

Female Feticide and Infanticide: An Educational Program



Sapna Yadav
Research Scholar,
Deptt. of Home Science,
University of Rajasthan,
Jaipur (Rajasthan)

Surabhi Purohit
Associate Professor
Deptt. of Home Science,
University of Rajasthan,
Jaipur (Rajasthan)

Abstract

India is one of the few countries where the sex ratio is adverse because of high female mortality rate. The present study was taken up with the objective of imparting educational program regarding level of awareness of female feticide and infanticide among adolescents. A sample of 120 students was taken from middle and upper middle SES from two co-educational schools of Behror (Alwar) Rajasthan. Data was collected on three phases-1) Pre-testing, 2) Exposure to educational program, 3) Post-testing. The post test results indicated high level of awareness. Level of awareness was found to be much higher in upper middle SES girls and boys. No gender differences were observed in existing level of awareness after exposure to educational program.

Keywords : Feticide, Infanticide, Sex determination.

Introduction

Women who constitute half of human population have been discriminated, harassed and exploited irrespective of the country to which they belong, unmindful of the religion which they profess and oblivious of the timeframe in which they live (Dr. K.C. Jena, 1998). Everywhere women are confronted with many challenges. Female feticide is perhaps one of the worst forms of violence against women where a woman is denied her most basic and fundamental right i.e. "the right to life". The phenomenon of female feticide in India is not new, where female embryos or fetuses are selectively eliminated after pre-natal sex determination, thus eliminating girl child even before they are born. As a result of selective abortion, between 35 and 40 million girls and women are missing from the Indian population. In some parts of the country, the sex ratio of girls to boys has dropped to less than 800:1000. The United Nations has expressed serious concern about the situation. The long standing tradition of son preference, coupled with medical technology now gives to the status conscious Indian families, the choice between payment of large dowry for their daughters or elimination of daughters. The traditional method of getting rid of the unwanted girl child was female infanticide, where the female baby was done away with after birth in various ways – either by poisoning the baby or letting her choke on husk or simply by crushing her skull under a charpoy. With the advancement of medical technology sophisticated techniques can now be used or rather misused, to get rid of her before birth. Through ultrasound scans and amniocentesis, the sex of the fetus can be determined during the pregnancy of the woman and then the fetus is aborted if found to be female (Swati Mehta & Jayna Kothari, 2001).

In Indian society, female feticide has emerged as a burning social problem during the last few years. The girl child in India is treated right from her birth as an additional burden an extra mouth to feed, a liability and another man's property. The birth of a son is regarded as essential in Hinduism and many prayers and lavish offerings are made in temples in the hope of having a male child. Modern medical technology is used in the service of this religion driven devaluing of women and girls. Woman is created par with man in all aspects. "Women have equal rights with men upon earth; in religion and society they are a very important element. Divine Justice demands that the rights of both sexes should be equally respected since neither is superior to the other in the eyes of Heaven." These authoritative statements from the Bahai's writing are regarded by Bahai's as expressions of the Divine Will. To deprive women arbitrarily of their rights and privileges, or to deprive them to even being born or killing them in infancy is both immoral and unjust, a violation of God's law. It has a detrimental effect on the society and the individuals who are involved in this practice are responsible for such acts (Bahais View Point, 2001).

Asian Resonance

The sex ratio has altered consistently in favor of boys since the beginning of the 20th century, and the effect has been most pronounced in the states of Punjab, Haryana and Delhi. It was in these states that private fetal sex determination clinics were first established and the practice of selective abortion became popular from the late 1970s.

Worryingly, the trend is far stronger in urban rather than rural areas, and among literate rather than illiterate women. No doubt, if this practice continues it will disturb the social balance and it may lead to serious problems like increase in sexual offences, sharing of women within and outside wedlock and greater insecurity to women (Alka Srivastava, 2002).

Sex Ratio (females per 1000 males), India 1901–2001

Year	Sex Ratio	Sex Ratio in Children (0–6yr)
1901	972	-
1911	964	-
1921	955	-
1931	950	-
1941	945	-
1951	946	-
1961	941	976
1971	930	964
1981	934	962
1991	929	945
2001	933	927
2011	940	914

Source: Registrar General of India

Female feticide and Female Infanticide

Female feticide means aborting the female baby in the mother's womb. Whereas female infanticide is killing a baby girl after she is born. The practice of killing the female child after her birth has been prevailing in our society for many years. But feticide is the legacy and contribution of the progress made by the medical science. Amniocentesis was introduced in 1975 to detect fetal abnormalities but it soon began to be used for determining the sex of the baby.

Ultrasound scanning, being a non-invasive technique, quickly gained popularity and is now available in some of the most remote rural areas. Both techniques are now being used for sex determination with the intention of abortion if the fetus turns out to be female. With the advent of privatization and commercialization, the use of pre-natal diagnostic technologies is growing into a thriving business in India. This is primarily for the purpose of sex determination selective abortion of the female fetus. The misuse of technology simply reinforces the secondary status given to girl children in such a way that they are culled out even before they are born (Meenu Anand, 2005).

Compared to infanticide, feticide is probably a more acceptable means of disposing off the unwanted girl children. Infanticide can be an overtly barbaric and inhuman practice while feticide that is carried out by skilled professionals is a medical practice that uses scientific techniques and skills and

reduces the guilt factor associated with the entire exercise.

Pre-Natal Sex Selection and the Law

Parliament has realized the grave implications arising out of the misuse of the prenatal diagnostic techniques and therefore intended to regulate its use only for certain medical purposes. The Government has realized that abuse of techniques for determination of sex of the fetus leading to female feticide is discriminatory against the female sex and also affects the dignity and status of women. With the above objectives, the Parliament has passed the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act 1994; which came into force from 01.01.1996.

Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994

This Act provides for the regulation of the use of pre-natal diagnostic techniques for the purpose of detecting genetic or metabolic disorders or chromosomal abnormalities or certain congenital malformations or sex-linked disorders and for the prevention of the misuse of such techniques for the purpose of pre-natal sex determination leading to female feticide. The legislation seeks to achieve the following objectives.

1. Prohibition of the misuse of pre-natal diagnostic techniques for determination of sex fetus, leading to female feticide.
2. Prohibition of advertisement of the techniques for detection or determination of sex.
3. Regulation of the use of techniques only for the specific purpose of detecting genetic abnormalities or disorders.
4. Permission to use such techniques only under certain conditions by the registered institution.
5. Punishment for violation of the provisions of the Act; and
6. To provide deterrent punishment to stop such inhuman acts of female (G.B. Reddy, 2005).

The PNDT Act, however, for all intents and purposes has proved to be a toothless piece of legislation. The problem with the Act is two fold.

1. Interpretation of the Act and
2. Implementation of the Act.

Despite the intent and purpose of the Act being wide and all encompassing, it has been interpreted by the ultrasonologists, the abortionists, the doctors and more shockingly the government alike, to exclude pre-conceptual sex selection.

PIL Petition

A PIL petition was filed in the Supreme Court by the Centre for Enquiry into Health and Allied Themes (CEHAT), Mahila Sarvangeena Utkarsh Mandal (MASUM) and Dr. Sabu M. George urging effective implementation of the Act. The Supreme Court passed an order on 4th may 2001 (Supreme Court of India Civil Original Jurisdiction, 2000), which aims at ensuring the implementation of the Act, plugging the various loopholes and launching a wide media campaign on the issue. The second goal of filing the PIL is the amendment of the Act to include

Asian Resonance

pre-and during conception techniques, like X and Y chromosome separation Pre implantation Genetic Diagnosis (PGD). The order largely concerns only the implementation of the Act and putting the required infrastructure in place. However, the order entrusts the responsibility of examining the necessity to amend the Act to the Central Supervisory Boards, keeping in mind emerging technologies and the difficulties encountered in the implementation of the Act and to make recommendations to the Central Government (Dr. K. Shanmugavelayutham, 2003). The directions are:

Direction to the Central Government:

1. To create public awareness against the practice of pre-natal determination of sex and female feticide.
2. To implement with all vigor and zeal the PNMT Act and the Rules framed in 1996. Rule 15 provides that the intervening period between two meetings of the Advisory

Committees Constituted under sub-section 17 of the PNMT Act to advise the appropriate authority shall not exceed 60 days. It would be seen that this Rule is strictly adhered.

Direction to the Central Supervisory Board (CSB):

1. Meetings of the CSB will be held at least once in six months as provided by the Act.
2. The CSB shall review and monitor the implementation of the Act.
3. The CSB shall issue directions to all state / UT Appropriate Authorities to furnish quarterly returns to the CSB giving a report on the implementation and working of the Act.
4. The CSB shall examine the necessity to amend the Act keeping in mind emerging technologies and difficulties encountered in the implementation of the Act and to make recommendations to the Central Government.
5. The CSB will require medical professional bodies /associations to create awareness against the practice of pre-natal determination of sex and feticide and to ensure implementation of the Act.

Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of sex selection) Act 2002

Based on the SC order and Central Supervisory Board recommendations the Parliament on December 20 passed the Preconception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act 2002. The provision are stated below:

1. The Act provides for the prohibition of sex selection, before or after conception.
2. It regulates the use of pre-natal diagnostic techniques, like ultrasound and amniocentesis by allowing them their use only to detect:
 - i. Genetic abnormalities
 - ii. Metabolic disorders.
 - iii. Chromosomal abnormalities
 - iv. Certain congenital malformations
 - v. Haemoglobinopathies
 - vi. Sex linked disorders.

3. No laboratory or centre or clinic will conduct any test including ultra-sonography for the purpose of determining the sex of the fetus.
4. No person, including the one who is conducting the procedure as per the law, will communicate the sex of the fetus to the pregnant woman or her relatives by words, signs or any other method.
5. Any person who puts an advertisement for pre-natal and pre-conception sex determination facilities in the form of a notice, circular, label, wrapper or any document, or advertises through interior or other media in electronic or print form or engages in any visible representation made by means of hoarding, wall painting, signal, light, sound, smoke or gas, can be imprisoned for up to three years and fined Rs. 10,000.

Compulsory Registration

The Act mandates Compulsory Registration of all Diagnostic Laboratories. All Genetic Counseling Centers, Genetic Laboratories, Genetic Clinics and Ultrasound Clinics, irrespective of whatever they are involved as regards diagnosis for gynecological or other purposes, would now have to maintain records of all the tests conducted by them. Only qualified persons can use pre-natal diagnostic techniques. The reasons for testing should be recorded in writing. The techniques can be used in the following conditions.

1. Age of the pregnant women is above 35 years.
2. The pregnant women have undergone two or more spontaneous, abortions or fetal loss.
3. The pregnant women had been exposed to potentially teratogenic agents such as drugs, radiation, infection or chemicals.
4. The pregnant woman has a family history of mental retardation or physical deformities such as spasticity or any other genetic disease.
5. The Central Supervisory Board may specify any other condition as required.

State Level Supervisory Body (SLSB)

The law provides for the setting up of State Level Supervisory Bodies to monitor the implementation of the Act. The Board shall meet at least once in six months.

Punishment

Any violation, including unlicensed labs, of the Act leads to seizure of equipments. The fine for those who indulge in sex selection procedure has been double from Rs. 50,000/- to Rs.1,00,000/- with additional provisions for the suspension and cancellation of the Registration of those as a Medical Practitioner by the concerned Medical Council or any other Registering Authority. The Act should be backed by stringent implementation machinery by the state.

Female Feticide and Infanticide: Causes and Effects

In India, the causes of female feticide and infanticide are multifaceted (Venkatramani, 1986; Iyengar, 1993; Venkatachalam, 1993; Aravamudan, 1994, Harris- White, 1997; Jain, 1999; George, 2000; Agnihotri, 2003; Sarna, 2003; Patel, 2004; Sharma and Jain, 2005; Pande and Malhotra, 2006; Aravamudan, 2007). The important causes of female

Asian Resonance

feticide and infanticide as revealed by studies made by these authors are as follows:

Son Mania

Indian society is patrilineal, patriarchal and patrilocal. Among the Hindus, the reproduction and heredity beliefs are governed by the laws of Manu (Corcos, 1984). Following this law, Hindus believe that a man cannot attain redemption unless he has a son to light his funeral pyre. Besides religious consideration, economic, social and emotional desires favour males, as parents expect sons but non daughters to provide financial support, especially in their old age.

Girl as a 'Burden'

The evil of dowry system has led to a belief that daughters have to be protected and sufficient financial resources have to be accumulated to support the marriage of the girl. Boys on the other hand are considered as assets, who fetch a fabulous dowry for the parents. This has created a stereo-type notion of girl as a "burden" on the household.

Education and the Gender Skew

Contrary to the popular belief, Aravamudan's research shows an adverse link between education and the gender skew (Aravamudan, 2007). The more educated a women is, the more likely she is to actively choose a boy, assuming that she decides to have one child. The only educated women likely to keep daughters are the very independent minded. Educated men, especially in the business class, also want to have sons to carry on their business.

Marginalization of Women in Agriculture-

Although women contribute far more to the agricultural production, they are by far largest group of landless laborers with little real security. Modernization of agriculture alleviates the burden of tasks that are traditionally men's responsibility leaving women's burden unrelieved. In some regions, the bias has led to shift from subsistence food (often women's crops) to cash crops (often men's crops). The systematic marginalization of women in Indian agriculture has led to an increase in violence against women including the epidemic of female feticide.

Misuse of Technology

The tests like Amniocentesis and ultrasonography, which were originally designed for detection of congenital abnormalities of the fetus, are being misused for knowing the sex of the fetus with the intention of aborting it if it happens to be that of a female (Patel, 1984). Thus, female feticide and infanticide is receiving fillip through misuse of technology, done surreptitiously with the active connivance of the service providers.

Weak Implementation of Laws

The Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, prohibits determination of sex of the fetus. It also provides for mandatory registration of genetic counselling centres, clinics, hospitals, nursing homes, etc. However, the implementation of the law is weak and it has not been used to the fullest. The focus has been only on the registration of the number of

ultrasound machines and not on the actual act of abortions of female fetuses. Furthermore, in several cases the accused have not been booked under relevant sections of the Act.

Rationale

Women in Indian society are placed very low value. Prenatal sex determination with the intention of preventing female births must be viewed as a manifestation of violence against women, a violation of their human rights. The pregnant woman, though often equally anxious to have a boy, is frequently pressurized to undergo such procedures. Many women suffer from psychological trauma as a result of forcibly undergoing repeated abortions. More generally, demographers warn that in the next twenty years there will be a shortage of brides in the marriage market mainly because of the adverse sex ratio, combined with an overall decline in fertility. While fertility is declining more rapidly in urban and educated families, nevertheless the preference for male children remains strong. For these families, modern medical technologies are within easy reach. Thus, selective abortion and sex selection are becoming more common.

The relationship between empowerment through education also suffers a set back. The all-India male literacy rate stands at about 75.9% while the female literacy rate is as low as 54.2%, a gap of 22-percent. The issue of whether education breaks gender biases needs much exploration. It is true that education may enable men and women to become rational actors in a modernizing economy. But it may not automatically lead them to transform the social system. This linkage needs to be explored.

By gathering and then disseminating proper information on the problem of female feticide and Infanticide we can give rise to the social awareness in the general public, which in turn creates a basis for social change. As far as female feticide is concerned, a research effort is needed in learning about the scope of the phenomenon to promote public awareness. Also, the mechanics of decision making that precedes any female feticide should be understood so that further counseling and training could be targeted at the people involved and their misbeliefs.

Female feticide is not just a medical issue. It is a social issue, an economic concern, and a development crisis. Therefore, efforts to address the problems of female feticide and Infanticide should come from various sides.

It is very important to make young generation aware about these social problems. They should know the reasons, why our society is not transforming so fast, they will be the future parents. They need to aware about these malpractices. At the same time proper information help them to empower. Keeping this in view the present investigation has been planned to study the impact of educational programs of behror (alwar) Raj.

Asian Resonance

Objectives of the Study

1. To assess level of awareness (pre test) regarding female feticide / infanticide among adolescent girls and boys (11th std) belonging to middle and upper middle SES.
2. To see the impact of educational program, on the level of awareness (post test), regarding female feticide / infanticide among adolescent girls and boys (11th std.) belonging to different SES (middle and upper middle).
3. To find out the gender differences, if any, in the level of awareness regarding female feticide / infanticide among adolescent girls and boys belonging to middle and upper middle SES.
4. To find out the differences the level of awareness regarding to female feticide and infanticide among-
 - I. Girls belonging to middle and upper middle SES,
 - II. Boys belonging to middle and upper middle SES.

Review of related Literature

Gaurang (2001) in Rajasthan, more districts have recorded child sex ratios lower than 950, and it's slightly better amongst predominantly tribal populations. But even there, there has been a drop in child sex ratio especially in Chittorgarh and Udaipur. The child sex ratio has declined in Alwar, Sikar, Jaipur and Jhunjhunu districts. This could be attributed to the two-child norm pushed actively by the state government.

Rajagopalram (2003) expressed that the problem of feticide can be linked to basic lack of education. In the states where literacy status is high e.g. Kerala, female feticide is use as compared to states with low literacy status e.g. Bihar and Rajasthan.

Sethi (2004) stated that it is claimed that the pre-natal diagnostic tests can determine about 3000 abnormalities in a fetus, however, it has made female feticide easier.

Sarna (2005) found that the knowledge level of pregnant women is inadequate about the decreasing sex ratio and its effects so steps should be taken to educate women to make them aware about the same.

A study conducted by Tandon and Sharma (2006) revealed that Sex selective abortions and increase in the number of female infanticide cases have become a significant social phenomenon in several parts of India. It transcends all castes, class and communities and even the North South dichotomy. the girl children become target of attack even before they are born. Numerous scholars have observed that the latest advances in modern medical sciences - the tests like Amniocentesis and Ultra-sonography which were originally designed for detection of congenital abnormalities of the fetus, are being misused for knowing the sex of the fetus with the intention of aborting it if it happens to be that of a female. The worst situation is when these abortions are carried out well beyond the safe period of 12

weeks endangering he women's life. This paper theoretically analyses the magnitude of the incidence of female feticide and infanticide in India.

A study is conducted by Gandhi (2008) revealed that female feticide is more prevalent among the middle class where, at times, even both the partner were working.

Hypotheses

There will be a significant difference in the existing level of awareness regarding female feticide and infanticide among adolescents.

1. There will be a significant difference in the level of awareness regarding female feticide and infanticide among adolescents belonging to middle and upper middle SES.
2. There will be a significant gain in the level of awareness regarding female feticide and infanticide among adolescent girls and boys after exposure to education program.
3. There will be a significant difference in the level of awareness regarding female feticide and infanticide among adolescent girls and boys before (pre test) and after (post test) exposure to education program.

Methods

The present research was undertaken to study, "Female Feticide and Infanticide: An Educational Program for Adolescents studying in 11th std." The purpose of this chapter is to describe the procedure followed for carrying out the present study. The study was conducted under the following heads:-

1. Operational definitions
2. Locale of the study
3. Sample & their selection
4. Tools & their description
5. Phases of data collection
 - I. Pre test phase
 - II. Educational program
 - III. Post test phase
 1. Statistical analysis

Operational Definitions

Female Feticide

For the present study female feticide can operationally be defined as "The killing of female fetus in the mother's womb, after determination of sex by use of scientific medical technologies."

Female Infanticide

Female infanticide is operationally defined as "An intentional killing of female infants by different means and malpractices e.g. depriving the infant from feeding and nutrition, care, stimulation or any other means."

Educational Program

A program planned with the help of various audio visual aids for adolescents of 11th std., to promote the level of awareness regarding female feticide and infanticide, is being operationally defined as educational program for the present study.

Locale of the Study

The study was conducted in two co-educational senior secondary schools of Behror (Alwar) Rajasthan to ensure optimum personal

Asian Resonance

contact. The schools were identified on the basis of fee structure i.e. one with moderate fee structure and another with upper middle.

Sample Selection

A total sample comprised of 120 subjects (60 girls and 60 boys) studying in 11th std., belonging to middle and upper middle SES. The subjects were randomly selected from two senior secondary schools of Behror (Alwar) Rajasthan identified on the basis of fee structure in which one with moderate fee structure (Rs.600/month) and another with upper middle fee structure (Rs.1000/month).

Questionnaire

A self prepared questionnaire was used to assess the level of awareness of adolescents' regarding female feticide and infanticide.

The questionnaire consisted of 33 questions related to conception and pregnancy, female feticide and infanticide, law and legislation, rights of women and children, opportunities, size of family, role of family members and communication channels.

Educational Package

An educational program was designed based on questionnaire using different methods to exposure the adolescents to adverse impacts of female feticide and infanticide. The methods were used documentary films (Uska Aana, Aatmza), lecture focus group discussion, interactive talk leaflets, posters, nukkad natak etc.

Scoring

Scoring was done for pre test and post test phases. Each correct answer of the question was assigned one score whereas the wrong response was marked as zero. Difference between pre test and post test scores was calculated as gain in scores. Thus, the total maximum scores one could obtain 33 and minimum as zero.

The subjects who scored between 0-16, were considered as having low level of awareness, whereas subjects scoring between 17-33 were considered as having high level of awareness regarding female feticide and infanticide.

Phases of Data Collection

Data were collected in three phases-

Phase –I: Pre Testing

A rapport was established with adolescents after seeking the permission from school principals. Questionnaires were given to the 120 students studying in 11th std. in groups of 30 each .This way, the responses of all 120 adolescents, on questionnaire, were taken.

Phase – II: Educational Program

To increase the level of awareness and to bring changes in their understanding about ill effects of female feticide and infanticide, rights of woman and children and PC&PNDT Act, an educational program was developed. Documentary films (Uska aana and Aatmza), lecture, leaflets, interactive talks and focus group discussion, nukkad natak were included in educational program.

Time Plan for Educational Program (20 days)-

Total schools (2)	Total no. of subject n=120	Subjects in each school	Total days for education program	Days allotted for each school	Minimum hours per school perday
Middle fee structure-Ist Upper middle fee structure-IIInd	60 girls & 60 boys	60	20	10	1

An Education Program Schedule

Day	Content	Method	No. of Subject	Communication Aids
First day	Introduction of female feticide & infanticide	Interactive talks	30	Posters & leaflets
Second day	Documentary film	Audio visual	30	Computer
Third day	Documentary film	Audio visual	30	Computer
Fourth day	Lecture	FGD's	30	Posters & leaflets
Fifth day	Nukkad natak based on questionnaire	FGD's	30	Posters & leaflets

Phase –III: Post Testing

To assess the impact of educational program post testing was conducted with the same questionnaire after a gap 10 days of exposure to educational program.

Statistical Analysis

Mean, S.D., and Z-test were computed.

Table No. 4.1: Mean Scores, S.D. and Z- Values (Pre-Test) of Existing Level of Awareness of Adolescents Belonging to Different Categories

Subjects of different categories	N	Mean	SD	Z-Value	Level of significance
Gender Differences Girls	60	43.29	9.2		

Results-

Existing Knowledge

Hypothesis

There will be a significant difference in the level of awareness regarding female feticide and infanticide among: 1(a) adolescent girls and boys, 1(b) belonging to middle and upper middle SES.

Asian Resonance

	Boys	60	44.36	10.2	1.65	NS
SES Differences	Middle SES	60	20.42	5.80	.30	NS
	Upper middle SES	60	23.42	4.02		
Boys	Middle SES	30	19.63	5.7	.26	NS
	Upper middle SES	30	23.93	3.5		
Girls	Middle SES	30	21.46	5.8	.92	NS
	Upper middle SES	30	22.9	4.4		

The above table 4.1 shows no significant differences in the existing level of awareness regarding female feticide and infanticide among:

2. Adolescent girls and boys.
3. Adolescents belonging middle and upper middle SES.
4. Girls belonging to middle and upper middle SES.
5. Boys belonging to middle and upper middle SES.

They may be due to the reason that the adolescent girls and boys are studying in the same type of school and they belong to approximately same SES. Since they are exposed to same kind of classroom education and curriculum, they have no difference in the pre- test scores i.e. same level of

awareness is observed among subjects belonging to middle and upper middle SES, among girls and boys belonging to middle and upper middle SES respectively.

Hence Hypothesis- 1(a) and 1(b) are not approved.

Impact of Educational Program Hypothesis

There will be a significant impact of educational program on the level of awareness regarding female feticide and infanticide among 2(a) adolescent girls and boys, 2(b) belonging to middle and upper middle SES.

Table No. 4.2: Mean Scores, SD and Z Values of Level of Awareness Pre and Post Testing of Adolescents Belonging To Different Categories

Subjects of different categories	n	Pre test scores		Post test scores		Gain scores		Z-value	Level of significance	
		mean	SD	mean	SD	Mean	SD			
Gender Differences	Girls	60	43.29	9.2	63.22	3.25	19.93	5.95	.12	N.S.
	Boys	60	44.36	10.2	64.13	2.51	19.77	7.69		
SES Differences	Middle SES	60	40.84	11.60	62.18	3.26	22.24	8.34	5.65**	0.01
	Upper middle SES	60	46.84	8.04	64.2	2.62	9.36	5.42		
Girls	Middle SES	30	19.36	5.71	30.66	2	11.3	3.71	4.94**	0.01
	Upper middle SES	30	23.93	3.52	32.56	1.25	8.63	2.27		
Boys	Middle SES	30	21.46	5.8	32.5	1.15	11.04	4.65	3.25**	0.01
	Upper middle SES	30	22.9	4.4	31.63	1.36	8.73	3.04		

In table 4.2 reveal pre- test and post test scores (after exposed educational program) highly significant difference in the level of awareness regarding female feticide and infanticide among:

1. Adolescent girls and boys.
2. Adolescents belonging to middle and upper middle SES.
3. Girls belonging to middle and upper middle SES.
4. Boys belonging to middle and upper middle SES.

It shows highly significant impact of educational program on the level of awareness regarding female feticide and infanticide but no significant gender differences were observed.

It denotes that the present study is in line with Hypothesis 2(a) and 2(b) is not approved.

Gender differences were found significant may be because girls and boys are approximately exposed to the same education system and SES. Though they have approximately same scores during pre-test and post-test phases, indicating same level of awareness with no gender differences. The educational program has shown the same impact on both girls and boys.

Table No. 4.3: Mean Scores, SD And Z Values of Level of Awareness Pre and Post Test of Adolescents

Variables	N	Mean	SD	Z Value	Level of significance
Pre testing	120	87.65	19.4	22.16	0.01
Post testing	120	127.35	5.76	**	

Table 4.3: Z-values indicate highly significant difference in the level of awareness (in pre- and post testing scores) of the subjects (n=120) regarding female feticide and infanticide.

It shows success and significant impact of the educational program especially designed to raise the level of awareness of adolescents regarding female feticide and infanticide using different strategies to answer their queries in interesting way proving the Hypothesis-2(a) and 2(b).

Discussion

1. There is no significant difference in the existing level of awareness regarding female feticide and infanticide among adolescent boys and girls belonging to middle SES and upper middle SES i.e. no gender difference and SES difference was observed in the existing level of awareness regarding female feticide and infanticide.
2. There is a significant impact of educational program in the level of awareness regarding female feticide and infanticide among adolescent boys and girls belonging to middle and upper middle SES as a highly significant difference was observed in the pre-test and post-test scores of adolescents.

Suggestions

Further study could be replicated on a larger sample which could provide wider outlook.

1. A similar study may be taken with other parameters like college going students, rural and urban women etc.
2. A follow up study could have been conducted to see the long term effect.

Practical Implications

1. The results of the study could be helpful to parents, educators, policy makers, social workers and NGOs to understand the need and significance of such educational program to raise the awareness about female feticide and Infanticide.
2. The results will help the adolescents who will be future parents to know about the causes and consequences of declining sex ratio and thus, help to change their mindset.
3. The results will specially helpful to empower the adolescent girls in taking their own decisions while planning for her family in future. It will help them to have their say in family decision.

Bibliography

1. Agnihotri, S. (2003). Survival of the Girl Child: Tunneling out of the Chakravayuha. Economic and Political Weekly, Vol. 38, No.41, pg. n.a; 11-17th October, 2003.
2. Alka Srivastava, (March 2002). "Declining Sex ratio: The marginalized Girl Child" "Women's Lint Vol. 8, No. 1, January.
3. Aravamudan, G. (1994). "The killing fields: female infanticide". The Week. April 03, 1986, Vol. 12, 1994.

4. Aravamudan, G. (March 2007). Disappearing Daughters - The Tragedy of Female Foeticide, Penguin.
5. Bahais View Point, PUCL Bulletin September, 2001.
6. Corcos, A. (1984). "Reproduction and heredity beliefs of the Hindus based on their sacred books". The Journal of Heredity, Vol. 75, No. 2, pg. 152-154, 1984.
7. Dr. K. Shanmugavelayutham, (May, 2003). "The Pre- Conception and Pre-Natal Diagnostic Techniques (prohibition of Sex Selection) Act 2002 – A Bold step", Legal News & Views, Vol. 17, No. 5.
8. Dr. K.C. Jena, "Heirship of Women under Indian Personal Laws. A comparative study", Ph.D. Thesis (1998).
9. G.B. Reddy, "Sex determination Tests and Female Foeticide", Women and the Law.
10. George, S. (2000). "Female Foeticide in India". Health Action, Vol. 13. No. 9. pg. 23-26, 2000.
11. Harris-White, B. (1997). "Development and death: adverse child sex-ratios in rural Tamil Nadu". Frontline, Vol. 89, April, 4, 1997.
12. Indu Grewal and J. Kishore, (2004). "Female Foeticide in India", IHN 2004.2m May / International Humanist News.
13. Iyengar, P. (1993). "Female infanticide: sex ratio in Tamil Nadu dips". Times of India, January, 30, 1993, Bombay edition.
14. Jain, S. (1999). "Female Foeticide continues unabated: Save before they perish". Journal of Obstetrics & Gynaecology Vol. 4 No. 12, pg. 707-709, December, 1999.
15. Meenu Anand, (September 2005). "Indian Legal Framework to Arrest Female Foeticide" Legal News & Views.
16. Pande, R and Malhotra, A. (2006). "Son Preference and daughter Neglect in India. What happens to Living Girls", International Center for Research on Women (ICRW), ICRW Information Bulletin, 2006.
17. Patel, T. (2004). "Missing Girls in India". Economic and Political Weekly, Vol. 39, No.9, pg. n.a., 28th Feb – 5th March, 2004. Sarna, K. (2003). "Female foeticide on the rise in India". The Nursing Journal of India, Vol. 94, No. 2, pg. 29-30, February, 2003.
18. Patel, V. (1984). "Amniocentesis and Female Foeticide: Misuse of Medical Technology". Socialist Health Review Vol.1, No. 2, pg. 69-71, September, 1984.
19. Sharma, C and Jain, D. (2005). "Technology and its Impact on Female Feticide in India", May 2005, <http://www.govtech.com/gt/articles/94065>
20. Supreme Court of India Civil Original Jurisdiction Writ Petition (Civil) No. 301 of 2000.
21. Swati Mehta & Jayna Kothari, (Nov, 2001). "It's A Girl ! Pre- Natal Sex Selection and the Law", Lawyers collective.
22. Venkatachalam, S (1993). Female Infanticide. Haranand Publications, New Delhi.
23. Venkatramani, S. (June 28, 1986). "Female infanticide: born to die". India Today. Vol.28, No. 15.