

When Mothers Kill Daughters: The Cultural Reproduction of Female Infanticide Practices in Tamil Nadu, India.

Female infanticide has been increasingly reported in recent years in Tamil Nadu in India, despite it being one of the more developed Indian states with regards to human development indicators of health and education (Bardhan 1974, Chunkath and Athreya 1997).

Significance

A state-wide sample survey undertaken in 1996 by the Directorate of Public Health claims to establish the widespread prevalence of the practice of female infanticide in Tamil Nadu by suggesting that there exists a 'hard core' female infanticide region in Tamil Nadu consisting of the northern blocks of district Salem, the southern blocks of district Dharmapuri, a cluster of southern blocks of district Dindigul and of the western half of district Madurai. A widening neighbouring periphery along the districts of Chengai, Kamarajar, Karur, South Arcot Vallalar, Villupuram Ramaswamy, Pudukottai, Tiruchirapalli and Thiruvannamalai Sambuvarayar has also been noted forming a 'female infanticide (FI) belt'. Twenty three blocks in the three districts of Dharmapuri, Salem and Madurai account for 70% of all inferred female infanticide deaths in Tamil Nadu. "What should be of concern is the manner in which the phenomenon is spreading from the core area to a much wider neighbouring periphery and beyond" (1997:WS-27).

A preliminary review of literature on the issue suggests that the research so far in this area attempt to 'rationalise' the practice by showing what functions it fulfils - e.g. population regulation - or what factors contribute to its cause - e.g. devaluation of women's labour, poverty, underdevelopment, etc.

The limitation of such a problematic is that it tends to be deterministic, attributing causes of (female) infanticide to biology (biological determinism) or to structural/social factors (social determinism). In doing so, the individual actor is ignored or presented as a victim, whose behaviour is programmed by her/his biology and/or social contexts. A consequence of overstating the role of structural factors is to conceptualise structure as a barrier and female infanticide as a response to that barrier and therefore as freedom.

A preoccupation with attributing causes has helped little to understand how/why the practice is spreading and increasing as in Tamil Nadu, let alone contributing to arresting the spread. The tendency has been to speculate and apply a particular hypothesis to the practice in a place. If this hypothesis is supported by empirical evidence, it reinforces the structures through a particular form of 'rationalisation'. For instance, the media reports in 1985-86 noted the practice among the Kallars in Madurai region in Tamil Nadu. Female infanticide was then seen as a practice specific to the Kallar community, poverty and other factors became secondary. In the period that followed, the practice was reported among the Gounders in Salem district. The practice has since then spread to other areas and among other caste groups, weakening the hypothesis that female infanticide is a Kallar practice. Paradoxically, 'development' cited as the intervention necessary to mitigate poverty causing the practice in one place, itself becomes in another place the cause for the practice.

Existing interventions based on such an understanding of the practice have proved inadequate to check its spread. Where dowry is perceived as the main cause of the practice, income generated by women's groups may provide an easy way of fulfilling the dowry obligations.

Similarly, there may be more people rejecting the Scheme for the Protection of the Girl Child - to educate people to adopt the small family norm and to promote the education of girl children of poor families - than the number of takers because son preference is a deep-rooted cultural demand. It has been observed that in female infanticide, once the decision to kill has been reached, it is executed in the first few days because it is believed that a delay could establish an emotional bond between the infant and the mother (and also the father in many cases) making it difficult to kill. In places where women's groups and the authorities monitor to prevent infanticide, parents who have decided to do away with the birth of female infants may not kill. Instead the infant is not fed so she can die a 'natural' death. Even if we manage to arrest female infanticide in a particular place, the fact that it is culturally reproduced implies that it could recur in some other form (foeticide/neglect) or in the same form in another place. Unless the practice is acknowledged as embedded in culture and addressed at the level of culture, the role of any intervention may be limited in checking the practice. Interventions may be superficial and piecemeal - like legislation to punish practitioners of female infanticide while private clinics for sex selection and abortion flourish, the eligibility of only poor families for the Girl Child Protection Scheme - and fail to make an impact on the problem.

The repeated occurrence of female infanticide demands more realistic forms of analysis that will meet the need for policy guidance. While acknowledging the extremely important role of "causal" factors (without privileging structure over agency, and vice versa), it is argued that they should be seen as providing the context and situation of a practice. Looking at female infanticide as a practice requires analysis of the interaction between the various factors (economic, social and demographic) at different levels (macro-, micro- and individual) within specific historical and cultural contexts. Such analysis requires a conceptual framework combining elements of political economy, modern practice theory and cultural feminism.

Towards a new theoretical problematic

In female infanticide, death is first and foremost a practice. The works of Bourdieu (1990) and Giddens (1990) indicate that social practices and actions cannot simply be viewed as objective reflections of and responses to structural parameters but on the contrary are to be viewed as reproducing these structures and even changing them. Bourdieu's advice to transcend the antinomies of 'determinism and freedom, consciousness and unconsciousness and conditioning and creativity' in outlining the theory of practice, is useful to develop the argument that thoughts, perceptions, expressions and actions governing female infanticide in any given socio-cultural context can neither be considered as mechanical reproduction of conditioning nor as wilful, rational or strategic predisposition nor for that matter as spontaneous subjective actions. Rather, as Bourdieu suggests, these dimensions of practice are the product of a system of dispositions - the *habitus* - that simultaneously conditions people's lived realities and accords conditional freedom. Thus the practice of female infanticide reveals both conditioned life-worlds and conditional freedom which guarantees, to paraphrase Bourdieu (1990), the "correctness" of the practice for its practitioners and ensures its "constancy" over time.

Three implications for research may be derived:

First, the (re)production of the practice of female infanticide is an outcome of acquired histories, felt or embodied pressures of cultural-material conditions and exercise of agency.

Second, the constancy of this practice over a period of time implies that infant death becomes a (periodic) event in the life world of the people. These events though deemed 'outrageous, primitive or barbaric' to the outside world, would be of common-sensical and reasonable disposition to its practitioners or those living around them.

Third, drawing from insights of cultural feminism, in female infanticide, death becomes a *process*. Cultural reproduction of the practice does not preclude variations in the production of death for the female, the variations

representing conditional freedom. Thus death may be reproduced in what is classically understood as infanticide (death within the first few days). But it becomes a process - a time chain - that ticks for the female whether as a foetus, an infant, a girl child. Neglect of the girl child constitutes the 'soft-side' of the spectrum where investments for her latter-day being are drastically curtailed, a variance that is ironically justified pro-life.

A focus on female infanticide as a practice and not as an event necessarily involves going beyond the superficial and exploring deeper meanings and linkages. Instead of accepting at face value what some women and men say - "we kill her because we don't want her to suffer" - it serves as the starting point to unravel a process which culminates in the particular event of infanticide. It also helps to understand that all female infanticide deaths are not alike, with every practice embedded in the habitus of actors which provides coherence to the patterns of actions and interactions. Such a habitus consists of shared properties of family, class, ethnic group, material conditions, the conscious and unconscious and differentiated properties like gendered experience.

People draw meanings from material, ideological and reproductive complexities that surround their lives in any regional-cultural setting. Developing this understanding is central to the main concern of the proposed research - how women, as 'mothers' and as 'agents', participate in the act of female infanticide. Mothers who practice infanticide are cast as perpetrators - aiding and abetting the deaths of their infants - or as helpless victims of their circumstances or fate with no subjectivity or agency. Feminist analyses of women's experiences reveal that while mothers may seem to be in control of their infants' lives, they themselves are under the dominion of others, usually men.

An enquiry into female infanticide by mothers constitutes an important area for feminist engagement not only because it is an act of gender discrimination but more because it is women who are involved in eliminating female infants.

Use of terms such as "infanticide belt" gives the impression that the practice is spreading and too fast. Yet at the micro-level (community/village) it is not the case that everyone practises female infanticide. The first female infant is almost always not a victim with higher order female infants facing a higher risk. And in fact as reports indicate a large majority of people (even in the same environment) do not practice female infanticide. There are variations in the ways individuals relate to contextual conditions - even if poverty is a common condition, not all poor experience poverty in the same way and not all poor practise female infanticide. The question therefore arises: to what extent the practice is (re)produced at the thought/perception level but is not actually carried out or executed. That is to say, at a household decision making level, how seriously is it considered as an option? How do structural factors influence the decision to kill a new born taken at the household level among close family members? What role do women of the household/neighbourhood/community play in fostering or resisting this option? Why women kill or do not kill (resist) can provide useful insights into women's interests and in the ways women exercise agency - in resistance and in perpetration.

Research methodology

As has been explained above, the focus of the proposed research is not on the 'determinants' at macro level - ecological, social or economic but rather ethnographic: on the lived realities of a defined set of people who make choices and take decisions to kill (or not to kill) the female infant. The methodological implication is that while the decision to kill the new born female infant is processed within a household among intimate family members, the household decisions are influenced by a set of predispositions - its habitus. Thus cultural histories, political-economic conditions, elements and actors in decision-making as well as expressed subjectivities will constitute areas of inquiry in this research.

The different elements constituting a habitus that constructs the practice will be considered at different levels in order to account for variations in the production of female infanticide as a response across space and time. Attention will be given to the evolution of the cultural, socio-economic and political landscape of the community under study, social norms, gendered experiences, ways in which women respond to their status in society and within households and household characteristics including decision making patterns. Questions related to women's interests, the meanings of the practice and their formation (caste, class, gender variables to name a few), ways in which perceptions and women's positions vis-à-vis men with and without the practice are affected will aim to locate the practice in the intersection of macro-, micro- and individual levels. Historical analyses of the prevalence of female infanticide and other forms of gender discrimination, their origin and the responses/interventions to these will also be attempted, although it is likely that detailed information will be difficult to obtain. Thus, the methodological approach will be sensitive to historical, social and political economic dimensions.

The sensitivity of the issue under investigation imposes important limitations to its study. Earlier researchers have had to struggle with evasiveness and exaggeration of the situation, underreporting and falsification of recorded data and the (not unjustified) perception among local communities that such inquiries are an interference in their lives (see Hrdy and Hausfater 1984, Natarajan 1997). The proposed research does not aim to identify an exact 'list' of the practitioners in the community (even if that were possible). Instead it is an enquiry into those contexts under which people decide to abort, kill, neglect, abandon the girl child. Equally important are those situations in which people decide in favour of the girl child.

The researcher will draw from her earlier experience of working on female infanticide in Tamil Nadu. On the basis of secondary data on sex-ratio and infant mortality rate (IMR) it is provisionally proposed that the study will be carried out in one village (preferably inhabited by the Kallar or Gounder community) from one of the districts - Dharmapuri or Madurai in Tamil Nadu. These districts show the sharpest decline in juvenile sex-ratio over the years and have the highest female IMR rates and IMR gender differential. Also going by the estimates of Chunkath and Athreya (1997), in Dharmapuri and Madurai, more than half of all female infant deaths and over two-thirds of neonatal deaths of female infants occur due to female infanticide.

Fieldwork in the selected village will be undertaken for at least a year. Data collection in the village will be interspersed with data collection (literature review, government records, interviews, etc.) at other levels.

Quantitative data will be gathered mainly from secondary sources - (a) primary health centre records showing pregnancies, deliveries, births, still births, and gender wise distribution of early neo-natal deaths, other neo-natal deaths, and post-natal deaths and the ascribed causes of such deaths; (b) records of the Tamil Nadu Integrated Nutrition Project (TINP) that provide similar data; and (c) data of NGOs working in the area. Additionally, a field-survey on household demographic profile in the selected village will be undertaken. However, qualitative data will be the most important component in the research. In-depth interviews will be conducted in households where female infanticide has apparently occurred, in households where the practice has not occurred, and where it has been prevented/stopped. Although the focus will be on female respondents - aged women, 'mothers' and young girl children (across age, class, caste, education levels) - male respondents both at the household level and at the community level will be interviewed. Key informants would include staff of the health services, TINP and women's welfare both in the governmental and non-government sectors. Resource persons from NGOs will be tapped for preliminary understanding of local conditions and assistance in the selection of the study village. In addition to the spoken text, what is not said, observations, ways in which people communicate (and not communicate), suppression and exaggeration of action (acts, intentions, purposes, reasons) will be important sources of information.

Data collected will be used to establish accounts of specific conditions of the production of the practice of female infanticide and equally of cases where female infanticide was not practised. From these accounts, common and unique features in the practices of female infanticide will be teased out. Methodological triangulation will be used to compensate for the biases and limitations in the various methods employed (survey, interviews, observation, etc.). The researcher speaks the same language as the local people.

Cooperation, networks and linkages

In Tamil Nadu female infanticide is one of the priority areas of intervention for both the government and NGOs. A large number of donors are also keen to support initiatives to curb the practice. The researcher will link up with organisations like the Indian Council for Child Welfare (ICCW) one of the earliest NGOs to work on female infanticide, with research and documentation groups like the M.S.Swaminathan Research Foundation, and activist organisations like the All India Democratic Women's Association (AIDWA), which addresses the issue as part of its larger advocacy campaign on the rights of women and girls. Government organisations like the Tamil Nadu Integrated Nutrition Programme (TINP) and the newly set-up Mother and Child Welfare Commission, intergovernmental organisations like UNICEF and non-governmental funding organisations like the Hunger Project as well as global networks like the International Women's Health Coalition have in the last few years increased their attention to prevent female infanticide.

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