

## **Female Infanticide In Madurai**

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### **Abstract**

In Tamil Nadu female infanticide was in practice it was practiced in large scale among the Kallar community of Madurai district. It was cruel practice of killing the newborn girl babies by various methods by giving kallipal, paddy husk, synthetic poisoning and some physical methods for various reasons. The state government introduced several schemes to curb this cruel practice, such as cradle baby scheme, girl child protection scheme practice which was for 300 years in this society came to an end.

**Key words:** Priamalaikallar, Government, cruel practice, Infanticide,

### **Introduction**

In Tamilnadu female infanticide was in practice from ancient times for various reasons such as poverty, dowry, male child sentiment etc., in course of time it disappeared. After period of time it reappeared and mid of 20<sup>th</sup> century it was practiced vigorously in some parts of Tamilnadu. And salem, Dharmapuri and Madurai districts are reported an a large scale practice of female infanticide Madurai comes next to Dharmapuri district.

Kallars are mostly found in Usilampatti Taluk of Madurai district. The role of women is to bear and rear the children and do other household works. Education among Kallars is very rare. The Kalluthu cluster of village is famous for female infanticide, Kalluthu cluster includes Paraipatty, Nallachanpatti, Muthuveeranpatty and Perumalpatty, among the people

of caste groups namely Piranmalai Kallar, Naidu, Chettiar, Pallar, Sakkiliar, Vannan, Ambattaiyan and Asari.

It is interesting to note that among the Kallars of Usilampatti a girl becomes a property for the material uncles and cross- cousins such kinsmen have a right to marry the girl. In order to escape this evil custom, parents consider female infanticide an easy solution. Other social factors are linked with economic factors like marriage and child- birth. The customs prevailing in the area are such that there is a clear discrimination between the male and the female. The male is considered a source of economic gain. The female child is considered as a burden to the family.

In Madurai district Nattarmangalam, Kovilankulam, panamoopanpatti, Kethuvarpatti, Sirupatti, Kalluthu, Pappapatti, Eramarpatti, Alligundam, Meikilarpatti, Eravarpatti are the places where the practice of female infanticide is more, the sex ratios are very less in this areas. The areas with the highest sex ratio as per 1981 census are Poosalapuram – 1147, Vandapuli – 1004, Muthunagaipuram – 1080, Boothipuram – 1075, Sempatti – 1075, Sindhupatti – 1,059, Athamakaraipatti – 1049, Vandari – 1046, Perikattalai – 1040, and Kethuvarpatti – 1036. There is a contrast between the two sets of villages and there is a drastic difference from each other in this economic structure and value system etc... most of the villages are interior with poor road and transport system those people are landless. Villages that are close to the urban centers with well road transport and irrigation system and people who live there have their own land but these people followed the practice of female infanticide, when compared to the other set of people. The landless had high sex ratio while the landholders had very low sex ratio.

### **Methods used for killing female infanticide**

In most of the cases, the killing is carried out either by a senior family member or by a professional killer. The most commonly used methods follow;

### **Earukampal or Kallipal**

Earukampal or Kallipal (the sap of calotropis plant) is the commonly used material to kill the infants a few drops of poisonous milk is mixed with the ordinary milk and given to the new born babies and the death occurs within 5 to 10 minutes.

**Paddy Husk**

Paddy husk is another popular material used for this crime the baby is fed with paddy husk along with milk which causes death but creating internal damage. This happens because the sharp edge of the paddy husk pricks the internal organs which are very tender.

**Starving and Excessive feeding**

This is practiced widely practice as it creates the situation of the natural death, child is forced to drink more milk and the child finds it difficult to breathe the child's head is hung down which leads to choking of the child and this leads to child's death on other hand female child is rapped left uncared without feeding water or milk from the time of birth and this leads to death.

**Synthetic poisoning**

Synthetic poisoning means using sleeping pills, pesticides, tobacco and even Kerosene are used kill the female infants.

**Hot Chicken Soup**

The soup which is prepared for the mother to regain the energy after the delivery is given to the new born baby.

**Physical Methods**

In this method the baby is bundled in a wet towel and left for some time till it dies. Sometimes infant's face is made to lie on bed and it dies due to suffocation sometimes nose and mouth of the baby are held tightly by an untrained 'dai' (Village Nurse) till the child dies of asphyxiation.

There are some more different methods which are used for killing the female babies. They are crushing the babies by foot, dumping the baby in freezer etc. The mothers or the mother-in-law hire women especially barber women due to such activities. The men remain silent spectator even though they keep silence at the time of dowry demand and disposing of the girl babies. They are the master brain for all the instances that take place to dispose the female infants. This is because since they are not educated they are not able to understand that the scientific truth that the sex is determined by the chromosomes of the male and not of

the female. Whatever be the methods of killing the act practice is really shocking and heartbreaking.

### **Reasons for female infanticide**

The phenomenon of female infanticide defies any attempt at generalization. It cannot be pinned down to any single cause. It is the result of a mix of socio-economic and cultural factors. Socio-economic and cultural factors play a significant role. For example, factors like deteriorating economic and health conditions of the family, domestic violence often associated with an alcoholic husband, errant husbands-which mean an additional burden on the woman-and sometimes simply that mothers do not want daughters to share their fate. Added to these are problems associated with increasing among most caste groups in the region. As a result, the girl child is considered a financial burden.

Preference for male children is another reason for female infanticide. This son preference is due to the following reason: (i) society, which is based on patriarchal norms, does not respect a family that has no male heirs. A woman who does not bear a male child is branded as a harbinger of ill luck and enjoys very little support in the family and community; (ii) sons are preferred to inherit property;(iii) the belief that only son can take care of the parents in old age; (iv) religious factors-for example, it is only the male child who is entitled to perform the parent's last rites.

### **THE COMMUNITIES**

It is necessary to know more about the Kallar community caste history to get more information about the practice of female infanticide. But there are only some clues of this community practicing this cruel custom. The Kallar community is known for their bravery and killing, robbing and slaying their neighbours. In olden days this community was known for Agriculture etc.

### **PREVENTING DAUGHTER ELIMINATION IN TAMIL NADU**

Female infanticide first came to light in Tamil Nadu in 1985 and was estimated to lie in the range of about 3000 deaths a year. Initially the practice was considered to be limited to certain geographical areas. But subsequently several researches have shown that the practice was widespread.

In 1992, prompted by sustained NGO and media attention and academic reports, the state government introduced several schemes and initiatives to tackle female infanticide. These included the cradle baby scheme legal action against perpetrators of infanticide and the girl child protection scheme. In addition a systematic data collection system was launched to track vital events on a more regular basis and to generate district –level information. These vital event surveys are unique to state and gather information among others on the number of male and female live births and infant deaths during the year preceding the survey. Each of the surveys is based on a sample of about nine million individuals and 174,000 birth policy interventions used in the state may be divided into two districts phases a first phase spanning the years 1992 to 2000 and a second phase which started in 2001. The overall period is marked by several changes in policy intensity as well as differences in terms of policy interventions across districts. This spatial and temporal variation in policy intensity provides an opportunity to identify causal effect of the interventions on daughter deficits. However, before moving on to the effect of these interventions we provide a brief sketch of the interventions.

The CBS provides a more human option to murder. Instead of resorting to infanticide, parents unwilling to raise female babies could place them in government in 1996 at was shelved.

In 1992-93 the government decided to pursue legal action against those who committed or attempted female infanticide. According to police records the first arrests for female infanticide were made in Salem district in December 1992. In July 1995, the arrested parents were convicted to life imprisonment while the mother received five years rigorous imprisonment. Between 1992 and 2000 there appear to have been at least seven cases of police and legal action.

The Girl Child Protection Scheme [GCPS] was launched in 1992 with the aim of changing attitudes towards girl children. Among others, the aim of the scheme was to enhance the image of the girl child as well as her economic value by providing financial support for her education and marriage, and to discourage parental preference for sons. The scheme was targeted at families below the poverty line with daughters in the age group 0-4 and no son. For every eligible girl child Rs 2000 was to be deposited in an interest bearing special public fund was to be age a lump sum of 25,000 is to be provided which may be used

to pursue higher education or meet marriage expenses. A sum of Rs 40 million per year was allocated for the scheme program uptake was limited and between 1992 and 1997, 2039 families had benefited from the scheme following elections and a change of government in 1996 the scheme was placed on the backburner.

Although interventions continued in certain districts throughout the 1990s, in general the period 1996 to 2000 was characterized by a reduction in government efforts to tackle daughter elimination and the post-2001 period may be treated as the second phase of interventions against elimination.

In May 2001, the Cradle Baby Scheme was revived and extended to all the state's districts. Additional resources were provided, numerous cradle points were opened and frequent public announcements popularized the scheme. Between May 2001 and November 2007 the scheme received 2410 baby girls.

In 2001-02 the GCPS was restructured to confer increased financial benefits. The amount of money granted to eligible one-girl families was increased from Rs. 2000 to Rs.22,000. The sum was placed in a government corporation and interest accruing from this deposit was paid out on a monthly basis. The scheme envisages a final payment, at age 20, of Rs.80,000. The scheme has witnessed a 10-fold increase in the number of beneficiaries and according to policy note 2006-2007 prepared by the corporation, sum of about Rs.1750 million benefiting 115,171 children has been received under the scheme.

In addition to the revival of these schemes, the government placed pressure on district administrations to prevent female infanticide and sex selective abortion in five high-prevalence districts, namely Dharmapuri, Madurai, Salem, Theni and Namakkal. The case of Salem the district with the lowest 0-6 ratio in South India is illustrative. Between June 2001 and July 2003 the Salem district administration worked closely with NGOs and took several measures to prevent female infanticide and sex selective abortion.

The NGO model of monitoring and counseling high-risk pregnant women through the active role of women's self-help groups and provision of economic support was scaled up. Village-level committees to monitor pregnant women were set up in 385 of the district's 557 villages. At least six cases of police and legal action were initiated during this period as compared to none during 1992-2000. A dedicated 24 hour toll-free phone number with direct

access to the collector's bungalow was setup report female infanticide and sex selective abortion. A death audit was started and any infant death-male-or female- was investigated. These activities were conducted in a high profile manner and district officials utilized every opportunity to condemn infanticide and feticide.

What was the impact of all these measures? While this is usually a difficult task, in the current context the sharp variations in policy interventions before and after 2001 and the spatial variations in policy intensity across districts may be exploited to isolate the causal impact of the interventions. Specifically after controlling for a number of other variables which may influence outcomes, changes in daughter deficit over time and across "heavily treated", "lightly-treated" and minimally-treated" districts are examined. To elaborate, the first set consists of five districts that have been heavily targeted by state and NGO-led interventions; they account for a majority of legal actions initiated against infanticide and have access to the GCPS and CBS. This set of districts may be characterized as "heavily treated districts". The second set consists of six districts where legal actions have been initiated and these districts have access to GCPS and CBS but there are no widespread NGO-led interventions. These districts may be characterized as "lightly treated" districts. The third set consists of districts where no legal action has taken place, these districts have access to GCPS and CBS but again there are no widespread NGO-led interventions. These districts may be described as "minimally treated" districts.

While the effect of these interventions is clear, there are a number of details that have been brushed under the carpet. The Cradle Baby Scheme has been criticized for absolving families of the responsibility of caring for their daughters and promoting son preference as well as feeding into an adoption racket. The Girl Child Protection Schemes targets families below the poverty line, while the data show that daughter elimination is more likely to occur in better-off families. More importantly, have these policies delivered sustainable effects and altered preference or are these short-term gains? The three interventions mainly aimed at preventing female infanticide and although the Pre-Conception and Pre-Natal Diagnostic Techniques Act [PCPNDT] has seen some activity in the state, efforts to tackle sex selection are limited. Nevertheless, the analysis shows that as in the past, daughter elimination is amenable to public policy, and that a combination of legal action, economic support and intensive household level counseling and monitoring can prevent daughter elimination.

**Conclusion**

For the past 300 years female infanticide has been a custom in each and every family of the society. After the establishment of British Rule they were annoyed of this cruel custom and so they enacted a law, the Female Infanticide Act of 1938 to curtail this custom they were the forerunner, to many Social Acts Passed in India. And after independence Indian Government passed many Historical Acts to curtail this cruel practice.

In most recent years the government of Tamil Nadu has passed many schemes to curtail this custom, due to various efforts this custom was curtailed fully in recent years. The schemes such as Cradle Baby Scheme [CBS] Girl Child Protection Scheme [GCPS] etc., were some of the, important schemes to save girl child from this custom. The Government identified the causes for such cruel practice and carried out many awareness programmes about the importance of female child and the dirty customs prevailing in the society. Due to vast efforts of the Tamil Nadu government this custom came to an end in the last decade of the 20<sup>th</sup> century.

**REFERENCES**

1. Athreya, V.B., and Sheela Rani Chunkath '*Fighting Female Infanticide*', The Hindu, Madras, March17, 1996.
2. Broune John Cave, *Indian Infanticide*, London 1815.
3. Chunkath S.R. Athreya V. B., *Female Infanticide in Tamil Nadu: Some Evidence*. Economic and Political Weekly, 26 April, 1997.
4. Jagadeesan, Dr.P., *Marriage and Social Legislations in Tamil Nadu*, Published by Elatchiappenn, Madras, 1990.
5. Michael Tooly, *Abortion and Infanticide*, Clarendon Press, New Delhi, 1983.
6. Raychoudhary, S.C., *Social Cultural Economic History of India*, Surjeet Publication, Delhi, 1987.
7. Raychoudhary, S.C., *Social Cultural Economic History of India*, Surjeet Publication, Delhi, 1989.
8. Subramanian, P., *Social History of the Tamils 1707-1947*, New Delhi, 1996.
9. Vasanthi Devi, *Reconstituting Gender, Tamil Nadu History Congress Endowment Lecture*, Mother Theresa Women's University, Kdaikanal, Septemper, 2000.
10. Vidva Dhar Mahajan, *British Rule in India and After*, New Delhi, 1974.



11. *www. womenstudies.org.*
12. *<http://infochangeindia.Org/women/news/female-infanticide-increase-in-district-of-tamil-nadu.html>.*
13. *The Hindu, 24 June 2001.*