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Abortion of Girl Child in Mizoram

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Abstract:

The issue of girl child rights and protection in India is a very serious concern. Families in India are increasingly aborting their second child if they know it to be a girl and they already have a daughter, a study shows. While it has been known that there has been a tendency to abort girls in India since the first census in 1871, the latest evidence suggests that the practice is common throughout the country. If child sex ratio is any indication, Mizoram with the highest child sex ratio in India, is free from female foeticide which still remains one of the biggest menaces in India. While the child sex ratio in India has dropped to 914 females against 1,000 males – the lowest since Independence – in the provisional 2011 Census, Mizoram has 971 females against 1000 males, the highest in India. Though Mizo society is a strict patriarchal one, a girl child is never unwanted in a Mizo family. With more than 98 per cent of the population being Christians who consider abortion, except due to medical reasons, as murder, female foeticide is a non-issue in Mizoram.

Keywords: Girl, Child, Abortion, Mizoram.

Introduction: Female foeticide has been linked to the arrival, in the early 1990s, of affordable Ultrasound technology and its widespread adoption in India. Obstetric ultrasonography, either transvaginally or transabdominally, checks for various markers of fetal sex. It can be performed at or after week 12 of pregnancy. At this point, three fourth of fetal sexes can be correctly determined, according to a 2001 study. Accuracy for males is approximately 50% and for females almost 100%. When performed after week 13 of pregnancy, ultrasonography gives an accurate result in almost 100% of cases. India passed its first abortion-related law, the so-called Medical Termination of Pregnancy Act of 1971, making abortion legal in most states, but specified legally acceptable reasons for abortion such as medical risk to mother and rape. The law also established physicians who can legally provide the procedure and the facilities where abortions can be performed, but did not anticipate female foeticide based on technology advances. With increasing availability

of sex screening technologies in India through the 1980s in urban India, and claims of its misuse, the Government of India passed the Pre-natal Diagnostic Techniques Act (PNDT) in 1994. This law was further amended into the Pre-Conception and Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) (PCPNDT) Act in 2004 to deter and punish prenatal sex screening and female foeticide. However, there are concerns that PCPNDT Act has been poorly enforced by authorities.

The impact of Indian laws on female foeticide and its enforcement is unclear. United Nations Population Fund and India's National Human Rights Commission, in 2009, asked the Government of India to assess the impact of the law. The Public Health Foundation of India, an premier research organization in its 2010 report, claimed a lack of awareness about the Act in parts of India, inactive role of the Appropriate Authorities, ambiguity among some clinics that offer prenatal care services, and the role of a few medical practitioners in disregarding the law. The Ministry of Health and Family Welfare of India has targeted education and media advertisements to reach clinics and medical professionals to increase awareness. The Indian Medical Association has undertaken efforts to prevent prenatal sex selection by giving its members *Beti Bachao* (save the daughter) badges during its meetings and conferences. However, a recent study by Nandi and Deolalikar (2013) argues that the 1994 PNDT Act may have had a small impact by preventing 106,000 female foeticides over one decade.

According to a 2007 study by MacPherson, prenatal Diagnostic Techniques Act (PCPNDT Act) was highly publicized by NGOs and the government. Many of the ads used depicted abortion as violent, creating fear of abortion itself within the population. The ads focused on the religious and moral shame associated with abortion. MacPherson claims this media campaign was not effective because some perceived this as an attack on their character, leading to many becoming closed off, rather than opening a dialogue about the issue. This emphasis on morality, claims MacPherson, increased fear and shame associated with all abortions, leading to an increase in unsafe abortions in India.

The government of India, in a 2011 report, has begun better educating all stakeholders about its MTP and PCPNDT laws. In its communication campaigns, it is clearing up public misconceptions by emphasizing that sex determination is illegal, but abortion is legal for certain medical conditions in India. The government is also supporting implementation of programs and initiatives that seek to reduce gender discrimination, including media campaign to address the underlying social causes of sex selection.

Given the dismal Child Sex Ratio in the country, and the Supreme Court directive of 2003 to State governments to enforce the law banning the use of sex determination technologies, the Ministry set up a National Inspection and Monitoring Committee (NIMC). Dr. Rattan Chand, Director (PNDT) was made the convener of the NIMC. The NIMC under the guidance of Dr. Rattan Chand conducted raids in some of the districts in Maharashtra, Punjab, Haryana, Himachal Pradesh, Delhi and Gujarat. In April, it conducted raids on three clinics in Delhi. In its reports sent to the Chief Secretaries of the respective States, the

committee observed that the Authorities had failed to monitor or supervise the registered clinics.

Other recent policy initiatives adopted by many states of India, claims Guilmoto, attempt to address the assumed economic disadvantage of girls by offering support to girls and their parents. These policies provide conditional cash transfer and scholarships only available to girls, where payments to a girl and her parents are linked to each stage of her life, such as when she is born, completion of her childhood immunization, her joining school at grade 1, her completing school grades 6, 9 and 12, her marriage past age 21. Some states are offering higher pension benefits to parents who raise one or two girls. Different states of India have been experimenting with various innovations in their girl-driven welfare policies. For example, the state of Delhi adopted a pro-girl policy initiative (locally called *Laadli scheme*), which initial data suggests may be lowering the birth sex ratio in the state.

Female Abortion and Indian Scenario: Families in India are increasingly aborting their second child if they know it to be a girl and they already have a daughter, a study shows. Scientists estimate that up to 6 million girls have been aborted in India over the past decade by couples who do not want a large family and are determined to have a son. The practice is more widespread among wealthier and better educated Indian families, who are better able to afford the prenatal tests and medical intervention they want. While it has been known that there has been a tendency to abort girls in India since the first census in 1871, the latest evidence suggests that the practice is common throughout the country. The research, published in the *Lancet*, suggests that the Indian government's attempt to tackle the issue by outlawing ultrasound scans that identify the sex of a foetus has not worked. The Pre-Natal Diagnostic Techniques Act was passed in 1996 to stop medical staff telling parents the sex of a foetus. "It is unlikely that this act has been effective nationally because few health providers have been charged or convicted," write the authors, Prof Prabhat Jha from the University of Toronto and colleagues from India, including the former registrar-general of India, Dr Jayant Banthia. "We are not surprised by this lack of prosecution given that most primary care is with unregulated private providers". This year's Indian census revealed that there are about 7.1 million fewer girls than boys under the age of six. The gap has grown substantially since the 2001 census, which found 6 million fewer girls, and the 1991 census, 4.2 million fewer. The researchers used census data to estimate the absolute numbers of abortions for reasons of sex selection. They used information on more than 250,000 births in national surveys to work out the difference in the girl-boy ratio in second births in families where the first child was a girl. They found that the ratio in second births where the first child was a daughter fell from 906 girls per 1,000 boys in 1990 to 836 in 2005 – a drop of 0.52% a year. But there was no decline in the ratio among couples whose first child was a son. The authors estimate that between 3 million and 6 million girls were aborted from 2000 to 2010. Over the 30 years from 1980 to 2010, there could have been as many as 12 million abortions of girls.

In a commentary, two leading experts point out that the desire to have a son appears to influence the behaviour of expatriate Indians too. Higher ratios of sons to daughters in

second births, when the first child was a girl, have been found among Indians living in the US. (As reported on Tuesday 24th May, 2011 by The Guardian)

Mizoram: Perched on the southernmost tip of the north eastern region, Mizoram occupies an area of great strategic importance. It is flanked by Bangladesh on the west and Myanmar on the east of south sharing a total of 722 km international boundary with the two countries. It also shares its borders with three states – Assam, Tripura and Manipur. Mizoram became the 23rd state of Indian Union in February 1987. For over two decades, it has experienced peace and steady progress. Mizoram Peace Accord signed in 1986 has the distinction of being the most enduring and successful Peace Accord in the history of Independent India.

Mizos are a close-knit society with no class distinction and no discrimination on grounds of sex. Ninety percent of them are cultivators and the village exists like a big family. Birth of a child, marriage in the village and death of a person in the village or a community feast arranged by a member of the village are important occasions in which the whole village is involved. (Directorate of Information and Publicity, 2017)

Mizoram's population was 1,091,014, according to a 2011 census. It is the 2nd least populous state in the country. Mizoram covers an area of approximately 21,087 square kilometres. About 91% of the state is forested. The majority (87%) of Mizos are Christians in various denominations, predominantly Presbyterian. The old belief, Pathian is still in use to term God till today. The Mizos have been enchanted to their new-found faith of Christianity with so much dedication and submission that their entire social life and thought process have been altogether transformed and guided by the Christian Church organisations directly or indirectly and their sense of values has also undergone drastic change.

Objectives of the study:

1. To find out the acceptance level of female child in Mizo family.
2. To learn about abortion of female child in Mizo society.

Methodology: Methodological Triangulation method is applied where we have both Qualitative and Quantitative approach and two types of data collection techniques. According to Young (1968), social research is a scientific understanding which by means of logical methods, aim to discover new facts or old facts and to analyze their sequences, interrelationships, causal explanations and natural laws which govern them. Since much social research is founded on the use of a single research method and as such may suffer from limitations associated with that method or from the specific application of it, multiple methods offers the prospect of enhanced confidence. There is also a distinct tradition in the literature on social science research methods that advocates the use of multiple methods. It has been argued that the deficiencies of any one method can be overcome by combining methods and thus capitalizing on their individual strengths. One of such method is known as 'triangulation'. In social science research, this basically refers to a process by which a researcher wants to verify a finding by showing that independent measures of it agree with

or, at least, do not contradict it. Consequentially, some social scientists have suggested that validation in the social sciences might be achieved by the collection of corroborating findings from the same respondents and on the same topic, but using different methods.

'Triangulation' provides researchers with several important opportunities. First it allows researchers to be more confident of their results. This can play many other constructive roles as well. It can stimulate the creation of inventive methods, new ways of capturing a problem to balance with conventional data collection methods. This may help to uncover the deviant dimension of a phenomenon. This may also serve as the critical test, by virtue of its comprehensiveness, for competing theories. 'Triangulation' minimizes the inadequacies of single-source research. Two sources complement and verify one another, which reduces the impact of bias. This provides richer and more comprehensive information because humans share more candidly with an independent third party than they do with someone they know or think they know. Using several methods together also helps to rule out rival explanations. (Yeasmin & Rahman, 2012)

In the first segment Purposive sampling method is used. 250 mothers of Mizo family were selected randomly for the study. Structure questionnaire was distributed and collected for analysis of the results.

In the second segment, Focus Group discussion was conducted with the following groups-

1. Medical Practitioners - Doctors and Nurses specialized in Obstetrics and Gynecologist working in Aizawl Civil hospital. 6 Doctors and 8 nurses, together 14 of them were selected for the discussions
2. Leaders and Active members in Young Mizo Association (YMA). 7 office bearers and 10 executive committee members involved at branch level YMA were selected for the discussions.
3. Leaders and Active members in Mizo Hmeichhe Insuihkhawm Pawl (MHIP). 10 Office bearers and 8 executive committee members involved at the branch level MHIP were selected.

Aizawl Civil Hospital is the biggest hospital in the state. Since it is in the capital and is under the state government it is the cheapest in terms of cost and the most popular among the Mizos. Therefore, it has the biggest patient in the state and is worth taken for a study.

Analysis and Results:

Table No.1

When you got pregnant, do you have wish for the baby's sex, either Male or Female?	YES	NO	Total
	-	250	250

From the above result it is seen that there is no discrimination of a child sex either boy or girl for a mother. Therefore, abortion of a baby because of its sex that is female is not going to happen.

Table No.2

Does your husband have a wish for your baby's sex, either Male or Female	YES	NO	Total
	24	226	250

Table No.2.1

If Yes, which sex he prefer – Male or Female	Male	Female	Total
	16	8	24

Table No.2.2

Reasons for preferring Male sex	
1. For the first born	7
2. For the second or third or fourth since all the other children are female	9
Total	16

Table No.2.3

Reasons for preferring Female sex	
1. For the second or third or fourth since all the other children are male	8
Total	8

The whole table 2 gives a brief result that there is no discrimination of boy or girl in the family, instead every family wish to have at least one girl.

Results from the group discussions:

1. Medical practitioners - the Doctors and nurses working in the biggest hospital in the state, Civil Hospital Aizawl, confidently agreed to the point that even if abortion is done, it is not because of the foetus sex either male or female but usually because of personal, family or health problems.
2. Many mothers wanted to know their foetus sex though Ultrasound not because they wanted to do abortion but to be ready with all types of clothing's and baby care for the new born.
3. Young Mizo Association (YMA) and Mizo Hmeichhe Insuihkhawm Pawl (MHIP) agreed that in terms of foetus sex in a mother's womb, either male or female is not a problem in mizo society.
4. They also believed that even if abortion happened, it is not because of the foetus sex.
5. As a Christian abortion is against the faith, therefore it is believed that Christianity in the state play an important role for nor practicing abortion as well.

Aizawl New Correspondent of UNI reported on 2nd September, 2012 that though Mizo society is a strict patriarchal one, a girl child is never unwanted in a Mizo family. With more than 98 per cent of the population being Christians who consider abortion, except due to medical reasons, as murder, female foeticide is a non-issue in Mizoram.

Conclusions: The results of the study clearly proved the abortion of female foetus doesnot exist at all in Mizo society and if child sex ratio is any indication, Mizoram with the highest child sex ratio in India, is free from female foeticide which still remains one of the biggest menaces in India.

While the child sex ratio in India has dropped to 914 females against 1,000 males – the lowest since Independence – in the provisional 2011 Census, Mizoram has 971 females against 1000 males, the highest in India.

It is always said that, in the Sailo clan and later times, the position of women in the Mizo society have been higher than that of their sisters in other parts of India as there was no caste restriction and the practice of purdah. Women were not discriminated on the basis of sex and the birth of a girl child was not viewed as a source of misery by the parents or the community. And females actively participate in the society outside their household. (Lalsangpuii R, 2014)

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