Tackling Female Infanticide and Sex Selection in Tamil Nadu: A Failure?

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This response to “Declining Child Sex Ratio and Sex Selection in India: A Demographic Epiphany”? (EPW, 18 August 2012) argues that contrary to the assertion in that article, state and non-governmental organisation interventions seem to have played an important role in reversing the decline in the 0-6 sex ratio in Tamil Nadu.

This note is motivated by the article, “Declining Child Sex Ratio and Sex Selection in India: A Demographic Epiphany”? by Perwez, Jeffery and Jeffery (2012). While other authors (Jean Dreze and Anand Shrivastava, EPW, 22 September 2012) have commented on the authors’ thesis that factors other than sex selection may be responsible for the decline in the child sex ratio (CSR), the focus of this note is on the last two sentences of the paper. In these sentences, the authors suggest that data sets on a specific family type and its actions are needed in order to understand the decline in the CSR. They go on to note that, “The failure of Tamil Nadu government in tackling female infanticide and sex-selective abortion is a clear reminder on this” (p 76). The paper provides no basis for their assertion. Indeed, available evidence suggests the contrary.

In a series of papers (for instance, see Srinivasan and Bedi 2011), we have analysed patterns in infant mortality rates (IMR), sex ratios at birth (SRB) and child (0-6) sex ratio in Tamil Nadu as well as the various interventions launched by the state government and non-governmental organisations (NGOs) since 1992, the changing intensity of these interventions over time and across districts. Briefly, between 1961 and 2001, the 0-6 sex ratio in Tamil Nadu fell from 985 to 942, with the decline being much sharper in rural areas. At the district level, the decline has been particularly pronounced in Salem, Dharapur and Madurai (see also Vella and Oliveau 2005).

Following the Census 2001 finding that the 0-6 sex ratio in Tamil Nadu had declined from 948 in 1991 to 942, the Government of Tamil Nadu reintroduced a set of interventions it had launched in the early 1990s to tackle female infanticide. These interventions, namely the Cradle Baby Scheme (CBS), the Girl Child Protection Scheme (GCPS) and other legal actions were modified, strengthened and scaled up to cover the entire state to tackle female infanticide, neglect and sex selection. This was in addition to NGO efforts in specific districts.

Based on the post-2001 intensity of government and NGO interventions, districts may be classified into a set of five heavily treated districts (Dharmapuri, Madurai, Namakkal, Salem and Theni), in the sense that these districts were targeted by three government (CBS, GCPS, and legal action) and NGO interventions. Other districts were either lightly treated (access mainly to government schemes such as CBS, GCPS and legal action but not targeted by NGO interventions) or minimally treated (access to the CBS, and GCPS but no legal action and no NGO interventions).

Assessing Intervention

In order to assess the effects of interventions, in our papers, we use a range of data sources to analyse changes in male-female differences in infant mortality, changes in SRB and changes in the CSR before and after the intensification of interventions, that is, before and after 2001 and across the districts, that is, comparing heavily treated districts with other districts. While details are available in these papers, three points are worth noting:

First, based on the vital event surveys (VES), conducted by the state government, we find that between 1999 and 2003, there is a sharp decline in male-female differences in infant mortality, especially in rural Tamil Nadu (Table 1, p 81). The same pattern of decline is visible in data available from the Sample Registration Surveys (SRS) (Table 2, p 81), although the absolute levels differ. A detailed intra-state analysis of the VES data clearly shows that the decline may be attributed to the heavily treated districts, particularly Salem and...
Second, since the focus was mainly on tackling female infanticide, it is possible that the decline in male-female differences in infant mortality may have been accompanied by a decline in the SRB. As shown in Table 3, there is no evidence that the decline in male-female differences in infant mortality may have been accompanied by a decline in the SRB. As shown in Table 3, there is no evidence (0.000) (0.111) (0.000)

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As shown in Table 3, there is no evidence (0.000) (0.854) (0.000) of a decline in SRB between 1999 and 2003. The table also shows that the SRB based on the VES data in the other years is not statistically significantly different from the SRB-based on Census 2001.

Third, to update our analysis, which is based mainly on VES data collected between 1996 and 2003, we examined changes in the CSR, using Census 2001 and Census 2011 data. These data show that while 27 of the 35 states/union territories (UTs) exhibit a decline in this ratio, Tamil Nadu is among the exceptions. In Tamil Nadu, for the first time since 1961, the o-6 ratio has increased from 942 in 2001 to 946 in 2011. While the change may seem small, a district-level analysis of the source of
the increase, coupled with the knowledge of the various post-2001 interventions reveals a clear picture (Table 4, p 81). The sharpest increases in the CSR emanate from the heavily treated districts. For instance, Dharmapuri experienced an 85-point increase, followed by Salem, Theni and Namakkal with increases of 66, 46 and 24 points respectively. (For a more detailed analysis, see Srinivasan and Bedi forthcoming).

Taken together, the points made above lead to the conclusion that the increase in the CSR experienced in Tamil Nadu between 2001 and 2011 may be attributed mainly to a decline in gender differences in infant mortality accompanied by a stable sex ratio at birth. In geographic terms, it can be credited to the five heavily treated districts. Far from being a failure, the interventions pursued by the state and NGOs are likely to have played an important role in reversing the decline in the 0-6 sex ratio in Tamil Nadu.¹

A few words of clarification: it is not our objective to defend the Government of Tamil Nadu or NGOs and their efforts, and indeed we have commented extensively on the various interventions, their strengths and limitations (Srinivasan and Bedi 2011). Whatever may be our reservations about these schemes, based on the evidence, it is hard to dismiss the salubrious link between the interventions and changes in the child sex ratio.

NOTE
¹ Narayana (2008) also argues in favour of a policy-induced decline in gender differences in infant mortality in Tamil Nadu.

REFERENCES