

Letter to Editor

SEX-RATIO AT BIRTH IN PUDUCHERRY: NEED FOR CONCERN

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Sir,

Child sex ratio (CSR), i.e., sex ratio in the age group 0 to 6 years is a powerful indicator to examine the social response and attitude towards the girl child in recent past. The CSR in the country has been decreasing since 1961, but the decline has been sharpest between 1991 and 2001 across all regions of the country. The child sex ratio in India dropped from 927 females against 1,000 males in 2001 to 914 females against 1,000 males in 2011 - the lowest since Independence. Between 2001 and 2011, there has been an increase in the CSR in 6 states, one of which is the neighbouring state of Tamil Nadu. In contrast, the CSR for Puducherry came down from 967 to 965¹. We tried to find out from secondary data analysis, the timing of the higher female child mortality contributing to low CSR in Puducherry.

The Union Territory of Puducherry has total population of 1,244,464 and a well functioning Integrated Child Development Scheme (ICDS) program with 788 Anganwadi centres under five projects covering the whole population². Monthly reports are sent to the Department of Women and child development from all the projects. We analysed the reports of Project III to find out the sex ratio at birth for the year preceding the census year.

Project III of ICDS in Ariyankuppam has six zones with 151 Anganwadi centres, both in urban and rural areas. The mid-year population of the area under the project in 2010 was 1,41,155. The population under 6yrs was 11,342, constituting about 8% of the total population. The overall sex-ratio on 1st July 2010 was 998 females per 1000 males and the sex-ratio of children between 6 months to 6 years during the same time was 967 females per 1000 males.

There were a total of 1629 births in the year 2010 with Crude Birth Rate of 11.5/1000 population. However the number of female births (768) was much less than the males (861), with a sex-ratio at birth of 891 females per 1000 males. The number of still births was 12 females compared to 9 males. The mortality among female children was also higher from birth to 6 years of age. In the 0-6 yrs age group, 11 boys died in <1 yr age whereas 12 girls died in <1 yr, 1 in the 1-3 yrs and 2 in the 3-6 yrs age.

The overall sex ratio in Ariyankuppam project was lower than that of the whole of Puducherry i.e. 1038 (census 2011). But the CSR in the age group of

6months-6yrs was closer to that of whole of Puducherry for all children less than 6 yrs. The even lower sex-ratio at birth is a worrying fact and if not reversed, there will be further decline in the CSR in Puducherry in the future.

Puducherry has the highest per capita expenditure on health in the country of Rs. 2342 for the year 2010-11 and HDI ranking of 6th among all the states and Union Territories of India^{3, 4}. But, even with socio-economic and technological development in the country, barring few exceptions, the status of women in India has remained low. The cultural and traditional practices have not changed rather with improving economic status, the dowry has increased and wedding expenses have become forbidding, making daughters unwanted and unacceptable in the families. All over the country, the advancements in medicine have made pre-natal sex determination accessible and the MTP Act which made abortions easier led to the female foeticide and Pre-Birth Elimination of Females (PBEF)⁵. PBEF has continued in the country even after the Prenatal Diagnostic Techniques Act (Regulation and Prevention of Misuse) Act, 1994 came into force since 1996. PBEF has had the major contribution to the declining CSR in the country. The same is true for Puducherry as evidenced by the low sex-ratio at birth. In children aged 1-6 yrs, there were three deaths in girls compared to none among boys in Puducherry. The National Family Health Survey (NFHS) data also shows that Child death Rates are higher among girls though the gender differences in childhood mortality have narrowed in the last 15 years^{6, 7, 8}.

Gain in the overall sex ratio in Puducherry from 1001 in 2001 to 1038 in 2011 might be because of the reduced mortality among the women of the reproductive age group achieved by reduction in maternal mortality through better utilisation of the health services by the women folk. The decreasing CSR indicates towards the natality inequality rather than mortality inequality as suggested by Dr. Amartya Sen⁹. The consequences of this huge and still increasing disparity in number of girls, the future women may be catastrophic for the country. The effects are likely to be wider than the presumed increased sexual and social crimes against women such as rape, abduction, bride selling, forced polyandry, increase in physiological and psychological disorders among women, increase in prostitution, sexual exploitation and cases

of STD and HIV/AIDS and poor health status of women due to repeated pregnancies and forced abortions¹⁰. Education and socio-economic improvements have failed to and rather aggravated the situation. Spread of this dangerous trend throughout the country show that regulatory approach has also failed to curb the human behaviour in this case. The poor implementation of the PCPNDT Act is definitely responsible. But when the cultural values are so deeply ingrained in the social psychology directing human behaviour and giving sanction to individual crimes becoming social phenomenon, then a strong political will and stricter laws rigorously implemented can bring about a beginning of the change.

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