Case Report

Female Infanticide

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Abstract

Killing infant girls is something most of us cannot imagine. As shocking and disturbing as this behavior is, however, we must look at it within its cultural context. In some Indian communities there is a preference for male children. This attitude is rooted in a complex set of social, cultural and economic factors. Daughters will require a sizable financial dowry in order to marry. This dowry system, lack of economic independence, social customs and traditions has relegated the female to a secondary status. Because daughters leave their families of origin, they are often regarded as temporary members of their families and a drain on its wealth.

There is an expression in India that “bringing up a daughter is like watering a neighbor’s plant”. In most of such cases of female infanticide the perpetrator is the mother of the infant. Here we are highlighting a case where a new born female was suspected to have been brutally killed by her parent.

Key Words: Female, Infanticide, Autopsy, Manual Strangulation, Head Injury

Introduction:

In our country on one side woman is regarded as the epitome of life, she is revered and worshipped as exemplified by the river names which are named after female goddesses, and in the same breath she is ostracized and burnt in the name of dowry and the situation is far more pathetic in certain male dominated communities of northern India, where the birth of a female child is regarded as a curse and that of male child as a boon.

This is an age old scrouge of our society- which led to the widening of male female ratio and further to the introduction of PNDT act so also Infanticide is defined as the deliberate, unlawful, destruction of the child under the age of one year, by act of omission or by act of commission. [1]

The term is applied technically to those cases in which the mother kills her child at or soon after its birth. It’s reported that female infanticide existed in India since 1789 in several districts of Rajasthan and Gujrat. The female infanticide was so widespread in jadeja (Rajput) families of Kutch and saurashtra, that only five of such families were found who had not killed their newborn daughters. [2]

There were alarming reports of the baby girls being murdered even in the areas where the practice did not exist earlier.

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Poverty, ignorance of family planning, cost of dowry etc.... [3] have been reported as the possible causes for this crime. Son preference has become daughter hatred in recent decades due to widespread legitimization of this form of violence against newborn female infants.

The census fig. for overall sex ratio and child population in the 0-6 age group revealed girls were subjected to double whammy. Females were not only aborted before birth but also victims of prejudice after birth. Girls are discriminated against with regard to nutrition, medical attention and general care as compared to male children.4 we are discussing death of an alive full term female baby delivered in government hospital which was found dead after 4 hours under mysterious circumstances.

History furnished by police:

On 6/5/2011 Mrs.Seetha was admitted in government maternity hospital where she gave birth to a female child at 5.43 pm. On the same day between 9.30 pm and 10 pm the baby was found dead. The treating Obstetrician, Dr Shobha Nagesh complained to the Peenya police about the suspicious death of the baby. A case was booked U/S 174 ‘C’ Crpc and the requisition for autopsy was given by police.

Autopsy Findings:

External examination:

The dead body of female baby measuring 51 cms in length and weighing 3 Kgs, fair in complexion. Postmortem staining faintly present over the back of the body and fixed. Rigor mortis appreciated all over the body. Dried me conium stains present over the anal region and at places over both lower limbs. Scalp hairs are black in colour measuring 2-3 cms in length,
anterior and posterior fontanelle present. Eyelashes present measuring 0.2-0.3 cms. Eyes closed, pupils dilated and fixed. Subconjunctival hemorrhage present over both eyes. Lanugo hair present over the top of both shoulders. Palmar and sole creases are present. Fingernail projects beyond the tip of fingers.

**Measurements:**
- Length of the baby: 51 cms.
- Head circumference: 33 cms.
- Chest circumference: 29 cms.
- Abdominal circumference: 28 cms.

Umbilical cord stump: 2cm in length, clamped with a blue clip.

**Ossification centers:**
Center for manubrium sterni, upper 3 segments of body of sternum, calcaneum, talus and lower end of femur have appeared.

**Injuries:**
1. Multiple contused abrasions sizes varying from 3 x 2 cm and 0.5 x 0.5 cm present all over the face.
2. Contusion 3 x 3 cms present over right side of forehead.
3. Multiple contusions size varying from 5 x 5 cm and 3 x 3 cms present over front of neck, chest and abdomen. On dissection of the neck, blood extravagated into the layers of the skin, strap muscles and into thyroid gland.

**Internal examination:**
- **Scalp:** On reflection shows extravasations all over.
- **Skull:** shows sutural separation of the posterior and lambdoid fontanelle’s.
- **Brain and Meninges:** Meninges lacerated irregularly and brain covered with blood and blood clots.
- **Larynx and trachea:** Shows contusion.
- **Diaphragm:** Situated at the level of 6th and 7th rib.
- **Lungs:** Both lungs are congested and edematous.
- **Heart:** Intact and pale.
- **Peritoneal cavity:** contains about 400 ml of blood and blood clots.
- **Liver:** lacerated irregularly.
- **Kidneys:** Both kidneys contused, blood extravasations seen in perinephric tissues.

**Histopathological report:**
- **Brain:** Subarachnoid haemorrhage
- **Thymus:** Congestion
- **Lung:** Pulmonary haemorrhage with congestion
- **Myocardium:** Haemorrhage
- **Trachea, thyroid:** Haemorrhage with congestion

- **Liver:** congestion
- **Bilateral kidneys, suprarenal’s:** Congestion and adrenal haemorrhage
- **Spleen:** Congestion
- **Pancreas:** Congestion

Photograph 1: The multiple injuries on face, neck and chest

Photograph 2: The diffuse extravasations of the neck muscles

Photograph 3: The irregularly lacerated right lobe of the liver
Photograph 4: The diffuse extravasation in the scalp and also sutural separation of the posterior and lambdoid fontanelles

Hospital case records:
Government Maternity Hospital, Mallasandra
Admission no: 4/42
Full term normal delivered female baby born on 06/05/2011 at 5:43 PM. Normal anthropometry and APGAR score. Baby was found dead under mysterious condition and police informed.

Opinion (Cause of Death):
On perusal of history, hospital case records, autopsy findings and histopathological report, cause of death was opined as "Death is due to combined effect of manual strangulation and blunt injuries to the head, chest and abdomen sustained (Homicidal in manner)".

Discussion:
Infanticide, or the murder of a new-born child, is not treated as a specific crime, but is tried by the same rules as in cases of felonious homicide. The term is applied technically to those cases in which the mother kills her child at, or soon after, its birth. She is often in such a condition of mental anxiety as not to be responsible for her actions. The child must have had a separate existence. To constitute 'live birth,' the child must have been alive after its body was entirely born--that is, entirely outside the maternal passages--and it must have had an independent circulation, though this does not imply the severance of the umbilical cord. Every child is held in law to be born dead until it has been shown to have been born alive. Killing a child in the act of birth and before it is fully born is not infanticide, but if before birth injuries are inflicted which result in death after birth, it is murder. Medical evidence will be called to show that the child was born alive. [5] The methods of death usually employed are:
1. Suffocation by the hand or a cloth.
2. Strangulation with the hands, by a tape or ribbon, or by the umbilical cord itself.
3. Blows on the head, or dashing the child against the wall.
4. Drowning by putting it in the privy or in a bucket of water.
5. Omission: by neglecting to do what is absolutely necessary for the newly-born child--e.g., not separating the cord; allowing it to lie under the bed-clothes and be suffocated.6 In our case, the manner was found to be manual strangulation, blows on the head and dashing of child against wall which was due to infanticide due to act of commission.

It is unfortunate that the parents also view her as a liability. This attitude is rooted in a complex set of social, cultural, and economic factors. It is the dowry system, lack of economic independence, social customs and traditions that have relegated the female to a secondary status. The degree may vary but the neglect of the girl child and discrimination goes hand-in-hand. Poverty, ignorance of family planning, cost of dowry, etc. have been reported as the possible causes for this crime (Tandon, 1999: 46-57). [3]

A study conducted by Premi and Raju (1996) in Behind district in Madhya Pradesh and Barmer and Jaisalmer districts in Rajasthan found that female infanticide was community specific. [7]

Villages that were inhabited entirely or predominantly by Gujars, Yadavs (Ahir) and the Rajputs had the lowest sex ratio. Incidentally, the parents in our case belonged to Gujars community. In multi-caste villages the chances of female infanticide reduced very substantially. The twin process of 'elimination of unborn daughters' and the 'slow killing' through neglect and discrimination of those that are born has become a matter of concern. Most of the women reported that they killed their babies under pressure from their husbands which was evident in our case.

Many a time the husbands would beat up their wives and force them to kill the female child because she is an economic burden. The girls are devalued not only because of the economic considerations but also because of socio-cultural factors, such as, the belief that son extends the lineage, enlarges the family tree, provides protection safety and security to the family and is necessary for salvation as he alone can light the funeral pyre and perform other death related rites and rituals. Such situations occur more so among poverty stricken and orthodox families. [8]

Legally infanticide amounts to homicide and all legal provisions applicable to the offence
of homicide are applicable to infanticide (Section 318 concealment of birth by secret disposal of the dead body amounts to culpable homicide). Public opinion about neonaticide (the killing of a newborn within the first 24 hours of life) has varied across time and cultures. Some nations have passed legislation on behalf of maternal offenders with the assumption that childbirth, a time of unique biological change, may lead to mental disturbance.

1. The perception that an offender's emotional and physical turmoil during the birth and homicide reduces her culpability.
2. The sentiment that neonaticide offenders are more "redeemable" than other offenders.
3. The uncertainty about the personhood of a fetus or newborn. [9]

Neonaticides were most often committed by poor, relatively young, single women who lacked prenatal care. Efforts to better prevent these tragedies should include improved sex education and contraceptive access. Two legal responses to the problem of neonaticide: [10]

- The prevailing public view on women who kill their babies is that they are either monsters or psychotic, or both. [11]
- The psychiatric and legal communities recognize that the issue is not as simply dichotomous as this. Evidence suggests that there are important distinctions to be drawn between different types of baby deaths and that this may have implications for identification, punishment, and/or treatment of potential and actual perpetrators. According to a recent report by the United Nations Children’s Fund (UNICEF) up to 50 million girls and women are missing from India’s population as a result of systematic gender discrimination in India.

- In most countries in the world, there are approximately 105 female births for every 100 males.

- In India, there are less than 93 women for every 100 men in the population.
- Increasing female feticide in India could spark a demographic crisis where fewer women in society will result in a rise in sexual violence and child abuse as well as wife-sharing, the United Nations warned. This in turn will deteriorate the social value system and can cause crisis situation.

The government has initiated many steps and to bring an end to this social evil, and to bring a change in the attitudes of the people in society. It is in this direction that many laws, Acts and schemes have been initiated, like:

- The Laws favoring Girl Education.
- The Laws favoring Women’s right.
- The Laws favoring Equal Property Share for a daughter.
- Other schemes for girl child.

References:

5. WWW.forensicmedicine.Ca/forensics/infanticide. cited on 25/5/11
The crime of female infanticide was committed in variety of ways. The infant was put into an earthen pot (Ghara) and buried alive in the ground. Sometimes, the girl child was given an overdose of opium so that never to rise again. According to the reported cases of the murders of children there had been an increase of 45 in the number of the children under the age of 12 years murdered during that year. It can be revealed from the data from the districts that the cases of the murder of children and especially the female children were cases of infanticides although the true cases of infanticide reported never increased [27]. Female Trafficking, Prostitution And Sati. The crime of trafficking in women was an unusual practice prevalent in the province. Female infanticide is more common than male infanticide, and in some countries, particularly India and China, is likely to have serious consequences on the balance of the sexes in the population. The reasons behind it are almost always cultural, rather than directly religious. The causes: Anti-female bias. Societies that practise female infanticide always show many other signs of bias against females. Women are perceived as subservient because of their role as carers and homemakers, whilst men predominantly ensure the family's social and economic stability. Family economics.