Infant Mortality Rate: Why People Preferred Son As Compared To Girl In India

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Health is a prime factor of concern in the development of the economy of any nation. No economy can move ahead without consideration to the betterment of health of the natives. It became a matter of concern to reduce the mortality rate among infants in order to make a healthy nation. Ironically, in the past few decades, the world has witnessed a downfall in the health of its infants. The mortality rate is alarming in the world.

Talking about the meaning of infant mortality rate (IMR), it refers to the word ‘Mors’ (a Latin word which means ‘death’). More specifically, IMR denotes the numbers of deaths among young children below one year of age per thousand live births. There are various causes of this sorry state of affairs, such as pneumonia, injuries, abortion, hypertension disorder, anemia. Besides these causes, various other social causes like illiteracy, low socio-economic status, marriage in early age, poor sanitation, lack of women empowerment, poor access to health facilities, unhygienic nutrition are degrading the situation of infant mortality rate.

Infant mortality can be classified into four types depending on the age of infants who face deaths. First, Prenatal mortality, which includes death between the foetal viability (22 weeks gestation) and the end of the 7th day after delivery. Second, Neonatal mortality, which includes death in the first 28 days of life. Next Type is Post neonatal mortality, which includes the death of the infant at the age of 28 days to one year. Last Type is child mortality; it includes death of children between the age group of one to five years.

Infant mortality rate implicitly captures a complicated story, measuring much more than a difference in the health care across countries for example, these rates are affected by socio-economic status of mother and their children, the age of the mother, birth weight of children, quality of nutrition for mother, and other factors are associated with mortality. As infant mortality and child mortality, primarily concentrated in under developed and emerging countries. In these countries numbers of neonatal deaths were found at most because the care of neonates is practically non-existent. The 4.5 million infant’s death occurs every year across the world.

The Infant mortality rate is one of the important parameters of growth of the economy. To assess the actual development in the economy, a nation needs to pay heed to the number of death among infants. The study of infant mortality rate brings to light various other significant aspects such as illiteracy, women empowerment, non-availability of trained manpower, poor health care services.

The study of infant mortality rate can help the nation to expand its public health facilities in order to bring forth desirable statistics, which shows reduction and ultimately elimination of mortality among infants.

The Infant mortality rate is not only an indicator of health status of children in society, but also the health of a nation. It is related to a wide array of aspects such as, reflection of prevalent health care facilities, poverty and socio-economic status. IMR presents wide the required analysis of the developmental status of the states in a country which may help its health department to strategies for the amelioration of the situation. The health system of various states can be compared on the basis these statistics. Meticulous analysis brings to light other factors such as general living conditions of people, social wellbeing, rates of illness and quality of the environment.
Increasing son preference and neglect of daughters is occurring in many states in India despite the advances made in education, literacy, health care, and income attainment. A skewed sex ratio and shortage of girls is detrimental to the health and welfare of women as well as the human development of India. Policymakers need to formulate appropriate policies with strict enforcement laws in order to contain this grave trend in son preference, infanticide, neglect, and devaluation of women in India. Son preference and the devaluation of girls may occur in countries that experience low economic growth, high poverty rates, and low literacy rates for both men and women, lack of opportunities for women in economic and social settings, and low gender status. Additionally, religion, patriarchy, traditions, and culture also affect fertility trends and son preferences.

One of the major causes of son preference in India is related to the perceived economic utility of having sons. Compared to daughters, sons provide help in family farms and businesses, have better earnings prospects in the labor market, and provide for their parents during old age, although parental care by sons is waning, especially in urban India. Some studies contend that the high female mortality rates and devaluation of girls in North India can be explained partly because women do not participate in economic and agricultural activities. On the other hand, the lower female mortality rates in the South can be derived from the greater labor force participation and economic activities of women who are primarily employed in the highly labor intensive rice production. Additionally, sons provide the continuation of family names and Hindu custom dictates that only sons can perform the funeral rituals of their parents. In most patriarchal families, only sons can inherit property and women have no property rights. North India is characterized by a rigid patriarchal society in which a man who does not have a son would rather adopt one than allow the daughter to inherit his property.

Chetan Chauhan (2013) contends that infants are killed if they turn out to be of a certain gender. This shows that the probability of a girl dying within five years was higher than a boy. About 100 boys who die within five years of their birth, 131 girl deaths were reported. This shows that female mortality at age 1-59 months exceeded male mortality by 25% in 303 districts in nearly all states of India, totally about 74,000 excess deaths in girls. UP had the highest number of districts recording higher girls’ deaths than boys followed by Madhya Pradesh, Bihar and Rajasthan. This was also noticed to a lesser extend in richer states such as Andhra.

One of other reason behind is that daughters are considered to be liabilities because of the tradition of dowries. Families do not have the same incentives to invest in the education of their daughters as they do with sons because daughters leave their parental homes and live with their husbands and in-laws. Although dowries have been declared illegal since 1961, many families, rich and poor, still follow this practice, and they are very much part of the Hindu culture and traditions. Dowry payments impose heavy financial strain on many families, especially among poor rural parents who often lose their entire life savings while trying to meet the financial demands of the bride groom’s family. Many companies who want to advertise sex selective abortions are using the slogan: “Pay 10,000 rupees today and save 100000 rupees tomorrow.” Dowry payments are more prevalent in the North as compared to the south where costs of a wedding are shared by both the bride and groom’s families. This may explain the relatively lower status of women in states like Punjab and Haryana compared to states like Kerala in the south.

Son preference and the devaluation of girls cannot be attributed to one single factor in India. An economic cost-benefit analysis of having sons versus daughters may play an important role among impoverished families but should not affect affluent families who may equally invest in their sons and daughters’ education and well-being. Additionally, we would expect the erosion of dowry payments among educated, affluent families. Yet, we see the persistence of son preference among both the rich and the poor, educated and illiterate families. Deep rooted culture and traditions, coupled with
patriarchal kinship patterns and the lower status of women in different parts of India, are still contributing to this trend.

Son preference has implications for women’s health, fertility, and well-being in India. In order to carry on the family name and uphold the wishes of their husbands and in-laws, many women have to face multiple pregnancies, abortions, and infanticides in order to have a son. A wife may face violence and humiliation from her husband and in laws if she cannot have a son. This has negative implications on women's physical and mental health and also results in the neglect of infant girls. Multiple children bearing affect the health of women, many of whom are undernourished and suffer from anemia. Generally, states that display very strong son preference also show high levels of fertility, and the opposite is true among states with low son preference.

Son preference and neglect of girls are occurring even among the educated and affluent classes in India and are not correlated with economic development, affluence, or literacy levels. The low status of women and patriarchal values are intensifying this trend in India. Son preference has serious negative effects on women’s health, fertility choices, and future well-being of girls. Policymakers need to take into consideration the complex interplay of economics, religion, traditions, customs, and the inferior status of women among the highly diverse states in India in order to address this grave issue.

References: