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Commentary

Reasons for female neonaticide in India

Helen Gavin

School of Human and Health Sciences, University of Huddersfield, UK

Invited commentary on ‘Neonaticide in India and the stigma of female gender: report of two cases’, Mishra et al.

The death of a child is always a distressing event. When the child is a much wanted infant who dies close to birth, the loss is particularly poignant. There are, however, situations in which it is clear that the infant has died at the hands of an adult, usually the mother. In this case, the death is termed neonaticide, the killing of a newborn, as defined in the seminal paper by Resnick.¹ The expression is usually applied when the death occurs within 24 hours of birth, although this definition can be flexible. It is this flexibility that sometimes causes disagreement over the status of the issue amongst forensic practitioners, and the subsequent difficulty of determining incidences and reasons for death and comparisons across cultures.² Reasons for killing a newborn infant are often assumed to be linked to post-partum depression or psychosis, or other mental illnesses such as Munchausen by proxy syndrome.³ However, research literature and official statistics demonstrate that the latter is the reason in only a few instances. Motivation for neonaticide, psychopathology aside, can be denial of pregnancy and birth, revenge, disposal of an unwanted infant, altruism/euthanasia, or just ignorance. In some cultures, however, it is clear that there is a stigma attached to giving birth to female children, and it is this that is of interest in the two cases presented in this issue by Mishra and his co-authors.⁴

In cultures in which there is still a stigma attached to being female, female neonaticide and infanticide and the incidence of murder of female infants, is inextricably linked to the sex-ratio question. According to a United Nations report in 2011, the sex-ratio of girls to boys globally is around 950:1000 (or 106 male births to births, depending on the format of compiled statistics).⁵ The difference recedes over the first few years of life, as girls have a higher chance than boys of surviving

Correspondence to: H Gavin, School of Human and Health Sciences, University of Huddersfield, Queensgate, Huddersfield, UK. Email: h.gavin@hud.ac.uk

infancy. However, in South Asian countries, this sex-ratio is at its largest and continues to decline, with blame laid at the door of sex-selective abortion, gender inequality and the subsequent neglect of female children, and the deliberate killing of female infants/ newborns.⁶ Female neonaticide is perceived to be a result of pressure on the mother to produce a boy, particularly when there are already female children in the immediate family. Whilst this is correctly identified as a feminist issue, it would be wrong to suppose that this is the only valid viewpoint. The United Nations Commission on Population and Development’s draft resolution in 2012⁷ stressed the important impact of education on sexual health as inherent to gender equality and general health. Readily available pre-natal care and advice is difficult to access in some rural or remote areas of the world, and India is no exception. Alongside this, educational facilities are sparse, particularly for girls and young women, and sex education, birth control and sexual health programmes are almost non-existent for those of low socio-economic status. The issue of female neonaticide, then, should be considered alongside calls for gender equality, global health and universal education. The sad cases described by Mishra et al. illustrate and highlight the distressing problem dispassionately, but with clear and concise reference to the over-arching issues. These mothers did not kill during psychotic episodes, for money or in a jealous rage, as many women do,⁸ but from ignorance, shame and desperation. Mishra’s article points out that punishing those who kill their infants is not the only resolution to this problem, and that the equal status of women and girls and universal education can only help.

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