

Abortion of female fetuses and more death among girls result in poor female child survival in India

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Modern ultrasound technology and economic pressure leads to female fetuses in the Ballabgarh area of northern India being aborted more often than male fetuses. Additionally, girls up to the age of five die more frequently than boys, which results in a gender imbalance in the area, according to Anand Krishnan, MD and doctoral candidate at Umeå University, who defends his thesis on 11 October.

Anand Krishnan has completed work on the dissertation in an area called Ballabgarh Health and Demographic Surveillance System Site in northern India, about 40 kilometers from the capital of New Delhi. In the project researchers have collected data from all the people living in the area's 28 villages since 1992. Anand Krishnan has examined the issue sex ratio at birth and survival of children up to age five in the study.

The thesis shows that girls under the age of five in the Ballabgarh area die at higher levels than [boys](#), a difference that lasts up to five years of age. That compares with global figures where [mortality](#) among boys is higher. Based on the sex ratio at birth in Ballabgarh and comparing with international norms, it was estimated that on average, 58 abortions of female [fetuses](#) per 1,000 births are conducted, which results in a [gender imbalance](#).

Anand Krishnan demonstrates in the thesis that the differences in the [sex ratio](#) at birth and infant mortality can be linked to socioeconomic groups

in the area. These include the parents' education, caste, economic conditions, and more.

"The results show that families in the richest and most educated group perform most abortions based on gender," says Anand Krishnan. "In addition, newborn girls born in these families have a greater risk of dying during the first month of life, compared to girls who are born into families with lower socioeconomic status."

Additional factors that have been discussed as explanations for the gender imbalance in the area are vaccines and their effect on the immune system, in addition to the desired ones. The thesis shows that the vaccine against diphtheria, tetanus and whooping cough appear to be linked to an increased mortality among girls compared with boys, and it may contribute to the excess mortality among girls.

According to Anand Krishnan, Indian authorities are working to rectify the gender imbalance, including control of access to technology for sex determination of fetuses. The Indian Government also has a system that provides monetary compensation to the families at [birth](#) of girls. This seems to reinforce the impression that girls constitute a financial burden on the family. In addition, the system has caused an increase in the registration of female births, primarily because they want to access state funds. In the research results Anand Krishnan cannot see any change for the better when it comes to societal attitudes towards girls because of this system.

"The fundamental problem in Indian society is that girls constitute a "debt" because they do not contribute to the household financially," says Anand Krishnan. "Girls are rather a burden because they take a dowry that drains family finances when they get married. There are also religious and cultural factors that reinforce this perception."

He says that the years 2001-2010 were the worst period so far concerning selective abortions and mortality in [girls](#) under five. The pressure to reduce the sizes of families, mainly for economic reasons, was supported by increased opportunities for [sex determination](#) of fetuses. At the same time, it was more desirable to have baby boys.

"As international experiences show, it takes time for the change in thinking to occur by development," continues Anand Krishnan. "With government pushing its schemes, it is hoped that the tide will turn sooner rather than later."

Provided by Umea University

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