CHAPTER 1

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SECTION - I

The World Summit for children held in 1990, promised a new world order to bring an end to malnutrition, preventable disease and illiteracy among so many millions of the world's children. The summit identified one of the greatest humanitarian goals of this century i.e., immunising 80 percent of the world's children against six major diseases by the end of 1990. However, "a quarter of a million of the world's young children are dying every week and millions more are surviving in the half life of malnutrition and almost permanent ill health." (UNICEF, 1992). According to UNDP Report '1997, of the estimated 190 million children in the world who are moderately or severely malnourished, 13 million children are Indian children. Infant mortality rate is as high as 71 per thousand live births (1997). Mortality under five years of age is as high as 108 per thousand live births (1997). 33 percent of the infants are of low birth weight (1990-97). Diarrhoea, acute respiratory infections, and measles account for more than 2.3 lakh death every year (UNDP, 1997). The oral rehydration therapy use rate is only 31 percent (1990-97). The net primary school attendance is 75 percent for male and 61 percent for female (1993-97). The percentage of primary school entrants reaching grade 5 is 62 (1990-95) and the secondary school enrollment ratio is 59 for male and 38 for female (1990-96). ILO reported the world's population of child labour as being 52 million, of which 38 million are in Asia. India has one-third of Asia's child labour and one-fourth of the world's working children. Two-thirds of the child labour in India are in the age-group of 12 to 15 years and 33 percent are below the age of 10. For every thousand boys at work, there are nearly 1200 girls. (Sekar, 1997).

The above review of statistics reflects the poor health, nutrition, education and work status of children in India. Thus, it express the urgent need to focus on child development in India. Also it is vital to ascertain the magnitude of problem related to child's mental, physical, social and emotional development as the nation is built out of children endowed with talents and physical abilities. The UN World Summit for
Social Development has recognised that though there has been progress in some areas of social and economic development, yet women and children are vulnerable to stress and deprivation. Marginalisation and isolation of women is the result of poverty, unemployment and social disintegration. Female children form 48.23 percent of total children in India (0-14 years) (15 million out of 31 million children in India) (1991 census). They have not yet reaped the benefits of social and economic development. In India to be a female is often less than to be a human as she is the recipient of unfavourable treatment as compared to her male counterpart. It has been rightly stated that indifference at all levels towards the women and girls will adversely influence India's developmental goals. A female child is usually discriminated against in most spheres of life, be it health-care, nutrition, education, employment and social justice. This is reflected in their declining sex-ratio which is a powerful indicator of women's overall status and India is one of the few countries where sex ratio is adverse to female with lower nutritional status and higher rate of maternal mortality. Since development is intertwined with that of children and constitutes a vital component they are considered target group which deserve special attention. UNICEF, in its report on the progress of Indian states, illustrated the fact that some 40 to 50 million girls and women are missing from Indian population and according to it, the time has now come to put the needs and the rights of children at the very centre of development strategy which is not only a logical proposition but also a practicable one.

Therefore, the study is a attempt to portray the situation of female child by analysing the major aspects of her existence like health, education and work. The status of female child will vary markedly not only among different categories of the population but across regions as well, depending upon regional culture and attitudes of community. Similarly, lack of education opportunities and economic empowerment of women differ across regions and are strongly associated with the mode of economy and culture moulded by the environment which further influence the status of female child as mother's status is a major contributor in enhancing female child's quality of life. This fact alone emphasises the importance of incorporating female child as a separate category for investigation. Though for comparative analysis male child has also been included. Therefore, the study proposes to analyse in depth the situation of
female children as compared to the male in respect of their health, education and work status during their infancy, childhood and adolescence.

1.1 The Rights of the Child

The convention on the rights of the child was adopted by the United Nations General Assembly on 20th November, 1989. The government of India acceded to this convention on 11th December, 1992. Among its 54 articles, the following pertains to child health, education and labour.

**Health and Child Rights**: Article 24, recognises the right of the child to the use of the highest attainable standard of health and to facilities for treatment of illness. No child is deprived of his or her right of access to such health care services. Some of the appropriate measures recommended are first, to ensure the provision of necessary medical assistance and health care to all children. Second, to strive against disease and malnutrition, through the provision of adequate nutritious food and clean drinking water. Third, to take appropriate measures with a view to abolishing traditional practices prejudiced to the health of children.

**Education and Child Rights**: The convention acknowledges the right of education as the underpinning for physical, social, emotional, moral and spiritual development of children. Article 28, recommended to provide free compulsory, basic schooling to protect child's dignity. To encourage regular attendance at school and reduction of drop-out rates. Every child has right to quality education that is relevant to her or his individual development and life. Article 29, calls on government to ensure that education leads to the fullest possible development of each child's ability.

**Work and Child Rights**: Article 32, recognises the right of the child to be protected from economic exploitation and from performing any work that is hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development. The article calls on government to provide for a minimum age or ages for admission to employment; to provide appropriate regulation of the hours and conditions of employment.
1.2 Definitions

The definition of the word 'child' varies with different legislations. In India, Census of India, defines persons below the age of fourteen as children.

**Juvenile Law**: Juvenile Justice Act, 1960, defines, a juvenile is a child who has not completed the age of 16 years in case of a boy, or the age of 18 years in case of girls.

**Family Law**: Child Marriage Restraint Act, 1926, define, child as 'a person who, if male, has not completed 21 years of age and, if a female, has not completed 18 years of age'.

**Labour Law**: Apprentices Act, 1961, define, a person is qualified to be engaged as an apprentice only if he is not less than fourteen years of age, and satisfies such standards of education and physical fitness as may be prescribed.

**The Child Labour (Prohibition and Regulation) Act**, 1966, define, child as 'a person who has not completed his fourteenth year of age'.

**Provision of Free and Compulsory Education**: Article 45 of Constitution states that state shall endeavour to provide within a period of ten years from the commencement of this constitution, for free and compulsory education for all children till they complete the age of fourteen years.

**ILO (International Labour Organisation)** refers to children as young persons below 15 years of age.

In this study, the accepted age of the SAARC year of the Girl Child, i.e., 0-20 years, has been considered as 'child'. For comparability with the age-cohorts followed universally (grouping the single year ages in intervals of 5 years, i.e., 0-4, 5-9, 10-14 and 15-19), the children of ages 0-19 years have been called a 'child'.

1.3 Objectives

The study has been undertaken with the following specific objectives:

1. To understand the status of the girl child in terms of her Health, Education and Work.
2. To portray the regional contrast of the study area in the above mentioned aspects, across developed and less developed districts in the rural and the urban areas.

3. To identify gender gap, to assess the extent to which health, education and work status of female children differs from male children.

4. To analyse mother's perception to ascertain the attitude and awareness of mothers towards health, education and work of the girl child.

5. To probe in to the likely determinants of well-being and quality of life of children in terms of above aspects.

6. To summarise all the observations made during the course of study and to recommend appropriate programme strategies for improving the quality of life of children.

1.4 Hypotheses

After reviewing literature on these variables (as discussed in section - II) a set of hypotheses are proposed which are tested empirically. The hypotheses have been formulated under three sub-headings, viz., health, education and work.

Health

(Health - measured in terms of immunisation, duration of breast feed and initiation of supplementary feed)

1. Female child's health is positively related to mother's education.
2. Children from lower caste have low health status.
3. Higher household income leads to better health status of female child.

Education

(Education - measured in terms of ever attended school, enrolled in school and school dropouts).

4. Female child's education is positively related to mother's education.
5. Female child's education is negatively associated with lower caste group.
6. Higher household income leads to higher education level of the female child.

Work

(Work - measured in terms of participation in paid and domestic work)
7. Female child's participation in paid work is negatively related to mother's education.

8. Female child's participation in paid work is positively associated with lower caste groups.

9. Higher household income leads to lower participation in paid work.

1.5 Data Collection

Data for this study consist of both secondary and primary sources.

Secondary Data


Primary Data

Primary data have been collected from extensive field survey in the study area through questionnaires canvassed in the sample villages and cities.

1.6 Selection of Study Area

The area selected for this study is the state of Rajasthan. On the basis of "The Girl Child in India, a Comparative Data Sheet on the Developmental Indicators of the Girl Child and Her Counterpart", prepared in SAARC year of the Girl Child, a composite index has been prepared. This exercise reveals that among the 14 major states of
India, the state of Rajasthan ranks 13th in overall status of the Girl Child. (Table 1.1) (Fig. 1.1)

1.7 The Region

The state of Rajasthan is situated in the north western part of India between 23° 12' North Latitudes, and 69° 30' to 78° 17' East Longitudes. It is bounded by Pakistan in the west and the Indian states of Punjab and Harayana in the north and north east, Uttar Pradesh and Madhya Pradesh in the east and south east, Gujarat in the south.

Geographically, Rajasthan comprises two distinct regions divided by the Aravalli range running south west to northeast, its last low ridge spilling into Delhi. Marwar, Jaisalmer and Bikaner are situated in the western and northern parts which are marked by aridity of shifting sand hills, the major portion of Thar desert. The other side of the divide boasts of dense forest and fertile irrigated valleys which support the historic cities of Udaipur and Jaipur. The Luni is an important stream of southern part. The Banas basin and the Chappan plains situated at the foot of the Aravalis and slope gradually towards north east, are the two extensive tracts of level and fertile soil.

Rajasthan has extremes of temperature, sand storms, and a paucity of rainfall, especially in the west. The south western winds raise the temperature, especially in the western parts, to between 40°C and 45°C. May and June are the hottest months. In some years, the temperature in Ganganagar and Suratgarh has soared to 52°C. The distribution of annual rainfall is quite uneven in the state. January is the coldest month when the average mean temperature ranges from 12°C in the northern part to 16°C in the southern part.

The total land area of Rajasthan is 342,239 square kilometres, constitutes 10.4 percent of the total area of the country which makes it the second largest state in India. It includes 27 districts according to 1991 census.

Female Children of Rajasthan

Rajasthan is one of the major states of India, having around 44 million population according to 1991 census. Of the approximately 17.92 million children in the age-
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<td>63.1</td>
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<td>1.6</td>
<td>3.1</td>
<td>92.4</td>
<td>62.0</td>
<td>957</td>
<td>110.50</td>
<td>56.75</td>
<td>77.34</td>
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Source: The Girl Child in India (A Comparative Data Sheet on the Developmental Indicators of the Girl Child and Her Counterpart). Published by the monitoring unit of the Bureau of Women Welfare and Development, 1990
Figure 1.1: States Ranked According To The Developmental Indicators Of The Girl Child (1990)

States

Composite Scores
group 0-14 years in the state, 8.5 million are female children in 1991. Rajasthan is one of the most backward states in the country regarding status of girl child, as it is reflected in various socio-economic and demographic indicators. Against the national average, 927 females per thousand males, Rajasthan reported a sex-ratio adverse to females i.e. 908. India is noted for its low mean age at marriage for females and Rajasthan has been the lowest in India, i.e. 16 years of age as compared to national figure of 18. The highest number of child marriages takes place in Rajasthan where 64 percent of the females are married by age 15-19 years, leading to corresponding high level of maternal and child death. Life expectancy at birth is estimated as 61 years, almost equal to the national average. Fertility rate among married females between age 15-19 years is 93.8 as compared to national figure 83 (1990 estimates). This shows that adolescence being an important stage of growth and development, pregnancy due to early marriage, which is socially encouraged serves an additional health risk. Dorothy Norman's analysis of data in over 40 countries shows that foetal mortality, still births, perinatal mortality, neonatal mortality or infant mortality have a relationship with maternal age and this is particularly true in our society with poor health, low income, inadequate medical care and insufficient nutrition, as the biological disadvantages faced by teen mothers are higher in such societies. (Indu Kapoor, 1984). Similarly the infant mortality rate is 88 deaths per 1000 live births, the fourth highest among the states of India. Orissa registered the highest IMR (123), followed by Madhya Pradesh (112) and Uttar Pradesh (104). Only 49 percent of the female children in Rajasthan are enrolled in primary school and it brings to one of the lowest ranking states in India with drop-out rate equivalent to 73 percent. Rajasthan is one of the few states where sex differential in the proportion of people who are literates is growing.

1.8 Sample Survey Design

a : Study Area

The sampling frame adopted in this study is a five stage stratified sampling and the sampling units at different stages were:
First Stage - District

Second Stage - Urban/District Headquarter
   - Rural/Tehsil

Third Stage - Village

Fourth Stage - Household

Fifth Stage - Children (both male and female)

**First Stage:** One of the objective of the present study is to make a comparative analysis of developed and a less developed district of Rajasthan. Based on the developmental indicators of the Girl Child for the age group (0-19 years), sex ratio, percentage of married females, fertility rate, female child mortality, literacy rate, enrollment ratio and work participation rate, a factor analysis was applied for each district. The derived factor scores were further grouped into four categories with the help of quartile method, viz., high, medium, low and very low. One district each from high and very low category is randomly selected. Jaipur represented as a developed district and Tonk as a less developed district. (Table 1.2) (Map 1.1)

**Second Stage:** For urban sample, district headquarter of both developed (Jaipur city) and less developed district (Tonk city) were selected. For rural sample, based on percentage of villages available with medical facilities, approach by pucca road, communication facilities, post and telegraph facilities composite index has been prepared. The composite scores were further grouped into four categories with the help of quartile method. One tehsil from medium category of each district were selected, namely Bassi Tehsil from Jaipur district and Tonk Tehsil from Tonk district. (Appendix I.1 and I.2) (Map 1.2 and 1.3)

**Third Stage:** Five villages from each tehsil were selected randomly. Thus, 10 villages represented rural sample from both the districts. (Map 1.4)

**Fourth Stage:** In each district, survey has been designed with a sample strength of around 90-100 households from rural area and 90-100 households from urban area. A total of 372 households from both the districts were surveyed.
<table>
<thead>
<tr>
<th>Districts</th>
<th>(a) Population in the Age Group (0-19) 1981</th>
<th>(b) Sex Ratio (0-19)</th>
<th>(c) Percentage of Married Females in Different Age Group</th>
<th>(d) Work Participation Rates 1981</th>
<th>(e) Literacy Rates in Different Age Group 1981</th>
<th>(f) Male Workers</th>
<th>(g) Man Workers</th>
<th>(h) Age Specific Fertility Rates 1981</th>
<th>(i) Female Child Mortality at Age 1, 2, 5</th>
<th>(j) Percentage of Enrolment in Classes I-V, VI-VIII &amp; IX - XI</th>
<th>(k) Factor Score</th>
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TABLE 1.2 DEVELOPMENTAL INDICATORS OF THE GIRL CHILD (RAJASTHAN - DISTRICT-WISE)

a. b. c. d. e. h. i. j.: Census of India 1981, Series - 18 Part-IV Social and Cultural Tables, Office of the Registrar General & Census Commissioner, India.

f. g.: Census of India 1981, Series - 18 Part-III A Vol I (i) General Economics Table, Office of the Registrar General & Census Commissioner, India.


LOCATION OF TEHSIL BASSI
(DISTRICT JAIPUR)

Map 1.2
LOCATION OF TEHSIL TONK
[DISTRICT TONK]

5 0 5 Kms.

District JAIPUR

District SAWAI MADHOPUR

District BUNDI

Study Area
National Highway
Railway line

Map 1.3
LOCATION OF STUDY VILLAGES

Tehsil Bassi

Tehsil Tonk

Map 1.4

Study Villages

National Highway

Railway line
b : Study Population

**Fifth Stage:** A detailed survey has been designed with a sample strength of 800 children (both male and female) from ages 0-19 years, covering 372 households. 180 households and 400 children from developed district - Jaipur and 192 households and 400 children from less developed district - Tonk.

### SAMPLE - DESIGN

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<th>IIIrd Stage</th>
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<td>192</td>
<td>400</td>
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1.9 The Questionnaires

The questionnaires used for the collection of the primary data during field survey have been prepared at two levels.

I. At the village level

II. At the household level
I. The Village Survey Questionnaire

The village survey questionnaire was prepared to collect information regarding infrastructural facilities available in the village. The questionnaire provided the following informations. (Appendix 1.3)

1. Name of district, tehsil and village
2. Total area, total population and number of households
3. Distance from the nearest town and tehsil headquarter
4. Sources of drinking water, sanitation and electricity facilities
5. Education and medical facilities

II. The Household Questionnaire

The household questionnaire has been framed into two sections.

Section 1. The Questionnaire on Household

This section contained questions to collect information of all individuals of household. The main purpose of this section was to identify the children between age-group 0-19 years. This is divided into two parts with following broad heads. (Appendix I.4)

Part I

1. Location characteristics, religion, caste and source of drinking water.
2. Particulars of usual residents of the family which includes: name, relation with head of the household, age, sex, birth order (0-19), marital status, age at marriage, age at 'gauna' (the time when the bride leaves for the groom's house), occupation and education.
3. Household income.
4. Reproductive history of mother.

Part II

Perception of mother regarding health, education and work of children

Section 2. The Questionnaire on Children
This section collected detailed information about health, education and work of the children selected in sample population for the study. It is divided into 3 parts with following heads.

**Part I - HEALTH**

1. Age, height and weight  
2. Immunisation coverage  
3. Morbidity and medical care  
4. First feed, breastfeed and supplementary feed

**Part II - EDUCATION**

1. Participation in school  
2. School Dropouts  
3. Attitudes and aspirations

**Part III WORK**

1. Participation in paid work and domestic work  
2. Characteristics of child workers

**Case studies**

A few case studies were conducted. The potential cases were identified during data collection and discussion with the local people for qualitative informations.

**1.10 Methodology**

The study constitutes different statistical methods used for data compilation and data analysis. The various statistical methods used include calculation of simple percentages, gap in percentage points and regression analysis to study the cause and effect relationship. Computers have been used at each stage of work. First for data compilation: the information from questionnaires was coded and fed using MS-Excel of Windows; second, for cross-tabulation of data between age-groups and different variables using SPSS, and finally for regression analysis using STATA.
1.11 Approach

In order to study the Health, Education and Work of the female children of Rajasthan the following approaches have been followed:

(i) The study is so designed as to analyse the data separately for rural setting and urban setting.

(ii) Within the rural and the urban settings, comparative approach has been adopted for studying the developed region and the less developed region.

(iii) The study is designed to analyse the gender gap for rural setting and urban setting.

(iv) The study is organised by dividing the sample population from 0 to 19 years into four age-cohorts, viz., 0-4, 5-9, 10-14 and 15-19, involving differential analysis of male and female children within these age-cohorts.

(v) Besides, both deductive and quantitative approach have been used (where certain statistical methods have been used) to study the status of children from primary data.

1.12 Organisation of Chapters

This study is divided into the following six chapters:

Chapter 1 is the *Introduction* organised into two sections. Section I deals with the statement of the problem, objectives, hypotheses, data base, location, the sample survey design, the questionnaires, methodology, approach to the study and organisation of chapters. Section II gives a review of literature.

Chapter 2 *Health and Nutrition* provides an analysis of various parameters of Health, viz., morbidity and medical care, immunisation coverage; and nutrition, viz., infant feeding and supplementary nutrition.

Chapter 3 *Education and Attitudes* contains an analysis of various parameters of education status, viz., participation in school, school dropouts, and attitudes and aspirations.

Chapter 4 *Work Status* covers the study of participation of children in paid work and domestic work and the other similar characteristics of child workers.
Chapter 5 is titled as *Determinants of Health, Education and Work*. This chapter contain multivariate analysis of various factors influencing the quality of life of children.

Finally Chapter 6 *Summary and Conclusion* states the summary of the research findings and main conclusions drawn from the study. Besides, some recommendations have been given for the balance development of children and improvement in their quality of life based upon the experiences in the study area.

SECTION - II

1.13 Overview of Literature

Review of literature on children in general on the issues of health, education, work status, gender gap etc. and specifically on the girl child has been attended on the two sessions namely:

A. Works on overall status.

B. Works on different aspects of quality of life with special reference to:

   (i) Health
   (ii) Education and
   (iii) Work

Besides these, there are reviews on literature in each chapter pertaining to the above mentioned aspects.

A : Works on overall status of Female Child

**Poffenberger (1981)** finds that in India, daughter is a potential liability from three points of view, spiritual, social and economic. In each stage of life she is under the direct control of male - her father, her husband and her son. The author substantiate this finding with unbalanced sex ratio which Indian Census reports over the years. **Cornia and Jolly (1984)** is of the opinion that children's problem are often approached with narrow perspectives which ignore the deeper causes of their unsatisfactory condition. Children are the generation of the future and the
adequacy of the provision made for their health, education and welfare is an important determinant of the future of each country. Bose (1987) recognised three disturbing demographic aspects relating to Girl Child, adverse sex ratio, high infant mortality, child mortality and low age at marriage.

Chatterjee (1990) stated that one must see life of an Indian women from birth, through infancy, childhood, adolescence to adulthood as a continuum. She finds that there is a continuous downward spiral which is reflected in the roots of alienation, her unwanted birth, her neglect in infancy and child-hood, her exploitation as a daughter. Therefore the social development of todays female child will determine the status of tomorrow's adult women.

Misra (1990) explores that there is a world wide consensus among the psychologists, biologists and sociologists regarding the social significance of early years of life for the optimum development of the child which can be enhanced when the defined age group is provided with the basic services. The development of child depends on the development of parents. Moni, Rajaram, Jayasree and Rao (1990) emphasised the importance of status of mother on the overall development of child. In their view improvement in the status of mother has contributed to the progress of both mother and children. Sazarbarue (1990) stressed the importance of psychological analysis of parents, what makes 'morons' to treat their daughter with such brutality and to find out whom we shall make accountable parents, society, the state or public opinion.

Singh (1990) traced the complexity of growing up as a female in Indian society and feels that females within the family must change their own attitudes towards themselves and their female offsprings to reduce the social discrimination faced by the female child because laws would be ineffective if no positive attitudinal changes are developed within families and society towards the female child. Sapru (1990) highlighted the fact that for the female, from the day she is born she is made conscious of the fact that she is an unwanted guest. If the first attempt fails to let her come into this world, she understands that she is here on sufferance.
Tiwari (1990) gave one word to a legal term of female infanticide i.e. murder, which is present in India and the most primitive methods are used to throttle the female child, with modernisation new methods as amniocentesis and ultrasound technique are proving to be death knell for the Indian Girl.

Bhasin (1991) feels that Girl child are kept at home to do work, such as collecting firewood, water, fodder and household chores like a bit of cooking and as a result becomes more or less mini mothers. The problem of being a Girl Child is that she is considered to belong to someone else or wealth of another family. Therefore Girl child is deprived of the basic necessities of life.

Kuckreja (1994) demonstrated in her study that discriminating burdens are borne by girls globally. She feels childhood is more vulnerable than adulthood, therefore to study her disabilities as a girl is more logical and fruitful than to wait for them to turn into permanent handicaps and traits of her adulthood.

B: Works on different aspects of quality of life of Female Child

Health

Sears, Maccoby and Levin (1976) derive from their study that sex of the child is a stimulus to the mother that instigates a whole set of patterned child-rearing practices. She knows the many differences in role that apply to the two sexes, which varies with mother's education and the socio-economic level of society in which she lives. Simmons, Smucker, Bernstein and Mishra (1979) found that the sex of the child is strongly associated with the probability of death in the post neo-natal period and substantiate their finding that neglect plays a major role in the high female mortality during this period.

Chen, Huq and D'Souza's study (1981) derives that higher female mortality during childhood and adolescence reflects sex biased nutrition behaviour which is highly tuned to male children. Therefore discrimination against food allocation and utilisation of health facilities contributes to higher female mortality. Chaudhuri (1985) explores the reason of health problem of women and children in India and derives that even in families with balanced expenditure for nutrition,
pregnant and lactating women suffer from malnutrition. Ray (1985) is of the opinion that in interfamilial allocation of food, there is consensus that it is culturally correct for males to receive preferences. The author substantiates her views noting that young girls under age of 5 years show signs of both acute and chronic malnutrition than boys. Gopalan (1985) points out that the disadvantaged period for the girls begins during the post neonatal period, which is evident from the fact of greater prevalence of growth retardation even in infancy among girls than in boys. In her study Miller (1985) rightly re-emphasised the infant mortality rates as significant indicator of the neglect and unwantedness of Girl Children.

Capoor (1987) points out that though biologically the female child is born a little stronger than male child but after years of conscious and deliberate discrimination against her in health fields, she is unable to reach her full development. Shatrugna (1988) in her report mentioned that baby girls were subtly weaned away from the breast milk much earlier than boys and mothers tried to become pregnant again and there is much difference in the intakes of food which is reflected in high infant mortality and pre-school mortality rates for girls in India.

Capoor (1989) subscribes that the job that amniocentesis does not finish off even before birth is accomplished by neglect during infancy of nutrition and health needs of Girl Child. About the plight of adolescent girls, the author points out that adolescent girls are an unorganised and exploited segment of the working population often deprived of the basic needs which result into growing up without maturing physically, biologically or socially.

Rajaretnam (1990) finds that age of mother has negative relationship with infant mortality. The author also finds that women as housewives are better than women working in agricultural sector or as labourers, in taking better care of infants and reducing infant mortality. Natarajan and Puri (1990) explore that in India, mortality of females is generally higher than that of males particularly in the younger ages 0-4 and also derive that socio-economic factors such as religion; educational level and occupation of mother have got a strong impact on child mortality levels.
Patnaik (1994) observed that nutritional status of the children was found to be very significantly influenced by environmental factors and found that malnutrition during infancy and childhood have long-term repercussions on both physical growth and intellectual performance. WCD (1994) stated that girls seem to have low weight, stunted growth and delayed physical development which led to higher female mortality rate during pregnancy and childbirth and to the new born child being at risk.

Education

Jain (1985) identified that female education in India monotonically increases the use of contraception and age at marriage both of which in turn decrease fertility therefore in the long run female education is expected to influence fertility negatively. Usha Nayar (1987) stated that the conscious and unconscious neglect of the girl child by the society from education caused irreparable damage to the nation, the worst sufferers are the women and girls of marginalised groups i.e. rural and urban poor. Paper (1988) gives the information of obstruction of the path of schooling for adolescent girls from rural families. Among them load of domestic works, caring for young siblings, economic and productive work and negative parental attitude are dominant.

Kulshreshtha (1988) highlighted the situation of women's education and training in India and found that though there is considerable progress in primary education, the enrollment rates for the girl are still low. In secondary education girls enrollment is restricted due to various socio-cultural factors.

Mohanty (1992) investigated that there has been sharp differences in access to education between rural males and females and links this difference with the reasons like domestic duty which led girl child to remain away from school.

Sangeeta (1992) is of the opinion that 0-6 years are the formative period, the preschool stage which is the most impressional period in a child's life, therefore early childhood education at this basic and fundamental stage is most essential for the total development of the child. By stating this the author highlighted that Girl
Child in India is the deprived individual and unless she is provided with proper education along with adequate health and nutrition her future and the future of the later generation would suffer.

Kanta (1992) emphasised the importance of literacy of the mother for well-being of the family, and investment on girls education is highly dependent on the literacy of the mother. Therefore it is mother's education and access to information which decide various issues like whether her child will be weaned on appropriate foods or whether she will be educated or not.

Work

Burra (1987) feels women are chiefly responsible for discriminating between their own sons and daughters as they themselves perceive the roles of male and female children. Both for the parents and the law, the work of the girl child is invisible and therefore the author suggests that more research is needed to illuminate the darkness that surrounds the girl child. According to Jain (1987) the most crucial and neglected segment of rural population is the girl child who does major part of domestic chores but there is paucity of information on the working girl child.

Dinesh (1988) derives his views that the contribution of children to the household economy in a rural setting has a relationship with the fertility decision making of couple. The author also focuses on the causes and consequences of economic activities of children and observed that there is variation in child work participation by household income, land ownership, caste and availability of schooling facilities. Female children participation in household duties is expressively higher than male children. Fyfe (1989) while analysing economic exploitation of children, mentions that child labour is twist in the vicious circle of poverty, which remains neglected. The author further mentions that a country child is invariably a working child and work is a fundamental part of her existence, girls were even less likely to have been schooled.
George (1990) suggested to re-examine the widely accepted view that children should not be part of the workforce. Children should be allowed to work, not labour in environment and condition which foster their growth and development.

Kulkarni and Kanbargi (1991) recognised negative reciprocal relationship between child labour and child schooling and a positive relationship between child labour and fertility. Vemuri and Shastry (1991) found that in rural areas where female adult wage is high, female children spend their time in domestic work which otherwise would have occupied the time of adult women and this is the main reason for women taking up paid work outside the home.

Mowli (1992) feels that the labour of a girl child is an important contributor of family income as a domestic servant, as an agricultural hand or in caring for her siblings, which robs her not only of her childhood but also of her innocence making her ignorant and weak. The author also emphasises the importance to view the Girl Child as a separate entity arguing that the struggle against male domination would automatically result in a better status of Girl Child. Shah (1992) stated that child labour has given rise to number of socio-economic problems and a large number of future generations is deliberately pushed into darkness and illiteracy.

Banerjee (1992) apart from defining a Girl child i.e. ' A female in the age group 0-17 years ', focused on the problems of the working girls as regards parental attitudes, access to education, types of work done and exploitation that the working children face and finds that female children in rural areas are the most exploited. Dass (1993) while mentioning that India has the largest number of child workers in the world stated that Indian girls suffer more grievously than boys, as they are not only deprived of educational opportunities but also sent to the labour market as domestic servants. Keeping the same view Kulshreshtha (1994) feels that child labour denies the children opportunities of education and self-development which is mainly because of poverty, lack of education of parents and large families.
Burra (1995) finds in her study that girls are engaged in low paid or no wage unskilled jobs. Parents feel that daughters could help family by looking after younger children so that mother's could be released for wage earning, and which goes unrecognised. Therefore there is differentiation between male and female working child, and the exploited Girl Child becomes exploited adult women.

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