CHAPTER - II

REVIEW OF LITERATURE

Discrimination against the females is more or less inherent in the Indian society. Some of the aspects in which the girl child is discriminated against are discussed as follows:

The Declining Sex Ratio

It is widely known that India's unfavourable sex ratio is due primarily to the higher mortality of females compared with males. This imbalance differs from place to place according to the value placed on female children, along with other factors such as overall health and nutrition, levels of education, extent of labour and so on.

Census (1981) reported that there is an adverse sex ratio for females which registered a decline from the decades 1901 to 1981. The data indicate that there were 972 women per 1000 men in 1901, which declined to 933 women per 1000 men in 1981.

Therefore, the sex selective abortions of female foetuses have a high likelihood of generating serious demographic repercussions in terms of tilting the sex ratio further against females (Patel, 1984; Hariharan, 1987).
In the light of the available evidence, the issue of amniocentesis (a sex determining test) and its implications in the sex ratio is more important. In Bombay city alone, in 1984, 40000 female foetuses were aborted (Joshi & Smith, 1987). In another study of 8000 abortions after amniocentesis in Bombay, it was reported that 7999 abortions were female foetuses (Daswani and Britto, 1984).

Parents crave for sons and for that they are ready to take all risks. Ramanama and Bambuwali's study (1980) indicates that in a hospital, 450 women were informed that they would have a daughter and 430 of them went in for an abortion. On the other hand, 250 women who were informed that they bore a male child, carried on with pregnancy though they were warned of a chance of genetic disorder in certain cases.

**Morbidity and Malnutrition**

There is considerable direct and indirect evidence of higher morbidity and malnutrition among girls. A study conducted among the rural children in Tamil Nadu showed considerably higher morbidity among girls (Dewadas and Kamalnathan, 1985). The study was earlier supported by Levinson (1974) and later by Cohen (1987).
Another study in the slums of Lucknow assessed the nutrition and health status of female children and measured mortality during infancy in the study group (Mishra and Thakur, undated). They found that 26% of females suffered from severe malnutrition as compared with 18% of males.

Data collected for girls from rural areas in 1955 by the Indian Council of Medical Research (ICMR) and repeated twenty years later by the National Nutrition Monitoring Bureau (NNMB) showed that there was "no evidence of secular trends indicating improved growth performance in the succeeding generation — a feature expected of all successful developing societies " (Gopalan and Kaur, 1989).

Levinson (1974) stated that the most significant determinant of nutritional status is sex— that is, a child's sex per se more consistently accounts for nutritional status than any other independent variable. It was found that the girl's diet was inferior both in quality and quantity.

A recent report from Punjab (Singh, 1989) states that 55.5% of children who died belonged to the underprivileged community and 69% of those had severe malnutrition. The majority of them were female children.
A study in two villages of U.P. is very revealing (Khan, 1983). It was found that the discrimination between the boy and the girl started at birth, even though many mothers would not admit it right away. While there was no discrimination in the amount of cereal consumed, there were marked differences with regard to milk and other items. Poor nutrition is confirmed by the discriminatory death rates, the rates being higher in females.

Malnutrition in young girls continues into adulthood and to the next generation. The lower and inferior share of food resources to the female child coupled with lack of care for her special nutritional needs during adolescence renders her vulnerable to the stresses of early and frequent child bearing that characterise Indian society. "The tradition-bound Indian women not only discriminate against their baby daughter in matters of feeding and care, but also bring her up to believe that self-discrimination is her duty - perpetuating the vicious cycle (Chaterjee, 1988).

Health Care

Despite higher morbidity and malnutrition among girls, they receive less health care as compared with boys. Hospital and clinic attendance records invariably show a preponderance of boys.
In one of Delhi's leading hospitals, only 35% of admissions were of girls (Ghosh, 1985). In a study of two Bombay hospitals, the proportion of female children admitted who died was somewhat higher than the same proportion for males, suggesting that girls are brought to hospitals at more advanced stages of illness (Kynch and Sen 1983). Das et al. (1982) observed that girls in the Punjab are taken to less qualified doctors when they are ill, and Das & Gupta (1987) found that expenditure on medicines was higher for boys than girls particularly during infancy and among the better off families.

The overall feeling is that scarce resources of time or money should not be spent on daughters and that they must learn early to tolerate pain and suffering which are the lot of women.

The discrimination against the girl child further continues in the field of education and literacy.

**Achievement in Literacy**

Literacy is defined by the census as the ability to read and write in any language. It is significant to note that the rate for females was only 52.9% that of males (Census, 1981). It is further noted that the literacy rate varied between 18.0% and 48.8% per rural
females and males and between 47.8 and 65.8% for urban females and males. This indicated a clear bias against females and for rural population.

The Fourth All India Educational Survey (1978) data show the marked rural – urban difference in the enrolment of girls as a proportion of total enrolment at the primary and middle levels. Girls accounted for almost 45% of total enrolment in primary schools in urban areas, and 40% at the middle level in rural areas. One out of every three students in primary classes and one out of four in middle school was a girl.

The Registrar General (1987) reported that the higher female literacy was strongly related to lower infant mortality, lower marriage ratio, lower birth rates and lower total fertility rates.

Labour and Work Pattern

The involvement of young children in household work and family occupations constitutes an important part of their training for life and work.

Srikantan et al. (1978) reported that a high proportion of rural girls were engaged in agricultural labour and cultivation.
In a study in Rajasthan (Jain and Chand, 1979), it was found that girls between 9 and 19 years worked much harder at agriculture and animal husbandry than boys of the same ages.

One of the most significant features of Census (1981) is that the percentage of girls employed as main workers was consistently higher than boys in almost all the categories of occupations in both rural and urban areas. Boys were employed more as marginal workers than girls. The difference clearly indicates that girls are being pushed to employment for full time more than boys, which further reduces the educational and developmental opportunities for girls.

A microscopic analysis of girl child labour shows that the concept of child labour is sex specific and not only there is sex specificity in occupations but also differences in the ramifications for girls and boys (Nayer, 1990).

According to Nayer (1990), "Girls are found to work in rural, urban and metropolitan areas, though mostly in rural areas. They are made to work much beyond their physical capacity."
Social Unacceptability

According to Karkal (1991), the root of the problem of discriminatory treatment being meted out to girls lies in the status of women in society and their expected roles. Girls are socialized into docility, blind obedience and total dependence. This situation prevalent at home is reinforced by the society. Socialising the girls from their childhood to accept their status and the ideology of male supremacy assures continuance of the discriminatory treatment.

Bhogle (1991) observed 290 school children and interviewed their parents for the child-rearing practices and the parental attitudes towards the observed children. A significant discrimination was found in the parental attitudes towards the girl child. The parents genuinely believed that girls should not be treated the same way as boys, and they have to be trained for their difficult adult role as wives and mothers. Some common explanations given for the differential treatment were that the sons carry the family name, that one can stay with them in old age, and that girls are the other's property.

A somewhat similar study was conducted by Rai (1991) on 200 respondents. It revealed that the mother's child-rearing practices overall as well as in three
aspects: independence, motivation and social mobilization, as perceived by girl children, were significantly poorer than boy children. But no significant differences were found between the perceptions of the child-rearing practices of rural and urban children.

Dhillon et al. (1991) conducted a study on Delhi University employees and reported that the boy child is generally accepted over the girl child more by males than by females.

Singh and Prabhakar (1991) reported that there was a significant difference in the attitude towards the girl child between urban and rural Ss.

A few studies are related with the different child-rearing practices for the boys and girls. Mussen et al. (1979) point out that there is differential socialization of girls and boys with greater emphasis on achievement, competence, independence and assumption of responsibilities in sons and in interpersonal relations in daughters. Eccles (1985) reported that fathers encouraged boys in mathematics and girls in interpersonal skills. Ruble (1984) also observed that boys are encouraged in risk-taking, freedom, independence and are left unsupervised in younger ages; while girls are encouraged
for cultural conformity and dependency. Panday (1987), Devi and Raju (1986) observed that family, society and culture play a major role in socialization and development of roles.

Studies mentioned above indicate that the girls in the Indian society face discrimination in their early childhood as well as later life. Obviously, there is still a long way to go before both society and parents accept that girls have the equal rights to those of boys.