CHAPTER-VIII
SUMMARY AND CONCLUSION

Discrimination and bias are the terms used in a situation where an individual or a group of individuals has advantage over others in a defined situation. Although the two terms are sometimes used interchangeably there is a difference in their usage. While discrimination refers to a practice of treating an individual or a group of persons worse than others, bias connotes a situation whereby the customs or tradition accord advantage to an individual or individuals especially unfairly. Discrimination may be found between two colours, classes, castes, religions and also sexes. Historically speaking, in every society the powerful section of the population has exploited subjugated the weaker section. With passage of time many of the forms of discriminations were discarded by the civilized society. However, some of the forms of discrimination and bias still exist at present time. One among them is discrimination of women over men in a patriarchal society. This is manifested in the form of exploitation and subjugation of women by men within a family. Women have been considered inferior to men ever since the time of evolution of human being. Initially this difference had its roots in differences in physical strength of a man and woman. Physically men are stronger than women. In the early phases of human history, human beings were completely dependent on nature for their needs. When the institution of family came into existence, in initial phases men and women had equal rights and there was no discrimination of one against the other. Later on with the advent of the division of labour men began engaging themselves in hunting and food gathering, while women looked after cooking of food and taking care of the younger ones. With this
nature of division of labour between men and women, women became increasingly confined to the four walls of the house and their involvement in public sphere became increasingly restricted over time. Differences in duties assigned to male and female over time led to the concept of ‘Gender’. Biological differences between men and women are explained with the term ‘sex’, while ‘gender’ denotes the differential role of man and woman in the society due to their sex.

Gender is thus a social construct and refers to duties and rights assigned differently to male and female due to their sex. That is why the concept of gender relates to a hierarchal division between male and female. Thus, gender becomes the social structural phenomenon, which was produced, negotiated and sustained over time at the everyday interaction of society. In other words, masculinity and femininity is the result of gender, which refers to social division and cultural distinction between male and female. A masculinity shows the male domination is an inherent characteristic of a patriarchal structure of society.

Gender bias and masculinity is the two terms which have similar connotation and portray same characteristic of patriarchy. As of now most of the societies of the world are based on patriarchal structure. In patriarchy female are demeaned in a variety of ways. This is a common practice in all developing countries like India. In patriarchal structure, male is the principal decision maker who controls the social-economic as well as demographic practices. Even within a family a father dominates all the family members and regulates their activities. Ideally, father and mother are treated as two sides of the same coin. A family sustains itself with the contributions of both of them although in different ways. However, patriarchy treats man superior over
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women. The customs and traditions favouring men over women are deep rooted in our society which is based on patriarchal structure. In patriarchy, lineage is traced through male line. Girls after marriage not only change their residence but also their identity. Marriage is a system which binds male and female in a relationship. Male and female have equal role in marriage. However, in a patriarchal society it is the female who has to change her allegiance to a new family after marriage and not her husband. In patriarchal structure, female is identified as a member of the family of her in-laws after marriage. But she has no right to take any decision in her in-laws family. Not only in-laws family, she has no right to take any decision in her natal family also. Her parents think that she is ‘Praya Dhan’ and in the words of her in-laws she is ‘Prayi Beti’. Thus, in a patriarchal structure, women have no place which they can say their own place.

In our constitution, several laws and provisions have been made which give equal rights to male and female. But in practice, we have not been able to remove the gender bias from our society. Long-standing deficit of females in our society is undoubtedly the consequence of the existing gender bias. It may be noted that female-male ratio in the population has continuously declined over much of the last century. Many government and non-government agencies are working for encouraging females to participate in education, economic and political spheres. However, no perceptible improvement in the nature of gender relations and status of women has been achieved so far particularly in our country.

Bias against girl child is a preference towards boys over the girls, or a prejudice against girls. It can be conscious and unconscious. It is true that girls and boys differ from one another in terms of physical attributes. However,
when it comes to efficiency with regard to same work which involves intellectual capability both are equal. But in patriarchal society, girls are nevertheless considered inferior to boys. This is what constitutes bias against girl child. Girls may be discriminated by employers who may prefer boys to girls for appointments. Alternatively, girls may not be hired in well-paying jobs, not because the employer does not find them suitable for such jobs. This could happen if the job requires skills, and girls are less skilled than boys. The responsibility for this kind of discrimination at a later stage of life of girls laid within the households, where the parents train, or educate, the boy child more than the girl child. While less schooling means less of human capital, there is another reason why girls may earn less income.

It is apparent that division based on gender does not necessarily mean the biological differences between men and women. Gender is a social construct and refers to the differential roles assigned by the society to men and women. Masculinity and femininity are not aspects of biology and physiology. Neither are they god given. Instead they are parts of systems of thought and action which human being have constructed over centuries.

Gender bias is one of the most crucial and widely prevalent forms of inequality between different men and women in all sections of a society. Males dominate females in patriarchal society in many ways. This is not just a matter of the differential distribution of power in patriarchal society. It is, in fact, built into the very mechanics of production with a division of works and work place also. In patriarchal society, men have access to resources and thus control the female folks who are confined to the four walls of the household looking after domestic chores. In child-oriented society, the system leads to gender based differentials in the treatment of children within the family, and promotes
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preference for sons. The patriarchal system accords an inferior position to girls vis-à-vis boys in the society. The term bias against girl child, in fact, refers to this situation of inequality between a son and a daughter in a family. In patriarchal structure a daughter is considered as burden while a son is treated as a prized entity.

A son augments family income when he joins workforce and provides security to his parents in their old age. On marriage he also brings wealth to his family in the form of dowry. Unlike this a daughter depletes family resources by taking away dowry at the time of her marriage. After marriage she shifts her allegiance to her in-laws family. As a result, there is a strong preference for sons in patriarchal society. This preference operates at both pre and post natal stages in the present times. Pre natal preference is reflected in elimination of girl child before birth. This is popularly known as female foeticide. With the help of modern medical technology parents can now identify the sex of the foetus in an early stage, and if the foetus is found to be female they go for termination of pregnancy. Not only is this, advanced medical technology also allows them now to go for ‘sex selection’. At the postnatal stage, preference for son is reflected not only is such matter as education opportunities to develop talent, but also in the more elementary areas of nutrition, access to health care and overall well-being. This is true not only during childhood but also during the child bearing age span.

This inequality between men and women ultimately results in sex differentials in the prospects of survival. Even though the mortality conditions of women vis-à-vis men at the aggregate level have improved during the recent past, the persisting gender bias can be seen in sex differential in infant and childhood mortality, and in such practices as female feticide. As already noted
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above, with the advent of medical technology parents are now able to decide not only the size of the family but also its composition. In the wake of a strong son-preference, parents go in for termination of pregnancy once the foetus is detected to be a female. Widespread elimination of unwanted daughters even prior to birth has led to a continuous decline in the sex ratio of children throughout the country.

The major area of concern and focus in India in this regard relates to commonalities within regions in culture, gender bias, development and demography. In the present study the macro scenario pertaining to the nature and extent of gender bias in India and its regional manifestations has been examined using state level data. A set of indicators pertaining to various social, economic and demographic dimensions of ‘gender bias’ or ‘bias against girl child’ was used for the purpose. An inquiry into the spatial pattern of child sex ratio in India indicates that north-western region is the single largest pocket with a serious deficit of girl child in its population. Of the 7 states with child sex ratio of less than 900 at the time of 2011 census, six are located in this part of the country alone. Southern states are in a better position in the context of child sex ratio. The north-western states with significant deficit of girl children in the population are Haryana, Punjab, Gujarat, Uttar Pradesh, Uttarakhand and Rajasthan. The state of Haryana reports the lowest CSR followed by Punjab. This magnitude of deficit of female children in the population can largely be attributed to sex selective abortions. With the given levels of development it is obvious that it was in these states where the sex determination technique (SDT) was introduced first. It may, however, also be noted that between 2001 and 2011 some of these states, for instance Punjab and Haryana, have experienced improvement in CSR. It is also important to note that the southern states which otherwise are considered as more women-friendly have also witnessed decline
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in child sex ratio over the last decade. In fact the demographic regime of the north seems to have widened its coverage in the southern states also.

Regional patterns in the decline in child sex ratio during the recent past indicate the prevailing nature of gender relations. Overall sex ratio may be influenced by migration which is highly sex selective. However, child sex ratio is not influenced by spatial redistribution of population. Thus, the balance between male and female babies at birth and differential mortality rate of boys and girls remain the main determinates of CSR in the country.

In India, data for sex ratio at birth indicates an abnormally high preponderance of male babies at birth. A SRB beyond the range of 103 to 107 is a strong indication of pre-natal elimination of girl child. The situation appears to be even more critical in some states like Punjab, Haryana and Himachal Pradesh where more than 115 male babies are reported at birth for every 100 female babies. This imbalance in SRB cannot be due to merely genetic factors. It is the influence of the socio-economic and cultural environment on the demographic outcome of pregnancies. Our society is patriarchal in nature where male dominated social ethos governs the day-to-day life, and son preference is the main feature of the society.

Infant mortality rate in the country has declined with development in various fields of socio-economic aspects especially on education and nutritional programmes. But benefits of development did not influence male and female infants equally. Initially, the decline in mortality rate was more marked in case of male infants. Mortality rate among female infants who are biologically stronger is bound to be lower than their male counterpart in the pre-development stage. Thus, the development processes which resulted in decline in male infant mortality rate, in the long run, led to growing
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differentials in mortality of male and female infants. This differential is further promoted by the bias in the cultural practices.

In a patriarchal society marked with strong son preference, differential treatment of children result in unequal access to health care and nutrition between son and daughter. As a result of this female mortality rate among girl children is higher than that among their male counterpart. In India in this context we find that northern states have more critical situation than the southern states. The states of Kerala, Andhra Pradesh, Tamil Nadu and Karnataka along with West Bengal report lower mortality rate among female children than among boys. The southern states are more gender friendly than the Hindi speaking belt of the north comprising states like Haryana, Punjab, Himachal Pradesh, Uttar Pradesh, Rajasthan, Gujarat and Bihar.

Women’s issues in India cannot be addressed effectively unless we are able to generate awareness and understanding among the people. Literacy is the key instrument of brining about social change. Literacy and education in fact are rightly considered as the engine of social change. Literacy rate in India has recorded a significant improvement in the recent past. The decade 2001-11 is remarkable in the sense that it was for the first time that net increase in literacy rate for female was greater than that for male. Male-female gap in literacy rate has also undergone decline in 2001-11 as compared to the previous decade. The differentials in literacy rate between male female in India vary across different. The more developed states have not only higher literacy rates but also report a comparatively smaller gap between male and female. Similarly, the southern states report higher literacy rates than their northern counterpart. Kerala, Karnataka, Maharashtra, Punjab, Haryana, Himachal Pradesh and Tamil Nadu are in better position. On the other extreme states like Bihar,
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Jharkhand, Uttar Pradesh and Rajasthan occupy a very low position in terms of literacy rate in India.

Sex differentials in literacy rate expressed here in terms of a ratio between female literacy rate and overall literacy rate works out to be the lowest in case of Kerala and Punjab. Although economically not highly developed, Kerala ranks very high in the country in terms of social progress. Punjab reports one of the highest per capita incomes among the major states. The material conditions of life for women in Punjab are better, but the nature of gender relations in the state continues to be extremely unequal. The same is the case with its neighbouring state of Haryana. This fact is corroborated by the extent of elimination of girl child as reflected in SRB, CSR and sex differential in mortality rate among children. Next to Punjab and Kerala are the states of Tamil Nadu, Himachal Pradesh, Maharashtra, West Bengal and Karnataka in terms of sex differential in literacy rate. The worst differentials are seen in the states of Bihar, Andhra Pradesh, Jharkhand, Uttar Pradesh and Madhya Pradesh. Interestingly, among southern states Andhra Pradesh report a differential that is as wide as that in Bihar. In the light of the mixed picture emerging on the basis if literacy, it may be argued that gender bias, or bias against girl child to be more precise, should be examined in terms of two separate components. First, representing the real value of women in the family and society, which governs the extent of elimination at prenatal and post natal stage – the former representing female foeticide, and the latter indicating survival disadvantage? Likewise, the second component indicates the material conditions of women who are at the first place allowed to come in this world.

Regional dimension of bias against girl child in India has been examined using data at district level. Bias against girl child has been examined in terms of the elimination of unwanted daughters both prior to birth and after birth. The
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former is defined as pre-natal elimination while the letter is called as post-natal elimination. Pre-natal elimination is reflected in sex ratio at birth (SRB) whereas post-natal elimination can be seen at two levels. The first is survival disadvantage for girls vis-à-vis boys, and the second is inequality in access to education for girls and boys. In a society like that of ours, sex ratio at birth and sex differentials in mortality among children is the main determinants of child sex ratio. The discussion pertaining to pre-natal elimination is based on the estimates on sex ratio at birth derived from census data from Fertility Tables. Likewise post-natal has been examined in terms of sex differentials in mortality and education of children. Sex differentials mortality data are derived from estimates of Population Foundation of India (PFI). Sex differentials in enrolment for education among children are based on District Report Card (DRC).

Elimination of girl child is one form of gender bias. Gender bias, deep-rooted prejudices, and discrimination against women, in general, and girl child in particular, led to a higher mortality rates among women in all ages than among men in the past. The practice of female infanticide in some parts of the country was also a manifestation of the prevailing gender bias. Since some time in recent past female infanticide has given way to female foeticide. Bias against girl child is a social evil from the society. India has undergone significant change on social and economic fronts especially after independence. However, son preference and bias against girl child has not disappeared. On the other hand, it has acquired a more vulgar form with increased prosperity and technological development. Elimination of girl child in the wake of strong son preference has continued or has even increased overtime. In the past elimination of girl child occurred mainly in the form of female infanticide and sex differentials in child mortality. At present survival disadvantage exists side
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by side with female foeticide. The practice of female foeticide is the product of our modern technology. Advances in medical technology enable us now to select the sex of the baby prior to conception and to detect the sex of the baby after conception.

Not even this, after birth death rate among girls is higher in comparison to her male counterpart, even though they are biologically stronger than the boys. It is therefore obvious that socio-economic factors are responsible for this survival disadvantage for girls in India. The preferential treatment of children based on sex particularly in case of nutrition is the underlying reason for differential survival chances.

For a regional perspective district level pattern in the relative survival chances of girl child in India has been examined. The discussion was based on female-male mortality ratio. It may be noted that the ratio in the range of 0.96 to 1.05 shows near parity in death rates of male and female children. This can be called as ‘gender neutral mortality rate’. Any value greater than 1.06 represents a situation of survival disadvantage for female. Likewise, value below 0.96 indicates survival advantage for female infants and children. At district level, it was found that as many as 160 and 185 districts out of 481 from the study area reported survival disadvantage for female infants and children respectively. It is remarkable to note that a big majority of the districts are located in north-western states alone. These states include some of the most developed states like Punjab, Haryana, Gujarat and Maharashtra. Gender neutral mortality rates among infants and children was seen in 134 and 190 districts respectively which formed 27 percent and 39 percent of the total districts respectively. Thus, in 187 and 106 districts female infants and children have survival advantage compared to male infants and children.
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From the regional patterns in survival differentials of male and female infants/children, it was found that the north and north-western states report adverse survival chances for female infants in as many as 35 percent and 46 percent of the total districts. On the other extreme there are only one-fourth of the districts that report survival advantage for female infants in this part of the country. As against this, the southern states which are said to be more gender friendly, report somewhat different picture. A much larger share of the districts report favourable survival chances for female infants and children vis-à-vis their male counterpart. It is however, shocking to see that in nearly one fifth of the districts from the southern states also female infants and children suffer survival disadvantage. It may be noted that the demographic regime of the Hindi belt in the north has fast spread into the southern states blurring the longstanding north-south divide in the nature of gender relations. The rest of India which includes gender friendly states like West Bengal and Odisha along with states like Bihar, Chhattisgarh and Jharkhand presents a mixed picture. So far as the condition of survival advantage is concerned, ‘rest of India’ presents a better picture than that in the north-western states.

At the front of development, survival disadvantage for female infants and children have some interesting features. The survival disadvantage for female infants and children is more conspicuous in the low income states, which include Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Uttar Pradesh and Odisha. The high income states which include Haryana, Punjab, Gujarat, Himachal Pradesh, Maharashtra, Tamil Nadu and Kerala fare better. The share of districts with survival disadvantage for female infants and children is greater from among the ‘low income’ states as compared to ‘high income’ states. The converse is true in case of distribution of districts with survival advantage. It is striking to note that the ‘middle income states’ which comprise the 5 major
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states viz. Uttaranchal, West Bengal, Rajasthan, Karnataka and Andhra Pradesh represent the best picture so far as relative survival chances for female infants/children is concerned. A large share of these districts in these states reports a better survival chances for female infants and children are encountered.

In the context of sex ratio at birth, we find that 70 percent of the districts significant magnitude of prenatal elimination of girl child in India. Girl friendly situation with preponderance of female babies at birth is found in only a little over 7 percent of the districts. SRB in the normal range is reported in 105 districts that form nearly 22 percent districts. At the regional level, north-west India reports a very alarming situation so far as the elimination of girl child prior to birth is concerned. Of the total districts reporting elimination of female foetuses, more than 70 percent belong to north-west India. The entire north and north-western parts of the country is marked with a very aggressive male dominated social ethos.

On the other hand, the southern states reported the prevalence of elimination in much less number of districts. For instance in only 25 district that form 7 percent of the total that report SRB of more than 108. In the southern states, the situation of women is comparatively batter which is reflected in sex ratio at birth as well as overall sex ratio. The evidence of elimination of girl child comes from nearly one-fifth of the districts. In north-western states SRB in the normal range is seen in only 15 percent of the districts in comparison to 51 percent and 33 percent in southern states and in rest of India respectively. If we talk about the preponderance of females babies at birth, then we find that only 35 districts come under this category from 18 major states of India. This constitutes only 7 percent of the total. At the regional level, north-west India contributes only 8 districts in this category.
Thus the rest of 27 districts reporting favourable SRB come from the southern states and rest of the country.

In the context of interface between income level and value of girl child as seen through SRB, we find that low income states have highest percentage of districts where elimination of girl child exists. In nearly half of the districts in low income states in India elimination of female foetuses is evident. It means even people from low income group posses affordability and access to sex selective abortion technique. This is quite a noticeable phenomenon which can be explained in terms of simple economics that says ‘spend small amount today to avoid larger expenditure tomorrow’. Districts from middle income states report a better position in the context of sex ratio at birth in comparison to both ‘high income’ and ‘low income’ states. In the context of impact of development process on sex ratio at birth, it can be argued that bias against girl child remain unaffected from improvement in the material conditions of people. In fact, development does not promise to transform patriarchy or lessen female demographic disadvantage in India.

The response from ‘high income states’ is understandable but a similar response from ‘low income’ states are a matter of serious worry for the researchers and policy makers. It is obvious that the society is based on patriarchal structure where people have strong desire for son. That explains why people resort to elimination of female foetus in low income states. In the normal range of sex ratio at birth, we find that ‘high income’ and ‘low income’ states have almost equal share of districts percentage which is 17 and 18 respectively. As against this, in the ‘middle income states’ as much as 35 percent of the districts report SRB in the normal range.

In the context of inequality in access to education between boys and girls, it is known that girl enrolment in India is far less than that for the boys in
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all the states. At the aggregate level, of the total children enrolled at primary level, girls constitute only 48 percent. This would mean that for every 100 students at primary combined there are only 48 girls. Because of patriarchy girls have low opportunity for education. A daughter is required to assist her mother in domestic work as a result of which she does not have enough time for studies. Parents also do not allow her to go to schools. Spending on her education is considered as a waste because after marriage she has to move to her in-laws house. The patterns in enrolment across states neatly correspond to the nature of gender relations prevailing in the country. The southern states in general report a higher enrolment than the states in the north.

In Bihar, where literacy rate among female is abysmally low, girl’s enrolment is the lowest in the country. What is striking to note is the fact that some developed states like Gujarat, Haryana and Maharashtra report levels of enrolment that is not very much different from those prevailing in states like Madhya Pradesh, Chhattisgarh, Uttar Pradesh etc. which rank very low in terms of development.

At the district level, barring only 41 districts all the 505 districts in 2008-09 for which estimates are available, reveal enrolment rate of girls that is lower than that of boys. In about 9 percent of the districts, the enrolment rate for girls is as low as 40 percent. Remarkably, of these 45 districts, 41 come from the north and north-western parts. Further, nearly 95 percent of the districts from north and north-western states report smaller enrolment rate for girls as compared to boys. The districts from southern states and from ‘rest of India’ fare better than the north and north-western states. From the districts in southern states there is no district with an enrolment rate of less than 45 percent for girls. As against this more than half of the districts from north and north-western part come under this category. Even from the ‘rest of India’ which
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include the least developed states of the country only about one-fifth of the districts have such a low level of enrolment for girls. This becomes even more apparent when the districts were cross classified by enrolment rate and levels of income of the states. As already noted above, in 41 districts the enrolment rate for girls is greater than that of boys. In this the ‘low’ and ‘middle income’ states together contribute as many as 30 districts. Moreover, the share of districts with better enrolment for girls in ‘low income’ states is more than twice as that of middle income. Thus, it is apparent that access to education for girl child reveals an inverse association with prosperity.

As already stated, one of the main objectives of the present study was to look into the correlates of bias against girl child in India with select socio-economic and demographic indicators using district level data. In order to meet this objective, “product moment aero order correlations coefficients and principal component techniques” were applied. From the values of correlation coefficients it was established that areas marked with elimination at prenatal stage almost coincide with areas of postnatal elimination. Quite interesting to note that areas marked with prenatal elimination are the areas where relative advantage to girls in access to education is also high. This is indicative of the fact that ‘the wanted girls’ (those who are allowed to come to this world) receive equal opportunity as that of boys in terms of career building process. Discrimination against girl child after birth is seen in the form of both survival disadvantage and restricted access to education. This was revealed in a negative association between survival differentials and ‘relative advantage to girls’ in access to education. In other words, areas with sex differentials in mortality are marked with high disadvantage to girl child in access to education. Postnatal elimination is generally more conspicuous in areas with low levels of social and economic development but strong patriarchal values. Lack of educational
facilities with existing patriarchal values acts as a stronger deterrent for girls’ access to education.

A significant correspondence between prosperity level and elimination of girl child in India became evident from the analysis of correlation coefficients. This is more so in the north and north-western parts of the country. The more developed districts are marked with a high level of urbanisation, literacy rate and prosperity. It is heartening to note that elimination at prenatal stage is more conspicuous in areas with high prosperity level and high literacy rate. It is obvious that knowledge about the technology, availability and affordability to use them are more among prosperous section of the people and the prosperous regions. However, the incidence of postnatal elimination had a negative association with all the development indicators. Literacy among female is an important indicator affecting bias against girl child in terms of sex differential in mortality rate among children. Similarly, relative advantage to girl child in terms of access to education is higher in more developed districts.

In the rest of the states, it is significant to note that elimination of girl child both prior to birth as well as in the postnatal stage is less in magnitude in districts where literacy rate, in general and literacy rate among women in particular is high. However, here also relative access to education is more in districts which are more developed in terms of urbanisation, literacy and prosperity index. Interestingly, with indicators of ‘women’s development’ the picture is different. Elimination of girl child is less in the districts which are marked with a higher level of ‘women’s development’. The same is true with respect to relative advantage in terms of access to education of girl child. It is obvious that areas which are more developed are the areas which also rank very high in terms of ‘women’s development’. Therefore, a positive association
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between differential access to education and women’s development is simply an extension of the general link between development and gender inequality.

The fact that elimination of girl child at prenatal stage is more conspicuous in areas that are more developed in north and north-western parts becomes further evident from the correlates with indicators of ‘women’s development’. There exists a positive and significant correlation between sex ratio at birth and all the indicators of ‘women’s development (the direction of relation with fertility level is to be interpreted carefully). The nature of correlates of sex differentials in mortality among children, with all the indicators of ‘women’s development’ indicates that in this part of the country where women’s position is better, differential survival is in favour of girl child. In north and north-western parts also sex differentials in access to education is positively related with most of the indicators of women’s development. In the southern states the picture is opposite to that in the north and north-western states. Prenatal elimination is less in the areas where women’s position is better whereas post natal elimination is more conspicuous in the districts which rank high in terms of the indicators on women’s development. Among states from south India also relative access to education for girl child is more marked in the districts where women’s development is high. In the districts from the rest of the states, it is remarkable to note that elimination of girl child at both prenatal and postnatal stages is minimal in districts where women’s position in terms of the indicators selected is better. However, the nature of association between women’s development and differential access to education is in conformity with the picture elsewhere in the country.

The above discussion on correlates was based on the values of correlation coefficients between two individual variables. However, it was also important to identify the dominant patterns of correlates or association among
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variables on bias against girl child, and socio-economic and demographic attributes put together. Further, for a study on regional pattern and perspective of gender bias mapping is an essential component. Principal component analysis enables us to meet this requirement. With the help of principal component analysis, three dominant patterns of inter-correlation among the select indicators were identified in the form of components.

The first component that represented ‘reduced bias against girl child with high level of development’ was seen over both the northern states of Punjab, Himachal Pradesh, Haryana and Uttaranchal, as well as over the peninsular India covering the states of Kerala, Karnataka, Tamil Nadu and Andhra Pradesh. The least developed districts in Rajasthan, Uttar Pradesh and Bihar do not represent this dimension of interrelations between bias against girl child and development. Remarkably, the highest intensity of this dimension can be seen in the parts of Punjab and Himachal Pradesh in the north. Likewise, much of Tamil Nadu, almost whole of Kerala, a greater part of Karnataka covering its entire northern half, coastal Maharashtra and its adjacent districts in Gujarat along with patches in Saurasthra, coastal Andhra Pradesh and Odisha, and districts surrounding the capital city of Kolkata represent this dimension with high intensity. In addition, the Vidarba region of Maharashtra in the interior, the district of Hyderabad in Andhra Pradesh and some districts like Jabalpur, Indore and Bhopal in Madhya Pradesh also report high score with this component. These regions as well as patches of high score on the first component were surrounded by medium scores. Whole of Haryana and Uttaranchal, northern Rajasthan, much of Gujarat and Madhya Pradesh, central Maharashtra, whole of Andhra Pradesh excluding the costal districts and Hyderabad in the west, almost entire Chhattisgarh, Odisha and West Bengal and districts in southern Jharkhand report medium score on the component. In
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Uttar Pradesh the districts bordering Haryana in the west and Madhya Pradesh in the south along with some districts in the eastern parts were marked with medium score on the component. In addition, districts with medium score were also seen scattered over Bihar. The regions of high and medium scores in the north and over the peninsular plateau on the first component is separated by an almost contiguous belt stretching from Ganaganagar in the west through central Rajasthan, northern Madhya Pradesh, Much of UP to Bihar Plains in the east. The adjoining districts of Jharkhand also showed low score on the component. Some patches in the tribal belts of Odisha and Chhattisgarh also showed low score. The north and north-western parts of the country which otherwise are characterised by an extreme unequal gender relations appear with very high values on this component. It may here be emphasised that these areas are more associated with elimination at prenatal stage and are, therefore, marked with very adverse sex ratio among children. However, the material conditions of girl child in these areas are much better and they rank equally high on gender related development indices. In fact, with extreme level of elimination prior to birth, girls find themselves on almost equal footing to that of boys in the areas of nutrition and access to education. It is because of this that the north and north-western parts of the country including Punjab, Haryana, Himachal Pradesh and parts of Gujarat and Maharashtra rank very high on this component. The reasons for areas from the southern states ranking high on this component are obvious. The overall gender relations and position of girl child in terms of survival advantage and access to education in the southern states are far better as compared to those in the northern parts of the country.

The second component represented a very ‘high extent of elimination of girl child at prenatal and postnatal stages’ coupled with high level of urbanisation and prosperity levels. A very wide gender inequality can be seen
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in terms of the status of women reflected in work participation rate and coverage of maternal health care. As is expected, this dimension of interrelations between indicators of bias against girl child and social and economic conditions was more marked over the north and north western parts of the country. The spatial patterns of the scores exhibit close conformity with the general north-south divide found in the nature of gender inequality and most of the social and demographic indicators. Interestingly, whole of Punjab and Haryana along with some adjacent districts in Himachal Pradesh and Rajasthan are marked with high score. Remarkably, these are the areas where deficit of female children is one of the largest in not only India but perhaps the entire world. High score on the component can also be seen in some districts in Gujarat, Maharashtra and Uttar Pradesh. On the other extreme, in the southern and eastern states the scores are generally low. The southern states of Karnataka, Andhra Pradesh, Kerala and Tamil Nadu on the whole report low score on this dimension of interrelations. In the southern states it is only in Tamil Nadu where the spatial extent of districts with medium score is relatively large. Almost whole of Chhattisgarh, Odisha barring a few districts in the central parts, Jharkhand and West Bengal in the east report low scores. The bordering districts of Madhya Pradesh with Chhattisgarh also exhibit low scores.

The third component has revealed prenatal elimination of girl child with a very low level of urbanisation. Characterised by the rural based society, the dimension represented high work participation among women necessitated by the dominance of agriculture. With high level of elimination of girl child at prenatal stage, there is a marked deficit of female children, although differential mortality among children is negatively related with this component. It has been noted that although distinct patches of high scores on the
component are seen in the southern states mainly in Karnataka, there is an evident dominance of a region in the northern parts of the country with its centre in the western parts of Uttar Pradesh. Almost whole of western Uttar Pradesh, clusters of districts in Bihar and some patches scattered in Madhya Pradesh, Rajasthan and Punjab were associated with high score on this component. The central parts of Gujarat along with one or two districts in Maharashtra, Odisha and West Bengal are also associated with high scores on this component. Remarkably, the northern and central parts of Karnataka and one district each from Kerala and Tamil Nadu also report high scores.

Data drawn from primary survey of two villages reveal how bias against girl child operates in two different socio economic and demographic regimes marked with patriarchal social structure. These two villages belonged to two districts which rank at two extremes on the basis of social and economic development. They were Kaithal and Mewat. The villages are called as Ujana and Mahon. They are distinctly different from each other in the context of socio-economic and demographic conditions. But one thing is common in both villages that discrimination against girl child exists in both of them. One is marked with strong indication of elimination of girl child before birth, the other reports extreme inequality between boys and girls in terms of access to education. On the one hand, Ujana village is highly developed in respect to socio-economic and demographic characteristics. On the other hand, Mahon village is less developed in the field of socio-economic and demographic conditions. Both villages have low value of girl child although reflected in different ways.

The socio-economic and demographic contrasts are seen in terms of average size, fertility and mortality rates, literacy and education particularly
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among women etc. According to the females respondents in Ujana village the ideal family is the one which has two children one of whom must be a son. As against this, for the respondents in Mahon village there is no concept of ideal family size. For them, children are the gifts of God, and family size depends on God’s will and no human interference is possible to achieve an ideal size. In Ujana village son preference exists in a more explicit manner quite in accordance with the patriarchal structure of the society. But in Mahon village, there is no preference for son or daughter. They are absolutely indifferent to size and composition of the family. Although in terms of the economic and demographic indicators, Ujana village ranks very high, on the front of gender issues, it remains extremely backward. In comparison, Mahon village presents a somewhat better picture. One such difference between the two villages can be seen in their overall sex ratio and child sex ratio. Ujana has reported a very wide deficit of females in the population. The data collected through primary survey does not indicate any significant migration from or to the surveyed families. This leaves the possibility of sex differentials in mortality in the past as the main reason underlying adverse overall sex ratio. Further, elimination of unwanted girl child during the recent decades also appears to have contributed to the existing deficit of females in the population. With the process of development fertility rate has declined in Ujana but the mind set about ‘son desire’ has not changed. Strong desire for a small family size facilitates elimination of girl child. Families with one son do not desire for another child and vice-versa the underlying reason for this fertility choice is undoubtedly strong desire for sons in the family. The instances of widespread practice of female foeticide could only be indirectly established as no women were willing to accept the practice. In fact they would never reveal the truth as the same is
punishable. An extremely adverse child sex ratio in the village is not possible in normal circumstances.

In this regard, Mahon village fares much better than the Ujana village where there was a preponderance of females among children. This is indicative of not only a natural sex ratio at birth but also the role of biological advantage of females. In other words, there is no elimination of girl child before birth and no discrimination of girl child after birth in the form of higher survival disadvantage to girl child. The villagers have no knowledge about the method of elimination of girl child before birth. Their economic conditions also do not allow them to go for this technique. There is also no discrimination of girl child after birth in terms of nutrition and care also. However, in the context of inequality in access to education between boys and girls Mahon does not fare well. Total literacy rate is much lower in comparison to that in Ujana village. Mahon village has low literacy due to poverty. But there is an inequality between boys and girls in terms of access to education. The villagers in Mahon give more preference to boys’ education in comparison to girls’. This is also part of patriarchal structure of society where boys get more opportunity for career building than the girls. To conclude, we find that the two villages, which even though represent different socio-economic and demographic characteristics are characterised by one or the other from of bias against girl child.

Before we conclude it is worthwhile to look at the effectiveness of the schemes and programmes launched by the government with regard to status of women and girls. Both at the central and state levels, several schemes have been launched in recent years in an effort to improve the status of women, in general, and girls, in particular in the society. They include some ongoing
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schemes as well as some recently introduced schemes. From among the ongoing schemes, the Integrated Child Development Scheme or ICDS is very important. This scheme is structured around *anganwadi* centres for pre-school care of children. There have been instances of manipulation of records of the *anganwadi* worker (who is very poorly paid) under pressure particularly when it pertains to balance between boys and girls. In addition to the ICDS several other new schemes have been launched by the Department of Women and Child Development. They are mainly aimed at raising the value of girls in families; curbing such practices as infanticide, sex selective abortion, neglect and discrimination of girls; and ensuring the survival of girls. But these schemes are mainly directed to the poorer sections of the population i.e. those below poverty line. The existing law against female foeticide and sex selection that is more widely prevalent among the affluent appear to continue unabated.

The most recent of the scheme launched during the Eleventh Five Year Plan is the *Ladli* Scheme involving a conditional cash transfer to the girl child. Cash incentives are to be given to poor families with a girl child for registration of birth, immunization, enrolment in school and delaying marriage till the age of 18. An insurance cover of 1 lakh rupees at birth together with incentives that add up to 2 lakh rupees by the time she is 18 have been announced. This scheme has been launched as a pilot project in seven states including Haryana and Punjab with some of the widest deficit of females in the population. The scheme seems to be very attractive for the poor families. But the nature of incentive prescribes for a wait for 18 long years to derive the benefit. This will definitely impact upon the effectiveness of the scheme. One has to wait to see the effectiveness of the scheme. Among other schemes is also the one which prescribes monitoring of pregnancies in select districts with very low child sex ratios. That is to say, women who become pregnant are to be monitored all the
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way to the completion of their pregnancy. Implementing this scheme is obviously problematic in view of the fact it means invasion of privacy. People may resent particularly when they opt for abortion for reasons other than sex preference. Obviously the aim is to ensure birth of enough daughters in the population so that deteriorating balance between male and female in the population is reversed. Critics, however, say that the scheme in the given shape approaches the problem simply as one of an imbalance or shortage of women. It is rightly remarked that mere ensuring the birth of girls or the supply of sufficient women to society is tantamount to treating women as a necessary stock of society required for its stable reproduction. It is unclear how the future of these women is being envisaged. If the bias is not uprooted from the society, then the women will continue to be subjected to subjugation and discrimination resulting is survival disadvantage. The need of the hour is to strike at the root causes of the gender imbalance. Some states have incorporated further conditionality in the incentive scheme. This has been linked with small family size and sterilization. In other words, there is an obvious effort to combine population control with an attempt to curb sex selective abortions, reinforcing the dispositional link between family planning and elimination of girls. Girls with brothers or who are in larger families are by definition ruled out, even though discrimination may be greater here especially in poorer families. Moreover, families with one or two girls will be from well to do classes who may in any case care for their daughters. In some states e.g. in Punjab, the government has announced scheme with a provision of cash ‘prizes’ to informants who help ‘nab centres indulging in sex-determination’. In the drive to curb the practice of female foeticide, the scheme also involves provision to ‘arrange decoy patients’, engage private advocates and support the appropriate authorities in undertaking surprise inspections of ultrasound and genetic
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centres. However, it is apparent that these schemes seriously lack emphasis on the need of medium or long-term interventions that are required to correct the mindset of the people among families where gender bias is exhibited in the most vulgar form. Strangely, rather than concentrating on the root causes that exacerbate gender discrimination most of the schemes are merely focussed on the targets related with “small, stable, and balanced population”.