SUMMARY

BIAS AGAINST GIRL CHILD IN INDIA REGIONAL PATTERN AND PERSPECTIVE

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Gender bias and masculinity are 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. In a 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. Patriarchy treats men superior to 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. In patriarchal structure, a daughter is identified as a member of the family of her in-laws after marriage. At the same time a son contributes to family income when in he enters workforce and provides security to parents in their old age.

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 a patriarchal society, girls are considered inferior to boys. This is what constitutes by bias against girl child.
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. 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’. This form of preference can be seen in terms of growing preponderance of male babies at birth. 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. They in result in survival disadvantage, one hand, and restricted access to education for girl child. Survival disadvantage persists even beyond childhood.

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 child mortality and in such practices as female feticide. As already noted 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.

There is a marked regional variation in the nature of gender relations in the country across regions and states. The present study therefore has endeavoured to examine the spatiality in bias against girl child in India using state as well as district level data drawn from varied secondary sources like census and other government publications. A primary survey of select villages has also been undertaken to analyse the socio-cultural practices affecting ‘value of girl child’ at micro level.

The regional patterns in the nature of gender relations based on the select demographic indicators like female-meal ratio in the population, sex ratio at birth, sex differentials in mortality among children etc indicate that the north and north-western parts of the country that rank very high in the country in terms of select indicators on the levels of development are the ones which are characterized by the severest forms of gender bias. States like Gujarat, Punjab, Haryana, along with Himachal Pradesh and Maharashtra report as huge number of ‘missing girl child’ as seen in the least developed states in the Hindi belt of the north viz. Rajasthan, Madhya Pradesh, Uttar Pradesh and Bihar, popularly known as bimaru states.

The sex ratio at birth which is a very good indicator of elimination of girl child at prenatal stage is marked with an extreme preponderance of male over female babies at birth in both the developed states of the north and north-west as well as in least developed states. Interestingly, even sex differential in child mortality in case of Punjab, for instance, is still disadvantageous for girl child despite such a high level of development. Obviously, with the passage of
time the process of development has acted selectively on mortality rates. With regard to sex differentials in literacy rate, the picture, however, appears somewhat different. It may therefore be argued that bias against girl child should be examined in terms of two separate components. The first representing the real value of women in the family and society (seen through sex ratio at birth and survival differentials), and the second indicating sex differentials in the material conditions of men and women.

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. 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. The results of principal component analysis have shown the dominant patterns of association among variables on bias against girl child, and socio-economic and demographic attributes put together is concerned. 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
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. 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 northwestern 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. 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.

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. They are distinctly different from each other in the context of socio-economic and demographic conditions. But one thing that binds them is the prevalence of bias against girl child, although in different form. One is marked with strong elimination of girl child before birth, the other reports extreme inequality between boys and girls in terms of access to education. The socio-economic and demographic contrasts are seen in terms of average size, fertility and mortality rates, literacy and education particularly among women etc.

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 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 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 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”.