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Discrimination of girl child at post-natal stage in India

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Abstract
Indian constitution provides for equal rights to all the citizens belonging to different caste, creed, religion and region. Special emphasis has been given to equality between men and women. However, in actual practice our society is marked with unequal power of equation between male and female. This unequal distribution of power can be seen in all the domains of life. The fact that men and women are not equal can be seen not only at the work place, but also within the household. This inequality between men and women in our society has its roots in the form of our social structure. Our society is based on the principles of patriarchy which prescribes male dominance in all walks of life. In a simpler terminology, patriarchy means rule of father or any senior male member in the family. Patriarchy is a social and ideological construct which considers men superior to women. It is based on a system of power relations which are hierarchical and unequal where men control not only their womenfolk but their activities as well. Patriarchy imposes 'masculinity and femininity character stereotypes' in a society which strengthen the iniquitous power relations between men and women. Unequal gender relation is not constant but is a very dynamic and complex feature of the society. It has undergone change a constant over the time in all the societies of the world. Further, it is important to note that the nature of control and subjugation of women varies from one society to another due to the differences in class, caste, religion, region, ethnicity and the socio-cultural practices. Subordination and subjugation of women to men is a typical feature in almost all the societies of the world. We come across experiences where women are not only treated as subordinate to men but are also subject to discriminations, humiliations, exploitations, oppressions, control and violence. Post-natal elimination has been examined in terms of sex differentials in mortality rate among children. The required data are derived from estimates of Population Foundation of India (PFI). In the second section, the resultant patterns in sex composition of children in the age group 0-6 years have been discussed.

Keywords: patriarchy, masculinity, femininity, subjugation, discriminations

Introduction
Patriarchy imposes 'masculinity and femininity character stereotypes' in a society which strengthen the iniquitous power relations between men and women. Unequal gender relation is not constant but is a very dynamic and complex feature of the society. It has undergone change a constant over the time in all the societies of the world. Further, it is important to note that the nature of control and subjugation of women varies from one society to another due to the differences in class, caste, religion, region, ethnicity and the socio-cultural practices. Subordination and subjugation of women to men is a typical feature in almost all the societies of the world. We come across experiences where women are not only treated as subordinate to men but are also subject to discriminations, humiliations, exploitations, oppressions, control and violence. Women experience discrimination and unequal treatment in terms of basic rights to food, health care, education, employment, control over productive resources, decision-making and livelihood not because of their biological differences or sex, which a natural phenomenon but because of their gender differences which is a social construct (Siwal, 2002) [11]. Sex is a biological difference between male and female while gender is a social construct which treats male and female differently because of their sex. Gender based discriminations and exploitations are widespread and the socio-culturally defined characteristics, aptitudes, abilities, desires, personality traits, roles, responsibilities and behavioural patterns of men and women contribute to the inequalities and hierarchies in society. Gender differences are manmade and they get legitimized in a patriarchal society. Due to gender differences family and its structure is also affected. Son preference is a common feature in such societies while a daughter is considered as a burden. This differential preference often leads to the worst forms of discrimination against girl child (Larsen *et al*., 1998) [9].

In Indian society, there is a common belief that family name is carried by male children. It is the son who provides security in old age. It is also believed that the funeral pyre of the parent must be lit by son otherwise the soul would be denied entry into heaven. That is why parents concerned about their family's future generations develop strong desire for sons. A daughter is considered as burden, and therefore, they resort to differential treatment of children. This results in higher mortality among girl children as compared to boys.

People who determine the value of a girl child only in terms of wealth have little regard for her value as a person. They believe that she can only materially benefit her husband's family after her marriage. The parents consider that wealth spent on her upbringing is wastage. Women who live in societies where they are made miserable through injustice and

inequality do not want to raise daughters who would live lives as unhappy as their own. Women use this excuse as a rationale for their adverse attitude towards their girl children. In strong patriarchal societies women are reluctant to have a daughter who would go through the same misery, humiliation and dependence that seemed to define their own lives.

In general, girls still have lower economic earning potential than that of boys. A poor family may not want the added expense of another child unless that child will someday bring economic wealth back to the family. Compared with men, women have fewer opportunities for paid employment and less access to skill training that would make such employment possible, because our society bound women into four walls of home. Due to these reasons, it is difficult to determine how many girl children have been lost due to female infanticide and sex selective abortion. Those areas where female infanticide and sex selective abortion are practiced often show a disproportionate ratio of women to men. The cultural and economic factors that lead to female infanticide and selective abortion are part of the vicious cycle of discrimination against women and their devaluation. The preference for sons, however, is not the only reason for the practice of female infanticide and selective abortion. There are actual disincentives and costs associated with raising girl children that influence choices made in communities where this abuse is practiced. The same social practices reflect a community's low estimation of women in general.

In India women lag behind men in many domains. There is strong evidence indicating a link between lower outcomes of women in various spheres of life, and lower parental investment in girls. Parent's discrimination in investment not only results in lower outcome but also leads to a somewhat greater 'survival-disadvantage' among girl children. A review of studies on sex-differentials in mortality among children in India indicates several probable reasons underlying the survival disadvantage for girl child. The reasons include differential treatment of girls and boys, different levels of nutritional intake, differential access to health care facilities, and also differential time investment of parents in taking care of sons and daughters (for details see Jatrana, 2003, Barcellos *et al* 2011, James 2001, Anderson 2012, Bardhan 1982) [8, 5, 7, 3, 4].

Data Base and Methodology

The present study is primarily based on secondary sources of data. Data would be drawn mainly from the estimates of Population Foundation of India (PFI). Table and percentage calculated by researcher. For showing clear picture of discrimination map will be drawn at district level.

Analysis and discussion

In India 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. Some Scholars have argued that preferential treatment of children based on sex particularly in case of nutrition is the underlying reason for differential survival chances. There is some evidence, as well, of sex differences in immunization coverage and access to health care facilities in case of illness, although the differences are not very significant (Arnold *et al*., 1996). These are in contrast with the growing body of literature which suggests that girls in South Asia are discriminated against in the provision of health care but are not neglected in nutritional allocations. It is argued that gender bias in nutrition reflects behavioural mechanisms of parents or those who are involved in care of the children. It is through these biased attitudes and practices based on sex of children which result in differential nutritional status of boys and girls. Not only the differentials in nutritional intake but the duration of breastfeeding is also shorter for girls than for boys in many states of India. One reason for this is the desperate desire of the parents for another child preferably a son after the birth of a girl. Although the intent of parents may not always be to provide less adequate nutrition to daughters by weaning them earlier, the effect is the same. (For details please refer to Jatrana, 2003, Sharma Suresh, 2010) [8, 10].

Sex differentials in nutritional intake are said to be more marked in case of poor families and in case of protein intake. The reason for this lies in the fact that girls are given more cereals, while boys are given more milk and fats along with cereals. Nutritionally, the female child struggles for survival with her dietary intake inferior in both quality and quantity to that of the male counterparts. She is considered as *paraya dhan* by her parents and *parayi beti* by her in laws. She does not belong anywhere (Jatrana, 2003) [8].

In childhood, parents give less importance as well as attention to girls in comparison to boys. Families spend more time with childcare when the baby is a boy than when the baby is a girl. Time investments have not been previously studied in the context of developing countries. Of late scholars have devoted their attention to the problem as to why parents invest less time for girls as compared to boys. There is no evidence of greater needs among boys for all measures except for childcare time for which the evidence is mixed. By this we find that parents invest less in girls because these investments have lower returns or because they have a preference for sons (Barcellos, Carvalho and Muney, 2011) [5].

James (2001) [7] found several interesting findings which are related to gender differentials in child survival by field level data from NFHS in Andhra Pradesh. The study shows that the discrimination against the female children is more intense among the poor, illiterate and lower caste families in contrast to the finding of many other studies. This is also substantiated from the analysis of work participation of women, where working mother experienced higher levels of female child mortality than non-working mothers, since work participation in the rural areas is often associated with high levels of poverty.

Lifestyle differences by gender may be important indicators of the sex differential mortality in developing countries as like India. Diet, attention to personal health and well-being are the part of our lifestyle. Women are giving less attention to personal health the prevailing due to mind set. It is also the one reason of the high mortality rate among women (Anderson and Ray, 2012) [3]. Sharma (2010) [10] also provides similar arguments about women health and nutritional deficiency. His work is mainly aimed at examining the patterns of gender differences for children in Haryana for health outcomes based on data drawn from the National

Family Health Survey-2(NFHS-2). On the basis of weight-for-height index, the study found that about one-fourth of the women in Haryana are undernourished. Nutritional deficiency is particularly serious for women in the rural areas and women in the disadvantaged socioeconomic group. Women who are undernourished themselves are also much more likely than other women to have children who are undernourished.

The above observations are on differentials survival based on state level data. Any study on mortality conditions and sex differentials therein at lower level is seriously hampered because of non-availability of data. However, Population Foundation of India (PFI) has recently provided estimates on infant mortality rate and child mortality rate by sex with rural-urban breakup. The same is based on census data on age distribution. Based on the estimates of PFI, a ratio between female mortality rate and male mortality rate among infants and children (i.e. under 5 years of age) has been calculated. A value above unity thus reflects survival disadvantage for female child and vice-versa.

As already noted in the previous chapter, life expectancy of females in India has remained lower than that for males till the close of 1970s. With a faster improvement in mortality conditions of females vis-a-vis male during the recent past, women now survive for a longer period. However, in some of the states the survival disadvantage for women continues to persist. The differentials become sharper in case of the children. Even at the aggregate level, girls continue to suffer from survival disadvantage in the country. The states of Punjab, Maharashtra, Haryana and Gujarat which rank very high in terms of the levels of development are marked with higher death rate of girl-child as compared to male counterpart along with some of the poorer states like, Bihar, Jharkhand and Uttar Pradesh etc. It is obvious that development is gender neutral and what binds these states together is a strong patriarchal value.

For a regional perspective we now examine the district level patters in the relative survival chances of girl child in India. Table -1 presents distribution of districts by female-male mortality ratio for infants and children respectively.

Table 1: Distribution of districts by female-male infant and child mortality ratio in India (2001)

SDMR		Total districts	Districts from north-west India	Districts from south India	Rest of all districts
1.21 and above	IMR	42 (8.73)	11 (4.10)	11 (11.70)	20 (16.80)
	CMR	44 (9.14)	25 (9.32) (56.81)	7 (7.44) (15.90)	12 (10.08) (27.27)
1.06 - 1.20	IMR	118 (24.53)	85 (31.71)	10 (10.63)	23 (19.32)
	CMR	141 (29.31)	101 (37.68) (71.63)	10 (10.63) (7.09)	30 (25.21) (21.27)
0.96 -1.05	IMR	134 (27.85)	99 (36.94)	14 (14.89)	21 (17.64)
	CMR	190 (39.50)	103 (38.43) (54.21)	38 (40.42) (20)	49 (41.17) (25.48)
0.80 - 0.95	IMR	181 (37.62)	69 (25.74)	58 (61.70)	54 (45.37)
	CMR	104 (21.62)	37 (13.80) (35.57)	39 (41.48) (37.5)	28 (23.52) (26.92)
0.79 and below	IMR	06 (1.24)	04 (1.49)	01 (1.06)	01 (0.84)
	CMR	02 (0.41)	02 (0.74) (100)	0	0
Total		481	268 (55.71)	94 (19.54)	119 (24.74)

***Source*:** Population Foundation of India.
Note: percentage in brackets.

North-west states - Punjab, Haryana, Himachal Pradesh, Uttaranchal, Utter Pradesh, Madhya Pradesh, Rajasthan, Gujarat and Maharashtra.

Southern states_- Kerala, Karnataka, Tamil Nadu and Andhra Pradesh.

Rest of states - Bihar, Jharkhand, Chhattisgarh, Odisha and West Bengal.

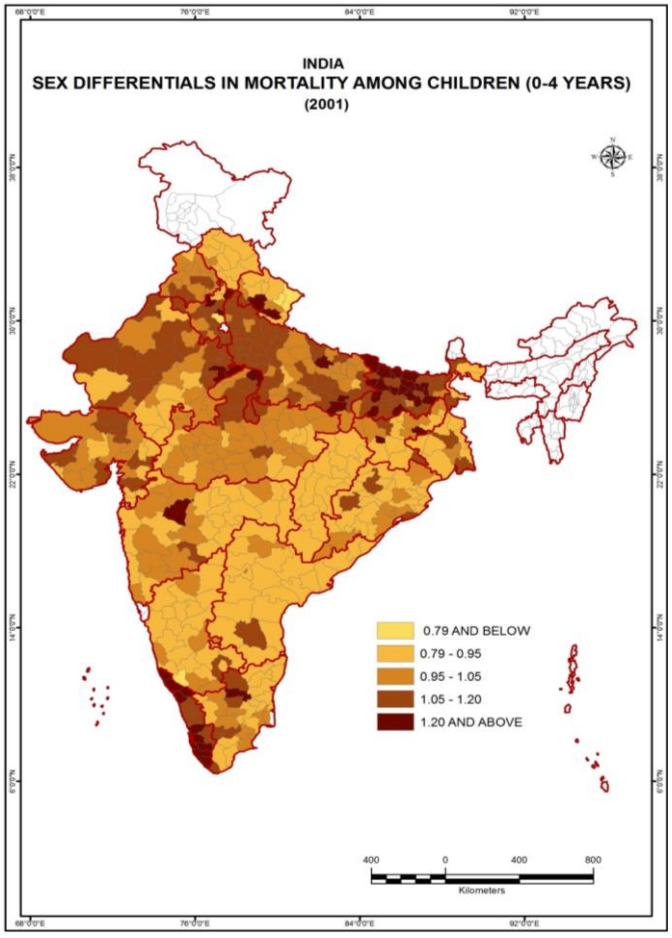

Fig 1

As seen in the table, for the distribution of districts, female-male mortality ratio has been categorised into five groups on the basis of sex differentials. The category representing a ratio ranging from 0.96 to 1.05 shows near parity in death rates of male and female. This can be called as 'gender neutral mortality rate'. Any value greater than 1.06 represents a situation of survival disadvantage for female. Likewise, values below 0.96 indicate 'survival advantage' for female infants and children. If we take a glance of the tables, then we find that as many as 160 and 185 districts out of 481 from the study area report survival disadvantage for female infants and children respectively. These districts account for almost 33% and 38% of total districts spread over these 18 major states of India. It is remarkable to note that a big majority of the districts are located in north-westerns 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 are seen in 134 and 190 districts respectively which form 27% and 39 % of the total districts respectively. Thus, in 187 and 106 districts female infants and children have survival advantage compared to male infants and children.

A further perusal of the tables reveals interesting regional patterns in the survival differentials of male and female infants/ children. It can be seen 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. The corresponding figure for female children is nearly 14 percent. As against this, the southern states which are said to be more gender friendly, report somewhat different picture. As revealed in the tables, a much larger share of the districts report favourable survival chances for female infants and children vis-a-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.

Although from the above some reflections on interface between levels of development and relative survival chances of female infants and children have already been obtained, for further insight, the districts are regrouped on the basis of income levels of their respective states (Table -2). The states have been grouped under 'high', 'middle' and low income categories. Of the total 481 districts, 152 come from 'high income' states, 113 from 'middle income' states and 216 from 'low income states (for details please refer to notes at the bottom of the table). A perusal of the tables reveals 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. These states are taken together account for as much as 38.23 percent of the population of the Indian union. 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 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 larger share of these districts in these states reports a better survival chances for female. It is only in nearly one-fifth of the districts that adverse survival chances for female infants and children are encountered.

From Figs -2a and -2b it is obvious that there exists a marked correspondence between the pattern of sex differentials in infant and child mortality rates. A single largest pocket of survival disadvantage for female infants/ children can be seen spread over the entire north and north-western parts of the country. The pocket that is distinctly contiguous stretches from Punjab in the north, and western-most tip of Rajasthan in the west to entire Bihar plains in the east. This pocket of adverse survival penetrates southward and extends up to central Maharashtra. In addition to this, there are patches of adverse survival for female infants/ children in the peninsular

plateau scattered over the southern states like Karnataka, Andhra Pradesh, Tamil Nadu and Kerala. Interestingly, the entire state of Kerala reveals survival chances that are adverse to female infants and children.

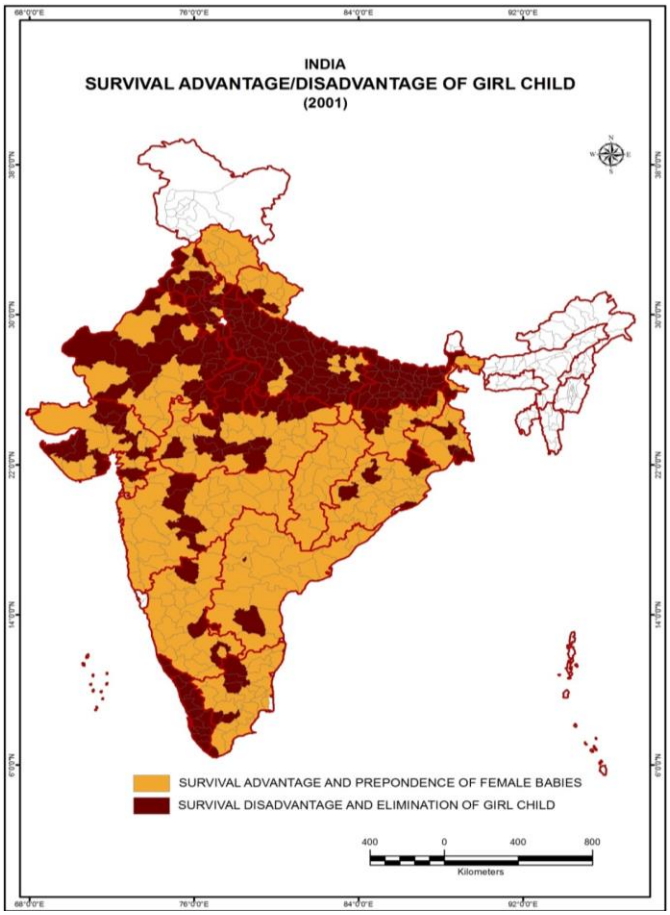

Fig 2

Table 2: Distribution of districts by female-male infant and child mortality ratio in India (2001)

SDMR		Total districts	Districts from high income states	Districts from middle income states	Districts from low income states
1.21 and above	IMR	42 (8.73)	14 (9.21)	04 (3.53)	24 (11.11)
	CMR	44 (9.14)	9 (5.92) (20.45)	05 (4.42) (11.36)	30 (13.88) (68.18)
1.06 - 1.20	IMR	118 (24.53)	33 (21.71)	18 (15.92)	67 (31.01)
	CMR	141 (29.31)	37 (24.34) (26.24)	17 (15.04) (12.05)	87 (40.27) (61.70)
0.96 -1.05	IMR	134 (27.85)	41 (26.97)	23 (20.35)	70 (32.40)
	CMR	190 (39.50)	74 (48.68) (38.94)	47 (41.59) (24.73)	69 (31.94) (36.31)
0.80 - 0.95	IMR	181 (37.62)	62 (40.78)	65 (57.52)	54 (25)
	CMR	104 (21.62)	32 (21.05) (30.76)	42 (37.16) (40.38)	30 (13.88) (28.84)
0.79 and below	IMR	06 (1.24)	02 (1.31)	03 (2.65)	01 (0.46)
	CMR	02 (0.41)	0	02 (1.76) (100)	0
Total		481	152(31.60)	113(23.49)	216(44.90)

***Source*:** same as in table -1.
Note: percentage in brackets.

High income states – per capita income (19600-26400)
(Haryana, Punjab, Gujarat, Himachal Pradesh, Maharashtra, Tamilnadu and Kerala)
Middle income states - per capita income (12801-19600)
(Uttaranchal, West Bengal, Rajasthan, Karnataka, Andhra Pradesh)
Low income states - per capita income (12800-6000)
(Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Uttar Pradesh and Orissa)

For further insight into the regional dimension of sex differentials in survival of infants/ children, state-wise distribution of districts by female-male mortality ratio has been shown in Tables -3a and -3b. A careful perusal of the tables reveals some shocking features. Contrary to the general belief, some of the southern states which are considered to be somewhat gender friendly fare as good or worse as states from Hindi belt of north. For instance, Bihar and Kerala report more or less similar situation regarding survival chances of female infants/ children. To be precise, the situation in Kerala state appears to be even worse than that in Bihar. Andhra Pradesh and Karnataka, on the other hand fare better than Kerala in this regard. Tamil Nadu is only slightly better than Kerala. It is obvious that Kerala which has so far been regarded as a distinct model of social change has undergone rapid transformation during the recent past. It can, therefore, be argued that male dominated social ethos and resultant discriminatory practices have made fast inroad into the southern states also. This is a serious alarm for the planners and policy makers. From the north and north-western parts, the worst survival scenario of female infants can be seen in the states of Haryana, Uttar Pradesh, Rajasthan, Gujarat and Punjab in that order. Some of these states are high ranking states in terms of income levels. A big majority of the districts in Haryana and Uttar Pradesh report survival disadvantage for female infants/ children. Orissa which ranks almost same with Bihar in terms of development shows a much better survival scenario. West Bengal also reports a similar picture. It can therefore be reiterated that empirical evidences do not reveal any clear-cut association between development and sex differentials in survival of infants/ children at least on the basis of distribution of districts by survival ratio levels. On the basis of the above discussion, it is obvious that the entire Hindi belt of the north presents almost an identical sex differential in the scenario for the survival of infants, barring only Chhattisgarh, and Himachal Pradesh. Remarkably, none of the districts in Chhattisgarh and Himachal Pradesh reports survival disadvantage for female infants.

Table 3a: Distribution of districts by female-male infant mortality ratio in India State-level (2001)

States	Ratio between female child mortality rate and male child mortality rate					
	1.21 and above	1.06 -1.20	0.96 -1.05	0.80 -0.95	0.79 and below	Total
Andhra Pradesh	0 (0)	0 (0)	03 (13.04)	20 (86.95)	0 (0)	23
Bihar	18 (48.64)	15 (40.54)	04 (10.81)	0 (0)	0 (0)	37
Chhattisgarh	0 (0)	0 (0)	0 (0)	16 (100)	0 (0)	16
Gujarat	0 (0)	08 (32)	08 (32)	09 (36)	0 (0)	25
Haryana	03 (15.78)	10 (52.63)	02 (10.52)	03 (15.78)	01 (5.26)	19
Himachal Pradesh	0 (0)	0 (0)	02 (16.66)	10 (83.33)	0 (0)	12
Jharkhand	02 (11.11)	01 (5.55)	08 (44.44)	07 (38.88)	0 (0)	18
Karnataka	0 (0)	01 (3.70)	05 (18.51)	20 (74.07)	01 (3.70)	27
Kerala	10 (71.42)	04 (28.57)	0 (0)	0 (0)	0 (0)	14
Madhya Pradesh	01 (2.22)	06 (13.33)	29 (64.44)	09 (20)	0 (0)	45
Maharashtra	0 (0)	01 (2.85)	12 (34.28)	21 (60)	01 (2.85)	35
Orissa	0 (0)	03 (10)	06 (20)	20 (66.66)	01 (3.33)	30
Punjab	0 (0)	05 (29.41)	11 (64.70)	01 (5.88)	0 (0)	17
Rajasthan	02 (6.25)	12 (37.5)	10 (31.25)	08 (25)	0 (0)	32
Tamil Nadu	01 (3.33)	05 (16.66)	06 (20)	18 (60)	0 (0)	30
Uttar Pradesh	03 (4.28)	42 (60)	23 (32.85)	02 (2.85)	0 (0)	70
Uttarakhand	02 (15.38)	01 (7.69)	02 (15.38)	06 (46.15)	02 (15.38)	13
West Bengal	0 (0)	04 (22.22)	03 (16.66)	11 (61.11)	0 (0)	18
Total	42	118	134	181	06	481

***Source*:** same as in table -1.
Note: percentage in brackets.

Table 3b: Distribution of districts by female-male Child Mortality ratio in India State-level (2001)

States	Ratio between female child mortality rate and male child mortality rate					
	1.21 and above	1.06 -1.20	0.96 -1.05	0.80 -0.95	0.79 and below	Total
Andhra Pradesh	0	0	02 (8.69)	21 (91.30)	0	23
Bihar	12 (32.43)	22 (59.45)	03 (8.10)	0	0	37
Chhattisgarh	0	0	06 (37.5)	10 (62.5)	0	16
Gujarat	0	06 (24)	15 (60)	04 (16)	0	25
Haryana	02 (10.52)	13 (68.42)	04 (21.05)	0	0	19
Himachal Pradesh	0	0	02 (16.66)	10 (83.33)	0	12
Jharkhand	0	08 (44.44)	07 (38.88)	03 (16.66)	0	18
Karnataka	0	01 (3.70)	11 (40.74)	15 (55.55)	0	27

Kerala	06 (42.85)	06 (42.85)	02 (14.28)	0	0	14
Madhya Pradesh	0	12 (26.66)	32 (71.11)	01 (2.22)	0	45
Maharashtra	0	04 (11.42)	17 (48.57)	14 (40)	0	35
Orissa	0	0	15 (50)	15 (50)	0	30
Punjab	0	05 (29.41)	11 (64.70)	01 (5.88)	0	17
Rajasthan	03 (9.37)	15 (46.87)	14 (43.75)	0	0	32
Tamilnadu	01 (3.33)	03 (10)	23 (76.66)	03 (10)	0	30
Uttar Pradesh	18 (25.71)	45 (64.28)	06 (8.57)	01 (1.42)	0	70
Uttarakhand	02 (15.38)	01 (7.69)	02 (15.38)	06 (46.15)	02 (15.38)	13
West Bengal	0	0	18 (100)	0	0	18
Total	44	141	190	104	02	481

***Source*:** same as in table -1.
Note: percentage in brackets.

Conclusion

Gender-based inequality in nutrition, health status, access to health care facilities and control over resources and property are some of the integral features of societies based on a patriarchal structure. India is also not an exception to this. Spatial patterns in some of the key indicators reveal a marked north-south divide in the nature of gender relations in the country. The southern states have throughout been marked with 'women-friendly' social and cultural milieus. As against this, the northern states, including those that rank very high in terms of the levels of development, are known for extremely unequal gender relations. Persisting gender bias in this part of the country can be seen in preferential treatment of sons and a quest for a male child. While the former is manifest in sex differentials in infant and childhood mortality, the latter has resulted in a widespread practice of female foeticide. They have ultimately led to an extremely imbalanced and declining sex ratio among children. Most curiously, child sex ratio that is often regarded as a very good indicator of women's position in a society is very low in states which are otherwise more developed, and where women enjoy a better status in terms of most of the conventional indicators. This is indicative of an absence of any link between development and gender equity. The situation calls for an immediate intervention by planners and policy makers. Nothing would succeed as long as the mindset of the people is not changed

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