

THE GIRL CHILD IN INDIA

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ABSTRACT

The present paper focuses on the issue of the Girl child in India. Today we recognize that to try and improve the position of women one needs to look at the girl child who is a woman of tomorrow. Only when we rear female children with high self esteem not merely in recipient roles but in active productive roles with a concern for human dignity will we have strong and empowered women. In the Indian culture which idolizes sons and dreads the birth of a daughter, to be born female comes perilously close to being born less than human. Sophisticated medical technology now strengthens societal biases against girls in the form of prenatal sex determination tests which have resulted in an adverse female ratio. The paper discusses the findings of a study related to the girl child. It concludes that an integrated and a holistic approach to the girl child's development are essential for the creation of a new environment in which she can be valued and nurtured. The media, the family, the community as well as government and non government organizations have to join hands. Only then will the girl child be able to work out of the maze of neglect in which she has been lost for centuries. Denied a sense of belonging to the family in which she is born and reared, she is treated and learns to think of herself as a lesser child and hence a lesser human being. Hence we have to start right at the beginning, to give her right to personhood, and this will come only after we give her a right to be born.

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Women's status in modern times has been regarded as an indicator of development and progress. One of the primary tenets of the British rule in India was the status of its women. In the eyes of the British the treatment of women was very barbaric and this was evident in institutions like *sati*, the immolation of the young widow on her husband's pyre, child marriage, female infanticide etc. This commonly held view in the 19th century resulted in a massive social reform movement to improve the status of women.

In the perception of the early Colonial administration and the elite reformer, it was the upper class girl child and the women who were the endangered sex (Miller, 1982). Saving the girl child was the priority in the social agenda which was one of the key constituent elements of the ideology that helped the middle class to carve a place for itself in society (Bagchi, 1997, 4). Manu had considered a woman burning herself as an unworthy act and a life of abstinence and chastity as highly excellent (Ahmed, 1976, 129). He had enjoined a widow to continue till death forgiving all injuries, performing austere duties, avoiding every sensual pleasure and cheerfully practicing the incomparable rules of virtue which have been followed by such women as were devoted to only one husband (Mani, 1989, 103). Thus, in saving this widow from death whom official discourse described as the Tender child, the social reformers gave sanction to a set of practices that were the major source of oppression for the girl child. The Colonial state also played its part in banning social practices like *sati* and child marriages.

The State, missionaries and the Social reformers were all engaged in their own ways to improve the status of women. Educational opportunities were created for women and the freedom struggle legitimized the public space for women to participate. Several of these efforts resulted in providing constitutional and legal guarantees for women all of which are very progressive. Unlike

the women in the west, here no struggle was really required even on issues like the right to vote.

All these efforts from the end of 19th century have created a contradictory situation. On paper we as women are equal to men in all spheres. As in the case of other socially deprived groups these legal guarantees are completely undermined and made ineffective by the powerful socio-cultural and ideological milieu which subordinates women. In the euphoria of the post independence period it was believed that women's status would dramatically improve when we would become the masters of our own destiny. This euphoria was shattered by the path breaking, *Towards Equality Report* of 1974, which sharply highlighted the abysmal low status of women in Modern India and focused attention on the fact that despite many progressive social legislations and constitutional guarantees, women's status had indeed not improved much. The low status of women is also clearly evident if we look at the issue of the unwanted girl child in India. The present paper focuses on the issue of the Girl child in India.

Adverse female male ratio

The low status of women is clearly evident if we look at the female/male sex ratio nationally. The national trend shows an adverse female/male ratio and a sharp decline since the beginning of this century. The ratio of 972: 1000 in 1901 have dropped to 929:1000 by 1991. This decline is as a result of both continued socio-cultural environment which is biased against women and the new sophisticated medical technologies which strengthen such biases.

There are many instances when women go to a doctor to get a sonogram to see if the child is a boy or a girl. Upon discovering that a girl child is to be expected then the women will have the fetus aborted. Some of this is due to social pressure, some from

personal belief that a son must be born to carry forward the name of the family, as a result of socialization, but mostly due to the family pressure to produce a boy child. Women are abused emotionally and physically till they produce a boy child. It is strange that men are left Scot free for making the child a girl or boy since it is their sperm that determines this fact. For women who cannot afford an ultrasound there is another option taken. A midwife is hired for the equivalent to 80 U.S. cents. This midwife will take a newborn girl hold her upside down by the waist and, "give a sharp jerk", snapping the spinal cord. She will then declare the infant still born. Her justification is that many couples insist that we get rid of the baby girl at birth and, "what can we do?" (Carmichael, 2004).

As we submit this paper today, there is another news items in today's *Daily*, that a mother jumped off the four storey building at Charminar carrying with her a one and a half month old baby girl. This mother, Meenakshi Agarwal, 23 and the wife of a pearl businessman, the police pointed out, jumped in such a way that the child was not hurt and the baby girl escaped miraculously with only minor injuries, while the mother succumbed. Harassment by her in-laws for not giving birth to a male child was the reason that Meenakshi had to resort to this extreme step. A pearl merchant's household would certainly not be an illiterate poor household, but one of the highly influential, educated and rich, belonging to the upper strata of society (*Deccan Chronicle*, 2004,5).

In fact the alarming situation about the demographic warning of a decline in the boy/girl child sex ratio was pointed out in 1974 as a "Matter of life and death" (Bardhan, 1974). Bardhan observed that in the areas of relatively high female death rates, such as Uttar Pradesh, Punjab, Rajasthan and Gujrat, the female/male ratio of death rates was higher for the age group 0-4 years than for all age groups taken together. This could indicate that

the general neglect of little girls might be more important than the maternal deaths in governing the sex differential in mortality (Bardhan, 1974, 1303). He found that the neglect of the girl child was less prevalent in eastern or southern India and he argued that this could be due to the fact that in areas with paddy agriculture, the value of a woman is more than in other areas- so that the female child is regarded less of a liability than in North and Northwest India (Bardhan, 1974, 1304).

In another article, Amartya Sen and Sunil Sengupta looked at malnutrition in the Birnhum district in West Bengal and concluded that girls are more undernourished if they are fed only within the family. They felt that direct nutritional intervention through supplementary feeding has the additional advantage of combating the sex bias in nutrition within the family (Sen and Sengupta, 1983, 863). They strongly felt that increasing the income of the rural family may be an inadequate instrument in combating the unequal deprivation of the girl child (Sen and Sengupta, 1983, 863).

Today we recognize that to try and improve the position of women one needs to look at the girl child who is a woman of tomorrow. Only when we visualize a female child with high self esteem not merely in recipient roles but in active productive roles with a concern for human dignity will we have strong and empowered women. The ultimate goal is to have an active, healthy and confident female child unfettered by socio-cultural patterns and traditional roles with equal access to knowledge information and opportunities.

In the Indian culture which idolizes sons and dreads the birth of a daughter, to be born female comes perilously close to being born less than human. For a girl, discrimination begins even before birth. Our statistics clearly point out to some facts that abortion of female fetuses is on the rise, the ratio of female to male is

declining, there is reluctance to seek medical aid for ailing daughters, girls are breast fed for a shorter duration than boys and girls are easily withdrawn from school to look after their young siblings. Regardless of the economic background the status of the female child has never been the same as that of the male at any level.

Gender roles are conceived, taught and enacted in a complex set of relationships within the family and society at large. Needless to say the media reinforces the same stereotyped gender roles. It is within the family that a girl child finds her natural habitat. Her mental universe is constructed as one of long preparedness to be a good daughter, a good wife and later a good mother. The girl child grows up with a low self esteem. She grows up with a notion of temporary membership in her natal home to be disposed off with assets and dowry. A tradition saying sums it up thus, a daughter is like ghee (clarified butter) — both are good up to a point. If you do not dispose them off they start stinking” Her productive role is to continue the household drudgery, added to which is her reproductive role.

Even as a reproductive machine, a woman's life is worth only if she produces a son. Tradition and scriptures reinforce societal biases against the girl thus, “the birth of a girl grant it elsewhere, here grant us a son”. Sophisticated medical technology now strengthens societal biases against girls in the form of prenatal sex determination tests which have resulted in female feticides. Education, global exposure and affluence, all of which translates into easier access to expensive technology, have made it easier to select the sex of the child. If there is a choice it is always for the male child. Despite a stringent law, doctors and patients manage to evade it. Hence there has been a decline in female ratio. (Table 1).

A Report by India's Registrar General and Census Commissioner, the Ministry of Health and Family Welfare and the United Nations Population Fund, points out based on the 2001 census

Table 1:
Male Female Sex ratio in India:

Year	Females per 1000 Males
1901	972
1911	964
1921	955
1931	950
1941	945
1951	946
1961	941
1971	930
1981	933
1991	945
2001	927

Source: Registrar General of India, Reported in Health Statistics of India (1985), Central Bureau of Health Intelligence Directorate General of Health and family welfare, Government of India and Census of India.

that in the 0-6 age group, the most prosperous states of India like Delhi, Punjab, Haryana and Gujarat have the lowest sex ratio, i.e. number of girls per 1000 boys. The most affluent pockets in some cities show the sharpest drop. Southwest Delhi for instance where some of the richest and most educated Indians reside has a sex ratio of only 845 in 2001 against 904 in 1991. The situation is no better in other major cities which show a downwards trend. (Table 2).

Well-off states like Maharashtra, Gujarat, Punjab and Haryana recorded more than a 50 point decline in the child sex ratio since 1991. In Delhi many Districts recorded an unfavorable ratio of less than 900 girls out of 1000 boys. Southwest Delhi recorded the biggest dip. In Gujarat only eight districts continued to record a child sex ratio of more than 900, compared to 20 districts in 1991. In Haryana almost all the Districts recorded a Child sex ratio of 850. Sonapat was down to 783 from 878. In Punjab no district records more than 850 girls. Fatehgarh Sahib has a ratio of 754 girls, the lowest in India.

Table 2:
Sex Ratio(No. of Girls per 1000 Boys) in some Major cities of India

Major City	1991	2001
Delhi	904	850
Mumbai	942	898
Pune	943	906
Amritsar	861	783
Patiala	871	770
Ambala	888	784
Gurgaon	895	863
Faridabad	884	856
Kurukshetra	868	770
Ahmadabad	896	814
Vadodara	834	873
Rajkot	914	844
Jaipur	925	897
All India	945	927

Source: Census of India, 2001

Sushma Swaraj, the Union Health Minister, feels that the excessive availability of machines could be fuelling female foeticide besides the poor implementation of law and states that if the enactment of law could curb this menace; it would have stopped long ago. In the past two years the monitoring committee of the Government of India found that the implementation of regulatory structures is very poor, particularly in Delhi. There are roughly 700 ultra sound machines in Delhi and the Department of Family Welfare confirms that there are 21, 000 registered ultra sound centers in India. A random inspection resulted in 400 cases of seal and seizure because they were not registered with the Government and in 40-5- cases the centers were advertising sex determination tests. Besides this, abortion pills like MTPill and

Misprost, which should not be sold without the Doctors prescriptions, are available off the counter. Taken without medical guidance these often lead to septicemia, excessive bleeding and even death.

Today doctors in a handful of countries including, India, South Korea, Israel, Italy and United States have begun to cater to an international clientele which wants to choose the gender of its child. Steinberg's Clinic which has an office in Mexico will soon perform its 100th PGD sex selection procedure. A third of them were performed for couples who had traveled from Hong Kong, Egypt, Germany and other countries (Kalb et. All, 2004). Despite the moral murkiness of gender selection, demand for services seems to be taking off. People query their doctors and visit catchy websites like choosethesexofyourbaby.com and myboyorgirl.com, many of them with money back guarantees. In the past six months Steinburg's site has had 85,000 hits (Kalb et.all, 2004).

Two decades ago even in India, Doctors used to openly advertise for sex selection tests for male heirs. Dr. Aniruddha Malpani of Malpani clinic in up market Colaba became associated with infertility treatment. Her web site advertised on how one could choose the gender of one's child, claiming to be one of the few in the world to pre select embryos to guarantee a son. Today Malpani is facing criminal charges for misusing pre-implantation diagnostic techniques like FISH for sex selection. Dr. Aniruddha defends herself, stating that in a democracy, people should be allowed to make decisions. She also asks how many can afford the pre-implantation technique, suggesting that only the rich can go for such a costly test (India Today, Nov. 10, 2003, p. 19).

The Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuses) Amendment Act was framed in 1994. Renamed the Pre- Conception and Pre- Natal Diagnostic Technique (Prohibition of sex selection) Act, it came into force in 2003. The Act prohibits sex selection before or after conception. It regulates,

but does not ban the use of pre-natal diagnostic techniques like ultra sound for detecting genetic abnormalities or other disorders. Any nursing home, registered medical practitioner or hospital that does the ultra sound test is required to state that it does not do sex determination. The State Medical Council can cancel a registration to a doctor guilty of violating the law. Under the Act any person who seeks sex selection can face a three year imprisonment (on first conviction) and fined Rs. 50, 000.

The implementation of laws is just one facet of the war against female foeticide. However, in India there is a big gap between the law on paper and its implementation and of every law there are hundreds of ways in which it is bypassed. Meanwhile, in a society that prefers the boy, being born a female is to be born less than human. All across India the birth of a son is announced triumphantly with the beat of a brass *thali* (plate) and the distribution of sweets and money while that of a girl is met with silence and dejection, if not condolence. In North India dowries are much bigger and dowry deaths more common. In many states marrying a daughter can reduce the parents to penury.

Declining Sex Ratio a Fact of Asia

India is not the only country where female fetuses persist and where it is not available, infanticide takes its place. In China and Korea also the cultural bias stems from the need for strong boys to do farm work but the problem is not limited to poor rural areas. Experts estimate that 30,000 Korean female fetuses are aborted annually (Carmichael, b. 2004). As a result, the ratio of infant boys to girls is far off balance. Worldwide, 106 boys are born for every 100 girls- but in Korea, it is 110 boys per 100. In China statistics are unreliable but the last census logged 119 boys per 100 girls and most Chinese infants up for adoption are female. (Carmichael, 2004).

Girl Child and Socialization

The girl child cannot be looked at in isolation. Her status is a product of the general societal attitudes towards women at large. Women face higher risks of malnutrition, disease, disability, retardation of growth and development. They have no access of control over resources. Their work is invisible and hence undervalued. All these disabilities are powerfully reinforced through our culture, media, and education and socialization process. A look at some of the proverbs and saying in local languages throughout India sums up these attitudes. A popular Telugu saying from Andhra is, "Bringing up a daughter is like watering a plant in another's courtyard". Other states, "If you tell lies you will get a female child". Other states, "It is better to be born as a tree in a jungle than to be born a girl". "It is easier to perform an Asvamedha Yagya (Horse sacrifice which the kings would perform in the past) than to perform a daughters wedding." As a result of the cultural milieu the women's self image as well as societies image of her is negative. She has no value as an individual who contributes to the nation's development. In this social context it is not surprising that the girl child like any other women has no value and her work is invisible and unrecognized.

The family and kinship systems provide the context for understanding the process of socialization and sex role stereotyping which ultimately impinge on the education of girls since their roles are embedded within familial and kinship relations. Religion on the other hand provides the ideological basis and justification for the notion of what a girl should be. The process of her socialization or gender construction is anchored in religious world view(Chanana, 1990, 55).

The cycle of deprivation and disadvantage is further compounded by early marriage, premature pregnancies and its attendant risks. The dedication of girls as devadasis, Jogins and Basavis

in some regions of Andhra is a singularly reprehensible violation of human rights as it makes young and innocent girls available for sexual abuse in the name of religion. The young Jogin does not marry and becomes the common property of the village and an object of sexual exploitation. According to a recent district wise survey there are 16,287 Devdasis, Jogins, Basavis in Andhra Pradesh, 80% of whom belong to the schedule castes.¹

Girl children are entitled to equal access of all the resources of society. This entitlement is frequently denied. Discrimination that begins at the girl's birth has a cumulative effect on inequality, producing despair and powerlessness. The beginnings must be made with the girl child herself. Unless the girl internalizes the concept and experience of equity, as an adult she may tolerate and even perpetuate gender disparity. At present the girl child is denied the very acquisition of an identity. The right to personhood is a primary right and must be extended to the girl child. Also, her rights to dignity, health, education are not visibly supported by the family or society. There must be concrete action on this count.

A large number of girls don't even attend school and among those who attend school the drop out rate is very high. This is because the girls have to engage in domestic and child care activities when parents are at work. Nearly 80% of the girls drop out from I to V class. Out of the 100 girls that enroll in class 1 only 42 reach class V. Among Schedule Castes and Schedule Tribes, many of those who live below poverty line of the 100 girls only 19 reach class V.

¹Jogin is a regional variation in Andhra Pradesh of the historical Devadasi or Temple dancing girls. The Jogin is married to a village God through a priest and would never become a widow and hence regarded as auspicious. They are mostly from the schedule castes and tribes and are exploited by the village headmen and other men. Today most of them practice prostitution.

Girl Child and Family Study

The year 1990 was declared as the SARC Year of the Girl Child and subsequently the Decade of the Girl Child, to make the policy makers aware of their responsibility towards the girl child. As empirical study was needed before accepting any statement as factual, hence we at the University of Hyderabad (Rekha Pande and Ms. Kameshwari) carried out a study in Telengana, Andhra Pradesh, on the Girl Child and family out of the need for a data base. This was a part of an All India study. This study was unique for it linked the Department of Women and Child Development's plan of research on the girl child with the University system. After many planning and training workshops held in Trivandrum, Bombay, Delhi and Calcutta, twenty two Universities Women's Studies Centers and Cells participated in it to present a national picture of the Girl child. Four Questionnaires on Area profile, Household profile, Girl child schedule and Mother schedule were developed by a centrally constituted team of experts and utilized by all the participating centers thus using common research methods and instruments developed for the study. This study combined the advantages of micro-research and macro-research. This study was planned more than a status report because action and intervention were major components of this study highlighting the role of educational institutions in community work.

Objectives of the study

- To generate data on comparable nature on some common parameters that will give an understanding of the situation of the girl child.
- To identify major problems relating to the status of the girl child and to suggest alternative course of action.

- To start a series of action on a long term basis to help rectify the situation.
- To assist the community and women in particular to pursue desirable alternatives by organizing themselves.
- To test the feminist methodology of participant action research in an empirical study.
- To assess the status of the girl child within the family in order to predict the position of women in the 21st century.
- To provide ways and means of ameliorating the conditions pertaining to the status and subordination of girls in order to provide equality and justice enshrined in the constitution.

Sample Size:

For the Telenganna region our sample included 600 households. These included both urban and rural component taking into account the SC and ST composition and income levels. (See explanation in table 3.) The areas chosen were based on Female Literacy Rates and IEMI Index. The IEMI index is prepared by the Centre for Monitoring the Indian Economy, Bombay, in which Districts in each state are ranked, ordered according to the criteria of level of development. The samples selected were to consist of one district from the first quartile (25% at the Bottom) and one district from the fourth quartile (25%) at the top of the districts as provided in the CMIE in 1985. We took up four villages and two urban wards in each making a total of 600 households. In these two villages were from a district with low development and two from a district with high development. In urban areas there were two groups from households of lower and middle development (Pande, 1993, 9).

In each sample 100 girls between the ages of seven and 18 were selected for the study. The household from which they were taken were studied by a fairly detailed schedule. In addition, the

mother or mother surrogate of each girl was also interviewed. Hence, for the all India sample there were 13,200 girls, their mothers and information on many households. The information here runs to 106 items on households, 300 items on the girl child and 240 items on the Mother (Anadalakshmy, 1994, 7).

Profile of the Household

The demographic profile of the household in which the girl child is located can be drawn from several kinds of data about the families, religion, socio- economic status, caste, migration and so on. In Telenganna, 20% of our sample was from SC and 6% from ST, 9.2% Brahmins, 44% other backward castes. (Table 3). In India the SC's comprise about 15% and ST about 7.5 % of the total population as a whole and the data reflected this and it was anticipated that girl children from these families would have least access to privileges.

Table 3:
Caste Distribution:

Caste	Telenganna	All India
Brahmins	9.2	7.6
Other Forward Castes	18.5	27.8
Backward Castes	44.3	31.9
Schedule Castes (SC)	20.8	20.3
Schedule Tribes (ST)	6.2	5.7
Others		6.6

Source: Pande, Rekha and Kameshwari J. 1994, *The girl child and Family in Telenganna*, Report, Department of Women and Child welfare, Government of India.

The population of India is divided into different castes. The Brahmins and other Forward Castes are at the head of the pyramid and have enjoyed a privileged position in society. The schedule castes, schedule tribes and other backward castes are at the bottom of the pyramid and have had a long history of marginalization—both social and economic. Independent India's constitution committed to social justice has given them reservations in jobs, education etc.

The occupational pattern was determined on whether it was an urban or rural area. In the rural areas the main occupation of the household was agriculture, animal husbandry and petty crafts. In the urban areas the major occupation was petty business, piece rate work and several households had wage workers of various kinds. Majority of the people had only some land and others between 1 to 5 acres. Hence majority of the people who hold land had only modest land holdings. (Table 4).

Table 4:
Ownership of Land

Land	Telenganna	All India
No land		56.0
Some Land/No details	17.8	16.2
Less than 1 acre	5.8	5.1
1-5 acres	12.5	14.4
5-10 acres	1.8	4.3
10-15 acres	1.2	1.8
15-20 acres	0.2	1.0
20 acres +	—	1.2

Source: Pande, Rekha and Kameshwari J.1994, *The girl child and Family in Telenganna*, Report, Department of Women and Child welfare, Government of India.

The education of the parents also becomes a good indicator of the socio-economic status.

Majority of the fathers and mothers in both the samples were illiterate. (Table 5). Since majority of the family was illiterate their income was also small and they did not own any land. There were some who pointed out that in the face of harsh societal and gender discrimination and gender poverty conditions, the family was the only refuge for the girl child. The counterpoint was that

the family was the main agent for gender socialization, beginning the operations of gender bias even before the birth of the infant.

Table 5:
Education of Parents of Respondents

Level of Education	Fathers		Mothers	
	Telangana	All India	Telangana	All India
Inapplicable (Not living)		7.2		—
Non- Literate	56.5	31.0	75.8	57.3
Primary	10.2	16.5	8.5	15.5
Middle	6.7	13.2	4.8	11.7
High/Higher Secondary	11.5	18.9	6.8	10.0
Graduate	2.2	8.3	1.5	2.1
Post Graduate	3.3	2.1	1.2	0.6
Technical		2.3		0.9

Source: Pande, Rekha and Kameshwari J.1994, *The girl child and Family in Telangana*, Report, Department of Women and Child welfare, Government of India.

The Girl Child

We asked the girl child herself and her mother questions on other significant agents of socialization. When we planned the study both perspectives on the family prevailed in our discussions. There were some who pointed out that in the face of harsh societal and gender discrimination and gender poverty conditions, the family was the only refuge for the girl child. The counterpoint was that the family was the main agent for gender socialization, beginning the operations of gender bias even before the birth of the infant. The mother's expectations or hope about the sex of

the child during the first pregnancy was ascertained. Almost two thirds of all the mothers, (64.5%) said that they had left it to God and did not expect either sex particularly; 31% said they expected a boy and 2% said they expected a girl.

There were no special celebrations for the birth of the girl in any of the families. Given the parental expectation it was clear that the arrival of the girl child was considered not too happy an event even by most members, especially if it was the second girl child. Preference for a son is clearly related to patriarchy, to lineage being continued by male progeny in addition to several other well known factors. It was interesting to note that the unhappiness over the birth of a daughter is a little higher in the case of the paternal grandparents, compared to maternal grandparents. This could also be related to the erroneously held belief that the sex of the child is determined by the mother. The tendency to be disappointed and unhappy that the grandchild is a girl is further compounded by the implied blame on the mother.

The all India study also pointed out the fact that playfulness, sharing interests, having jokes seem to be exceptional in the average Indian family. There is a level of earnestness and "let us get on with the task of living" that absorbs all the time and energy of most of the families most of the time. The element of playfulness between parents and children is not observed (Anandlakshmy, 1994, 64). Play activities beyond seven or eight years were not encouraged in the case of the girls. In our total sample 23.6% of the girls said that there were no play activities and the question was not relevant. Playing is considered trivial and unimportant. Nearly 75% of the girls shared the housework with the mothers. In home based occupations there is a generational transfer of skills but it appears to be from mother to daughter rather than from both the parents. Many of the crafts and semi skilled activities take place in the women's courtyard and pass on from mother to daughter.

In about one third of the sample the girl child eats with the mother only and they share the left over food with their mothers after the men and the boys have eaten. By and large the Indian fathers had abrogated his responsibility of parenting. The task of providing food, education and marriage were no doubt the economic responsibility of the father but not beyond this.

How does a girl spend her time? Majority of the girls in our sample, (54.1%) said that they do not play at all. Most of the activities for the girls revolve around maintenance and survival, such as fetching the water, food or fodder, cooking, and serving, cleaning, washing the clothes and vessels and keeping the house clean. Nearly 31% of the girls said that they do housework and cooking in the free time, 16% said they do their homework and 4% said that they worked in the fields.

Most of the girls spent their time with female friends, (68.9%) and only 0.2% spent their time with male friends. Part of the reason for the higher value placed by the mother that the girls spend their time in the company of their own sex is the fear of incest, intra-familial violence, especially when the adult males are also imbibers of alcohol.

The non-availability of television was mentioned only by 35% of the girls, while 40% of the girls said that radio is not available. The rest stated that both T.V and radio is available regularly for entertainment. For the girl, going outside the village is not permissible. The only place where she can go unaccompanied is the school and the local market. The girls are not allowed to go outside the village unaccompanied. A trip outside the village for a pilgrimage, holiday or picnic is not possible for over 78% of the girls. Most of the escorting is done by the mother and father takes the girl for medical treatment only in 30% of the cases. Both the parents accompany the girl to marriages, family visits and festivals.

Nearly 62% of the mothers felt that the ideal age for the marriage of a girl should be between 15 to 18 years and for the boys the ideal age is between 18 to 22 years. About 23% felt that boys should marry after twenty five. In selecting a partner from the girl's perspective, literacy and family occupation were important. For girls in 87% cases it is cooking and 45% cases sewing. There was a clear relationship between the proportion of the girls attending school and the proportion of girls who stated that literacy is important for both boys and girls. Many of the girls in our sample (65%) said that they have no skills since they are socialized into believing that all the tasks they do are unskilled jobs. Among the skills identified sewing ranks first, followed by food processing. A look at the domestic tasks and the proportion of girls involved showed that there is a gender orientation of the various tasks. Nearly 76% of the girls spend their time in sibling care, followed by cooking, fetching water and cleaning the house. In contrast the boys spend time in cooking only 2%, 10.4 in fetching water, and 1% in sweeping.

School attendance of the girls was influenced by socio-economic status of the family as well as the level of development of the village, and urban area. In our sample 46% girls were going to school, 17.7% had dropped out and 36% had never attended school. Of the 46% who were going to school more than half were going to a co-educational school and only 19% entered all girls' schools. The school was very close to their residence at the most about a two kilometer range and most of these schools were within five kilometer range. Distance from home was not the reason for girls to drop out from school. Most of the girls had received instructions in their mother tongue and only 5% had received English medium education. When the girl child was asked what she liked about school, about 50% said that education helped them in personal development and self-confidence and 50% said illiteracy resulted in low self image.

The health of the girl child and the mother were assessed. About 53% of our sample mothers had three or four children. Only 50% of the mothers had gotten their children immunized. There was a direct relation between the father's education and the percentage of the girl children immunized. The mothers did understand the value of breast feeding their infants and milk and cereal supplements were used after one year. For majority of the children the main meal consisted of cereals, pulses and vegetables, and some light snacks between meals were not uncommon. The preferred school of health treatment was allopathic treatment. About two third of our sample of girl children had good skin and hair condition as well as acceptable condition of hands, nails and feet. The hygiene and appearance of the other one third reflects poverty and lack of access to water. On the whole, the girl children seemed bright, cheerful and active.

About 40% of the girl children in our sample had attained puberty, the large majority between ages 12 and 13. About two thirds had no prior knowledge about menarche, but were helped by mothers, sisters or other female relatives to deal with menarche. There were some restrictions on the girl's movement after this. Many of the communities studied did have some puberty rituals and the reaction varied from shyness, to enjoyment and treating it as special. The onset of puberty for a girl is marked by confinement in many parts of the rural areas. The main concern this time is to control sexuality in the direction of motherhood. There is thus a rush to withdraw girls from school and marry them off. In many Muslim households we found the onset of puberty to be coupled with the practice of purdah or veiling and seclusion, limiting the girl in terms of time and space.

Only 13% of the girls in our sample were child laborers. Most of these girls worked in the unorganized sectors, namely agricul-

tural and related activities, *beedi*² making and brick kilns. The girl child also often helped in the productive activities at home and also worked as casual labor for a wage or part as a family team. They earned between Rs. 100 to 200 per month and were paid weekly or monthly. The work place was within two kilometer radius and the girls walked to the place of work. Their income was taken over by their mothers and spent on the family. They had no control on what they were earning. Lack of right over natural resources and non-availability of permanent employment were the two factors which were clearly the antecedents for poverty even in the all India study (Anandlakshmi, 1994, 231).

The State Policies and Programmes

India's five year plans between 1951 to 1997 saw a major shift in concepts concerning gender. In the first five year plan, the concept of the welfare of women dominated. After this local organizations were emphasized and Mahila Mandals³ were organized. In the fifth plan the concept shifted to development and thus doing away with the benefactor model of the government. By the sixth plan since the Status of Women's report was published there was a formal recognition of this area. Women's development was included as a separate sector with emphasis on health, education and employment. After the sixth plan the focus shifted from development to empowerment of women. The girl child also now became a focus of attention.

The setting up of the Department of Women and Child Development under the Ministry of Human Resources played a major role in bringing the issue to center stage. This became the nodal department to guide, coordinate, and review efforts for the

²Beedi is the jewel or mark placed on a girl's/women's forehead.

³Women's organizations.

development and implementation of programs concerning women and children. The other schemes for women and children include, Development of Women and Children in rural area (DWACRA), Support to Training and Employment Projects (STEP), Integrated Child Development Service Schemes (ICDS), Schemes for Adolescent Girls etc., because it is felt that mothers with better access to capital, equipment and other resources as well as strong voices in self government would definitely be advocates of the girl child.

Strategies, Direction for Action

If we are to undo the injustices which have gone on for centuries, we must begin with a holistic approach and a bold new thrust in improving the girl child's health, education and status. Extending the reach of the health and education infrastructure, both qualitatively and quantitatively and deploying the media wisely are essential if we are to create a climate in which girls can develop their full potential.

UNICEF in its 1989 Document identifies three broad areas of concern for the preservation, protection and development of the lives of children so as to ensure them a life of dignity. These are the creation of a suitable environment both material and social, reaching out of knowledge, skills for effective sustained action for all children, initiating programs for reducing social and economic disparities. (UNICEF, 1984). Though these programs are applicable to both girls and boys in a country like India, girls need a special focus.

The National Policy of Education, 1986, also affirms that a new structure of equality between the sexes must rest on the corner stone of education for girls. It aims at removing traditional discrimination and sex stereotyping by diversifying school curricula and promoting access of girls to vocational and professional

courses. The ripple effect of the girl's education on every aspect of her own life and that of her family has wider implications for the development of her community (Nayyar, Usha, 1988).

Therefore, an integrated and a holistic approach to the girl child's development are essential for the creation of a new environment in which she can be valued and nurtured. This involves a process of social mobilization that will make the girl child everyone's concern. (WCD and UNICEF, 1999, 23). The media, the family, the community as well as government and non-government organizations have to join hands. By supplementing formal schooling with non-formal schooling that conforms to local needs and constraints and by enlarging the ambit of child development programs to include adolescent and pre-adolescent girls and by creating awareness on the rights of the girl child, we can empower the girl child to enter the mainstream of economic and social activity. Only then will the girl child be able to work out of the maze of neglect in which she has been lost for centuries. A girl child sees herself only as a , "sojourner" in her parents home. It is ingrained into her from childhood that this is only a temporary accommodation for her and she he will soon be married and go to her true home, which is her husband's house. Denied a sense of belonging to the family in which she is born and reared, she is treated and learns to think of herself as a lesser child and hence a lesser human being. Hence, we have to start right at the beginning, to give her a right to personhood. This will come only after we give her a right to be born.

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