

The Girl Child in India

Does She Have Any Rights?

by Malavika Karlekar

Est-ce que la fillette indienne a des droits? Des données sur la discrimination et la violence que la jeune indienne subit même avant qu'elle soit née

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indique une situation d'extrême violence et d'oppression. L'article démontre les multiples facettes de l'oppression que l'Indienne subit tout au long de sa vie; sexuellement vulnérable, émo-

tivement et physiquement privée, la jeune Indienne doit lutter très fort pour survivre dans un monde injuste.

According to recent demographic projections, almost two million Indian girls are below the age of 19 years. The last few years have seen considerable governmental and non-governmental focus on the girl child, her right to education, nutrition, health care, and so on. However, the facts on the ground tell another story: the Indian girl child, irrespective of social class, geographic region, caste, and ethnic background is subjected to substantial discrimination and violence. Violence is an act of aggression, usually in interpersonal interaction or relations. The present discussion focuses specifically on acts of aggression against girl children.

While it is well established that psychological (Carstairs; Ghadially; Kakar) and indeed symbolic (Bondurant; Bourdieu) forms of violence are as widespread, these require special analytical skills and approaches. Nor does such oppression lend itself easily to quantification or observation. In the Indian context, there is urgent need to spend far more time and resources on the mental health aspect of violence. How-

ever, this has so far been an area largely neglected by government and police agencies, voluntary organizations, and researchers. In part the neglect can be explained by the overall social attitude of suppressing—if not ignoring—factors which reflect on the inner life of individuals and families and cannot easily be classified as an 'illness.' There is limited recognition of the fact that a physical act can result in a range of symptoms known generically as post traumatic stress syndrome (PTSD). Evidence suggests that the impact of these disorders can often be far greater and last much longer than the immediate act or event of abuse. And when the victims are children, the trauma takes on the added dimension of affecting the defenceless and vulnerable.

Violence against girl children begins even before they are born, foeticide being a case in point. The practice has become popular with the spread of amniocentesis, a medical technique, which among other things, can establish the sex of the foetus. Introduced in 1974 at the All India Institute of Medical Sciences, New Delhi, to ascertain birth defects in a sample population, the new technology was quickly appropriated by medical entrepreneurs. A spate of sex-selective abortions followed. Though a government circular banned the tests, "the privatization and commercialization of technology" was well under way (Mazumdar).

Despite the efforts of women's organizations, voluntary groups, and the media to the contrary, sex determination tests are becoming increasingly common. Apart from the medical issues involved, there are important ethical questions being raised: if abortions are legal, why are different standards applied to sex determination tests which may or may not result in abortions? If dominant social ideologies advocate the repro-

duction of male children and indeed positive discrimination in their favour in childhood and adolescence, can agitating against sex determination tests help much? These are questions which sooner rather than later, the women's movement has to face.

The state has acted through the promulgation of circulars (1977, 1982, 1985) banning sex-pre-selection as well as through passing laws in various states. A bill is currently being considered by Parliament. However, the law has had little impact on the prevalence of the practice. Nonetheless, that there is considerable difference of opinion regarding tests to determine the sex of the foetus indicates that the idea of abortion is one which gives rise to a range of emotions. In part of course, arguments or debates about such tests can be answered by the right to life and equality. Usually the decision to abort is not based on the sex of the child. However, for those women who undergo sex determination tests and abort on knowing that the foetus is female are actively taking a decision against equality and the right to life for girls. In many cases, of course, the

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women are not independent agents but merely victims of a dominant family ideology based on preference for male children.

A far more pernicious manifestation of an ideology which devalues girl children is the recent resurgence of female infanticide particularly in the southern states of India. A recent study done by the Community Serv-

ice Guild of Madras in collaboration with Adithi, a Patna-based organization in the Eastern state of Bihar shows that in Salem district of Tamil Nadu, female infanticide is rampant. Though the study covered Christians, Hindus, and Muslims, the practice of female infanticide was found only among the Hindus. Of the 1,250 families covered by the study, 740 had only one girl child and 249 agreed directly that they had done away with

the unwanted girl child. More than 213 of the families had more than one male child whereas half the respondents had only one daughter. Poverty, ignorance of family planning, and

the cost of dowry are the possible causes of this practice (Rai 1, 9). Taking note of the spread of female infanticide, the Chief Minister of the state set up cradles in the district for families to leave female babies. Although this program has had some success, what are the life chances of the abandoned girl child?

To pin all evils on the fear of dowry, or gift-giving from the girl's family to that of the boy during and after marriage, is a convenient rationalization, shrouding a range of motivations. Are we to assume that dowry-giving is such a widespread and prevalent practice that it influences every parent who goes in for female foeticide, abortion, or infanticide? In the absence of adequate data, it is difficult to be categorical. At the same time, the prevalence of a dominant ideology which confines girls and women to definite roles and obligations leads to their devaluation and discrimination in a range of areas. The basic assumption is that girls are inferior, physically and mentally weak, and above all sexually vulnerable. In a society which lays so much stress on purity and pollution, various oppressive structures—including early marriage—are encouraged in order to confine girls' and women's physical mobility.

In this context, the notions of expectations and entitlements are particularly important. An entitlement (Papenek; Sen, 1983; Sen, 1987) represents the right to a share of resources such as health care, nutrition, education, and material assets as well as to parental attention and interest. The distribution of these resources is usually in keeping with a family ideology, which finds expression in the household. Evidence indicates that girls are usually far less privileged than boys in access to resources (Basu; Batiwala; Gopalan and Chatterjee; Gulati; Ranjana Kumari, 1989; Minocha; Sen and Sen Gupta). Lack of equal access to resources is a form of violence as it is based on denial, deprivation, and absence of control. A declining sex ratio (929 women to 1000 men) would suggest endemic female mortality and morbidity (Deshpande; Irudaya, 1991; Irudaya, 1992; Mazumdar; Reddy) caused by consistent neglect and sustained discrimination, both manifestations of violence and oppression.

The fact that forms of discrimination in food exist in upper caste, middle class homes indicates that factors other than scarcity are crucial. Data (Das Gupta; Ghosh and Mukhopadhyay; Ranjana Kumari *et al.*, 1990) indicate a definite bias in feeding boys milk and milk products and eggs while both boys and girls have equal access to cereal and vegetables. In India items of food in traditional homes are separated out according to whether they generate heat and energy or are cooling. It is not difficult then to make the association between heat and sexuality; there are taboos associated with feeding girls meat, fish, and eggs which are regarded as heating (Dube; Ranjana Kumari). In Rajasthan and Uttar Pradesh, it is usual for girls and women to eat less than men and boys and to have their meal after the men and boys had finished eating (Ranjana Kumari, 1989). Greater mobility outside the home provides boys with the opportunity to eat sweets and fruit from saved-up pocket money or from money given to buy articles for

food consumption (Khan *et al.*). In case of illness, it is usually boys who have preference in health care (Chanana; Das Gupta; Desai and Krishnaraj; Kanhere; Mankekar). In fact, a study in rural Punjab established that there are wider sex differentials in access to medical care than in food allocation. More is spent on clothing for boys than for girls which also affects morbidity (Das Gupta). Thus familial views on what should be a girl's expectation take precedence over the right to greater individual entitlements. This reinforces her growing sense of marginalization, powerlessness, and vulnerability.

An area in which there is little available research is that of child abuse within the home. This includes sexual aggression, beatings, as well as extracting hours of labour from children who should be in school or at play. In India, of course, the overall attitude of secrecy and suppression which governs any discussion or reference to sex makes it difficult to come to any definite conclusions about the extent of sexual abuse of children. Yet, the available figures show that of almost 10,000 reported rapes in 1990, an alarming 25 per cent are of children below the age of 16, and about a fifth are of those under ten. A recent analysis done by the Crimes Against Women Cell, Delhi Police, points out that of the 143 rape cases registered between January and June 1992, 107 or almost 75 per cent involved victims in the age range of seven to 18 years. In 114 cases, the accused knew the prosecutrix; of these 40 were immediate neighbours and seven were relatives. Such alarming figures are indicative not only of the sexual vulnerability of the girl child in and around her home but also of a social climate which encourages her violation.

Taking these factors into consideration then, it is not difficult to understand why families prefer early marriage for their daughters. In India, marriage continues to be universally regarded as essential for a girl, irrespective of class, caste, religion, and ethnicity. Control of her sexual-

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ity and its safe transference into the hands of the husband is of primary importance. Concern over the conduct of the sexually vulnerable girl is responsible for the continuance of the practice of early marriage. Well over 50 per cent of girls continue to be married below the legally permissible age of 18 years, as has been recorded in successive census reports and substantiated by field studies. Though the age of marriage is rising gradually, a large number of girls are barely out of their teens when they leave their natal homes for another unknown residence. Subsequent expectations and relationships are often stressful and confusing for those who are essentially still children. Most important, of course, is adjustment to the conjugal relationship. Marital rape, which is not recognized as a crime under Indian law, is nonetheless widespread. It is quite possible that many victims of marital rape are often unsuspecting children. The rights of girl children to their psychological and physical integrity, then, must surely be on the agenda of governmental action. It remains to be seen whether the state in India will recognize the wider implication of child rights. Or will it stop short with the obvious and visible?

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