'THE TROUBLE WITH GIRLS...'

SEXUAL DISCRIMINATION IN THE PUNJAB

Two-year-old twins. Left, a sickly girl; right, a healthier boy.



Photo: John Balcomb - Unicef

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ne or two boys — but only half a girl!"
This could very well have been the joking reply of an Indian woman in her early twenties to the question: "How many children would you like to have?" In fact, it is the "statistical" reply given to anthropologist Monica Das Gupta during a study on the problem of sexual discrimination against children in rural Punjab, in India.

The study, conducted in 1984 by the National Applied Economic Research Council with the financial assistance of IDRC, demonstrated that the death rate among young girls was much higher than among young boys. In fact, between the ages of one month and two years, the mortality rate for girls was almost double that for boys.

The Punjab is one of the richest areas of India. It has profited greatly from the Green Revolution in agriculture. Living conditions have improved, resulting in increased revenues and the establishment of adequate health infrastructures. The birthrate decreased from 35 per 1000 in 1971 to 30 per 1000 in 1984. But above all, infant mortality fell dramatically. It was assessed at 129 per thousand in 1972, but only 66 per thousand in 1984. As was the case 20 years ago, however, more young

girls die than their brothers. In fact, until the age of five, mortality rates for girls are consistently higher than for boys.

Ms Das Gupta, who carried out the study, wondered why. Are mothers knowingly more negligent in the treatment of their daughters, and if so, why? Does India's patriarchal society play a part in this difference?

"We have known for a long time," says Ms Das Gupta, "that families favour sons, and that sex-based discrimination is particularly open in the Punjab. But we wanted to explore further and to understand the specific cultural, social, and economic reasons behind families' apparent neglect of little girls.

"We set about exploring various avenues," she continues. "First, we analyzed infant mortality in terms of birth order. We found that the infant mortality rate for first children is the same for boys as for girls. On the other hand, when the family already has a daughter, the mortality rate for girls is 53 percent higher than for boys. The younger the mother, the greater this differential. The mortality rate for girls born to young mothers is 71 percent higher than for boys. This clearly demonstrates that discrimination against girls is a conscious phenomenon."

These discrepancies appear to hold true for all income levels. However, Ms Das Gupta noted from the study that educational level influences the mortality rate for girls. The more educated the mother, the more daughters are neglected and die.

Ms Das Gupta explains these differences in terms of the rapid social changes taking place in India. Fertility has declined rapidly, and contraception is more accessible, but the number of sons and daughters women want has not changed. They always want at most two sons and at least one. "Most women now know they will not be having more than three children," explains Ms Das Gupta.

Accordingly, it seems that women take better care of their sons than their daughters. During the newborn's crucial first year of life, women spend 2.3 times more money on their sons than on their daughters. This means that boys are better nourished (more fat and protein), better dressed (warm clothing when nights are cool), and better cared for when they are ill. The differences are less marked after the first year, but this first year is extremely important for the child's physical well-being.

Ms Das Gupta concludes: "Women are marginalized in Indian society. They are considered less valuable than men, because they are not as frequently employed outside the home as men. Therefore, having a boy becomes a priority for couples."