
UNIT 2 GIRL CHILDREN: A VULNERABLE GROUP

Girl Children:
A Vulnerable Group

Structure

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2.0 OBJECTIVES

This unit aims at providing you an overview of the vulnerable situation of girl children in India. It will also describe various policies and programmes for empowerment of girl children.

After studying this unit, you should be able to:

- discuss the perspective and framework for analyzing the situation of girls in India;
- describe the status of girls in Indian society; and
- discuss the policies and programmes for development of girls.

2.1 INTRODUCTION

As per 2001 census, India has around 157.86 million children, constituting 15.42 percent of the country's population, who are below the age of six years. Of these, 157.86 million children, 75.95 million children are girls and 81.91 million are boys. Public focus came upon the Girl Child only since the late 1980s. Before this, a 'gendered' view of childhood was seldom taken. Public agencies as well as most child lobbies used to look at childhood for both boys and girls as a uniformly vulnerable and critical period during which children needed the same levels and types of services, such as nutrition, healthcare, education, cognitive stimulation, shelter, play opportunities etc. This general, non-gendered view remained predominant, although data collected by researchers from the field showed that girls had less access to breast feeding and were less often likely to be taken to public hospitals when ill as compared to boys. Immunization figures showed higher drop out as well as lower completion rates for girls. Enrollment and dropout figures carried the same tale.

Similarly, the girl child remained invisible in the eyes of the "women's rights" or "women's development" constituency. Here, the tendency was to identify "women" only in terms of adult age groups and to deal with patriarchal oppression and exploitation of women who had reached the child bearing age. There were no separate planning provisions for the 'girl child' either amongst children or amongst women. The gendered links with childhood or womanhood were also not apparent.

From the 1990s, the Ministry of Women and Child Development has tried to include the girl child on its agenda. It has accepted that discrimination against the girl child is not merely a result of poverty and illiteracy, but is rooted in traditionally ingrained attitudes and mindset (Report of the Working Group on Eleventh Plan).

2.2 PERSPECTIVE AND FRAMEWORK

The Constitution of India offers all citizens, including children, certain basic Fundamental Rights – the right to life and liberty, the right to equality, right to freedom, right against exploitation, right to freedom of religion, right to conserve culture and education; the right to constitutional remedies for the enforcement of fundamental rights. Further, the Directive Principles of State Policy (which are not justiciable, but are fundamental in making policies for governance) directs the State to ensure that all children are provided with services and opportunities to grow and develop in a safe and secure environment.

To realize the letter and spirit of the Constitution, the State has formulated a number of legislations such as the Child Marriage Restraint Act 1929 (called the Sharda Act), Immoral Traffic Prevention Act 1956, the Child Labour (Prohibition and Regulations Act) and the Juvenile Justice (Care and Protection of Children) Act, 2000. In addition, a number of policies and plans (National Policy for Children 1974, National Policy on Education 1986, National Policy on Child Labour, National Charter for Children 2004 and National Plan of Action for Children 2005) have been formulated.

India is a signatory to a number of international instruments such as the UN Convention on the Rights of the Child, with its two Optional Protocols, and Convention on the Elimination of all forms of Discrimination against Women (CEDAW). CEDAW is considered to be an international bill of rights for women. These affirm India's commitment to the development of women and children. It has also accepted without reservation the international commitments of 'World fit for Children' adopted by the UN General Assembly Special Session on Children in 2002, and the Beijing Platform for Action for the advancement of women and girls adopted by the World Conference on Women in 1995.

2.3 STATUS OF GIRL CHILD IN INDIA

The girl child's life is full of challenges from the time she takes birth till she attains 18 years of age. First of all, many people abort their female foetus foreseeing the 'burden' that a girl brings forth. If she takes birth, she usually dies within the first year of birth due to neglect and lack of care. These practices are referred to as female foeticide and female infanticide. If girls still manage to survive, they are meted out unequal treatment in the family as well as in society. Lack of proper nutrition, low basic education, poor emotional well-being and numerous other challenges impede the growth of their capabilities. Table 2.1 shows the life chart of a girl child and the disadvantages she suffers at various stages of life.

Girl Child In the Eleventh Five Year Plan [Working Group on Development of Children for the Eleventh Five Year Plan (2007-2012)- A Report] calls adolescence (11-18 years) an important period in our lives when we require guidance and support. It is a critical time when physical, hormonal, cognitive, psychological and sexual changes take place. Alongside, there are pressures of social expectations and constraints, career, marriage related anxiety and such dilemmas. Adolescents constitute 21.4 per cent of the total population in India.

Table 2.1: Life chart of a girl child

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Years	Problems faced
Before birth to one year	<ul style="list-style-type: none"> ● Foeticide and Infanticide ● Infant mortality ● Discrimination in breast feeding and infant food ● Neglect of health (immunization)
1 to 11 years (this includes specific problems faced by age groups 1-5 years and 6-11 years)	<ul style="list-style-type: none"> ● Discrimination in access to food and health care ● Malnutrition and anaemia ● Health problems like polio and diarrhoea ● Iodine, Vitamin A and Micronutrient deficiency ● Low school enrollment and School drop outs ● Vulnerable to trafficking, child labour, child marriage ● Abuse, exploitation and violence ● Domestic chores ● Looking after siblings ● Restriction on mobility and play ● Discrimination in overall treatment and parental care
11 to 18 years (Adolescents)	<ul style="list-style-type: none"> ● Poor health ● Low literacy level ● Restriction on mobility and play ● Frequent illness due to Malnutrition (especially micronutrient deficiencies, anaemia in particular) ● Child Marriage ● Early Child bearing ● Morbidity and mortality ● Poor access/denial to information and services ● Early and frequent pregnancy coupled with abortions ● Marital and domestic violence ● Dowry harassment, desertion, polygamy, divorce ● Child labour, trafficking ● STDs and HIV/AIDs ● Heavy domestic work including commuting long distances to collect firewood/drinking water ● Unpaid and unrecognized work, and drudgery ● No voice either in Home or society

Sex Ratio

Sex ratio is said to be the most visible indicator (though not a complete indicator) of women's status in society. India's sex ratio is 933 while in China it is 944, Bangladesh 953 and Pakistan 938 per thousand males (Census 2001). Dreze and Sen (2002) state that the low female-male ratio in India is not due to hidden female infanticide which the death statistics are unable to capture. In fact, anthropological evidence suggests that female infanticide usually happens quite immediately after birth. Most of the female mortality happens during childhood after the age of one, when inequality is visible in the first year of birth. The all-India level neo-natal and infant mortality rates are the same for males and females. It is among the older children that significant anti-female bias in mortality exists. The neglect of females in age group beyond that of a year happens in intra-household dimensions and is mainly due to son-preference. The practices that cause female infanticide have become a part and parcel of society and are not always drastic so as to cause girl child killing through asphyxiation, drowning and poisoning.

Gender inequality includes sex differentials in mortality and also in natality. The mere wish to have sons has got transformed into reality by the help of modern techniques which can detect the sex of the foetus and abort, if it is a female. In the 0-6 age group the female-male ratio of the population has fallen from 945 girls per thousand boys in 1991 to 927 girls per thousand boys in 2001. States like Kerala have marked an increase from 958 to 963 along with the North-Eastern states of Sikkim (from 965 to 986), Mizoram (from 969 to 971), Tripura (from 967 to 975) and Union Territory of Lakshadweep (from 941 to 974). However, as expected, the female-male ratio in the 0-6 age group has reduced sharply in Punjab (from 875 in 1991 to 793 in 2001), Haryana (from 879 to 820), Gujarat (from 928 to 878), and Maharashtra (946 to 917) which are the rich states. The existing evidence suggests that there is a fall in female births compared to male births due to sex-selective abortion. Indian laws ban Pre-natal Diagnostic Techniques test except when it is a by-product of a medical investigation. However, the implementation of this law is not so effective. Dreze and Sen (2002) argue that women's agency plays an important role in reducing sex differential in fertility and mortality rates. But it cannot on its own reduce sex differentials at birth and also abortion of female foetuses. According to them, apart from the freedom and power to act what is also important is the power to reassess and question existing norms and values which require critical agency of women.

Education

Girls' education is important to empower women and enable them to realize their capabilities and entitlements. It also impacts demographic indicators such as fertility and infant mortality in a positive manner. The effect of female education on fertility becomes evident from the Kerala experience. The total fertility rate for India is 2.76 children born per woman (2008 estimate). In Kerala it has fallen below the 'replacement level' of 2.1 to 1.8 (Dreze and Sen 2002: 254). Education up to five years is seen to influence the age of marriage. To illustrate, of the total decline in birth rate from 1981 to 2001, it is found that 63 percent decline has been due to an increase in the age of marriage. Mother's education affects the nutritional status of children desirably. Children whose mothers have some education but have not completed middle level are less likely to be stunted, wasted or underweight in comparison to those whose mothers are illiterate. Children whose mothers have completed middle school or higher education are less likely to suffer malnutrition (Upadhyay and Sikdar 2008: 38).

Growth in Enrollment of Girls

Enrollment is an important indicator in assessing the participation of girls in education. After Independence, girls' education has increased although not as much

as desired. Girls' enrollment increased 11 times at the primary stage from 5.4 million in 1950-61 to 61.1 million in 2004-05. In the upper-primary stage, it increased 45 times from 0.5 million in 1950-51 to 22.7 million in 2004-05. The increase in enrollment at Secondary/Senior Secondary accounted 77 times increase, from 0.2 million in 1950-51 to 15.4 million in 2004-05 (Selected Educational Statistics 2007).

Girls' Enrollment

Since 1950-51, girls' participation has increased manyfold in Primary, Middle, Secondary/Senior Secondary stages and Higher Education levels. It has increased from 28.1 percent to 46.7 percent, from 16.1 percent to 44.4 percent, from 13.3 percent to 41.5 percent, and from 10.0 percent to 38.9 percent respectively. However, girl's participation is still below fifty percent at all stages of education (Selected Educational Statistics 2007). Girls have to bear the burden of working at home as well as outside which forces them to neglect their education. Due to social and economic factors that dissuade parents from educating girls, many remain uneducated. It is a little known fact that among the world's exploited child workers, girls outnumber boys.

Drop-outs

Drop-out rates represent the percentage of pupils who drop out from a given grade or cycle or level of education in a given school year. From 1960-61 to 2004-05, there is a decline in the drop-out rates for girls and boys at both the primary and elementary levels. The girls' drop-out rate has reduced from 70.9 percent to 25.42 percent at the primary level and from 85 percent to 51.28 percent at the elementary level. In fact at the primary level, the gap between boys and girls with regard to dropout has come to parity with that of boys (Selected Educational Statistics 2007).

Health

Countries with significant gender inequality like India, Pakistan, Bangladesh, China and West Asia have higher female to male mortality in the age-group of 0-4 years unlike in Europe, America, and Sub-Saharan Africa where female children have higher survival chances. In India, female mortality is higher than male mortality in this age-group. This is especially so in regions with pervasive gender inequality. Female labour force participation has a positive effect on survival chances of girls vis-a-vis boys. A problem still remains. Sometimes the double burden of household and outside work constrains women in looking after the health of their children. This may not be as significant a factor as female literacy which negatively impacts under-five mortality. Female literacy affects female under-five mortality more than male under-five mortality. For instance, increase in crude literacy rate from 22 per cent to 75 percent in 1981 reduces under-five mortality from 156 per thousand to 110 per thousand (Dreze and Sen 2002: 251).

Amartya Sen and Sunil Sengupta (1983) have studied the nutritional level for children under five in two large villages using weight-for-age as an indicator. They found that in the beginning the male and female infants are at the same level of nutrition but gradual deprivation causes girls to become undernourished. Girls become underfed not only because of being fed unevenly but more because of lack of proper health care. Jocelyn Kynch and Sen (1983) studied admissions data from two large public hospitals in Mumbai only to find that girls admitted to hospitals were more ill than boys. This shows that girls have to be terribly ill before being taken to a hospital (cited in Sen 2001).

The magnitude of girl child mortality is reflected from the fact that every year, about 12 million girls are born in India; a third of these girls die in the first year of their life; three million, or 25 per cent, do not survive to see their fifteenth birthday. The child mortality rate between 0-4 years for girl child is 20.6 percent, two percent

more than that of boys (18.6 percent). The root cause of malnutrition amongst girls is not just poverty and lack of nutritious food, but also fundamentally the lack of value of girls. Discriminatory feeding practices reveal that girls' nutritional intake is inferior in quality and quantity. Boys have access to more nutritious food; boys are given first priority with the available food within the family; female infants are breastfed less frequently, for shorter duration and over a shorter period than boys. Gender discrimination results in malnutrition of girls on a large scale; 56 percent of girls (15-19 years) continue to suffer from anaemia; 45 per cent of the girls suffer from stunted growth as opposed to 20 percent of boys. Due to dietary deficiencies, adolescent girls do not achieve their potential weight and height. Also, 35 per cent of rural adolescent girls have a weight below 38 kg and a height below 145 cm. Anaemia is often responsible for miscarriages, still births, premature births, low birth-weight babies and maternal mortality during childbirth. Undernourished girls who grow into undernourished mothers continue a vicious intergenerational cycle of under nutrition and wastage of women (Girl Child in the Eleventh Five-Year Plan).

Violence

A woman (girl) has to bear the burden of her body throughout her life. A patriarchal society perceives women as 'objects of desire' who are meek and powerless. According to Ghadially (1998), violence against women is an attack not only on her body but also on her personhood. Women have to face violence of various kinds in every stage of their lives. This curtails their mobility and freedom. Rape, the most heinous of crimes against women, establishes dominance and unequal power structure in society.

According to the report 'Crime in India 2006', there were 19,365 victims of rape in the country. Of these, 8.2 percent (1,593) of the total victims of rape were girls under the 15 years of age, while 17.4 per cent (3,364) were teenaged girls (15-18 years). In many cases, offenders were known to the victim. Sometimes parents/close family members were involved and other times neighbours or relatives. This shows vulnerability of girls and the dreadful proportion of crime against them.

Trafficking and Commercial Sexual Exploitation

The buying/selling of girls for prostitution is girl trafficking. It violates human rights and damages the self-respect and dignity of the individual. In India, various laws such as Juvenile Justice (Care and Protection) Act of 2000 (JJA), Immoral Traffic (Prevention) Act of 1956 (ITPA) have been legislated to provide support, care and protection to children in various States. A decrease of 55 per cent has been observed in such cases with 67 cases being reported during 2006 as compared to 149 cases in 2005. Bihar (42) and Orissa (12) have reported the highest number of such cases accounting for 62.7 percent and 17.9 percent respectively of total such cases at the national level (Crime in India 2006).

Children of Sex workers

Prostitution has existed in our country for centuries causing sexual, social and psychological exploitation of women in our society. Given the vulnerable state of women prostitutes, definitely their daughters are also susceptible to becoming an easy prey to the 'flesh trade'. A study was done in Kerala to understand the life of children of sex workers. Using the case study method, the researcher conducted interviews with five children (three girls and two boys) about their family, culture, socialization, self-esteem, economic status and physical environment, finance and expectations from life. Jayasree concludes that it will be an erroneous belief to put children of sex workers in a compartment labelling them as those with problems and the children with a better life on the other side. Children's lives are affected by many aspects that include cultural, physical environment available, socialization

process and the social context and so on. Therefore, children in difficult circumstance may develop better coping skills than those in better conditions. However, children of sex workers undergo shame when they are despised and ostracized from the community.

Child Marriages

Child marriages still continue despite the fact that the Child Marriage Restraint Act was enacted as far back as in 1929. In 2008, 78 such cases have been reported, three of which were recorded in Rajasthan alone. According to NFHS-3 (2005-06), 45 percent of women aged 20-24 years were married before the legal age of 18 years. This figure was 50 percent seven years earlier. According to NFHS-2 Report (1998-99) there are stark variations between States on this figure. About half of the women aged 25-49 married before the age of 15 in Madhya Pradesh (52.6%), Bihar (51.0%), Uttar Pradesh (49.7%), Andhra Pradesh (48.9%), and Rajasthan (47.8 %). About four-fifths of the women of these States-Madhya Pradesh (78.5%), Bihar (83.9%), Uttar Pradesh (79.6%), Andhra Pradesh (79.8%) and Rajasthan (81.5%) were married before reaching the legal minimum age of 18 years.

The efficacy of the Act has been limited in preventing child marriage as thrust of the Act is on 'prevention' and not declaring the marriage null and void after it has occurred. The amendments to CMRA is under preparation by the Ministry of Women and Child Development and the amended bill is likely to be called the 'Prohibition of Child Marriage Bill' with emphasis on 'prohibition' instead of just 'prevention'.

Media

The advent of liberalization and globalization seems to have affected the childhood of girls in a significant manner. Media is presenting sexualized images of girls in advertisements for sale of products. The concern among young girls even as young as 10-14 years is to look beautiful, slim and trendy. This mad rush to start early is reducing the gap between childhood and adulthood, causing a loss of innocence. Meenakshi Gigi Durham, who has done research on adolescent girls and the media, emphasizes this point. In her book 'The Lolita Effect: The Media Sexualisation of Young Girls and What We Can Do About It' (2008), she examines the sexualization of 'tween' girls, those between eight to twelve years old, in advertising and pop culture because of the market which seeks to create lifetime consumers. Certain myths are nurtured like the perfect body, the need to exhibit it and also to be attractive to the opposite sex. Media projects such images of ideal body shapes and beauty which are highly improbable. These are used by the market to persuade the potential consumers, in this case girls. The impact on girls is usually devastating. Under pressure to meet these standards, they develop a lower self-esteem and often develop eating disorders like anorexia nervosa. A recent survey found that girls even 10-year-olds face anxiety when it comes to fulfilling standards of beauty. The solution to such a predicament is parental guidance whereby such issues can be discussed and girls can reflect upon the perverse role that media plays (Cheong 2008; Walia 2008).

Check Your Progress I

Note: Use the space provided for your answer.

- 1) Critically look at the Education and health status of girl child in India.

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2) How can the life of girl child be made more secure and safer?

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2.4 POLICY RECOMMENDATIONS

Since Independence various policies have been framed to improve the status of girls and women in India. The National Policy for Children 1974 declares children to be a “supremely important asset”.It emphasizes a comprehensive health programme, and free and compulsory education for all children till 14 years of age focusing on girls. The policy states that “special efforts will be made to reduce the prevailing wastage and stagnation in schools, particularly in the case of girls and children of the weaker sections of the society” among other provisions. It suggests the need to form a ‘national board for children’ to plan, review and implement policies for children. The National Policy for Child Labour (1987) highlights the importance of “attracting and retaining girls from among working children, to NFE centres”.

The National Charter for Children 2004 states that for protection of the girl child, the State and community shall ensure that crimes and atrocities committed against the girl child, including child marriage, discriminatory practices, forcing girls into prostitution and trafficking are speedily eradicated. The State along with the community will undertake measures, including social, educational and legal, to ensure that there is greater respect for the girl child in the family and society. Serious measures will be taken to ensure that the practice of child marriage is speedily abolished. In order to empower adolescents the charter observes that special programmes will be undertaken to improve the health and nutritional status of the adolescent girl.

In this section, we shall discuss the policies in education in brief. Recent policies on women point to a departure from the earlier welfare approach. Though welfare and development of women is essential, still the emphasis now is on empowerment. We shall examine these policies in this context (Nayar 2001). The **National Committee on Women’s Education (1958-59)**, popularly known as the Durgabai Deshmukh Committee was the first committee after independence under the chairpersonship of Durgabai Deshmukh. It was set up to analyze the development of women’s education in India. It recommended appointment of school mothers especially in those schools where there were no women teachers, provision of attendance scholarships, women’s education week and emphasized on the need to channelize public opinion in favour of women's education. With respect to curriculum, the Committee suggested identical curriculum for boys and girls till the middle stage, after which, girls could be introduced to pre-vocational courses such as typing, tailoring or teaching. It also recommended the need to revise textbooks to refrain from gender stereotypical depictions. Overall, the Committee took a detailed view of women’s needs in relation to each level of education. Thereafter, the **Education Commission (1964-66)** under the chairpersonship of

Dr. Kothari (hence known as the Kothari Commission) emphasized the implementation of special programmes recommended by the earlier committees on women's education. It favoured common curricula for boys and girls. The **National Policy on Education 1968** states that education of girls needs to receive emphasis not only on grounds of social justice but also social transformation. **National Policy on Education 1986** (NPE-1986) states that equality of educational opportunity will be provided to all disadvantaged sections including girls. It lays special emphasis on the removal of disparities and on equalization of educational opportunity by attending to the specific needs of those who have been denied equality so far. Recognizing that education can prove to be a tool for attaining empowerment of women, the policy observes "education will be used as an agent of basic change in the status of women...The removal of women's illiteracy and obstacles inhibiting their access to, and retention in elementary education will receive overriding priority, through provision of special support services..." (Chapter IV, 4.2 and 4.3).

National Policy for the Empowerment of Women 2001 elaborates the rights of the girl child. All forms of discrimination against the girl child and violation of her rights will be eliminated by undertaking strong measures both preventive and punitive, within and outside the family. These would relate specifically to strict enforcement of laws against prenatal sex selection and the practices of female foeticide, female infanticide, child marriage, child abuse and child prostitution etc. Removal of discrimination in the treatment of the girl child within the family and outside and projection of a positive image of the girl child will be actively fostered. In implementing programmes for eliminating child labour the policy states, there will be special focus on the girl child.

National Plan of Action for Children 2005

The National Plan of Action for Children 2005 commits itself to ensure rights to all children until the age of 18 years. It aims to ensure survival, protection, development and participation of a child so that she/he attains full potential and becomes an enlightened citizen. The plan suggests the need to abolish female foeticide, female infanticide and child marriage to ensure well-being of girls. With specific goals, objectives and strategies it aims to achieve equality of status for the girl child.

Check Your Progress II

Note: Use the space provided for your answer.

- 1) Enlist the policy provisions for the girl child in India.

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2.5 PROGRAMME INTERVENTIONS

Programme initiatives are based on the ideas of advocacy, social mobilization, prevention, participation, development, rights, recovery and integration, training and capacity building. The awareness campaigns encourage girls' education and develop public opinion against child marriages and child labour. The focus is on ensuring participation of girls in all spheres leading to capacity-building and their

all-round development. The programmes follow “girl-friendly” strategies which focus on equalizing opportunities for girls unlike “girl-centred” ones which try to change structural patterns of society to empower the girl child (Weiner 1985).

Sarva Shiksha Abhiyan with Special Focus on the Girl Child

The scheme of Sarva Shiksha Abhiyan (SSA) was started in the year 2001-02 with the objective of universalization of elementary education. It is an attempt to provide an opportunity for improving human capabilities to all children including the girl child, through provision of community-owned quality education in a mission mode. Reaching out to the girl child is central to the efforts to universalize elementary education. Sarva Shiksha Abhiyan, or ‘Education for All’ programme, recognizes that ensuring girl’s education requires changes not only in the education system but also in societal norms and attitudes. A two-pronged gender strategy has, therefore, been adopted to make the education system responsive to the needs of girls through targeted interventions which serve as a pull factor to enhance access and retention of girls in schools and on the other hand, to generate a community demand for girls’ education through training and mobilization. Education of girls has been a high priority with the Government of India.

The targeted provision for girls under Sarva Shiksha Abhiyan includes free textbooks to all girls upto class VIII, separate toilets for girls, back-to-school camps for out-of-school girls, bridge courses for older girls, recruitment of 50 percent women teachers, early childhood care and education centres in/near schools/ convergence with ICDS programme etc., teachers’ sensitization programmes to promote equitable learning opportunities, gender-sensitive teaching-learning materials including textbooks, intensive community mobilization efforts, ‘innovation fund’ per district for need-based interventions for ensuring girls’ attendance and retention.

Through the SSA, efforts are being made to generate a community demand for girls’ education and enabling conditions for people’s and women’s participation, to create the push factors necessary to guarantee girls education. Motivation and mobilization of parents and the community at large; enhancing the role of women and mothers in school-related activities and participation in school committees; and strengthening the linkages between the school, teachers and communities are some of the ways in which the enabling conditions are being created.

In addition, to target pockets where girls education is lagging behind, the Government of India has launched two focused interventions for girls - the National Programme for Education of Girls at Elementary Level (NPEGEL) and the Kasturba Gandhi Balika Vidyalaya (KGBV) to reach out to girls from marginalized social groups in over 3,000 educationally backward blocks in the country where the female rural literacy is below the national average and the gender gap in literacy is above the national average.

National Programme for Education of Girls at Elementary Level (NPEGEL)

Government of India has declared its commitment to achieve Universalization of Elementary Education by 2010. This entails a special thrust on girls’ education as well as greater rigour in planning, targeting and actually implementing the interventions designed. Statistics reveal that despite the efforts that have been made, gender disparities persist in enrollment of girls, especially in rural areas and among disadvantaged groups. The disparity is more acute in the enrollment of Scheduled Castes and Scheduled Tribes, especially at upper primary level.

Sarva Shiksha Abhiyan has limited financial provisions for girls’ education in the form of free textbooks and innovations at district levels. So, the National Programme for Education of Girls at Elementary Level (NPEGEL) has been formulated for providing additional support for education of underprivileged/disadvantaged girls

at elementary level. The target group includes out of school girls, drop out girls, overage girls who have not completed elementary education, working girls, girls from marginalized social groups, girls with low attendance and with low levels of achievement, and girls rescued from work, trafficked children, daughters of sex workers, displaced girls including girls in disturbed areas and urban settings. NPEGEL is a part of SSA and will be implemented under its umbrella but as a distinct and separate gender component plan of SSA.

The Kasturba Gandhi Balika Vidyalaya (KGBV) scheme has since 1st April, 2007 got merged with the SSA programme as a separate component. It was launched by the Government of India in August, 2004 for setting up residential schools at upper primary level for girls belonging predominantly to the SC, ST, OBC and minorities in difficult areas. The KGBV ran as a separate scheme but in harmony with SSA, NPEGEL and Mahila Samakhya (MS) in the initial years.

Janshala: The Government of India collaborated with UN agencies like ILO, UNICEF, UNESCO, UNFPA to provide support for Universalization of Elementary Education and started the Janshala. It is a community-based education programme to make primary education accessible to girls. This Block-based programme started in blocks selected on the basis of female literacy, child labour, scheduled caste and scheduled tribe population. Now, it is operational in 139 blocks in nine states of Karnataka, Andhra Pradesh, Madhya Pradesh, Chhattisgarh, Jharkhand, Orissa, Maharashtra, Rajasthan, Uttar Pradesh. It also covers cities of Hyderabad, Puri, Cuttack, Jodhpur, Lucknow and Bhillai. It caters to 110 lakh children (2007: 11)

Nutrition Approved for Adolescent Girls: The Government of India is continuing with the Nutrition Programme for Adolescent Girls (NPAG) in the year 2007-08 on a pilot project basis. The project is being implemented in 51 identified districts i.e. in two backward districts each in major states, identified on the basis of ranking developed by Rural Development Division of the Planning Commission and in the most populous district excluding the capital district each, in smaller states/ UTs. Undernourished adolescent girls in the age group 11-19 years with body weight less than 30 kg in the age group of 11 to 15 years and below 35 kg in the age group of 15-19 years are covered under this scheme. Free foodgrain at the rate of 6 kg per beneficiary per month, is provided to these undernourished adolescent girls. The programme has been operationalized through the administrative set up of ICDS at the state, district, block and anganwadi centre level. The success of the intervention depends on effective linkages with the Public Distribution System (PDS) and effective synergy and convergence with health services (DWCD 2007-08).

Conditional Cash Transfer for Girl Child with Insurance Cover: The Ministry of Women and Child Development has launched a new Pilot Scheme “Conditional Cash Transfer for Girl Child with Insurance Cover (CCT)” wherein cash transfers will be made to the family of the girl child (preferably the mother) on fulfilling certain specific conditionalities (Birth registration, immunization, school enrollment and retention, delay in marriage of the girl child till age of 18 years). In addition, an insurance coverage to the tune of Rs 1 lakh would be taken for the girl child born on and after a cut-off date proposed. The central tenet of CCT is the linking of cash to behaviour by providing money to poor families contingent upon certain verifiable actions.

The objective of the Scheme is two-fold:

- a) The direct and tangible objective is to provide a set of staggered financial incentives for families to encourage them to retain the girl child and educate her etc.
- b) The more subtle and intangible objective is to change the attitudinal mindset of the family towards the girl - by linking cash transfers to her well-being.

This will force the families to look upon the girl as an asset rather than a liability since her very existence has led to cash inflow to the family.

The Scheme is being implemented as a pilot in eleven Blocks in seven States (Andhra Pradesh, Chattisgarh, Jharkhand, Uttar Pradesh, Bihar, Punjab and Orissa). These Blocks except in Punjab are educationally backward as identified by the Department of Education. A Pre-Project Survey and setting up a Monitoring and Evaluation Mechanism with support from World Bank is being undertaken. The Scheme has been included in the Eleventh Plan (MWCD 2007-08)

Effective Implementation of the Pre-Conceptional and Pre-Natal Diagnostic Techniques Act: The Ministry of Women and Child Development has given a number of suggestions for effective implementation of the Pre-Conceptional and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 by strengthening monitoring mechanisms through multiple memberships including NGOs in the National Inspection and Monitoring Committee, de-linking medical professionals from Appropriate Authorities, suspension of errant clinics/doctors, system of incentives/decoy operations etc.

Awareness Generation on Female Foeticide: In order to combat female foeticide, a massive nationwide sensitization and advocacy campaign with specific focus on the importance of the girl child is being undertaken. As this requires multi-sectoral approach, MWCD has taken the lead in collaborating with Ministries such as Ministry of Defence (NCC, Army Wives Association etc), Ministry of Youth and Sports (NYKS and NSS), Ministry of Panchayati Raj and Ministry of Health and International Organizations to draw up a Plan of Action. The grassroot functionaries such as Anganwadi Workers (AWW), Auxiliary Nurse and Mid Wife (ANM), ASHA Worker, Panchayati Raj Institutions have been advised and sensitized to keep track of pregnant mothers and take note of female births and tracking the progress of girl child. (MWCD 2007-08)

Ladli Scheme: The Government launched the ladli scheme under which the Government as part of the scheme will make a payment of Rs.6,000 if the girl child is born in a hospital or nursing home in Delhi and will provide a cash payment of Rs.5,000 each on admission of the child to Class I, VI, IX, X and XII. The aim of this scheme is to combat female foeticide and to facilitate birth of more girl children. It seeks to benefit maximum number of girl children and ensure that she is seen as an asset to the family and an economically self-reliant individual. It is also to enhance the social status of the girl child by promoting their education and protecting them from discrimination and deprivation. It will also help in increasing enrollment of girls in schools and overcome the problem of dropouts. The scheme also fulfills dreams of families whereby their daughters would be educated. The girl child should be born in Delhi on or after January 1, 2008 and the annual income of the parents of the girl child should not exceed Rs one lakh (TOI March 8, 2008; May 2, 2008).

The Haryana government claims that the state's lopsided sex ratio has improved marginally after it introduced the 'Ladli' scheme of financial assistance for girls in 2005. The sex ratio of 819 girls per 1,000 males in the 0-6 years age group has now improved to 823 girls per 1,000 males, according to the statistics of 2005. Under the 'Ladli' scheme, parents having a second girl child are given a financial assistance of Rs.5,000 per year up to five years of the birth of the girl. The amount is invested in savings schemes and a matured amount of nearly Rs. 87,000 would be paid to the girl when she attains 18 years of age. Buoyed by the success of the scheme, the state government has set a target of making the benefits of the scheme reach 85,000 girls in the next five years. So far, 5,642 girls have benefited under the scheme since it was introduced on August 20, 2005. The scheme was introduced as one of the measures to combat female foeticide and check the declining sex

ratio in Haryana. 65 percent of Haryana's population comprise of women and children in the 0-6 years age group (The Sunday July 30, 2006).

The Ladli Social Security Pension Scheme: This scheme is a unique initiative taken by the Haryana Government to improve the socio-economic status of women and check the declining sex ratio. The scheme had specially been introduced for families that had only daughters and suffered from feelings of insecurity that they would be left alone in life after the marriage of their daughters. Only such parents, one or both of whom belonged to Haryana, could benefit from this scheme. They should also not have their own son or any adopted son. A monthly pension of Rs. 300 is being given under this scheme to the registered families from the 55th to 60th birthday of the mother or father, after which they would become eligible for old age allowance. In case the mother or the father died during this period, the living spouse would get the pension till the age of 60 (The Hindu January 7, 2007).

Dhan Laxmi: The Central Government launched 'Dhan Laxmi' like the ladli scheme, a conditional cash transfer scheme for the girl child in view of the falling sex ratio and also to stop female foeticide. The objective of the scheme is to provide financial incentives for families to encourage them for better upbringing of the girl child and to educate her. The scheme also seeks to change the attitude of the family towards the girl who from now would look upon the girl as an asset rather than a liability since her birth would facilitate the family with cash inflow. As per the unique scheme, the family of the girl child will be provided a significant amount of money if the child fulfills certain conditions like registration of birth of the girl, following total immunization schedule, school enrollment and delaying of marriage until the age of 18 years. The centre also plans that an insurance cover of Rs.1 lakh will be provided to the girl child at birth. Overall, a cash package of Rs. 2 lakh will be provided to the girl's family, preferably to the mother, through the scheme. Firstly the scheme will be started on a priority basis in eleven educationally most backward blocks of Andhra Pradesh, Chhattisgarh, Orissa, Jharkhand, Bihar, Uttar Pradesh and Punjab. It will cover both those living below and above the poverty line. An estimated amount of Rs.10 crore has been earmarked for 2008-09 to facilitate benefits to around 1, 01,970 girl children.

Kishori Shakti Yojana (KSY) seeks to empower adolescent girls, so that they are able to take charge of their lives. It is viewed as a holistic initiative for the development of adolescent girls. The programme through its interventions aims at bringing about a difference in the lives of the adolescent girls. It seeks to provide them with an opportunity to realize their full potential.

This scheme is a redesign of the already existing Adolescent Girls (AG) Scheme being implemented as a component under the centrally sponsored Integrated Child Development Services (ICDS) Scheme. The new scheme dramatically extends the coverage of the earlier scheme with significant content enrichment, strengthens the training component, particularly in skill development, aspects aimed at empowerment and enhanced self-perception. It also fosters convergence with other sectoral programmes, addressing the interrelated needs of adolescent girls and women.

Adolescent Girl Scheme

ICDS, with its opportunities for early childhood development, seeks to reduce both socio-economic and gender inequalities. In order to better address concerns for women and the girl child, it was necessary to design interventions for adolescent girls. This is aimed at breaking the inter-generational life cycle of nutritional disadvantage, and providing a supportive environment for self-development. For the first time in India, a special intervention has been devised for adolescent girls, using the ICDS infrastructure. This intervention focuses on school drop-outs, girls

in the age group of 11-18 years, with a view to meet their needs of self development, nutrition, health, education, literacy, recreation and skill formation. Special emphasis is also placed on reducing nutritional anaemia among this group. This scheme has been sanctioned in 507 blocks covering all States and UTs. "State parties recognize that every child has the inherent right to life. State parties shall ensure, to the maximum extent possible, the survival and development of the child" (Article 6 of the UN Convention on the Rights of the Child). Government of India acceded to this convention in December 1992.

Check Your Progress II

Note: Use the space provided for your answer.

- 1) What are the programmes for the welfare and development of the girl child? Examine their effectiveness.

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2.6 LET US SUM UP

In this unit we have reviewed the situation of the girl child in India. The girl child is the most disadvantaged in terms of educational indicators of enrollment, retention and drop-out. The health profile of girls shows that due to female foeticide and infanticide the girl child is either not born or dies much earlier in life. If she continues to live, discrimination in nutrition and health services affect her well-being. The extremely low sex ratio in the age-group of 0-6 years is the result of such a situation. Policies have been formulated that recognize her marginalization and various efforts are being made to enhance her life status. But there is a long way to go still.

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