Journal of Exclusion Studies
Vol. 3 No. 2, August 2013, 103-108
DOI: 10.5958/j.2231-4555.3.2.013

Research Article

Cultural Constraints to Girl Child's Right to Health and Nutrition

Abdul Matin[1*], Mohd Arif Khan[2], Umam Farooq[3]

[1]Professor, Department of Sociology, [2]Guest Faculty, Department of Social Work, Aligarh Muslim University, Aligarh-202002, Uttar Pradesh, India.

[3]Technical Officer, Monitoring and Evaluation, Urban Health Initiative (UHI), Aligarh, Uttar Pradesh, India.

*Email id: amatinamu@gmail.com

ABSTRACT

The present paper attempts in examining cultural constraints by identifying the deprivation of girl child in terms of health and nutrition, which begins from her family and continues at the community level at large. India in general and Uttar Pradesh in particular is conspicuous for gender bias practices till date including in the areas of health and nutrition. Birth of a girl child is either not celebrated or if at all celebrated than with minimum rituals. Harmful traditional practices perpetuate deprivation of girl child in getting proper nutrition and health care. In this study, the indicators taken into consideration are initiation of breast feeding, exclusive breastfeeding throughout the first 6 months, clothing and birth ceremony for examining denial of girl child's right to health and nutrition as cultural constraint.

Keywords: Breastfeeding, Birth Ceremony, Clothing, *Doodho nahao, pooton phalon,*

'Bringing up a daughter is like watering a plant in another's courtyard'
Girl is considered as a liability and outside commodity.

INTRODUCTION

India is the fourth most dangerous country for a girl child in the world (http://www.unfpa.org/gender/docs/sexselection/indiapublishedpapers/UNFPA_Publication-39858.pdf). It is believed that every year 12 million girls are born in the country but unfortunately only one-third of those survive. Some are killed in the womb, some at the time of birth, some die due to ill health and some due to poor nutritional status. Only a few numbers of girls are able to survive till their 15th birthday. Female feticide and infanticide are the most popular social evils prevailing in the country. This evil is the outcome of poverty, illiteracy and gender discrimination. Poverty, gender discrimination and son preference have also influenced the nutritional status of a girl child. Malnutrition is responsible, directly or indirectly for about one-third of deaths among children under five years. Well above two-thirds of these deaths are often associated with inappropriate feeding practices, occur during the first year of life (http://www.who.int/nutrition/topics/infantfeeding/en/index.html). There are almost 75 million malnourished children existing in the country. It is estimated that 75% of the total malnourished children are girls who show signs of chronic and acute malnutrition (http://www.indianchild.com/girl-child/future-of-india.htm).

Background of the Problem

India is one of the few countries where selective sex gender bias exists till today. The onslaught of feminism

has not allowed Indian women to revolt against the century old systems. For centuries together women have played their roles of being the provider and sustainers of families without even a thank you note at the end of their lives. (http://www.indianchild.com/girlchild/a-girl-child-is-gods-gift.htm). The home is the cradle of civilisation for every child. It is the first school of socialisation experienced by any child including the girl-child from birth. The home has great influence on the growth and development of the child. Childhood experiences are mostly influenced by family/home. Thus, Uzoka (1980), Slater and Power (1987), Okafor (1988), Nwachukwu (1993) and Okonkwo (2001) traced any academic, psychological and social problems of the child to the home. Childhood is a very essential period in the development of every individual. It is the formative stage for all knowledge and for development of interest. Rubin (2002) stated that most interests that lead to career seem to start in early childhood. Woolnough (1991) also noted that experience of childhood at home and school influences the child's attitude and interest in anything. Care must be taken on the type of experience the child is exposed. In the homes, the girls are exposed to the experiences of traditional norms, values and practices. These traditional values and practices are basically attitudinal and are transmitted from generation to generation as code of conduct for the society. However, these practices are designed to sustain patriarchy gender inequality in the society as a way to preserve the social well-being of children and women. Invariably, it is the fundamental rights of women and children that are mostly violated by these practices. These traditional norms and practices have powerful influence on the girl child. With the recent concerns on human rights, most of these practices are not suitable for social and healthy growth of the girl child in the society. Rather they increase the burden of the developmental tasks for the girl child. The girl child is particularly vulnerable to these practices as she suffers doubly as a result of societal marginalisation first as a female and second as a child. These traditional practices are synonymous with gender-based violence against women. These traditional practices as they may be called are the code of conducts in the homes. These traditional practices have successfully provided two different developmental grounds in the same home for the growth of the boy child and the girl child (Uzoka, and Power; Okafor; Okonkwo and Woolnough, quoted in Ezeliora and Ezeokana, 2011).

Harmful Traditional Practices

A number of cultural practices are harmful to the physical integrity of the individual and especially women and girl children. Some cause excruciating physical pain while others subject them to humiliating and degrading treatment. Harmful traditional practices emanate from the deeply entrenched discriminatory views and beliefs about the role and position of women in society. The role differentiation and expectations in society relegate women to an inferior position from birth throughout their lives. Harmful traditional and cultural practices maintain the subordination of women in society and legitimise and perpetuate gender-based violence (Wadesango, 2011). These practices heap on the denial of girl child as follows:

1. **Denial of Social/Resting Time:** A social development report presented in 2010 to the World Bank and United Nations Development Programme (UNDP), found that the time a female child and a male child spends on various activities is similar, with the exception of domestic work and social/resting time; a female child spends nearly three-fourth of an hour more on domestic work than a male child and therefore lesser hours of social activity/resting than boys (http://siteresources.worldbank.org/EXTAFRREGTOPGENDER/Resources/MalawiSCGA.pdf).
2. **Denial of Food and Nutrition:** Boys are breastfed for a slightly longer period of time than girls in India as a whole (Sharma, 2011). The duration of breastfeeding is much shorter for girls than for boys in Haryana, Rajasthan and Madhya Pradesh. One reason for the shorter period of breastfeeding for girls is the parents' desire to have another child sooner after the birth of a girl than after the birth of a boy, in the hope of having a boy for the next birth. Although the intent of parents may not always be to provide less adequate nutrition to daughters by weaning them earlier, the effect is the same (Mutharayappa, 1997). Also, female children in general are given lesser food both in quality and quantity and therefore are undernourished compared to male children. A little girl eats last and least and she is up to three times more likely than boys to suffer malnutrition (http://www.rise-of-womanhood.org/girl-child-problem.html). Gender differentials in nutritional status are

reported during infancy, with discriminatory breast-feeding and supplementation practices. Infant girls are breastfed less frequently, for shorter duration, and over shorter periods than boys (Sharma, 2011).

3. **Denial of Health care:** There is plenty of evidence that shows that the girls are been given lesser food and health care than boys, especially in Northern India. Girls are breastfed for shorter periods, given less medical attention, fewer consultations and visit to a doctor, and in case of an emergency or a major health concern are taken very late or not at all to the hospital. Miller called this as an extended 'infanticide' where life-sustaining inputs like food, nutrition and health care were denied to the female child (Miller, 1981 and 1989). Studies across India have found that boys are much more likely than girls to be taken to a health facility when sick (Sharma, 2011). Gender differences in health care between girls and boys are the direct consequence of discrimination against females in seeking health care. In India, discrimination of girls in both preventive (immunisation) and curative (treatment of illness) care are also reported with varying degrees among the states. Studies have recognised this as the main pathway for excess female child mortality. Even when such discrimination is not fatal, it can still produce greater frailty among survivors and thus is an important child health issue in itself (http://paa2006.princeton.edu/papers/60960).

4. **Son Preference:** In India traditions, values and customs entrenched in time have resulted in an insatiable desire for sons. Sons are preferred over daughters for a number of economic, social and religious reasons, including financial support, old age security, property inheritance, dowry, family lineage, prestige and power, birth and death rituals and beliefs about religious duties and salvation (Sharma, 2011). The mere gender of own progeny calls upon for discrimination by the mother. Religious belief that only son can perform her last rites, social understanding that only he can be heir to the property and conviction that only he will be able to take care of parents in old age, triggers the urge for baby son. (http://www.nomadit.co.uk/iuaes/iuaes2013/panels.php5?PanelID=1503). In India, where all blessings traditionally begin with '*Doodho nahao, pooton phalon'* (may you be blessed with sons), it is no surprise that the birth of a girl child is not really seen as an occasion to rejoice.

Indian Context

Despite 'India Poised' and 'India Shining' 21st century slogans, the country has a shameful record of girl/boy ratio all over the country. Even in educated urban areas where every facility is available, the selective sex tests, female infanticide through pre-natal diagnostics tests families want boys and not girls (http://www.indianchild.com/girlchild/urban-vs-rural-india.htm). In India, the levels of excess female child mortality as a result of son preference have increased during the last several decades. NFHS-1 (1992–93) indicates that child mortality for girls in India, as a whole, at 42.0 per 1000, was 43% higher than for boys at 29.4 per 1000. The corresponding figure from NFHS-2 was 42 per 1000, which was 49% higher than boys at 28 (http://paa2006.princeton.edu/papers/60960). NFHS-3 shows female child mortality high at 22.9 per 1000 from male child at 14.2 per 1000. Nationally, a girl child's disadvantage with regard to survival is most evident in the under-five mortality rate: 79 girls per 1000 births die before their fifth birthday, compared with 70 boys per 1000 births (MoHFW 2007).

Research Design

Data were collected during December 2011 to January 2012. The total size of the sample was 600, with 50 samples each from 12 blocks of Aligarh district. Schedule was used to collect data. Two households were selected from each village, one most near and the other distant from the house of ASHA from randomly selected sub-centres.

Data

Table-1: Denial of Girl Child's Right in Aligarh District

Sl. No.	Particulars	Male	%	Female	%	Total
1.	Delayed initiation of breastfeeding	35	55.6	28	44.444	63
2.	Baby not exclusively breastfed	85	48.6	90	51.429	175
3.	No clothing immediately	48	67.6	44	50.575	92
4.	No ceremony	71	22.3	87	30.851	158

ANALYSIS AND RESULTS

a) **Initiation of Breast Feeding:** *Colostrum* (the first milk) after birth is recommended by World Health Organisation as the perfect food for the newborn and feeding should be initiated within the first hour after birth (http://www.who.int/topics/breastfeeding/en/). On the other hand, there is a remarkable pattern in the community that it is not provided to the babies just after birth and thrown away with initiation of breastfeeding only after 3 days in most of the cases. This is to avoid some supposed detrimental effects associated with *Colostrum* to the child. Generally, at the time of *Litar Dhulai* and *Chatti* (ritual within the first week) when the *Bua* (paternal aunt) arrives, the breastfeeding is initiated with a marked degree of celebrations. *Bua* is being waited for initiation of breastfeeding and is presented with *Neg,* which comprises of gifts in the form of cloths, cash, jewelry, etc. depending on the financial condition and status of the family. The expectations of *Bua* and celebrations are minimal in the case of birth of a female child. In the community, the first milk is known as '*Khees',* which is yellow coloured, thick and glutinous. Commonly, it is not considered as milk due to its yellow colour, different from the white coloured milk. Elders usually advise for not using it as per past practice. It was observed that the male child was cherished more and every possible care taken to protect it from harmful or assumed unfavourable stuffs. It is evident from the Table-1 that male children were delayed for breastfeeding to protect them from the perceived harmful effects of the *Colostrum.* This was not the same in the case of girl child where breastfeeding was not delayed on the pretext of saving them from 'ill effects' of *Colostrum.*

b) **Exclusive Breastfeeding:** It is recommended that the children should be exclusively breastfed for at least up to 6 months from birth as per WHO guidelines (http://www.who.int/topics/breastfeeding/en/). Exclusive breastfeeding is achieved only when things other than mother's milk *viz.* honey, gripe water, tea, coffee and even water are not provided to the child. Table-1 explicitly shows that the girl children are not exclusively breastfed as compared to the males. The reason observed is that the male child enjoys more the company and attention of mother than the girl child. Women work in and outside and the male child is kept along regularly having provided more chances of breastfeeding than the girl child who is left at the home with other family members and provided with feeds other than the nutritious mother's milk. Even in the case of non-identical twins where the babies are of opposite sexes, it was observed that female child was deprived of breastfeeding as compared to the male leaving it to provide with substitutes other than the nutritious milk of the mother.

c) **Clothing:** Clothing immediately after birth is important to avoid cold and pneumonia, which is one of the major causes of mortality. Stitched clothes protect more the child from the dangers associated with hypothermia arising due to lowering down of body temperature. It is observed that even in chilly winter season newborn remains without proper clothing for few days. When paternal aunt (*Bua*) comes then the child is provided with clothing. During this period newborn lives under the danger of suffering with pneumonia and eventually death. This practice prevails with the birth of child and traditionally observed. Table-1 shows that clothing was delayed in the case of male child as in this case *Bua* is being waited for, on the birth of nephew and whole family celebrates this event. On the other hand, when female child is born, in few cases, *Bua* was expected to come with preparations in advance of visiting her brother's house, which could delay clothing. This presents an otherwise grim picture for the female child and further buttressing the dispossession and vulnerability. Moreover, it shows the lack of proper care and attention that intensifies the denial of rights in the case of girl child (Sherwani 2013).

d) **Birth Ceremony:** Birth of child is a matter of joy and happiness in the family as well as in community. It is observed that there is discrimination in the birth ceremony according to sex of child. Table-1 indicates that the birth of girl child is less ceremonial. In the birth of female child, mother gets less or no respect from the family and community. On the other hand, in case a male child takes birth, *Thali* is banged from the top of the house where male child

is born. Sounds of fire crackers are heard and in many instances, gun shots are fired from the house. Celebration starts right from the place of birth. The birth of a baby boy is received with great joy. The rituals are more elaborate with the mother receiving compliments for producing a male child. The father enjoys great pride with the assurance of continuity of the family line and the protection of his property. Walls are painted having *Saatiya* (a symbol drawn from dung). *Chochak* is performed when the maternal relatives visit on the birth of a boy. It is interesting to note that it is a tradition that eunuchs visit the family of a new born with expectation of some incentives in return of their folk songs and dancing. In the case of birth of girl child, usually eunuchs do not make the visit due to very low expectations of getting something in return. The birth of a girl, however, is less ritualistic with reduced value attributed to the mother. The reception ceremony is minimal and less colourful. In some societies, particularly in Asia, son preference leads to malnutrition of the girls with deprivation in treatment and health care (Ras, 2006).

CONCLUSION AND RECOMMENDATIONS

Girls must enjoy the right to nutrition and health care. They must receive adequate nutrition and health care facilities. They must be given opportunities to explore themselves and prove their capabilities. The task of eliminating or reducing gender bias entails human rights either explicitly or implicitly. Public awareness needs to be created. There is a need to reorient the health system from gender perspective. Efforts should be directed towards change in the status of girl child from liability to asset.

There are following recommendations:

1. Removal of discriminatory views and beliefs about the role and position of women in society.
2. Abolition of harmful cultural practices against the girl child.
3. Promote success stories of women.
4. Integrated Child Development Scheme (ICDS)/ Angan Wadi Workers should be directed to promote nutritional delivery to girl child.
5. To reduce female feticide, ASHAs should visit the families with gender concern right from the detection of pregnancy.
6. As social activists ASHAs should focus visits to households having girl child to reduce female infanticide.
7. Effective implementation of the existing legislation.
8. Stringent laws and harsh punitive action to perpetrators of crimes against girls.

REFERENCES:

Ezeliora, B. and Jude, O.E. (2011). 'Inhibiting influences of some traditional practices in the home on girl-child's interest development in science*', African Journal of Political Science and International Relations* Vol. **5(7).**

http://paa2006.princeton.edu/papers/60960 (Accessed on 12/12/12).

http://siteresources.worldbank.org/EXTAFRREGTOPGENDER/Resources/MalawiSCGA.pdf (Accessed on 12/12/12).

http://www.iegindia.org/workpap/wp262.pdf (Accessed on 12/12/12).

http://www.indianchild.com/girlchild/a-girl-child-is-gods-gift.htm (Accessed on 12/12/12).

http://www.indianchild.com/girlchild/future-of-india.htm (Accessed on 12/12/12).

http://www.indianchild.com/girlchild/urban-vs-rural-india.htm (Accessed on 12/12/12).

http://www.rise-of-womanhood.org/girl-child-problem.html (Accessed on 12/12/12).

http://www.unfpa.org/gender/docs/sexselection/indiapublishedpapers/UNFPA_Publication-39858.pdf (Accessed on 12/12/12).

http://www.unfpa.org/gender/docs/sexselection/indiapublishedpapers/UNFPA_Publication-39865.pdf

http://www.who.int/nutrition/topics/infantfeeding/en/index.html (Accessed on 12/12/12).

Miller, B.D. (1981). "*The Endangered Sex*", New York: Cornell University Press,.

Miller, B.D. (1989). "Changing Patterns of Juvenile Sex Ratios in Rural India: 1961 to 1971", *Economic and Political Weekly*, **24 (22),** pp. 1229-35.

MoHFW (Ministry of Health and Family Welfare). 2007. '*National Family Health Survey (NFHS-3) 2005–06'* Volume **I,** Mumbai: International Institute for Population (IIPS), p xxxv.

Mutharayappa, R., Choe, M.K., Arnold, F. and Roy, T.K. (1997). "*Son Preference and its effect on fertility in India"*, Mumbai: National Family Health Survey Subject Reports No. 3., International Institute for Population Sciences and Hawaii: East-West Centre Program on Population, Honolulu.

Ras, B. (2006). '*The impact of harmful traditional practices on the girl child',* Florence: United Nations Division for the Advancement of Women (DAW) in collaboration with UNICEF Expert Group Meeting Elimination of all forms of discrimination and violence against the girl child UNICEF Innocenti Research Centre, pg 1-11.

Sharma, S. (2011). '*Child Health and Nutritional Status of Children: The Role of Sex Differentials',* Delhi: Population Research Center, Institute of Economic Growth University Enclave.

Sherwani, M.K. (2013). 'Harmful Traditional Practices Adversely Affecting Child Health in Aligarh', *Journal of Exclusion Studies*, Volume **2,** No. **2.** Pp. 135-142.

Wadesango, N., Rembe, S. and Chabaya, O. (2011). 'Violation of Women's Rights by Harmful Traditional Practices', *Anthropologist*, 13(2): 121-129 (2011). Retrieved from http://www.krepublishers.com/02-Journals/T-Anth/Anth-13-0-000-11-Web/Anth-13-2-000-11-Abst-Pdf/Anth-13-2-121-11-720-Wadesango-N/Anth-13-2-121-11-720-Wadesango-N-Tt.pdf