Girls Count:
Socio-cultural context and policy responses to discrimination against the girl child in India and China

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India and China have the worst sex ratios at birth and the most dismal record of discrimination against the girl child of all countries in the world. There are many similarities and some differences in the social and cultural contexts resulting in this inequity in child health in these countries. Both countries have also instituted many policies to attempt to address discriminatory behavior resulting in poorer health for girls than boys. Despite potential opportunities for shared learning, however, there is limited comparative analysis of either the social context leading to childhood gender discrimination or the subsequent policy responses in India and China. This paper addresses this gap. We present a comparative analysis of the social, economic and other motivations for son preference and childhood gender discrimination in health, and the structure, history and effectiveness of key policies to address this discrimination, in India and China. This paper is a collaborative effort between the International Center for Research on Women (ICRW), the Women's Studies Institute of China (WSIC) and Nankai University.

Background and rationale
China and India, the two most populous countries in the world, are also the two countries that have for centuries manifested the strongest son preference and worst discrimination against girls in childhood health and survival. The 'missing girls' phenomenon, as it is called, translates into millions of girls killed before they are born or at birth, or who face neglect during infancy and early childhood which can lead to a lifetime disadvantage for girls in nutrition and health. These discriminatory practices not only affect girls' ability to live a healthy life free of violence and coercion, and to realize rights and freedoms starting from birth, but also the broader demographic structures and social, cultural, and political life of both China and India.

Discrimination against girl children can be conceptualized as comprising an underlying gender-inequitable ideology, practices that manifest and implement the ideology, and outcomes that result as a consequence of the ideology *and* its implementation. This is visually represented in the figure attached in the Appendix. The ideology underlying and motivating discrimination against girls is that of son preference. A preference for sons arises due to gender-inequitable norms, beliefs and customs that result in a lower value of females than males. One significant manifestation of son preference is discrimination and elimination of girls (Croll 2000). This discrimination can take the form of sex-determination and sex-selection, discrimination against living girls through less access to food and health care than would be made available for boys, or female infanticide. These practices, in turn, can lead to various demographic outcomes. Sex selection leads to adverse sex ratios at birth skewed beyond what is biologically expected. Female infanticide leads to excess female child mortality. Discrimination against living girls can lead to either excess female child mortality if the discrimination results in death, or excess morbidity among girls if they do not die. This excess morbidity can continue into adolescence and adulthood, for example in the form of malnutrition. These demographic outcomes have strong social and cultural antecedents that are similar across India and China.

The motivation supporting the ideology of son preference stems from social and cultural beliefs and practices anchored in gender-unequal, patriarchal kinship systems. These kinship systems ensure that parents do not benefit from having daughters and have strong economic and social incentives to prefer raising sons and neglecting or eliminating daughters. In both China and parts of India, lineages are strictly exogamous. Social kinship rules mean that only boys remain in the lineage; clanship is strictly through the male line; girls or women can rarely inherit land; and

sons are the predominant providers of old age support and economic security and culturally mandated to perform this role.

These kinship rules, with their resultant absence of women from the formal social order and inability of women to inherit land, mean that women count little as individuals. Thus, women and girls have value only for their productive and procreative roles (Das Gupta et al. 2003). In particular, girl children count for little because the (natal) family taking care of them will not reap the benefits of their adulthood in this kinship system. Researchers argue that the patriarchy of these kinship systems in China and in much of India (particularly Northwest India) exhibit a unique rigidity in their logic and dynamics that are at the heart of the persistence of discrimination against daughters in these two countries.

The patterns of the discrimination are also similar across many regions of India and China. Historically this discrimination took the form of outright female infanticide and neglect of girl children, and in more recent times has increasingly involved sex-selective abortion. Moreover, data over the last 50 years show worsening sex ratios at birth and for children under age 5 years in both countries, such that China and India currently have the worst sex ratios at birth and under-5 in the world. Data from the U.S. Census Bureau's International Database show that in 2005 China had a sex ratio of 114 boys to 100 girls in the age group 0-4 years and India's sex ratio was 110.

Together with a common trend toward continued son preference and intensifying discrimination against girls, China and India also share a number of other cultural, economic and demographic similarities: large population sizes, the longstanding patriarchal social structures and norms described above, accelerated economic growth in recent years, rapid urbanization and declining fertility levels (Das Gupta and Bhat 1997, Das Gupta et al. 2003, Banister 2004). There are also important differences in the two countries, such as in their political systems and population policies, both of which could influence the way government and civil society attempt to address discrimination against girls.

There has been interest across both countries in the similarities and differences of the experiences of discrimination and efforts to address it, and there is some comparative research. Yet given the overlap in experience and motivation for son preference, comparative research that fully situates the problem in both countries in a historical, cultural, social and policy context is surprisingly scant. On the policy front, there is particularly little analysis on why active policy intervention has seen limited improvement and some deterioration in gender discrimination in both countries. Specifically there are few efforts, if any, to assess whether and how policies have been operationalized and implemented; what has worked and what has not, and why; and how implementation and effectiveness is influenced by possible conflicts between different interests and motivations, and by the dynamics of society, culture, economics and gender inequality.

Both countries have experimented with a mix of policies. These include policies to address the underlying causes of son preference, and policies targeting the gender discriminatory practices themselves, whether prenatal discrimination (in the form of sex-determination and sex-selection) or postnatal discrimination (in the form of neglect of girl children, sometimes leading to excess female child mortality). Policies have included incentive-based and disincentive-based

approaches to reward gender equitable behavior, or make discriminatory behaviors illegal, respectively. Local and national governments have enacted policies that target families and communities, focusing on the demand for sons; or that put in place punitive, legal measures targeted to the medical community or the private sector, focusing on the supply of services and equipment to allow sex-selective abortion. Finally, policies have emerged from multiple political motivations and interests.

Both countries also have policies to address the ideology of son preference itself and, in particular, the underlying low economic value of daughters to their natal family. Such policies tend to 'reward' families with girls by either providing direct financial incentives to them or subsidizing the care and education of girl children. Examples are the "Apni Beti-Apna Dhan" program started in India in 1994 and the "Guan Ai Nv Hai Xing Dong" program started in China in 2000. Other policies focus on reforming biases in inheritance laws to allow girls to inherit property.

Other social and demographic pressures often interfere with the effectiveness of policies to address son preference and girl-child discrimination. The Indian and Chinese governments have long had a strong policy commitment to family planning, and have combined policies to address discrimination with family planning goals. The most obvious of these are policies to address discrimination against girls which offer incentives conditional on family size. Consequently, incentives may be limited to families with only one girl or only two children. These policies fail because they don't address the context and motivations for son preference: these policies don't address the family composition norms that make higher-birth order daughters – but not first daughters – undesirable and thus most likely to face discrimination (Das Gupta 1987, Pande 2003). In contrast to government policies, in both countries the involvement of civil society and women's groups has often had a more positive impact through their role in policy debates around women's empowerment, gender inequalities and, more recently, sex-selective abortion. Their efforts over the last 10-15 years have taken the social, cultural and political environment into account, and have done much to start changing social and gender norms and ensure prohibitions on discrimination against girls in several laws and regulations.

Our paper elaborates on these themes by analyzing the similarities and differences in the social contexts and motivations for discrimination against the girl child in health; governmental and civil society policy responses; and how the interaction of the social context, political scenario and policy interests have shaped the form and effectiveness of policies to address discrimination against girls in health.

Key questions addressed by our paper
This paper will address these questions through a comparative analysis of discrimination and policies to address it in India and China over the last 2-3 decades. We will examine:

1. What are the similarities and differences in the dynamics, current state, and likely future trajectory of discrimination against girls in China and India, and its relationship to the trajectory of other social and economic indicators such as education, marriage patterns and economic rights?

2. What does the evidence say about the motivations, structure, and effectiveness of policy formulation and implementation in both countries? To what extent do these recognize and address the contextual factors propelling continued discrimination against girls?
3. What are the key lessons learned for each country and across countries in how to best address the varying forms of discrimination against girls?

Methodology

We will use an innovative combination of qualitative data generated through individual interviews, analysis of published and unpublished research, and information from a variety of popular media. This will allow us to triangulate data from different sources to get the most objective information possible on an issue that is now politically sensitive in both countries. Specifically, we will:

1. Identify and interview a core group of policymakers, activists, researchers and others who are experts on son preference and sex selection to get information on the context and content of the problem from multiple perspectives.
2. Conduct a systematic search of published and unpublished research including:
   a. Peer-reviewed journal articles and published books on the subject;
   b. Unpublished reports and policy-relevant documents available at government agencies and other organizations;
   c. The proceedings of national, regional and international workshops and conferences on sex-ratio or discrimination against girls;
   d. Relevant Ph.D. dissertations.
3. Understand and describe popular perception and critiques about the motivations for discrimination against girls, and the types of policies and local efforts implemented to address this inequity from:
   a. Articles and comments on the internet;
   b. Print news media;
   c. Web logs (blogs) and other interactive internet sites.

Expected results

Results will be organized into three parts, each of which will have relevance for understanding and addressing discrimination against girls. Specifically, we will:

1. Draw comparisons and lessons learned from current policies, and provide recommendations for future policy formulation, applicable to each country and across both countries. In particular, we will focus on the extent to which policies have needed to address the social context of son preference to be successful in addressing discrimination in health against the girl child.
2. Suggest methodologies for a more systematic evaluation of current and future policies.
3. Locate and describe best practices that could be replicated across countries. "Best practice" will be defined based on criteria such as innovativeness in addressing the social context of son preference, extent of grassroots mobilization, effectiveness to generate political will and use existing government systems, and effective use of resources including media.

Appendix

Son Preference: ideology, practice and outcomes
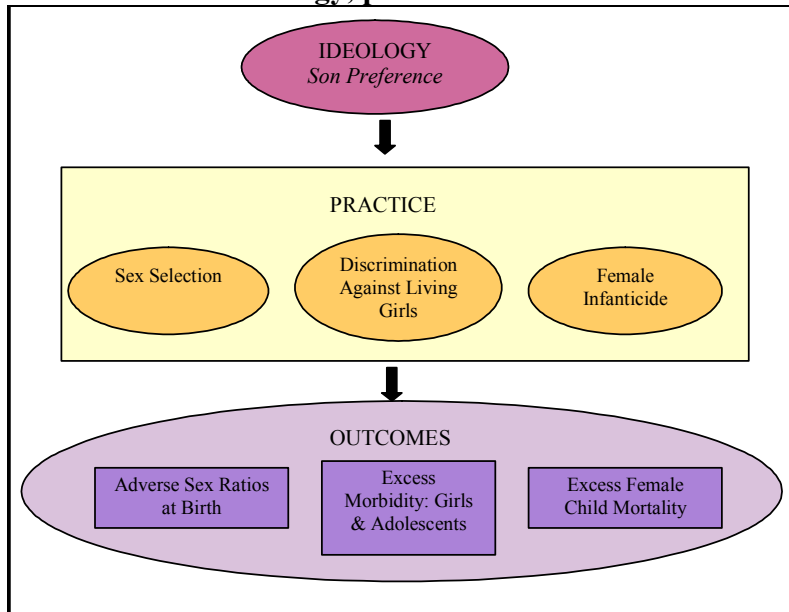
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