Patriarchy and Gender Disparities in Rural India: An Analysis to Strive towards SDG-5

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Abstract

For ages, India has been facing gender inequality beyond economic aspects and barriers to education. Patriarchy is deeply rooted especially in Rural India wherein gender inequality exists in the form of predefined gender roles and gender-based discrimination. Gender inequality is said to be a manifestation of the greater evil i.e patriarchy with mechanisms that bestow powers and privilege upon men leading to a sheer disadvantage to women. The authors found the drivers of patriarchy and gender inequalities to be namely: religious and cultural prejudice against women. The purpose of this paper is to provide a detailed analysis of patriarchy and gender disparities in Rural India while aligning with the objectives of Sustainable Development Goal-5. The secondary purpose of this paper is to outline the problems with existing laws, policies and projects that have been implemented to attain gender equality and prohibit the existing gender-biased practices in the country.

Keywords: patriarchy, India, gender inequalities, SDG-5, Rural India, gender disparities

1.0 Introduction

Gender inequality has been a social issue in India for centuries. In many parts of India, the birth of a girl child is not welcomed is a known fact. Discrimination starts from even before the girl child is born and sometimes she is killed as a fetus, and if she manages to see the light of day, she is killed as an infant. It’s 21st century and, even today, the girl child is discriminated against in most Indian households in every aspect, be it education, health, protection or participation. Patriarchy as an evil has crippled the nation since it came into existence. It is omnipresent, literally in all households, even in all modernity.

1.1 SDG 5 - Gender Equality

The 2030 Agenda for Sustainable Development provides a shared blueprint for peace and prosperity for people and the planet, now and into the future. At its heart are the 17 Sustainable Development Goals (SDGs), which are an urgent call for action by all countries. And SDG 5 is Gender Equality. Globally, 750 million females were married before the age of 18 and at least 200 million females in 30 countries have undergone FGM. In 18 countries, husbands can legally prevent their wives from working; in 39 countries, daughters and sons do not have equal inheritance rights; and 49 countries lack laws protecting women from domestic violence.

Goal 5 aims to eliminate all forms of discrimination and violence against women in the public and private spheres and to undertake reforms to give women equal rights to economic resources. (Gender Equality and Women’s Empowerment, n.d.)
1.2 Urban and Rural India: A Brief

Recently, India was called the fastest growing economy in the world, and its metropolitan cities have lately become the hub of development. Large sums of foreign investments have pooled in. However, there is no secret to the fact that India has always been the land of villages, and has reversed its nooks and corners since time immemorial.

Although almost 73% of the households were in rural areas, India’s vision today is highly urban-centric. Cities are tipped to be the catalysts of growth in the future. One fears the decay of villages and therefore there is a need to visit the existing ground realities. (Mukunthan, 2018)

The stark contrast has been exponentially increasing. The government has compiled the estimates of rural and urban per capita income in terms of Net Value Added (NVA), which is Rs 98,435 in urban areas and Rs 40,925 in the rural areas as of 2019. (Sharma, 2019)

Therefore, with a rising divide, there are many difficulties plaguing the Indian slums. Be it economically or socially, the low lying areas have borne the brunt. In reference to section 1.1 above, the females in the rural areas have faced the dual monster, which is aggravated when the two factors combine. Patriarchy and Gender Inequality, as common as it may sound, has been the case everywhere, but urban India is still coping slowly with numerous campaigns, massive awareness, and value transitions. However, the menace takes a huge avatar in the very own villages of this magnanimous country.

1.3 Conditions in Relation to the Issue in Rural India

In Rural India, the cycle of invisibility for them begins at home when they are forced to enter into marriages before the legal age of 18 years. Women are still perceived as an important “capital-bearing” object, both in how they are seen as a “subordinate” confined to domestic and caring roles behind closed
doors, and how they are portrayed in a “sexual” form through popular culture. For example, nursing and care work is largely a female occupation and is often undervalued or seen as a “natural” female trait. (Qazi, 2017) Women spend 291 minutes per day in rural areas on such unpaid care work. In comparison, men spend only 32 minutes on unpaid care work.

The need of the hour is to make a change in the mindset of society and destroy the prejudices that damage the future of the girl child. Therefore, the research paper will focus on the patriarchal traditions and gender disparities specifically in rural India, to provide an outlook on the dearth of freedom the females face.

For the purpose of standardization, throughout this paper, Patriarchy will refer to a social system in which men hold primary power and predominate in roles of political leadership, moral authority, social \ privilege, and control of the property. And, Gender inequality will refer to the idea that men and women are not equal and that gender affects an individual's living experience.

2.0 Analyzing Reasons behind Skewed Sex Ratio

2.1 Female Infanticide, FGM and Female Foeticide:

Female infanticide is the deliberate killing of girl babies. It is also described as gender-selective killing or "gendercide". Female infanticide is more common than male infanticide, and in some countries, particularly India and China, is likely to have serious consequences on the balance of the sexes in the population. (BBC - Ethics - Abortion: Female Infanticide, n.d.)

Female foeticide is referred to as gender-selective abortion wherein a female fetus is killed solely based on the fact that the fetus is a girl.

The United Nations in 2018 declared India to be the world’s most dangerous place for girls: Until the age of five, according to a new UN study, their mortality rate is 75 percent higher than that of boys. The alarming trends in the sex ratio demonstrate the preference of a son, especially in Rural India.

Female foeticide and infanticide is a result of gender bias in the social construction that discriminates women. Lack of education and awareness renders the people to believe that economically or socially, women hold a marginal position as compared to that of men. When talking in terms of money, girls are
Female Infanticide/foeticide is just one manifestation albeit shocking of an all-pervasive discrimination against women. The disturbing reality of this practice in Rural India is the normalization. People normalize killing baby girls and female fetuses due to the social taboos that still exist.

Female genital mutilation (FGM) is the name given to procedures that involve altering or injuring the female genitalia for non-medical or cultural reasons and is recognized internationally as a violation of human rights and the health and integrity of girls and women.

WHO classifies four types of FGM: type 1 (partial or total removal of the clitoral glans); type 2 (partial or total removal of the external and visible parts of the clitoris and the inner folds of the vulva); type 3 (infibulation, or narrowing of the vaginal opening through the creation of a covering seal), type 4 (picking, piercing, incising, scraping and cauterizing the genital area).

FGM leads to serious consequences including constant pain, infertility, difficulty in having intercourse, depression, flashbacks, self-harm, difficulty in urinating or holding it, massive blood loss, and the worst: death. In 2018, a study on FGM in India said that the practice was up to 75 percent across the Bohra Muslim community. The study was conducted by three independent researchers. (Desk, 2020)

Slaying young girls is easier than slaying traditions. The beliefs that the clitoral head is ‘unwanted skin’, that it is a ‘source of sin’ that will make them ‘stray’ out of their marriages are reasons that lie at the heart of a practice that predates Islam but thrives amongst Bohras. One woman this reporter spoke with referred to the clitoral head as ‘haraam ki boti’ or immoral lump of flesh. (Baweja, n.d.)

In 2018, a bench referred a petition seeking a ban on FGM among Dawoodi Bohra girls to a five-judge Constitution Bench. This PIL sought a declaration that the practice amounts to a violation of a woman’s right to life and dignity. The Dawoodi Bohra community, on the other hand, maintained that the practice should be allowed since the Constitution grants religious freedom under Article 25. (Desk, 2020)
2.2 Determination of Statistics related to Skewed Sex Ratio in Rural India

As of 2020, India has more males than females until the 64-69 age group and there are 10 more males per 100 females until the 34-69 age group. Among states, Kerala has the highest sex ratio of 1084 females to 1000 males and Haryana has the lowest with 879 females per 1000 males. (Sex Ratio of India | India Sex Ratio 2020 - StatisticsTimes.Com, 2020)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Name of the country</th>
<th>Sex ratio at birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.1</td>
<td>Liechtenstein</td>
<td>126 males/100 females</td>
</tr>
<tr>
<td>No.2</td>
<td>China</td>
<td>115 males/100 female</td>
</tr>
<tr>
<td>No.3</td>
<td>Armenia</td>
<td>113 males/100 females</td>
</tr>
<tr>
<td>No.4</td>
<td>India</td>
<td>112 males/100 females</td>
</tr>
<tr>
<td>No.5</td>
<td>Azerbaijan</td>
<td>111 males/100 females</td>
</tr>
<tr>
<td>No.6</td>
<td>Viet Nam</td>
<td>111 males/100 females</td>
</tr>
<tr>
<td>No.7</td>
<td>Albania</td>
<td>110 males/100 females</td>
</tr>
<tr>
<td>No.8</td>
<td>Georgia</td>
<td>108 males/100 females</td>
</tr>
<tr>
<td>No.9</td>
<td>South Korea</td>
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</tr>
<tr>
<td>No.10</td>
<td>Tunisia</td>
<td>107 males/100 females</td>
</tr>
<tr>
<td>No.11</td>
<td>Nigeria</td>
<td>106 males/100 female</td>
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<tr>
<td>No.12</td>
<td>Pakistan</td>
<td>105 males/100 females</td>
</tr>
<tr>
<td>No.13</td>
<td>Nepal</td>
<td>104 males/100 females</td>
</tr>
</tbody>
</table>

Countries with the most skewed sex ratio at birth Source: CIA World Factbook 2016

Table 2 State-wise sex ratio in India as per 2016 data:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>State &amp; Union territories</th>
<th>Population (2018 estimates)</th>
<th>Sex ratio</th>
<th>Rank</th>
</tr>
</thead>
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<tr>
<td>UT.1</td>
<td>Daman and Diu</td>
<td>242,911</td>
<td>618</td>
<td>1</td>
</tr>
<tr>
<td>UT2</td>
<td>Dadra and Nagar Haveli</td>
<td>342,853</td>
<td>775</td>
<td>2</td>
</tr>
<tr>
<td>UT3</td>
<td>Chandigarh</td>
<td>1,054,686</td>
<td>818</td>
<td>3</td>
</tr>
<tr>
<td>UT4</td>
<td>Delhi</td>
<td>18,686,902</td>
<td>866</td>
<td>4</td>
</tr>
<tr>
<td>UT</td>
<td>State</td>
<td>Population</td>
<td>Code</td>
<td>Rank</td>
</tr>
<tr>
<td>------------</td>
<td>-------------------------------</td>
<td>--------------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>UT</td>
<td>Andaman and Nicobar Islands</td>
<td>379,944</td>
<td>878</td>
<td>5</td>
</tr>
<tr>
<td>1</td>
<td>Jammu and Kashmir</td>
<td>14,280,373</td>
<td>883</td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td>Sikkim</td>
<td>607,688</td>
<td>889</td>
<td>7</td>
</tr>
<tr>
<td>3</td>
<td>Punjab</td>
<td>30,045,949</td>
<td>893</td>
<td>8</td>
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<tr>
<td>4</td>
<td>Haryana</td>
<td>27,761,063</td>
<td>903</td>
<td>9</td>
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<tr>
<td>5</td>
<td>Uttar Pradesh</td>
<td>223,897,418</td>
<td>908</td>
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<tr>
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<td>916</td>
<td>11</td>
</tr>
<tr>
<td>7</td>
<td>Gujarat</td>
<td>67,600,992</td>
<td>918</td>
<td>12</td>
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<tr>
<td>8</td>
<td>Arunachal Pradesh</td>
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<td>920</td>
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<td>9</td>
<td>Rajasthan</td>
<td>75,984,317</td>
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<tr>
<td>10</td>
<td>Madhya Pradesh</td>
<td>72,597,565</td>
<td>930</td>
<td>15</td>
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<tr>
<td>11</td>
<td>Nagaland</td>
<td>1,980,602</td>
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<td>16</td>
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<td>UT6</td>
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<td>64,429</td>
<td>946</td>
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<tr>
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<td>Maharashtra</td>
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<td>946</td>
<td>17</td>
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<td>13</td>
<td>West Bengal</td>
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<td>947</td>
<td>18</td>
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<tr>
<td>14</td>
<td>Jharkhand</td>
<td>32,966,238</td>
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<td>18</td>
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<tr>
<td>15</td>
<td>Assam</td>
<td>31,169,272</td>
<td>954</td>
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<td>Tripura</td>
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<tr>
<td></td>
<td>State</td>
<td>Population</td>
<td>Rate</td>
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<td>-----------------------------</td>
<td>------------</td>
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</tr>
<tr>
<td>17</td>
<td>Uttarakhand</td>
<td>10,116,752</td>
<td>963</td>
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<td>Chhattisgarh</td>
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<td>991</td>
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<td>19</td>
<td>Karnataka</td>
<td>61,130,704</td>
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<td>23</td>
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<tr>
<td>20</td>
<td>Goa</td>
<td>1,457,723</td>
<td>968</td>
<td>23</td>
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<td>21</td>
<td>Himachal Pradesh</td>
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<td>974</td>
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<td>22</td>
<td>Mizoram</td>
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<td>975</td>
<td>25</td>
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<tr>
<td>23</td>
<td>Odisha</td>
<td>45,596,577</td>
<td>978</td>
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<td>24</td>
<td>Meghalaya</td>
<td>2,964,007</td>
<td>986</td>
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<td>25</td>
<td>Manipur</td>
<td>2,721,756</td>
<td>987</td>
<td>28</td>
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<tr>
<td>26</td>
<td>Andhra Pradesh</td>
<td>84,665,533</td>
<td>992</td>
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<td>27</td>
<td>Tamil Nadu</td>
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<td>995</td>
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<td>Puducherry</td>
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<td>Kerala</td>
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<tr>
<td></td>
<td>Total India</td>
<td>1,210,193,42</td>
<td>940</td>
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</tbody>
</table>

(Kumari et al., 2019)
2.3 Challenges at Hand

2.3.1 Weak Law Enforcement
While the sex ratio in the country is dipping, there’s not much that has been done to check sex determination tests and sex selective abortions. The government of India, in order to make the laws more stringent, has amended various provisions of Pre-Conception and Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) (PCPNDT) rules. These pertain to sealing, seizure and confiscation of unregistered ultrasound machines and punishment for unregistered clinics, regulation of use of portable ultrasound machines only within the registered premises besides restricting medical practitioners from conducting ultrasonography at maximum of two ultrasound clinics within a district. (Pandey, 2015)

2.3.2 Ease of Access to Sonography
The Pre-Conception and Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) (PCPNDT) created a system wherein all individuals and institutions must register under the Act to legally purchase an ultrasound, regardless of whether the intended use involves prenatal diagnostics. Furthermore, all ultrasound practitioners, whether those using ultrasound for echocardiography or for placement of central vascular access, are mandated to register with the Act. The system has resulted in onerous, time–consuming registration paperwork that discourages medical professionals outside of radiology from using ultrasound. (Tabaie, 2017)

2.3.3 Sex Selection through In Vitro Fertilization
In vitro fertilization (IVF) is a complex series of procedures used to help with fertility or prevent genetic problems and assist with the conception of a child. (In Vitro Fertilization (IVF) - Mayo Clinic, 2019) While this practice was supposed to be proven as a boon for those deprived of progeny, it is turning out to be a bane for our society as people are involving themselves in sex selection practices.

2.3.4 Preimplantation Genetic Diagnosis (PGD) and Preimplantation Genetic Screening (PGS)
Preimplantation genetic diagnosis (PGD) is the selective process undertaken during the in vitro fertilisation (IVF) procedure to diagnose genetic abnormalities in the embryos using various genetic techniques and implant only those embryos that are devoid of genetic abnormalities (Kar, 2018).

PGS (Preimplantation Genetic Screening) stands for testing of overall chromosomal normalcy in IVF embryos. It involves taking embryo biopsy from an IVF embryo and screening for normal number of chromosomes before embryo transfer. (Preimplantation Genetic Screening Treatment in Delhi India, 2019)

2.4 Prevailing Laws pertaining to Female Foeticide/Infanticide and FGM

One of the greatest dangers to our contemporary human progress is the threat of skewed sex proportion. The expanding irregularity amongst males and females is prompting numerous violations, for example, illicit trafficking of ladies, rapes, polygamy and dehumanization of society. Female foeticide is a standout amongst the most violent crimes on this planet. India passed its first abortion-related law in 1971, the Medical Termination of Pregnancy Act, which made abortion legit in almost all states of the country, but it was particularly made for the cases of medical risk to the mother and child conceived by rape. The law had also established physicians who could legally perform the abortion in the said scenarios. But the government had not considered the possibility of female foeticide based on technological advances. Due to this reason, this law proved to be highly ineffective. During the 1980’s, sex screening technologies in India was easily accessible to the common people. Due to this reason, a large number of reports started pouring in about the abuse of the sex screening technologies.

Considering this problem, the Government passed the Pre-natal Diagnostic Techniques Act (PNDT) in 1994. This law was again amended and it finally became Pre-Conception and Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) (PCPNDT) Act in 2004. Its main goal is prevention and punishment of prenatal sex screening and female foeticide. Despite all these changes, it has been said that the implementation of this act has turned into a farce. It has been nearly two decades since the law came into force and despite this, not many changes have taken place in the society. Despite rulings given by the Supreme Court and various High Courts to make the existing law an impediment, the courts have shown their hesitancy in sending the offenders off to jail. The convicts in many cases have been let off only by a mere warning by the judge which has led to a mass negative reaction from the legal fraternity as well as social and academic activists. (Laws Against Female Foeticide In India, 2019)
3.0 Child Marriage

Child marriage in India, according to the Indian law, is a marriage where either the woman is below the age of 18 or the man is below the age of 21. According to a UNICEF report published in 2005-06, child marriage rates in India were estimated to be around 47%. This figure declined to 27% in 2015-16 according to a new report.

But again, being an age-old traditional practice, it's the rural parts that lead the race. These rates were 3 times higher than the urban rates. In Mewat, a remote town in Rajasthan which lags behind in all socioeconomic factors, the percentage of married women who wed before they are 18 years of age is 16.9%. (Seth, n.d.) However, different sources show a stark difference in the statistics, and allegedly, there is massive underreporting in India. People often resort to lies when it comes to telling the ages of their family members to avoid any legal ramifications.

Poverty coupled with the practice of dowry are the direct cause of the problem. And evidently, it all spirals back to patriarchy, as women are considered just a burden. People want to get rid of them, as they believe they will reap them nothing. They are scraped off their right to education, which is a big factor itself. (Alexander, 2020)

3.1 Consequences

3.1.1 Marital Rape

Although this is prevalent irrespective of age boundaries, it becomes a serious issue for teenage married girls in rural areas. Now outlawed, but the girls are often forced into sexual activity by persuasion, lack of knowledge or force.

3.1.2 Unplanned Pregnancy

Latest data suggests that teen pregnancy in India is high with 62 pregnant teens out of every 1,000 women. This is an important factor for the population rise as well. (Wikipedia contributors, 2020)

This is considered risky for the biological process of pregnancy and childbirth. Risks of maternal mortality and debility from pregnancy and delivery complications are markedly high for adolescent women. These girls are twice more likely to die in childbirth than girls between 20 and 24 years of age.
3.1.3 Domestic Violence

A study conducted in India by the International Centre for Research on Women showed that girls married before 18 years of age are twice as likely to be beaten, slapped, or threatened by their husbands and three times more likely to experience sexual violence. (Wikipedia contributors, 2020b)

Young boys often think of their brides as their ‘property’, and overpower them. The girls have no say and have to heed to their husband’s demands. When the male is an old guy, it only gets worse.

3.2 Legal Status

Child marriage violates international human rights laws and standards, including Article 16(2) of the Universal Declaration of Human Rights, which requires the “free and full consent” of spouses to marriage. It also violates Article 16 of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which requires women and girls to have the “right freely to choose a spouse” and to “enter into marriage only with their free and full consent.” (Kolisetty, 2015)

There are Indian laws in place, which have been refurbished time and time again to halt the practice and protect children. Here’s an analysis -

3.2.1 Child Marriage Restraint Act, 1929

(Srinivasan, Khan, Verma, Guisti, Theis, Chakraborty, 2015)
The Child Marriage Restraint Act 1929 forbade the marriage of a male younger than 21 or a female younger than 18 for Hindus, Buddhists, Christians and most people of India. It is popularly known as the Sarda Act, after its sponsor Harbilas Sarda. However, this law did not and currently does not apply to India's 165 million Muslim population. Their personal Sharia Law opposed it, and they believed a girl can marry whenever she attains puberty. (Wikipedia contributors, 2020b) Also, it had provisions only for restraining the solemnization, not for prevention or prohibition of child marriages. (Deswal, 2019)

3.2.2 Prohibition of Child Marriage Act, 2006

This Act defined child marriage as the marriage of boys under age 21 and girls under 18. It has a threefold purpose i.e. prevention of child marriages, protection of children involved, and prosecution of offenders. This law has declared child marriage to be a cognizable and non-bailable offence. An injunction can be issued by the court to prohibit its solemnization and if a marriage is solemnized after the injunction, then such a marriage shall be declared as null and void. It also prescribes punishment for performing, conducting, and abetting child marriage. The law prescribes punishment to an adult male for marrying a child and also requires the husband to provide maintenance to his minor bride until her remarriage. (Deswal, 2019)

The Act also made positive changes, including extending the maximum length of punishment to two years of imprisonment and/or a fine of up to one lakh rupees. If the marriage is nullified, the Act requires the return of money, valuables, gifts, and ornaments given by each party to the other. The Act also provides for government-appointed Child Marriage Prohibition Officers to work to prevent child marriages.

By sheer numbers, child marriage in India dwarfs the rest of the world; India has the highest number of child brides of any country. Child marriage is clearly not ending despite laws in place and is perpetuated in India. (Kolisetty, 2015)

4.0 Mental Health of Women in Rural India

4.1 Reasons for Mental Unrest among Women in Rural India:

- Domestic Violence, Contraceptive Use and Unwanted Pregnancy
  Data from India's 1998–99 National Family Health Survey and a 2002–03 follow-up survey for which women in four states were reinterviewed are analyzed, and the factors associated with the intersurvey adoption of contraception and the experience of an unwanted pregnancy are examined. Women who experience physical violence from their husbands are significantly less
likely to adopt contraception and more likely to experience an unwanted pregnancy. A prospectively measured indicator of unwanted pregnancy identifies a higher prevalence of unwanted pregnancies than do the traditionally employed retrospective measures and is more successful in establishing a relationship between unwanted pregnancies and domestic violence. The results demonstrate a clear relationship between a woman's experience of physical violence from her husband and her ability to achieve her fertility intentions. (Stephenson et al., 2008)

**Restrictions imposed on Women**

Women have to do most of the family chores but have no exposure to growth opportunities or health facilities. Most girls, not boys, handle household chores from childhood, at the cost of going to schools. Women are at the receiving end of gender inequality, a perpetually adverse sex ratio, malnutrition, and neglected health ailments and domestic and sexual violence at the hands of spouses. It’s a scenario where a woman owns nothing, not even herself. She has no income, no possessions. (Economic Times, 2016)

**Stereotypes attached with Women**

There’s a person with long hair and a pink shirt on your right and a person with a buzz cut and blue shirt on the left. Identify the gender of the two. Well, easy! Person to your right must be a girl and to your left must be a boy. These are the kinds of stereotypes that predetermine how specific genders should present themselves. Not only women but men are also prey to these stereotypes.

Since ages, women have been facing the brunt of stereotypes like they are a liability because they will eventually get married, they should not be much educated, they aren’t supposed to wear a certain type of clothing, they aren’t supposed to work, to stay out at night, to talk to somebody from the opposite gender, they should be “pure” until their marriage and the list is endless. This has given rise to ever-increasing discrimination that lead to practices like FGM, foeticide, sexual harassment, domestic violence, and whatnot.

The plight of Rural women is more than that of Urban women because of a lack of literacy and awareness.

4.2 Common Mental Disorders

Women from rural areas form a unique group due to the realities of rural living. The various challenges rural women face include gender disadvantage, poverty, poor physical health, roles of caregiving, and
being women farmers. Besides gender disadvantage, exposure to intimate partner violence (IPV) is also one of the main risk factors for common mental disorders (CMDs) in rural women. Suicide, depression, anxiety, perinatal disorders, somatization, and substance abuse are a few of the disorders that rural women often face. Challenges preventing rural women from approaching mental healthcare include an absence of women-friendly mental healthcare services, lack of trained mental health professionals in rural areas or those who understand the unique needs of rural culture, the stigma associated with help-seeking, poor knowledge about treatment facilities, lack of accessibility to transport, and the high costs of mental health services. Factors that contribute to enhanced vulnerability include older age, widowhood, poverty, and living in areas of armed conflict. HIV infection and comorbid physical illnesses also add to the risk.

Rural women are more accepting of help from their own community-level workers and peer volunteers. Mental health delivery, therefore, has to be tailored to the norms and realities of rural women. (Chandra et al., 2020)

4.3 Lack of Awareness regarding Mental Health

In Rural India, addressing mental health is way more challenging than it is in Urban India. In India, about 20 percent of the population is said to have mental health issues, yet only 12 percent seek aid.

The country lacks resources in the field, and most of the available resources are located in major cities or highly urbanized states. According to the 2015-16 National Mental Health Survey, the number of psychiatrists in the country varied from 0.05 for every 100,000 persons in Madhya Pradesh (central India) to 1.2 in southeastern Kerala.

Except for Kerala, all other states fell short of the WHO’s requirement of at least 1 psychiatrist for every 100,000 persons. The survey notes that the prevalence of mental issues – ranging from depression to epileptic disorders – seems to be higher in urban areas because there are better reporting standards and a lower threshold for active interventions in cities. The scarcity of medical professionals and healthcare infrastructure deepens the stigma surrounding mental illness in villages. However, villages also present opportunities to apply community-based approaches to mental disorders. (Perapaddan, 2018)

5.0 Education
Education is the crux of everything. As and when the Indian society gets educated and thinks rationally, these social barriers tend to diminish. India’s Constitution guarantees free primary school education for both boys and girls up to age 14. This goal has been repeatedly reconfirmed, but primary education in India is not universal. Overall, the literacy rate for women is 39 percent versus 64 percent for men with less than 40 percent of the 330 million women aged seven and above being literate, according to the 1991 census, which means today there are over 200 million illiterate women in India.

5.1 Barriers for Girls in Rural Areas

5.1.1 Priority to Son’s Education: Negative parental attitudes towards educating daughters can also be a barrier to a girl’s education. Many parents view educating sons as an investment because the sons will be responsible for caring for aging parents. But they see the education of daughters as a waste of money as daughters will eventually live with their husbands’ families, and the parents will not benefit directly from their education. In addition, daughters with higher levels of education will likely have higher dowry expenses, as they will want a comparably educated husband.

5.1.2 Lack of Female Teachers: Girls are more likely to attend school and have higher academic achievement, if they have female teachers. Currently, women account for only 29 percent of teachers at the primary level (MHRD, 1993). The proportion of teachers, who are female, is even lower at the university level, i.e., 22 percent (CSO 1992). These proportions reflect the historic paucity of women with the educational qualifications to be teachers.

5.1.3 Gender Bias in Curriculum: A study of Indian textbooks done in the 1980s found that men were the main characters in the majority of lessons. In these lessons, men held high-prestige occupations and were portrayed as strong, adventurous and intelligent. In contrast, when women were included, they were depicted as weak and helpless, often as the victims of abuse and beatings. These depictions are strong barriers for improving women’s position in society. (Mondal, 2014)

5.1.4 Discrimination in Schools: Masculine superiority blots even the kids. Girls are often devoid of opportunities in schools, and are discouraged to excel by the authorities. Frequent sexist remarks do not help. Even the boys in the school take full liberty in expressing superiority through various means. Several cases of physical abuse also come into light, while many go unreported. Thus, girls find it difficult to consider their school a safe haven for studying.
5.2 A Qualitative Analysis: Guntur, Andhra Pradesh

The literacy levels in India and Andhra Pradesh during 1901 to 2011 are presented in Table 1. With regard to the literacy rates by sex, it is evident that for males it is recorded as above 80 per cent and 65 per cent in case of females for the country as a whole and almost the similar figures can be noticed for the State of Andhra Pradesh in 2011. Table 2 reveals that the literacy rate in rural areas is lower than urban areas and it also shows that female literacy is lower than male literacy in both rural and urban areas of Andhra Pradesh from 1961 to 2011. In 1961, female literacy rate in rural areas was 8.45 per cent whereas in urban areas, it was 29.33 per cent. In 2011, these rates increased to 51.29 per cent and 73.31 per cent respectively.

Methodology

Mangalagiri mandal of Guntur district is purposely chosen for the study. 150 samples were selected to explain the reasons for dropouts.

Literacy

Guntur district occupies 7th place in terms of literacy in the state of Andhra Pradesh. According to the 2001 census, the literacy rate of Guntur district is 55.54 per cent, it is 62.96 per cent for males and 48.00 per cent for females. As per 2011 census, the male literacy is 83.97 per cent and for females is 72.25 per cent. The female literacy in the district has been increasing but it is low when compared to male literacy.

Problems

Most parents believe that education is good for girls, but many parents, especially among the poor, do not send their daughters to school. Because their daughters are needed for agricultural and household production tasks as well as for domestic chores. In addition to the opportunity cost of a daughter’s labour, there are the actual costs of clothes, school fees and books. These costs discourage poor parents of the girl child. (Maddela, Sudhir & M., Pradeep, 2019)
Therefore, the case study wholly paints a true picture of the rural girl education. Guntur is just one of the many stories of India, and in 2020 where women are achieving all possible feats, many still struggle to receive basic education.

5.3 Investment

Education requires spending, which increases as the child progresses. With poverty prevalent, formal studies is a far cry. In India social norms set a male child to remain with the parents when the female child goes to the husband's home after marriage. Parents (when the child matures) can get the returns from male child but not from the female child. (Glick and Sahn, 2000) Therefore, parents welcome only the male child. As human capital is the potential of earning, parents invest only on the male child for human capital accumulation. They do not spend anything on their girl child rather they assign some duties so she herself covers spending on her food. (Agarwal 1986)
Table 5 shows female to male private educational expenditure proportion in different levels of education. Components of private educational expenditures are shown in table 6. From table 5 it is seen that the proportion is less than one for all types and levels of education except above HS levels of urban areas. However it is also found that this proportion is higher in the urban areas compared to rural areas. That implies parents spend less on a female's education than her male counterpart. Therefore they are not altruistic about their child rather they are bilateral altruistic.

Table 6 shows item wise average annual expenditure per student. From this table it is seen that, for all items, parents spend less on education of their female child compared to the male child in both the areas. However, item wise relative difference, not given here, is smaller in the urban areas than the rural areas. This clearly indicates that parents have a negative attitude towards their girl child and this attitude is weaker in the urban areas. (Ghose, 2011)
Launched on January 22, 2015, in Panipat, Haryana, it aims to generate awareness and also improve the efficiency of welfare services for the girl child. It is being implemented through a national campaign and focussed multi-sectoral action in 100 selected districts low in Child Sex Ratio, covering all states and UTs. It is a joint initiative of the Ministry of Women and Child Development, Ministry of Health and Family Welfare, and Ministry of Human Resource Development. (Balakrishnan, 2019)

The scheme is specifically aimed to address the sex ratio discrepancy in parts of the country by:

- Preventing prenatal gender-biased abortion and postnatal discrimination against daughters
- Ensuring holistic growth and protection of the girl-child
- Providing equal opportunities for education and participation to the girl-child (Nath, 2019)

As per the report analysis from ‘NAVDISHA’, Annual Report of 2018-19 for ‘Beti Bachao and Beti Padhao’ as well as central government statistical data, there has been improving trends in sex ratio of girl child is visible in 104 BBBP Districts out of 119 Districts have reported progress in first trimester registration. 146 Districts have reported improvement in Institutional deliveries. As per Unified District Information System for Education (U-DISE) 2015-16 stated that girls enrolment in secondary education is 80.97% against 76% in 2013-14. Now the revised target of has been proposed to 82% for 2018-19.

Budget Allocations has been Rs 50 Cr for the year 2014-15 was, Rs 75 Cr for 2015-16, Rs 43 Cr for 2016-17, lastly Rs 200 Cr. for 2017-18. (Indian Journal of Law and Public Policy, 2018)

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<th>STRENGTHS +(4)</th>
<th>WEAKNESSES -(3)</th>
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<td>1) A first nationwide one of its kind scheme to end deep rooted patriarchy and challenge societal norms.</td>
<td>1) Involvement of schools is minimal. The B3P campaign through schools is only limited to sloganeering, essay competition, paintings, etc. School Management Committees that comprise 75% guardians according to State RTE rules are not functional in most of the areas, and rarely mobilise for B3P campaigns. Use of other platforms such as Balika Manch etc. is also inconsistent.</td>
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<td>2) Well laid down primary, secondary and tertiary target groups, various components and strategies for advocacy and goal achieving and roles and responsibilities of different stakeholders</td>
<td>2) There is no orchestration and dialogue among the parties involved, which hampers the efficiency. Perpetrators are often not held due to these systemic issues.</td>
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<td>3) A prime proper mechanism in place for administration, monitoring and supervision with task forces at different levels, and systematic flow of funds.</td>
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strong leadership, marked deterrence and vigilance and higher community participation. Sonepat, with Sex Ratio at Birth of 808 in 2012 was among the 100 gender critical districts under the BBBP. The district now with an SRB of 939 stands in the top 10 districts with highest SRB.

### OPPORTUNITIES + (2)

1) The Covid19 pandemic has brought with itself a host of opportunities. While revamping the health infrastructure, stakeholders can take this on the chin and improve health adversities for females under the BBBP abhiyan. Decentralisation should be the key in this front.

2) A Mass Media Advocacy Outreach Campaign with a 360° media approach was in the pipeline, and the time is now to expand and enhance it. Massive feminist campaigns like #MeToo, celebrated organisations and individuals chipping in and a digital shift penetrating the population should prove worthy.

### THREATS - (2)

1) A major threat to the scheme is the infrequent task force meetings and non-compliance to guidelines. In Haryana, only 1 state level and 0 district level meetings in a year were held, and the schools which had to be provided Rs. 15 lakh a year only received 1 lakh rupees.

2) Irregular distribution of funds like just 5% spent on education, decreasing SRB in some districts, unfruitful implementation of the PCPNDT Act against pre-natal sex determination and most importantly, rigid patriarchal spheres in low-lying villages pose a major threat to the policy.

### 6.0 COVID-19: Ongoing Situation in Rural India

The pandemic has left us all reeling, and here, the case is no different. Albeit a national lockdown, everyone was chained inside their 4 walls, and it was again the women who had to suffer. Men could not go out, and vented it all at their counterparts, which is blood boiling to hear. A direct relationship in domestic violence cases and the lockdown days was observed.

In 2020, between March 25 and May 31, 1,477 complaints of domestic violence were made by women. This 68-day period recorded more complaints than those received between March and May in the previous 10 years. About 86% women who experienced violence never sought help, and 77% of the victims did not even mention the incident(s) to anyone. Here is a state-wise analysis -
The National Commission for Women (NCW) has raised an urgent alert about the increasing number of domestic violence cases. Disconnection from social support systems is one of the reasons for an increased risk of domestic violence during these times. As a result, there are fewer options to find help for victims. Normally, the victim could flee a violent situation by staying elsewhere, but that option is not available. (Damania, 2020)

7.0 Development

- There are multiple government schemes to support the rural women, which has also helped them to come together to form Self Help Groups (SHGs). Schemes like Pradhan Mantri Mudra Yojana supports more than 50 million small business owners, 78 percent of which are women. Mahila
Shakti Kendra is another scheme that aims to empower rural women with opportunities for skill development, employment, digital literacy, health and nutrition. (Singh, 2019)

- The Sargam Mahila band of Dhibra Village near Patna is an all-women band that is shattering all kinds of stereotypes related to caste and gender. Initially, the group of 10 was ridiculed by their families and villagers for doing this for a living but they never lost hopes. For women, Bihar is unfriendly and ranks the least among the states on gender vulnerability index for education, health, poverty, etc.

The women of the Sargam Mahila Band earn about 1,500 rupees ($24) each for every performance, said Varghese, a recipient of the Padma Shri, among India's highest civilian awards. (Chandran, 2019)

- Rural women are continuously contributing in agricultural and off-agricultural economic activities leading to an increase in incomes. Their contribution is significant and is ever increasing the backbone of the economy.

8.0 Conclusion

The rights of women in the socio-political space of rural India has been a matter of public debate and attracts serious concerns by the nation as a whole. The plight of these women has been characterized by lack of education, lack of awareness, lack of infrastructure, lack of problem redressal, undue dominance of men, poverty and a lot of illegal practices like FGM, female infanticide, femal foeticide, domestic violence, marital rape, etc.

Therefore, the situation calls for the need to challenge patriarchy, be it in paid employment, equal wages, sexuality, and promote women's rights. It is high time that we realise that equality is not only important, but a prerequisite for a nation treading on the path to development and growth. Concluding, this paper suggests that a change in the mindset of individuals is necessary as the problem is internalised and inherent. The urban areas are still coping slowly with the right approach defying discriminatory traditions. However, it is the villages and slums of our country that really come under the mountain and face harsh consequences. And so, the paper tries to make a call for action to the youth to lead from the front and transform the rural communities for the good concerning this grave difficulty.
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