

Gender Inequality is a Shaking Issue in Patriarchal Indian Society

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1. Introduction

The feminists often refer to western societies as 'patriarchal', Indian society may be more aptly termed as 'patrifocal'. 'Patrifocality' refers to the kinship and family structures and ideology that give precedence to men over women (Subrahmanyam, L., 1998). The term 'patrifocality' is preferred to 'patriarchy' for Indian society because, unlike the system implied in patriarchy, it is not a monolithic system in which males predominates in all settings and social contexts. Rather, 'Patrifocality' is specific to an intensively agricultural social context. It highlights the complex linkage between the hierarchical family structure and male dominance, and emphasizes family purity through the control of marriage and female sexuality. The most significant features of a patrifocal society are: (a) the subordination of individual to family (a general subordination of individual goals and interests to the welfare of the family and kin group); (b) patrilineal inheritance and patrilocal descent and residence that reinforce the centrality of males (for example, a daughter shifts her residence and allegiance to her husband's family after marriage); (c) gender differentiated family roles (women's nurturing role and domestic roles versus men's economic roles); (d) gender-differentiated authority structures that give males of the same generation authority over socially equivalent females; (e) the regulation of female behavior and the marriage system (characterized by family control of marriage arrangements); and (f) an ideology of appropriate female behavior emphasizing chastity, obedience, domesticity and adaptability (Gupta Namrata and Sharma A. K., 2003).

In patrifocal Indian society gender inequality is a vibrating issue. It is affecting every sphere of life whether social, economic or political. Social aspects of life broadly include family relations, marital relations, health, education etc. Patriarchy, dowry system and the laws of inheritance of property are still maintaining the gender inequality between male and female in the country. Social and economic inequality is major detrimental to the health of every society. Particularly when the society is diverse, multicultural, overpopulated, undergoing rapid but unequal economic growth. Poverty which is a result of social and economic inequality in a society is detrimental to the health of the people. The outcome indicators of health: mortality, morbidity and life expectancy are all directly influenced by the standards of living of males and females. Health, education and income are three (HDI) Human Development Indicators. All these three indicators increases or decreases the life expectancy of both males and females. Health, education and income are interrelated with one another. Health conditions of males are better than females. In the case of education, more males are educated than females.

In the case of income men are getting more income than women in the country. Both men and women share many aspects of living together, join forces with each other in multifaceted and omnipresent ways, yet women and men end up – often enough – with much altered recompenses and deprivations (Sen and Anand, 2011). The two important issues according to Sen(2011) which need to be addressed carefully are: Firstly, gender inequality and its linkage with gender evenhandedness sensitive indicators and secondly, divergences between the efforts and sacrifices made by both male and female and the rewards and benefits they individually revel in. India is a country with enormous diversity and is pigeonholed by huge difference in economics, political, social, cultural and regional aspects. The social status endorsed to women varies from state to state and region to region. The deprivation of women in getting the similar level of opportunities relating to education, health, decision making as men due to prevalence of patriarchal society and socioeconomic backwardness in India put women at the backstage. Before independence the condition of women in terms of literacy, health status was very much appalling. Female literacy rate was less than 1%. After independence, Indian planners recognized that development of half of the population remaining the rest at a backstage would lead to an unbalanced development in true sense. The overall development process envisages a share in the development generated by the plan equally for women and men. The constitution of India stressed the need for promoting the educational and economic interest of the weaker section of the people with special care, the welfare and development of women received particular attention from the beginning. The different policies and programs formulated by the Indian policy makers to uplift nearly half of the population and the concerted efforts taken by different women agencies and NGOs led a significant and positive change in the gender issues in India.

In this study all the indicators have been examined separately for a majority of states to provide a detail depiction of status of women and gender discrimination dominant across states of India during the recent period. Here the status of women has been discussed from three important aspects encompassing educational status, health status and social status in India. For making a detailed and extensive analysis, a number of important gender related indicators has been chosen. These are Female Literacy Rate, Infant Mortality Rate for females, Maternal Mortality Rate, Age at marriage for females, decision-making and Sex Ratio. Analysis of these indicators for major states is expected to provide important information regarding status of women and gender inequality and disparity existing in different states of India and comparing the condition of women in Uttar Pradesh with the rest.

2. Education

The history of female education in India is not much timeworn. The recognition of female education as a social issue is quiet latest in India. In fact, at the beginning of the 20th century, the female literacy rate was below 1% in every province of British India. India and every 'native state' with a few exception such as Coorg, the Andaman and Nico bar Island and the native states of Travancore and Cochin, the female literacy was as low as 3% in 1901. Against this background the recent picture of female education is far more acceptable. According to Census 2011, the female literacy rate is 65.5% against the male literacy rate of 82.1%. Although there has been a substantial improvement in literacy rate of female but still it is much subordinate compared to male. Male-female gap is predominant and nearly 20% gap is remaining between male-female literacy rates (see Table 1.1)

Table 1.1. Male-Female Literacy in India Number of literates per thousand population

Year	Male	Female
1901	98	7
1911	106	11
1921	122	18
1931	156	29
1941	249	73
1951	250	79
1961	344	130
1971	395	18
1981	469	248
1991	641	393
2001	753	537
2011	821	655

Source: Census of India: 2001, 2011

Again the educational progression is not smooth across the states. From the table 1.2 it is clear that some states improved ominously in respect of female education whereas some are at the backstage. The state of Kerala achieved highest literacy for female with 92.1% rate among the non-special category state. States like Rajasthan (52.7%), Bihar (53.3%), and Jharkhand (56.2%) lagged far behind in achieving female literacy. The surprising fact is that the same states achieved higher literacy rate for male. Another important phenomenon, which is observed, is that the states like Uttar Pradesh, which is famous for backwardness in gender

development made much enhancement in the female literacy (59.3%) during the period 2001-11. This is no doubt a positive improvement for women development in India.

Table 1.2. State wise Literacy Rate in India 2011

States	Male	Female	Rank
Andhra Pradesh	75.6	59.7	13
Arunachal Pradesh	73.7	59.6	15
Assam	78.8	67.3	16
Bihar	73.5	53.3	7
Chhattisgarh	81.5	60.0	4
Delhi	91	80.9	18
Goa	92.8	81.8	15
Gujarat	87.2	70.7	10
Haryana	85.4	66.8	7
Himachal Pradesh	90.8	76.7	10
Jammu and Kashmir	78.3	58	5
Jharkhand	78.5	56.2	3
Karnataka	96	68.1	1
Kerala	96.1	92	13
Madhya Pradesh	80.5	60	2
Maharashtra	89.8	75.5	5
Manipur	86.5	73.2	5
Meghalaya	77.2	73.8	10
Mizoram	93.7	89.4	9
Orissa	82.4	64.4	4
Punjab	92.1	81.2	7
Rajasthan	80.5	52.7	4
Tamil Nadu	87.3	76.4	8
Tripura	92.2	83.1	9
Uttar Pradesh	79.2	59.3	7
Uttarakhand	88.3	70.7	8
West Bengal	82.7	71.2	9

Source: India Human Development Report, 2011

3. Female Literacy and Gender Gap

Female literacy and gender gap in India along ranks of different states are presented in table 1.2.1. Uttar Pradesh ranks 20th in female literacy and at gender gap in literacy it ranks 18th among the other states.

Table 1.2.1 Female Literacy and Gender Gap in literacy (GLR)

State	Rank in Female Literacy	Rank in GLR	State	Rank in Female Literacy	Rank in GLR
Kerala	1	2	Assam	13	9
Mizoram	2	3	India	14	15
Lakshadweep	3	5	Orissa	15	17
Tripura	4	7	Chhattisgarh	16	22
A & N Islands	5	6	Madhya Pradesh	17	20
Goa	6	8	Andhra Pradesh	18	13
Nagaland	7	4	Arunachal Pradesh	19	11

Maharashtra	8	12	Uttar Pradesh	20	18
Meghalaya	9	1	Jammu & Kashmir	21	19
Manipur	10	10	Jharkhand	22	23
Uttarakhand	11	16	Bihar	23	24
Gujarat	12	14			

Source: Census of India (Provisional Data), 2011

4. Health

The most vital component of growth and development of a nation is none other but 'Health'. However, in India the field of health and health care in general and women health in particular is the most abandoned aspects of development. Women are viewed mainly as the means of production often at the cost of own personal, individual identity (Rustogi, 2004). Even today the issue of family welfare and reproductive health is much more important to policy makers than the issue of providing basic level of nutrition, better health, better control over women's body etc. In this context to weigh the women health in the country the following indicators are chosen.

- i) IMR for females'
- ii) Anemia among women
- iii) Maternal Mortality Ratio and

5. Infant Mortality Rate for females

IMR for females refers to the number of female death in the first year of life per 1000 live birth. It reveals the probability of female child dying before attaining age 1 year due to poor health of either the child or mother. The overall data for IMR witnessed a remarkable decline over the years from 67.8 in 2001 to 50 in 2009 in India. The same trend has been observed for the IMR for females – it decreased from 68.9 in 2001 to 52 in 2009 for overall India according to the data of India Human Development Report 2011. The largest decline in IMR for females has been observed in the states of Chhattisgarh, Jharkhand, Madhya Pradesh, Rajasthan, Uttar Pradesh, Orissa and Tamil Nadu (see Table 1.2). It is also the fact that IMR for female is always greater than IMR for male at both points of time.

Table 3.2 Infant Mortality Rate 2009

State	Male	Female	Male female gap
Andhra Pradesh	48	50	-2
Arunachal Pradesh	31	34	-3
Assam	58	64	-6
Bihar	52	52	0
Chhattisgarh	50	57	-7
Delhi	31	34	-3
Goa	7	14	-7
Gujarat	47	48	-1
Haryana	48	53	-5
Himachal Pradesh	44	45	-1
Jammu and Kashmir	41	51	-10
Jharkhand	42	46	-4
Karnataka	41	42	-1
Kerala	10	13	-3
Madhya Pradesh	66	68	-2
Maharashtra	28	33	-5
Manipur	14	18	-4
Meghalaya	59	59	0
Mizoram	33	38	-5
Orissa	65	66	-1
Punjab	37	39	-2
Rajasthan	58	61	-3
Tamil Nadu	27	29	-2
Tripura	33	30	3
Uttar Pradesh	62	65	-3
Uttarakhand	41	42	-1
West Bengal	33	33	0
All India	49	52	-3

Source: India Human Development Report, 2011

One important phenomenon that has been noticed from the above table is that a predisposition of convergence across states in respect of declining IMR for females has been started across states in India. A study by Murti, Guio and Drez (1995) about the variation of under five mortality rates between different districts of India shows that female labour force participation and female literacy are strongly associated with female disadvantage and child survival whereas the issue of modernization and urbanization appears to provide a weak link with that of female disadvantage and child survival. It implies that economic freedom and knowledge has a greater role to play in removing female disadvantage and child survival. It is worth mentioning that discrimination in access to healthcare services to females and the lower status ascribed to females in our society is at the base of excess female mortality in the

inference stage (Basu, 1989).

In Uttar Pradesh, Infant mortality for males is 62 and for females it is 65 forming the gap in male female infant mortality of -3.

6. Maternal Mortality Ratio

Maternal Mortality Rate (MMR) is calculated as the number of maternal death per 1, 00,000 live birth. This information collected on account of death of women due to pregnancy, child birth or within 42 days of child birth. A steady decline in MMR has been observed in India from 301 during 2001-03 to 212 during the period 2007-09. Although all the states registered a decline in the MMR over the year, the range of variation across states is high. (see table 1.3).

Table 1.3: Maternal Mortality Rate in India, 2001-03, 2004-06, 2007-09

States	2001-3	2003-6	2007-9
Andhra Pradesh	195	154	134
Assam	490	480	390
Bihar	371	312	261
Chhattisgarh	379	335	269
Gujarat	172	160	148
Haryana	162	186	153
Jharkhand	371	312	261
Karnataka	228	213	178
Kerala	110	95	81
Madhya Pradesh	379	335	269
Maharashtra	139	130	104
Orissa	358	303	258
Punjab	178	192	172
Rajasthan	445	388	318
Tamil Nadu	134	111	97
Uttar Pradesh	517	440	359
Uttarakhand	517	440	359
West Bengal	194	141	145
All India	301	254	212

Source: India Human Development Report, 2011

There are various reasons explained for high MMR in the country. These are early marriage of girls without any mental and physical preparation a girl has to take the responsibility of bearing and rearing of a child, low immunity level, lack of balanced food intake, proper nutrition and health care for women and institutional bottleneck at delivery time particularly in the rural areas. According to Krishnaji and James (2002), the high rates of maternal mortality are not due to reproduction but are a result of poor health condition that are the outcome of gender discrimination melted out over the years from childhood.

In Uttar Pradesh Maternal Mortality rate is declining which was reported as 517 in 2001-03, 440 during 2004-06 and 359 during 2007-09 (NFHS, III & IHDR, 2011).

7. Anemia Among Women

Gender discrimination results in very high incidence of anemia among women and adolescent girls in India (IHDR 2011). In India, anemia is prevalent among women in the reproductive age group, children and low socio-economic strata of the population. IDA reduces the capacity to learn and work resulting in low productivity and loss of wages, thereby limiting economic and social development. Anemia in pregnant women leads to adverse pregnancy outcomes such as high maternal and neonatal mortality, low birth weight, increased risk of obstetric complications, increased morbidity that seriously impairs the physical and mental development of the child. Anemia remains a major indirect cause of maternal mortality in India (Planning Commission, 2008). The eleventh five-year plan targeted reducing anemia among women and girls by 50% by 2012. According to IHDR 2011 data, percentage of women

suffered from anemia increased to 55.3% of women aged 15-49 years. The incidence of anemia among women is more than 60% for low-income states. The highest incidence of anemia among women is found in the states of Bihar and Jharkhand during 2005-06 respectively (see table 1.4). The states of Andhra Pradesh, Chhattisgarh, Orissa and West Bengal also recorded a higher than 60% women suffering from anemia. The lowest incidence has been observed in the state of Kerala (33) followed by Punjab (38) and Goa (38). Punjab experienced a

steep decline in the incidence of anemia among women during the period 1998-99 to 2005-06. Interestingly, the state of Kerala experienced an increase in incidence from 22.7% in 1998-99 to 33% in 2005-06. Moreover, more prevalence of anemia is observed in rural areas than urban area. In fact, it is noticeable that unlike other indicators that experienced an improvement over the year anemia among women significantly increased in majority of the states.

Table 1.4 Percentages of Women with Anemia

States	Pregnant women age 15-49 who are anaemic (%)	Ranking	States	Pregnant women age 15-49 who are anaemic (%)	Ranking
Assam	72.0	1	Madhya Pradesh	57.9	14
Haryana	69.7	2	Maharashtra	57.8	15
Jharkhand	68.4	3	Tripura	57.6	16
Jammu & Kashmir	68.3	4	Tamil Nadu	54.6	17
Orissa	68.1	5	Arunachal Pradesh	51.8	18
Chhattisgarh	63.1	6	Mizoram	51.7	19
West Bengal	62.6	7	Uttar Pradesh	51.6	20
Sikkim	62.1	8	Uttaranchal	50.8	21
Rajasthan	61.7	9	Punjab	41.6	22
Gujarat	60.8	10	Nagaland		n.a
Karnataka	60.4	11	Himachal Pradesh	39.2	23
Bihar	60.2	12	Goa	36.9	24
Meghalaya	60.2	12	Manipur	36.4	25
Andhra Pradesh	58.2	13	Kerala	33.8	26
India	57.9		Delhi	29.9	27

Source: NFHS III

The above analysis of women health condition in India clearly reflects that Indian states still have far way to go to reach the optimum goal of provision of equal health status as male and better public health delivery system. Specifically speaking, the northern state Uttar Pradesh is lagging in many respects of women health. In all health indicators discussed here the states scored low in comparison to southern and northeastern states. The improvement whatever is taking place is at a very low pace. Government of these states as well as Central Government has to come forward on a targeted basis for improvement and development of women health status of these regions. The southern states on the other hand are showing much better performance on a continuous basis. The experience of the state of Kerala is an obvious outcome of the continuous effort of the state government in providing basic education and health facility to common people. Kerala is a

center of attraction for many South-Asian countries. However, the other southern states like Tamil Nadu, Karnataka, and Andhra Pradesh have also improved substantially in this field. Analysis reveals a kind of polarization regarding the status of women health between northern and southern states in India.

8. Age at Marriage

The legal age of marriage as prescribed by Indian law is 18 years. The age at marriage among female of the states of the country is compared and ranking is done in Table 3.5. Despite the legally stipulated minimum age of 18 years at marriage, girls still get married before attaining this age in the states of Madhya Pradesh, Rajasthan, Andhra Pradesh, Bihar, and Uttar Pradesh.

Table 1.5 Mean Age at Marriage among Females (MAMF)

States	Rank	MAMF	States	Rank	MAMF
Rajasthan	20	16.6	Tripura	11	19.3
Madhya Pradesh	19	17.0	Arunachal Pradesh	10	19.6
Bihar	18	17.2	Assam	9	19.7
Andhra Pradesh	17	17.5	Tamil Nadu	8	19.9
Uttar Pradesh	17	17.5	Sikkim	7	20.2

Haryana	16	18.0	Meghalaya	6	20.5
India	18.3	Punjab	6	20.5	
West Bengal	15	18.4	Kerala	5	20.8
Maharashtra	14	18.8	Manipur	4	21.5
Karnataka	13	18.9	Nagaland	3	21.6
Orissa	13	18.9	Mizoram	2	21.8
Gujarat	12	19.2	Goa	1	22.2

Source: Census of India, 2001

In Uttar Pradesh the mean age at marriage among females is 17.5 years. The rank of U.P. among various state is 17th.

9. Sex Ratio

The sex ratio is symptomatic of the composition of population. It is defined as the number of females per thousand males. One of the blatant examples of gender inequality is declining sex ratio and falling sex ratio at birth. Given a preference for boys over girls that exist in many male dominated society, gender inequality can manifest itself in the form of the parents' wanting the new born to be a boy rather than a girl (Sen and Drez, 2005). This problem is not only prevalent in India; the East Asian countries are also suffering from this disease of female dearth. In spite of having higher level of female education, greater economic participation of women, these countries are facing sharp decline and below average sex ratio.

Surprisingly in India, the declining sex ratio across states did not follow a well-demarcated rule. Both developed and underdeveloped states suffer from this stigma of extreme son preference at birth. The worst sex ratios were found in the well-developed states like Gujarat, Delhi, Haryana, Punjab and Chandigarh as well as the less developed states like Bihar, Rajasthan and Uttar Pradesh. There exist a complete geographical divide of states having worst and better performance in this respect. The states in the north and the west consistently faced low female-male ratio whereas on the other sphere, the states in the east and south tend to have better sex ratio (see table 1.6). The states of Kerala, Tamil

Nadu, Andhra Pradesh, Orissa, West Bengal, Chhattisgarh, Jharkhand, Assam, Karnataka and the north- eastern states had better performance in this respect. The state Kerala deserves special attention as it has a sex ratio of greater than one that is 1,084 females per 1000 males during 2011. One of the possible explanations of this anti- female bias in both developed and poor states of north and west may be that developed states take the help of modern technique to determine the gender of the fetus and take recourse of sex selective abortion whereas the poor states suffer from the problem of gross gender discrimination. Kerala's result is exception here with relevant reflection of the ideas that high level of female literacy, greater autonomy to females owing to greater participation in the labour force and state government's commitment to provide better health facility leading to better performance in terms of health indicators can sweep away the societal beliefs, culture and practices of viewing female as burden, cost and danger to family honors and dignity- the extreme form of gender discrimination. However, In fact, there are so many factors responsible for this adverse sex ratio in India. The existence of patriarchal social structure, patrilineal property transfer, religious and ritualistic practice, lower status ascribed to women, prejudice against girl children as they have to be married, girls are financial liability and vulnerable to sexual assault and kidnapping are the factors behind strong son preference and discrimination against girl children. Along with the above reasons the emergence of advanced technologies of determining sex and elimination of female fetus are also held responsible for declining sex ratio in advanced states in India. So, child sex ratio is also an important indicator to review the pattern of gender inequality.

Table.1.6 Sex ratio in different states of India during 2001 and 2011

Rank	State	2011 Census		2001 Census	
		Sex Ratio	Child Sex Ratio	Sex Ratio	Child Sex Ratio
1	Kerala	1084	964	1058	960
2	Puducherry	1037	967	1001	967
3	Tamil Nadu	996	943	987	942
4	Andhra Pradesh	993	939	978	961
5	Chhattisgarh	991	969	989	975
6	Meghalaya	989	970	972	973
7	Manipur	985	930	974	957
8	Orissa	979	941	972	953
9	Mizoram	976	970	935	964
10	Goa	973	942	961	938
11	Karnataka	973	948	965	946

12	Himachal Pradesh	972	909	968	896
13	Uttarakhand	963	890	962	908
14	Tripura	960	957	948	966
15	Assam	958	962	935	965
16	West Bengal	950	956	934	960
17	Jharkhand	948	948	941	965
18	Lakshadweep	946	911	948	959
19	Arunachal Pradesh	938	972	893	964
20	Nagaland	931	943	900	964
21	Madhya Pradesh	931	918	919	932
22	Maharashtra	929	894	922	913
23	Rajasthan	928	888	921	909
24	Gujarat	919	890	920	883
25	Bihar	918	935	919	942
26	Uttar Pradesh	912	902	898	916
27	Punjab	895	846	876	798
28	Sikkim	890	957	875	963
29	Jammu and Kashmir	889	862	892	941
30	Haryana	879	834	861	819
31	Andaman and Nicobar Islands	876	968	846	957
32	Delhi	868	871	821	868
33	Chandigarh	818	880	777	845
34	Dadra and Nagar Haveli	774	926	812	979
35	Daman and Diu	618	904	710	926

Source: Census of India, 2001 & 2011

10. Child Sex Ratio

India fares badly in terms of the child sex ratio indicator i.e. in the age group of 0-6 years. It is only 914 in 2011 compared to 927 in 2001. Even in Kerala having overall sex ratio over 1000 has a declining child sex ratio in 2011. Lowest child sex ratio has been observed in the states of Haryana (830) followed by Punjab. The highest decline observed for the states Jammu & Kashmir followed by Maharashtra. It has been suggested by many that females have higher mortality tendency than male during the embryonic or fetal stages of the child's growth based on the evidences indicating a possibility of

their far more males than female by the two months of development. But this evidence is not adequate in explaining the continuing declining sex ratio in India. According to many researchers, excessive son preference, gender bias against girls in health care, nutrition, food allocation and so on lead to declining sex ratio in India (Clark, 1987; KantiKar, 1991; Miller, 1981). In India the use of sex determination technique for fetuses has been banned for several years, but enforcement of this law is comprehensively neglected due to averseness of mothers to give evidence of the use of such techniques.

Table 1.7. Child Sex Ratio among the States of India

S.No.	States	2011	Rank	S.No.	States	2011	Rank
1	Andhra Pradesh	992	3	15	Maharashtra	925	18
2	Arunachal Pradesh	920	19	16	Manipur	987	6
3	Assam	954	14	17	Meghalaya	986	5
4	Bihar	916	21	18	Mizoram	975	8
5	Chhattisgarh	991	4	19	Nagaland	931	16
6	Goa	968	10	20	Orissa	978	7
7	Gujarat	918	20	21	Punjab	893	23
8	Haryana	877	26	22	Rajasthan	926	17
9	Himachal Pradesh	974	9	23	Sikkim	889	24

10	Jammu & Kashmir	883	25	24	Tamil Nadu	995	2
11	Jharkhand	947	15	25	Tripura	961	13
12	Karnataka	968	11	26	Uttar Pradesh	908	22
13	Kerala	1084	1	27	Uttarakhand	963	12
14	Madhya Pradesh	930	17	28	West Bengal	947	15

Source: Census of India, 2011 (Provisional data).

In Uttar Pradesh, child sex ratio is 908 for 2011, which was 898 in 2001 (Census 2011).

11. Women's Participation In Decision Making

Social institutions, social structures and capabilities in isolation, with limited appreciation of the linkages between them, influence women's participation in decision-making. This is problematic because how particular capabilities, social institutions and social structures combine and interact to shapes women's actual influence in decision-making

processes.

Rastogi (2004) reported that, women's participation in decision making is gradually improving. The table 3.8 is women's participation in decision-making and some other important indicators to evaluate women condition in different states in India.

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