

AMARTYA SEN

## The Many Faces of Gender Inequality

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### I.

It was more than a century ago, in 1870, that Queen Victoria wrote to Sir Theodore Martin complaining about "this mad, wicked folly of 'Woman's Rights.'" The formidable empress certainly did not herself need any protection that the acknowledgment of women's rights might offer. Even at the age of eighty, in 1899, she could write to Arthur James Balfour that "we are not interested in the possibilities of defeat; they do not exist." Yet that is not the way most people's lives go, reduced and defeated as they frequently are by adversities. And within every community, nationality, and class, the burden of hardship often falls disproportionately on women.

The afflicted world in which we live is characterized by a deeply unequal sharing of the burden of adversities between women and men. Gender inequality exists in most parts of the world, from Japan to Morocco, from Uzbekistan to the United States. Yet inequality between women and men is not everywhere the same. It can take many different forms. Gender inequality is not one homogeneous phenomenon, but a collection of disparate and inter-linked problems. I will discuss just a few of the varieties of the disparity between the genders.

#### *Mortality Inequality*

In some regions in the world, inequality between women and men directly involves matters of life and death, and takes the brutal form of unusually high mortality rates for women and a consequent preponderance of men in the total population, as opposed to the preponderance of women found in societies with little or no gender bias in health care and nutrition. Mortality inequality has been observed and documented extensively in North Africa and in Asia, including China and South Asian nations.

#### *Natality Inequality*

Given the preference for boys over girls that characterizes many male-dominated societies, gender inequality can manifest itself in the form of parents' wanting a baby to be a boy rather than a girl. There was a time when this could be no more than a wish—a daydream or a nightmare, depending on one's perspective. But with the availability of modern techniques to determine the gender of a fetus, sex-selective abortion has become common in many countries. It is especially prevalent in East Asia, in China and South Korea in particular; but it is found also in Singapore and Taiwan, and it is beginning to emerge as a statistically

significant phenomenon in India and in other parts of South Asia as well. This is high-tech sexism.

### *Basic-Facility Inequality*

Even when demographic characteristics do not show much anti-female bias or any at all, there are other ways in which women can get less than a square deal. Afghanistan may be the only country in the world where the government is keen on actively excluding girls from schooling (the Taliban regime combines this with other features of massive gender inequality); but there are many countries in Asia and Africa, and also in Latin America, where girls have far less opportunity for schooling than do boys. And there are other deficiencies in basic facilities available to women, varying from encouragement to cultivate one's natural talents to fair participation in social functions of the community.

### *Special-Opportunity Inequality*

Even when there is relatively little difference in basic facilities including schooling, the opportunities for higher education may be far fewer for young women than for young men. Indeed, gender bias in higher education and professional training can be observed even in some of the richest countries in the world, in Europe and North America. Sometimes this type of asymmetry has been based on the superficially innocuous idea that the respective "provinces" of men and women are just different. This thesis has been championed in different forms over the centuries, and it has always enjoyed a great implicit, as well as explicit, following. It was presented with particular directness more than one hundred years before Queen Victoria's complaint about "woman's rights" by the Reverend James Fordyce in his *Sermons to Young Women* (1766), a book that, as Mary Wollstonecraft noted in *A Vindication of the Rights of Woman* (1792), had been "long made a part of woman's library." Fordyce warned the young women to whom his sermons were addressed against "those masculine women that would plead for your sharing any part of their province with us," identifying the province of men as including not only "war," but also "commerce, politics, exercises of strength and dexterity, abstract philosophy and all the abstruser sciences." Such clear-cut beliefs about the provinces of men and women are now rather rare, but the presence of extensive gender asymmetry can be seen in many areas of education, training, and professional work even in Europe and North America.

### *Professional Inequality*

In employment as well as promotion in work and occupation, women often face greater handicaps than men. A country such as Japan may be quite egalitarian in matters of demography or basic facilities, and even to a great extent in higher education, and yet progress to elevated levels of employment and occupation seems to be much more problematic for women than for men. In the English television series *Yes, Minister*, there was an episode in which the Minister, full of reforming zeal, is trying to ascertain from the immovable permanent secretary,

Sir Humphrey, how many women are in senior positions in the British civil service. Sir Humphrey says that it is very difficult to give an exact number; it would require a lot of investigation. The Minister is insistent, and wants to know approximately how many women are in these senior positions. To which Sir Humphrey finally replies, "Approximately, none."

### *Ownership Inequality*

In many societies, the ownership of property can also be very unequal. Even basic assets such as homes and land may be very asymmetrically shared. The absence of claims to property can not only reduce the voice of women, it can also make it harder for women to enter and to flourish in commercial, economic, and even some social activities. Inequality in property ownership is quite widespread across the world, but its severity can vary with local rules. In India, for example, traditional inheritance laws were heavily weighed in favor of male children (until the legal reforms after independence), but the community of Nairs (a large caste in Kerala) has had matrilineal inheritance for a very long time.

### *Household Inequality*

Often there are fundamental inequalities in gender relations within the family or the household. This can take many different forms. Even in cases in which there are no overt signs of anti-female bias in, say, mortality rates, or male preference in births, or in education, or even in promotion to higher executive positions, family arrangements can be quite unequal in terms of sharing the burden of housework and child care. It is quite common in many societies to take for granted that men will naturally work outside the home, whereas women could do so if and only if they could combine such work with various inescapable and unequally shared household duties. This is sometimes called a "division of labor," though women could be forgiven for seeing it as an "accumulation of labor." The reach of this inequality includes not only unequal relations within the family, but also derivative inequalities in employment and recognition in the outside world. Also, the established persistence of this type of "division" or "accumulation" of labor can also have far-reaching effects on the knowledge and the understanding of different types of work in professional circles. In the 1970s, when I first started working on gender inequality, I remember being struck by the fact that the *Handbook of Human Nutrition Requirements of the World Health Organization*, in presenting "calorie requirements" for different categories of people, chose to classify household work as "sedentary activity," requiring very little deployment of energy. I was not able to determine precisely how this remarkable bit of information had been collected.

## II.

It is important to take note of the implications of the varieties of gender inequality. The variations entail that inequality between women and men cannot be confronted and overcome by one all-purpose remedy. Over time, moreover, the same

country can move from one type of gender inequality to another. I shall presently argue that there is new evidence that India, my own country, is undergoing just such a transformation at this time. The different forms of gender inequality may also impose adversities on the lives of men and boys, in addition to those of women and girls. In understanding the different aspects of the evil of gender inequality, we have to look beyond the predicament of women and examine the problems created for men as well by the asymmetrical treatment of women. These causal connections can be very significant, and they can vary with the form of gender inequality. Finally, inequalities of different kinds can frequently nourish one another, and we have to be aware of their linkages.

In what follows, a substantial part of my empirical focus will be on two of the most elementary kinds of gender inequality: mortality inequality and natality inequality. I shall be concerned particularly with gender inequality in South Asia, the so-called Indian subcontinent. While I shall separate out the subcontinent for special attention, I must warn against the smugness of thinking that the United States and Western Europe are free from gender bias simply because some of the empirical generalizations that can be made about other regions of the world would not hold in the West. Given the many faces of gender inequality, much depends on which face we look at.

Consider the fact that India, along with Bangladesh, Pakistan, and Sri Lanka, has had female heads of government, which the United States and Japan have not yet had (and do not seem very likely to have in the immediate future, if I am any judge). Indeed, in the case of Bangladesh, where both the prime minister and the leader of the opposition are women, one might begin to wonder whether any man could soon rise to a leadership position there. To take another bit of anecdotal evidence against Western complacency in this matter: I had a vastly larger proportion of tenured women colleagues when I was a professor at Delhi University—as long ago as the 1960s—than I had in the 1990s at Harvard University or presently have at Trinity College, Cambridge. And another example, of a more personal kind: when I was searching, a few years ago, for an early formulation of the contrast between the instrumental importance of wealth and the intrinsic value of human life, I found such a view in the words of Maitreyee, a woman intellectual depicted in the Upanishads, which date from the eighth century B.C.E. The classic formulation of this distinction, of course, would come about four centuries later, in Aristotle's *Nicomachean Ethics*; but it is interesting that the first sharp formulation of the value of living should have come from a woman thinker in a society that has not yet—three thousand years later—been able to overcome the mortality differential between women and men. In the scale of mortality inequality, India is close to the bottom of the league in gender disparity, along with Pakistan and Bangladesh; and natality inequality is also beginning to rear its ugly head very firmly and very fast in the subcontinent in our own day.

In the bulk of the subcontinent, with only a few exceptions (such as Sri Lanka and the state of Kerala in India), female mortality rates are very significantly higher than what could be expected given the mortality patterns of men (in the respective age groups). This type of gender inequality need not entail any conscious homicide, and it would be a mistake to try to explain this large phenomenon by invoking the cases of female infanticide that are reported from China

or India: those are truly dreadful events, but they are relatively rare. The mortality disadvantage of women works, rather, mainly through the widespread neglect of health, nutrition, and other interests of women that influence their survival.

It is sometimes presumed that there are more women than men in the world, since such a preponderance is well known to be the case in Europe and North America, which have an average female-to-male ratio of 1.05 or so (that is, about 105 women to 100 men). Yet women do not outnumber men in the world as a whole. Indeed, there are only about 98 women per 100 men on the globe. This "shortfall" of women is most acute in Asia and North Africa. The number of females per 100 males in the total population is 97 in Egypt and Iran, 95 in Bangladesh and Turkey, 94 in China, 93 in India and Pakistan, and 84 in Saudi Arabia (though the last ratio is considerably reduced by the presence of male migrant workers from elsewhere in Asia).

It has been widely observed that given similar health care and nutrition, women tend typically to have lower age-specific mortality rates than men. Indeed, even female fetuses tend to have a lower probability of miscarriage than male fetuses. Everywhere in the world, more male babies are born than female babies (and an even higher proportion of male fetuses are conceived compared with female fetuses); but throughout their respective lives the proportion of males goes on falling as we move to higher and higher age groups, due to typically greater male mortality rates. The excess of females over males in the populations of Europe and North America comes about as a result of this greater survival chance of females in different age groups.

In many parts of the world, however, women receive less attention and health care than do men, and girls in particular often receive very much less support than boys. As a result of this gender bias, the mortality rates of females often exceed those of males in these countries. The concept of the "missing women" was devised to give some idea of the enormity of the phenomenon of women's adversity in mortality by focusing on the women who are simply not there, owing to mortality rates that are unusually high compared with male mortality rates. The basic idea is to find some rough and ready way to understand the quantitative difference between the actual number of women in these countries and the number of women that we could expect to see if the gender pattern of mortality were similar there to the patterns in other regions of the world that do not demonstrate a significant bias against women in health care and other attentions relevant for survival.

We may take the ratio of women to men in sub-Saharan Africa as the standard, since there is relatively little bias against women in health care, social status, and mortality rates there, even though the absolute numbers are quite dreadful for both men and women. When estimating the size of the phenomenon of "missing women" in the mid-1980s, I used the prevailing female-male ratio in sub-Saharan Africa, around 1.022, as the standard. For example, with India's female-male ratio of 0.93, there is a total difference of 9 percent (of the male population) between that ratio and the sub-Saharan standard used for comparison. In 1986, this yielded a figure of 37 million missing women. Using the same sub-Saharan standard, China had 44 million missing women; and it became evident

that, for the world as a whole, the magnitude of the gender shortfall easily exceeded 100 million. Other standards and other methods may also be used: Ansley Coale and Stephan Klasen have arrived at somewhat different numbers, but invariably very large ones. (Klasen's total number is about 80 million missing women.) So gender bias in mortality takes an astonishingly heavy toll.

How can this be reversed? Some economic models have tended to relate the neglect of women to the lack of economic empowerment of women. Ester Boserup, an early feminist economist, in her classic book *Women's Role in Economic Development*, published in 1970, discussed how the status and the standing of women are enhanced by economic independence (such as gainful employment). Others have tried to link the neglect of girls to the higher economic returns for the family from boys compared with girls. I believe that the former line of reasoning, which takes fuller note of social considerations that take us beyond any hard-headed calculation of relative returns from rearing girls vis-à-vis boys, is broader and more promising; but no matter which interpretation is taken, women's gainful employment, especially in more rewarding occupations, clearly does play a role in improving the life prospects of women and girls. So, too, does women's literacy. And there are other factors that can be seen as adding to the standing and to the voice of women in family decisions.

The experience of the state of Kerala in India is instructive in this matter. Kerala provides a sharp contrast with many other parts of the country in having little or no gender bias in mortality. The life expectancy of Kerala women at birth is above 76 (compared with 70 for men), and even more remarkably, the female-male ratio of Kerala's population is 1.06 according to the 2001 census, much the same as Europe or North America. Kerala has a population of 30 million, so it is an example that involves a fair number of people. The causal variables related to women's empowerment can be seen as playing a role here, since Kerala has a very high level of women's literacy (nearly universal for the younger age groups), and also much more access for women to well-paid and well-respected jobs.

One of the other influences of women's empowerment, a decline in fertility, is also observed in Kerala, where the fertility rate has fallen very fast (much faster, incidentally, than in China, despite Chinese coercive measures in birth control). The fertility rate in Kerala is 1.7 (roughly interpretable as an average of 1.7 children per couple), and it is one of the lowest in the developing world—about the same as in Britain and in France, and much lower than in the United States. We can see in these observations the general influence of women's education and empowerment.

Yet we must also take note of other special features of Kerala as well, including female ownership of property for an influential part of the Hindu population (the Nairs); openness to, and interaction with, the outside world (Christians form about one-fifth of the population and have been in Kerala much longer—since the fourth century—than they have been in, say, Britain, not to mention the very old community of Jews in Kerala); and activist left-wing politics with a particularly egalitarian commitment, which has tended to focus strongly on issues of equity (not only between classes and castes, but also between women and men). While these influences may work in the same way as the impact of female

education and employment in reducing mortality inequality, they can have different roles in dealing with other problems, particularly the problem of natality inequality.

### III.

The problem of gender bias in life and death has been much discussed, but there are other issues of gender inequality that are sorely in need of greater investigation. I will note four substantial phenomena that happen to be quite widely observed in South Asia.

There is, first, the problem of the undernourishment of girls as compared with boys. At the time of birth, girls are obviously no more nutritionally deprived than boys, but this situation changes as society's unequal treatment takes over from the non-discrimination of nature. There has been plenty of aggregative evidence on this for quite some time now; but it has been accompanied by some anthropological skepticism about the appropriateness of using aggregate statistics with pooled data from different regions to interpret the behavior of individual families. Still there have also been more detailed and concretely local studies on this subject, and they confirm the picture that emerges on the basis of aggregate statistics. One case study from India, which I myself undertook in 1983 along with Sunil Sengupta, involved weighing every child in two large villages. The time pattern that emerged from this study, which concentrated particularly on weight-for-age as the chosen indicator of nutritional level for children under five, showed clearly how an initial neonatal condition of broad nutritional symmetry turns gradually into a situation of significant female disadvantage. The local investigations tend to confirm rather than contradict the picture that emerges from aggregate statistics.

In interpreting the causal process that leads to this female disadvantage, it is important to emphasize that the lower level of nourishment of girls may not relate directly to their being underfed as compared with boys. Often enough, the differences may arise more from the neglect of health care of girls compared with what boys receive. Indeed, there is some direct information about comparative medical neglect of girls vis-à-vis boys in South Asia. When I studied, with Jocelyn Kynch, admissions data from two large public hospitals in Bombay, it was very striking to find clear evidence that the admitted girls were typically more ill than the boys, suggesting that a girl has to be more stricken and more ill before she is taken to the hospital. Undernourishment may well result from a greater incidence of illness, which can adversely affect both the absorption of nutrients and the performance of bodily functions.

There is, secondly, a high incidence of maternal undernourishment in South Asia. Indeed, in this part of the world, maternal undernutrition is much more common than in most other regions. Comparisons of body mass index (BMI), which is essentially a measure of weight for height, bring this out clearly enough, as do statistics of such consequential characteristics as the incidence of anemia.

Thirdly, there is the problem of the prevalence of low birth weight. In South Asia, as many as 21 percent of children are born clinically underweight (by

accepted medical standards), more than in any other substantial region in the world. The predicament of being low in weight in childhood seems often enough to begin at birth in the case of South Asian children. In terms of weight for age, around 40 to 60 percent of the children in South Asia are undernourished, compared with 20 to 40 percent undernourishment even in sub-Saharan Africa. The children start deprived and stay deprived. Finally, there is also a high incidence of cardiovascular diseases. Generally, South Asia stands out as having more cardiovascular diseases than any other part of the Third World. Even when other countries, such as China, show a greater prevalence of the standard predisposing conditions to such illness, the subcontinental population seems to have more heart problems than these other countries.

It is not difficult to see that the first three of these problems are very likely connected causally. The neglect of the care of girls and women, and the underlying gender bias that their experience reflects, would tend to yield more maternal undernourishment; and this in turn would tend to yield more fetal deprivation and distress, and underweight babies, and child undernourishment. But what about the higher incidence of cardiovascular diseases among South Asian adults? In interpreting this phenomenon, we can draw on the pioneering work of a British medical team led by D.J.P. Barker. Based on English data, Barker has shown that low birth weight is closely associated with the higher incidence, many decades later, of several adult diseases, including hypertension, glucose intolerance, and other cardiovascular hazards.

The robustness of the statistical connections and the causal mechanisms involved in the retardation of intrauterine growth can be further investigated, but as matters stand the medical evidence that Barker has produced linking the two phenomena offers the possibility of proposing a causal relation between the different empirical observations of the harsh fate of girls and women in South Asia and the phenomenon of high incidence of cardiovascular diseases in South Asia. This strongly suggests a causal pattern that goes from the nutritional neglect of women to maternal undernourishment, and thence to fetal growth retardation and underweight babies, and thence to greater incidence of cardiovascular afflictions much later in adult life (along with the phenomenon of undernourished children in the shorter run). In sum: what begins as a neglect of the interests of women ends up causing adversities in the health and the survival of all, even at an advanced age.

These biological connections illustrate a more general point: gender inequality can hurt the interests of men as well as women. Indeed, men suffer far more from cardiovascular diseases than do women. Given the uniquely critical role of women in the reproductive process, it would be hard to imagine that the deprivation to which women are subjected would not have some adverse impact on the lives of all people—men as well as women, adults as well as children—who are “born of a woman,” as the Book of Job says. It would appear that the extensive casualties of neglecting the welfare of women rebound on men with a vengeance.

But there are also other connections between the disadvantage of women and the general condition of society—non-biological connections—that operate through



women's conscious agency. The expansion of women's capabilities not only enhances women's own freedom and well-being, it also has many other effects on the lives of all. An enhancement of women's active agency can contribute substantially to the lives of men as well as women, children as well as adults: many studies have demonstrated that the greater empowerment of women tends to reduce child neglect and mortality, to decrease fertility and overcrowding, and more generally to broaden social concern and care.

These examples can be supplemented by considering the functioning of women in other areas, including in the fields of economics and politics. Substantial linkages between women's agency and social achievements have been noted in many different countries. There is plenty of evidence that whenever social and economic arrangements depart from the standard practice of male ownership, women can seize business and economic initiative with much success. It is also clear that the result of women's participation in economic life is not merely to generate income for women, but also to provide many other social benefits that derive from their enhanced status and independence. The remarkable success of organizations such as the Grameen Bank and BRAC (Bangladesh Rural Advancement Committee) in Bangladesh is a good example of this, and there is some evidence that the high-profile presence of women in social and political life in that country has drawn substantial support from women's economic involvement and from a changed image of the role of women.

The Reverend Fordyces of the world may disapprove of "those masculine women" straying into men's "province," but the character of modern Bangladesh reflects in many different and salutary ways the increasing agency of women. The precipitate fall of the total fertility rate in Bangladesh from 6.1 to 3.0 in the course of two decades (perhaps the fastest such decline in the world) is clearly related to the changed economic and social roles of women, along with increases in family-planning facilities. There have also been cultural influences leading to a re-thinking of the nature of the family, as Alaka Basu and Sajeda Amin have shown recently in *Population and Development Review*. Changes can also be observed in parts of India where women's empowerment has expanded, with more literacy and greater economic and social involvements outside the home.

#### IV.

There is something to cheer in the developments that I have been discussing, and there is considerable evidence of a weakened hold of gender disparity in several fields in the subcontinent; but the news is not, alas, all good. There is also evidence of a movement in the contrary direction, at least with regard to natality inequality. This has been brought out sharply by the early results of the 2001 decennial national census in India, the results of which are still being tabulated and analyzed. Early results indicate that even though the overall female-male ratio has improved slightly for the country as a whole (with a corresponding reduction of the proportion of "missing women"), the female-male ratio for

children has suffered a substantial decline. For India as a whole, the female-male ratio of the population under age six has fallen from 94.5 girls per 100 boys in 1991 to 92.7 girls per 100 boys in 2001. While there has been no such decline in some parts of the country (most notably Kerala), it has fallen very sharply in Punjab, Haryana, Gujarat, and Maharashtra, which are among the richer Indian states.

Taking together all the evidence that exists, it is clear that this change reflects not a rise in female child mortality, but a fall in female births vis-à-vis male births; and it is almost certainly connected with the increased availability and the greater use of gender determination of fetuses. Fearing that sex-selective abortion might occur in India, the Indian parliament some years ago banned the use of sex determination techniques for fetuses, except as a by-product of other necessary medical investigation. But it appears that the enforcement of this law has been comprehensively neglected. When questioned about the matter by Celia Dugger, the energetic correspondent of *The New York Times*, the police cited difficulties in achieving successful prosecution owing to the reluctance of mothers to give evidence of the use of such techniques.

I do not believe that this need be an insurmountable difficulty (other types of evidence can in fact be used for prosecution), but the reluctance of the mothers to give evidence brings out perhaps the most disturbing aspect of this natality inequality. I refer to the "son preference" that many Indian mothers themselves seem to harbor. This form of gender inequality cannot be removed, at least in the short run, by the enhancement of women's empowerment and agency, since that agency is itself an integral part of the cause of natality inequality.

Policy initiatives have to take adequate note of the fact that the pattern of gender inequality seems to be shifting in India, right at this time, from mortality inequality (the female life expectancy at birth has now become significantly higher than male life expectancy) to natality inequality. And, worse, there is clear evidence that the traditional routes of combating gender inequality, such as the use of public policy to influence female education and female economic participation, may not, on their own, serve as a path to the eradication of natality inequality. A sharp pointer in that direction comes from the countries in East Asia that have high levels of female education and economic participation.

Compared with the biologically common ratio across the world of 95 girls being born per 100 boys, Singapore and Taiwan have 92 girls, South Korea only 88, and China a mere 86—their achievements in female empowerment notwithstanding. In fact, South Korea's overall female-male ratio for children is also a meager 88 girls per 100 boys, and China's grim ratio is 85 girls per 100 boys. In comparison, the Indian ratio of 92.7 girls per 100 boys (though lower than its previous figure of 94.5) looks far less unfavorable.

Still, there are reasons for concern. For a start, these may be early days, and it has to be asked whether with the spread of sex-selective abortion India may catch up with—and perhaps even go beyond—Korea and China. Moreover, even now there are substantial variations within India, and the all-India average hides the fact that there are states in India where the female-male ratio for children is very much lower than the Indian average.

Even though sex-selective abortion is to some extent being used in most regions in India, there seems to be something of a social and cultural divide across India, splitting the country in two, in terms of the extent of the practice and the underlying bias against female children. Since more boys are born than girls everywhere in the world, even without sex-specific abortion, we can use as a classificatory benchmark the female-male ratio among children in advanced industrial countries. The female-male ratio among children for the zero-to-five age group is 94.8 in Germany, 95.0 in the United Kingdom, and 95.7 in the United States. And perhaps we can sensibly pick the German ratio of 94.8 as the cut-off point below which we should suspect anti-female intervention.

The use of this dividing line produces a remarkable geographical split in India. In the states in the north and the west, the female-male ratio of children is uniformly below the benchmark figure, led by Punjab, Haryana, Delhi, and Gujarat (with ratios between 79.3 and 87.8), and also including the states of Himachal Pradesh, Madhya Pradesh, Rajasthan, Uttar Pradesh, Maharashtra, Jammu and Kashmir, and Bihar. The states in the east and the south, by contrast, tend to have female-male ratios that are above the benchmark line of 94.8 girls per 100 boys, such as Kerala, Andhra Pradesh, West Bengal, and Assam (each between 96.3 and 96.6), and also including Orissa, Karnataka, and the northeastern states to the east of Bangladesh.

Aside from the tiny states of Dadra and Nagar Haveli (with less than 250,000 people), which have a high female-male ratio among children despite being in the west, the one substantial exception to this adjoining division is Tamil Nadu, where the female-male ratio is just below 94—higher than the ratio of any state in the deficit list, but still just below the cut-off line (94.8) used for the partitioning. But the astonishing finding is not that one particular state is a marginal misfit. It is that the vast majority of the Indian states fall firmly into two contiguous halves, classified broadly into the north and the west on one side and the south and the east on the other. Indeed, every state in the north and the west (with the slight exception of tiny Dadra and Nagar Haveli) has strictly lower female-male ratios of children than every state in the east and the south (even Tamil Nadu fits into this classification). This is quite remarkable.

The pattern of female-male ratio of children produces a much sharper regional classification than does the female-male ratio of mortality of children, even though the two are also strongly correlated. The female-male ratio in child mortality varies, at one end, from 0.91 in West Bengal and 0.93 in Kerala, in the eastern and southern group, to 1.30 at the other end, in Punjab, Haryana, and Uttar Pradesh (with high ratios also in Gujarat, Bihar, and Rajasthan), in the northern and western group.

The pattern of contrast does not have any obvious economic explanation. The states with anti-female bias include rich states (Punjab and Haryana) as well as poor states (Madhya Pradesh and Uttar Pradesh), fast-growing states (Gujarat and Maharashtra), as well as states that are growth failures (Bihar and Uttar Pradesh). Also, the incidence of sex-specific abortions cannot be explained by the availability of medical resources for determining the sex of the fetus: Kerala and West Bengal in the non-deficit list have at least as many medical facilities as do the deficit states

of Madhya Pradesh, Haryana, or Rajasthan. If the provision for sex-selective abortion is infrequent in Kerala or West Bengal, it is because of a low demand for those specific services, rather than any great barrier on the side of supply.

This suggests that we must inquire beyond economic resources or material prosperity or GNP growth into broad cultural and social influences. There are a variety of influences to be considered here, and the linking of these demographic features with the subject matter of social anthropology and cultural studies would certainly be very much worth doing. There is also some possible connection with politics. It has been noted in other contexts that the states in the north and the west of India generally have given much more room to religion-based sectarian politics than has the east or the south, where religion-centered parties have had very little success. Of the 197 members of the present Indian parliament from the Bharatiya Janata Party (BJP) and Shiva Sena, which represent to a great extent the forces of Hindu nationalism, as many as 169 were elected from the north and the west. While it would be important to keep a close watch on the trend of sex-selective abortion everywhere in India, the fact that there are sharp divisions related to culture and politics may suggest lines of probing investigation as well as remedial action.

Gender inequality, then, has many distinct and dissimilar faces. In overcoming some of its worst manifestations, especially in mortality rates, the cultivation of women's empowerment and agency, through such means as women's education and gainful employment, has proved very effective. But in dealing with the new form of gender inequality, the injustice relating to natality, there is a need to go beyond the question of the agency of women and to look for a more critical assessment of received values. When anti-female bias in behavior (such as sex-specific abortion) reflects the hold of traditional masculinist values from which mothers themselves may not be immune, what is needed is not just freedom of action but also freedom of thought—the freedom to question and to scrutinize inherited beliefs and traditional priorities. Informed critical agency is important in combating inequality of every kind, and gender inequality is no exception.