

## Original Research Article

# Gender bias experiences among rural adolescent girls

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## ABSTRACT

**Background:** Girls in India are disadvantaged even before their birth. For a girl child, life is a constant fight for survival, growth and development from the time she is conceived till she attains 18 years. Objectives were to study the socio-demographic profile of the rural adolescent girls to study gender bias experiences among rural adolescent girls and to assess association between sociodemographic characteristics and gender bias.

**Methods:** A cross sectional study was conducted in three secondary rural government schools among rural adolescent girls in the age group of 12 to 16 years. Study participants were interviewed.

**Results:** Total respondents were 157.29 (18.5%) said they don't get immediate treatment for their health issues. The 153 (97.5%) respondents said their parents support them for their education. The 12 (7.6%) girls said their parents ask them to eat food after males in their families. 145 (92.45%) didn't find any discrimination regarding food with them. The 92 (58.6%) said parents force them to do domestic work. The 87 (55.4%) of the respondents said relatives ask them to sit properly and not according to their comfort. Only 19 (12.1%) said parents tell them to do puja regularly and keep fasting for religious reasons. The 88 (56.1%) respondents said that they have restrictions in going out. The 51 (32.5%) respondents said they have been verbally abused or beaten.

**Conclusions:** Gender bias still exists among rural community. It is critical to intervene during early adolescence if gender equity is to be established. Promoting gender equality and empowerment of girls will help to diminish gender inequity in the long-term.

**Keywords:** Gender bias, Rural, Adolescent girls, Schools

## INTRODUCTION

India is home to more than 243 million adolescents, who account for almost 20 per cent of the country's population. Over the past two decades, rapid economic growth with real gross domestic product averaging 4.8 per cent between 1990 and 2009 has lifted millions of Indians out of poverty; this, combined with government programmes, has led to the improved health and development of the country's adolescents. However, many challenges remain for India's youthful population, particularly for girls, who face gender disparities in education and nutrition, early marriage and discrimination, especially against those belonging to socially excluded castes and tribes.<sup>1</sup> Girls in India are

disadvantaged even before their birth.<sup>2</sup> Gender biases pose a specific threat to girl children across the social and economic strata. For a girl child, life is a constant fight for survival, growth and development from the time she is conceived till she attains 18 years.<sup>3</sup>

A study conducted by the Austria-based International Institute for applied systems analysis (IIASA), found that gender-based discrimination in India causes the deaths of almost a quarter of a million girls below the age of five every year. These deaths were avoidable and caused by gender bias that is eating away at Indian society. The study found that there is an average of 239,000 excess deaths per year of girls under the age of five in India, or 2.4 million in a decade. Not only that, excess female child

mortality is found in 90% of the districts in the country. The study showed that areas worst affected were typically rural, with low levels of education, high population densities, and high birth rates.<sup>4</sup>

Girl children are considered an economic liability in child care costs, dowry costs, and marriage support<sup>5</sup>. Female adolescents suffer from a variety of poverty-ridden village life conditions: caste oppression, lack of facilities, malnutrition, educational backwardness, early marriage, domestic burden, and gender neglect. Girls carry a heavy work burden.<sup>6</sup> A study conducted by the Jan Swasthya Abhiyan recently found that 30% more girls than boys suffered from malnutrition, pointing at negligence based on gender.<sup>4</sup>

Gender bias in adolescent period must be addressed for health and well-being throughout their life. Very few studies have been conducted on gender bias experiences among rural adolescent girls. Hence, is this study was planned.

### **Objectives**

Objectives were to study the socio-demographic profile of the rural adolescent girls, to study gender bias experiences among rural adolescent girls and to assess association between sociodemographic characteristics and gender bias experiences.

## **METHODS**

### **Study design**

Study design was of cross sectional study.

### **Study duration**

The study was conducted from January 2022-April 2022.

### **Study area**

This study was conducted rural field practice area of community medicine department, SVIMS, SPMC, Tirupati. Most of the people are below poverty line (BPL) and general literacy levels are low; specially among the women. In this area people are daily labourers, vegetable and fruit vendors, dhobis and a majority of the women are homemakers.

### **Study setting**

There are three secondary schools in rural field practice area. Number of adolescent girls in age group of 12 to 16 years (classes 8<sup>th</sup> to 10<sup>th</sup>) are 250.

### **Study subjects**

Rural adolescent school going girls in the age group of 12-16 years.

### **Inclusion criteria**

Rural adolescent school going girls aged between 12 to 16 years and who gave consent and was present at the time of interview.

### **Exclusion criteria**

The following exclusion criteria were followed while selecting the school going adolescent girls. Adolescent girls with any obvious mental disorders, deafness, any chronic disorders. Children with serious illness. Those who were not willing to participate.

### **Data collection**

For collection of data, structured questionnaire was developed to find out socio- demographic characteristics and to assess gender bias experiences among rural adolescent girls. Informed verbal consent was obtained and all the adolescent girls were interviewed by the investigator to collect information.

### **Study instrument**

To collect information two types of structured format was be used.

### **Socio-demographic proforma**

For collection of data regarding socio-demographic characteristics will include age, class, type of family, type of housing, size of family, family income, education and occupation of parents etc.

### **Pre-designed and pre-tested questionnaire**

This questionnaire included questions to collect information about their gender bias experiences. This information was collected on following domains. Health, education, nutrition, social customs and practices, mobility/ freedom and abuse.

### **Statistical analysis**

Data was entered in the Microsoft Excel sheet and the descriptive statistics was used in the form of proportions. Chi-square test was used to know the association of socio-demographic variables with the domains of gender bias. The association was considered to be statistically significant with  $p < 0.05$ .

### **Ethical considerations**

Ethical clearance for this study was obtained by institutional ethical committee. Permission was obtained from principals of secondary schools in rural area and purpose of study was explained to them. Confidentiality of rural adolescent girls was ensured.

## RESULTS

### *Socio-demographic characteristics*

Of the 157 respondents (rural adolescent girls), majority of them were in 12 to 14 age group i.e., 113 (72%) followed by 44 (28%) in 15 to 16 age group. Among all, most of the respondents were from 9<sup>th</sup> class i.e., 99 (63.1%) followed by 32 (20.4%) were from 10<sup>th</sup> class. Most of them, 129 (82.2%) belonged to nuclear families and 83 (52.9%) live in pucca house, only few i.e., 5 (3.2%) live in kuccha house. In the present study, with regard to socio-economic status (as per B G Prasad socio-economic class scale), 86 (54.8%) of the respondents belonged to lower middle class whereas 60 (38.2%) respondents belonged to lower class. 101 (64.3%) respondents said that they have male siblings while 56 (35.7%) girls said they don't have male siblings (Table 1).

### *Health*

When asked about the health complaints to study respondents at the time of study, out of 157, 54 (34.4%) said they have health related issues like fever, cough, dysmenorrhea, generalized weakness etc. When asked whether they get immediate treatment whenever they get any illness, majority of them 128 (81.5) said yes while 29(18.5%) said they don't get immediate attention or treatment. Majority of the girls, i.e., 138 (87.9%) said they buy medicine from pharmacy and 19 (12.1%) get home based treatment from parents initially. 96(61.1%) respondents said their parents take them to same place as brother for treatment when they have any health issues while 61(38.9%) said parents don't take them to same place for treatment (Table 2).

### *Education*

With regard to their education, most of the girls 153 (97.5%) said their parents support them for their study and education and they would like to pursue higher education and do some job. In present study, out of 101 girls who have brothers 82 (81.21%) said their parents send them to same school as their brother and only 19 (18.8%) girls said parents don't send them to same school as their brother. When asked about whether teacher treat boys and girls equally in school, 142 (90.4%) girls said yes teacher treat boys and girls equally whereas 15 (9.6%) girls said teacher don't treat boys and girls equally. 78(49.7%) said they attend school regularly and remain absent to School sometimes whenever they get any health problem or issues (Table 3).

### *Nutrition*

In present study, 156 (99.4%) rural adolescent girls said yes, they get adequate food. Only one girl said she doesn't get adequate food. The 142 (90.4%) girls said they don't find any difference in treatment between them

and their brothers with regard to food/nutrition while only 15 (9.6%) girls said they experienced discrimination with regard to food. Majority of the girls, 145(92.4%) said their parents treat them equally and they don't ask them to eat later. Only 12 (7.6%) girls said their parents ask them to eat food after males in their families. Majority of the adolescent girls 145 (92.45) didn't find any discrimination regarding food with them because of gender while only 12 (7.6%) said they experienced discrimination (Table 4).

### *Social customs and practices and domestic burden*

In present study, 87 (55.4%) of the rural adolescent girls said yes, people ask them to sit properly and not according to their comfort while 70 (44.6%) said nobody in the family or relatives ask them to sit properly because of their gender. As shown in Table 9, there is significant association between respondents having sibling of opposite gender and cultural practices like parents ask them to sit properly and not as per their comfort (Table 5).

Only 19 (12.1%) said parents tell them to do puja regularly and keep fasting for religious reasons while majority of them, 138 (87.9%) said that their parents don't force them for such religious activities. The 69 (43.9%) girls said they have restrictions in their dressing style while 88 (56.1%) said they don't have any restrictions in their dressing style. In present study, when asked about whether their parents want them to get marry early, only 10 (6.4%) respondents said yes and majority of them i.e., 147(93.6%) said their parents don't want them to marry early. With regard to domestic burden, out of 157 respondents, 92(58.6%) said parents force them to do domestic work like cleaning, mopping, cooking etc. while 65 (41.4%) said their parents don't ask them to do domestic work. Table 6 shows that there is significant association between socioeconomic status and domestic burden of the respondents.

### *Mobility/ freedom of the respondents*

In present study, 88 (56.1%) rural adolescent girls said that they have restrictions in going out and 115 (73.2%) said they have to come back home early in the evening as they are females. Most of them 125 (79.6%) don't have any restrictions in participating sports/competitions while 32 (20.4%) said they have restrictions in participating sports/competitions.

### *Abuse*

In this study, 51 (32.5%) respondents said they have been verbally abused or beaten by their relative (mother, father or brother) in the family. Majority of the respondents, 150 (95.5%) have not experienced eve-teasing but 7 (4.5%) girls said they experienced eve-teasing. Table 8 shows that there is statistically significant association between type of housing and abuse of the respondents.

**Table 1: Socio-demographic characteristics of respondents (n=157).**

Variables		N	Percentage (%)
<b>Age (in years)</b>	12-14	113	71.97
	15-16	44	28.02
<b>Class</b>	8	26	16.6
	9	99	63.1
	10	32	20.4
<b>Type of family</b>	Nuclear	129	82.2
	Joint	28	17.8
<b>Type of house</b>	Pucca	83	52.9
	Semi Pucca	69	43.9
	Kaccha	5	3.2
<b>Size of family</b>	≤5	127	80.9
	>5	30	19.1
<b>Socio economic status</b>	Middle	11	7
	Lower middle	86	54.8
	Lower	60	38.2
<b>Have sibling of opposite gender</b>	Yes	101	64.3
	No	56	35.7
<b>Education of father</b>	Illiterate	43	27.4
	Primary	26	16.6
	Middle	22	14
	High school	44	28
	Intermediate	6	3.8
	Graduate	16	10.2
<b>Education of mother</b>	Illiterate	59	37.6
	Primary	33	21.0
	Middle	25	15.9
	High school	28	17.8
	Intermediate	5	3.2
	Graduate	7	4.5
<b>Occupation of father</b>	Unskilled	28	17.8
	Semi-skilled	7	4.5
	Skilled	98	62.4
	Semi professional	3	1.9
	Business/clerk	9	5.7
	Expired	12	7.6
<b>Occupation of mother</b>	Unskilled	26	16.6
	Skilled	61	38.9
	Semi professional	4	2.5
	Home maker	57	36.3
	Business/clerk	4	2.5
	Expired	5	3.2

**Table 2: Health (n=157).**

Variable-health		Number	Percentage (%)
<b>Getting immediate treatment when ill</b>	Yes	128	81.5
	No	29	18.5
<b>Same place for treatment as brother when ill</b>	Yes	96	61.1
	No	61	38.9
<b>Type of treatment</b>	Buy medicines	138	87.9
	Home remedies	19	12.1

**Table 3: Education (n=157).**

Variable-education		Number	Percentage (%)
Parents support for study and education	Yes	153	97.5
	No	4	2.5
Same school as brother	Yes	82	52.2
	No	75	47.8
Teacher treats boys and girls equally in school	Yes	142	90.4
	No	15	9.6

**Table 4: Nutrition of adolescent girls (n=157).**

Variable-nutrition and sanitation		Number	Percentage (%)
Getting adequate food	Yes	156	99.4
	No	1	0.6
Difference between you and your brother with regard to food	Yes	15	9.6
	No	142	90.4
Parents ask you to eat after males	Yes	12	7.6
	No	145	92.4
Gender discrimination regarding food	Yes	12	7.6
	No	145	92.4

**Table 5: Social customs and practices (n=157).**

Social customs and practices		Number	Percentage (%)
People ask you to sit properly and according to your comfort	Yes	87	55.4
	No	70	44.6
Parents involve you in religious activities like fasting	Yes	19	12.1
	No	138	87.9
Restrictions in dressing style	Yes	69	43.9
	No	88	56.1
Parents want you to get marry early	Yes	10	6.4
	No	147	93.6
Forced to do domestic work	Yes	92	58.6
	No	65	41.4

**Table 6: Socioeconomic status and domestic burden of the respondents.**

Socioeconomic status	Domestic burden	No domestic burden	Total
Middle	8	3	11
Lower middle	39	47	86
Lower	45	15	60
Total	92	65	157

X<sup>2</sup>, df=2, p=0.001**Table 7: Mobility/ freedom of the respondents.**

Variable-mobility/freedom		Number	Percentage (%)
Restrictions in going out	Yes	88	56.1
	No	69	43.9
Have to come back home early	Yes	115	73.2
	No	42	26.8
Restrictions in participating sports/ competitions	Yes	32	20.4
	No	125	79.6
Restriction in going to market	Yes	89	56.7
	No	68	43.3



**Table 8: Abuse of the respondents.**

Variable-abuse		Number	Percentage (%)
<b>Have been verbally abused or beaten</b>	Yes	51	32.5
	No	106	67.5
<b>Experienced eve-teasing</b>	Yes	7	4.5
	No	150	95.5

**Table 9: Type of housing and abuse of respondents.**

Type of housing	Abused	Not abused	Total
<b>Pucca</b>	19	64	83
<b>Kuccha</b>	29	40	69
<b>Semi pucca</b>	3	2	5
<b>Total</b>	51	106	157

$\chi^2$  8.075, df=2, p=0.018.

**Table 10: Association of having sibling of opposite gender and cultural practices.**

Have sibling of opposite gender	Ask you to sit properly and not according to your comfort	Do not ask you to sit properly	Total
<b>Yes</b>	66	35	101
<b>No</b>	21	35	56
<b>Total</b>	87	70	157

$\chi^2$ -11.307, df=1, p=0.001.

## DISCUSSION

In India girls and boys see gender inequality in their homes and communities every day. Across India gender inequality results in unequal opportunities, and while it impacts on the lives of both genders, statistically it is girls that are the most disadvantaged<sup>7</sup>

### Sample characteristics

Of the 157 respondents (rural adolescent girls), majority of the them were in 12 to 14 age group i.e., 113 (72%) followed by 44 (28%) in 15 to 16 age group. Among all, most of the respondents were from 9<sup>th</sup> class i.e., 99 (63.1%) followed by 32 (20.4%) were from 10<sup>th</sup> class. Majority of them were either of first or second birth order. Most of them, 129 (82.2%) belonged to nuclear families and 83 (52.9%) live in pucca house, only few i.e., 5 (3.2%) live in kuccha house. In the present study, with regard to socio-economic status (as per B G Prasad socio-economic class scale), 86 (54.8%) of the respondents belonged to lower middle class whereas 60 (38.2%) respondents belonged to lower class. The 101 (64.3%) respondents said that they have male siblings while 56 (35.7%) girls said they don't have male siblings.

### Health

In present study, when asked whether they get immediate treatment whenever they get any illness, majority of them 128 (81.5) said yes while 29(18.5%) said they don't get immediate attention or treatment. Their parents provide them home remedies or buy medicine for them from the

nearby pharmacy (medical shop). Studies across India have found that boys are much more likely than girls to be taken to a health facility when sick.<sup>8</sup> Recent studies have explored gender inequality in health in India along dimensions such as childhood immunization and health expenditure.<sup>9,10</sup>

Gender inequality and discrimination faced by women and girls puts their health and well-being at risk. Women and girls often face greater barriers than men and boys to accessing health information and services. These barriers include restrictions on mobility; lack of access to decision-making power; lower literacy rates; discriminatory attitudes of communities and healthcare providers; and lack of training and awareness amongst healthcare providers and health systems of the specific health needs and challenges of women and girls.<sup>11</sup>

### Education

Many rural parents fear that education and freedom would ruin their daughter.<sup>6</sup> It is sad that some communities still discriminate against the education of the girl child. Education is the key factor for girls' empowerment, prosperity, development and welfare. Discrimination of girl from womb to tomb is well known. There is continued inequality and vulnerability of girls in all sectors-economic, education, social, political, health care, nutrition, right and legal etc. Girls oppressed in all spheres of life, they need to be empowered in all walk of life. In order to fight against the socially constructed gender biases.<sup>12</sup>

In present study, with regard to their education, most of the girls 153 (97.5%) said their parents support them for their study and education and they would like to pursue higher education and do some job in future. In contrast with this study, in a study conducted by Spandana.<sup>13</sup> Overall majority of the respondents were illiterates due to the reason that schools were located very far from their villages, safety and security aspects, lack of sufficient money and parent's negative attitude towards girl child education. In a study by Choudhary found that, parental attitude is negative towards girl child education.<sup>14</sup> Parents in rural India always carry a soft favour against their sons. only 31% of girl respondents were aware about the carrier opportunities and 69% of girl respondents were not aware about the carrier opportunities.

In present study, out of 101 respondents who have brothers 82 (81.21%) said their parents send them to same school as their brother and only 19 (18.8%) girls said parents don't send them to same school as their brother. In a study conducted by Sivakumar et al observed that most (86%) of the girls were studying in government school and only 14% girls are studying were studying in private schools but their brothers (76%) are studying in private schools.<sup>15</sup> In a study by Choudhary found that parents discriminated girls on their schools because for better education they send their son in private school and to daughters in government schools because they think that girls are not for education they are for house work only.<sup>14</sup>

In present study, 142 (90.4%) respondents said teacher treat boys and girls equally in school whereas 15 (9.6%) respondents said teacher don't treat boys and girls equally. In a study conducted by Sivakumar et al showed that 80% of respondents felt the discrimination between boys and girls in their school.<sup>15</sup> The 16% percent of them discriminated against sports activities, another 4% of them discriminated against cultural programmes like arts, craft etc.

### **Nutrition**

In India the prevalence of malnutrition among the girls remains very high.<sup>16</sup> Adolescent girls are particularly vulnerable to poor nutrition and anaemia.<sup>17</sup> Developing healthy eating habits in adolescence are foundations for good health in adulthood. Reducing the marketing of foods high in saturated fats, trans-fatty acids, free sugars, or salt and providing access to healthy foods are important for all, but especially for children and adolescents. Iron deficiency anaemia was the second leading cause of years lost by adolescents to death and disability in 2016.<sup>18</sup> Verma et al in their study in rural areas of Jhansi, UP have demonstrated a higher prevalence of severe malnutrition in girls as compared to boys, though difference was found to be not significant.<sup>19</sup>

In present study, 156 (99.4%) respondents said, they get adequate food. Only one girl said she doesn't get

adequate food. But in a study conducted by Sivakumar et al revealed that 84% of the girl children were given less food both in quality and quantity.<sup>15</sup> The 142 (90.4%) respondents said they don't find any difference in treatment between them and their brothers with regard to food/nutrition while only 15 (9.6%) girls said they experienced discrimination with regard to food. In present study, 12 (7.6%) respondents said their parents ask them to eat food after males in their families. But majority of them, 145 (92.4%) said their parents treat them equally and they don't ask them to eat later. But in a study conducted by Hathi et al revealed that women who live in households where women eat last report higher rates of mental health distress than women who live in households where they eat with men.<sup>20</sup> In this study, majority of the respondents 145 (92.45) didn't find any discrimination regarding food with them because of gender while 12 (7.6%) said they experienced discrimination.

### **Social customs and practices and domestic burden**

Adolescent girls, especially, are exposed to multiple layers of vulnerability due to pernicious social norms affecting the value of girls, which in turn affects their ability to move freely and to make decisions affecting their work, education, marriage and social relationships.<sup>21</sup>

In present study, 87 (55.4%) of the respondents said yes, people ask them to sit properly and not according to their comfort while 70 (44.6%) said nobody in the family or relatives ask them to sit properly because of their gender. This study shows that there is significant association between respondents having sibling of opposite gender and cultural practices like parents ask them to sit properly and not as per their comfort. A study done by Gold-Watts et al revealed that girls reported that family members, especially their mothers or grandmothers, often taught them "rules" or cultural codes when they attained menarche, which governed attitudes, beliefs, and practices. In present study, only 19 (12.1%) respondents said parents tell them to do puja regularly and keep fasting for religious reasons while majority of them, 138 (87.9%) said that their parents don't force them for such religious activities.<sup>22</sup> The 69 (43.9%) respondents said they have restrictions in their dressing style while 88(56.1%) respondents said they don't have any restrictions in their dressing style.

In present study, when asked about whether their parents wants them to get marry early, only 10 (6.4%) respondents said yes and majority of them i.e., 147 (93.6%) said their parents don't want them to get marry early. According to NFHS-4 data, prevalence of child marriage amongst 15-19 years old and 20-24 years old is 11.9% and 26.8% respectively for girls in India, highlighting a declining trend in child marriage.<sup>23</sup> Anita et al had studied the prevalence of child marriage using national family health survey-3 data and had found that the maximum frequency of child marriage among women

having less than a secondary education and residing in the rural area.<sup>24</sup> Similarly in a study conducted by Brahmapurkar et al showed that child marriages were found to be significantly higher in rural areas as compared to urban areas in 4 most populated states (Maharashtra, Bihar, West Bengal and MP).<sup>25</sup>

With regard to domestic burden, out of 157,92(58.6%) respondents said parents force them to do domestic work like cleaning, mopping, cooking etc. while 65 (41.4%) said their parents don't ask them to do domestic work. This study shows that there is significant association between socio-economic and domestic burden of the respondents.

### **Mobility/ freedom**

In India girls and boys experience adolescence differently. While boys tend to experience greater freedom, girls tend to face extensive limitations on their ability to move freely and to make decisions affecting their work, education, marriage and social relationships.<sup>26</sup>

In present study, 88 (56.1%) respondents said that they have restrictions in going out and 115 (73.2%) respondents said they have to come back home early in the evening as they are females. Majority of them 125 (79.6%) don't have any restrictions in participating sports/ competitions in school while 32 (20.4%) respondents said they have restrictions in participating in sports/competitions. Survey conducted by Naved et al showed that adolescent girls' mobility in rural Bangladesh is very low.<sup>27</sup> Less than 1% of all adolescent girls have permission to go out to attend a club or related activities but a good percent (70%) of adolescent girls are allowed to go to market to buy materials.

Controlling the mobility of girls outside the home undermines their exposure to the outside world. Girls lose out in terms of educational opportunities and access to resources. These restrictions also limit the abilities of girls to develop key life skills and a sense of individual autonomy.<sup>27</sup>

### **Abuse**

In present study, 51 (32.5%) respondents said they have been verbally abused or beaten by their relative (mother, father or brother) in the family. Similarly in a study conducted by Sivakumar et al, 40% of adolescent girls had faced harassment (such as beating and scolding).<sup>15</sup> Also, in a study conducted by Sarkar, it was observed that the females in 10-19 years age group (42.86%) were highly exposed to domestic violence.<sup>28</sup> A study by Patel et al showed that abuse and violence in school-based adolescents is a common experience and is associated with poorer health and greater prevalence of risk behaviours. This study shows that there is statistically significant association between type of housing and abuse of the respondents.<sup>29</sup>

### **Limitations**

This study could have been qualitative study as qualitative research provides a much more flexible approach. Also, this research looked at only rural adolescent girls. Further similar studies comparing with urban adolescent girls and other age group girls can be done.

### **CONCLUSION**

Gender bias still exists among rural community with respect to getting immediate attention when girls get any illness, participating in sports in school, domestic work load, verbal abuse/ beating, restrictions in mobility, dressing style. It is critical to intervene during early adolescence if gender equity is to be established. Education can bring about a change in this mindset because educated people will less likely partake in gender discrimination.

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