Combating Female Foeticide
A Perspective Plan

2007

Department of Health and Family Welfare,
Government of Punjab

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<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSR</td>
<td>Child Sex Ratio</td>
</tr>
<tr>
<td>GEI</td>
<td>Gender Equality Index</td>
</tr>
<tr>
<td>IMR</td>
<td>Infant Mortality Rate</td>
</tr>
<tr>
<td>NRI</td>
<td>Non Resident Indian</td>
</tr>
<tr>
<td>SDT</td>
<td>Sex Determination Test</td>
</tr>
<tr>
<td>SRS</td>
<td>Sample Registration System</td>
</tr>
<tr>
<td>IDC</td>
<td>Institute of Development &amp; Communication</td>
</tr>
<tr>
<td>GOI</td>
<td>Government of India</td>
</tr>
<tr>
<td>NGO</td>
<td>Non Government Organization</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children Fund</td>
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<tr>
<td>ICDS</td>
<td>Integrated Child Development Series</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>AIIMS</td>
<td>All India Institute of Medical Sciences</td>
</tr>
<tr>
<td>MTP Centre</td>
<td>Medical Termination of pregnancy</td>
</tr>
<tr>
<td>PHCS</td>
<td>Primary Health Care Center</td>
</tr>
<tr>
<td>PCPNDT</td>
<td>Pre Conception &amp; Prenatal Diagnostic Test</td>
</tr>
</tbody>
</table>
The stamp of a male dominated society has formed part of India’s portfolio and claimed since the first census in 1881 revealed its sex ratio to be 953. In the past century it has been consistent only in its decline. In 1991, Prof. Amartya Sen, the noble laureate highlighted in his article 'More than 100 Million Women Missing', that the inequality and neglect women were facing was leading to their excess mortality. A surmise was that in India alone conditions for 22.8 million women in 1991 had been unfavourable to the extent that they could not be part of the human count. At the popular level, there were also sporadic forays, for instance, by activists in Maharashtra into the dimension of disappearance of female foetuses during the mid nineties. However, it was only the release of the provisional figures of the census of 2001 that roused social awareness to the disproportionate number of male children. The census reported a highly masculine child sex ratio of 927. With concern for the adverse child sex ratio, the 'missing' women became synonymous with the missing girl child and the focus centered around the girl child and indices of the 0-6 child sex ratio. That women continue to fade away due to unequal life chances in comparison with males is yet to become visible.

3 Maharashtra was the first state to make sex determine test illegal in 1994 followed by Punjab & Haryana in May 1994.
What is the Sex Ratio? A Global Overview

The sex ratio is a composite indicator of women’s status. It reveals the number of females per thousand males. The natural sex ratio is favourable to the female yet in many developing countries it is adversely represented.

In all but a few countries of the world, there are typically 105 women for every 100 men. Even though at birth, boys outnumber girls by about the same proportion, studies have shown that where men and women have access to equal care, nutrition, health and medical attention, women, due to their biologically determined stronger constitution, live longer than men, and, therefore, outnumber them. In the industrialised countries, for example, there are, on an average, 106 women for every 100 men. In Sub-Saharan Africa, there are 102 women for every 100 men and in South-East Asia, 101 women for every 100 men. In India, on the contrary, there are less than 93 women for every 100 men. Only where societies specifically and systematically discriminate against women, fewer of them are found to survive⁴.

Besides India, societies where male child preference has skewed the natural sex ratio include countries of China, Pakistan, Bangladesh, Taiwan, South Korea, West Asia and Egypt. Also certain Balkan countries of Georgia and Azerbaijan are now showing a masculine child sex ratio after the dismantling of the Soviet Union of which they were part. Countries that depict a natural sex ratio include France, South Africa, Uruguay among many others.

**The relevance of age specific and child sex ratios**

The overall sex ratio can be further broken down to different age groups to reveal the effects of discrimination more pertinent to the specific life cycle. Abnormality in the birth sex ratios would indicate the proliferation of preconception and prenatal disturbances to affect the natural sex ratio. The biological sex ratio at birth is naturally masculine with 104-107 male

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live births per 100 females. However, a fall from this mark and its continued fall after birth is reflective of unnatural factors affecting human survival. The female biology being more robust has a higher survival rate than the male child. Yet, differences in child care, maternal attention and health services between male and female child show up in the infant sex ratio 0-1 years and in the age groups of 1-3 and 3-6 years. The 0-6 child sex ratio is taken as a consolidated reflection of mortality in the most vulnerable age group, when medical access and child care affect survival the most.

While different age groups can be compared for their balance between the sexes, higher age groups are more affected by migration patterns especially when single unit (largely male) migration occurs. Thus the sex ratios of Barbados or Kuwait are highly masculine due to in-migration. Sustained war is another factor that disrupts the sex ratio. Countries have feminized sex ratio and reveal the ravages of violence where males are the predominant targets and may be killed or forced to flee. (In World War I, so many men were killed in Europe that it is referred to as the “Lost generation”. UNDP has noted a skewed age group

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**Survival and ideal family sex composition**

Punjab, nor even India, is isolated in its seemingly brutal practice of ridding the families of the girl child. The ideal sex composition of the 'family' has been established in many societies over the centuries. In foraging communities, food shortages were dealt with by killing the girl child so that more births do not take place. The female was perceived to be the reproducing agent and future survival of the group depended on an ideal group ratio to the foraging area. In times of dire scarcity, all children including males were killed.

In the Greek city state such as Athens, 'few families reared more than one daughter, and two sons were considered an adequate number. Greek land was sparse and existing technologies could not support a large population. In certain Japanese farming communities in the 18th century infanticide of both male and female children was a strategy for an overall balance and regular alternation between the sexes. Farm households functioned best when there was a balance in the gender of adult workers and maturing offspring were accordingly planned.

However, it is in patriarchy that the preferred sex of the offspring remains the male. Demographic experience such as in Europe suggests that son preference declines with economic development and social security when familial risks are reduced with increased sources of support. However, this trend is evaded in many South Asian and South East Asian societies.

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7 Ibid, p. 257.


from the expected man age group in the 40s after the effect of Iran-Iraq War). Persistent unfavourable conditions for survival for a particular sex are then reverted over a time span (many decades) or in child sex ratios.

**Sex Ratio in India**

In India, socio-cultural factors impinge to distort the natural sex numbers. India's sex ratio throughout the 20th century and in the 21st century reflects a masculine sex ratio. In fact, one that has declined from the natural sex ratio where females outnumbered males. In 1901, India's sex ratio was 972, deficit in the number of females to proclaim intrusion of social factors in its disruption. The sex ratio declined steadily in the years 1901 to 1971 (with a negligible increase in 1951) to improve marginally to 934 and has hovered around 930. In 2001 it stood at 933 to affirm the presence of unfavourable conditions for women's survival.

**Child sex ratio**

Age specific sex ratios for children in India are consistent in the evidence of increased mortality rates for the female in each age bracket. While the development of infrastructure and health facilities addressed child health, socio-cultural assertion of male preference ensured the continued decline of the child sex ratio. The birth sex ratio in India have shown a sharp fall from 994 to the 915 in 2001. The presence of sex determination clinics and subsequent abortions, no doubt, have affected this child sex ratio. The prevalence of fe-
male foeticide is reflected in case studies of clinics, from its use by pregnant women and also reported cases\textsuperscript{10}. In India, in the years 2003 and 2005, 57 and 86 female foeticide cases have been registered\textsuperscript{11}.

<table>
<thead>
<tr>
<th>Table - 2</th>
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<tbody>
<tr>
<td><strong>Age specific sex ratio from 1961 to 2001, India</strong></td>
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<tr>
<td>At birth sex ratio</td>
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<tr>
<td>Infant sex ratio (below 1 year)</td>
</tr>
<tr>
<td>Child sex ratio (0-6 years)</td>
</tr>
<tr>
<td>Overall sex ratio</td>
</tr>
</tbody>
</table>

In each decade the infant sex ratio has asserted a masculine ratio. More female infants die than male infants. The child sex ratio in India further declined from the birth sex ratio in each subsequent decade in contrary to biological trends. In subsequent decades the infant child sex ratios also declined, reflecting a stark gender gap. The infant sex ratio is 918 in 2001 in comparison with the much healthier figure of 998 in 1961. While the age-old practice of female infanticide continues with reports of such incidents being 108 in 2005\textsuperscript{12}, it is cultural neglect whereby a girl child is accorded with inferior care and facilities than her male companion. The 0-6 child sex ratio is inclusive of mortality from birth to the six year age and declined in India from 962 in 1981 to 927 in 2001.

- Sex selective technologies of conception and prenatal diagnosis, allowing male determined pregnancies and births
- Female infanticide
- Cultural neglect of the girl child.

\textsuperscript{11} Kulkarni, S. 1986. \textit{Prenatal Sex Determination Tests and Female Foeticide in Bombay City - A Study (Mimeograph)}. Bombay: Foundation for Research in Community Health (FRCH).
Statewise Variations In Sex Ratio

The all-India averages of sex ratios from 1901 to 2001 are increasingly masculine. However, large variations exist in the sex ratios of the states of India. For instance, in 1901 the north-eastern states of Mizoram, Manipur, Meghalaya, Orissa and Bihar had higher natural feminine sex ratios. While at the same time, other states including the north-eastern states of Assam, Haryana, Punjab and Rajasthan had masculine sex ratios.

A similar situation is presented by the sex ratios in 2001, though some states have changed their trend from masculine to feminine and vice versa. Kerala continues to boast of the highest feminine sex ratio while Bihar, most of the north-eastern states and Orissa have registered a decline from the natural sex ratio. States like Punjab and Haryana have retained a masculine sex ratio. As far as the child sex ratios in the 0-6 age group are concerned, most of the states have registered a deterioration in the child sex ratio, though some states like Meghalaya, Mizoram and Kerala have shown an improvement from 1991 to 2001 in their child sex ratios (refer to table A1 in annexure). Punjab and Haryana continue to maintain their unfavourable condition for the female as also for the girl child. Thus in 1991, seven of the 10 districts with the most adverse sex ratio belonged to these states\textsuperscript{13}. The situation further deteriorated in 2001 with these states accounting for all the 15 districts in

\textsuperscript{13} UNICEF. opcit. (1995).
Map - 1
Districts in India with Masculine Child Sex Ratios at Birth - 2001

Key
- Quartile 1 - 898
- Quartile 2 - 930
- Quartile 3 - 959
- Quartile 4 - 1144
Combating Female Foeticide: A Perspective Plan

A statewise analysis of the declining child sex ratio poses further complexities to the growing gender imbalance. The 21st century has been ushered in as the age of technology with the belief that technology is the hallmark of civilization, progress and development. In the environs of visible affluence, the destitution of the female makes a myth of development being the panacea for all social evils, and India's unfavourable sex ratio of 933 is a claimant to women's detrimental status. It is the developed states with a high per capita income that have registered a decline in the sex ratio. These states include Punjab, Gujarat, Maharashtra, Delhi and Goa (refer to table A3 in the annexure). Can it be surmised that developed societies with ready access to technology cause a decline in the sex ratio? Or is it the social practice of patriarchy that appropriates technology to reinforce itself. The resolution of this issue is important as the strategy to correct the sex imbalance will depend on the assumed problem. Technology, in the guise of prenatal diagnostic tests, and its ready accessibility in the developed states, particularly in Punjab is being blamed for the decline in the sex ratio and is thus targeted for its redress. If technology alone is targeted then the premise is that the method is the cause of the alarmingly poor sex ratio. The question that needs to be asked is why are life-enhancing mechanisms (technology invented to detect foetal abnormalities) resulting in life-depriving outcomes?
The alarm calls over the adverse child sex ratio in Punjab are being heard since the 2001 census child sex ratio of 793 provided visibility to what was common practice - sex determined pregnancies. The data created a fear that the girl child in Punjab is becoming an endangered species, due to the rampant misuse of the preconception and pre-natal diagnostic tests. These advances in science have allowed parents to choose the sex of their impending progeny - in a patriarchally steeped cultural milieu, the choice is a foregone conclusion - a male child.

The statistics are indeed worry some: According to the 2001 census:

- Every 29th girl child in India is missing while in Punjab every 5th girl is absolved from birth.
- In other words for every 1000 girls, as many as 14 are lost in the all-India average while in Punjab as many as 211 in every 1000 are lost.
- In India, 4 per cent of the female foetuses are dropped, in China 12 per cent and in Punjab 21 per cent get dropped during pregnancy.
- Out of the 15 districts in the country with the most unfavourable child sex ratio, 10 are in Punjab the other 5 in neighbouring Haryana. No district in these states crosses the 6th percentile rank, with the lowest child sex ratio in the country recorded in Fatehgarh Sahib (Punjab) is 754.

A disaggregate analysis is further perturbing:

- The practice of female foeticide continues to be widespread - in 2002, every 5th household acknowledged undergoing foeticide. The fear of the enforcement machinery decreased the acknowledgement if not the practice. In 2006, every 7th household revealed having undergone female foeticide. The number of female foeticide could vary from a single instance to the more common 3, to as many as 14 abortions.
- 48.2 per cent of Punjab’s women feel there is no harm in female foeticide.
- A male child is our need, a Gods gift is the voice of 89 per cent in Punjab (2006)
- Of concern is that female foeticide is practiced most by the educated, legally informed, people with means, by the Sikh peasantry and cuts across the rural and urban divide.

Fact Sheet - 1
Female Foeticide in Punjab

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Combating Female Foeticide: A Perspective Plan

In 1995, female foeticide was widely practised. According to an IDC Study male determined pregnancies increased with the order of births. Thus in rural areas, 87 percent of the third pregnancies in the upper strata were confirmed male foetuses. In urban areas it was higher with 95 percent of upper income women carrying their third pregnancy reporting a confirmed male foetus.

Use of sex determination tests was mentioned by 26.8 per cent in 2006 with urban areas reporting a marginally higher figure of 28.1 per cent in comparison to 26.4 in rural areas.

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Table - 4
Respondents agreement to use of sex determination tests and Female Foeticide, according to location

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SDT</td>
<td>FF</td>
</tr>
<tr>
<td>Rural</td>
<td>42.4</td>
<td>23.7</td>
</tr>
<tr>
<td>Urban</td>
<td>40.49*</td>
<td>17.3</td>
</tr>
<tr>
<td>Total</td>
<td>41.1</td>
<td>19.4</td>
</tr>
</tbody>
</table>


* Includes semi-urban
• 10.5 per cent of upper income, 16.8 per cent middle income, 9.6 per cent lower income acknowledged undergoing female foeticide.

**Table - 5**

<table>
<thead>
<tr>
<th>Strata</th>
<th>2002</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SDT</td>
<td>FF</td>
</tr>
<tr>
<td>Upper</td>
<td>48.9</td>
<td>18.3</td>
</tr>
<tr>
<td>Middle</td>
<td>34.2</td>
<td>23.2</td>
</tr>
<tr>
<td>Lower</td>
<td>43.1</td>
<td>15.5</td>
</tr>
<tr>
<td>Total</td>
<td>41.1</td>
<td>19.4</td>
</tr>
</tbody>
</table>


• Field Studies reveal that the more educated resort for higher use of Sex determination tests.

**Table - 6**

<table>
<thead>
<tr>
<th>Education</th>
<th>2002</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; Matric</td>
<td>40</td>
<td>31.8</td>
</tr>
<tr>
<td>&lt; Graduate</td>
<td>39</td>
<td>32.9</td>
</tr>
<tr>
<td>Graduate and above</td>
<td>45</td>
<td>49.6</td>
</tr>
<tr>
<td>Total</td>
<td>41.1</td>
<td>34.4</td>
</tr>
</tbody>
</table>


The above statistics belie the hectic efforts of policy makers, activists and the government machinery to check gender violence. There is intense public engagement on this issue. In fact it has generated attention and activity across the spectrum of ‘do gooders’. In 2004 a national paper has reflected the bustle on the issue with coverage occurring 147 days in the year. There is no forum in which this concern has not been articulated - it is widely debated in educational institutions, showcased in cultural spaces with Lohri celebrated for the girl child by government functionaries and heard in vernacular music. It forms the content of intense deliberation in government and donor organisations, is a life force for many NGOs, has raised ethical issues in medical associations, is a spearhead activity of women’s forums and even the religious clergy pronounced an edict against female foeticide. While the issue has found mention in the manifestos of political parties, interest groups are yet to consolidate and shape the political agenda on the life and death of the girl child.
The Phenomenon of Missing Females: Unveiling Its Legacy In Punjab

Sex Ratios: A Historical View

The adverse sex ratio in Punjab is not recent, in fact from the time census figures are available, i.e. 1881, Punjab has had the dubious distinction of being the Indian state with the most negative sex ratio until 1971. It now continues to be among the states with a high imbalance in male and female numbers (See graph 4).

The historically adverse sex ratio testifies to the persistent unfavourable condition of women in Punjab. The lack of technology has never hindered the disposal of unwanted females. At the turn of the century, it was female infanticide that was practised in Punjab14.

Historically, Punjab has had fewer women than was biologically designated. In 1901, the sex ratio was 832, while the Indian average was 972. Certain factors in Punjab were more predisposing in their influence on these numbers, than they were in the rest of India. In fact, among the states, Punjab represented the worst conditions for female survival. According to the 2001 census, every fifth female in Punjab is "missing" or has not survived because of her gender.

Unraveling the Child Sex Ratios

The negative sex ratio is composite in its claim of unnaturally fewer females than males. Males could outnumber females either because women do not have the right to life (female foeticide), are killed subsequent to birth (female infanticide) or are discriminated against in survival conditions after birth. It is the birth, infant, and child sex ratios that reveal the nature of discrimination that the female faces. The sex ratios at birth and in different age groups proclaim the play of socio-cultural factors in determining female life chances. Adverse sex ratio at birth indicates that even prior to birth, certain factors influence the sex of the foetus to be male. This could be at the time of conception, gestation or delivery.

Box - 1

<table>
<thead>
<tr>
<th>Female Infanticide : No Room for Any Female Child</th>
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</thead>
<tbody>
<tr>
<td>Macro data suggest that it is subsequent girl order births, rather than the first girl child who suffers severe neglect or even infanticide(^{15}). However, there are cases where even one girl child may no longer be acceptable. A daily wage earning couple was parents to two boys, and thereafter a third child was born who happened to be a girl. They felt that girls were only a burden and were not in favour of keeping even one girl child. At the suggestion of the husband, the dai strangulated the child. After the female infanticide, the couple had another child, a boy.</td>
</tr>
</tbody>
</table>

Thus it is only the sex ratio at birth that can point at the misuse of prenatal diagnostic techniques to determine male child preference. However, the decline in the sex ratio after birth (infant sex ratio and other age groups) stress the importance of neglect and care sans technology to influence the natural number of males and females. The practice of female infanticide is reflected from the 9 reported cases in Punjab in 2005\(^{16}\). The field study also uncovered some unreported cases - where a father was willing to pay doctors to inject and kill an unwanted girl infant. Yet in most cases, dissatisfaction with the female sex of the child was reflected through cultural neglect such as indifference to the health and nutrition requirements of the child resulting in death.

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A Continuous and Systematic Drop in Sex Ratio from Birth to Six Years

Misappropriation of ‘technology’ is indicated in both the adverse sex ratio at birth as well as the sharp decline in the sex ratio at birth of subsequent years. In Punjab the sex ratio at birth was $946$ in 1981 and it fell to $854$ in 1991 and further to $778$ in 2001.

<table>
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<tbody>
<tr>
<td>At Birth</td>
</tr>
<tr>
<td>946</td>
</tr>
<tr>
<td>854</td>
</tr>
<tr>
<td>778</td>
</tr>
</tbody>
</table>

However, in both the decades of 1981 and 1991, the sex ratio at birth was higher and it declined for the one-year age group. In 1981, the sex ratio at birth was $946$, while for infants it fell to $921$. Similarly in 1991, the sex ratio at birth was higher at $854$ than after one year of birth, which fell to $845$. Interestingly, in 2001, the birth sex ratio was the most adverse at 778, but this improved in subsequent age groups to record a 0-6 child sex ratio of 793. However, this may not necessarily mean that once girls are born, they survive. A disaggregate analysis that studies the gender gap in infant mortality, discrimination in health care and field data suggest that females continue to suffer cultural neglect at each stage. According to the sample registration system data from 2001 to 2005, more female infants than males are dying each year, in both rural and urban Punjab. Data from the Health Department for the number of girls by below 14 years admitted in PHCs in a five-month period in end 2002 also reveals that lesser girls are admitted but the percentage of girl deaths is double that of boys.
The fall in the infant sex ratio and also in the other age groups reflects factors that operate after birth, such as cultural neglect replacing technology. To state an example of neglect - a premature girl child needed to be kept in an incubator that would have cost Rs. 25,000/-. The family decided that this amount could be better utilised as a fixed deposit for her dowry, if she survived without medical care. The baby was not provided the needed medical attention and died. Higher female child mortality has affected the decline in age specific sex ratios. In Punjab, infant and child mortality in 1991 is higher for females than males in all age groups (refer to tables A4 and A5 in the annexure). Female child mortality increases in the one to four age group when social factors continue to intervene to affect survival. In fact in Punjab the sex ratio in the 10-14 years age group in 2001 is the most adverse at 859 (refer table A6 in annexure). Cultural predispositions of male child preference can be inferred from the sex ratio in the rural as well as urban areas. Rural Punjab has registered a higher decline in the sex ratio in the 0-6 years age group even though the overall sex ratio of rural Punjab is better than urban Punjab. (Refer table A7 in annexure).

Table - 7
Age specific sex ratios from 1961 to 2001, Punjab

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</thead>
<tbody>
<tr>
<td>At birth sex ratio</td>
<td>968</td>
<td>952</td>
<td>946</td>
<td>854</td>
<td>778</td>
</tr>
<tr>
<td>Infant sex ratio (below 1 year)</td>
<td>936</td>
<td>911</td>
<td>921</td>
<td>845</td>
<td>779</td>
</tr>
<tr>
<td>Child sex ratio (0-6 years)</td>
<td>906</td>
<td>899</td>
<td>921</td>
<td>875</td>
<td>793</td>
</tr>
<tr>
<td>Overall sex ratio</td>
<td>864</td>
<td>865</td>
<td>879</td>
<td>882</td>
<td>876</td>
</tr>
</tbody>
</table>


17 According to a report by the World Bank deaths of young girls in India exceed those of young boys by almost one third of a million every year. Even sixth infant death is specifically due to gender discrimination.
The systematic and consistent adverse sex ratio at birth (0-6 years), higher female infant and child mortality rate and the increasingly adverse sex ratio with increasing age reflect the importance and negative impact of social factors that intervene to negate life chances of the female. In rural Khanna, Monica Das Gupta found clear evidence in 1984 of the role of behavioural factors in raising the mortality rate of girls. She reported that after the first month of life, environmental and care related factors that are susceptible to societal manipulations come into play. That history continues to repeat itself can be evidenced from the gender gap in infant mortality rates. Infant mortality in Punjab has declined from 110 in 1981 to 66 in 2001. However, mortality of male children was reduced to the extent of 95. While girl child mortality to a much smaller number. When 138 boys were dying in 1981, girls because of their biological sturdiness were dying only to the extent of 114. However, by 2001, only 43 boys were dying while the number of girls was much higher at 63, clearly indicating that girls have lower access to services that can be life supporting.

Regional Sex Ratios: Cultural Specificities

18 Analysing data on female mortality in India, Sunita Kishor concludes that discrimination against female children starts early, and is maintained as the female child grows. A critical manifestation of this discrimination is the under allocation of medicine and food to the female offspring. This gender bias in the allocation of critical life-sustaining resources appears to be the mechanism that gives rise to gender differences in mortality.


19 Female mortality rates were much higher (between 1 to 59 months) than males. Between 1 to 23 months female mortality was nearly twice that of males. Second order and subsequent girls were subject to increasing concentrations of excess mortality relative to other children if their mothers were younger and more so if educated.

Gupta, Monica Das. 1987. 'Selective Discrimination Against Female Children in Rural Punjab, India' Population and Development Review. 13(1), pp. 77-100

Besides the variations in the sex ratio among child age groups, regional variations in the sex ratio reflect social impediments to the natural sex ratio. While the 2001 sex ratio of Punjab is among the lowest in the country, large variations within the districts exist. Ludhiana, with 824, has the lowest female representation while Hoshiarpur with 935 has the most favourable sex ratio. The map provides a visual display of areas (demarcated in tehsils) reflecting different ranges of sex ratio. These areas show a consistency in the sex ratio over the years.

A look at the patterns of sex ratio over the century reveals that there has been a historical consistency among the regions with regard to sex ratio (see graph -6).

Malwa, which is characterised as a feudal region with late agricultural development, has the poorest sex ratio. In fact, historically, the districts of Ropar, Fatehgarh Sahib and Ludhiana share the lowest sex ratio. In contrast the Doaba region has had the most favourable sex ratio, always above the state average. Hoshiarpur, in particular, has the highest sex ratio. The Majha region comprising Gurdaspur and Amritsar has had sex ratios hovering around the state average. While the sex ratio is a cumulative indicator of women’s placement over time, the child sex ratio is indicative of trends in improvement or deterioration of the status of women.

An analysis of the sex ratio and child sex ratio reveals a distinct pattern based on cultural zones of Punjab. Districts in the zone of Malwa, namely Bathinda, Sangrur, Fatehgarh Sahib, Patiala as also Ropar and pockets of the Majha region have the most adverse sex ratio as well as an adverse child sex ratio in 2001. Interestingly, in most of these districts (Fatehgarh Sahib, Patiala, Sangrur and Ropar) the decline is far greater in the rural child sex ratio (refer table A7 in annexure).

What is revealing is that the districts with the lowest sex ratio and the lowest child sex ratio are also the districts which have witnessed the largest decline in child sex ratio since 1991. These areas represent the most hostile conditions for women. It is perhaps here that prenatal diagnostic techniques have been misused the most. Ludhiana is the only exception. While it has the most adverse sex ratio of 824 in the state, it has not had that significant a decline in the child sex ratio in comparison with Punjab as a whole. Perhaps the low sex ratio is caused by single male migration to this industrial centre.

The historical regional consistency now seems on the verge of a change. Gurdaspur and Amritsar in Majha and Kapurthala in Doaba are districts with the highest decline in the child sex ratio. In fact, the map depicting the 0-6 child sex ratio according to tehsils shows that areas of Gurdaspur, Amritsar, Hoshiarpur and apurthala is among the worst in the state.
Map - 2
Tehsil wise child sex ratio in Punjab, 2001

- Areas with the Best Sex Ratio (1st Quartile)
- Areas with the Better Sex Ratio (2nd Quartile)
- Areas with the Poor Sex Ratio (3rd Quartile)
- Areas with the Most Adverse Sex Ratio (4th Quartile)
A Composite Picture: A Life Cycle of Gender Differentiation

An analysis of the extent of gender violence in Punjab reveals that women in the entire life cycle face one or the other form of gender violence. Punjab has been witnessing an increase in the number of atrocities. For instance, reported dowry deaths rose from 51 to 153 during the period 1991-2005 - an increase of 200 per cent. The figures of dowry harassment are even more alarming and reflect an increase of more than 3000 per cent in the same period while the number of cases increased from 11 to 378. In 2001, reported cases had reached 1110. Molestation cases have registered an even higher increase.

But these are only reported figures. Victimology surveys in gender shows that the proportion of reported to unreported

<table>
<thead>
<tr>
<th>Year</th>
<th>Eve-teasing</th>
<th>Molestation</th>
<th>Rape</th>
<th>Dowry Harrassment</th>
<th>Dowry Death</th>
</tr>
</thead>
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<td>1966</td>
<td>-</td>
<td>49</td>
<td>26</td>
<td>-</td>
<td>2</td>
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<td>4</td>
</tr>
<tr>
<td>1976</td>
<td>-</td>
<td>108</td>
<td>46</td>
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<td>10</td>
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<td>1981</td>
<td>-</td>
<td>120</td>
<td>74</td>
<td>11</td>
<td>32</td>
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<td>-</td>
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<tr>
<td>2001</td>
<td>128</td>
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<td>1130</td>
<td>154</td>
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<tr>
<td>2002</td>
<td>137</td>
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<td>137</td>
<td>272</td>
<td>196</td>
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<td>2004</td>
<td>58</td>
<td>261</td>
<td>58</td>
<td>352</td>
<td>163</td>
</tr>
<tr>
<td>2005</td>
<td>40</td>
<td>297</td>
<td>40</td>
<td>378</td>
<td>153</td>
</tr>
</tbody>
</table>

Source: Punjab Police

Graph - 8
Reported crime against women in Punjab (1966 - 2005)
Combating Female Foeticide: A Perspective Plan

Map 3
Regions with most violence against women (according to forms.)
cases is high though it varies in the form of violence. Thus for every reported case of dowry harassment 299 went unreported, for dowry deaths, reporting is higher with 27 deaths going unreported for every registered dowry death\textsuperscript{21}. In a study in 2001 every 4th household in Punjab faces dowry demand and every 28th household has mentioned dowry harassment\textsuperscript{21a}. In fact, the entire life cycle of women continues to be fraught with physical violence. Life stages of birth, marriage and post-marriage give rise to distinctive forms that are systemic in the form of abuse of the female. The female faces deprivation in terms of foeticide prior to birth, dowry and associated abuse connected with marriage while wife beating and subjugation can be a constant companion after marriage. Sexual abuse, however defies its inception according to the life stage retaining flexibility to cause disruption of the female body and gender at any age. In keeping with the adverse conditions for women, the regional specificities in terms of sex ratio and child ratio reflect similar trends in other forms of violence against women. Malwa was found to have the maximum cases of rape, wife beating, sexual exploitation and bigamy (See map - 3).

\textsuperscript{21} Atrocities Against Women, IDC
Male child preference in Punjab is celebrated with a resounding 89 per cent\(^1\) claiming the necessity for a male child. The strong preference emanates from the performance of a male as an asset and the view that considers the female child a liability. The male as a valuable earner remains the breadwinner of the family and the male child signifies old-age insurance in a society bereft of other social security. The generational support provided by the male extends beyond the economic or the material.

Family, caste and kinship identities are based on the male entity. Patriliney defines that a child’s lineage is traced through the patriarch - the male head of family. It is not only a name that follows from the father and his kinship but also the social status, placement, networks, rituals, customs - in fact the web of social relations revolves around the primacy of the male identity. Besides social roles and institutions that promote male hegemony (these are well documented), the patterning of social relations and the mechanisms draw on the assumptions of male norm and cannot be neutralized by inclusion of the female gender to these domains. For instance the festival of Lohri, which is celebrated by families (households)

that have given birth to a male, in the theme of gender equality is now being advocated as a
celebration also for the birth of a girl child. However, the social structure flows from a patri-
archal basis - Lohri songs eulogize the traits and characteristics of the male gender (Dulla
Bhatti, is hailed as the protector of girls' honour and provider of their happiness by securing
their married future, the hegemonic protector of the lower class), providing further space to
make secondary the female gender. But importantly, the sites of festivities, rituals and cus-
toms are patriarchal. Thus Lohri for a boy, is celebrated only in the paternal home, eunuchs
only dance at the patriarchal home (not mother's natal home) if a son (or child) is born.
(While girl child's Lohris are even being celebrated in public spaces by external agents).
Similarly ceremonies of dastar bandi, mundan, reete, sorrow at a death are situated on
patriarchal grounds. The practice may be followed also by females rather than only males
but the symbolic and cultural capital flows from the assumptions of patriarchy. Thus the
husband may fast for the health and longevity of his wife during Karvachauth, but no rela-
tions are forged between him and his mother-in-law (Ritual of Sargi or providing his in-laws
gifts) and the space of celebration remains interpersonal rather than social. Husbands do
not get together to pass thalis in the neighbourhood, reciting stories of devotion to the wife.
The motions have become gender neutral but the mechanics continue to be male centred.
The lightening of the pyre in isolated cases is being undertaken by the daughter, but the
son-in-law cannot even touch the body. His affinity is defined to another patriliny. The woman
is the symbol of family honour, the Laxmi, whose Diwali celebration in her natal home are
considered inauspicious, for after all she is the Laxmi (Goddess of fortune) to her husband's
home - which she draws her identity from. The male has his religion - Hindu, Sikh, Muslim
etc but the woman's religion is her husband. It is this dharam that shapes her expectations
and controls her behaviour. The male identity is the pivot around which the familial and
caste relations are systematically ordered. It is this power that is instated in the male iden-
tity and is symbolized by the male child.

The male identity forges the kinship and support system. While role prescription of both
male and female identity are drawn from patriliny with exclusive gendered responsibilities,
symbols and domains. Male responsibilities are perceived to be essential for family / kin-
ship / caste survival. Female roles and functions are supportive rather than defining and the
presence of male members becomes necessary. If there are no males then how will the
family contribute to the social support system and subsequently be in a position to draw
that social backing? For instance, if a farmer has no son, in order to pull his weight in the
family and kinship responsibilities, he himself has to perform kinship duties - be it labour in
water distribution (at night), form a posse to locate a missing member involving days and
months of outstation activities (e.g. teenage child gone missing), contribute materially to a wedding in the family… A family with a single male member becomes vulnerable, both because community aid to be provided cannot be shared generationally or with an additional pair in hands at home. A single male would need to draw more assistance from the extended family to upkeep his own socio-economic commitments. These could range from the presence of male members to form an engagement party (reflecting kinship strength), fighting a feud or finding a helping hand for harvesting (help from female members reflects the helplessness of the family). Even the presence of a male child can offset the community standing of the family. Since he will be a resource to draw from in subsequent years - so the birth of a male child evokes the father's response - 'Meri tor bad gayee' (my stature has gone up).

A household without a male head on the other hand suffers a status handicap. A mother is singular in her resource, in that she cannot draw on community resources as a right but only as charity. All social networks and public spaces are male domains, so her contribution to the social pool becomes negligible. Decision making in the social sphere is arrived at and directed through coordination between men - for instance dowry to be collected from the patriliny. Male members confer keeping in mind the status, resources and history, among relations to which a woman would not be privy. Social structures respond to male roles, spaces and patriarchal rules. A woman cannot leave a defined domain unattended, nor can she be on a mission, days on end - searching for a business deal or awaiting an appointment with a political master. The kind of people she can communicate with, live with are restricted and transgressions bring dishonour to the family.

Social institutions such as marriage, religious bodies and organizations like family and caste promote masculinity since that enhances family stature and subsequently their own hegemony. With manliness linked to the provider, earning by a wife in the absence of a husband's earning is popularly decoded to mean that the man is a eunuch, a pimp who lives off his wives earnings - this devalues the wife's own standing. To avoid role confrontation an earning wife gives her income either to her husband or to her mother-in-law. Challenge to the masculinity of a male family member, especially a husband has connotations on the reputation and stature of her family and the woman herself:

'A sensible wife will never question her man in pubic, whether he is right or wrong, make an unreasonable demand or speak rudely. A man is forgiven for his temperamental or rash behaviour, but a female's rudeness, is labelled as poor character and dishonour to the family. If my husband orders me around in front of his friends, I quietly do his bidding and may chide him in private or he may himself apologise later. A woman must understand that a man can be tired, after working the whole day, or he may have other things on his mind.'
The social rule of unquestioned male authority vis-à-vis a female, and corresponding public prestige conveys the message of male primacy and female subordination irrespective of the personal equation between husband and wife.

The position and status of men provide the family with stature, while the reputation of its women can only question this standing through 'compromising behaviour'.

The liability of the girl child is already established with the hegemony of the male child. In Punjab, this hegemony becomes a burden due to the ostentatious exchange of dowry and the honour that vests in the purity of the female. The practice of dowry is based on a system of hierarchical and non-reciprocal relations in which the hegemony of the bride taking family over that of the bride's natal family is reflected. The relationship between the two families has been analysed as asymmetric and non-reciprocal and connected with the high incidence of dowry payments in which gifts at the time of marriage become the property of the groom and his family. Acceptability of dowry exchange and its associated consumerist orientation in an ostentatious society like Punjab has witnessed extensive dowry exchange to the extent that taking loans for the marriage of a daughter is common.

While the importance of the girl child as a procreator is recognised, it is also underlined that she is for continuation of another family. Thus the girl has no "dharam" as she acquires the surname and identity of her husband's family and maintains no identification with her natal family. Similarly, while people do recognise the increasing social worth of the girl child in her capacity to generate finances for the family and be a better nurturer after acquiring education, it remains an added benefit to another family and she is considered only a taker from the family of her birth.

Discrimination against the girl child has been analysed in terms of the relative worth of the males rather than the absolute worth of females. It has been proposed that economic and cultural worth of the female is likely to be greater in landless and lower caste households rather than in landed and upper caste homes. However, 'the relative worth of the female in poorer households, though higher than that in the richer ones, it may not be enough to make the males and females equally 'valuable'.'

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2 Scholars have reported gender discrimination in the use of urban medical care facilities and in fact urbanization rather than significantly improve female life chances may even decrease them.

Perceptions Justifying Male Child Preference

The preference for a male child in Punjab can be linked to both the utilitarian and normative worth of the male child\(^3\). The following tables provide perceptions regarding the importance of the male child.

<table>
<thead>
<tr>
<th>Sex</th>
<th>2001</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>84.0</td>
<td>89.04</td>
</tr>
<tr>
<td>Male</td>
<td>77.6</td>
<td>73.8</td>
</tr>
<tr>
<td>Total</td>
<td>80.9</td>
<td>81.4</td>
</tr>
</tbody>
</table>

In spite of increasing visibility of sex determination test as a criminal offence, the response of an outright male child preference increased to 89.0(2006). Field studies from 1995 to as recent as 2006 depict a high degree of male child preference which has increased from what was reported in 1995 (81 per cent to 89 per cent in 2006). The justifications reported continue to be the same though with varying percentages. The importance of the male child as an earner and an old-age insurance continues to be the most sought after asset of the male child and was mentioned by 51 per cent of the respondents in 2006. Interestingly, linkage through the male child is a close second reason with nearly 50 per cent in the last few years perceiving this to be relevant for preference for the male child. Other concerns that the data revealed are that physical security of the girl child is increasingly being perceived and makes her more of a liability (10 per cent). The male as a family protector is a response that has been tempered with time, but this is perhaps more of a situational response in the mid-90s period when Punjab was struggling to throw-off the shroud of a decade long violence. The dowry of a girl child remains the strongest liability and 22.4 per cent mentioned that the marriage of a girl child was becoming difficult with the increasing demands.

Justifications varied with strata and even region. For instance, in the urban areas of Ludhiana, the utilitarian worth was more important whereas the normative worth was more important in rural areas.

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\(^3\) According to authors such as Mutharayappa et. al., 1997, Arnold et. al., 1998, Vlassoff, 1990, male child preference is mainly due to economic, social and religious utility of sons. This preference is strong in northern and Central Indian states, including Haryana and Punjab.


Fred, Arnold et. al. 1998. ‘Son preference, the family building process and child morality in India’ *Population Studies*. 52: 301-315


Punjab's commercial capital, preference for the male child was stated as necessary to look after the business even when they accepted that the present generation of male children was not very respectful and caring of the parents.

The rural peasantry was of the opinion that the presence of a male child was a social deterrent to anti-social elements to harass the family. In particular, this came handy to avoid harassment on account of dowry. "If the girl has brothers then her in-laws think that the family is strong and will think many times before attempting to harass her."

### A Causal Analysis of Male Child Preference In Punjab

- Peasant societies, as in Punjab, are highly patriarchal and have historically had a strong male child preference. Land, being central to social existence, has value rather than only economic worth. A male child as the inheritor of this resource is valued, and like land is a symbol of status. This male child preference is reflected in the sex ratios of peasant communities. For instance, in Punjab, the Jat community constitutes the peasants and, they have historically had a sex ratio below that of the state as a whole. Available figures from 1901 to 1931 show that the Jat sex ratio is not only lower than the state average, but also the lowest among other communities in the area. It was 802 in 1931 in comparison to 831 for the state on an average⁴. The present day bears out this strong preference among the landed Jat community and field survey findings reveal a higher incidence of female foeticide among this group with 13.2 households acknowledging the use of the practice while it was reported at 10.9 on an average⁵.

- Historically, this region has also been prone to external invasions. Males were needed to fight wars, protect their lands and women. Women thus had to produce a number of male children to ward off the real or perceived threat of invasions.

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⁴ Census of India, 1931, India: Imperial Tables. Part II. Vol. I.
• Values of martyrdom, heroism, shedding blood for one's land and women gained importance. This martial concept was harnessed by the British to create a "martial race" with a resultant institutionalisation of these norms.

• Punjab has continued to be part of the violent identity assertions in the past century. Women as reproducers become integral to ensure purity of a group's identity. Control over women's reproduction and sexuality assumes significance in the context of purity of identity whether group or family lineage.

A more recent impact of purity of identity promoted by religious extremism on women can be drawn from the decade of extremism for Khalistan. The Punjabi population suffered the burden of the girl child when the female was targeted for sexual abuse as a symbol of the group's identity, by the militants themselves for violation of codes of conduct and dress as also at the hands of a lawless society. The immediate effect of young girls being the target of sexual abuse can be deciphered from their early marriages, seeking shelter with relatives outside the state and the decline in girls' attendance in schools. The martial race became a myth, unable to protect its honour and it was, perhaps, easier to shed this burden with the help of prenatal diagnostic techniques.

• Development also impacted the family size to displace the girl child. Emergence of the middle class brought with it the norm of a two-child family. Decrease in the family size in a milieu of male child preference, ensured the survival of the male child at the cost of female children. Prenatal diagnostic techniques became a useful instrument.

<table>
<thead>
<tr>
<th>Box - 2</th>
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</thead>
<tbody>
<tr>
<td>One 'Child' Family</td>
</tr>
</tbody>
</table>

The emergence of the two-child family and even one-child family in many instances has ensured the birth of male children only. Thus is not only the middle-income family that cannot support a large number, but also rural landed families that had only one offspring - a male. It was common for landed respondents to mention that landholdings were shrinking and even if they had 22 acres, this was not sufficient to support two male children and they planned to have only one male child. This was supported by the extensive data collected from the village where 40 per cent of the couples over 35 years and landed households were found to have only one offspring, a male.

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7 The definition of 'purity' is constructed as dependent on female sexuality and reproduction so that these aspects of women's lives become central not only to the definition of female personhood but also to group boundaries and group identity.


Male child is an earner for the family and an old-age insurance
- Provides continuity, protection and status to the family
- Male child is a source of social and cultural capital

- **Girl Child is an Increasing Liability**

- Perceived as the "other", over whom the parents have no claims.
- Dowry exchange is crucial to preventing the birth of a girl child.
- Revivalism of the fundamentalist movement and identity assertions
  - Women reinforced as the group’s honour
- Small family norm has displaced the girl child
- Segmentated initiatives to promote women's development have marginalised the girl child
  - Property laws in peasant patrilocal society have resulted in increased dowry and resentment towards the girl child
  - Kanya Jagriti Jyoti / Shagun scheme at the level of norm has endorsed the view that the girl child is a liability. Therefore a compensation from the government.
- Penetration of the market has appropriated male child preference to promote consumption patterns through large scale celebrations of birth, lohri, mundan, namkaran etc.
  - Celebrating rituals associated with the birth of a male child and his life stages are becoming status symbols and replicating these for a girl child. Without a holistic strategy, it may further the perception of the girl as a burden.
A number of competing discourses attempt to confront the spread of female foeticide. These include technological determinism which identifies the proliferation of new reproductive technologies that preclude male sex selection as the bane of female foeticide. The enforcement agenda spearheading interventions under this approach seeks punitive measures to regulate the social norms that legitimize male child preference. The entitlements failure views women’s disadvantaged status with institutionalized discrimination and subsequent female foeticide as a lack of access to resources and facilities. The attainment of female reproductive rights aims at providing women control over their lives and bodies and it also forms part of the dominant endeavours to tackle female foeticide. In Punjab, the interventions to combat female foeticide are largely confined to state initiatives though these are bolstered by media reportings on concerns regarding female foeticide, awareness campaigns that cut across activists, NGOs and academicians. The interventions in the state can be categorized as driven by the Women and Child Ministry at the Central Government that promotes an empowerment agenda by increasing access to entitlements, but does not specifically address the peculiarities of Punjab of large-scale resort to female
-existing Interventions: A Review

foeticide. The other widespread effort is undertaken under the aegis of the PC-PNDT Act as the enforcement agenda of the Health Department, again a Central Government initiative. The onus of combating female foeticide largely rests with the two departments that have the responsibility of addressing the declining child sex ratio, namely Social Welfare and Health.

1. Department of Social Security and Women and Child Development

Interventions to tackle female foeticide can be broadly classified into:

(i) Awareness programmes

The awareness generation component reaches out to the people to restrain them from indulging in female foeticide by detailing the legal aspects of the PC-PNDT Act; by urging the people to consider male and female children as equal, drawing support from religion, mortality and the role models of female achievers. Awareness activities encouraging the community to provide equal treatment are undertaken on occasions and include Lohri celebrations of the girl child and UNICEF schemes such as Meena Day. Functionaries also draw attention to schemes that provide incentives for the girl child such as Kanya Jagrit Joti, Balika Samridhi Yojana, Kishori Shakti Yojana.

Interviews with grassroot functionaries of the ICDS programme show that the awareness component is largely enforcement oriented aimed at instilling the fear of punishment (77.5

<table>
<thead>
<tr>
<th>Department</th>
<th>Awareness Against Female Foeticide</th>
<th>Enforcement oriented</th>
<th>Generate Importance of Girl Child for family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social welfare (ICDS functionaries)</td>
<td>63</td>
<td>76</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>64.29</td>
<td>77.55</td>
<td>38.78</td>
</tr>
</tbody>
</table>

Table - 12
Initiatives to address Female Foeticide Reported by the Department line functionaries

Note: Multiple responses therefore percentages add to more than 100.
per cent) for violation of the PC-PNDT Act, followed by evoking religious-morality and rationality that female foeticide is not desirable (64.2 per cent) along with claims that there is no difference between male and female children. Interestingly, parallel to the rational and moralistic approach claiming gender parity to urge against female foeticide are awareness activities to generate the importance of the girl child (38.7 per cent). Under this aspect government schemes to provide incentives for the girl child are promoted as also equal treatment in cultural practices such as celebration of Lohri and a girl's birthday.

(ii) Regular survey to monitor birth sex ratio

In addition to schemes for the girl child, the department has initiated tracking of births. A monthly survey of newly borns is now being undertaken in each anganwari centre to track male-female births as a regulating mechanism to report on birth sex ratios.

(iii) Service delivery and schemes for the girl child

The department has strengthened some of the existing programmes targeted at improving the health of the girl child and the mother. A special focus on the girl child has been built into the existing programmes. A number of incentive-oriented schemes for the girl child have also been evolved. These include Balika Samridhi Yojana and Kanya Jagrit Joti Scheme. Also, under the Swayam Sidha Yojana and Mahila Jagriti Yojana women's self-help groups are targeted for empowerment to make them self-reliant and also sensitive to the declining child sex ratio, promote access of girl child to education, health and her rights.

These programmes are being deployed through providing regular training, undertaking systematic monitoring and review of activities and providing packages for the awareness campaigns that include posters and movies. Programme for evolving/improving the existing schemes to address the falling child sex ratio have also been added.

An Analysis of The Approach

(i) Spreading awareness to the aware

The largest awareness component of the department pertains to legal literacy regarding PC-PNDT Act. The underlying understanding of the department is that the people are unaware of the legal repercussions of the practice or may not even be aware that female foeticide is a crime. Field studies belie this understanding with the findings that 15 per cent of the couples who underwent female foeticide were aware that this was a crime. Yet they chose to abort the female foetus.
(ii) Informing community that male-female are equal: A misnomer

The awareness campaigns led by government departments that promote the idea that there is no difference between male and female children and call to restrain from female foeticide. A glance at the popular perception regarding the worth accorded to the male and female child reveals a vast difference. Graph 10 shows that the male child is a prospective
earner and source of dependence (according to 60.9 per cent and 58.4 per cent males and females respectively) while the girl child has to be provided with protection (5.2 per cent) and represents the burden of dowry collection (20.2 per cent).

Interestingly, this perception of differential value of the male and female child is shared by the functionaries and is revealed as a cause of female foeticide. The very functionaries who are implored to refrain from female foeticide justify that the male child is an asset. Most of them believe female foeticide to be fuelled by the female being a liability (60.2 per cent) and the male a symbol of status and preferred child (25 per cent) (Graph 11).

No effort, however, is forthcoming to change the factors for perceived male child as a provider, protector or pro-creator. In fact the functionaries own bias for the male child’s importance can be gauged by the overwhelming number (80 per cent) stating that by seeking God’s grace, the boon of a

![Graph - 11](image-url)

**Graph - 11**

**Perception of Punjab Government line functionaries regarding reasons for female foeticide**

![Table - 13](image-url)

**Table - 13**

**Perception on religious (Line Department functionaries)**

<table>
<thead>
<tr>
<th>Department</th>
<th>Condone female foeticide</th>
<th>No Opinion</th>
<th>No Harm in Seeking God’s grace for a male child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Welfare (ICDS)</td>
<td>24</td>
<td>6</td>
<td>78</td>
</tr>
<tr>
<td>Percentage</td>
<td>24.49</td>
<td>6.12</td>
<td>79.5</td>
</tr>
</tbody>
</table>

male child can be acquired. In other words, physical annihilation should not occur, but the justifications and the legitimacy of the importance of the male child remain unaddressed and condoned (25 per cent) by even traditional methods of begetting a male child (Table 13). This points to the gap in training and approach to tackling female foeticide.

(iii) Form-centred focus leading to other discriminations

The department is geared towards female foeticide per se rather than associated practices and manifestation of male child preference. Analysis of the situation in Punjab from macro data of SRS, from the registers of the anganwadi workers themselves, and studies related to Patiala hospital point to a vast cultural neglect of the girl child after birth. The SRS data (Table Chapter 1) reveals that for each of the years from 2001 to 2005, more female infants have been dying in comparison with male infants, inspite of the female being biologically sturdier. The gender gap varies annually, but its existence points to the regular higher mortality of female infants. Similarly, data from a recent study by the paediatric department in a Patiala hospital reveals the discriminatory care accorded to girl children. Of the total children below 14 years receiving health services, girls formed 21.3 and 32.2 per cent in April and March of 2007¹. This trend has been found in earlier years also, with fewer girls brought

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to hospitals and a big percentage of them dying since they were brought for treatment when their condition became quite severe (see annexure table A8). A study of a Nawanshehr block (Balachaur), using anganwadi data shows a decline in 0-6 years sex ratio with variations in each age group.

While tracking of birth sex ratios is being undertaken, tracking of each child, especially malnourished children, with corresponding intervention is also needed. Efforts to track the differential health of male-female children remains outside the preview of the strategy to combat female foeticide. Interestingly, immunisation, malnourishment and child mortality are targets to be met by the department, yet the gender gap within these targets is not focused upon.

**(iv) Other forms of violence are not addressed**

The strategy does not reveal a systematic coherence between different forms of violence such as dowry, sexual harassment, or cultural neglect and its links with male child preference and subsequent female foeticide. Ad hoc initiatives and awareness activities decrying the exchange of dowry, sexual harassment at the workplace and mobilisation against sexual harassment in particular instances, have been undertaken. If these are not connected the causal phenomenon remains invisible and only the manifestations are addressed as aberrations.

**(v) Symptoms are selected to address the problem**

Structures of patriarchy proclaimed in differing male-female roles, exclusive lineage and inheritance to the male child continue to remain unchallenged. Without addressing the differentiation between the genders, undermining singular practices of male child preference may not have the desired impact. For instance, selective selection of cultural practices such as Lohri as a site for equal treatment for boys and girls finds dissonance in the community and is even perceived as an additional expense for the girl child. However, initiatives of the department such as legal awareness of PC-PNDT Act and Lohri celebrations have brought into focus various practices of discrimination against the girl child. The trap in this is that the problem is focused but not addressed.
The underlying approach of the entitlement strategy is a provision of equality of opportunities to ensure women access to and control over resources. Autonomy of income and decision-making and the resultant greater access of women to health, education and other material resources is part of the empowerment strategy.

**Entitlement approach**
- Access to development resources like health, education, political participation.
- Attainment of economic independence through work participation and productive skills.
- Equality in entitlement to property and non-discriminatory access to other resources.
- Protection against violence.

The national policy on advancing women's status finds continuity in the state through women related schemes, programmes and positive discrimination. The department provides special focus to address female foeticide both within its existing programmes and also by evolving specific schemes for the girl child.

Access to development has been unable to transform the gender position and bring about a change in the power equilibrium of society. Yet gender related policies continue to promote and even achieve their specified targets of increased access but are unable to counter female foeticide. For instance, the National Health Policy (2000) targets controlling infant mortality rates and promoting the two-child family norm. The IMR has been declining, but so has been the birth of the girl child (Registrar General of India, 2001). While in 1981 infant mortality rates in accordance with biological vulnerability of male children was favourable to the girl child with mortality rates of male at 122 and of females 108, the survival rate of males bypassed that of female in 1991 (male IMR 74 and female IMR 79). The trend continued in 2001 (male IMR 64 and female IMR 68). In other words, developmental benefits accrue differentially to males and females. The two-child norm is also becoming a reality, but at the cost of displacing the girl child (UNFPA 2000: 26).

Further doubts about the development agenda arise when data of states ranking high on the gender equality index (GEI) is analysed. In fact states improving on the GEI, are simultaneously boosting the masculine sex ratio. Himachal Pradesh, for instance, was ranked 4th on the GEI in the 80s and in the 90s became the most gender equitable state. Yet it recorded one of the most dramatic declines in the child sex ratio, a fall of 74 points from 1981 to 2001 (Table 2). In other words, while gender enjoys increasing equality on the development parameters, female foeticide also increases. Himachal Pradesh has registered a substantial increase in its female literacy rate (from 37.7 in 1981 to 68.0 in 2001), as also a vast improvement in its female work participation rate (31.86 in 1981 to 43.7 in 2001) but during the same period it has seen masculinization of its child sex ratio.

Himachal Pradesh is not the only state to have simultaneously enhanced female capacities, including female life expectancy, and also a deteriorating child sex ratio. Maharashtra, Orissa, Punjab, Gujarat are some of the other states that belie the popular linkage of development with gender status. Clearly, development parameters such as female education, access to facilities, particularly health facilities, do not protect women from gender abuse.

### Chronology of Events

**1. Tracing the History of Sex Determination Tests**

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1974</td>
<td>The All India Institute of Medical Sciences (AIIMS) as part of its research in the Department of Human Cytogenesis used amniocentesis to detect fetal abnormalities. The test involved extraction of fluid from the abdominal wall of a pregnant woman between 15-17th week of pregnancy.</td>
</tr>
<tr>
<td>1975</td>
<td>The misutilization of test allowing the abortion of female foeticide came to known to AIIMS. Subsequently, in May 1975, an Article 'The Indian Pediatrics mentioned these incidences.'</td>
</tr>
<tr>
<td>1976</td>
<td>In response the Indian Council of Medical Research halted the AIIMS tests since the new reproductive technology for detecting abnormalities was being misused.</td>
</tr>
<tr>
<td>1979</td>
<td>Punjab had the first sex determination clinic known as ‘New Bhandari Clinic’ in Amritsar had advertised its services through the media, in railway compartment and distribution of hand bills in public places.</td>
</tr>
</tbody>
</table>

Contd..
2. INITIATIVE AGAINST SEX DETERMINATION

1982 A controversy pertaining to an error in the abortion of a male child of an influential family brought the sex determination clinic in Amritsar ‘New Bhandari Clinic’ in national limeligt. 
i) Women organizations in Delhi condemned the use of scientific technology and recommended that government restrict the use of amniocentism to research and tracing establishments, called the Indian council to take several action against any members and social organizations asked to be vigilant that the commercial spread of these technologies.
ii) Media reporting led Ministry of Social Welfare to seek Union Health Minister interventions to deal with the issue. In a conference of State Ministers of Health, representatives were advised to take appropriate and preventive action. Subsequently the District Medical Officer in Amritsar pressurized the management of ‘New Bhandari Clinic’ but was unable to take action since the clinic had not violated any law.

1984 Forum against sex determination and sex pre selection was formed in Mumbai, Maharashtra.

1986 Social awareness campaigns were initiated in Maharashtra, such as a Parent daughter yatra picketed in front of clinics conducting sex determination tests.

1986 Maharashtra State started giving serious consideration to the issue and a private members bill in the State Assembly was prepared. Under the Maharashtra bill the State Department of Public Health commissioned a survey of sex determination clinic in Bombay. Doctors against sex determination formed tests an independent forum with consequent doctors supporting the campaign against sex determined pregnancies.

1987 Maharashtra constituted an expert committee on sex determination and female foeticide.

1988 Maharashtra government had introduced a bill to regulate the use of scientific technologies of pre natal diagnosis. These were to be solely use to detecting genetic / metabolic chromosomes congenital abnormalities.

1991 Health and Consumer group in Gujarat successfully lobbied with the State Government to ban a test selling herbal pharmaceuticals claiming an ancient ayurvedic technique to ensure a male child.

1994 States of Punjab and Haryana enacted the misuse of pre natal diagnosis Act.

1994 The pre natal diagnosis test (PNDT)(Regulations and Prevention of misuse act was passed at the central level and sex determination tests banned all over the country)

1995 Beijing declaration to which India was a signatory emphasized the elimination of harmful attitudes and practices including son preference which result in female foeticides and pre natal sex selection. It also recognized that some of these violated human rights and ethical medical principles.

1996 Delhi Artificial Insemination (Human act) enumerated the duties of qualified medical practitioners/Government hospitals performing artificial insemination with a view not to segregate XX and XY chromosomes for artificial insemination.

1996 Rules released by the Central Government for the pre-conception and pre-natal diagnosis techniques.

2000 The Indian Medical Association sent out directions to its branches asking to prevent the members from breaking the laws on PNDT.

2000 Public interest litigation filed in Supreme Court regarding inefficiency of PNDT act.

2001 Supreme Court passed interim order to State Government to take necessary steps to the implementation of the act.

2001 Supreme Court issue orders to those multinational companies supplying ultrasound machines to identify the purchasers of these machines

2001 In December 2001, Supreme Court called upon Chief Health Secretary of Punjab, Haryana, Delhi, Bihar, Rajasthan, Gujarat, Uttar Pradesh, Maharashtra and West Bengal to present before the court (29 January 2001) for non compliance of orders passed.

2001 Appropriate authorities in Delhi and Faridabad have taken action into cases of Misuse of Ultrasound. Punjab Government, initiated a Pilot Project in Ludhiana to combat technology with technology that used computer efficiency to track women susceptible to female feticide.

2003 Action against TV serial ‘Kyunki Saas Bhi Kabhi Bahu Thi’ and “Kudrat” for promotion of Sex Determination test.

2003 First sealing of Ultra diagnosis Centre in Faridabad, Haryana.

2005 Sting operation to check female foeticide in Gujarat, Punjab, Haryana and Delhi.

2006 The first conviction with a prison term under PNDT Act was sentenced to a doctor and his assistant in Palwal, Haryana.
II. Department of Health: Enforcement strategy

The Supreme Court of India in 2001 issued directions to the Union Government and the states for uniform implementation of the PNDT Act (now PC-PNDT Act). The Punjab State Government responded by activating the Health Department to form a PNDT enforcement structure that consists of:

(i) An appropriate authority for implementing of the PNDT Act in the state, district and sub-divisional levels.

(ii) Advisory committees which have been constituted at the state, district and sub-divisional levels and consist of eminent personalities, NGOs and women activists.

(iii) State Advisory Board under the chairmanship of the Health Ministry.

(iv) Awareness campaign and material against female foeticide.

The Punjab Government passed a notification on 20th June, 2001, to form an Appropriate Authority Committee and an Advisory Committee. According to the department publication on ‘Sex ratio in Punjab PC-PNDT Act and the state initiatives to improve sex ratio’, the state takes the following measures to implement the Act.

1. Urgent steps (enforcement of PNDT Act)
   - Registration of ultrasound/genetic centres
   - Enforcement of the law
   - Monitoring of pregnant women who were scanned during the second tri-semester of pregnancy.

These activities are performed by special committees. These committees consist of the appropriate authority in which the civil surgeon and senior medical officer have been appointed at the district and sub-divisional levels respectively to operationalise the Act within their jurisdiction. These include:

(i) Enforcing standards and to grant or suspend registration of any centre providing such diagnostic facilities

(ii) Investigation of any complaint related to breach of any provision of PC&PNDT Act by any scanning centre, laboratory, or MTP centre.

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(iii) While cancelling registration of any centre, or providing registration to any new centre, the advice of the Advisory Committee is needed.

(iv) To take legal action on a complaint or suo motu on any violation of PC&PNDT Act.

(v) To supervise the implementation of the provisions of the PC&PNDT Act.

(vi) To recommend to the state any modification in the Act as per new changes in technology.

(vii) To take action on the recommendation of the Advisory Committee after investigation of complaints for suspension or cancellation of registration.

(viii) Awareness regarding the PC-PNDT Act.

An advisory committee consisting of medical experts, legal experts, social workers and communication professionals aids and advises the appropriate authorities.

The department has evolved a number of documents to implement the rules under the principal PNNDT Act. This includes providing incentives to informers (incentives to decoy patients). Incentives for sterilisation after the birth of one or two girls.

2. Intermediate steps (Awareness generation campaigns)

The department has undertaken awareness generation activities informing the public regarding the illegality of female foeticide. The initiatives include preparation of hoardings, printing of posters, advertisements for bus panels, staging of shows, plays, awareness campaigns, and appeals to doctors, journalists, law enforcers and politicians to support the PC&PNDT Act.

3. Empowerment of women

The report of the Department of Health includes activities such as empowerment of women. These pertain to specific schemes of government departments including Health. For instance, Balr Rakshak Yojana that pays an incentive for adopting a terminal method of sterilisation after the birth of one or two girl children, prizes to panchayats for improvement in sex ratio, and even prizes to informers and decoy patients. In short, the department’s focus is solely on the enforcement of the PNNDT Act. It, however, still needs to address associated issues pertaining to the Dowry Act, property rights, increasing awareness and even spreading awareness relating to issues of female foeticide. This falls under the purview of the enforcement of PC-PNDT Act as listed under the action plan evolved on 20.06.2001 by the Central Health Ministry. In the meeting of the Sub-Committee held on 26.5.2001 and 09.6.2001 it was felt that there was need to address the Dowry Act and causes related to
property rights to tackle increase in female foeticides. Increased awareness about ‘X’ and ‘Y’ chromosomes is also necessary to decrease the pressure on women to produce male children. In keeping with this decision the Central Health Ministry also produced awareness material pertaining to gender sensitisation and causes directly attributed to female foeticide such as dowry, physical protection of girls and property rights.

**An Analysis of the Approach**

- **Effectiveness of enforcement measures**

<table>
<thead>
<tr>
<th>Region</th>
<th>Majha</th>
<th>Malwa</th>
<th>Doaba</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases of female foeticide</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>%</td>
<td>9.10%</td>
<td>6.60%</td>
<td>15.00%</td>
<td>8.70%</td>
</tr>
<tr>
<td>Cases of SDT</td>
<td>9</td>
<td>2</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>%</td>
<td>14.80%</td>
<td>10.00%</td>
<td></td>
<td>12.00%</td>
</tr>
<tr>
<td>Cases of sex selection</td>
<td>1</td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>%</td>
<td>9.10%</td>
<td>3.30%</td>
<td></td>
<td>2.20%</td>
</tr>
<tr>
<td>Unregistered centres</td>
<td>9</td>
<td>5</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>%</td>
<td>81.80%</td>
<td>8.20%</td>
<td>15.00%</td>
<td>9.80%</td>
</tr>
<tr>
<td>Record keeping</td>
<td>15</td>
<td>7</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>24.60%</td>
<td>35.00%</td>
<td></td>
<td>33.70%</td>
</tr>
<tr>
<td>Baby</td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>4.90%</td>
<td>3.30%</td>
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</tr>
<tr>
<td>SDT+ female foeticide</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>3.30%</td>
<td>2.20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SDT+ record keeping</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>1.60%</td>
<td>1.10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unregistered machine detected w ithout permission</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>3.30%</td>
<td>2.20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violation of PNDT Act</td>
<td>13</td>
<td>3</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>%</td>
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<td>15.00%</td>
<td></td>
<td>17.40%</td>
</tr>
<tr>
<td>Violation of PNDT Act+ Record Keeping</td>
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<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>1.60%</td>
<td>1.10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unregistered centres + record keeping</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>1.60%</td>
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</tr>
<tr>
<td>Unregistered ultrasound machine</td>
<td>3</td>
<td>3</td>
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<td></td>
</tr>
<tr>
<td>%</td>
<td>4.90%</td>
<td>3.30%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>61</td>
<td>20</td>
<td>92</td>
</tr>
<tr>
<td>%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

The success of the enforcement programme measured in terms of total number of cases registered for various violations is recorded at 92 cases up to 2006.

- Fifteen cases of sex determination tests registered when 26.7 per cent of households in Punjab in 2006 acknowledged undergoing these tests.

- Ten cases of female foeticide registered when 13.7 per cent of the households in 2006 acknowledge undergoing the practice.

- The practice of female foeticide continues, perhaps on a smaller scale, in districts and areas where the state machinery is more vigilant in its enforcement.

- The conviction rate is 5.4 per cent. If conviction rates for dowry death or rape are compared, then these are 43.1 per cent and 29.3 per cent for the year 2005.

<table>
<thead>
<tr>
<th>Region</th>
<th>Majha</th>
<th>Malwa</th>
<th>Doaba</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Court cases</td>
<td>9</td>
<td>43</td>
<td>14</td>
<td>66</td>
</tr>
<tr>
<td>%</td>
<td>81.80%</td>
<td>70.50%</td>
<td>70.00%</td>
<td>71.70%</td>
</tr>
<tr>
<td>Convicted</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>%</td>
<td>9.10%</td>
<td>4.90%</td>
<td>5.00%</td>
<td>5.40%</td>
</tr>
<tr>
<td>FIR registered</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>1.60%</td>
<td>5.00%</td>
<td>2.20%</td>
<td></td>
</tr>
<tr>
<td>Dismissed</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>%</td>
<td>9.10%</td>
<td>3.30%</td>
<td>5.00%</td>
<td>4.30%</td>
</tr>
<tr>
<td>Sealing of machine</td>
<td>4</td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>6.60%</td>
<td></td>
<td>4.30%</td>
<td></td>
</tr>
<tr>
<td>Cases discharged</td>
<td>6</td>
<td>3</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>9.80%</td>
<td>15.00%</td>
<td>9.80%</td>
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</tr>
<tr>
<td>FIR cancelled</td>
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<td></td>
</tr>
<tr>
<td>%</td>
<td>3.30%</td>
<td></td>
<td>2.20%</td>
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</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>61</td>
<td>20</td>
<td>92</td>
</tr>
<tr>
<td>%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Data discrepancies in child sex ratios

The department has reported in the media the success of enforcement measures in a huge rise in the child sex ratio particularly in the districts with highly adverse child sex ratio, such as Fatehgarh Sahib and Patiala.3 These achievements, however, are not supported by random village case analysis on the following grounds:

(i) Discrepancy in data between Anganwadi registers, health department figures and an independent survey. For instance, in Dabala Kalan village in Patiala, according to the Health Department, the sex ratio stands at 1400 but a house-to-house survey reveals it to be 603, similar to the anganwadi register which shows a sex ratio of 589. In another village, Fatehpur Raiya in Fatehgarh Sahib, the anganwari register records 1261, 0-6 sex ratio while the health department reported 1688.

(ii) Decline in the sex ratio was in the 0-6 years age group: Intensive enforcement has resulted in an increase in birth of girl children. For instance, 0-1 sex ratio in Fatehgarh Sahib, Fatehpur Raiya village and in Malian Bedi in Nawanshehr stand at 1667 and 1111 respectively.

According to these findings more girl children seems to be born in these villages. Yet, their number is not sustained as they move towards the six-year age. Cultural neglect is clearly visible when the same village ensures a high survival rate of the male in comparison with its

Table - 16
0-6 yrs Sex Ratio of Selected Villages

<table>
<thead>
<tr>
<th>Selected Villages</th>
<th>Census (2001)</th>
<th>Health Department</th>
<th>Anganwari (SR as on)</th>
<th>HH Survey (IDC) as on April 07</th>
<th>Anganwari Record (as on April-07)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatehpur Rayian (F.Sahib)</td>
<td>681</td>
<td>1688 (as on Sept.2006)</td>
<td>1261 (as on Sept 2006)</td>
<td>1578</td>
<td>1882</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1474</td>
<td></td>
</tr>
<tr>
<td>Dhawali Kalan (Patiala)</td>
<td>706</td>
<td>1400 (as on July 2006)</td>
<td>586 (as on July 2006)</td>
<td>603</td>
<td>589</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>589</td>
<td></td>
</tr>
<tr>
<td>Malan Bedian (Nawanseher)</td>
<td>793</td>
<td>1232* (as on Nov 2006)</td>
<td>1222 (as on Nov 2006)</td>
<td>1170</td>
<td>1155</td>
</tr>
</tbody>
</table>

Source: Records of Anganwadi (ICDS), Health Department Punjab Field Survey, IDC

Combating Female Foeticide: A Perspective Plan

girl children. These findings have been substantiated over the past years by a number of reports both in the media and other studies. The continuing gender gap that is revealed in the statistics of the sample registration survey is another indicator of the gap in the survival of the girl and the boy child.

(iii) Health disparities among male-female children: A detailed study of the anganwadi records in the villages providing success stories of the enforcement agenda claim a highly feminised sex ratio (which is abnormal) from a masculine sex ratio in the 2001 census. However, details of these pertaining to the weight and height of the male/female children of the anganwadi centres revealed that boys enjoyed better health compared to the girl children. These disparities in health continue to be reported claiming the advance of cultural neglect of the girl child.

No underlying factors to female foeticide addressed

- Impact of enforcement
  
  (i) Nexus from ultrasound centres to the household

  Field study revealed that a strong nexus from ultrasound centres to the household has evolved via dais, RMPs and even health functionaries

  (ii) Cultural neglect

  (iii) Violation of privacy

  There is a strong perception among the community that the state is intruding into the private sphere of the family and is against pre-choice rights.

Ludhiana and Nawanshehr models

In 2002, Ludhiana district under the guidance of its Deputy Commission initiated a pilot project, Ludhiana City. It was intended to combat technology with technology. Under this scheme, a detailed computer programme to register the pregnancy of each woman was prepared. Women susceptible to using the PNDT Act were highlighted, tracked and vigil maintained to disallow the use of sex determination tests in the larger community. The Nawanshehr experiment was also undertaken by the District Commissioner in which a registered NGO was created to enforce the PC-PNDT Act. Women susceptible to using sex determination tests were identified from those that used government health services and tracked. The following is a checklist of the activities of the two initiatives.
### Ludhiana and Nawanshahr Model to Check Female Foeticide
(Both models followed the PC-PNDT Act parameters)

<table>
<thead>
<tr>
<th>Programmes</th>
<th>Instructions for appropriate authorities for implementation of PNDT Act</th>
<th>Ludhiana city</th>
<th>Nawanshahr district</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Implemented</td>
<td>All districts w.e.f February 2002</td>
<td>2002</td>
<td>2005-2006</td>
</tr>
</tbody>
</table>

### Special Interventions
- **Programmes**
  - Adopting of villages by departmental officers to monitor sex ratio
  - Sex ratio survey in villages / area

- **Weakness in existing PNDT Act and Rules with suggestions**
  - Selection of NGOs yearly
  - Criteria for NGOs selection
  - Tasks of NGOs listed
  - Mobilisation of students to act as informers via meetings with DC and Sudwatha Centre
  - Weakness in existing PNDT Act and Rules with suggestions
  - Adoption of villages by departmental officers to monitor sex ratio

- **Mobilisation of students to act as informers via meetings with DC and Sudwatha Centre**

- **Involvement of NGOs in awareness campaign**
  - List all NGO
  - Registration of NGO
  - Select a panel of NGOs yearly
  - Criteria for NGOs selection
  - Tasks of NGOs listed

- **Tasks of NGOs listed**

- **Coordination between state-district and sub-divisional authorities**

- **Coordination between state-district and sub-divisional authorities**

- **Enforcement monitoring**

- **Court cases monitoring**

- **Patient details to be traced**

- **Complaints by letter or phone (24 hours)**

- **Placement of complaint boxes in city**

- **Health worker to visit house of complainant**

- **ANMs to register every pregnancy in jurisdiction in first semester and follow-up with record**

- **Complaint cell to be established in office of Appropriate Authority and proper record to be maintained**

- **Monitoring System**
  - Registration of ultrasound centres and record maintenance
  - Website of department
  - Database of maternity homes
  - Complaints monitoring
  - Patient details to be traced
  - Court cases monitoring
  - Enforcement monitoring

- **Separate cell in civil surgeon office for monitoring and data processing and reports**

- **Time line for reports**

- **Enforcement monitoring**

- **Interaction with local Public Prosecutor and local administration to be maintained**

- **Awareness campaign (detailed plan)**

- **Involvement of NGOs in awareness campaign**

- **Website of department**

- **Registration of NGO**

- **Select a panel of NGOs yearly**

- **Criteria for NGOs selection**

- **Tasks of NGOs listed**

- **Mobilisation of students to act as informers via meetings with DC and Sudwatha Centre**

- **Weakness in existing PNDT Act and Rules with suggestions**

- **Sex ratio survey in villages / area**

- **Adoption of villages by departmental officers to monitor sex ratio**
Review of Specific Interventions

1. Multi-department involvement

The Ludhiana and Nawanshehr experiments involved a larger government and social machinery than is the scope of the appropriate authorities under the PNDT Act. Effective enforcement - tracking - and social involvement needed to cut across departments and it was successfully done by the two DCs’ offices.

2. Initiatives remain ad hoc

Both the programmes i.e. Ludhiana pilot project in 2002 and the more recent Nawanshehr experiment (2005-06) reflect deep involvement of the administration but drew support from the leadership rather than converting the support to a structured response. The ad hoc nature of this effort made programme delivery dependent on the initiative, preference and capacity of the individual officer.

3. Form specific

Both interventions were problem centred and directed at enforcement of PC-PNDT Act. In other words, the practice of sex determined pregnancy favouring the male child were to be enforced in accordance with the law. The initiatives could not capture the evolving manifestations of male child preference. When female foeticide goes outside the reach of the individuals either due to the high cost of the illegal activity or due to the fear of legal repercussions, the practice of female infanticide and the more insidious cultural neglect came into play, and mortality of girl children rises due to inadequate nutritional, medical and mother’s care.

A holistic intervention would seek to establish a causal relationship between legal violations and factors leading to it. No efforts to deal with the causes for male child preference and treating the female child as a liability were made. Peoples concerns regarding the accumulation for dowry, physical safety of their daughters and old age support remained unaddressed.

4. Violation of privacy norms

The programmes were purely enforcement oriented with the approach to instil fear in the minds of the people. Tracking of pregnant women susceptible to undergoing female foeticide violated the norms of privacy and even legal codes that ensure anonymity of women seeking government health services. While ad hoc measures to recognise parents who gave birth to girl children were reported in meetings of the Deputy Commissioner in
Nawanshehr, these were not built into the programmes. Importantly, there were no incentives for individuals restraining from the use of female foeticide.

Fact Sheet - 3
Adverse Child Sex Ratio: Reframing The Issues

1. Enforcement of PC-PNDT Act can only check birth sex ratio not improve child sex ratios

2. People resent enforcement against their choice of child sex selection therefore an incentive-oriented policy to discourage people rather than an enforcement-oriented policy directed at the consumers of male selective births.

3. Cultural neglect is rampant: Strategy to arrest declining 1-3, 3-6 sex ratios needed

4. Male child preference cuts across sections while form specific manifestations vary according to social placement. Thus some sections adopt female foeticide. In others cultural neglect causes girl child death.

5. Male child preference is historically rooted. Therefore, behaviour change needs to be supported by change in values, practices and norms.

   (i) Dowry exchange to be combated
   (ii) Provide social security for females
   (iii) Identity of "others" / paraya dhan to be checked

7. Awareness programmes on declining sex ratio, urging morality or rationality may be required to be supplemented by capacity building of women and community.

8. Problem centred measures not sufficient to address the issue of male child preference (celebration of Lohri, provision of property to girls without a composite programme may result in a backlash).

9. Positive individual initiatives are forgotten with change in leadership, therefore, need to be institutionalised.
An analysis of the adverse child sex ratios in Punjab point to the need for a dual agenda. One that targets female foeticide and its associated forms of infanticide and cultural neglect and the other that would address the factors leading to female foeticide, namely male child preference and liability of the female child.

Findings reveal that while the girl child is becoming scarce with large numbers missing, there is no scarcity value for the female. In fact there is a social consensus on her comparatively low social worth vis-à-vis the male. While the state interventions have been armed with legal clauses that label female foeticide as a crime, there is a clear divide between the public definition of violation and private acceptance of the practice. Family life falls in the private domain which forms a target of the legal enforcement policy. Pregnancy is considered sacred and choice of a sex determined pregnancy an internal matter of the family. Religious, cultural and social sanctions for a male child preference make legal interventions of the state an intrusion into the lives and choices of the community. The high degree of legitimacy of male child preference renders efforts to acquire a male child, with
blessings of religion or technology normal and the cultural neglect that allows the girl child to wither away as unintentional. Both the commission and omission remain invisible. Promoting visibility to the various stages of differentiation between the girl and a boy child while mobilizing social support for the legal strategy would be one focus of the action plan.

The low social worth of the girl child and the perception of the female gender as a liability needs to be addressed to curtail male child preference. It is the lack of a male child that is considered a curse and the adoption of female foeticide is taken as its remedy. Justification for a male child preference as elucidated earlier flow from the male as old age insurance for parents, a valuable earner, the promoter of the family name through whom the lineage is carried, the protector and reservoir of the social capital that includes family status, kingship networking and reciprocal support system within the community. The girl child on the other hand is viewed as a liability with the burden of dowry, provision of social protection, accompanied vulnerability and symbolic status reduction. In order to address the above concerns the action plan would need to encompass issues pertaining to delineation between male and female roles, the conception of female as that of 'Paraya Dhan' - the other; lineage only through the male, and the male being a benefactor as the breadwinner, a family protector and 'the doer' justifiable inheritor of social and material family resources.

In other words one aspect of the strategy would be aimed at behaviour modification of the individual with community mobilization, targeting individual change without so much change in the social structures. However, the focus on the male child preference is more long-term and would target social constructs rather than the individuals.

The gender context needs to be addressed across all sections of the population, though with different emphasis since the needs of a peasant society will be different from those of the slums or the adolescents. For example, the adolescent population will need to be targeted on skill enhancement and rights within a gender perspective. The peasant population will need income-generating activities as also support activities to undermine some of the deep-rooted beliefs and practices that are detrimental to gender, while slum populations will need to be supported through health and welfare provisions to combat cultural neglect.

A long-term strategy is necessitated to direct changes in the social set-up, whereby beliefs, myths, practices and values are undermined by questioning gender differentiating norms and expectations, thus creating a gender sensitive environment. However, interventions need to be short-term - which target access to the existing resources, schemes, providing legal literacy etc. Long-term intervention undermines the differential power structure within society.
Combating Female Foeticide: A Perspective Plan

<table>
<thead>
<tr>
<th>MALE CHILD PREFERENCE</th>
<th>Religion cultural blessings (Material, Non-Maternal) for male child</th>
<th>Cultural neglect</th>
<th>Female foeticide</th>
<th>Female infanticide</th>
</tr>
</thead>
</table>

**LOW SOCIAL WORTH OF GIRL CHILD**

- Female Child a Liability
  - Dowry
  - Protection
  - Status reduction

+ Male Child an Asset
  - Old age insurance
  - Family name - lineage
  - Religious requirements
  - Protector

- Delineated male-female roles
  - Male the bread-earner, the protector, the doer
  - The female the reproducer,

- Lineage only through male

- Male the intervention of social and material resources of family

- Female the 'other' Paraya Dhan - identity from the family / group / caste
It must be pointed out that the aspects to combat female foeticide and address male child preference would overlap. The male child preference is deeply rooted in our patriarchal set-up. Aspects pertaining to cultural and traditional methods to beget a male child are also rooted and would form part of the long-term strategy. The goals for long-term and short term strategies vary and have been listed to provide an overview.

**Goals: Combating Violence Against Women**

**Short-term goals**
- Legal enforcement of PC-PNDT Act targeting practitioners, agents and sites
- Incentive / recognition for girl child births
- Promoting welfare support services for girl child
- Upgrading service delivery of child and maternal health
- Access to productive income generating skills and schemes
- Gender sensitization of community stakeholders
- Visibility to gender atrocities
- Access to legal remedies
- Protection to females in the entire life cycle

**Long-term goals**
- Visibility to links between cultural blessings to cultural neglect and forms of female foeticide and infanticide
- Social reform on cultural practices evoking male child blessings
- Role fluidity between genders
- Female ownership of immovable land and resources
- Promote democratic and informed decision making in community and family
- De-institutionalising male preference
- Lineage to be parental rather than paternal
- Inheritance to be shared among progeny
Combating Female Foeticide: A Perspective Plan

- Undermine concept of female as a paraya dhan
- Break gender stereotypes
- Undermine all forms of gender violence
- Provide shelter in community to destitute women
- Undermine cultural violence

**Short-term Strategies**

- Promotional agenda of incentives for the girl child
- Awareness regarding various schemes that the Punjab Government has initiated for women. These include schemes that are:
  - *Welfare oriented*
  - *Developmental*
  - *Income generating*
- Health delivery system: Placing legal safeguards and lobbying for professional ethics
- Evolving stakeholders among health professionals to oversee health service
- Building checks and balances in health service delivery for enforcement of female foeticide
- Map nature and extent of atrocities against women in each locality / village
- Spread legal awareness
- Evolve community partnerships to check atrocities against women
- Capacity building: Encouraging women as productive earners
- Build income generation avenues according to local specificities (including micro enterprise to SHGs)
- Departmentwise tie-ups with private sector for income and welfare services
- Create community protection programmes
- Create a local resource bank
**On-going Strategies**

- Creation of a dedicated inter-departmental structure: Federation for gender justice
- Undermining the legitimacy of male child preference, particularly of religious bigotry to have a male child
- Gender sensitisation of community
- Tracking the life cycle of a female from birth to death
- Continually prioritise goals according to target groups and focus areas
- Building stakeholder capacities on gender
- Providing infrastructure, community mobilization on gender and empowerment issues.
- Follow-up mechanisms to accessing services at the community level
- Network with CPRC to sensitize community and prevent gender violence
- Social fencing
- Promoting social and community policing

**Implementing the strategy**

The strategy is only conceptionally demarcated in terms of combating female foeticide and addressing male child preference. Also the short-term and long-term goals and strategies are more logistically delineated and along with the agenda of the action plan would need to be implemented simultaneously. However, to operationalise the action plan certain pre-requisites are required in terms of administrative structure that would implement the strategy and the creation of a local resource bank. Also different population groups would need a different focus. For instance the slum population would need access to facilities, resources to improve child health and provide entitlement in terms of income generation activities. These groups would need greater focus on cultural neglect aspects rather than female foeticide or dowry. On the contrary peasant populations would need to be targeted on practices via the community and social policing, social fencing to check female foeticide.

Similarly, initiation of the community to gender sensitization will be better addressed through income-generating facilities rather than questioning male child preference directly. It is, therefore, proposed that a two-layered strategy be implemented. One that targets Punjab as a whole inclusive of all populations. The second aspect of the strategy can target specific...
population groups that are most vulnerable and have specific considerations such as slums, women victims or rural populations. Both levels of strategy will implement the framework addressing the three aspects of the problem, namely building social stakes in the adverse sex ratio, safeguarding rights through capacity-building and thirdly undermining the social constructs that promote gender responses.

- **Building social stakes in adverse sex ratio**
  
  Under this strategy community policing structures to promote gender rights largely through legal awareness using techniques of social fencing, social policing and instilling risk perspectives to persuade people to exercise control over their lives to avoid illegal situations.

- **Safeguarding rights through capacity building**
  
  Under this strategy safeguarding of rights is promoted by building community and gender capacities and evoking rationality through provision of viable choices.

- **Legitimizing rights**
  
  According to this grass root strategy local initiatives are channelised to challenge gender norms and values institutionalized in the family setting and interpersonal relation in religion and culture that dictate behavioural choices.
Federation for Gender Justice

The federation for gender justice would be the creation of two bodies to charter the action plan on female foeticide in Punjab. The mission body would cater to be the state policy while the programme management cell would be the operative arm.

It will address two basic concerns;

- Combating female foeticide.
- Addressing male child preference.

These programmes are being deployed through providing regular training, undertaking systematic monitoring and review of activities and providing packages for the awareness campaigns that include posters and movies. Programme for evolving/improving the existing schemes to address the falling child sex ratio have also been added.

Mission to combat female foeticide

The mission to combat female foeticide be headed by the Chief Secretary of Punjab.

Mandate:

- To provide policy guidelines to the programme
- To coordinate and converge inter-departmental functioning of the programme.
- To review and revise the programme.

The mission would have a three tiered set-up

### Administrative structure

<table>
<thead>
<tr>
<th>State level:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Convener</td>
<td>Chief Secretary</td>
</tr>
<tr>
<td>Co-Convener</td>
<td>Secretary of Women and Child Department</td>
</tr>
<tr>
<td>Members</td>
<td>Secretaries of Health Education, Rural Development, Schedule Castes, Labour, Employment, Human Development, Planning Department</td>
</tr>
<tr>
<td>Consulting organisation</td>
<td>Institute for Development and Communication (IDC)</td>
</tr>
</tbody>
</table>
**District level:**

<table>
<thead>
<tr>
<th>Role</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convener</td>
<td>District Commissioner</td>
</tr>
<tr>
<td>Co-Convener</td>
<td>Programme Officer from Social Security and women and children department</td>
</tr>
<tr>
<td></td>
<td>(Would also be the head of programme management cell at the district level)</td>
</tr>
<tr>
<td>Members</td>
<td>District Heads of Departments of Education</td>
</tr>
<tr>
<td></td>
<td>Rural Development</td>
</tr>
<tr>
<td></td>
<td>Schedule Castes</td>
</tr>
<tr>
<td></td>
<td>Labour</td>
</tr>
<tr>
<td></td>
<td>Employment</td>
</tr>
<tr>
<td></td>
<td>Human Development</td>
</tr>
<tr>
<td></td>
<td>Planning Department</td>
</tr>
<tr>
<td></td>
<td>Gender Expert</td>
</tr>
<tr>
<td></td>
<td>Political Scientist</td>
</tr>
<tr>
<td></td>
<td>Principal</td>
</tr>
<tr>
<td></td>
<td>Doctor</td>
</tr>
</tbody>
</table>

**Block Level:**

<table>
<thead>
<tr>
<th>Role</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convener</td>
<td>Block Development and Panchayat Officer</td>
</tr>
<tr>
<td></td>
<td>Block Education Officer</td>
</tr>
<tr>
<td></td>
<td>Research Officer of Planning Department</td>
</tr>
<tr>
<td></td>
<td>Child Development Officer</td>
</tr>
<tr>
<td></td>
<td>Senior Medical Officer</td>
</tr>
<tr>
<td>Co-Convener</td>
<td>Block Co-ordinator (Zila Saksharta Committee)</td>
</tr>
<tr>
<td></td>
<td>Panchayat Officers</td>
</tr>
<tr>
<td></td>
<td>Supervisors</td>
</tr>
<tr>
<td></td>
<td>Chairperson of Block Samiti</td>
</tr>
<tr>
<td>Members</td>
<td>Panchayat Secretaries</td>
</tr>
<tr>
<td></td>
<td>Panchayat Samiti Members</td>
</tr>
<tr>
<td></td>
<td>Panches</td>
</tr>
</tbody>
</table>

**Programme Management cell to combat female foeticide**

The Social Security and Women and Child Development Department would be the key department for the programme management cell. This programme management cell on female foeticide would be a newly created and empowered committee within the Department of Social Security, Women and Child. This would be headed by a dedicated officer of the IAS cadre.
Mandate - The mandate of the Programme Management Cell would be to undertake the:

- Overall planning and management
- Capacity building and IEC
- Mainstreaming gender
- Fund flow management
- Implementation of project action lines (objectives)
- Process monitoring and evaluation of the programmes

**Delivery point:**
The block level would be the delivery point.

**Oversight body:**
The district would be the inter-departmental coordination level and would also perform responsibility of oversight body.

Administrative structure of the Programme Management Cell would be a four-tiered body with state, district, block and village level bodies.

**State level:**
Convener - Dedicated officer of IAS rank

**District level:**
Convener - Dedicated officer of district level from Women and Child Department.
Chief Medical Officer

**Block level:**
Convener - Child Development Officer
Block Education Officer
Co-Convener - Head Teachers / Principal of Secondary Schools
NGO

**City/Village level:**
Convener - Sarpanch / Municipal Councils
Co-Convener - ANM/School teacher/ Mahila panches/ SHG members
Panchayat Secretaries
Anganwadi workers
Gram Sevak / Sevika
Volunteers of Sarv Siksha Abiyan
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Mandate of the federation

The idea is to track each individual girl child from birth through her life cycle to ensure access to all necessary support for enhancing life chances by making her an asset. This would involve provision of health, education, skills, resource generation and a support system at all life stages. All services and linkages for access to economic and social autonomy would be built in. The gender federation will be the fulcrum of this empowerment. It would have the following seven objectives.

- **Operationalise an action plan to target** cultural neglect, female foeticide and infanticide to address the declining child sex ratio.

- **Tracking a girl through her life cycle** from birth to death, including sphere of health, education, skills and atrocities against women. It would involve the creation of a data bank on gender related vital statistics, economic participation, atrocities against women etc.

- **Deinstitutionalizing male preference:** The underlying theme to promote gender justice would involve turning the girl into an asset from a perceived liability. The social structure promoting male child preference would need to be addressed.

- **Service delivery:** Plan, implement and monitor women related government schemes from 29 departments in the village/community. Additional schemes and services would be drawn to ensure a life cycle support to women. In particular the quality of service delivery to be improved. This would be aimed at safeguarding rights by building community capacities to promote women’s access to entitlements.

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Core Agenda of the federation

The central thrust of the federation would be dual. First, it would be geared to combating female foeticide through an incentive driven regulatory programme. Within the health sector services would be regulated to ensure compliance with the PC / PNDT Act. Potential users of the pre-conception and pre-selection technologies would be provided incentives for the girl child and recognition with the birth of each girl child.

Secondly, the programme would target cultural neglect of the girl child by transferring the perceived liability of the girl child to an asset.
- **Capacity building: encouraging women as productive earners**: Draw a strategy for economic activities for SHGs and women's groups including linking financial organizations, demands of the private sector while arranging technical assistance.

- **Address gender violence**: Violence against women particularly dowry related and physical safeguards for women are central concerns for choosing to undergo female foeticide. These, along with other forms of gender violence need to be addressed to promote gender justice.

- **Regulating the health delivery system**: This would be geared to oversee the enactment of PC-PNDT Act within the health delivery circles.

These objectives would be implemented across the state, with care given to target specific priority interventions for different community groups and locations. These target groups would be rural populations, urban populations, peasant groups, adolescents, slum populations, health practitioners and women victims of violence.

To implement these objectives the Programme Management Cell would undertake the following prerequisites:

- Capacity building of all the departments including the cells of the federation
- Mainstreaming gender in all departments
- Forging partnerships and creating community ownership of the programme

**A. Institutionalising the federation**

**Evolving and finalising the activities of the federation on Gender Justice**

Implementing state government policies and initiatives for combating female foeticide and male child preference through the devolution of powers to panchayats. Disbursement of funds and transfer of governance to the panchayats is both an opportunity and challenge for the community to address its own welfare and development by improving available services of child health, checking cultural neglect, education family welfare, women’s development, social welfare, maintenance of community assistance and addressing special needs such as girl child.

- A situational analysis of the existing functions, funds and functionaries of the various departments that would now be under the panchayat committee.
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- Interface with the community representatives regarding the gender needs and methods evolved and community initiatives to address these concerns.

- Reformulating the priorities of the civil society in consonance with gender considerations

- Creation of administrative structures in accordance with the gender resource centres

- Budgetary allocations

- Reallocation of personnel

**Creation of administrative structure**

- **Defining functions:** Functions of each level of the gender federation to be listed and activities details, formation of committees and activisation of committees according to task plan. The gender federation is envisaged to be a four-tiered body.

- At the head is the state steering committee that provides policy guidelines, support for capacity building and strengthening systems of planning, management, participatory and integrative mechanisms. The district level committees would ensure the networking of the federation with other government departments and administrative structures. They would also streamline the training of personnel at the district level and keep the central coordination agency in touch with block level centres. The block committees would provide support to the village level committees, including implementation of respective activities, finalisation of strategies for local needs, incorporating financial plans, review the progress made according to the objectives, service delivery and resource allocation. The village level committees to be the operational agency for the delivery of services, implementing the village level action plan and data bank. For each of the tiered committee, membership and the criteria for inclusion of members need to be stipulated. The criteria for membership of the committees to take into consideration representation of diversity whereby not only gender and social demarcations in terms of income and groups is to be reflected, but also an occupational and educational configuration is also to be imbibed.

- **Administration of gender federation:** The state headquarters would be equipped to design, develop, implement and monitor the programmes and functions of the gender federations. A nodal officer to be appointed by the state government would
be responsible for policy formulations, implementation, review and evaluation of the centres. The federation would function in consultation and conjunction with the state level and district level committees. The role of the steering committee will be:

- To lay down policy for conceptualising and institutionalising gender initiatives in the state.
- To issue broad guidelines for successful running of the gender centres.
- To coordinate and conduct a periodical review of the working of these centres.
- To provide budgetary and financial support.

- **Capacity building:** Capacity building of the federation envisages a three-fold mandate - creation of infrastructure, development of systems and harnessing of human resource. As an autonomous society providing community based gender initiatives at the village/block/district level, a separate building structure needs to be created to promote this concept. It also requires assets such as computers, office equipment, furniture etc. A second concern of capacity building pertains to the creation of systems of management such as financial systems, mechanism for decision-making, data management, participatory mechanism, information management systems, coordinating structures, etc. The formation of committees, backbone activities in the form of service delivery of women’s schemes / data banks would be basic systems created for all centres. These need to be supplemented by supporting mechanism at each individual centre. Thirdly, human resource development is crucial to the functioning of these centres. Training of personnel and stakeholders in the centres will help to mainstream the concept into schemes and initiatives with the community.

- **Creation of infrastructure:** Provision of a forum for the village committee, more specifically an activity centre under which a member can interact, plan and operationalise gender activities is required. A spatial design would be conceived to include office space, meeting room and privacy for services where required.

- **Building capacity of staff:** Building capacities of human resource is integral to the management and delivery of services. Developing knowledge will be an on-going process, but imparting certain initial skills to the stakeholders and gender federation staff is vital to strengthen professional and technical support. A training programme with standardised content for each tier of the centres is to be developed. Training would be under two broad heads: (i) Gender related; (ii) Participatory management oriented. Training to master trainers and designing of training resource material
needs to be undertaken. An independent agency shall monitor the implementation and functioning of these training programmes. Also training to persons responsible for running the committees and capsules to provide awareness to community representatives to mobilise community support is required.

- **Systems development**: Management of a system for coordination, bookkeeping to mobilising the community needs to be prepared. This can be developed and an ISO:9000-2001 quality management certificate taken for each centre to standardise and have protocols of each activity of the centre.

- **Horizontal and vertical coordination among the centres**: The backbone activities of the gender federation will be the distinguished mark of the gender initiatives and supportive activities at the state, district and grassroot levels in terms of training, sensitisation, networking, standardisation of functions are aspects which would cater to this brand image. However, even for local specific needs, the programme developed by one unit can be shared by the other and this will avoid overlapping of resource and trial and error sequence. A platform to allow sharing of ideas and issues across gender centres needs to be created.

- **Allocation of duties**: Within the sub federation each set of activities must be defined and personnel allocated for their discharge. Specified duties will ensure accountability in performance and also maintain standardization across each centre. A list of job specifications for each position needs to be evolved.

- **Funds management**
  - An initial fund to be deposited.
  - Recurring expenditure to be met by the Department of Women and Child Development.
  - Each centre shall open a separate account for donations and project funding from external organizations.
  - This account shall be jointly operated by the sarpanch committee and anganwadi at the village level.
  - This account shall be audited annually and approved by the district level centre committee and forwarded to the state level committee for information.
  - Create intra-department coordination mechanisms

- **Standardisation and autonomy**: All centres are to implement selected activities which have been designated as backbone activities and local specific activities as per the needs of the area. Backbone activities help standardise the service to be
provided by the centres in the entire state, whereas initiation of area specific activities ensures autonomy and thereby makes the centre vibrant and responsive to the cultural needs of the local population. To maintain a focus of local specific initiatives, it would be worthwhile if the gender federations are able to identify the target group for each of the activities and initiatives, the aim of this activity and also the content to ascertain objectives and activity management.

- **Monitoring:** Building a monitoring system at the onset of programme initiatives allows for checks and balances to be inculcated internally. A planning matrix for each of the centre objectives, be they related to backbone activities or to local cultural needs, will allow definition of short and long-term goals, monitoring appraisals. Indicators for appraisal of the centres need to be built while the block level committee can develop indicators to measure success of local activities across the board to be included as part of the resource kit. Block centres can make a monitoring system with indicators that measure the success of local activities.

**B. Implementation of action plan**

The evolved action plan for combating female foeticide and male child preference is evolved at the state level. This would cover a gamut of gender considerations from deprivation, discrimination and atrocities against women. Detailed plans for all forms of violence (female foeticide, dowry related violence, wife beating, sexual harassment and abuse) would be prepared including provision of shelter homes and linkages for economic sustenance. This document would, however, need to be further detailed to address district level and block level concerns pertaining to gender. This may vary from cultural neglect, female infanticide, dowry demand to imparting productive skills. The detailed action plans would outline specific activities and related tasks for each of the stakeholders and would be evolved at the village level. These plans would establish and strengthen existing schemes such as welfare schemes, vocational and training centres along with legal services.

**C. Creating local resource banks**

Child tracking of both males and females would be initiated and broad-based to cover vital statistics pertaining to gender from each household and this would be regularly updated. Data generated would include data on child morbidity, mortality, malnourishment, immunisation, age at marriage, domestic violence statistics etc.

The programmes management cell would be located down to the grassroot level while the
Combating Female Foeticide: A Perspective Plan

The success of the programme would be in the social ownership of its mandate. At the grassroot level the cell would be structured through the registration of a society that would be headed by an animator. The animator would be local but an educated person and would perform the functions of a convener. The anganwadi worker would be the member-secretary. The cell would also include the sarpanch, women panchayat members, school teachers, SHG group members and a member each from the youth club and VLCC committee where it exists. However, the programme would hinge on the capacities of the grassroots and these may be woefully inadequate at many places. The creation of package (of training, system development, material generation) would need to be evolved by the foeticide cells at the block level. The action plan would be operationalised by keeping the local specificities in mind.

Box - 4
Policy

The following would be the functions of different departments for the action line:

Policy
- Provide policies pertaining to gender in keeping with the action plan
- Promotional incentive to the girl child

Requisites for implementation
- Equip stakeholders
- Service Strengthening
- Coordination - Networking
- Mapping Activities
- Creation of data base

Deliverables
- Regulation / Enforcement
- Implementing schemes and incentive
- Awareness generation
- Mobilisation
### ACTION PLAN OPERATIVES FOR DELIVERABLES

**Framework of Intervention**

### (Department wise)

#### 1. Regulation and enforcement of PC-PNDT Act

<table>
<thead>
<tr>
<th>Life Stages: Pre-birth</th>
<th>0 - 3</th>
<th>3 - 6</th>
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<tbody>
<tr>
<td>Department: Department of Health</td>
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<tr>
<td>* Tracking of child on health, immunisation parameters and provide scheme to improve health of undernourished, regular health check-up of undernourished</td>
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**PC&PNDT Act**

- Target supply side of sex selective technologies
- Social and community policing to be deployed to control clients use of sex selective technologies
- Social fencing to check supply nexus for sex selective methods
- Incentive schemes on birth of girl child for lower income groups
- Social recognition to parents on birth of girl child

**Others: Legal literacy on PC-PNDT Act**

<table>
<thead>
<tr>
<th>Department: Department of Social and Security and Women and Child Development</th>
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<tbody>
<tr>
<td>* Promotional incentive of Rs. 1,000/- to pregnant mothers from 3 months pregnancy to 3 months post-pregnancy</td>
</tr>
<tr>
<td>* NT (D) 1/ (i) Nutrition (ICDS) 50:50) - Strengthen ICDS component to gender gap in immunisation, nutritional intake and safeguarding health of malnourished and sick children</td>
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<tr>
<td>* SW 3.5 Kanya Jagriti Jyoti scheme social security to the girl child</td>
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<td>* Balika Samridhi yojana</td>
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</table>

**Department: Department of Education**

- Legal literacy in schools and colleges regarding PC&PNDT Act, Dowry Act, Protection Against Domestic Violence Act, Sexual Harassment at workplace, rape, molestation laws etc.
- Social policing to check violence against women - dowry, sexual harassment
## 2. Schemes and incentives

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<tr>
<th>Life Stages: Pre-birth</th>
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<td><strong>Department: Department of Education</strong></td>
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<tr>
<td>• EDE 2/ED 1.7 Sarv Shiksha Abhiyan (50:50)</td>
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<tr>
<td>• Promotional schemes for higher education</td>
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<td>• Recognition to families that have not taken dowry in marriage</td>
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<td><strong>Department: Department of Women and Child Development</strong></td>
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<tr>
<td>• NT (D) 2/ (iii) Nutrition (Kishori Shakti Yojana) (50:50)</td>
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<td>• NT (D) 3/ (iv) Nutrition (under nourished adolescents girls - ACA)</td>
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<td><strong>Others: SWW (D) 1/SW 12.1 Financial assistance to widows and destitute women</strong></td>
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<td><strong>Department: Department of Welfare of SCs / BCs</strong></td>
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<tr>
<td>• SCE (D) 2/ SC 2.12 Attendance Scholarship to SC primary girl students</td>
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<td>• SCE (S) 1/ SC 2.2 Hostels for boys / girls in schools / colleges state share. (CSS: 50:50)</td>
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<tr>
<td>• SCE (S) 2/ SC 2.15 Construction of Hostels for OBC boys and girls in School &amp; Colleges (CSS: 50:50)</td>
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<tr>
<td>• SCE (S) 4/ SC 2.14 Free text books to S.C girl students studying in 10+1 and 10+2 (SC girls living below poverty line)</td>
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<tr>
<td>• SCOP (D) 1/SC 4.7 / 4.8 Ashirwad to SC / Christian Girls and daughters of Widows at the time of their marriages (Replaced of Shagun Scheme)</td>
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<tr>
<td><strong>Department: Department of Health</strong></td>
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<tr>
<td><strong>Others: DHS 8/ PH 7.31 Balri Rakshak Yojna</strong></td>
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<tr>
<td><strong>Others:</strong></td>
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<tr>
<td>• Incentives to promote importance to women = 2% less duty on property registration</td>
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<td>• Loans in less rate if property in women's name</td>
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### 3. Capacity building and income generation for women

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<th>Life Stages: Pre-birth</th>
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<tr>
<td>Department: Department of Health</td>
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<tr>
<td>- Awareness generation on health care of girl child in poorer communities</td>
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<tr>
<td>- Use RMP/Dai-household nexus to provide health services through incentives to Dai and RMP</td>
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<tr>
<td>Department: Department of Labour and Employment Department</td>
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<tr>
<td>- LW 6: Rehabilitation of girl child labour by giving them incentives in Education from Ist Standard (New Scheme)</td>
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<tr>
<td>- LW 5: Education Incentives to the Female Child Labour after 5th Standard (New scheme)</td>
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<td>- Schemes providing skills</td>
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<tr>
<td>- Schemes for income generation activities</td>
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<td>Department: Department of Rural Development</td>
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<tr>
<td>- Others: RDS(D)-1/CD 1.11 Swaran Jayanti Gram Swa-Rozgar Yojana (CS:SS) (75:25)</td>
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<tr>
<td>Department: Department of Women and Child Development</td>
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<tr>
<td>- SWW(S) 2: Empowerment of Women-Mahila Jagriti Yojana</td>
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<tr>
<td>- CS-2 Swayam Sidha Scheme (100% Centrally Sponsored)</td>
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### 4. Awareness generation and mobilisation

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<tr>
<th>Life Stages: Pre-birth</th>
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<tr>
<td>Department: Department of Education</td>
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<tr>
<td>- Provision of safeguards to protect young girls</td>
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<tr>
<td>Department: Department of Women and Child Development</td>
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<tr>
<td>- SWW(S)1/SW 3.14 Awareness programme for improving adverse sex ratio</td>
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<tr>
<td>Department: Department of Health</td>
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ACTION PLAN: AN OVERVIEW

Agenda

- Combating female foeticide and adverse child sex ratio
- Addressing male child preference

Prerequisites

- Structure for implementation of action plan:
  Federation for gender justice

  - Combating female foeticide and adverse child sex ratio
  - Addressing male child preference
  - Creation of administrative structure
  - Delineate functions and activities of the federation for each tier
  - Allocating duties for each functionary at each tier
  - Capacity building
    - Creation of infrastructure
    - Building human capacities
    - Systems development
  - Defining coordination mechanisms
  - Gender mainstreaming in the structure and departments
  - Monitoring and review process
  - Detail area and target specifics for operationalising action plan

- Creating a local resource bank

  - Identify community stakeholders
  - Data bank on gender related vital statistics, economic participation, atrocities against women
  - Identify community resources
    - Material / human
  - Profiling the community (Income, caste, religion, occupation character of community)
## Framework of Intervention

### Social and cultural predisposition to gender in each locality / region
- Presence of dera / temple / gurudwara for male child blessings
- Social and cultural practices for begetting a male child

### Listing support services in the area
- Gender resources - NGOs / activists
- Health services - RMP / private clinics
- CPRC activities

### Action Lines: For the Departments

#### Targeting cultural neglect, female foeticide and infanticide
- Initiating social fencing
- Promoting social and community policing
- Build incentives / recognition for girl child births and provide awareness about it
- Legal enforcement pertaining to parishioners, agents and sites
- Upgrading service delivery of child and maternal health
- Promoting welfare support for girl child services
- Promotional agenda of incentives for girl child
- Promoting visibility to links between cultural blessings, cultural neglect and forms of female foeticide and infanticide
- Initiating social reform on cultural practices evoking male child blessings
- Sensitizing cultural-religious stakeholders to differentiating practices to beget a male child

#### Tracking the life cycle of a female from birth to death
- Preparing a data base of each girl and woman
- Community tracking of women according to life cycle priorities
- Building support linkages for women at each stage of life cycle
- Networking between the functionary and the community (services and support)
### De-institutionalising male preference

- Promote role fluidity
- Supplanting male centric cultural capital with both genders:
  - List lifecycle activities that celebrate male importance (celebrating birth of a male child, lohri, rituals, songs, customs such as only women with male children to sit near mandap etc.)
  - Initiate dialogue on male centred rituals and importance of male children
- Lineage to be parental rather than paternal
- Inheritance to be shared among progeny
- Community kinship to be strengthened rather than only family exclusivity (if girl has no brother, she will not get married, to be challenged with community support)
- List and check practices promoting the female as a praya dhan
- Breaking stereotypes: Awareness through role models
  (List incidence of property given to daughters as hastened marriage without dowry, daughters looking after parents and inlaws, girls child festivals celebrated, withstood pressure for sex determination tests / visits to hakims / pandits)

### Safeguarding rights: Building community capacities

- Capacity building of support systems
  - Training and skills
  - Organizing the community
  - Coordinating network skills
  - Communication skills
  - Functional hierarchy
- Gender sensitization of community stakeholders
- Visibility to gender atrocities
- Evolving community partnerships to check atrocities against women
- Accessibility of entitlements
  - Increasing access to resources of health, education and welfare services.
  - Follow-up mechanisms to accessing services at the community level
  - Initiate a dialogue on gender rights
  - Gender representation in village / community bodies
  - Promote democratic and informed decision making in community and family
### Framework of Intervention

#### Capacity building: Encouraging women as productive earners
- Mapping economic avenues from respective departments
- Provide access to productive income generating skills and schemes, including procedural methods.
- Draw-up a strategy for income generation according to local specificities (including micro enterprise to SHGs)
- Link skills to income
- Departmentwise tie-ups with private sector
- Aim towards role fluidity
- Promoting female ownership of land and resources

#### Addressing gender violence
- Build stakeholder capacities to address gender violence
- Legal literacy to stakeholders including procedures and sites of resource
- List nature and extent of atrocities against women in the locality / village
- Provide visibility to extent and forms of atrocities against women
  - Recognition that gender violence women face includes deprivation such as health, inheritance, education and denial to life-foeticide, discrimination in nutrition, mother care, access to resources, skills, technology since all affect their life chances and need to be combated.
- Sensitize community to gender atrocities and linkages between different forms of atrocities
- To promote a relational paradigm, sensitisation to victimization and its impact
  - Access to counselling facilities
- Undermine culture of violence
  - Gap between reported and unreported gender crimes
- Network with CPRC to sensitize community
- Social and community policing to check atrocities against women
- Provide shelter in community to destitute women

#### Undermine dowry
- Provide visibility to links between dowry exchange, dowry demand, harassment and death
- Highlight role models of marriage without dowry
- Link gender roles, male inheritance and lineage with female as the 'other' and emanating justification for dowry exchange

- Intervene through community structures

- Awareness regarding procedures, rules and institutions relevant to check this

- To identify and undermine cultural and folk forms such as folklore, songs, traditions that are taken to be normative for justification for dowry exchange

**Physical protection of female**

- Create community protection programmes

- Hold perpetrators guilty with legal recourse and social disgrace

**Health delivery system: Placing legal safeguards and lobbying for professional ethnics**

- Identifying health professionals as stakeholders to oversee legal enactment of PC-PNDT Act

- Clinic to household nexus: use to promote health services

- Building checks and balances in service delivery for enforcement of female foeticide

- Social policing of service providers
Decoding the Activity Lines

The action lines are impregnated with gender sensitive terms of reference and social methodologies. A brief on these concepts is included to assist policy makers and department implementers through the stages of the programme cycle using gender appropriate objectives and interventions. The objectives with key issues form the agenda of the Mission on Gender Justice and action lines can be implemented by departments in accordance to their existing mandate.

Social and People's Policing

The concept of social policing means to encourage members of the community to participate and control the practice of female foeticide and check cultural neglect within their localities. A group of law enforcing civilians primarily function to provide guidance to the erring individuals, protect the vulnerable, maintain social codes and individual integrity.

Social Fencing

A physical deterrence to block the porous state border. Efforts should be made to initiate social fencing with the support of NGOs and social activists to check influence of health practitioners offering services banned under the PC-PNDT Act. Social pressure to curtail female foeticide needs to be encouraged and could be activated with the help of community leaders and stakeholders.

Listing community resources, services and support

This may be both material and human

- Resources available with the local bodies / schools: This can include financial resources, other resources such as manpower, communication material from specific schemes.

- People with community concern: There may be individuals active in certain aspects of the community - safeguarding environment, putting moral checks on eve-teasing etc., encouraging education and so on.

- Who are the NGOs, Government functionaries and other active organizations within the locality?

- What support will they be able to provide to the youth and how it can be tapped?

- Which areas are NGOs working in - environment issues, adult education, women empowerment?
Locating the nodal point for initiating intervention

A nodal point must be established in the community through which dissemination of information and participation of the community can be organized. Broadly, the nodal point can be:

- Street
- School
- NGOs' workers in the field

The nodal group can be identified through its concern, if any, for health issues, women or its concern for providing benefit to the community. If no such organization exists, then the need would be to form a new collectivity. Schools, sports clubs, religious organizations which can be an initial interaction point to evolve a need based programme.

Mapping Social and Cultural Predispositions: A Sample

Punjab culture is replete with local practise and rituals that constitute traditional and cultural bigotry to beget a male child. These range from:

- Institutional setups such as pilgrimages, sites of worship that specialise in providing Gods blessings for a male child
- Indicators that signify the birth of a male child
- Traditional sex selective practices.

Practices many of which are local, extensive customs and preponderance of rituals for begetting a male child, stress the underlying importance of a male child.

Pilgrimages and Sages

The legitimacy to male child preference can be gauged from the existence of local places of worship designed specifically to acquire a male child, the presence of hakims/dais specialising in potions and quackery, the presence of local places of pilgrimage and 'pirs' that grant a male child to the seeker.

- For instance, a recognised 'pir' for granting a male child. Every Thursday, in his village he holds a 'darshan' which is attended by people from the surrounding areas including the urban areas. Though the Baba attends to the peoples' day-to-day problems such as settling disputes, finding lost things and even improving health, his
specialty is helping people to beget a male child. In his armoury are 'tonas', 'tabeez', sacrifice of animals, herbal medicines and 'daan'. Reflective of the culture of the area, the Baba draws on rituals and practices of different religions. Thus 'tabeez' reflects Muslim connotations while tonas and sacrifice of animals is more Hindu oriented and kirtans are drawn from the Sikh religion. He even recommends visits to medical practitioners reflecting his sway over both traditional methods and modern science. On begetting a male child, people acknowledge the baba’s blessings by offering him flour, grain, sweets, maintaining the rituals of tying ‘Bandhan Ware’ and also giving him money.

- In Village Namol, near Sangrur another unique baba grants the wishes for a male child. The peculiarity of this baba is that he only accepts milk as chadhava.

- **Visits to shrines:** Pregnant women visit particular shrine for a male child are expected to follow a routine during their pregnancy to have a male child. A routine for a particular shrine includes not visiting or eating food from homes that are celebrating a marriage or are mourning a death. On the birth of a male child the mother is expected to take the child to this place for thanksgiving.

**Indicators that Signify Birth of a Male Child**

- Folk lore that has evolved around predicting the birth of a male child are:

  - If the woman has a glowing face during pregnancy.
  
  - If the pregnant woman has good dreams.

  - If the pregnant woman has the urge to eat food that is considered to be of masculine gender in local language such as mango, papaya, banana and curd.

  - If the first-born is a female and the husband undertakes charity, the couple is blessed with a male child.

  - If the pregnant woman’s stomach remains flat.

  - if foetus movement is on the right side of the stomach.

  - In the fourth month of pregnancy, if a drop of breast milk is kept in the sun in a glass vessel and it cuddles it will be girl and if it shines like a pearl, it will be a boy.

  - If the pregnant woman stands and take the first step with the right foot.
Combating Female Foeticide: A Perspective Plan

- If the pregnant woman has the urge to eat sweet things.
- If the pregnant woman remains active.
- If the right breast of the pregnant woman is heavier than the left.
- If there is a straight line from the pregnant woman's stomach to above the navel.
- If 'Urd Dal' is soaked in water and it sprouts when kept on the pregnant woman's pillow after being taken round the woman seven times.
- If the pregnant woman does not throw up during pregnancy.
- If the infant's movement in the womb starts by the fifth month.
- If the first child of the mother or mother-in-law of the pregnant woman is male.

A distinctive feature in all these methods involved to detect a male child being that all positive or male affiliated aspects are attached to the birth of a male child while all negative connotations are mentioned as indicators of the birth of a girl child.

**Sex Selection Practices for a Male Child**

- Ayurvedic medicines taken with milk from the hands of the husband in the third month of pregnancy.
- Eating the fruit 'Maju' with Banana on an empty stomach while worshipping the sun.
- Drinking of milk from the husband's hands on a clear starry night.
- Eating pills/medicines at 4.00 in the morning with milk.
- Eating 'phulkrit ghee' - an ayurvedic medicine by both husband and the wife before conception and to be continued by the wife till three months of the pregnancy.
- Eating of flower of coconut at the end of the second month or the beginning of the third month of pregnancy.
- A particular part of a peacock's feather to be swallowed with a particular medicine on a full moon night or taken with a red coloured thread.

The fact that traditions and practices (both regional and local) exist for begetting or identifying a male child point to the pervasiveness of male child preference and these have to be deinstitutionalised.
Gender Issues for Training

Issues involved in female foeticide
- Female foeticide and infanticide: Situational analysis pertaining to Punjab
- Discussion on issues emanating from the practice of female foeticide
- Perception on female foeticide

Female foeticide and women’s status
- Male child preference: Exercise on social legitimacy of male preference
- Feedback and discussion
- Linkage of female foeticide with other forms of gender violence, in particular dowry.

Discussing the gender system
- What is gender
- Building gender awareness
- Impact of the gender system on women
- Questions of access and participation

To draw attention to issues in women’s development and gender justice
- Why gender is a development issue.
- The context of gender empowerment
- Discussing gender equality and gender justice
- Law and gender equality: Corrective justice and social justice

To discuss strategies for women’s development and empowerment
- Incorporating strategies for change
- Intervening in the community on gender issues
- Communicating gender

To enable effective grassroot intervention
- Strategy for intervention
- Need for interactive action and importance of community mobilization
- Eliciting community participation.
Identifying and Approaching stakeholders

The following chart helps in identifying stakeholders and defining the scope of their support.

### Involving Stakeholders in programme

<table>
<thead>
<tr>
<th>Stakeholder (individual or group)</th>
<th>Relevance of stakeholder to project</th>
<th>Gains for holder in supporting your programme</th>
<th>Loses for holder in supporting your programme</th>
<th>Project responsibilities on stakeholder</th>
<th>How critical is the stakeholder to the success of your programme? (low, medium, high)</th>
<th>Who should approach the stakeholder, and how?</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

### Forging partnerships: Some pointers

**Liaisoning with allied systems (education, health system, district administration)**

- Identify common / complementary goals
- Allocate time / staff / finances for activities
- Develop a matrix of skills / activities / tasks for each objective
- Regular monitoring of activities

### Monitoring impact of stakeholders and support systems

- Collaborations / networks established with key stakeholders (teachers, youth group leaders, community and religious leaders)
- Number of allied systems cooperating on programmes of gender awareness, service delivery (according to specialisation such as legal rights of women, crime against women, developmental schemes etc.)
- Number of local area volunteers motivated for participating in gender campaign.
- Number of gatekeepers supporting the campaign
- Percentage of service providers able to provide gender sensitive information on crime against women, reproductive health, schemes utilized by women;
  - Number of stakeholders who could evolve culture specific messages for gender justice, rights of the girl child, anti-dowry campaign, property rights for women, anti-honour revenge etc.
  - Number of stakeholders enjoying the confidence of gatekeepers, service providers and youth.

- Nature of information provided by stakeholders on issues of gender violence, female foeticide, gender roles, practices and norms.
- Percentage of total population that participated in NGO / local support activities according to socio-economic groups.
- Percentage of households from which an older member (gatekeeper) participated in NGO/local support activities according to socio-economic groups
- Support to communication strategies provided by key stakeholders
- Change in response of gatekeepers, youth, stakeholders with NGO gender activities.

**Developing skills within the community**

- Encouraging decisions making
- Providing analytical skills
- Mobilization of the community
- Social fencing
- Social policing
- Networking and coordinating with organizations and support systems
- Boost the democratic process
Building Support for Change

The strategy envisages that grassroot organisations, support structures such as panchayats, mahila mandals and local NGOs would be the forefront vehicle for implementing the strategy. There is need for sensitising these agents of change and to provide them with certain infrastructure facilities and resources to enable successful intervention. For instance, provision of resource material and training would be a prerequisite. Skills pertaining to community mobilisation, a PRA, networking, besides conversance with the law, judicial and administrative functioning will be necessary.

Supporting Change

Creating networks for support structures, line departments, teachers and religious leaders will initiate an environment for the implementation of strategies. For instance, creation of support networks among the NGOs and line departments. Different support structures can be provided with a list of addresses describing the resources, the NGOs or line departments provide. For instance, one NGO can be specialising in providing legal literacy, another in micro enterprises, while the women’s cell can provide a one-window grievance redressal facility to the victims. Thus such support networks will link the services to the panchayats giving information about whom to approach for additional information.

### Box - 5

**Gendered Community Policing**

The Punjab Police has taken certain initiatives to combat violence against women. Their approach is based on creating partnerships with the people in the community, as also with the support structures. The aim is not only to spread awareness, but also to bridge the access of the community to the police and incorporates the following issues:

- **Gendered community policing is aimed at:**
  - Incorporating a victimology perspective
  - Victim-blaming targets the victim for the violation of rights or the abuse. Women victims are perceived as having provoked the abuse. Therefore, they are treated as abettors to the crime, rather than as victims.
  - **Initiating gender justice rather than equality for women**
    - Promotion of women's rights in the equality frame is rebounding on women. Equal rights to property are decried in the face of dowry. Equal remuneration for equal work does not lead to equal outcomes. Positive discrimination such as maternity benefits is an increased labour cost. Therefore, sensitisation to gender justice is a priori to legal intervention.
Sustaining Change

Area wise networking within different sections of the community such as the youth, parents, religious leaders, government departments such as hospitals, or service providers like doctors and ANMs, and teachers from schools and colleges will help sustain the programme, whereby relevant information can be reinforced from different sections and broaden the area of intervention.

The programme perspective needs to incorporate support structures of the community such as family elders, youth leaders, affiliation of groups such as sports clubs, religious organisations, industry etc. since the target group does not exist in isolation.

The social context includes the family, the community, schools, the media and extends to cover government policies and legalities. The support structures provide not only protection from risk behaviour such as alcoholism or prostitution but also help in promoting empowerment.

<table>
<thead>
<tr>
<th>Sustaining change involving community</th>
<th>Strategy (Directed at community)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal</strong></td>
<td><strong>Strategy</strong></td>
</tr>
<tr>
<td>Initiating gender sensitisation</td>
<td>● Generating awareness regarding a biased gender system</td>
</tr>
<tr>
<td></td>
<td>● Awareness regarding gender violence</td>
</tr>
<tr>
<td></td>
<td>● Initiate discussions regarding gender practices that are discriminatory.</td>
</tr>
<tr>
<td>Supplementing resources</td>
<td>● Involving NGOs and government departments (such as the police)</td>
</tr>
<tr>
<td></td>
<td>● Generating material and financial resources (local newspapers can carry information, advertise about skills being provided)</td>
</tr>
<tr>
<td>Developing skills within the community</td>
<td>● Communication skills to especially encourage interaction with the young women victims and other vulnerable to gender abuse</td>
</tr>
<tr>
<td></td>
<td>● Initiating income generating ventures</td>
</tr>
<tr>
<td></td>
<td>● Providing productive skills</td>
</tr>
<tr>
<td></td>
<td>● Encouraging decision making</td>
</tr>
<tr>
<td>Enlarging scope of activities</td>
<td>● Community mobilization to spread activities</td>
</tr>
</tbody>
</table>
| Building pressure groups                      | Questioning legal measures and policies that are not conducive to gender justice.  
|                                             | Questioning cultural norms which promote the existing gender system, or impinge on democratic norms, Challenging existing gender hier archies. |
| Creating environment supporting gender just practices | Creating pressure groups by involving NGOs, farmer lobbies, teachers, opinion making sections. |
| Bridging other target groups and population   | Within the community increase interaction of community leaders, religious leaders, school authorities, NGOs, the media. |

Importantly, the target locale in which the groups are contextualized may also need to be provided with skills such as income generation to combat poverty, health facilities, communication skills etc. Developing skills within the community promotes an environment conducive to empowerment and gender sensitization.
TARGET SPECIFIC PRIORITY INTERVENTIONS

The action plan requires a prioritising of action lines in accordance to specific populations, since forms of gender violence differ in different groups (more cultural neglect in lower income groups, therefore more support for health in services is required, female foeticide is more prone in peasant groups etc.); skill resources and interests also vary across populations. Adolescents can be encouraged to change discriminative traditions; the point of intervention varies across groups as would the supportive resources. In order to design, develop and implement action lines in accordance to population specificities, the action lines are accordingly prioritised. Subsequently, the different strategies are listed with points of intervention and supportive factors that would aid to sustain factors that would aid to sustain change. The following seven population groups are addressed:

- Rural population
- Urban population
- Adolescents
- Slum population
- Peasant groups
- Women victims of violence
- Health practitioners

Health practitioners are included as special agents of change.

TARGET AUDIENCE: GENERAL COMMUNITY RURAL

- Promoting visibility to links between cultural blessings to cultural neglect and forms of female foeticide and infanticide
  - Upgrading service delivery of child and maternal health
  - Build incentive / recognition for girl child births and provide awareness about it
  - Promoting welfare support services for girl child
  - Initiating social reform on cultural practices evoking male child blessings
  - Challenge male child preference
■ **Community tracking according to life cycle priorities**
  - Preparing a data base of each girl and woman (vital statistics)
  - Networking between functionary and community (services and support)
  - Building support linkages for Women at each stage of life cycle

■ **Safeguarding rights: Building community capacities**
  - Capacity building of support systems
  - Gender sensitization of community stakeholders
  - Accessibility of entitlements
  - Visibility to gender atrocities

■ **Address gender violence**
  - Build stakeholder capacities to address gender violence
  - Legal literacy to stakeholders in dividing procedures and sites of resources
  - List nature and extent of atrocities against women in the locality / village
  - Provide visibility to the extent of atrocities against women
  - Sensitize community to gender atrocities and gender system
  - Social and community policing to check atrocities against women
  - Undermine dowry
  - Physical protection of females

■ **Provide access to productive income generating skills and schemes, including procedural methods**
  - Role extension (income generation)
  - Promoting female ownership of and resources of land and resources

■ **De-institutionalising male preference**
  - Inheritance to be shared among progeny
  - Supplanting male centric cultural capital with both genders (List lifecycle activities that celebrate male importance (celebrating birth of male child, lohri, rituals, songs, customs such as only women with male children to sit near mandap etc.)
- List and check practices promoting the female as a praya dhan
- Breaking stereotypes: Awareness through role models (List incidence of property given to daughters as hastened marriage without dowry, daughters looking after parents and in-laws, girl child festivals celebrated withstood pressure for sex determination tests / visits to hakims / pandits
- Linage to be parental rather than paternal
- Promote role fluidity

**Strategies**

- **Targeting religio-cultural blessing, cultural neglect, female foeticide and infanticide**
  - Promotional agenda of incentives for girl child
  - Initiating social fencing
  - Promoting social and community policing
  - Sensitizing cultural-religious stakeholders to the damage of practices to beget a male child

- **Tracking the life cycle of a female from birth to death**
  - Community tracking according to life cycle priorities

- **Capacity building: Encouraging women as productive earners**
  - Mapping economic avenues from respective departments
  - Departmentwise tie-ups with private sector

**Point of Intervention**

- **Panchayats, anganwadi centre, mahila mandals, school / college**

**Building support for Change**

- **Supplementing resources**
  - Develop gender participatory strategies within panchayat to implement and monitor all panchayat related schemes
Combating Female Foeticide: A Perspective Plan

- Snowballing awareness by recruiting volunteers from SHGs, panchayats, mahila mandal members etc.
- Develop panchayat level politics and campaigns that benefit families with girls

**Broadbasing skills within community**

- Involve school teachers to initiate youth in gender programme activities
- Initiating income generating ventures
- Mobilise NGOs to disseminate health information and monitor health services.

**Building bridges within groups in the community**

- Increase interaction of community with community leaders, village leaders, line department functionaries and school authorities, community, NGOs.
TARGET AUDIENCE: GENERAL COMMUNITY URBAN

- **Challenge male child preference**
  - Legal enforcement of practitioners, agents and sites
  - Promoting visibility to links between cultural blessings to cultural neglect and forms of female foeticide and infanticide
  - Initiating social reform of cultural practices evoking male child blessings
  - Promoting welfare support services for girl child
  - Build incentives / recognition for girl child births and provide awareness about it

- **Department wise tie ups with private sector**
  - Provide access to productive income generating skills and schemes, including procedural methods
  - Mapping economic avenues from respective departments
  - Link skills to income

- **Health delivery system: Placing legal safeguards and lobbying for professional ethnics**
  - Social policing of services providers

- **Address gender violence**
  - Provide visibility to extent of atrocities against women
  - Sensitize community to gender atrocities and gender system
  - Recognition that gender violence women face includes deprivation such as health inheritance, education and denial to foeticide, discrimination in nutrition, mother care, skills, technology since all affect their life chances and need to be combated.
  - Provide shelter in community to destitute women
  - To promote a relational paradigm, comparing revitalization, sanitization to victimization counselling and its impact - access to counselling facilities
  - Undermine dowry
  - Physical protection of females
■ **Safeguarding rights: Building community capacities**
  - Gender sensitization of community stakeholders
  - Accessibility of entitlements
  - Increasing access to resources of health, education and welfare services.
  - Promote democratic and informed decision making in community and family

■ **De-institutionalising male preference**
  - Promote role fluidity
  - Linage to be parental rather than paternal
  - Inheritance to be shared among progeny
  - Breaking stereotypes: Awareness through role models (List incidence of property given to daughters as hastened marriage without dowry, daughters looking after parents and in-laws, girl child festivals celebrated, withstood pressure for sex determination tests / visits to hakims / pandits
  - List and check practices promoting the female as paraya dhan
  - Initiate dialogue on male centred rituals and input on male children
  - Supplanting male centred cultural capital with both genders (List lifecycle activities that celebrate male importance (celebrating the birth of a male child, lohri, rituals, songs, many customs such as only women with male children to sit near mandap etc.)

**Strategies**

■ **Targeting religio-cultural blessing, cultural neglect, female foeticide and infanticide**
  - Sensitizing cultural-religious stakeholders to the differentiating practices to beget a male child
  - Promotional agenda of incentives for girl child
  - Initiating social fencing
  - Promoting social and community policing

■ **Capacity building: Encouraging women as productive earners**
  - Draw-up a strategy for income generation according to local specificities (including micro enterprise to SHGs)
- Mapping economic avenues from respective departments
- Departmentwise tie-ups with private sector

**Network with CPRC to sensitize community**
- Build stakeholder capacities to address gender violence
- Social and community policing to check atrocities against women
- Spread legal awareness
- Legal literacy to stakeholders including procedures and sites of resources

**Evolving community partnerships to check atrocities against women**
- Initiate a dialogue on gender rights
- Follow-up mechanisms to accessing services at the community level

**Point of Intervention**
- Schools, colleges, offices, NGOs, health clinics, media (cable T.V., posters, pamphlets, newspapers)

**Building Support for Change**

**Building pressure groups**
- Lobbying for legal measures and policies such as both parents name mandatory on all government documents, licenses, loans, making marriage registration mandatory etc.
- Gender segregated data collection for all government departments to be made public

**Supplementing resources**
- Train CPRC, resident committee members / NSS volunteers and teachers to spread information in their communities and students.
- Within the community, increase gender awareness through community leaders, religious and political leaders, school authorities, NGOs, the media
- Establishing network with grassroot organisations, line departments and the community.
- Developing skills within the community
- Awareness of gender related hotlines - women helpline, AIDS helpline.
TARGET AUDIENCE: PEASANT POPULATION

- **Challenge male child preference**
  - Promoting visibility to links between cultural blessings to cultural neglect and forms of female foeticide and infanticide
  - Initiating social reform on cultural practices evoking male child blessings
  - Build incentives / recognition for girl child births and provide awareness about it
  - Upgrading service delivery of child and maternal health
  - Promoting welfare support services for girl child

- **Tracking the life cycle of a female from birth to death**
  - Community tracking according to life cycle priorities
  - Preparing a data base of each girl and woman (vital statistics)
  - Networking between the functionary and community (services and support)

- **De-institutionalising male preference**
  - Supplanting male centred cultural capital with both genders (List lifecycle activities that celebrate male importance (celebrating the birth of a male child, lohri, rituals, songs, customs such as only women with male children to sit near mandap etc.)
  - List and check practices promoting the female as praya dhan
  - Breaking stereotypes: Awareness through role models (List incidence of property given to daughters as hastened marriage without dowry, daughters looking after parents and in-laws, girl child festivals celebrated, withstood pressure for sex determination tests / visits to hakims / pandits
  - Promote role fluidity
  - Inheritance to be shared among progeny
  - Linage to be parental rather than paternal

- **Address gender violence**
  - Undermine culture of violence
  - Provide visibility to the extent of atrocities against women
  - Sensitize community to gender atrocities and gender system
- Recognition that gender violence that women face includes deprivation such as health inheritance, education and foeticide, discrimination in nutrition, mother care, skills, technology since all affect their life chances and need to be combated.
- Physical protection of females
- Undermine dowry

**Link skills to income**
- Mapping economic avenues from respective departments
- Role extension
- Provide access to productive income generating skills and schemes, including procedural methods

**Strategies**

**Targeting religio-cultural blessing, cultural neglect, female foeticide and infanticide**
- Initiating social fencing
- Promoting social and community policing
- Sensitizing cultural-religious stakeholders to the differentiating practices to beget a male child
- Promotional agenda of incentives for girl child

**Building support linkages for women at each stage of life cycle**

**Initiate dialogue on male centred rituals and input on male children**
- Community kinship to be strengthened rather than only family exclusivity (if girl has no brother, she will not get married, to be challenged with community support)

**Build stakeholder capacities to address gender violence**
- List nature and extent of atrocities against women in the locality / village
- Network with CPRC to sensitize community
- Social and community policing to check atrocities against women
- Legal literacy to stakeholders in dividing procedures and sites of resources
Combating Female Foeticide: A Perspective Plan

- **Capacity building: Encouraging women as productive earners**
  - Draw-up a strategy for income generation according to local specificities (including micro enterprise to SHGs)

**Point of Intervention**

- **Panchayats, gurdwaras, schools, mahila mandals, NGOs**

**Building Support for Change**

- **Building interaction with the community**
  - Gender representation in all committees from present families in youth clubs, sanitation, health, VLEC etc.
  - Showcase role models - those who have not taken dowry, resisted female foeticide, provided property to daughters.

- **Developing skills within the community**
  - Initiate youth to group programmes to build skills for critical thinking and communication
  - Initiating income generating ventures for women according to departments
  - Schools-colleges to produce gender sensitive awareness materials through competitions.

- **Building bridges within groups in the community**
  - Increase interaction of the community with community leaders, village leaders, parents and school authorities, the NGOs.
TARGET AUDIENCE : SLUMS

- Provide access to productive income generating skills and schemes, including procedural methods
  - Mapping economic avenues from respective departments
  - Link skills to income
  - Role extension

- Accessibility of entitlements
  - Increasing access to resources of health, education and welfare services.

- Community tracking according to life cycle priorities
  - Preparing a data base of each girl and woman (vital statistics)
  - Building support linkages for women at each stage of life cycle
  - Networking between functionary and community (services and support)

- Challenge male child preference
  - Build incentives / recognition for girl child births and provide awareness about it
  - Upgrading service delivery of child and maternal health
  - Promoting welfare support services for girl child
  - Legal enforcement of practitioners, agents and sites
    - Promoting visibility to links between cultural blessings, cultural neglect and forms of female foeticide and infanticide
  - Initiating social reform on cultural practices evoking male child blessings

- Address gender violence
  - Sensitize community to gender atrocities and gender system
  - Provide shelter in community to destitute women
  - To promote a relational paradigm, comparing revitalization, sanitisation to victimization, counselling and its impact - access to counselling facilities
Combating Female Foeticide: A Perspective Plan

- Physical protection of females
- Recognition that gender violence women face includes deprivation such as health, inheritance, education and foeticide, discrimination in nutrition, mother care, skills, technology since all affect their life chances and need to be combated.

Strategies

- **Capacity building: Encouraging women as productive earners**
  - Draw-up a strategy for income generation according to local specificities (including micro enterprise, SHGs)
  - Departmentwise tie-ups with private sector

- **Tracking the life cycle of a female from birth to death**

- **Promotional agenda of incentives for girl child**
  - Targeting religio-cultural blessing, cultural neglect, female foeticide and infanticide
  - Initiating social fencing
  - Promoting social and community policing
  - Sensitizing cultural-religious stakeholders to the differentiating practices to beget a male child

- **Build stakeholder capacities to address gender violence**
  - Legal literacy to stakeholders in dividing procedures and sites of resources
  - List nature and extent of atrocities against women in the locality / village
  - Spread legal awareness
  - Network with CPRC to sensitize community
  - Social and community policing to check atrocities against women

Point of Intervention

- **Mahila mandals, panchayats, places of worship, schools, NGO centres, ANMs/health clinics**
Building Support for Change

- **Supplementing resources**
  - Snowballing awareness by recruiting volunteers from NGOs, youth committees, political parties
    - Posting awareness material through slogans, posters, local cable, radio etc.
  - Providing information existing programmes including hotlines, departmental schemes, scholarships in schools, rotary initiatives etc.

- **Safeguarding rights: Building community capacities**
  - Gender sensitization of community stakeholders
  - Evolving community partnerships to check atrocities against women

- **Building bridges within groups in the community**
  - Increase interaction of the community with community leaders, village leaders, parents and school authorities, NGOs.
  - Establishing network with grassroot organisations, line departments and community
TARGET AUDIENCE: ADOLESCENTS

- **Aim towards role fluidity**
  - Mapping economic avenues from respective departments
  - Provide access to productive income generating skills and schemes, including procedural methods
  - Link skills to income
  - Promoting female ownership of and resources of land and resources

- **De-institutionalising male preference**
  - Initiate dialogue on male centred rituals and input on male children
  - Supplanting male centred cultural capital with both genders (List lifecycle activities that celebrate male importance (celebration the birth of a male child, lohri, rituals, songs, customs such as only women with male children to sit near mandap etc.)
  - List and check practices promoting the female as a praya dhan
  - Breaking stereotypes: Awareness through role models (List incidence of property given to daughters as hastened marriage without dowry, daughters looking after parents and in-laws, girl child festivals celebrated, withstood pressure for sex determination tests / visits to hakims / pandits
  - Linage to be parental rather than paternal
  - Inheritance to be shared among progeny

- **Address gender violence**
  - Provide visibility to the extent of atrocities against women
  - Sensitize community to gender atrocities and gender system
  - Recognition that gender violence that women face includes deprivation such as health, inheritance, education and foeticide, discrimination in nutrition, mother care, skills, technology since all affect their life chances and need to be combated.
  - Undermine dowry
  - Physical protection of females
- **Challenge male child preference**
  - Promoting visibility to links between cultural blessings, cultural neglect and forms of female foeticide and infanticide
  - Initiating social reform on cultural practices evoking male child blessings
  - Build incentives / recognition for girl child births and provide awareness about it
  - Legal enforcement pertaining to practitioners, agents and sites

**Strategies**

- **Capacity building: Encouraging women as productive earners**
  - Draw-up a strategy for income generation according to local specificities (including micro enterprise and SHGs)
  - Departmentwise tie-ups with private sector

- **Community kinship to be strengthened rather than only family exclusivity (if girl has no brother, she will not get married, to be challenged with community support)**
  - Initiate dialogue on male centred rituals and input on male children

- **Build stakeholder capacities to address gender violence**
  - List nature and extent of atrocities against women in the locality / village
  - Legal literacy to stakeholders including procedures and sites of resources
  - Spread legal awareness
  - Gap between reported and unreported gender crimes
  - Social and community policing to check atrocities against women
  - Provide shelter in community to destitute women

- **Increase access to resources (education, skills)**
  - Impart productive skills
  - Encourage decision making skills
  - Productive participation in skilled employment
Combating Female Foeticide: A Perspective Plan

- Targeting religio-cultural blessing, cultural neglect, female foeticide and infanticide
  - Promotional agenda of incentives for girl child
  - Sensitizing cultural-religious stakeholders to the differentiating practices to beget a male child

**Point of Intervention**

- Schools / colleges, youth clubs / gyms, market places

**Building Support for Change**

- Developing skills within the community
  - To encourage interaction among the youth themselves
  - Initiating income generating ventures
  - Providing productive skills
  - Encouraging decision making

- Supplementing resources
  - Snowballing awareness by recruiting volunteers from SHGs, panchayats, mahila mandal members etc.
    - Posting awareness material through slogans, posters, local cable, radio etc.
  - Providing communication skills
  - Establishing communication with trainers, peers
  - Increasing participation in group activities
  - Explode myths
  - Alcohol or drugs do not enhance sexual powers, only lower inhibitions
  - Dating does not give licence to physical interaction
  - Honour revenge does not restore the victim's self esteem. It only creates another victim
TARGET AUDIENCE: HEALTH PRACTITIONERS

- Health delivery system: Placing legal safeguards and lobbying for professional ethnics
  - Identifying health professionals as stakeholders to oversee health service
  - Social policing of service providers
  - Clinic to household nexus: Use to promote health services
  - Building checks and balances in service delivery for prevention of female foeticide

- Safeguarding rights: Building community capacities
  - Gender sensitization of community stakeholders
  - Visibility to gender atrocities
  - Evolving community partnerships to check atrocities against women

- Evolving partnerships in initiatives of
  - Social fencing and community policing
  - Legal enforcement of practitioners, agents and sites

Building Support for Change

- Institutional support

- Designated courts for PC and PNDT cases
  - Women representation in court staff.
  - Gender sensitive language in court proceedings.
  - Staff capacity building on gender issues
  - Specified date and place for court proceedings
  - Court judgements to be made available and used as awareness materials in the district
Dedicated cell to enforce, monitor and spread awareness

- Dedicated staff, physical infrastructure for PC-PNDT cell in each district
- Women representation in staff with capacity building on gender, intervention skills, social policy, social fencing to be undertaken regularly.
- Establish partnerships with private practitioners, NGOs and government department functionaries part of the mission
- Schedule for awareness programmes to be prepared monthly.
- Database to be prepared, to include:
  - All clinics/hospitals/private practitioners with sex selective technologies
  - A monthly monitoring schedule with reports to be disseminated.
  - Rates for ultrasound, amniocenteses, inverto fertilisation to be fixed.
  - Prescribed reporting format to be followed and findings to be made available to public
  - Vigilance groups to be gender representative, its representatives rotated and zonal interchanges carried out.
  - Networking with RMPs and dais establish to monitor infant morbidity and malnutrition
  - Inter-district cells meet to be arranged quarterly to exchange information and updates.
TARGET AUDIENCE: WOMEN VICTIMS
(Rape, dowry harassment)

- Address gender violence
  - To promote a relational paradigm, comparing revitalization, sanitization to victimization, counselling and its impact - access to counselling facilities
  - Provide shelter in community to destitute women
  - Sensitize community to gender atrocities and gender system
  - Access to legal remedies (familiarity with procedures etc.)
  - Access to facilities such as counselling

- Capacity building and role extension
  - Provision of skills
  - Income augmenters
  - Link skills to income
  - Provide access to productive income generating skills and schemes, including procedural methods

- Safeguarding rights: Building community capacities
  - Capacity building of support systems
  - Gender sensitization of community stakeholders

- Promoting gender justice
  - Combating female sexual submission (targeting power imbalance between men and women)
  - Aiming at role fluidity among males and females
  - Promoting females as productive workers
  - Challenging male child preference
Combating Female Foeticide: A Perspective Plan

- Challenging dowry
- Undermining wife subordination

Strategies

- **Capacity building: Encouraging women as productive earners**
  - Mapping economic avenues from respective departments
  - Draw-up a strategy for income generation according to local specificities (including micro enterprise, SHGs)
  - Departmentwise tie-ups with private sector

- **Address gender violence**
  - Build stakeholder capacities to address gender violence
  - Sensitize community to gender atrocities and gender system
  - Network with CPRC to sensitize community

- **Evolving community partnerships to check atrocities against women**
  - Training and skills
    - Organizing the community
    - Coordinating the network skills
    - Communication skills
    - Functional hierarchy

Point of Intervention

- **Women's cells, CPRC, mahila mandals**

Building Support for Change

- **Supplementing resources**
  - Initiating communication skills to encourage interaction, encourage decision making
■ **Existing support of victims**

- Recruiting family members or victims of violence for spreading awareness and sensitising the community to the impact of victimisation
- Using the media to write articles, provide information on victims’ services and the victims’ experiences
### Table - A1

All-India 0-6 age group child sex ratio for year 1981, 1991 and 2001

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**Source:**
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2. Census of India 2001 Series 1, India
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Source: Socio Cultural tables, Census of India 2001
### Table - A3
Sex ratio and per capita income of India and states for year 1991-2001

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Source: 1. Statistical Abstract of Punjab, 2005  
2. Socio Cultural Tables, Census of India 2001
### Table - A4
Death rate in Punjab less than one year

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Source: SRS Mortality Differentials by Age & Sex in India 1983-93

### Table - A5
Death rate in Punjab 1-4 year

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Source: SRS Mortality Differentials by Age & Sex in India 1983-93

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Death rate in Punjab less than one year

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Socio-Cultural Tables, Census of India 2001
Table - A7
Sex ratio of districts in Punjab : 2001

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* = Fatehgarh Sahib, T = Total, R = Rural, U = Urban
### Table - A8

**District wise No. of Admissions and Deaths of Children < 14 in PHSCs of Punjab for the Month of July-August-September-October-**

<table>
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<tr>
<th>Region</th>
<th>Districts</th>
<th>July</th>
<th>August</th>
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<th>October</th>
<th>November</th>
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<td>Death</td>
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**Source:** Revalidation of Health Mangement Information System Data, 2003