

## NAC Working Group on Gender & the Sex Ratio Draft Recommendations

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The decline in the child sex ratio (0-6 years), as reported by the Census of India, from 945 in 1991 to 927 in 2001 and further to 914 females per 1,000 males in 2011 - the lowest since independence - is cause for alarm and urgency. It is also a cause for concern because the situation has worsened, in spite of legal provisions, a slew of incentive-based schemes, and concerted mass media messages created and sponsored by the government. Indians across the board, traversing class and caste divides, are artificially, deliberately, and criminally ensuring that girls are simply not born. The rate of decline appears to have slowed over the last two decades, but evidence is that the phenomenon has spread to all corners of India, including to rural areas earlier out of its ambit. Practices of sex selection, including prenatal diagnostics, are artificially altering the demographic landscape of India. There is a wide consensus that this shortage of millions of women has implications not only for gender justice and gender equality but also for greater social violence, human development and democracy. For this decline to take place amid repeated commitments at the highest official levels to gender justice and gender equity is both shameful and shocking.

This situation poses a formidable challenge to public policy. It is not a phenomenon restricted to the very poor, which governments can attempt to solve through cash transfers or through the banning of medical diagnostic technologies alone. Clearly something is wrong, and successive governments have been unable to put their finger on the pulse of the problem. While it is difficult to tackle a problem that essentially stems from social and cultural attitudes as well as prejudices through State-led intervention *alone*, equally no nation can afford to *not* intervene when natural demography is tampered with in a manner that is unprecedented.

The NAC Working Group held three national consultations on different aspects of this issue.<sup>2</sup> Working Group conveners also separately met with Ministry of Women and Child Development, Ministry of Health and Family Welfare and with the National Mission for the Empowerment of Women. Based upon these consultations and meetings, the Working Group proposes the following draft recommendations. Our recommendations call for

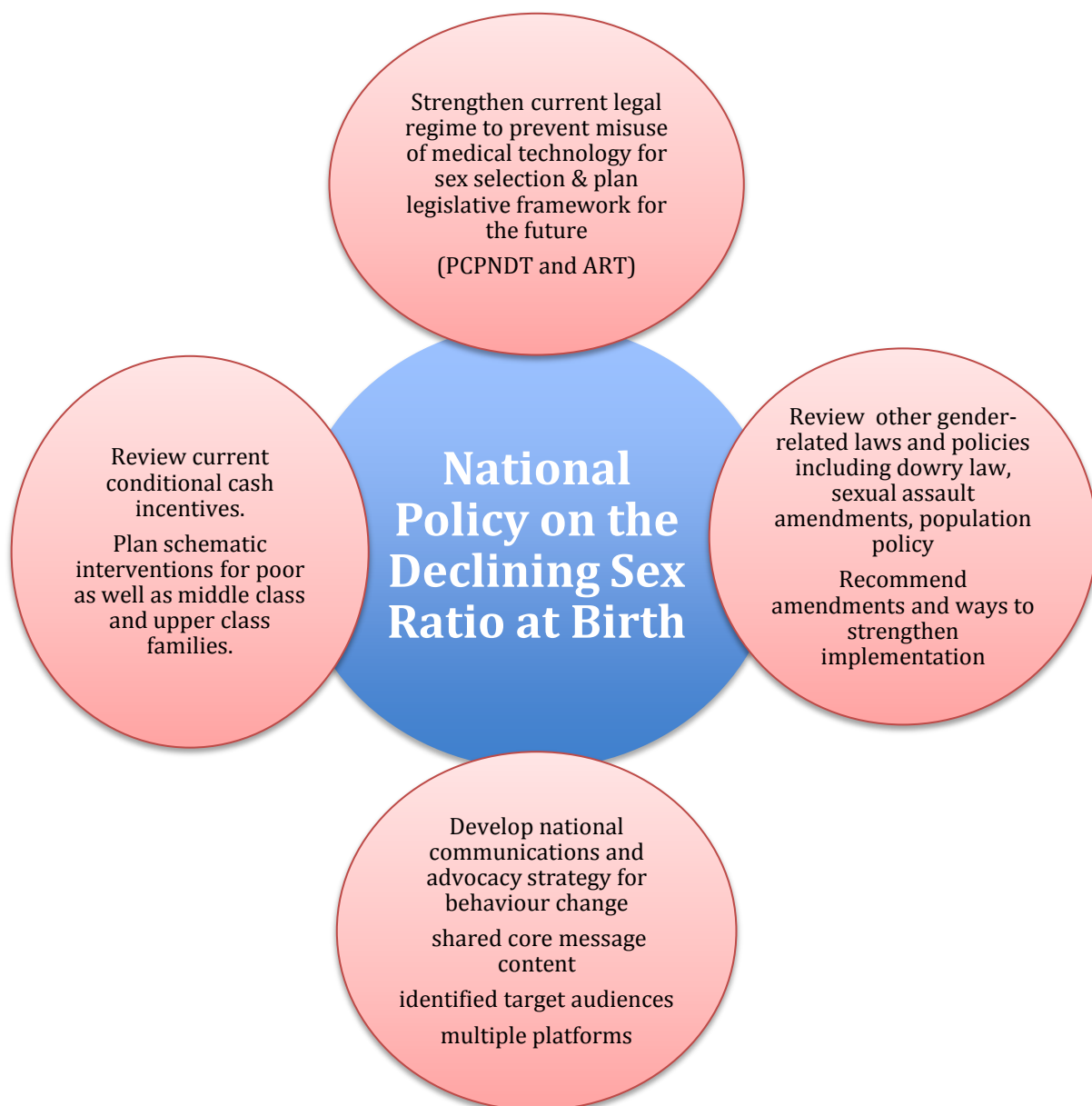
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<sup>1</sup> Joint Conveners of the Working Group would like to acknowledge the contributions of the NAC Secretariat in the finalization of the recommendations.

<sup>2</sup> See Annexure 1 for details of consultations

both strengthening and modifying existing interventions as well as for developing a comprehensive national policy on the declining sex ratio at birth.

**Figure 1:**  
**Recommendations to improve sex ratio at birth**



Our principal recommendation to the Government of India is to formulate a **National Policy on the Declining Sex Ratio at Birth** which can serve as a guide and template in the coming decade for multiple initiatives by the Central Government, by State Governments, and by a range of civil society stakeholders. Four major constituents of such a policy, as depicted in Figure 1, should be to:

- 1) Strengthen the current legal regime to prevent misuse of medical technology for sex selection and develop a legislative framework for the future that includes, but is not limited to the Pre-Conception & Pre-Natal Diagnostic Techniques (prohibition of sex selection) Act, 1994 (PC&PNDT Act). To consider the implications of the Draft Assisted Reproductive Technology (ART) Bill from perspective of sex selection.
- 2) Review current conditional cash incentives and plan schematic interventions for poor as well as middle class and upper class families.
- 3) Develop national communications and advocacy strategy for behavior change with shared core message content, identified target audiences and multiple platforms; and
- 4) Review other gender-related laws and policies including the dowry prohibition law, sexual assault amendments to IPC (currently under GOI review) and the national population policy, among others, in order to propose amendments and ways to strengthen implementation.

These core recommendations are elaborated below.

### **RECOMMENDATION 1**

**GOI should develop a comprehensive National Policy on the Declining Sex Ratio at Birth**

The problem of a declining sex ratio is located at the complex interface of the status of women in Indian society, patriarchal social mores and prejudice, spread and misuse of medical technology, the changing aspirations of urban and rural society, the unprecedented rise of a consumer culture, changes in family structure and reproductive decision-making, as well as other factors, and requires a complex but coherent and holistic national response at multiple levels by multiple stakeholders. Our current responses, consisting in the main of implementation of the Pre-Conception & Pre-Natal Diagnostic Techniques (prohibition of sex selection) Act, 1994, a range of ad hoc media messages on the girl child, and conditional cash transfer schemes, fall short of such a holistic vision for action.

In the absence of an overarching articulated, shared national framework of understanding we have been unable to bring within the ambit of State policy and action a range of critical causal, structural factors fueling son preference and daughter aversion; for in addition to addressing the supply of sex selective technology, this problem requires us to comprehensively address the demand.

The declining sex ratio thus requires of us not short-term measures but a long-term vision and perspective; it demands recognition and action as an inter-sectoral concern, cutting across a range of Ministries with each operating within certain consistent and coherent policy parameters. Finally, the problem demands a national consensus between Centre and States, and between government and civil society. A National Policy to address the declining sex ratio at birth can aim to achieve these objectives, by articulating a shared framework of understanding. The framing of a National Policy will allow us to build upon current experience, strengthen those processes that are weak, reevaluate those interventions that may not be achieving desired goals, and inaugurate new action agendas, including a comprehensive national communications & advocacy policy.

**Key considerations:** The key considerations for framing of such a National Policy should be:

- **Gender equity and gender justice:** The policy should affirm that the declining sex ratio is not a problem restricted narrowly to the issue of decreasing birth of girl children, but central to women's rights, gender equity and gender justice. It reflects the much larger issue of the status of women in our society, economy, and polity. The concern has to be addressed within a broad framework of women's empowerment.
- **Inter-sectoral Planning and Action:** The policy must acknowledge that dealing with declining sex ratios cannot be the responsibility of any one or two departments and Ministries. Tackling this issue requires multiple initiatives, cutting across sectors, aimed at achieving gender equity, enhancing the status of women, and creating a social and economic environment against sex selection.
- **Safeguarding reproductive rights and rights to safe and legal abortion:** Declining sex ratio is an issue that enters the private domain of pregnancy, abortion and the right to choose. The Policy must state unequivocally that any intervention or communication message on this issue must not inadvertently serve to stigmatize abortion per se, compromise women's reproductive rights, their right to choose, or jeopardize access to safe and legal abortion as articulated within the framework of the Medical Termination of Pregnancy Act, 1971. The National Policy must specifically exhort Governments and civil society actors to move away from the practice of pregnancy-tracking as a method of reducing sex selection.

The National policy, among other things, should:

- Provide an overview and analysis of the structural factors that fuel sex selection.

Such an analysis should be situated within a broad understanding of the position of women in society, and how several interventions, laws and policies have different impacts - direct and indirect, positive and negative, intended and unintended. This overview and analysis may be drawn from a range of existing research and writing, including the recommendations of the Working Group on 'Women's Agency and Empowerment' for the Twelfth Five Year Plan (2012-17);

- Suggest schematic interventions that target the middle and upper class household segment, including an aggressive advocacy campaign using existing social and civic formations such as clubs and professional networks. It must take into account the fact that the practice of sex selection is widely prevalent among the middle and upper class families, and that there is virtually no State-led experience of interventions for behaviour change among these groups; and
- Recommend an institutional mechanism to provide any inter-Ministerial as well as Center-State coordination that may be needed to convert the National Policy into an implementable Programme of Action across the country.

The National Policy along with a clear agenda for action should be formulated within a specified time-frame of six months by a High Level Committee constituted for this purpose.

GOI could mandate the Ministry of Women and Child Development or the National Mission for the Empowerment of Women to formulate the National Policy on the Declining Sex Ratio at Birth.

## **RECOMMENDATION 2**

### **Strengthen the legal regime to prevent misuse of medical technology for sex selection**

GOI's most substantive intervention has consisted of enactment and implementation of the Pre-Conception & Pre-Natal Diagnostic Techniques (prohibition of sex selection) Act, 1994 – PC & PNDT Act - which bans the use of medical diagnostics for sex determination. However, historically implementation has suffered from severe lapses and limitations.

The newly reconstituted 35-member [Central Supervisory Board \(CSB\)](#) chaired by the Union Minister for Health and Family Welfare and co-chaired by the Minister of Women and Child Development has announced a number of measures for ensuring better implementation of the law. These include, for instance:

- Empowering the National Inspection and Monitoring Committee and State Monitoring and Inspection Committees to oversee follow up action by the District Appropriate Authority (DAA) on irregularities found during inspections and if

- required take recourse to section 28 (b) of the Act Preventing misuse of mobile genetic clinics
- Urging the Medical Council of India (MCI) to take cognizance of practice of illegal sex selection, determination and sex selective abortion and ensure that guidelines for accreditation of training and experience for medical practitioners are put in place
  - Ensuring that MCI suspends or cancels registration of doctors found guilty of violation under the PC & PNDT Act

The Ministry of Health and Family Welfare is also providing funds to the States for setting up and strengthening PNDT cells, both at the State and the District levels and for intensifying IEC and other State level interventions. The Ministry has also recently revised guidelines for extending financial assistance to NGOs for supporting effective enforcement of the PC & PNDT Act. Attached in Annexure 2 are specific recommendations made by stakeholders to further address deficiencies and strengthen the legal regime.

There is also simultaneously a need to go beyond this single legal remedy. In the coming decade, PC & PNDT Act itself could become redundant with the spread of new technology, including pre-conception genetic manipulation. In this context, the new laws such as the Assisted Reproductive Technology (Regulation) Bill 2008 must be examined from the perspective of impact on the sex ratio and concerns of gender equity.

### **RECOMMENDATION 3**

**GOI should commission a comprehensive evaluation of conditional cash incentive schemes**

Several Conditional Cash incentive schemes are being implemented by both the Central and State Governments, ostensibly to increase the gender balance in our population. These schemes appear to signal some political intent towards the welfare of girls from poor families.

A desk review of 16 existing cash incentive schemes raises several questions that need deeper examination<sup>3</sup>:

<sup>3</sup> The 16 schemes reviewed by Sekher (2010) include Dhan Lakshmi Scheme (Government of India), Girl Child Protection Scheme (Andhra Pradesh), Mukhya Mantri Kanya Suraksha Yojana and Mukhya Mantri Kanya Vivah Yojana (Bihar), Ladli Scheme (Delhi), Balika Samridhi Yojana and Kunwarbainu Mameru Scheme (Gujarat), Ladli Scheme (Haryana), Balika Samridhi Yojana and Indira Gandhi Balika Suraksha Yojana (Himachal Pradesh), Bhagyalakshmi Scheme (Karnataka), Ladli Lakshmi Scheme and Mukhya Mantri Kanyadan Yojana (Madhya Pradesh), and Balri Rakshak Yojana (Punjab). See Annexure 3 for details.

- Are the conditions truly and directly contributing to changing perceptions about the worth of a daughter? For example, some schemes provide incentives only if the couple accepts sterilization after two children, others limit the incentive only to two girls, with a larger incentive for the first girl as compared to the second. Clearly, the intention is also to ensure smaller families and promote family planning alongside ensuring the birth of girls.
- What is the rationale for targeting poor families with cash incentives? An analysis of the child sex ratio data from the 2001 census shows that ratios are lower amongst the educated and affluent, though rural areas are not far behind.
- Can the fact that final benefits will accrue after the daughter turns 18 or 21 do much to alter the immediate perceived aversion to giving birth to a daughter? In other words, is it obvious that these incentives ensure that more girls are born, that they survive once born, and go on to receive better care and attention?
- What is the signal that is sent out by limiting the benefit to two girls or by providing a larger incentive for the first girl? Do schemes inadvertently end up valuing girls differentially depending on their position in the birth order?
- Is it likely that giving lump sum cash amounts when the girls turns 18 or 21 may in fact be perceived as a subliminal message in favour of the practice of giving dowry? Is it possible that cash amounts at marriage under some schemes are being used to support the practice of dowry?
- What is the justification for arriving at the final benefit of say Rs. 100,000 at the end of 18 years?

It is equally important to evaluate any other State level initiatives on the declining sex ratio, including Tamil Nadu's *Cradle Baby Scheme* launched in 1992 in Salem, extended to 6 other districts in 2001, and now proposed to be extended to 5 others, and recommend the desirability of their up-scaling or not.

There is no field-based impact-assessment of these schemes, in the absence of which there is no evidence regarding the desired objective of reducing sex selection. Clearly, there is a need for a systematic evaluation before these schemes are articulated or promoted as the center-piece of the fight against the declining sex ratio.

#### **RECOMMENDATION 4**

**GOI should commission a comprehensive review and appropriately amend laws, schemes and policies that impact sex selection**

There is need to review the prevailing legislative environment including within its purview those laws and policies directly impacting gender discrimination & sex selection,

as well as those with indirect impact. These include, but are not restricted to, The Dowry Prohibition Act, 1961, The Protection of Women from Domestic Violence Act, 2005, The Prohibition of Child Marriage Act, 2006, Inheritance laws, Maintenance and Welfare of Parents and Senior Citizens Act, 2007 (MWPSA), the Protection of Children from Sexual Offences Bill, 2011 and the Sexual Assault Amendments under consideration. The review should make recommendations to amend and or strengthen the implementation of these statutes.

Additionally, the review should:

- Take stock of policy measures aimed at promoting the small family norm, including the two-child eligibility criteria imposed by several states for candidates contesting panchayat elections, as well as the National Population Policy, 2000;
- Examine and identify gaps in social security including old-age security which determines dependence on sons, thus fueling son preference;
- Suggest a standing review mechanism to examine all social, economic, development legislation that impacts the status of women and may directly or indirectly impact sex selective behaviour.

The review must make recommendations on any necessary amendments to these policies towards the goal of reducing practices of sex selection.

## **RECOMMENDATION 5**

**GOI should develop a comprehensive National Communications & Advocacy Strategy for behaviour change for addressing the problem of declining sex ratio**

Sex selection is an issue requiring social and behavioural change, and in an era of a communications revolution, effective and well-planned communications strategies can make a dent.

Various forms of communication on the issue of sex selection have been deployed in India over the last two decades or more. These include news stories and articles in various newspapers, IEC (Information, Communication, and Education) material, television serials, public service advertisements on television and radio, and full-length feature films. A range of individuals and organizations have produced this material, including mainstream and alternative media organizations, individual private producers and journalists, NGOs and civil society organizations including VHAI and Population Foundation of India, agencies of the United Nations including UNFPA and UNICEF, and both State and Central Governments, including the Ministry of Health & Family Welfare.



However, thus far, communication and messaging on this issue, including mass media messages, have been ad hoc and not linked to a comprehensive advocacy strategy. The messages have also had some limitations of content and targeting.<sup>4</sup>

Drawing on the expertise of communications experts from both the public and private sector, GOI should formulate a comprehensive policy on advocacy, communication and behaviour change. Such a strategy should draw lessons from previous successful behaviour change campaigns. Behaviour change is complex, but there are successful examples of both private and State lead communications campaigns, from which lessons can be drawn. These include the campaign by the National Literacy Mission which motivated both learners and teachers; the campaign in the early 1970s which disseminated the fact that cancer is curable if detected early; anti-smoking campaigns which increased awareness of the impact of second hand smoke; the Pulse Polio campaign and others.

More specifically, the communications strategy should be developed keeping in mind the following parameters:

**Audience:** A communications and advocacy strategy must clearly identify its primary and secondary target audiences, with messages that are differently positioned for each target audience. These would include the service recipient (woman, husband, conjugal family or natal family), the service providers (doctors, radiologists, medical associations such as IMA and FOGSI) as well as policy makers, opinion leaders and NGOs. Each of these needs to be targeted using different communication approaches.

Focus on youth and young women: Practices of sex selection are motivated by socially accepted devaluation of females. Traditional gender roles perpetuate this subordinate position for women. In the context of great social change taking place in India, the National Advocacy strategy would need to identify fault lines where devaluation of women & conformity to traditional gender roles can be challenged by asking questions such as: What are the dominant attitudes to women? Where are the major zones of social conflict? How are modern aspirations colliding with traditional social relations? Who is most willing to question accepted norms of behaviour? It is therefore recommended that the communication and advocacy strategy should focus on the youth. India's young population be specifically targeted through tools of mass media, event based advocacy, and reaching out to them through schools, colleges, and similar networks. The proliferation of FM Radio Stations, with a large youth following are noteworthy in this regard.

The strategy should recommend ways to specially target young unmarried women aged 15-20 years, who are faced with greatest conflict in life choices; most open to questioning received wisdom; desire to challenge gender role definitions; have greatest discomfort with sex selection; greatest stake in mounting a challenge; and may be most amenable to behaviour change.

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<sup>4</sup> See Annexure 4 for a brief assessment of message content.

**Core message content:** The strategy should clearly articulate core messages that are simple, and focused on those areas likely to have the greatest impact on sex selective behaviour.

Possible messages broadly fall into three categories:

- 1) Legal Messaging – PCPNDT and MTP;
- 2) Information-based messaging - laws, women's constitutional and legal rights, health and reproductive knowledge-based information, reproductive decision making, and
- 3) Messages that challenge attitudes & behaviour. All three may be used, with greatest emphasis on messages that address historical and contemporary realities and gender perceptions that translate into son preference and daughter aversion i.e. that challenge attitudes and behaviour related to sex selection.

**Medium:** A mix of different mediums must be made ranging from traditional forms of music and theatre to new media. Large scale but selective use should be made of mass media. Mass media messaging must form part of the strategy, deployed in a planned and strategic manner for different socio-economic segments of the target audience, using all available mass media formats, including television, radio, and print. New media opportunities must be identified and exploited. However, mass media may not be an appropriate tool to convey tailored messages to a specific profession (medical professionals), for the simple reason that mass media, by definition, reaches the masses, and audiences are rarely segmented according to occupation. Therefore, it is not appropriate to use Mass Media messaging as the central strategy for targeting the supply side i.e. doctors and the medical fraternity. Trade specific magazines and periodicals, as well as posters placed in health service areas could be useful for this target segment. The message strategy must be capable of translation into appropriate regional media platforms (TV, radio, print, new media), formats (Fiction soaps, serials), public service advertisements, talk shows, reality shows, print advertisements, hoardings etc.), and languages (English, Hindi, and regional language). Formats (whether Doordarshan or private channels, whether AIR or FM etc.) must be selected differently for different target audiences.

Two final points:

- 1) The National Communications and Advocacy Strategy must propose institutional arrangements, resource allocations, partnerships with media experts, and consensus with States to roll out this shared national advocacy & communication effort
- 2) Communications & advocacy to be accompanied by grassroots mobilization: Deployment of messages, including mass media messages, will need to be accompanied by grassroots campaigning and advocacy efforts on the ground by working with communities, through Panchayati Raj Institutions, unions, cooperatives, self help groups, schools, colleges, and other institutions, with equal emphasis on both urban and rural advocacy spaces.

**ANNEXURE 1**  
**Details of consultations**

**Working Group of National Advisory Council on**  
**Gender and Declining Sex Ratio**  
**Consultations with Administrators & Experts**

<b>1st Consultation: July 12, 2011:</b>	<b>Challenge for Advocacy, Communication, Media Messaging</b>
<b>2nd Consultation: Jan. 19, 2012:</b>	<b>Developing a Comprehensive National Policy Framework</b>
<b>3rd Consultation: March 1, 2012:</b>	<b>PCPNDT Act - Implementation/Field Experiences</b>

**Government**

1. Aditi S Ray, Senior Economic Advisor, Ministry of Women and Child Development, GOI
2. Anita Agnihotri, Member Secretary, National Commission for Women
3. Anuradha Gupta, Joint Secretary, Ministry of Health & Family Welfare
4. Anuradha Vemuri, Director, Ministry of Health & Family Welfare
5. Arvind Kumar, JS, Department of Financial Services (formerly DC, Hyderabad)
6. Dinesh Paul, Director, NIPCCD, New Delhi
7. Khade A.P., Nodal Officer, PNDT, Directorate of Health Services, Govt of Maharashtra, Mumbai
8. Minakshi Ghose, JS, National Commission for Women
9. Rashmi Singh, Executive Director, National Mission for Empowerment of Women, Ministry of Women and Child Development, GOI
10. Sudhir Kumar, Additional Secretary, Ministry of Women & Child Development
11. Usha Bhasin, Addl.DG, Doordarshan

**Non-Government**

1. Akhila Sivadas, Managing Trustee & Executive Director, Centre for Advocacy & Research, New Delhi
2. Amitabh Behar, Executive Director, National Foundation for India, New Delhi
3. Asha Sikarwar, Advocate & Member, Madhya Pradesh PNDT Committee, Morena, Madhya Pradesh
4. Bijaylaxmi Nanda, Founder Member and Campaign, Coordinator, Campaign Against Pre-Birth elimination of Females (CAPF), Miranda House, Delhi University
5. Bindu Madhavi, Breakthrough TV, New Delhi

6. Devika Singh Chauhan, SPA-NMEW, New Delhi
7. Dhanashree Brahme, UNFPA, New Delhi
8. Dilip Kamat, Trade Union activist & Parivartan, Belgaum, Karnataka
9. Donna Fernandes, VIMOCHANA, Bengaluru, Karnataka
10. Ena Singh, UNFPA, New Delhi
11. Ifat Hamid
12. Indira Jaising, Director, Lawyers Collective, New Delhi.
13. Kiran Moghe, AIDWA, Mumbai
14. Kirti Singh, Lawyer, New Delhi
15. Mangala Verma, Lawyers Collective, New Delhi
16. Manmohan Sharma, Executive Secretary, Voluntary Health Association of Punjab
17. Mario Mosquera-Vasquez, Communication for Development Specialist, UNICEF
18. Mary E John, Member Secretary & Director, Centre for Women's Development Studies, New Delhi
19. Meenakshi Rathore, SPA-NMEW, New Delhi
20. Neeraj Bassi, Vice President (Planning), Ogilvy & Mather, Mumbai, Maharashtra
21. Pankaj Pachauri, NDTV, New Delhi
22. Poonam Muttreja, Executive Director, Population Foundation of India, New Delhi
23. Prabhjot Khan
24. Priya Nanda, Director - Social & Economic Development Group, International Center for Research on Women (ICRW) Asia Regional Office, New Delhi
25. Puneet Bedi, Foetal Medicine Consultant, Apollo Hospital, Delhi
26. Purushottam M Kulkarni, Centre for the Study of Regional Development, JNU, New Delhi
27. Rajat Ray, UNFPA, New Delhi
28. Rajkumar Jha, Development Communications Expert, New Delhi
29. Rajni Palriwala, Professor and Head of Sociology, Delhi School of Economics
30. Ramya Subrahmanian Social Policy Specialist, UNICEF, New Delhi
31. Ravi Verma, Regional Director, Asia, International Center for Research on Women, New Delhi
32. Ravinder Kaur, Associate Professor, Department of Humanities & Sciences, IIT Delhi
33. Renu Khanna, Director, SAHAJ, Baroda, Gujarat
34. Roda Mehta, Media/Advertising Expert, Pune, Maharashtra
35. Sabu George, Activist, & Member NMIC of PNDT Act, New Delhi
36. Santosh Desai, MD & CEO, Futurebrands India Ltd., New Delhi
37. Sarasu Esther Thomas, Assistant Professor, National Law School University of India, Bengaluru, Karnataka
38. Sarojini N B, SAMA, New Delhi
39. Shobana Boyle, UNFPA
40. Shripal Shektawat, Senior Television journalist, Jaipur, Rajasthan

41. Shruti Pandey, Program Officer, Human Rights India, Nepal and Sri Lanka, Ford Foundation, New Delhi
42. Sonali Khan, Breakthrough TV, New Delhi
43. Srila Chatterjee, Highlight Films, Mumbai, Maharashtra
44. Srilatha Batliwala, Scholar Associate, Association for Women's Rights in Development (AWID), Bengaluru, Karnataka
45. Subhash Mendhapurkar, SUTRA, Himachal Pradesh
46. Sudha Sundaraman, All India Democratic Women's Association, New Delhi
47. Sudhir Sahni, President (Advertising), Ogilvy & Mather, Mumbai, Maharashtra
48. T.V. Sekher, Associate Professor , International Institute for Population Sciences, Mumbai, Maharashtra
49. TP Singh, Radiologist, Sant Nishal Singh, Medical Centre, Municipal Shopping Complex, Govindpuri, Jamuna Nagar, Haryana
50. Vaibhav Pathak, VATSALYA, Lucknow, UP
51. Varsha Deshpande, Advocate, Satara, Maharashtra.
52. Yvonne MacPherson, Project Manager, BBC World Service Trust, New Delhi

## **ANNEXURE 2**

### **KEY STEPS TO ENSURE EFFECTIVE IMPLEMENTATION OF PCPNDT ACT**

Listed below are some of the suggestions and proposals emanating from the consultations for further strengthening the implementation of the PCPNDT Act.

#### **Access to justice:**

- Make mandatory proper filling and audit of Form-F.
- Prosecute clinics that do not maintain and submit records as per the PCPNDT Act.
- Hire special public prosecutors at all levels to prosecute violations of the Act  
Prosecute companies and suppliers for violating the Act.
- Set up Fast Track Courts to expedite prosecution
- Offer mandatory protection to witnesses in order to increase conviction rates.
- All the expenses related to prosecution of the cases in the Trial Courts and Higher Courts including travel expenses of the lawyers, witnesses and relevant others should be borne by the Government.

#### **Accountability:**

- Hold accountable State and District Implementing Authorities for the failure to stop sex selection.
- Regulate market of used ultrasound machines.
- State Supervisory Board (SSB), State Advisory Committee (SAC), State Inspection and Monitoring Committee (SMIC), District Advisory Committee (DAC) to be properly constituted and made functional

#### **Monitoring:**

- Ensure hundred percent registration of centres providing pre-conception and pre-natal services (ultrasound clinics, genetic clinics, and ART clinics) within a time period of say six months
- Involve State Women Commissions in monitoring the implementation of the PCPNDT Act.
- Require the Ministry of Health and Family Welfare to commission independent surveys to estimate the level of compliance by the state and district authorities. This survey becomes particularly imperative in the context of banning mobile ultrasound machines as per the Gazette Notification of February 2012.
- Prosecute Internet companies and websites that carry advertisements on sex selection in violation of the PCPNDT Act.

#### **A caveat:**

- While strict enforcement of the law is likely to deter unethical doctors from identifying and revealing the sex of the foetus, appropriate built-in safeguards must also ensure that ethical doctors do not face the high risk of being harassed by indifferent authorities who profit from non-implementation of the law.

**ANNEXURE 3<sup>5</sup>**  
**Girl Child Schemes: Year of Initiation, Implementing Agency, Terminal Benefits  
and Financial Institutions**

Name of the Scheme	Year of initiation	Implementing Agency	Terminal benefit		Financial Institution
			Age	Amount	
Dhan Lakshmi Scheme	2008	Dept. of Women and Child	18 years	1 lakh	Nationalized Bank/Post
Bhagyalakshmi Scheme (Karnataka)	2006	Dept. of Women and Child	18 years	Rs. 1,00,097	LIC
Ladli Lakshmi Yojana (MP)	2006	Dept. of Women and Child	18 years	Rs 1,18,300	Post Office (NSC)
Girl Child Protection Scheme (AP) (New)	2005	Dept. of Women Development and Child Welfare	20 years	1 lakh for one girl child and (in case of two girl children) Rs. 30,000 for each	LIC
Ladli Scheme (Haryana)	2005	Dept. of Women and Child	18 years	Rs 96,000	LIC
Rajalakshmi Scheme	1992	Dept. of Medical, Health and Family	20 years	Rs 21,000	UTI
Balika Samridhi Yojana	1997	Dept. of Women and Child	18 years	Rs. 6,700 (with maximum rate of	Nationalized Bank/Post
Ladli Scheme (Delhi)	2008	Dept. of Women and Children	18 years	Rs 1,00,000	SBI/SBIL
Balri Rakshak Yojana (Punjab)	2005	Dept. of Health and Family	18 years	1 lakh	Nationalized Bank/Post
Mukhya Mantri Kanya Suraksha Yojana	2008	Social Welfare Department/ State Women	18 years	Rs. 18,000	UTI Children's Career Plan
Mukhya Mantri Kanya Vivah	2007	Social Welfare Department	18 years	Rs. 5,000	Bank
Kunwarbainu Mameru scheme	1995	Social Justice and Empowerment	At marriage	Rs. 5,000	Bank
Indira Gandhi Balika Suraksha Yojana	2007	Health and Family Welfare Department	At marriage or maturity	Rs. 25,000 to one girl child and Rs. 20,000 to both in case of two girl children	Bank
Mukhya Mantri Kanyadan Yojana	2006	Dept. of Social Justice	At marriage	Goods worth Rs. 9,000	-----

<sup>5</sup> The tables that follow are from T.V. Sekher (2010), "Special financial incentive schemes for the girl child in India: A review of select schemes", International Institute for Population Sciences, Mumbai.

### Girl Child Schemes: Number of Beneficiaries

	Name of the Scheme	Number of Beneficiaries		
		2007-08	2008-09	2009-10
1	Dhan Lakshmi Scheme (Govt. of India)	-----	79,555	42,077
2	Bhagyalakshmi Scheme (Karnataka)	1,23,789	2,97,764	1,44,749
3	Ladli Lakshmi Scheme (Madhya Pradesh)	2,14,134	2,09,848	40,854
4	Girl Child Protection Scheme (Andhra Pradesh)	96,487	72,046	70,302
5	Ladli Scheme (Delhi)	-----	1,35,645	1,40,006
6	Balika Samridhi Yojana (Gujarat)	26,031	30,263	1,32,684
7	Balika Samridhi Yojana (Himachal Pradesh)	7,955	13,031	17,038
8	Ladli Scheme (Haryana)	49,558	72,624	1,05,113
9	Balri Rakshak Yojana (Punjab)	62	53	62
10	Mukhya Mantri Kanya Suraksha Yojana (Bihar)	4,75,220*		
11	Kunwarbainu Mameru Scheme (Gujarat)	8,762	6,775	7,628
12	Mukhya Mantri Kanyadan Yojana (Madhya Pradesh)	32,621	43,297	19,579
13	Mukhya Mantri Kanya Vivah Yojana (Bihar)	1,57,256*		
14	Indira Gandhi Balika Suraksha Yojana (Himachal Pradesh )	152	318	233

**Note:** \*Total number of beneficiaries since inception.

**Source:** Compiled by the author based on various state government documents



### Girl Child Schemes: Documents Required

Name of the Scheme	Birth certificate	Domicile certificate	Income certificate	Sterilization certificate	Immunization certificate	Marriage certificate
Dhan Lakshmi Scheme	✓	✓	-----	-----	✓	-----
Bhagyalakshmi Scheme (Karnataka)	✓	✓	✓	✓	✓	-----
Ladli Lakshmi Scheme (MP)	✓	✓	-----	✓	-----	-----
Girl Child Protection Scheme (AP)	✓	✓	✓	✓	✓	-----
Ladli Scheme (Haryana)	✓	✓	-----	-----	✓	-----
Balika Samridhi Yojana	✓	-----	✓	-----	-----	-----
Indira Gandhi Balika Suraksha Yojana	-----	✓	-----	✓	-----	-----
Ladli Scheme (Delhi)	✓	✓	✓	-----	-----	-----
Mukhya Mantri Kanyadan Yojana (MP)	✓	✓	✓	-----	-----	✓
Balri Rakshak Yojana (Punjab)	✓	✓	✓	✓	-----	-----
Beti Hai Anmol Scheme (HP)	✓	✓	✓	-----	-----	-----
Rajalakshmi Scheme (Discontinued)	✓	-----	-----	✓	-----	-----
Mukhya Mantri Kanya Suraksha Yojana	✓	✓	✓	-----	-----	-----
Mukhya Mantri Kanya Vivah Yojana	-----	✓	✓	-----	-----	✓
Kunwarbainu Mameru Scheme	-----	-----	✓	-----	-----	✓

**Source:** Compiled by the author based on documents of various schemes of state governments.

**Girl Child Schemes: Eligibility Conditions to Avail Benefits**

<b>Name of the Scheme</b>	<b>Registration of birth</b>	<b>Immunization</b>	<b>Family planning (sterilization)</b>	<b>Anganwadi enrolment</b>	<b>School enrolment</b>	<b>Completion of Standard 10</b>	<b>18 years of age and unmarried</b>
Dhan Lakshmi Scheme	✓	✓	-----	-----	✓	✓ (8 <sup>th</sup> standard)	✓
Bhagyalakshmi Scheme (Karnataka)	✓	✓	✓	✓	✓	✓ (8 <sup>th</sup> standard)	✓
Ladli Lakshmi Scheme (MP)	✓	-----	✓	✓	✓	✓	✓
Girl Child Protection Scheme (AP)	✓	✓	✓	-----	✓	✓ (12 <sup>th</sup> standard)	✓ (benefits after 20 yrs )
Ladli Scheme (Haryana)	✓	✓	-----	✓	✓	✓	✓
Balika Samridhi Yojana	✓	-----	-----	-----	✓	✓	-----
Ladli Scheme (Delhi)	✓	-----	-----	-----	✓	✓	✓
Indira Gandhi Balika Suraksha	-----	-----	✓	-----	-----	-----	-----
Mukhya Mantri Kanyadan Yojana	✓	-----	-----	-----	-----	-----	✓
Balri Rakshak Yojana (Punjab)	✓	-----	✓	-----	-----	-----	-----
Beti Hai Anmol Scheme	✓	-----	-----	-----	-----	-----	✓
Rajalakshmi Scheme (Discontinued)	✓	-----	✓	-----	-----	-----	-----

## ANNEXURE 4

### Brief Analysis of Message Content

Some limitations of Message Content over the last two decades on the declining sex ratio:

- Messages have focused on 'saving the girl child' in a de-contextualized manner, since overall concerns of gender equity do not appear to inform dominant frameworks of understanding.
- Lack of a shared national discourse and language has lead to widespread use of language such as 'female foeticide' and 'killing of girls' or 'murder of girls', which stigmatizes abortion per se and dents not the practice of sex selection but women's reproductive rights.
- The imagery in some messaging is overly medical – focusing on the ultrasound and foetal images, which may serve to instill fear about the act of abortion per se rather than deter the target audience from seeking sex determination through ultrasound.
- Many messages are embedded in the same traditional patriarchal family structure and roles that are at the core of son preference. These include messages that tell the target audience to reduce sex selection because girls are necessary to tie *rakhis* on brothers.
- Some messages 'instrumentalize' the presence of women in the population – by communicating that without girls there will be no one left for men to marry. In these messages girls/women are projected as the means to an end (to provide marriage partners for men), rather than their balanced presence in the general population being an end in itself, in the interest of achieving gender equity and women's rights.
- Message content has not been developed keeping in mind spaces of social and behavioral change taking place in rural and urban India, and are not located within a larger strategic plan of behavior change communication.