

*Compilation of CSR's work against Female
Foeticide in Delhi & Haryana*

"Meri Shakti Meri Beti"
(My Strength My Daughter)



CSR



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**Action-based Research Project:
"Meri Shakti Meri Beti"
(My Strength, My Daughter) – Save the Girl Child:
Achieving Gender Equality by Addressing Sex Selection**

"Female foeticide is an extreme manifestation of violence against women. Female fetuses are selectively aborted. As a result, about 10 lakh girls are missing from the Indian population," **WCD minister Renuka Chowdhury**

Women are worshipped and revered in every form in India. For the women she symbolizes courage, strength, wisdom and prosperity in the form of "Shakti", "Durga", "Kali", "Saraswati" and "Mahalaxmi" who are worshipped across the country. In modern times, India enjoyed for the first time in the world; the unenviable record of electing for several years in a row a woman Prime Minister. Mrs. Indira Gandhi gave India a firm leadership for many years in a row; and currently the Indian parliament is considering reserving over 33% elected posts for the women. Yet these progressive developments cannot hide one of the worst impending "gender" crisis India is facing with the rapid depletion of women's population. The official census of the Govt. of India have revealed a sharp decline in the sex ratio of children in the 0-6 age group in the 10 years since the last census (from 945 to 927 females pr 1000 males)

Because of poverty, son preference and increased financial burden due to availability of manual labour jobs in the rural areas which a female can't do, such practices of female foeticide is expected. The parents-to-be get the sex of their unborn child checked by ultrasonography, and if it is a girl, they abort the pregnancy. It is a crime under law to abort a pregnancy just because the foetus is that of a female. Ultrasound clinics, which have mushroomed in the cities and towns, have been told in no uncertain terms that sex determination is illegal.

The Meri Shakti Meri Beti project involves the direct participation and cooperation of both the social public (households, community members, NGO members partaking in Focus Group Discussions and Social Audits etc.) and medical fraternity (interviews with stakeholders such as Doctors, Nurses, Dais, government hospitals and conducting medical audit in premises where sex detection techniques are present). Our project on female foeticide envisaged to bring community awareness among the target population so that the local community at their own level.

In Narela, the strong presence of NGO's helped in spreading the message in the community. The area chief medical officers, district PC & PNDT authorities, Dais and Anganwadis were also very helpful in mobilizing the community. Particularly in Najafgarh, the Anganwadis played a significant role. In Punjabi Bagh, it was mainly the Resident Welfare Associations which contributed to community accessibility. Community watch groups were formed in each area with the active participation of elderly women. For the mobilization and participation of community people, initially we had to organise Focus Group Discussions (FGDs) in each

area. Through FGD'S we had initiated a process of conversation and awareness about the magnitude of the problem of Female Foeticide. Many people did not know what is sex ratio, female foeticide or the sex ratios of India, Delhi or their own areas. Majority of them were inquisitive about the problem, while some debated about the preference of son over a daughter but a majority of them shared their experiences of gender discrimination. A total of 60 medical audits were conducted amounting to 20 audits in each study area. Punjabi Bagh has the highest number of ultrasound clinics numbering 333. Among our three project sites, Punjabi Bagh was also noticed to be the residential area of mainly the affluent groups. We received maximum cooperation from the doctors and staff in Najafgarh area and had difficulties in Narela and Punjabi Bagh in access to information.



Schoolgirls in Najafgarh participating in the walk

As part of our ongoing project, CSR organized walk against Female Foeticide in our three project sites. Representing the advocacy side of the project is the community mobilisation that is taking place in each district; culminative of MSMB's hitherto activities, three 'Walks Against Female Foeticide' were planned as a display of public condemnation against Sex Selection in particular, and gender discrimination in general.

Our first walk in **Najafgarh** on 27th February 2008 was truly exemplary of CSR's vision, as girls and boys, youth and elderly, rallied together, banners upheld, shouting in unison "*Ladka, Ladki – Ek Saman*" (Boy, girl – are the same). A similar overwhelming response was received in **Punjabi Bagh**, during the walk organized on 4th March.



Dr. Ranjana Kumari, Director, CSR holding the flag against female foeticide in the walk at Punjabi Bagh area

A simple yet thought-provoking question from Dr. Ranjana Kumari during closing ceremonies, urged the girls in the audience to consider the significance of their parent's decision, when she said "How many of you are here because your maa and baapu chose to have a beti?" There was an upshot of hands, an exchange of glances, and the wave of nervous giggles as the girls realized perhaps the precariousness of their position, and their fortune in (of) life. We hope that these same girls will also do as their parents did, and welcome children into their lives without discrimination on the basis of their sex. Not until people think and believe in the value of the girl child, will we stop shouting *Meri Shakti Meri Beti* at the top of our lungs.

Around Four Hundred people comprising of students, doctors, local politicians, Kirtan Mandals, schools, universities, and media, Employer and Employee Associations and Resident Welfare Institutions participated in the rally. The rally in our third project site, **Narela**, was organized on 7th March. The local community along with local NGO's (Navjyoti Foundation, Naikiran), school children, medical and various Government personnel participated in large numbers.



School girls, children, community watch group members in the walk at Narela

Some of the findings from the study are:

Social audit: people in all 3 project areas voiced that they do not support female foeticide but are aware of such incidents happening in their areas, while the community saw boys' and girls' equality as desirable, they still believe in the exclusively male-dominated traditions of lighting the funeral pyre and the custom of patrilinealism (carrying the family name), the rise in nuclear families has meant that couples are no longer seeking their elders' advice in getting a foetus aborted and instead taking the decision independently and many respondents were oblivious to the fact that the fathers' chromosome determines the sex of the foetus. *Medical audit:* awareness and knowledge about the PCPNDT Act is not there in the community, staffs of ultrasound clinics denied that machines were used for anything other than their legal intended purpose, Several doctors, during interviews, said that it is normally quacks and unregistered medical practioners who are performing sex determination tests; they are not professional doctors, but "business men" looking for profit, The vast majority of clinics audited, were compliant with the audit, and their forms were properly filled out and maintained and in certain cases, clinics boldly advertising Ultrasonography in their signboards, claimed upon interrogation, that those services were no longer available due to the recent sale of the machines.

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The enthusiasm and support shown by the community of each project area strengthen CSR’s determination to replicate the project in other states beyond Delhi where falling sex ratio are already a grave concern.



Pre-Natal sex selection leading to a serious decline in the number of girls under the age of seven is a matter of great concern to our society. The Centre for Social Research (CSR) after successfully completing the “*Meri Shakti, Meri Beti*” (MSMB) project in the 3 lowest sex-ratio districts of Delhi, namely Narela, Najafgarh and Punjabi Bagh, initiated a similar project in two lowest sex-ratio districts of Haryana (Ambala and Kurukshetra districts) in May 2009 and which comes to an end in April, 2011. The project is in collaboration with and support from the Women Power Connect (WPC). Affluent States like Punjab, Haryana, Gujarat and Delhi don’t want girls. As per 2001 Census Kurukshetra district has 770 girls and Ambala district has 784 girls per 1000 boys and are with below 800 female children per 1000 male children. Furthermore, in the male-female sex ratio in Haryana 5 districts have below 900 females per 1000 males which also includes Ambala (869) district.

To put forth the problem, it may be recalled that that though in India we have several women who achieved national and international acclamation in the fields of politics and leadership, administration, business, sports, acting, etc. and currently the Indian parliament has passed the women reservation bill in the upper house of the Indian Parliament for reserving 33% elected posts for the women in the Parliament and in state assemblies. Yet these progressive developments cannot hide one of the worst impending “gender” crisis India is facing with the rapid depletion of women’s population. The official census of the Govt. of India has revealed a

sharp decline in the sex ratio of children in the 0-6 age group in the 10 years since the last census (from 945 to 927 females per 1000 males).

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Figure 1 Community mobilisation through awareness generation

With these inputs, the project was implemented in the Bahri Mohalla (rural area) of Kurukhstra district and Manav Chowk and Kotwali Sarai (urban area) of Ambala district of Haryana in May 2009. One urban area and one rural area from each district were selected purposively as the intervention area.

The '*Meri Shakti Meri Beti*' project in Haryana is a participatory project which involves the direct participation and cooperation of both the social public (households, community members, NGO members partaking in Focus Group Discussions and Social Audits etc.) and medical fraternity (interviews with stakeholders such as Doctors, Nurses, Dais, government hospitals and conducting medical audit in premises where sex detection techniques are present). Men and adolescent boys are also included for the awareness generation programmes. Our project on female foeticide envisaged to bring community awareness among the target population so that the local community at their own level. It also aims at advocacy and lobbying of the issue in the field for long-term sustainability of our efforts to check sex-selective abortions.

Following are the activities that the Research team of CSR carried out in the project:

- **2 Gender Sensitization Trainings & PC/PNDT orientation** attended by ANMs, PRI members, teachers, lawyers, CMOs, doctors, Protection Officers, Anganwadi workers, Asha workers
- **2 Capacity Building Training** attended by chosen motivators and assistants, Anganwadi workers, CSR staff

- **2 Training Programmes with Stakeholders** attended by ANMs, Asha workers, teachers, lawyers, PRI members, SMS group members, etc.
- **4 District level Advocacy Workshop with Expert Groups in both the project districts of Ambala & Kurukshetra** attended by CMO, doctors, DV officers, Family Welfare officers, Mass Communication Officers, PC/PNDT officers, Vigilance officers, ANMs, Asha workers, teachers/Principals, lawyers, PRI members, Journalists, CSR staff and motivators/ assistants



Community Watch Group meeting in progress at the Anganwadi centre in Bahri Mohala of Kurukshetra district of Haryana

- **26 meetings with the Community Watch Groups (CWGs)** were conducted in both the districts with 30-35 participants per meeting
- **72 Community Outreach Programmes** (on the importance of girl child, ill-effects of the declining sex-ratio, female foeticide and the PC & PNDT Act with the stress on punishment of guilty) were conducted through motivators under the guidance of the CSR project team to generate awareness within the communities in both the project implementation districts
- **4 Interface with Community (Advocacy)** attended by community members, CMOs, doctors, DV officers, Family Welfare officers, Mass Communication Officers, PC/PNDT officers, Vigilance officers, ANMs, Asha workers, teachers/Principals, lawyers, PRI members, Journalists, CSR staff and motivators/ assistants
- **Signature Campaign involving youth** attended by students of 10 schools, 4 colleges, and 1 university of the two districts with 100-200 students in each school/college including male and female students both



Signature Campaign involving the youth

- **1 External evaluation was conducted by the WPC person Ms. Kanta Singh of Kurukshetra project area** conducted by nominated person of WPC on 24th December 2009
- **1 External Evaluation of the Project Area by UNFPA** conducted by nominated person of UNFPA Mrs. Anuradha Rajan on 9th May 2010 of Kurukshetra district project area
- **1 experience-sharing and external monitoring and evaluation** of the project implementation was conducted by selected representative of WPC-UNFPA monitoring team Dr. Neelam Singh of the Kurukshetra district project area
- **Petition on Female Foeticide was flooded in Rajya Sabha** attended by 5 member team including Dr. Ranjana Kumari, Director CSR and Chairperson WPC and Dr. N Hamsa, Director WPC
- **1 Silent Demonstration** conducted on 25th November 2010 by youth, pregnant women and community members
- **Several participation of CSR in project related workshops/conferences** by the CSR Director Dr. Ranjana Kumari and the Project Coordinator & Head, Research Division, Dr. Manasi Mishra



Expert Group Meeting in Civil Hospital, Kurukshetra on 4th February, 2011

- Female Foeticide Campaign involving the Youth (Signature Campaign) in both the districts

While working with the community CSR aimed to raise public awareness, which is not the same as telling the people what to do, but rather it is explaining the problem and disseminating knowledge to people so they can make conscious decisions.

CSR has built partnerships with local government and developed strong networks during the implementation of the project in Haryana. A great success presents the signature campaign involving the youth of schools, colleges and the university with the support of some active student leaders and MSW students in Kurukshetra University as it witnessed massive support during the pre-Diwali meals and fairs where enthusiastic youths signed the cloth in thousands and left their views and suggestions in condemning sex-selective abortions. Through these campaign youths are now joining hands with project staff and are enthusiastic partners in spreading equality of sexes, right to education of girl children and ensuring women's presence in household decision-making.



Cloth of the Signature Campaign involving youth carrying thought-provoking messages

Besides, CSR project team also collected information on medical audit from Ambala and Kurukshetra districts. The track of the registration of pregnancies and birth records of the project implementation areas were kept under vigilant watch by the field-level motivators and CSR project team undertook periodical data of the same to check if there are any suspicious case of sex-selective abortions happening or not. This way the community was under the close watch of CWG members, stakeholders and the Expert Group members.

The major learning from the field-level was that the issue of sex-selection leading to declining sex-ratio in both the districts could not be addressed as a separate issue altogether. It has to be looked into and addressed from the socio-cultural prospective and as an inclusive issue with local sanitation facility, alcoholism, lower status of women, importance of girl child in a family, dowry issues, rise in domestic violence cases, educational status of women, child marriage, bride trafficking, families who have now 4-5 girl children in the hope of begetting one son, etc. Another finding depicts t how unwillingness of district authorities in taking the right step under the PC/PNDT Act can proliferate all sorts of illegal activities prohibited by the act which adversely affects sex ratio in the district level.

The major challenge in the field was to address the participants and convince them on the issue of equality of boys and girls as there are religious and cultural barriers. The difficulty of getting the Expert group members to meet at one place was also meted with as majority of them were busy in campaigns combating the spread of swine flu, polio, etc. in the area and also in the election process.

The project was successfully completed in April 2011.



**“Meri Shakti Meri Beti”
(My Strength, My Daughter)**

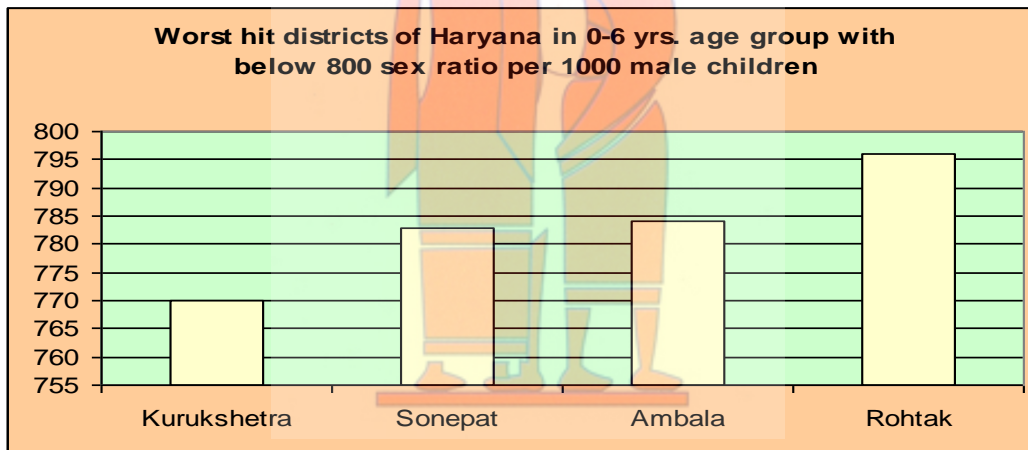
– Save the Girl Child:

**Achieving Gender Equality by Addressing Sex Selection
Fight against Female Foeticide in 20 villages of Haryana**

Viewing the success of Centre for Social Research’s *Meri Shakti Meri Beti* campaign launched in partnership with Women Power Connect (WPC) in the two lowest sex ratio districts of Haryana (Kurukshetra and Ambala) in 2009, the Ministry of Health and Family Welfare (GOI) has appreciated CSR’s work, and has assigned it to replicate the project in these 2 districts of Haryana with 20 more villages and 10 blocks.

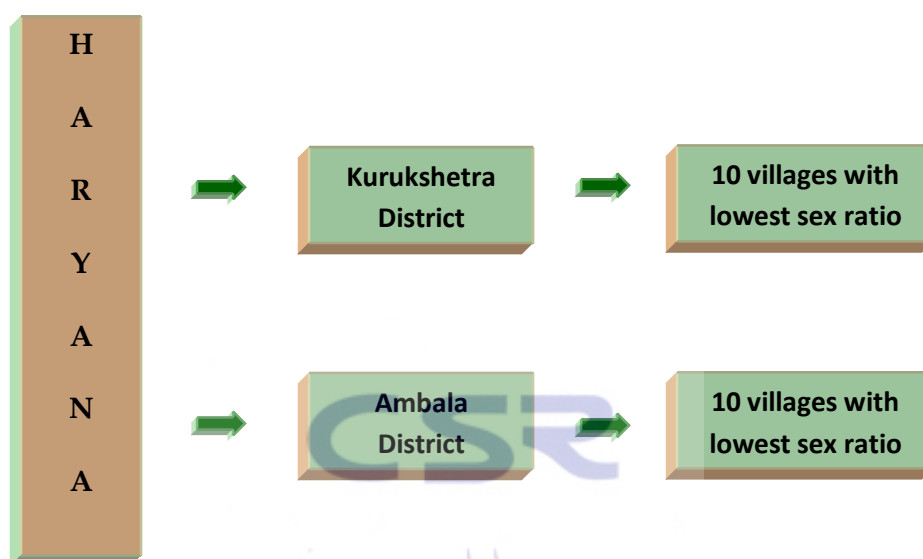
Haryana and Punjab are synonymous with prosperity and wealth which followed as a result of the Green Revolution. Ironically, these two states are also synonymous with skewed sex ratios when observed from a gender lens. Surprisingly, the effect of sex selective abortions is most pronounced among the literate section of people in places like Delhi, Punjab and Haryana than the illiterate masses. As a result, between 35 and 40 million girls and women are already missing from the Indian population.

As per the 2001 census, Ambala district in Haryana accounted for 784 girls per 1000 boys whereas Kurukshetra was at a low of 770 girls per 1000 boys. The four worst hit districts of Haryana in respect of 0-6 year age group as per 2001 Census are Kurukshetra (770), Sonapat (783), Ambala (784) and Rohtak (796) with below 800 female children per 1000 male children.



The Study Area has been selected based on lowest incidence of sex ratio (as per Census 2001) and as per the Civil Registration System in the District HQs. 10 villages each from each district are selected as the intervention area.

The detailed diagram of project location is given below.



In accordance with the Census 2001 and the data available from the District-level Government Civil Hospital under supervision of the Chief Medical Officer of Ambala and Kurukshetra for 2009 and 2010 in the target areas of the project, the following 20 villages (10 per district) were chosen:

Villages in Ambala:

	Village	Child Sex Ratio
1	Nakhrauli	167
2	Bullana	250
3	Sallola	250
4	Rachheri	250
5	Gorsiyia	333
6	Durana	333
7	Panjlasa	250
8	Laha	250
9	Sonda	333
10	Dhanora	333

Villages in Kurukshetra:

	Village	Child Sex Ratio
1	Tyoker	143
2	Kheri Shrhinda	143
3	Dhanipura	167
4	Basantpur	167
5	Jhimeri	200
6	Bakana	200
7	Dhurala	238
8	Bachgwon	250
9	Ishakpur	250
10	Salpani Khurd	273

The project activities are:

- ▶ To launch the project with the involvement of chosen field-level Motivators, Government agencies, CMOs, Doctors, Stakeholders, Anganwadi/Asha workers, teachers and Principals of schools and colleges, NGOs and other active members working on female foeticide issue
- ▶ To conduct pre-evaluation survey of awareness and attitude regarding female foeticide through structured questionnaires with a sample size of 50 households in each village in selected 20 villages in the two districts Kurukshetra and Ambala
- ▶ 1000 data feeding and analysis using SPSS and writing a brief report regarding the pre-evaluation of attitudes and awareness in the project implementation areas
- ▶ To organise Community Outreach Programmes in the selected 20 villages
- ▶ To organise Community Watch Group meetings with community members for awareness generation and dissemination of message regarding the declining sex-ratio, against female foeticide and effective implementation of the PC & PNDT Act in the selected 20 villages, 10 blocks under the two districts of Kurukshetra and Ambala in Community Centres/ Anganwadi Centres/ Panchayat Ghars
- ▶ To organize Awareness Generation training at the village level and the block Level for the stakeholders Health Care Workers, Panchayat Leaders, Village Elders, Religious Leaders etc. on Female Foeticide and relevant laws in Kurukshetra and Ambala districts.
- ▶ To form Expert Committees comprising of the Chief Medical Officers (CMO), Doctors, Lawyers, Protection Officers, Anganwadi workers, Asha workers, etc. in the selected two district to guard against female foeticide in the districts and to organise 4 meetings with them
- ▶ To conduct post-evaluation survey of awareness and attitude regarding female foeticide through structured questionnaires with a sample size of 50 households in each village in selected 20 villages in the two districts Kurukshetra and Ambala
- ▶ 1000 data feeding and analysis using SPSS and writing final report regarding the post evaluation of attitudes and awareness in the project implementation areas
- ▶ To conduct medical audit as per the format in each selected district
- ▶ To develop IEC material for awareness generation and spreading the message against female foeticide

Keeping in mind the importance of the issue of female foeticide together with the fact that sex ratio has been going down steadily until the last census report in both the districts of Haryana, the Research team of CSR felt it is crucial to continue spread of awareness and advocacy through its study.



The research team in one of the households of Dhanana village of Ambala district during the Baseline Study

The first level field visits to build up rapport with field-level personnels such as PRI Heads & members, village elders, other stakeholders, and field observation is over.

In each of the 10 villages 50 women were interviewed on their experience and knowledge about female foeticide as well as the PC & PNDT Act (Pre-Conception & Pre-Natal Diagnostic Techniques), which prohibits sex-selective abortions. The collected questionnaires are developed already. During this first as well as a second round of data collection in Ambala from the 5th to the 7th of April, the research team could already build up networks and advocacy with community women and men. Especially, contact could be established to a number of Anganwadi workers, what represents an important step towards advocacy building in the villages.



With the Lady Sarpanch of the Nakhrauli village, Amabala on 6th April, 2011

The following activities were conducted by the Research Team of the Centre for Social Research (CSR) in the field-level and also at the national level till July 2011:

- ✚ Selection of villages as per the Census 2001 & the data available from the District-level Government Civil Hospital under the supervision of the Chief Medical Officer (also the Appropriate Authority under the Pc & PNDT Act) of Ambala & Kurukshetra for 2009 & 2010 (Photographs at *Annexure I*)
- ✚ Preparation of the research tool
- ✚ Vetting of the baseline questionnaire (*Annexure II*)

- ✚ Collection of baseline data for the study in 10 villages in the surrounding areas of Ambala, all having a sex ratio lower than 300 & one village of Kurukshetra.
- ✚ Discussion with pregnant women, young married couples and family members of the selected 'High-Risk Families' against sex-selection
- ✚ Advocacy with PRI members, district officials, doctors, Asha/Aganwadi Workers, Lawyers, Domestic Violence Officer, Vigilance Officer, etc.
- ✚ Awareness generation programmes through Community Outreach Meetings
- ✚ Medical audit of the district level
- ✚ Baseline data analysis using SPSS and preparation of the report
- ✚ Dissemination of the finding to the Ministry of Health & Family Welfare's PC/PNDT division

The followings are some findings of the baseline survey:

- It shows a skewed sex-ratio in every village among 0-2 & 0-6 years of children.
- Sex-selective abortions are happening across the class, caste and educational attainments
- Though initially hesitant to admit, the villagers accepted the fact that there are less number of girls in the villages
- Apart from the scare of preparing for a huge dowry with the birth of a girl child and the continuous flow of gifts on every occasion, maintenance of chastity of the girl child is the major cause of female foeticide in rural areas of Haryana.
- The villagers including the educated and high-class landlords are not aware about the PC/PNDT Act by its name and provisions, but, know that sex-selection is illegal and banned by the Government
- The villagers are also aware about the ultrasound clinics/maternity homes/nursing homes, etc. who are conducting sex-selection and the places where subsequent abortions are done.
- There is an over-lapping in understanding about women's right to abort an unwanted pregnancy and sex-selective abortions in the field level
- The presence of different religious sects, who can be a major driving force in preventing sex-selective abortions, have little contribution in checking the declining sex-ratio.
- The selected low-sex ratio villages neither have a dispensary nor a Senior secondary School for Girls leading to the business proliferation of quacks with portable ultrasound machines and semi-educated unaware girls and young women about their rights over their body and reproductive rights

The Research Team built up rapport with field-level personnels such as PRI Heads & members, village elders, other stakeholders, and initiated dialogues on the issue in the period May to July, 2011.



Discussion with PRI members in one of the villages in Ambala



Discussion with PRI members in one of the villages in Kurukshetra

Beside this, discussion with mothers-to-be and young couples and members of high-risk families were also carried out. On 7th June 2011, the review of the project work was presented by CSR at the Ministry of Health & Family Welfare, Nirman Bhawan. Extensive discussions on PC/PNDT Act were conducted in all the selected 20 villages of Ambala and Kurukshetra districts. The project was successfully completed in December 2011.

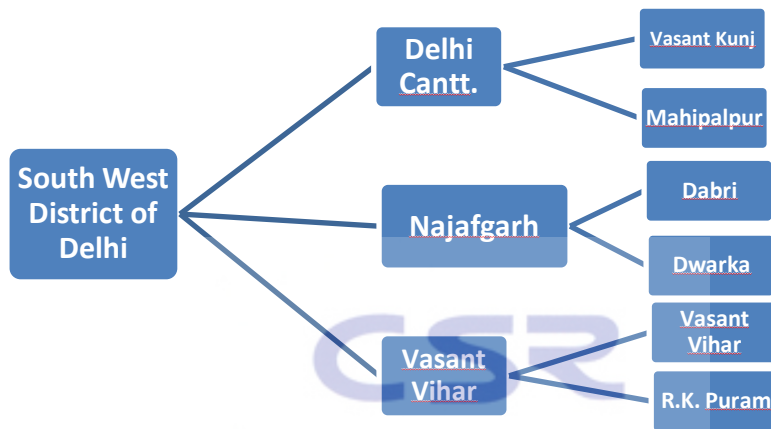
Action-based Research Project:

**“Meri Shakti Meri Beti”
(My Strength, My Daughter) – Save the Girl Child:
Achieving Gender Equality by Addressing Sex Selection
In the South-west Delhi**

Brief outline of the “Meri Shakti Meri Beti” (MSMB) Project

Female foeticide not only results in a declining girl population, but violates our notion of human rights, and most importantly poses a question of the survival of the human race leading to ‘civilization crisis’. The sex ratio of rich states in India particularly Delhi is continuously witnessing a declining trend with every Census report e.g. it plummeted 10 points from the 2001 Census (846 girls per 1000 boys) to 2011 Census (836 girls per 1000 boys). Hence, CSR is implementing the present MSMB project in the most skewed sex ratio district of Delhi i.e. South-west district.

Project areas:



The project envisages to carry out an attitudinal survey among community members and stakeholders apart from medical audits. It will be an action research with silent demonstration in elite pockets and *Chetna Yatras* (awareness generation rallies/walks) in rural areas. There will be signature campaigns with youths from schools, colleges and universities also. The project will develop IEC material for better understanding and implementation of the PC/PNDT Act.

“With low levels of awareness and nuclear families, the desire for male child has grown. At least 25-50 per cent of females in villages of south-west Delhi are forced to abort or get a sex determination test,” women are necessary for the existence of the society and world.”

On 20th March 2012, the project launch event named as ‘*Kanya Janm Mahotsav*’ have been organized in the Chouhal of the Kishangarh project area. The event marked the felicitation of 50 mothers of young girl children and has been a huge success.

At present, the project has been pursuing the formation of the Committee Against Female Foeticide (CAFF) by involving Resident Welfare Associations of posh, elite areas and the Community Watch Groups(CWGs) in grass root level areas to generate awareness among people against the issue and on implementation of the PC/PNDT Act. The stakeholders data collection has also been initiated. 150 households of each project area has also been approached for an attitudinal study.

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