

**Economic and Statistical Organisation,
Department of Planning, Government of Punjab**

**Consultancy Services for Carrying Out
Study of Gender Empowerment
and Declining Sex-ratio in Punjab**



Final Report

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Chapter 1

Introduction

India's approach to development, its constitution, Public Policies, Legislations and Act always reflected a humane approach for delivery of social and gender justice. Initially, country's planning was form 'welfare' platform targeting 'down trodden' and 'women'. However, through interaction with international bodies and India's role in international community, all development issues indicating gender and development issues witnessed many changes. In this context the second (Nairobi, 1985) and fourth (Beijing, 1995) World Conferences on Women and PFA for guiding action/initiatives were salient catalyst to move to "Human Development" approach. At the same time the paradigm shift to Human Oriented Development Approach - based on four (4) Pillars: **Growth, Equality, Empowerment** and **Sustainability** - has opened up a lot of debate in many countries including India for the inequality between regions, states, communities and most importantly 'Gender Inequality'.

In India the effect of earlier Growth Oriented Development Approach benefited number of states including Punjab. Punjab's achievement in economic front is perhaps the best in the country. The state however reflects a very grim picture in Gender related Development Indicators (GDI) and Gender Empowerment Measures (GEM)ⁱ specially the sex-ratio. People limit their families but if possible, with greater number of sons. Abuse of medical technology in the form of prenatal diagnosis of foetal sex followed by induced abortion is no secret anywhere. The effects are visible in the form of rising Sex-Ratio at Birth (SRB), overall adverse sex ratio; alarming sex ratio in 0-6 year's age group and indication of disastrous population imbalance in economically prosperous state like Punjab^{ii, iii}. It is also to be remembered here, that historically Punjab state had cultural practices of female infanticide for various reasons. Today, direct infanticide are at times replaced by different indirect strategies leading to death of female children through deliverable neglect, inadequate child care and medical attention/intervention, gender biased intra-household food distribution and intake etc. All those have tacit social sanction and ensconced in deep rooted 'Gender Ideology' common in Patriarchal Social System of India in general including Punjab.

1.1 Gender Issues and Declining Sex–Ratio

The declining sex ratio within any community automatically poses a question—why girls/women/females are so much unwanted in the society. To answer that one need to look at many Gender and Development (GAD) issues embedded in multifarious socio-cultural-religious and economic system of the society. Earlier researches^{iv v vi vii} conducted on increasing masculinity in Punjab population point out reasons [though many of them are common to other population also] as under:

- Patriarchy - Women's social status and social position
- Religious directions - Rights of males in rituals of birth, death, marriage etc.

- Cultural practices - Continuity of lineage through male line
- Social values - Giving away a girl in marriage puts the girls family in socially inferior position with respect to boy [groom's] family
- Preference for male [son] in Agricultural societies
- Social evils - Dowry, Lack of assets/property
- Community Attitude - Sons as assets and daughters as liabilities. Social/old age security through male child
- Girls as property of family of procreation [Paraya Dhan]
- Violence [verbal & physical] against women is traditionally accepted tool for putting down the rivals/opponents/enemies in situations of conflicts, stroke, war.
- Economic viability of girls in the absence of proper education & skills, as also associated social prejudice
- Women's work [Domestic & outside] are mostly without economic return
- Domestic violence against women – Socially accepted actions
- Protection of girls against sexual abuse within the community
- Legal biases within the personal laws

1.2 Women's Empowerment Issues

Strategic planning for women's empowerment need to recognize that the success of "empowerment of women" is to build /inculcate "power within women"^{viii}. Power includes Education, Information and Knowledge; Physical well being, Quality-health, Control over own body; Economic independence, Self sustainability, Freedom from Gender based violence, defending Human Rights of women; Defending child rights; Decision making ability and competence; Ability to Communicate and Negotiate; Self esteem and Confidence etc. in women (female) from (pre-birth) birth till adulthood. These development efforts need support of both family of origin and family of procreation. Most importantly it needs male partnership, awareness, and gender sensitivity in women's empowerment.

1.3 Gender Issues in Punjab - Rationale

History points out that Punjab – because of it's prosperity and strategic location in North West India attracted many out side invaders and served almost like Gateway of India. The people of this state suffered many wars and invasions – which indirectly influenced its culture also.

A natural fall out of war related disgrace through females of the community as also the demand of male workers in agrarian society, the culture of the state adopted both female infanticide and male preference. Subsequently other social vices like exorbitant dowry, gender based violence etc. all contributed in dwindling of female population of the state (More extensive discussion on Human Development and

Gender issues in Punjab are provided in chapter III of the report). In spite of its economic prosperity the state is earning a bad name for its increasing disproportionate masculine composition of population. The declining child sex ratio, in particular, is an eye opener for the Administrators, Implementers, Researchers and Development Practitioners of the State in particular and country in general.

In consonance with the ideas, Govt. of Punjab with support from UNDP has proposed to get a study conducted for understanding all critical dimensions of gender issues and declining Sex-Ratio in the state as also to suggest measures to overcome the constraints.

1.4 Objectives of the Study

The main objectives of the study were:

1. To understand the operative factors responsible for Gender inequality in critical development issues of:
 - i) Declining Sex-Ratio;
 - ii) Women's Health Status;
 - iii) Female Literacy;
 - iv) Income/Economic Independence of women; and
 - v) Gender Based Violence
2. To assess the impact/efficacy of Govt. interventions in the form of:
 - i) State schemes for improvement of Health, Education, Employment - Quality of life - of Female
 - ii) Legal measures for safeguarding women's interest and protection from Gender based violence specially sex selective abortions.
3. To find out the constraints and gaps in intervention strategies and put suggestions thereof.
4. To analyse the causes and effects of Gender based violence's in the life cycle (pre-birth, infancy, childhood, adolescent, adulthood and old age) of women of the state and suggest measures for action by all stakeholders (Govt., Private sector, civil society and others).
5. To identify the sub-sectors and activities in the private services where there are scope/possibilities of livelihood opportunities/income generation/employment (economic independence) of women.

6. To suggest suitable and effective capacity building of women in the form of re-education, training and skill development for accessing the benefits of existing opportunities.

ⁱ See UNDP Human Development Report – Punjab, 2004

ⁱⁱ Statistical Abstract of Punjab, 2006. Publication No. 914, Economic and Statistical Organisation, Government of Punjab (India).

ⁱⁱⁱ Economic Survey of Punjab, 2006-2007. Economic Adviser to Government of Punjab, Chandigarh.

^{iv} Bhat, P. N. Mari and Zavier, A.J. F. (2007). Factors Influencing the Use of Prenatal Diagnostic Techniques and the Sex Ratio at Birth in India. Economic and Political Weekly, 2292-2303.

^v George, S. M. and Dahiya, R.S. (1998). Female Foeticide in Rural Haryana. Economic and Political Weekly, 2191-2197.

^{vi} Nanda, A. K. and Veron, J. (2005). Child Sex Ratio Imbalance, fertility Behaviour, and Development in India: Recent Evidence from Haryana and Punjab. Gender Discriminations Among Young Children in Asia (eds. Isabelle Attane and Jacques Veicon). French Institute, Pondicherry and Centre for Development Studies, Paris.

^{vii} Nayar, U. 1995. Doomed Before Birth: Study of Declining Sex Ratio in the Age Group 0-6 Years in Selected Districts of Punjab and Haryana. Department of Women's Studies, National Council of Educational Research and Training, Delhi.

^{viii} Longwe, S. H. 2002. Addressing Rural Gender Issues: A Framework for Leadership and Mobilisation. Paper presented at the III World Congress for Rural Women, Madrid, October, 2002.

Chapter 2

Methodology

The study adopted a holistic approach wherein both Secondary and Primary Data was used. Further, the study was based on both Qualitative and Quantitative information (Data). Secondary information on critical dimensions of Gender Inequality, viz., issues of declining sex-ratio, health, education and economy/employment, violence against women, dowry, etc. were collected from various sources. These were supplemented by field-based primary research on the selected areas of the state.

2.1 Collection of Data

2.1.1 Secondary Data

Secondary data pertinent to the subject of the study, were collected, reviewed and analyzed to achieve the objectives of the study. Secondary data were collected from different organizations, like- Women Study Centers of Delhi and Punjab University as also Dept. of Women's Study, NCERT; Central ministry of Women and Child Development, Planning Commission of India etc. State-level Libraries like, relevant Departments of Punjab University and its Women Study Centres; Regional Resource Centre, Centre for Population Studies, Centre for Research in Rural and Industrial Division (CRRID) etc. were visited for the purpose. In addition, efforts were made to consult annual reports & other reports on the issues available in related Ministries/Departments; other officially published and unpublished records, and researches which are, hitherto, conducted on gender issues.

2.1.2 Primary Data

Primary data were collected from two (2) selected districts Hoshiarpur and Fatehgarh Sahib of the state. These districts have been selected on the basis of decadal decline in sex ratios during 1991-2001. Fategarh Sahib is in the Malwa region of Punjab and has the greatest decadal decline in child sex ratio, of 108 points (874 in 1991 to 766 in 2001). The lowest decadal decline is in Muktsar (46 points) which incidentally is in the same region as Fategarh Sahib. Therefore, instead of another district in the same region, Hoshiarpur has been chosen as it is in the Doaba region and has the lowest decadal decline (72 points) in that region. This, enables a comparison between cultural regions in addition to the varied child sex ratio decline. The required number of households was covered from rural (selected villages) and urban areas to collect information on the referred issues.

2.2 Study Tools / Instruments

The study tools of the study comprised of semi-structured schedules and guidelines which provided all the issues and their sub-points discussed during the interviews. Keeping in mind the sensitivity of the topics no direct question was asked to the respondents. Thus, the guidelines provided flexibility in framing questions on the spot depending on the situation. The research team [interviewers] adopted anthropological technique of establishment of rapport with the concerned people. Thereafter, the responses of all the questions were drawn from the discussions with the respondents. Although a structure was suggested in the guidelines, they neither restricted the flow of spontaneous discussion nor any pressure applied when people did not want to talk on the issue. It was essential for the respondent to be comfortable in answering or discussing the topics outlined in the study tools, so that maximum issues could be covered and quality data collected during the exercise.

The study tools used for multifarious participatory research techniques for data collection are as follows.

2.2.1 **Semi-structured Schedule for the Household survey**

This was used for collection of data from households. Details of households including attitude and knowledge of HH along with women's reproductive profile [performance] were obtained from those households where there are children between 0-6 years of age. For data on household details, household composition, gender awareness, perceptions and attitude of the household head, either the household head or some elderly member of the household was interviewed. Further, for information on Gender Awareness, Perceptions and Attitude of Women, women who had pregnancy outcome in the last five years were interviewed. (Please refer to Annex I)

2.2.2 **Interview guidelines for In-Depth interviews**

This tool was used for collection of information from Govt. officials (BDO, ADM & CDPO), Medical Practitioners, PRI representatives (Pradhan & Women Members), Women Teacher, Working Women, Anganwari Worker (AWW), Dai etc. The purpose of these interviews was to get an insight into their awareness and attitudes regarding the decline in sex ratio, as well as understanding their efforts in improving the situation in their respective duty areas/ local constituencies / areas of operations. (Please refer to Annex II)

2.2.3 Guidelines for Focus Group Discussions (FGD)

This was used for understanding the attitude, awareness knowledge of Community Members. In each district four (4) FGDs were conducted – One with the village male group in the presence of prominent member of the Community like Village Pradhan, medical practitioners, etc. Similarly for FGD with women, members of Mahila Mandal, other leading women and important women functionaries of the village were used for better interaction and transparency in the sensitive issues. (Please refer to Annex III)

2.2.4 Field observations

In addition to the Interviews and Focus Group Discussions, the research team I recorded their personal observations [during the data collection period] and other relevant information related to issues covered in the study.

2.3 Study Area

Primary data was collected from two (2) selected districts of the state – Fategarh Sahib and Hoshiarpur. This was finalised in consultation with the Client and the Panel of Experts.

2.4 Sample - Universe of Study

The total sample of the study included 300 households from four to six (4-6) villages and two (2) urban locations across the two selected districts Hoshiarpur and Fatehgarh Sahib. The sample also included ten (10) in-depth interviews from each district.. In each district 4 FGDs (2 rural and 2 urban) and total of 8 FGDs were conducted. Following table presents the sample plan of the study.

Table 2.1 Sample Plan

DISTRICT	STUDY AREA			SAMPLE SIZE		
				Households	FGDs	In-Depth
Hoshiarpur	<i>Rural</i>	1 Block	2-3 Villages	75	2	10
	<i>Urban</i>	Hoshiarpur Town/ City		75	2	
Fatehgarh Sahib	<i>Rural</i>	1 Block	2-3 Villages	75	2	10
	<i>Urban</i>	Fatehgarh Town / City		75	2	
Punjab (Total)	<i>Rural</i>	2 Blocks	4-6 Villages	300	8	20
	<i>Urban</i>	2 Urban areas				

2.5 Study Team

2.5.1 Core Team

The core study team included: Project In Charge, Gender Expert, Social Scientist and Research Associate. Field Investigators were selected, appointed and trained before the data collection stage.

2.5.2 Technical Advisory Committee

The Core Study Team was in close interaction with a Technical Advisory Committee consisting of subject matter specialists (Gender Expert, Demographer, Social Scientist and Educationalist) who guided/advised the team from time to time.

2.6 Reporting and Documentation

A draft report has been prepared. The final report will be prepared, after incorporating the recommendations of the Interactive Consultations / Workshop schedule to be organised shortly in the state.

Within the draft report, the findings from the primary data have been incorporated. Along with the secondary information drawn from various sources the data have been analysed and the salient recommendations have been presented in the current report. On the basis of these analyses, recommendations /suggestions have been provided. These will be addressed further during the Interactive Consultations / Workshop.

2.7 Interactive Consultations/ Workshop

The Study Report (draft document) prepared on the assignment will be discussed in detail in the State Level Consultation/meeting on the subject.

In addition, **issue-specific small group discussion** will be held in the workshop on:

- Health including declining sex-ratio
- Education including vocation skill training
- Gender based violence
- Economy/Empowerment including self-empowerment and enhancement of skills

The suggestions/recommendation on each of the specific issues, emerging from the workshop will be incorporated in the report.

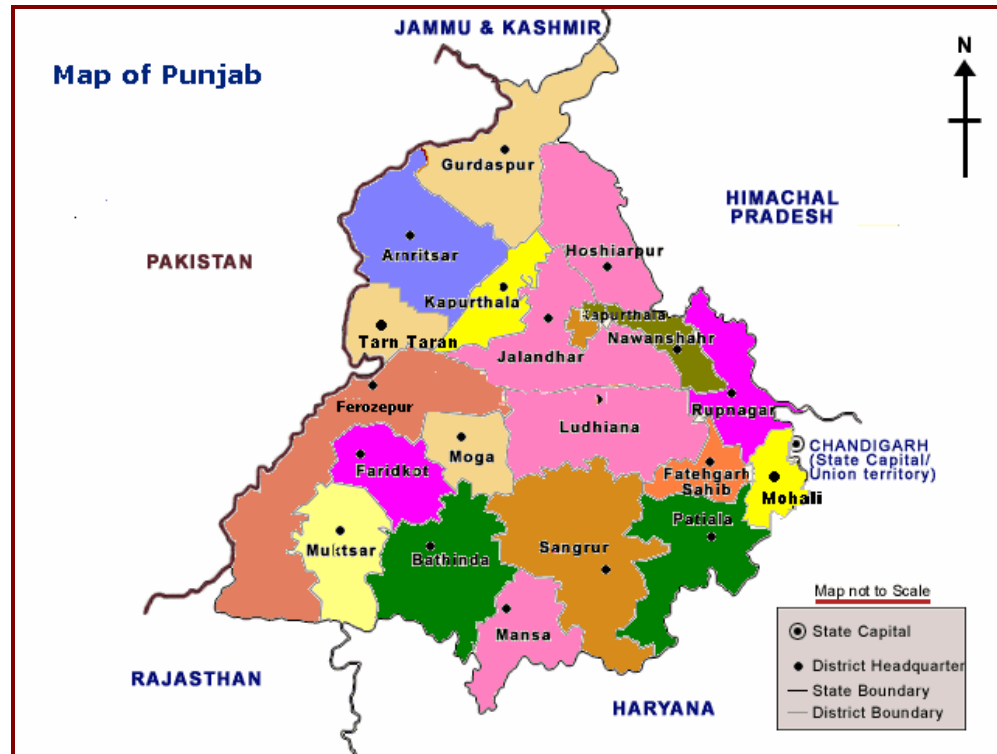
Participants of the consultation/workshop will be identified and finalised in consultation with State Planning Board, Planning Commission of India and UNDP.. Based on the comments the document will be finalised by the consultant for submission to Punjab Government.

Chapter 3 Human Development and Gender Issues in Punjab

3.1 Geographical Location of Punjab

The state of Punjab is a part of the world's first and oldest civilizations, i.e. The Indus Valley civilization. It is a land of rivers, fertile soils and steady achievement. Punjab is situated in northwest India between 29'30" N to 32' 32" N latitude and 73' 55" E to 76' 50" E longitude. It is bordered by Pakistan on the west, and by four Indian states - Jammu and Kashmir on the north, Himachal Pradesh on its northeast and Haryana and Rajasthan on its south. Punjab occupies 1.54% of the country's total geographical area (50,362 square kilometres). However, because of its critical position in northwest India, the state historically served as gateway of India – a prosperous destination for many outsiders.

Figure 3.1 District Map of Punjab



3.2 Physical Features of Punjab

Physically, Punjab may be divided into two parts; the Sub-Shivalik strip and the Sutlej-Ghaggar plain. The Sub-Shivalik strip covers the upper portion of Ropar, Hoshiarpur and Gurdaspur districts whereas the Sutlej-Ghaggar plain embraces the other districts of the Punjab. Punjab is said to have derived its name from the five rivers that flow through this region, viz., the Sutlej, Beas, Ravi, Chenab

and Jhelum. This land of five rivers is mostly fertile plain. Most of Punjab is a fertile plain; toward the southeast one finds semi-arid and desert landscape; a belt of undulating hills extends along the northeast at the foot of the Himalayas. In addition, this state is watered by an extensive canal system.

3.3 Climate

The state has a continental climate. Between November and February, daytime minimum temperatures range between 5°C and 9°C. However, nighttime temperatures occasionally drop to freezing point. Daily maximum winter temperature range between 19° C and 27° C. Humidity in winter is very low. The summers are very hot with an average daily temperature in May and June of 40°C. Temperatures occasionally reach 45°C. Annual rain fall ranges from about 125 cm. in the Shiwalik Hills to about 35 cm. in the southwest Punjab. Amritsar receives about 65 cm. of rain per year, of which 70 per cent falls during the monsoon season of July to September. About 15 per cent of annual rainfall is brought by cyclones between December and March.

3.4 Administrative Set-up

Chandigarh, the capital city of the state of Punjab is administered separately as a Union Territory since it is also the capital of neighbouring state of Haryana. The administrative set up of the state has been shown in Table 3.1.

Table 3.1 Administrative Units of the State of Punjab

Administrative Units	
Divisions	4
Districts	17
Sub-Divisions/Tehsils	72
Sub-Tehsils	81
Blocks	141
No. of Cities*	14
No. of Towns*	145
No. of Inhabited Villages*	12278
Local Bodies	
Zila Parishads	17
Municipal Committees	133
Improvement Trusts	20

* Source : Census of India, 2001

3.5 Demographic Indicators

Punjab is one of the most prosperous states of India. The major demographic indicators of Punjab vis-à-vis India are shown Table 3.2

Table 3.2 Demographic Indicators of India and Punjab

Indicators	Punjab	India
Total Population	24,358,999	1,027,015,247
Male Population	12,963,362	531,277,078
Female Population	11,325,934	495738169
% age of Rural population	66.05	72.22
Decennial growth rate (1991-2001)	19.76	21.34
% of scheduled caste population	28.31	16.48
Sex ratio (Female per 1000 male)	874	933
Sex Ratio (0-6 years)	798	927
Sex Ratio (SC)	892	936
Density (per sq. km)	482	324
Literacy Rate (%)	69.9	64.8
Literacy Rate Female (%)	63.4	53.7
Literacy Rate Male (%)	75.6	75.3

Source : Census of India, 2001

3.5.1 Population

Latest Census (2001) figures show that Punjab's population constitutes 2.37% of the total population of the country. During the last 10 years, the population in Punjab has gone up by 40.07 lakhs, registering a decadal growth rate of 19.76%. The sex ratio has, however, declined from 882 in 1991 to 874 in 2001. The density of population is up from 403 in 1991 to 482 now.

3.5.2 Sex Ratio

In Punjab, the gender composition (the number of females per thousand males) is still quite poor due to prevalent social and cultural factors. Punjab is the state with second lowest sex ratio (874 females per thousand males) and is much below the national average (933 females per thousand males). As seen in Figure 3.2, until 1991, Punjab's sex ratio slowly increased. However in the 2001 Census, it caused a state of alarm across the nation by plummeting down to a pre-1981 Census figure of 874. The low sex ratio for India as well as Punjab reveals a continuing imbalance in the gender relations. Districts of Punjab also exhibit a grim scenario as per Census of India, 2001. Table 3.3 shows the Census sex-ratio figures. Hoshiarpur is the only district that has sex ratio (935) comparable with the national average. Other than Hoshiarpur, Nawanshahr

and Barnala, all other 15 districts of Punjab have sex ratio below 900. Ludhiana ranks at the bottom with the lowest sex ratio of 824. Among all the districts of Punjab, the maximum decline (of 20 points) in the sex ratios during 1991- 2001 has been witnessed in Fatehgarh Sahib and Ludhiana districts (Census of India, 2001)¹.

Further, the consistently falling child sex ratio (0-6 years) for the Indian population has been a major cause of concern. The child sex ratio has been registered as 927 in 2001 for whole of India, declining from 945 in 1991 and 962 in 1981¹¹. However, the situation is very dire in the state of Punjab. The latest Census data shows that Punjab has the lowest child sex ratio in the country and this figure has decreased by 82 points. A matter of concern is that none of the districts of Punjab have shown positive trend. Out of the ten districts with the lowest child sex ratio in the whole of India, seven belong to Punjab, viz. Amritsar, Bhatinda, Fatehgarh Sahib, Gurdaspur, Kapurthala, Mansa and Patiala (Punjab Human Development Report, 2004). Fatehgarh Sahib has shown the highest decline of 120 points². There is therefore an urgent need for strict social and legal measures to halt and reverse this trend.

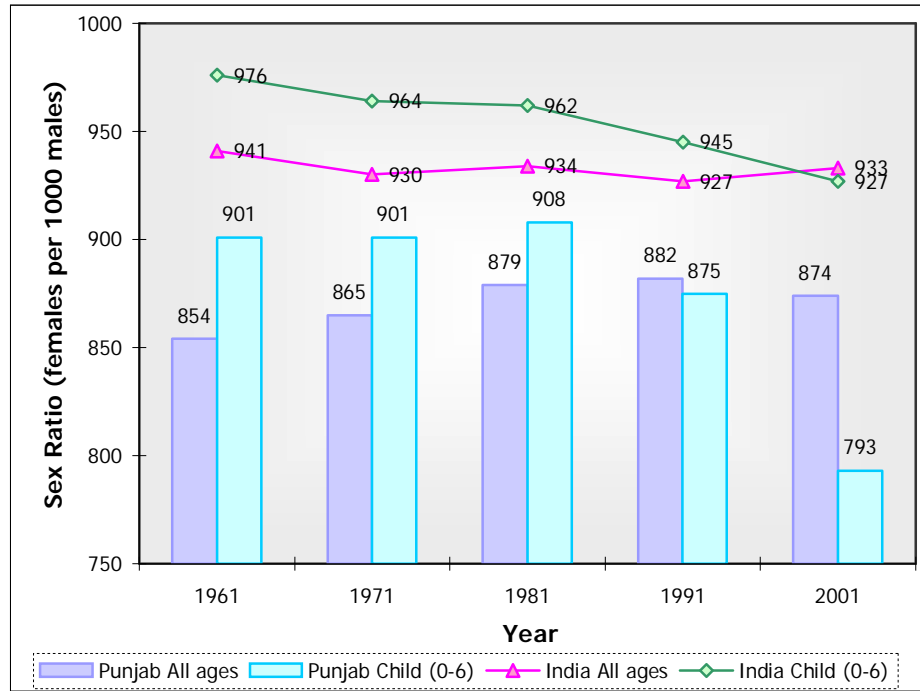
Table 3.3 District-wise Decline in Sex Ratio in Punjab

Districts	All Ages Sex Ratio*			Child (0-6 Yrs) Sex Ratio*		
	1991	2001	Change	1991	2001	Change
Amritsar	873	874	1	861	783	-78
Barnala	-	907	-	-	792	-
Bhatinda	884	865	-19	860	779	-81
Faridkot	883	881	-2	865	805	-60
Fatehgarh Sahib	871	851	-20	874	754	-120
Ferozepur	895	883	-12	887	819	-68
Gurdaspur	903	888	-15	878	775	-103
Hoshiarpur	924	935	11	884	810	-74
Jalandhar	897	882	-15	886	797	-89
Kapurthala	896	886	-10	879	775	-104
Ludhiana	844	824	-20	877	814	-63
Mansa	873	875	2	873	779	-94
Moga	884	883	-1	867	819	-48
Muktsar	880	886	6	858	807	-51
Nawanshehar	900	913	13	900	810	-90
Patiala	882	864	-18	871	770	-101
Ropnagar	870	870	0	884	791	-93
Sangrur	870	868	-2	873	784	-89
SAS Nagar	-	840	-	-	785	-
Tarntaran	-	887	-	-	784	-
Punjab	882	874	-8	875	793	-82

Source: Punjab Human Development Report 2004, and Statistical Abstract of Punjab, 2006.

* Sex Ratio: number of females per 1000 males

Figure 3.2 Decadal Sex Ratios for Punjab and India



3.5.3 Literacy

Punjab has shown a substantial improvement in literacy rates over the years. The overall literacy rates have almost doubled in the last 30 years. There has also been an improvement in the female literacy rate. The state has achieved the literacy rate (69.95%) in the year 2001, slightly higher than the national average (65.38 %). Despite this, in terms of literacy, Punjab ranks 16th among all the States/ UTs at the national level. Women's literacy rates in Punjab showed an increase of 13.14 percent, which was significantly higher to the 9.97 per cent increase in male literacy. In addition, girls / women are faring quite well in comparison to boys / men. According to the latest Statistical Abstract of Punjab (2007), there are nearly 47% girls enrolled in the primary level and 45.53% in the Higher Secondary level. In terms of post-school education, women are doing better than men, with 54% at the B.A./B.Sc./B.Com level; 73.72% at the M.A./M.Sc./M.Com level and 55.92% at the PhD level. Most impressively, there were over 77% women (compared to men) pursuing a B.Ed. degree and 51.62% women pursuing an MBBS. District-wise figures show that Hoshiarpur district has the highest literacy levels and Mansa district has the lowest (Census of India, 2001).³ Table 3.4 gives the decadal literacy rates, male, female and total in Punjab.

Table 3.4 Male and Female Literacy in Punjab

Year	Punjab*		
	Male	Female	Total
1971	42.23	24.65	34.12
1981	51.23	34.35	43.37
1991	65.66	50.41	58.51
2001	75.63	63.55	69.95

* Source: Census of India, 2001, Series 4, Punjab (Provisional Population Totals, Paper 1 of 2001). (2001). Registrar General of India, Government of Punjab, India.

3.5.3 Marriage Patterns

Marriage patterns are important determinants of fertility and family planning regimes. Traditionally the female age at marriage has been relatively higher in Punjab than the national average. The NFHS-2 indicates that in 1998-99, for women aged 25-29, the median age at first marriage was 3.6 years higher in Punjab (20.0 years) than in the country as a whole (16.4 years). Quick pregnancies cause extensive health risks to mother and the child. Mothers with longer gaps promote child survival and help reduction of fertility. NFHS-2 showed that the medium interval between two most recent births is highest in Kerala (38.1 months) and the shortest in Punjab (28.0 months).

The age at first birth and the age at last birth are two important indicators that highlight the length of the reproductive period in terms of initiation and cessation of child bearing. A trend towards shortening of reproductive life in Punjab, in recent times, from 9.0 to 7.4 years has been documented by the NFHS.

Data on birth-interval, on a long-term perspective, support the idea that strategies of reproduction are changing in Punjab. Couples from diverse backgrounds are giving up the old practice of relatively longer gaps between two successive births or between marriage and the first birth in favour of shorter birth-intervals. Such gradual shortening of birth-intervals, alongside the fertility decline, is in response to a variety of social, economic and other demands, that society is imposing on the couples for conforming to newer reproductive goals of having fewer children.

3.6 Health Status

Punjab has one of the highest per capita incomes in India, next only to Delhi, and has an income poverty rate of six percent⁴ It has lower birth and death rates as compared to the national average figures. Further, better availability of health facilities is reflected in the fall in birth rate, death rate, infant mortality

rate and increase in life expectancy (Table 3.5). Thus, these figures reflect better health status of people of Punjab as compared to other states and national figures. However, there are inter-district, urban rural, gender and other differences that need to be addressed to reduce disparities and work towards achieving greater equity in health.

Table 3.5 Major Health Indicators of Punjab vis-à-vis Punjab

S. No	Indicator	Punjab	India
1.	Expectation of Life at Birth	67.4 [□]	62 [§]
2.	Expectation of Life at Birth (Male)	66.4 [□]	61 [§]
3.	Expectation of Life at Birth (Female)	68.6 [□]	63 [§]
4.	Birth Rate, 2006*	17.8	23.5
5.	Birth Rate (Rural), 2006*	18.4	25.2
6.	Birth Rate (Urban), 2006*	16.8	18.8
7.	Death Rate, 2006*	6.8	7.5
8.	Death Rate, (Female) 2006*	6.1	7.0
9.	Death Rate, (Male) 2006*	7.4	8.0
10.	Infant Mortality Rate, 2006*	44	57
11.	Infant Mortality Rate (Female), 2006*	50	59
12.	Infant Mortality Rate (Male), 2006*	39	56
13.	TFR (Per Woman), 2005-2006**	1.99	2.68
14.	Maternal Mortality Rate, 2005-2006***	178	301

□ 1992-1996 Life Expectancy figures, Punjab Human Development Report

§ 2004 Life Expectancy Figures, World Health Statistics, 2006

* SRS Bulletin, Vol. 42, No. 1. (Oct. 2007). Sample Registration System, Registrar General, India.

**NFHS 3

*** MoHFW / SRS 2001-03

3.6.1 Life Expectancy

The State Government's multiple efforts, especially in terms of improvements in the standard of living and availability of medical facilities, have been successful in increasing the life expectancy at birth during 1996-2001 as compared to earlier estimation for the interval during 1991-1996. While comparing the life expectancy of Punjab with all India it is observed that both male and female of Punjab has better life expectancy than in Indian since 1976-1980 to 1996-2001.⁵ Females in the state benefited more than males from the increase in life expectancy in tune with the national trend between 1970-75 and 1991-95. In approximately 21 years, addition to female life expectancy has exceeded the addition to male life expectancy at birth and at selected ages.

3.6.2 Birth Rate

The latest figures (Table 3.5)⁶ show that birth rate of Punjab, cutting across the rural and urban areas of the state (17.8 live births per 1000 in a year), is lower

than the national (23.5) figures. The birth rate for Punjab's rural population is 18.4 as compared to 25.2 for all India rural population; 16.8 for Punjab's urban population, lower than the corresponding national figure (18.8).

3.6.3 Infant Mortality and Child Mortality

The reduction of Infant, Child and Under-five Mortality rates has continued to be national priority since the First Five Year Plan (Planning Commission 1952), as children below five years typically have a relatively higher probability of death in the Indian circumstances. The situation in Punjab might compare favourably with the national scene, but the overall economic prosperity of the state is not reflected in trends of infant and child survival (Table 3.6). The Punjab Human Development Report, 2004 highlights the fact that female infant mortality in every district is lower than the male infant mortality. Furthermore, the female infant mortality has decreased at a faster rate in comparison to male infant mortality in the decade of 1981-91. Similarly, female mortality rate, for children less than 5 years of age, declined at a much faster rate as compared to males. This shows that it is not infant and child mortality that are leading to a low sex ratio in Punjab (Punjab Human Development Report, 2004). The Sample Registration System has estimated the Infant Mortality Rate (IMR) in Punjab as 44 per 1000 live births in 2007. Though the rural-urban differentials in fertility has reduced to a large extent from a gap of 25 points to just of 2 points⁶ (NFHS-3), the male-female differential in the mortality rates is still large. Infant mortality rate for Punjab figures 50 for females against 39 for males.⁷

In spite of lower poverty levels, greater agricultural prosperity, attainment of better living standards and access to basic amenities, rapid urbanisation, higher female literacy, greater network of transport, increasing private participation in health care services, and less rural and urban differentials in infant mortality, female mortality continues to be a major cause for concern in Punjab.

Table 3.6 Infant Mortality Rate (IMR) by Selected Background Characteristics in Major Indian States

State	IMR ¹ (2000)	Births in medical institutions (%) ² (1998-99)	Population Poor (%) ³ (2000)	Literate Females (%) ⁴ (2001)	Population living in urban areas (%) ⁵ (2001)	Females participating in workforce (%) ⁶ (2001)	Annual Growth Rate of GDP (%) ⁷ (91-92 to 97- 98)
A. P.	65	49.8	15.8	51.2	27.1	34.9	5.0
Bihar	62	14.6	42.6	33.6	10.5	18.8	2.7
Karnataka	57	51.1	20.0	57.5	34.0	31.9	5.3
Kerala	14	93.0	12.7	87.9	26.0	15.3	5.8
M. P.	87	20.1	37.4	50.3	26.7	33.1	6.2
Maharashtra	48	52.6	25.0	67.5	42.4	32.6	8.0
Orissa	95	22.6	47.2	51.0	15.0	24.6	3.3
Punjab	52	37.5	6.2	63.6	34.0	18.7	4.7

State	IMR ¹ (2000)	Births in medical institutions (%) ² (1998-99)	Population Poor (%) ³ (2000)	Literate Females (%) ⁴ (2001)	Population living in urban areas (%) ⁵ (2001)	Females participating in workforce (%) ⁶ (2001)	Annual Growth Rate of GDP (%) ⁷ (91-92 to 97-98)
Rajasthan	79	21.5	15.3	44.3	23.4	33.5	6.5
Tamil Nadu	51	79.3	21.1	64.6	43.9	31.3	6.2
U. P.	83	15.5	31.2	43.0	20.8	16.3	3.6
West Bengal	51	40.1	27.0	60.2	28.0	18.1	6.9
INDIA	68	33.6	26.1	54.2	27.8	25.7	6.9

- Source: 1. *Sample Registration System (SRS)*, Registrar General, India.
 2. *National Family Health Survey 2 (1998-99)*, India
 3. *Poverty Estimates for 1999-2000*, Planning Commission, India.
 4. 5. & 6. *Provisional Population Totals, Punjab, Papers 1, 2 and 3, Census of India 2001.*
 7. *Ahluwalia (2000)*

Note: 1. The estimates of poverty (percentage of population below poverty line) are based on a 30-day recall period and the state specific poverty lines of 1999-2000.

3.6.4 Fertility Transition

The state has undergone substantial transformation of its fertility profile during the last three decades. After Kerala, Punjab is the second state in the country to have reduced the total fertility rate, approximately by half, between early '70s to late '90s, whilst having a totally different socio-cultural environment.

The decline in fertility is extensive in the state, and is not confined to any specified region or community. Punjab has a Total Fertility Rate of 1.99 against the national figure of 2.68 children per woman (NFHS-3). Rural and urban areas in each district are experiencing transition in fertility in different ways depending on the changes in the local conditions that are often important inducements for the determination of family size. The significant decrease in fertility in Punjab despite some of the key social indicators (such as strong son preference, sizeable presence of socially backward population, relatively higher infant mortality) being set against the decline, is a manifestation of primacy of intervention by selected development factors namely the family planning programme, female literacy and prosperity at the household level.

3.7 Status of Women in Punjab

In Punjab, high levels of development did not translate into progress of women. Society remained feudal and women's development abysmal, resulting in a low gender development index. The state, with one of the highest per capita incomes in the country at Rs 18,862, has a much lower sex ratio as compared with less 'developed' Bihar which has a per capita income of only Rs 5531, but a sex ratio of 921. More invisible participation in economic activities, very little representation in the political decision-making bodies, and cumulated socio-cultural milieu attributes poor social status of women in Punjab.

3.7.1 Economic Activity / Women and Work

The people of Punjab are known for their entrepreneurial spirit, hard work and resilience. In a state like Punjab, where agriculture is the mainstay of the economy and the lifeline of the people, the lowest female work participation rate recorded during Census 1991 remains an enigma. However, in the last decade (1991-2001) the women's work participation rate has increased from 4.4 % as reported in Census 1991 to 18.7 % during Census 2001 (Table 3.7). In Punjab, the female work participation rate is still much lower as compared with the national figures (25.6%). All the districts of Punjab have shown a considerable increase in work participation rates of women. However, invisibility of women's work, domestic chores and other tasks, view the man as the primary bread-earner and considers women as non-workers. Even women themselves tend to regard their labour as 'domestic responsibilities' and are therefore, less likely to engage in remunerated work.

Table 3.7 Work Participation Rate in Punjab and India

Total Workers	Work Participation Rate (%)			
	Punjab, 1991*	Punjab, 2001*	India, 1991**	India, 2001**
Persons	30.9	37.6	37.5	39.1
Males	54.2	54.1	51.6	51.7
Females	4.4	18.7	22.7	25.6

Census of India, 2001. (2001). Series-4 , Provisional Population Totals, Paper-3 of 2001.

3.7.2 Political Participation

Political participation of women is essential to ensure that women's concerns and issues are integrated into mainstream decision-making processes. However, the number of women in political decision-making bodies is abysmally low in both the Parliament and the State Legislatures. This situation has resulted in the perpetuation of inequalities and discrimination against women. Absence of affirmative action, lack of conducive environment in enabling the participation of women in state assemblies and parliament has the effect of nullifying the enjoyment and exercising the right to political participation and addition to impairing the enjoyment of socio- economic rights⁸.

Latest studies have revealed a bleak scenario regarding political participation of women in Punjab, whether as legislators or as voters. As far as representation of women in Rajya Sabha is concerned, only one women representative has been to the Rajya Sabha from the State. In the State Legislative Assembly (SLA), the representation of women has never exceeded the 7.43 percent achieved as long as 1957. Out of the general election conducted thus far, no women representative was elected to the Lok Sabha (LS) in four of the elections

(refer Table 3.8). Further, another important indicator of political participation, viz., voting behaviour of women highlights women's subordination in decision making process.

Table 3.8 Representation of Women in Lok Sabha and State Legislative Assembly from Punjab (election wise)

Years	Women in the Lok Sabha (%)	Women MLAs (%)
1952	-	3.24
1957	5.88	7.43
1962	-	4.54
1967	15.38	1.92
1972	N/A	6.73
1977	-	2.56
1980	15.38	5.12
1985	7.69	3.43
1989	23.07	N/A
1992	15.38	5.12
1996	15.38	N/A
1997	N/A	5.98
1998	7.69	N/A
1999	15.38	N/A
2002	N/A	6.83

Source : Human Development Report 2004, Punjab. (2004). Government of Punjab, India.

3.7.3 Violence against Women

A comparison of the incidence and rate of crimes committed against women with other states shows Punjab to be a low-risk state. In 1996, Punjab's percentage contribution to all-India was 0.8 and was ranked 28th in the extent of violence perpetrated against women. However, such figures need to be considered with the understanding that many cases go unregistered. Moreover, many of the crimes and atrocities may not be overt acts viz., intimidation of wife, resorting to pressure tactics or even depriving women the use of health, education, employment and other opportunities. In such cases, there is clearly a deprivation of liberty and this is most likely to cause psychological harm to the women. Infanticide and foeticide are the most severe criminal offence perpetrated against women. There is a need to address these women-insensitive issues, with much greater importance than has been given in the past.

3.7.4 HDI, GDI and GEI

Human Development Index (HDI)*, Gender Development Index (GDI) and Gender Equality Index (GEI) are the three indices used to estimate the state of population. HDI reflects the state of human development for the society as a whole. However, GDI compares the state of development of women with others⁹. It assumes that men and women would share in development equally and benefit equally from it. The Gender Equality Index (GEI) is another gender sensitive index, which reflects the relative attainments of women against men.

Punjab ranks 12th for the HDI among 32 States/UTs but for GDI it plummets down to the 19th position, thus pointing towards the need to improve the social and economic status of women. District-wise HDI figures show that Ludhiana has the highest HDI value of 0.761, followed by the Rupnagar, Fatehgarh Sahib, Gurdaspur and Hoshiarpur. Mansa, with an index of 0.633, is the lowest in the state. Further, Gender-Related Development Index (GDI) for the state of Punjab is 0.614 (for the year 2001). The GDI shows that Rupnagar district tops all the other districts where women's development is concerned, and is followed by Kapurthala and Hoshiarpur. Fatehgarh Sahib and Gurdaspur, third and fourth among the HDI districts in ranking comparisons, slip down to 16th and 15th position respectively for GDI. Districts where the GDI is much lower than HDI, and those whose GDI ranks are slipping must be targeted to improve the social and economic status of women.

¹ Census of India, 2001. (2001). Provisional Series, Paper 1 of Punjab.

² Human Development Report 2004, Punjab. (2004). Government of Punjab, India

³ Census of India, 2001, Series 4, Punjab (Provisional Population Totals, Paper 1 of 2001). (2001). Registrar General of India, Government of Punjab, India

⁴ Planning Commission estimates of poverty for 1999-2000 (ref: Human Development Report 2004, Punjab. (2004). Government of Punjab, India. P-61)

⁵ <http://punjabgovt.nic.in/ECONOMY/healthcare.htm>

⁶ Human Development Report 2004, Punjab. (2004). Government of Punjab, India

⁷ SRS Bulletin, Vol. 42, No. 1., October 2007. (2007). Sample Registration System, Registrar General, India.

⁸ Baseline Report on Women and Political Participation in India Prepared by NIAS et al and coordinated by IWRAP Asia Pacific Advanced (Unedited Version)

⁹ National Human Development Report, 2001. (2002). Planning Commission, Government of India
<http://mohfw.nic.in/NRHM/State%20Files/Punjab.htm#hp>

* The HDI is a summary measure of human development based on three basic dimensions of human development: life expectancy at birth; knowledge, as measured by the adult literacy rate and the combined primary, secondary and tertiary gross enrolment ratio; and per capita income

Chapter 4 Review of Intervention Strategies (Policies, Legislations and Schemes) and Literature

"In many parts of the world, particularly in South Asia, discrimination against women starts before birth and continues until death"

– Human Development Report in South Asia, 2000

Indian demography is characterised by imbalance between the sexes and is more prominent in Northern States than the Southern States. This fact was clear in all subsequent censuses, starting with the first decadal census in 1901. Major factors responsible for female disadvantage and male preference are deep-rooted "Gender Ideology" embedded within this very old and traditional social system and institutions governed by patriarchy and patri-lineage. The systematic rule making and adjudication is deeply ensconced in institutions, gender roles, norms, practices and beliefs. Some of the major factors derived from the ideology, values and beliefs are:

- sons (males) as old parental security
- propagation of family lineage through sons (males)
- religious beliefs giving rise to rights and duties of sons
- kinship network and cultural traditions
- agro-economic factors

Thus, gender differentials and practices, in the true sense, are not controlled by individuals. Moreover, gender differentials are not poverty-bound; instead they are wide-spread among all income and rural-urban groups.

Realisation of gender disparity specially gender biases and gender based violence with short and long term derogatory impact on national indicators/achievements of images of the country in the International world have led to many intervention strategies in the form of gender sensitive and specific policies, legislations/Acts by the Govt. There are progressive and gender sensitive civil society organisation (CSO), Community Based Organisation (CBO), Research Organizations etc. linked with government through various centrally sponsored or state specific schemes/projects. A review of these policies, legislations/Acts intended for removal of gender disparity, empowerment of women and delivery of gender justice at National level, State level along with review of their feedback/results/impacts in the form of researches conducted on various gender issues in Punjab will be useful for the current study (Gender Empowerment and Declining Sex-ratio in Punjab) also.

Accordingly, all these are placed in 3 sections:

Section 4A – National Level Support Applicable in Punjab

Section 4B – State-specific Interventions

Section 4C – Review of Literature

SECTION 4A – National Level Support Applicable in Punjab

4.1 Indian Scenario – Central Support

This analysis is not of recent origin. The Indian policy makers, understanding all the delicate social nuances, provided for equality of sexes within the constitution, and even prescribed positive discrimination for support of females of this country. Subsequently, a number of other policies (National Health Policy, Nutrition Policy, National Policy for the Empowerment of Women, etc) and Laws / Acts (Dowry Prohibition, Mental Harassment, Rape, Domestic Violence, Factories Act, Equal Remuneration, Contract Labour etc.) were created to support women of India. All these are binding to all States. In addition to these laws, India is the signatory of many UN charters like CRC, Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and so on, which work for the welfare, development and support of women in this country, including the State of Punjab. Various centrally sponsored schemes like STEP, AGP, etc were introduced in support of women of all states that include Punjab also.

All these policies, laws (acts), charters, and schemes notwithstanding, the gender bias persists and women of the country suffer. Though it must be admitted here, that the position has changed considerably many women took advantage of the situation and progressed with the support of their family. Various development indicators of states (including Punjab) show marked improvements over the years, but not enough to put women on a truly equal footing with men.

4.2 National Policies for Women

The awareness and realisation of gender inequality and its impact on all development issues was realised after the First World Conference on Women (Mexico – 1975), and upon submission of the report by the Committee on Status of Women in India (CSW) (1974), most of the policies of this country paid special attention to women's issue. The National Education Policy, Health Policy, Nutrition Policy etc. have kept special directives for women's development and benefits. In addition to policies and directives (Gender budgeting) etc. for women components, a women-specific national policy (2001) also came into existence for the benefit of Indian women of in all states, including Punjab.

The decline in sex ratio in India, over the last few decades has reiterated the fact that there is a stark gender disparity at the very basic levels, starting at birth. The kinds of discrimination against women range from social stereotyping to violence and female foeticide. The reasons for such harsh gender inequalities are related to social and economic structure (based on both formal and informal norms) and practices. Consequently, women of all sectors, especially the weaker sectors, face

difficulties in gaining access to education, health and productive resources and so on. Therefore, they remain largely marginalized, poor and socially excluded. With all these concerns in mind, the Government of India framed the National Policy for the Empowerment of Women in 2001.

4.2.1 National Policy for the Empowerment of Women, 2001

The overall goal of this Policy is to bring about the advancement, development and empowerment of women. The Policy encourages active participation of all stakeholders for achieving its goal. Specifically, the objectives of this Policy include¹:

- (i) Creating an environment through positive economic and social policies for full development of women to enable them to realize their full potential
- (ii) The *de-jure* and *de-facto* enjoyment of all human rights and fundamental freedom by women on equal basis with men in all spheres – political, economic, social, cultural and civil
- (iii) Equal access to participation and decision making of women in social, political and economic life of the nation
- (iv) Equal access to women to health care, quality education at all levels, career and vocational guidance, employment, equal remuneration, occupational health and safety, social security and public office etc.
- (v) Strengthening legal systems aimed at elimination of all forms of discrimination against women
- (vi) Changing societal attitudes and community practices by active participation and involvement of both men and women.
- (vii) Mainstreaming a gender perspective in the development process.
- (viii) Elimination of discrimination and all forms of violence against women and the girl child; and
- (ix) Building and strengthening partnerships with civil society, particularly women's organizations.

4.3 National Level Legislations and Acts for Support of Women

India has most impressive sets of Laws, be it IPC, Cr. P.C. or Personal laws. Indian women of all states including Punjab can take advantage of these laws. Apart from general laws, there are seven women specific laws, (namely Rape, Kidnapping and Abduction, Dowry Deaths, Torture, Molestation, Sexual Harassment, Importing girls) and five Special Acts for support of women victims of violence/exploitation. More over, keeping in mind the emerging challenges and also to compensate the limitation of legal system, other Legislation/Acts were passed for support of women.

4.3.1 Special Acts

➤ The Immoral Traffic (Prevention) Act, 1956

In December 1954, the International Convention for "Suppression of immoral traffic in woman and girls bill, 1950" (signed at New York, May 1950), was introduced to the Lok Sabha. In 1956 the act, entitled "The Suppression of Immoral Traffic in Women and Girls Act, 1956" was passed and came into force in 1958. The title was further shortened to its present form "The Immoral Traffic (Prevention) Act, 1956" in 1986. The objectives of the act are as follows:

"(1) In 1950 the Government of India ratified an International Convention for the Suppression of Immoral Traffic in Persons and the Exploitation of the Prostitution of others. Under Article 23 of the Convention, traffic in human beings is prohibited and any contravention of the prohibition is an offence punishable by law. Under Article 35 such a law has to be passed by Parliament as soon as may be after the commencement of the Constitution.

(2) Legislation on the subject of suppression of immoral traffic does exist in a few States but the laws are neither uniform nor do they go far enough. In the remaining States there is no bar on the subject at all.

(3) In the circumstances it was necessary and desirable that a Central law should be passed which will not only secure uniformity but also would be sufficiently deterrent for the purpose. But a special feature of the Bill is that it provides that no person or authority other than the State Government shall establish or maintain any protective home except under a license issued by the State Government. This was to check the establishment of homes which were really dens for prostitution."²

➤ The Dowry Prohibition Act, 1961

The Dowry Prohibition Act, extends to all states except Jammu and Kashmir, and was passed in 1961, for the purpose of preventing parties engaged in marriage from taking or giving dowry. Under the act, the definition of dowry is as follows:

"In this act, 'dowry' means any property or valuable security given or agreed to be given either directly or indirectly - (a) by one party to a marriage to the other party to the marriage; or (b) by the parents of either party to a marriage or by any other person, to either party to the marriage or to any other person; at or before or any time after the marriage in connection with the marriage of said parties but does not include dower or Maher in the case of persons to whom the Muslim Personal Law (Shariat) applies."³

Under this Act, persons found to be giving, taking, demanding or even advertising for dowry, can be imprisoned. The Act also states that any agreement made, for giving or taking dowry, will be treated as void. Further, if a dowry has been received by any person other than the woman in connection with whose marriage it is given, that person shall transfer it to the woman.

➤ **The Indecent Representation of Women (Prohibition) Act, 1986**

The Indecent Representation of Women (Prohibition) Act of 1986, states that it is a punishable offence to “depict in any manner of the figure of a woman; her form or body or any part thereof in such way as to have the effect of being indecent, or derogatory to, or denigrating women, or is likely to deprave, corrupt or injure the public morality or morals”⁴.

The Act includes the prohibition of advertisements, publications etc which may contain such indecent representations of women, and which may be distributed publicly. Further, this offence not only applies to individuals who depict women in a derogatory way, but to companies doing the same. The Act applies all over India, except the state of Jammu and Kashmir.

➤ **The Commission of Sati (Prevention) Act, 1987**

Sati, or the burning alive of a widow, along with the body of her deceased husband, is an atrocious action. In fact, under the Commission of Sati (Prevention) Act, the phrase used to describe *sati* is “revolting to the feelings of human nature and nowhere enjoined by any of the religions of India as an imperative duty”⁵. Therefore, in 1986, this act was passed, to prevent the occurrence of *sati*. The act is applicable all over India except in Jammu and Kashmir.

Under the Act, the offences regarded as punishable include:

- attempting to commit *sati*
- abetment of *sati*
- glorification of *sati*

Further, to prevent incidents related to *sati* the Collector or the District Magistrate is empowered to take action as follows:

- the Collector / District Magistrate may prohibit certain acts, by order, wherein he is of the opinion that *sati* or any abetment thereof is being, or is about to be committed. In addition, he may prohibit the glorification of *sati* in any area specified in the order
- The State Government (or the Collector / District Magistrate) has the power to remove certain temples or other structures which attempt to preserve the memory of *sati*

- The Collector / District Magistrate has the power to seize certain funds or properties which he believes to be collected or used in relation to the commission of *sati*.

➤ **Protection of Women from Domestic Violence Act, 2005**

The Protection of Women from Domestic Violence Act was passed in 2005 and came into force in 2006. The Act describes the term violence, extending its commonly known understand of physical abuse, to incorporate sexual abuse, verbal and emotional abuse and economic abuse of women. The Act primarily covers women who are in a "domestic relationship". This is explained in the Act as "a relationship between two persons who live or have, at any point of time, lived together in a shared household, when they are related by consanguinity, marriage, or through a relationship in the nature of marriage, adoption or are family members living together as a joint family"⁶. Thus, the Protection of Women from Domestic Violence Act, 2005, extensively covers all aspects of violence against women (wives, sisters, daughters, mothers etc.) by the perpetrator, and the measures of protection given to these women, by the State and through special Protection Officers deployed by the State.

4.3.2 Other Legislations for Support of Women

➤ **National Commission for Women Act, 1990**

The Commission for the Status of Women in India (CSWI) was set up in the 1970s, after a request by the UN to the Indian Government, to examine the position of women from a social prospective. Following the CSWI's report in 1975 entitled "Towards Equality" the Government of India began to take steps in this direction and in 1985 a separate Women and Child Development department was set up (under the Human Resource Development Ministry). The CSWI then recommended that a National Commission for Women be created, that could address the grievances of women all over the country and work towards a enhancing the social-economic development of women. Thus, the National Commission for Women Act was passed in 1990 and under this Act, the National Commission for Women (NCW), a statutory body, was created in 1992.

The National Commission for Women Act, in addition to describing the composition of the Commission members and their term particulars (length of term, salaries etc), also provides a detailed description of the functions of the NCW. Some of the pertinent functions are as follows⁷:

- To investigate and examine all matters relating to the safeguards provided for women under the constitution and other laws.

- To submit reports at regular intervals regarding the above safeguards, along with recommendations for effective implementation of these safeguards.
- To review, from time to time, the existing provisions of the Constitution and other laws affecting women and recommend amendments to any gaps or shortcomings.
- To take up the cases of violation of the provision of the Constitution and of other-laws relating to women with appropriate authorities;
- To look into complaints and take notice of matters regarding:
 - deprivation of women's rights;
 - non-implementation of laws enacted to provide protection to women and also achieve the objective of equality and development;
 - non-compliance of policy decisions, guidelines or instructions aimed at mitigating hardships and ensuring welfare and providing relief to women, and take up the issues arising out of such matters with appropriate authorities.
- To call for studies, or undertake educational research regarding problems due to discrimination against women, ensuring due representation of women in all spheres, occupational health hazards etc.
- To participate and advise on the planning process of socio-economic development of women and to evaluate the progress of the development of women in the Capital;
- To inspect or cause to be inspected a jail, remand home, women's institution or other place of custody where women are kept as prisoners or otherwise, and take up with the concerned authorities for remedial action if found necessary;
- To fund litigation involving issues affecting a large body of women;
- Any other matter which may be referred to it by the Government.

In line with the National Commission for Women many states have State Commissions for women. Punjab also has a State Commission for woman.

➤ **The Medical Termination of Pregnancy Act, 1971**

Termination of pregnancy, or abortion, whether natural or induced is a difficult time for the parents-to-be, particularly the mother, as it affects her both mentally and physically. Furthermore, induced or medical terminations have always been a point of controversy in all countries, including India. This is due to a number of concerns, primarily, whether the termination is being done for the right reasons i.e. to prevent health risks versus termination following the result of sex determination. The sex determination aspect has been addressed with the PNDT Act of 1994 (see below), and it is now illegal to determine the sex of the unborn child. However, the Medical Termination of Pregnancy Act, was enacted in 1971 to prevent reckless abortions, and to protect the health of women in India. Under the terms of this Act, a pregnancy can be medically terminated under the following circumstances⁸:

- Where the continuance of the pregnancy involves a risk to the life of the woman or grave injury to her physical or mental health.
- Where there is a risk that the child to be born will suffer from physical or mental abnormalities, such that it would be seriously handicapped.
- Where the pregnancy resulting from a rape is presumed to constitute grave injury to the mental health of the woman.
- Where the pregnancy is resultant from failure of a contraceptive device used by a married woman and her husband to limit the number of children, is expected to cause grave injury to the woman's mental health.

Furthermore, once the opinion regarding termination of pregnancy is made by registered medical practitioner(s), it can only be carried out as long as the following criteria are met:

- The length of pregnancy does not exceed 12 weeks, where there is one medical practitioner to form the opinion regarding termination; or not more than 20 weeks if two medical practitioners are forming the opinion. However, the actual medical procedure should only be carried out by one registered medical practitioner.
- Consent is obtained from the pregnant woman, herself, to terminate the pregnancy.
- The termination of pregnancy is carried out by a registered medical practitioner
- The place of termination of pregnancy is in a Government or Government approved medical institution
- In case of a minor (under 18 years of age) or a "lunatic", a pregnancy will not be terminated, unless there is written consent given by the pregnant woman's guardian.

This Act is therefore, vital to protecting women and preventing the misuse of medical termination of pregnancy.

➤ **The Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994**

Pre-natal diagnostic tests, which include a range of techniques, are conducted to identify and sometimes treat a number of genetic health problems which may endanger the pregnant mother or her unborn child. However, these tests, especially those which are easily accessible (such as ultrasounds) can be misused in order to determine the sex of the foetus and subsequently to abort the pregnancy if it is a girl i.e. female foeticide. In this regard, in 1994, the Government of India passed the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act (PNDT Act), and brought into operation from 1st January, 1996, with the aim of preventing female foeticide. The Act has since been amended in 2002, due to emerging technologies for selection of sex before and after conception; and due to

problems faced in the working of implementation of the Act.

Under the PNDT Act, the prominent regulations towards prevention of female foeticide are as follows⁹:

- **Regulation of Genetic Counselling Centres, Genetic Laboratories and Genetic Clinics:** wherein such centres must be registered with the Government, their technical staff must be duly qualified and no person (whether themselves or through others) may conduct pre-natal diagnostic tests outside of these registered centres.
- **Regulation of Pre-natal Diagnostic Techniques:** wherein only registered centres may conduct, upon fulfilment of certain criteria (relating to the age of the pregnant woman or her exposure to harmful agents etc), only tests to determine the following abnormalities: chromosomal abnormalities; genetic metabolic diseases; haemoglobinopathies; sex-linked genetic diseases; congenital anomalies; any other abnormalities or diseases as may be specified by the Central Supervisory Board
Further, no relative neither the husband of the pregnant woman may encourage or induce her to undergo these tests, unless they are required as per the specified criteria.
- **Written consent of pregnant woman and prohibition of communicating the sex of foetus:** Under the circumstances where all criteria are fulfilled, and the tests must be conducted, they can only be done after the woman has given written consent (in her local language). In such circumstances, the communication of the sex of the foetus by any manner is prohibited.
- **Determination of sex prohibited:** The determination of sex of the foetus by registered centres or any other person / institution is prohibited.

In addition to these, the Act specifies the constitution of a Central Supervisory Board which will exercise the powers and perform the functions conferred under this Act. And finally the offences and punishments thereof are also clearly expressed in the Act.

4.4 **Legislations for Support of Working Women**

Understanding the importance of self-sustenance/economic empowerment of Indian women suitable Indian laws were enacted for support of working women of all states.

➤ **The Maternity Benefit Act, 1961 (53 of 1961)**

It is not expected, nor is it feasible for a woman to return to her place of employment and commence her work soon after she has given birth to a child.

Neither is it reasonable that during this period wherein the woman requires rest and cares for her newborn, she should not receive pay from her employer where she is currently employed. For this reason, The Maternity Benefit Act was enacted in 1961. The important points of the Act are given as follows¹⁰:

- **Employment of / work by, women prohibited during certain periods:** wherein an employer cannot knowingly employ a woman in any establishment during the six weeks immediately following the day of her delivery (including miscarriage or medical termination of pregnancy, which is not resulting from a punishable offence under the Indian Penal Code). Further, the woman herself shall not work during this period. The employer shall also not give the woman any arduous or pregnancy-threatening job within a month prior to her specified date of delivery.
- **Right to payment of maternity benefits:** The Act states that a woman is entitled to, maternity benefits at the rate of the average daily wage for the period of her actual absence immediately preceding, and including the day of her delivery as well as for 6 weeks immediately following that day. Her employer is liable for the payment of this benefit and the woman has to have been employed in that establishment for at least 80 days in the last twelve months. The maximum benefit a woman can claim is for a total period of 12 weeks.
- **Notice for Claim of maternity benefit:** The pregnant woman may give written notice to her employer stating her entitlement to maternity benefit. It may be noted, that if the woman pursues employment at another establishment during her period of absence (maternity), the employer may withhold her maternity benefits.
- **Dismissal during absence or pregnancy:** If the woman avails leave under compliance with this act, it is unlawful for the employer to dismiss / discharge her from the job.

The woman may also avail the benefit in case of illness or complication arising from the pregnancy, miscarriage etc. There are also clauses for availing maternity bonus and medical bonus under the Act. Once the new mother has returned to her place of work, she is also entitled to a number of benefits, including taking nursing breaks and so on. Overall, the Maternity Benefit Act, provides a suitable arrangement for employed women to manage their professional and family lives.

➤ **The Equal Remuneration Act, 1976**

The Equal Remuneration Act of 1976¹¹ was enacted to prevent the payment of unequal remuneration on the basis of gender discrimination against women workers. The Act clearly states that an employer must provide equal remuneration to their men and women workers who have similar skills and nature of work. In case

the rates were higher for one sex than the other (all other factors considered equal), then the higher rate was required to be provided to both sexes, when the Act came into effect.

The Act also emphasizes that no discrimination should be made between men and women when recruiting them for employment, unless the employment of women is restricted or prohibited in such employment. Further, the Act should not affect any priority under reservation provisions for Scheduled Tribes / Scheduled Castes etc.

Further, under this Act, it is mandatory for employers to maintain registers of their employees. Employers, whether individual or companies, are all bound by this Act; and strict punishments will be given if they are found to commit any offence within the guidelines of the Act. The Act extends to all States except Jammu and Kashmir.

➤ **The Factories Act, 1948**

The Factories Act, 1948¹² is a social legislation which has been enacted for occupational safety, health and welfare of workers at work places. The industries in which ten or more workers are employed on any day of the preceding twelve months and are engaged in manufacturing process being carried out with the aid of power or twenty or more than twenty workers are employed in manufacturing process being carried out without the aid of power, are covered under the provisions of this Act. According to the Act, factory building plans must be approved before construction or extension, and these factories must then obtain a Licence. Action may be taken against factories that are running without a licence. Factories are inspected periodically, by District Inspectors of Factories, regarding the following aspects:

- Health – including cleanliness of walls / ceilings, proper lighting and ventilation, disposal of wastes, prohibition of overcrowding, availability of drinking water, separate (and clearly marked) toilet facilities for men and women, health monitoring and maintenance etc.
- Safety – protection of eyes / face, machine guarding (wherein all moving parts of machinery should be guarded by a fence and only trained workers allowed to work near this machinery), handrails for stairs etc.
- Welfare – including washing facilities, sitting arrangements, canteen / lunchroom, crèche, first aid etc.
- Working hours – not more than 9 hours a day, and not more than 48 hours a week, one day holiday per week, restriction on double employment (i.e. working in two factories full-time) by any worker, women can be exempted from working after day time (in certain cases) etc.
- Annual Leave with wages – one leave per twenty day working in previous year. For entitlement of leave with wages, worker should have worked two-third of the days, from the date of commencement of his services. Further, there are

overtime facilities, for workers who work more than 9 hours a day or 48 hours a week.

After inspection, Improvement Notices are issued to the defaulting managements and ultimately legal action is taken against the defaulting managements.

4.5 Central Schemes for Support of Girls / Women

Government Agencies (both central and State level) responsible for creating policies, Legislations (Acts) for gender equality, women's empowerment and towards support of victims (women/girls) of violence/exploitation implement a number of schemes within the services/programmes (like RCH, UEE, ICDS etc.) Various schemes are formed for linking the programmes with ground level actions (Projects) through community based organisation (CBO), Civil Society Organisation (CSO), Agencies/Organisations/Professional bodies etc. Number of centrally sponsored schemes related to all development sectors like Balika Sammridhi Yojana (BSY), Early Childhood Education (ECE), Total Literacy Campaign, Rashtriya Mahila Kosh (RMK), Support to Training and Employment Program (STEP) etc. are in place for support of Indian women of all states. In addition to these centrally sponsored schemes, various states have also initiated number of schemes for dealing (intervention) with state specific issues.

SECTION 4B --State specific Interventions in Punjab

4.6 Punjab - State Initiatives on Gender and Development Issues

The National Policies, Legislations/Acts are applicable in all State for use and benefits of women. Under the circumstances, the Punjab state did not need to enact any special policy or Acts for women of the State. However keeping in mind the State situation/specific demand, the state has established the **Punjab State Commission for Women** and introduced number of schemes for distressed women as also for development of women of the state. These are in addition to centrally sponsored schemes.

4.6.1 Punjab State Commission for Women

Punjab State Commission for Women was established in June 1998. The Commission is working for safeguarding the Rights of Women, and also provides Justice to them. It also takes up cases for enquiring into the unfair practices affecting Women in the State of Punjab.

Since the inception of Punjab State Commission for Women, about 1280 cases had been dispensed out. The case that has been dealt with belongs to various types of categories like Dowry Demand, Extra Marital Affairs, Sexual Harassment at Work Place, Denial of Property Rights. The Commission Authorities also make a visit to various Jails of the State to know about the condition of the Women Prisoner and also suggest to the Jail Authorities about the required remedial measures. PSWC also provide free legal Aid to needy and poor women. PSWC also make visits to the factories to know about the conditions of the Women Workers and also recommend the needed action in this regards.

4.6.2 Schemes in Operation for Women's welfare and Development in Punjab**➤ Balri Rakshak Yojana**

Objective of this scheme is to improve skewed sex ratio, to stabilize population of the state and to reduce Infant Mortality Rate. Under this scheme, an Incentive of Rs. 500/- per month will be given to the female child provided the parents adopt terminal method of sterilization after the birth of only one girl. An incentive of Rs. 700/- per month (Rs. 350/- + Rs. 350/-) will be available for two girls provided the family adopts terminal method of sterilization after the birth of the second girl-child (only if the first child is also a girl-child). The incentive will be available till the age of 18 years unless the beneficiary becomes an income tax assesses.

➤ **Awareness programme for improving adverse sex ratio (ACA 2606-07)**

The people of Punjab have mindset for male child to inherit their feudal property, to look after them in the old age and source of livelihood for the family. In order to curb the tendency of female foeticide and to improve the imbalance sex ratio in the state, which is 874 against 1000 male, the Department of Social Welfare shall create awareness among the masses through camps, organized at district and block level regarding serious adverse implications of gender imbalance in the society.

➤ **Empowerment of Women - Mahila Jagriti Yojana**

This is a new scheme. The main objective of the scheme is to uplift the social and economic status of women, to make them self reliant to develop saving habit and to help them supplement their family income through economic activities and to make them aware about the schemes implemented by the State for the welfare and development of women. Under this scheme woman self help groups have been formed. These groups undertake social and economic activities. Groups are linked with banks and they can avail bank loans for socio-economic activities to make them self reliant.

➤ **Social Security to the Girl Child (Kanya Jagriti Jyoti Scheme)**

Kanya Jagriti Jyoti Scheme was launched in 1996-97 in Punjab State. The main objective of the scheme is to uplift the social status of girls and to reduce school drop out rate. The girls born on or after 26.1.1996 in the families living below poverty line i.e. with annual income below Rs. 20,000/- are covered under this scheme. The family of the beneficiary is required to adopt two child family norm and only one child will be covered under the scheme. The State Government invests Rs. 5,000/- for each beneficiary under Kanya Jagriti Jyoti Scheme with Life Insurance Corporation. At the age of six years the child starts getting a scholarship of Rs. 1200/- per annum upto the age of 12 years, which will be increased for Rs. 2400/- per annum upto the age of 18/21 years. On termination of the scheme, beneficiary would be paid a lump-sum amount (comprising principal amount plus bonus) if she passes at least metric.

➤ **Nutrition (Kishori Shakti Yojana)**

The objective of the scheme is to prepare the adolescent girls to understand and learn the significance of personal hygiene environment, sanitation, first-aid, health and nutrition, education, family life, child care and development etc. This scheme has two components: - (1) Training to adolescent girls; and (2) Supplementary nutrition to the adolescent girls. Upto 2000-01, Government of India has sanctioned 47 blocks.

➤ **Nutrition (under Nourished Adolescents Girls – ACA)**

This pilot project was initiated to honour the announcement of the Prime Minister to provide free food grains through TPDS to the families of under nourished pregnant and lactating woman and adolescent girls. The project has been taken up in two of the backward districts in each of the major states- In our State, two districts namely Jalandhar and Hoshiarpur have been selected. 100% ACA is provided under this scheme by Central Government. The Government of India has approved the implementation of this scheme during 2005-06 on pilot basis for subsequent years. This scheme is being implemented as per guidelines issued by the Planning Commission earlier with following two modifications:-

- (1) This scheme has to be restricted only to adolescent girls.
- (2) The list of beneficiaries has to be approved in the Gram Sabha.

➤ **Attendance Scholarship to SC Primary Girl Students**

Under this scheme, the attendance scholarship at the rate of Rs. 50/- per student for 10 months in a year is awarded to the scheduled caste girls who are studying in primary classes subject to the following conditions:

- (1) Their parents should not have more than 2 children in the family.
- (2) Their parents have not more than five acre of land.
- (3) Minimum 75% class attendance is required for award of scholarship.
- (4) Their parents/guardians are not income tax payees.

➤ **Swawlamban Scheme - Vocational Training programme for women**

The Swawlamban-Vocational Training Programme for Women aims to improve the lives of poor, needy, deserving women between the age group of 15 to 35 years by imparting training to them in traditional and non-traditional trades viz electronics, watch assembly, basic and advanced computer training, garment making, secretariat practice, embroidery etc. and to ensure their self-employment/employment in these areas. From 2005-06 this scheme has been transferred to the State Level funding by Government of India. The Department of Social Security Women and Child Development, Government of Punjab has made Punjab State Social Welfare Board as nodal agency to implement the scheme.

➤ **Ashirwad to SC/Christian Girls and daughters of Widows at the time of their marriages (Replacement of Shagun Scheme)**

Under this scheme, the girl belonging to Scheduled Caste/Christian families and daughters of widows of general category will be provided financial assistance @ Rs. 15000/- per beneficiary from 1.4.2006 on the occasion of their marriage.

➤ **Financial assistance to widows and destitute women**

This scheme was started in the year 1968. The purpose of this scheme is to provide financial assistance to the widows and destitute women @ Rs. 200/- (now enhanced to Rs. 250 per month) per month proposed under following conditions:

- (1) Women below the age of 60 years who have no means of subsistence or have been deprived of her husband's support due some reason or the unmarried women above the age of 30 years living the life of destitution is eligible to get the benefit of this scheme.
- (2) The monthly income of the applicant, from all sources should be less than Rs. 1000/-

➤ **Attendance Scholarship to Handicapped Girl Students In Rural Areas**

In order to uplift the status of the disabled girls in the rural areas and also to make them self reliant, incentive in the form of attendance scholarship to the handicapped girl students in rural areas shall be proposed to cover the partial cost of uniform and books etc. The State Government is giving scholarship to all handicapped students at the rate of Rs. 200/- per month up to 8th class and Rs. 300/- per month from 9th class onwards from non plan side.

➤ **Setting up of Social Security Helpline for Women, Children, Older and Disabled Persons in each District**

Women, children, older and disabled persons are the vulnerable sections of the society who are prone to discrimination, harassment and neglect of the society and needs immediate protection and shelter. The main objective of Helpline is to provide quality services to women children and older person in need of special care and protection and to ensure that proper care is provided till they are rehabilitated. A Toll free Helpline accessible at all times will provide quality services where they could get referral services, free legal aid, police assistance, counselling, hospitalization and rehabilitation etc.

SECTION 4C – Review of Literature

4.7 Gender Issues and Declining Sex Ratio in Punjab

The declining sex-ratio of the state which came into forefront in 1991 census, heard the alarm bell in 2001 census. The overall sex-ratio, as also the ratio in 0 - 6 years age group have witnessed unprecedented steep fall during the decade. All districts of the state reflected less than 900 counts of female, with Fatehgarh Sahib showing the greatest decline, of 108 girls between the ages of 0-6 years among 1000 boys of the same age. In addition to decadal census, other sources of information are Reports of NSS, NFHS, SRS, CSO, RGO, NCERT, etc. Documents like information of State's Statistics Department; Reports of various Ministries/Departments; States Development Report, Human Development Report; Study Report of Academic and Technical Institutions etc. also reflect the incoming disaster if not checked on time. The State government's concern in this issue is reflected in various intervention measures adopted by the state. In this context one need to refer the document "“Vision of Punjab – Present, Future and the Past”¹, which clearly sets the goal of focusing attention on Reversal of low Sex Ratio, The Integrated Child Development Services (ICDS), Traditional Dais, Care of the Aged, Working Women, Education, Skill Development, Credit and Organization, Participation in Decision-Making, Male Responsibilities etc.

In addition, keeping in view the fact that public policy on Women, Gender and Development issues are formed with the help of information, the state government has commissioned/is commissioning number of studies on various Gender and Development issues. Many such reports are available with State Government, Planning Commission of India, various Women Studies Centres, Academic and Professional Institutes, International and National Bodies etc. Many of these reports/documents point out the socio-cultural as also historical facts and causes for low value of female and son preference in Punjab as also misuse of modern technology for the purpose.

The summary of few of such studies / projects taken up by research organisations of the state, provide insight into the issue and throws light / indication for future course of action by the state.

In Punjab University in various departments, number of Ph.D/M.Phil works are ongoing/completed on various gender and development issues. The Centre for Women Studies Department (CWSD) is also working on the same line, all these when published, may be used for reference.

¹ Vision of Punjab – Present, Future and the Past, State Development Report.,
http://planningcommission.nic.in/plans/stateplan/sdr_punjab

Meanwhile a few such relevant studies and workshop reports (in line with the current study/assignments) conducted by reputed individual, researchers and organisations including those located in Punjab are placed below:

4.7.1 Research Studies

- **Nilsson, Marie. The paradox of Modernity: A study of Girl discrimination in Urban Punjab. Department of Economic History, Lund University, 2005.**

This paper is based on fieldwork carried out by the author in September and October 2004. The study examines whether the attitude of son preference is changing in young, urban, middle class population.

Findings

- Certain elements of the tradition tend to survive the forces of modernization and may even be amplified in society.
- Modernity, seen from a gendered perspective, generates processes and results that favour men, not women.
- India is in transition phase between traditional and modern values, in which old norms and expectations clash with modern ideas, and modern and traditional views coexist in a sometimes paradoxical and contradictory manner.
- India appears to have misinterpreted the core of modernization by embracing consumerism and materialism and leaving out equality and rights.
- The paradox of modernity is illustrated in the continuing phenomenon of sex selection favouring sons over daughters at birth.

Conclusions & Recommendations

- The problem of sex selection is highly complex and cannot be perceived in vacuum or as an isolated phenomenon.
- It should be treated as a multifaceted phenomenon emerging from cultural and religious practices as well as from economic considerations and overall structures otherwise it is likely to persist in one form or another.
- The GOI needs to adjust its policies and legislation to better meet the needs of modern India regarding, among other things, property rights, inheritance laws and employment opportunities for women
- Laws alone cannot transform deeply-entrenched views on women. Multi-prolonged activities involving all segments of society are needed.

➤ **EKATRA. A study on the extent of implimentation of PCPNDT Act in selected Districts of Punjab and Haryana. New Delhi: EKATRA, 2005.**

The study was conducted to know the nature of implementation of PNDT Act, determining factors that led to enforcement as well obstacles and propose policy initiatives for its effective execution. Four districts each in Punjab (Fatehgarh Sahib, Amritsar, Patiala, Moga) and Haryana (Kurukshetra, Ambala, Sirsa, Gurgaon) were studied.

Findings

- The implementation of the Act at different levels of the operational structure is in adequate, lacking in the seriousness and commitment required to make a definite impact. Much time is spent in putting structures in place, yet without the requisite information about their role and responsibilities, members contribute very little.
- Without accountability, the act remains ineffective. Much of the committee time is devoted to routine matters such as registration of clinics and administrative irregularities, without strict and regular scrutiny of records.
- As spotlight is currently on Punjab and Haryana, there is meticulous record keeping, coupled with regular surveys by ANMs and AWWs
- The qualitative data revealed that although at some level, families may consider boys and girls to be equal, e.g. in the attitude to education, at other levels conventional perceptions have changed little, and restrictions continue to oppress the progress and empowerment of girls
- While everyone agreed that education and other facilities are more easily available to women know, it was also felt that the social environment today is very threatening to women. Frequent cases of rape and child molestation provide a moral justification for people to eliminate an unborn female child.

Recommendations

- For effective implementation of the PNDT Act, political will on the part of GOI, coupled with strong monitoring and accountability is essential.
- An integral strategy is required, both short and long term, at various levels of policy and implementation. At policy level, it is imperative that the government adopts the equalizing of the sex ratio as an important objective of the health and planning.
- Workshops should be held with political leaders to create a commitment at local political level. Elimination of female foeticide should be one of the priorities for intervention.
- Simultaneously, the targeted small family norm agenda needs to be re-evaluated as it is seen to working against the girl child
- Officials responsible for implementation need to be sensitized on the issue, as do the members of the advisory committees.

- Regular training should be undertaken of appropriate authorities, judges, and advocates.
 - A special public prosecutor should appoint for all cases related to Act violations.
 - Social audit of all registration forms should be carried out with due diligence.
- **Kaushik, Monica Munjal and Poonam. Why women opt for abortion? A case study of Khamano Block of District Fatehgarh Sahib of Punjab. Chandigarh: Population Research Centre, CRRID, 2004.**

This report looked into the underlying reasons, decision making, source of service, contraceptive behaviour and health status of the women who had undergone at least one abortion in last five years. The study also analysed the attitude and practice of abortion and its relation with socio-economic and demographic characteristics. The study area for this study had been Fatehgarh Sahib District. Forty-four women were interviewed in from twenty villages of block Khamano of this district.

The main reasons cited by the respondents included: Contraceptive failure, Family problems), Fallen accidentally), Wrong medicine, Economic reasons/ Family complete, Unplanned/ untimely pregnancy), Sex selective, Medical problems.

Major Recommendations/ Suggestions

- Doctors should not be negligent while performing sterilisation.
 - Quality of the contraceptives should be improved.
 - Proper follow up services for pregnant and women who have undergone abortions.
 - Counselling regarding proper family planning to couples.
 - Affordable and reachable health centres.
 - Sensitization of ANMs and health workers.
 - Proper legal enforcement of laws regarding sex selective selections.
 - Programmes for overall reproductive health improvement.
- **Reflections on the Campaign against Sex Selection and Exploring Ways Forward by Centre for Youth Development and Activities (CYDA 2004)**

The study commissioned b UNFPA for carrying out a rapid assessment of reasons contributing in decline sex-ratio despite all the advocacy and other efforts by various actors on the issue; review the efforts of various stakeholders on the issue and also to explore ways forward, suggest guidelines for future strategies etc. The study strongly pointed at certain politico-scientific–socio-economic currents which are in addition to traditional socio-cultural background.

Findings :

Major causes are

- a) Movement towards privatisation of health care
- b) The unbelievable medical and technological advances in predicting, controlling and modifying the basic building blocks of human life;
- c) The increasing social trend towards individualism and personal choice;
- d) The social acceptance of calculating the financial implications of all interactions including human relationships; and
- e) A mentality where 'having more' (encouraged by an environment that fosters unbridled consumerism) is often equated with increased self-worth

Within these backgrounds, the study reflected the limitations of efforts (studied by them) which leads to social acceptance of the attitude and practices by communities specially higher socioeconomic classes.

Recommendations

In the content of larger context, the study offered the following strategies as crucial elements contributing towards successful strategic plan for the campaign as a whole.

A. Central Strategy

This includes:

- a) Ideological leadership by a National Resource Group/Cell
- b) Legal Support
- c) Networking and capacity building
- d) Contract updating of data on CSR/SRB

B. Particular Strategies for the campaign

- a) Strategies at Multiple Levels
 - i) Challenging Gender Stereotypes and Revisiting Affirmative Actions to Encourage the Girl Child
 - ii) Helpline for Complaints
 - iii) Keeping Track
 - iv) Drawing in Other Actors/Influencers
 - v) Strategies for Communication
- b) Strategies at the Level of Implementation
- c) Strategies at the level of the Medical Community
- d) Strategies at the level of the Community
 - i) Working with/through Community Leaders/Groups
 - ii) Focus on Working with Youth
- e) Strategies at the level of the 'Law'
- f) Policy Level Advocacy

➤ **Bose, Ashish and Meera Shiva. Darkness at Noon: Female Foeticide in India. Delhi: VHAI, 2003.**

The purpose of the report was to study the declining child sex ratio in the three worst-affected districts of the three states in India with the lowest CSR. The study was based on survey done in three villages each from Fatehgarh Sahib (Punjab), Kurukshetra (Haryana) and Kangra (Himachal Pradesh). The report is based on the hypothesis that if the worst districts can be tackled, then the situation in other districts will certainly improve.

Findings

- The immediate cause was found to be son-preference. The daughters were perceived as an economic and social burden on the family due to factors such as dowry and onus of ensuring chastity.
- Punjab and Haryana data considered doctors to be responsible for conducting abortions. The foeticide was found dependent on available facilities, such as ultrasound and genetic tests, transport network and road connectivity.
- People are aware about sex-selective techniques but awareness of PNDT act is poor.
- There is a correlation between the sex-ratio and birth order. The sex ratio declines from first birth to the fourth birth order and above.

Recommendations

- Develop a three-sector model involving the Government, NGOs and PRIs, with technical back up from experts like academics and social activists etc.
- The government should sanction funds to concerned and informed NGOs in the health sector to produce IEC material including imaginative films on the subject.
- The PNDT act should be implemented and erring doctors should be heavily penalized, if necessary with the cancellation of their registration.
- State commissions for women should inspect suspected cases of female foeticide.
- Vigilance at local level.
- Introduction of schemes offering incentives to women seeking employment opportunities.
- Indian Universities and Research institutes should promote research on the issue.
- The issue of dowry must be addressed head on by enforcing the Dowry Prohibition Act and taking stringent action against violators in cases of dowry deaths or harassment.

➤ **Kausahal, Monica Munjal and Poonam. Abortions in Punjab: Recent evidences from RCH survey. Chandigarh: PRC, CRRID, 2002.**

The study used data obtained for Reproductive and Child Health (RCH) project conducted during 1998-99 by IIPS, Mumbai with the help of various research agencies. The project attempted to analyze abortion in Punjab and look into various socio-cultural and demographic variables related to abortion. The study also looked into abortion seeking behavior and post abortion scenario in Punjab.

The major findings showed that induced abortion was higher in urban women than rural women. Approximately, three out of four abortions occurred in first trimester. Higher caste women and educated were found opting for induced abortion.

Recommendations

There is a need to improve the overall reproductive health of women. Government, media and social organizations especially those dealing with the reproductive health of women should make appropriate efforts to increase accessibility and availability of family planning information, education and services to the couples.

➤ **UNFP. "Sex-Selective abortions and fertility decline: The case of Haryana and Punjab." New Delhi, 2001.**

The purpose of the study was to examine the significance of sex-selective abortions as well as all abortions on the level and patterns of decline in fertility in Haryana and Punjab, between 1990-1992 and 1996-98. This study is based on NFHS.

Findings

- Haryana and Punjab, among other states show greater preference for sons and for sex-selection at birth. The preference is generally stronger in urban areas than in rural areas and among literate as opposed to illiterate women.
- The preference for son generally rises with number of children born and age of the wife. The preference to have a first born son, substantially stronger in Punjab than in Haryana.
- The rising trend in SRB following the birth of a daughter along with the increased duration of birth intervals can be seen as deliberate attempt to have son.
- Abortion is more widespread among contraceptive users than among women who never practiced family planning.
- In the context of total abortions, Haryana and Punjab show opposing patterns. Except for the marginal rise in urban areas, Haryana shows a decline in the incidence of total abortions both in terms of numbers and rates, while rural and urban areas in Punjab show rise.

Recommendations

- Reproductive health communication and education should include specific messages highlighting the importance of girl child and gender equality, the hazards of unsafe abortions and the illegality of sex pre-selection followed by abortion statutory laws like MTP act (1972) and PNDT regulation and misuse act (1994) need to be strictly enforced.
 - Existing loopholes in these acts should be plugged in the light of new technological development.
 - Law enforcement agencies, in partnership with community based groups and social service organizations, should take measures to identify offenders and follow up in a court of law.
 - Advocacy initiatives should aim to build alliances among all partners for social mobilization in order to eliminate the practice and to felicitate the implementation of laws.
 - Professional associations should be seen as important partners for self-regulation and should bring peer pressure to bear on those who continue to violate the provision of the act.
- **Dagar, Rainuka. Life enhancing mechanism-life depriving outcomes: A case of female foeticide. Chandigarh: IDC, 2001.**

The report suggests that the decline in the sex ratio should also be seen through the lens of patriarchal society and not only through easily accessible technology.

Findings

- Economic affluence and technological advancement cannot, on their own, counter cultural practices. The core of which happens to male child preference. The adverse sex ratio is accompanied by other unfavorable gender indices such as wife-beating, rape, bigamy, sexual abuse and dowry.
- Districts with adverse sex ratio also register a high incidence of violence against women.
- Since the CSR declined sharply from 1980s, the period of terrorism, growing religious fundamentalism, a complete absence of political intervention and lack of gender sensitivity contributed to girl child's inability to live a dignified life in Punjab.

Recommendations

- Make gender violence visible by sensitizing the community to issues relating to gender justice and women's development.
- Promote a fluidity of social roles among men and women in order to overcome the gender stereotyping in the society.
- Take legal measures with the support of the community.

- Promote a socio-economic shift in the attitude towards a women's role in society.
- **Dubey, V.P., H.L. Kalla and Bindu Duggal. A study on the assessment of the impact of women specific related schemes in the state of Punjab. Chandigarh: CRRID, 2000.**

The study aimed to assess whether the benefits extended through various schemes for women are commensurate with the investment made to enable a focus on more successful schemes. It was also intended to assess the actual flow of funds and benefits to women under various schemes. The report also aimed to gain an insight into the linkages between women's lack of social and economic power at all levels and the poverty experienced by them, the families and communities. The empirical study of 1008 selected beneficiaries and their household data envisaged understanding the causes of the existing inequality of women in all sectors viz., economic, social, political, legal, educational etc. the data was collected from forty five villages from Derra Bassi and Samana block of District Patiala and Ghull Kurd and Abohar block of Ferozpur District. The data revealed that the target objective of enhancing women's economic productivity has not been substantially achieved despite the fact that lot of investment has been made through various schemes.

Recommendations

- Enrolment and retention of girl child in the age group of 6-14.
- Proper implementation of meal scheme in the schools.
- Follow up evaluation study of each scheme by a body of expert in order to make implementing agencies answerable.
- **Dubey, V.P , Kesar Singh and Sukhvinder Singh. Shagan Scheme for Scheduled Caste Girls in Punjab. Chandigarh: CRRID, 1999.**

The purpose of this project was to evaluate existing Shagan scheme to ensure more effective implementation and for ascertaining the reach of benefits to genuine target beneficiaries. The sample was collected from four districts of Punjab namely, Hoshiarpur, Amritsar, Ferozpur and Mansa. Average ten percent (35) of the beneficiaries were selected from each district. The project was completed in four months time. The findings reflected that everyone from the target group was aware of the scheme. For forms and their filling they approached private typists. Thirty nine percent of the beneficiaries had to visit the concerned department from one to nine days to get this money. Twenty seven percent had to visit for eleven to sixteen times. This resulted in loss of these many working days also. Out of 764 beneficiaries 24 were of ages less than legal age. Not a single family deposited the money in bank. The average time taken by the department in releasing the money was six months.

Recommendations

Authors recommended that a fixed deposit should be done at the time of the birth of girl child. Another 5000 rupees should be deposited at the time when she completes her middle school. On attaining legal age of marriage the girl should be able to use the money.

- **George, S.M and R.S. Dahiya. A research Study on Female Foeticide in Rural Haryana. SEARCH, 1998.**

The study was conducted to determine whether sex determination tests are being performed in Rohtak District and, if so, to measure their impact on the sex ratio. Six villages of the district were studied

Findings

- The percentage of sterilized women increases as they have more surviving sons.
- Pregnancy rates are higher among women who have fewer surviving sons than daughters.
- Within each family, the current rate of pregnancy is five to six times higher for mothers who have no sons than mothers who have several sons
- SRB for all birth orders of recently born children are male dominant, including for the first birth.
- SRB increased over the last five years among upper castes.
- The birth order of the preceding born children seems to be an important determinant of the sex of the next child.
- More doctors are buying ultrasound machines, and some are taking them in cars to villages.

Recommendations

- Public action must challenge the many ways in which patriarchy demeans women.
- Men have to except responsibility for contraception
- Ethical medical practice is imperative to enforce laws against prenatal sex determination.
- Education has to inculcate gender sensitivity among students.
- The focus of the health dept has to change from forcing contraception on women to enhancing women's health and reducing gender disparities at birth and in child survival.

- **Usha Nayar, 1995, Doomed Before Birth: Study of declining Sex Ratio in the Age Group 0-6 Years in Selected Districts of Punjab and Haryana. New Delhi: Department of Women's Studies, National Council of Educational Research and Training (NCERT), Unpublished.**

The study, commissioned by the Department of Women and Child (Government of India), aimed to analyse the causes for the adverse and declining child sex ratio in selected districts of Haryana and Punjab. Further, effective intervention strategies to counter the trend were proposed.

Findings:

- The study confirmed that female foeticide was rampant in the two states.
 - Parents gave reasons like high dowry / wedding expenses for female foeticide.
 - The motto appeared to be "spend now, save later / end now than later".
 - The study noted that the community / authorities were aware of the problems but had not yet taken action.
 - Lay villagers considered sex detection and abortion as socially sanctioned practices and part of the population control strategy by the Government.
 - People had not heard of tests like amniocentesis, and relied on ultrasounds to detect the sex of the foetus and having the abortion in the second or even third trimester of pregnancy. Thus, endangering the life of the mother.
 - There is discrimination against female infants and children in dispensing food, healthcare and education, showing the low valuation of the life of a female.
 - Economic prosperity does not necessarily bring equality or well-being to women who are constantly exploited in some way or the other.
- **Kaur, Manmeet. "Female Foeticide: A Sociological Perspective." The Journal of Family Welfare, March 1993, 39(1)**

The objective of the paper is to study the reasons for female foeticide from sociological perspectives, to understand women's attitudes to female foeticide and to discover the underlying reasons for the practice. The locale for the study was Village Daun, situated eight kilometer from Chandigarh-Ludhiana road. Married women from the age group 20-45 years were interviewed.

Findings

- Nearly 3/4 women in suburban area are aware of sex determination tests.
- Nearly 72 per cent consider abortion a sin, yet 95 percent say they would favour medical termination of pregnancy if foetus is female.
- Women are aware of the health problems resulting from such procedures but favour them for socioeconomic reasons. A girl is considered liability on account of dowry; her education does not add anything to parent's income.

- Socioeconomic pressures are so strong that even those who consider abortion to be sin are prepared to abort a female foetus.

Recommendations

Banning sex-selection tests, though essential and urgently required step, is not the final solution to the problem. In long run, social prejudices against women have to be overcome by improving the overall status of women.

4.7.2 Workshop Reports

- **State Level Advocacy Workshop with Members of State Legislative Assembly of Punjab on Sex-selection Pre-birth Elimination of Female by Voluntary Health Association of Punjab, Chandigarh and Population Foundation of India, New Delhi (4th October 2004)**

This one day workshop was conducted with members of State Legislative Assembly wherein Hon'ble speaker of Vidhan Sabha was the Chief Guest. The Senior decision making level officers of State government of Punjab like Health Services, State Appropriate Authority on the Pre-conception and PNDT Act, Census and prominent NGOs of Punjab etc. also participated in the said workshop. The participants spoke about the evil practices of sex selection. Pre_ Birth Elimination of Females and the reasons. Most important reasons pointed out by participants are:

- i) Dowry related Harassment of parents of daughters
- ii) Lack of Social Security
- iii) Security and Safety of Girls
- iv) Religious directives on rites and rituals
- v) Paradox of initiatives (Hukum Name' by Sikh religion Leader but recent census segregation showed worst picture in this community. Similarly Jains with non-violent way of life, reflected practice of elimination of females more.

State Government Departments briefed the house about various steps/actions taken up by their respective departments to stop the menaces.

Recommendations

On the whole the workshop came out with the strategic interventions in the form of:

Monitoring and Vigilance by all -specially the community and their representatives (MLAs and MPs)

Efforts needed for awareness building and change of attitudes of communities.

➤ **State Level Advocacy Workshop with Media Persons on Sex selection and Pre-birth Girl Elimination by Voluntary Health Association of Punjab and Population Foundation of India (5th October, 2004)**

The workshop highlighted major issues of Development which are further marginalising women in the Northern and Western States. The paradox of development which systematically depriving women from the little economic power they had in the traditional aggregation. society. The green revolution – which implied Mechanised Farming, Industrialisation of states, Limit of families, and Consumerism--all have contributed in degrading women's value in the society. Highly respected professionals (Medicos) working on demand-supply market economy, their unionisation for protecting each other, non availability of records – all have reduced the PNDT Act into a mockery.

Recommendations

The participants high lighted the strategic role that media can play in reporting of such vicious activities as also raising awareness of society

➤ **State Level Advocacy Workshop with Media Persons on Sex selection and Pre-birth Girl Elimination from the Northern Western States of India by Voluntary Health Association of Punjab and Population Foundation of India (28th November, 2005)**

The advocacy cum sensitisation workshop was organised by VHA Punjab in association with Population Foundation of India on November 28th 2005 at Panjab University, Chandigarh. The workshop, on sex selection and pre-birth girl elimination from the districts of Fatehgarh Sahib and Patiala (Punjab) and Kurukshetra and Ambala (Haryana), had 60 participants from various districts in Punjab and Haryana as well as from their capital, Chandigarh. The workshop successfully established dialogue with media persons and various Government officials regarding the implementation of the PCPNDT Act. PFI representatives spoke of the role of media in making people aware of the declining sex ratio in both states.

The major issues emphasised during the workshop are

- Empowerment of women is required to stop female foeticide.
- Short stay homes where women who are victims of dowry and other family disputes can stay established by Haryana Govt.
- Haryana Govt. has introduced the concept of delivery huts in rural areas for safe delivery in hygienic environment. These delivery huts are looked after by the ANMs. The idea behind the initiative is to reduce IMR and MMR.
- Neglect of girl child leading to Infant Mortality is causal factor for declining sex ratio.

- Male domination, neglect of girl child and son preference major causes for declining sex ratio.
- Ultrasound clinics conducting sex- selective abortion are being tapped.
- Many schemes to encourage female child births are being run in the States.
- Deep concern over future implications of declining sex ratio, e.g., non availability of brides, and other social evils.

Recommendations:

- Need to sensitize women.
 - Need for awareness generation, family counselling centres (to involve males) and condensed courses for empowerment of women.
 - Equal opportunity in education and employment should be provided to women and dowry system should be abolished from the society.
 - To change the practice of female foeticide, there is need to bring about the attitudinal changes in the patriarchal society and, thus, social practices.
 - Need to tap ultrasound clinics which are flouting the laws and suspend their medical licenses that are doing unethical practices of sex-selection.
 - Immediate implementation of PC-PNDT Act
 - Media should take ownership of issue
 - Media should act as a vigilant to expose clinics and private practitioners indulged in sex selective abortions. Folk media should involve itself to make people aware of the issue.
- **Campaign against Missing Girls in Punjab and Haryana [Districts covered: Fatehgarh Sahib & Patiala (Punjab) and Ambala & Kurukshetra (Haryana)] by Voluntary Health Association of Punjab (June 2006 – May 2007)**

The document highlights the campaign undertaken by Voluntary Health Association of Punjab to identify the determinants of dwindling sex ratio in the states of Punjab and Haryana at the grass root level. The idea behind the campaign is to comprehend the influence of various social, cultural, economic and political processes, institutions and agencies as well as demographic indicators.

Major Findings

It was found during the campaign that nursing homes and ultrasound clinics are not running within the ambit of government rules and regulations; nonetheless health authorities are negligent about it. Some of these nursing homes, in Punjab as well as Haryana were found to have linkages with various ultrasound clinics during the campaign. Further, midwives and quacks have also been related with the “missing girls” in the region in the document. It has further observed that at the state level multi member state authority under the PC & PNDT Act to implement at the state level. However, at the district and sub district levels the CMO/ SMO are

the appropriate authorities to implement the same. It further mentions ambiguity at community level regarding PCPNDT Act and MTP Act. However, that people has started understanding the importance of the declining sex ratio. They have also started recognising the working of Nigran Samities, KBS and Saakshar Mahila Samooh (SMS) that are functioning in the villages.

Recommendations

- Inter department and inter-state meets should be encouraged for further interventions.
- Efforts should be made to implement the PNDT Act; heavy punishment/fine including cancellation of registration of erring doctors should be there.
- Pressure groups created at the village and district level should be trained to monitor and oversee the effective implementation of the PNDT Act.
- Stocktaking of various schemes launched and implemented by the state agencies for girl child to discourage the trend of declining sex ratio.

4.7.3 Summary of Findings & Recommendations of Studies and Workshops

Major Findings:

The problem of sex selection is highly complex and cannot be perceived in vacuum or as an isolated phenomenon. It should be treated as a multifaceted phenomenon emerging from cultural and religious practices as well as from economic considerations and overall structures otherwise it is likely to persist in one form or another.

- I) Rampant use of sex selective abortions in the state
- II) Legal measures have not yielded much impact
- III) Private medical centres & professionals are grossly involved in the racket
- IV) People are aware of PNDT Act

Economic affluence and technological advancement cannot, on their own, counter cultural practices. The core of which happens to male child preference. The adverse sex ratio is accompanied by other unfavorable gender indices such as wife-beating, rape, bigamy, sexual abuse and dowry.

Recommendations:

- i) Social prejudices against women have to be overcome by improving the overall status of women.
- ii) An integral strategy is required, both short and long term, at various levels of policy and implementation.

- iii) Monitoring and Vigilance by all specially the community and their representatives (MLAs and MPs).
- iv) Law enforcement agencies, in partnership with community based groups and social service organizations, should take measures to identify offenders and follow up in a court of law.
- v) Develop a three-sector model involving the Government, NGOs and PRIs, with technical back up from experts like academics and social activists etc
- vi) Media need to play strategic role in reporting of vicious activities as also raising awareness of society
- vii) Inter department and inter-state meets should be encouraged for further interventions.
- viii) Efforts should be made to implement the PNDT Act; heavy punishment/fine including cancellation of registration of erring doctors should be there.
- ix) Pressure groups created at the village and district level should be trained to monitor and oversee the effective implementation of the PNDT Act.
- x) Stocktaking of various schemes launched and implemented by the state agencies for girl child to discourage the trend of declining sex ratio.

¹ Department of Women and Child Development, GoI <http://wcd.nic.in/empwomen.htm>
² Social Welfare Department, GoI <http://socialwelfare.delhigovt.nic.in/immoraltraffact.htm>
³ National Resource Centre for Women, Dept of Women and Child Development, GoI <http://nrcw.nic.in/shared/sublinkimages/64.htm>
⁴ National Resource Centre for Women, Dept of Women and Child Development, GoI <http://nrcw.nic.in/shared/sublinkimages/12.htm>
⁴ National Resource Centre for Women, Dept of Women and Child Development, GoI <http://nrcw.nic.in/shared/sublinkimages/65.htm>
⁵ National Commission for Women, GoI <http://ncw.nic.in/page4.htm>
⁵ Department of Women and Child Development, GoI <http://wcd.nic.in/commissionofsati-prevention.htm>
⁶ National Resource Centre for Women, Dept of Women and Child Development, GoI <http://nrcw.nic.in/shared/sublinkimages/13.htm>
⁶ Department of Women and Child Development, GoI <http://wcd.nic.in/wdvact.pdf>
⁷ National Commission for Women, GoI <http://ncw.nic.in/ncwact.pdf>
⁸ National Resource Centre for Women, Dept of Women and Child Development, GoI <http://nrcw.nic.in/shared/sublinkimages/25.htm>
⁹ Ministry of Health and Family Welfare, GoI [http://mohfw.nic.in/THE%20PNDT%20ACT%20\(PRINCIPAL%20ACT\)1994.htm](http://mohfw.nic.in/THE%20PNDT%20ACT%20(PRINCIPAL%20ACT)1994.htm)
⁹ National Resource Centre for Women, Dept of Women and Child Development, GoI <http://nrcw.nic.in/shared/sublinkimages/78.htm>
¹⁰ Department of Labour, Government of Punjab http://pblabour.gov.in/pdf/acts_rules/maternity_benefit_act_1961.pdf
¹¹ Department of Labour, Government of Punjab http://pblabour.gov.in/pdf/acts_rules/equal_remuneration_act_1976.pdf
¹² Department of Labour, Government of Punjab http://pblabour.gov.in/pdf/acts_rules/factories_act_1948.pdf

Chapter 5

Study Findings

5.1 Household Survey

This section provides an analysis of data collected by household survey from the two districts. It includes 300 households, 150 each from Fatehgarh Sahib and Hoshiarpur. The analysis is based in the responses of Household head (or any other elderly member of the family) and a female respondent (who had had a pregnancy outcome in the last five years) from each household. Figures from the two districts and further, from rural and urban regions of both the districts are also compared to bring out the respective differences.

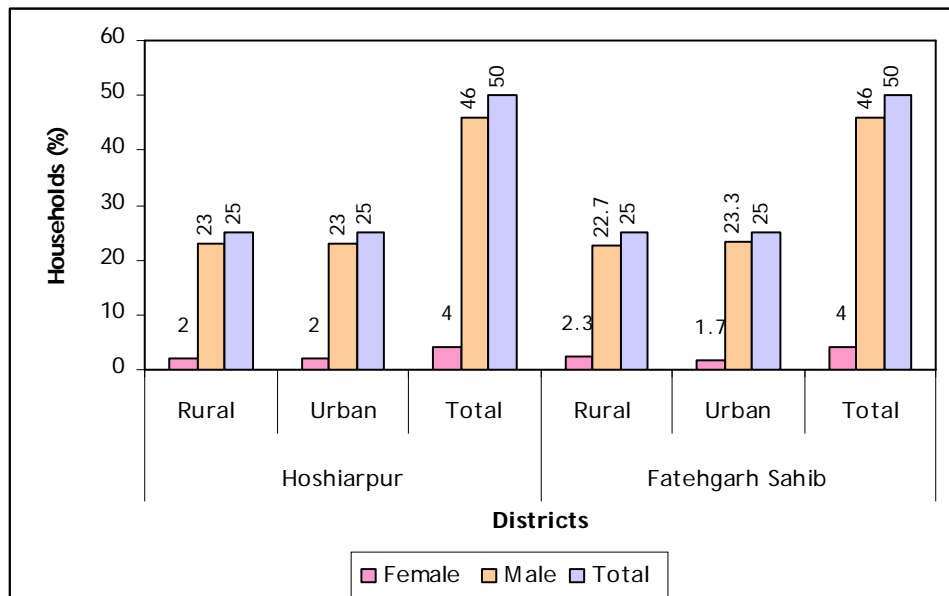
5.1.1 General Profile of the Households

The present section deals with profile of the households from the districts of Fatehgarh Sahib and Hoshiarpur, further divided in rural and urban regions, based on the responses of 300 household heads.

5.1.1.1 Male and Female Headed Households

Most of the households (92 %) are headed by the male members of the family (Table 1, Annex IV). Further, as shown in the Figure 5.1, both the districts, Hoshiarpur and Fatehgarh Sahib, have higher percentage (46.0 % in each district) of male-headed households as compared to the households headed by the female member of the family (4.0 % in each district).

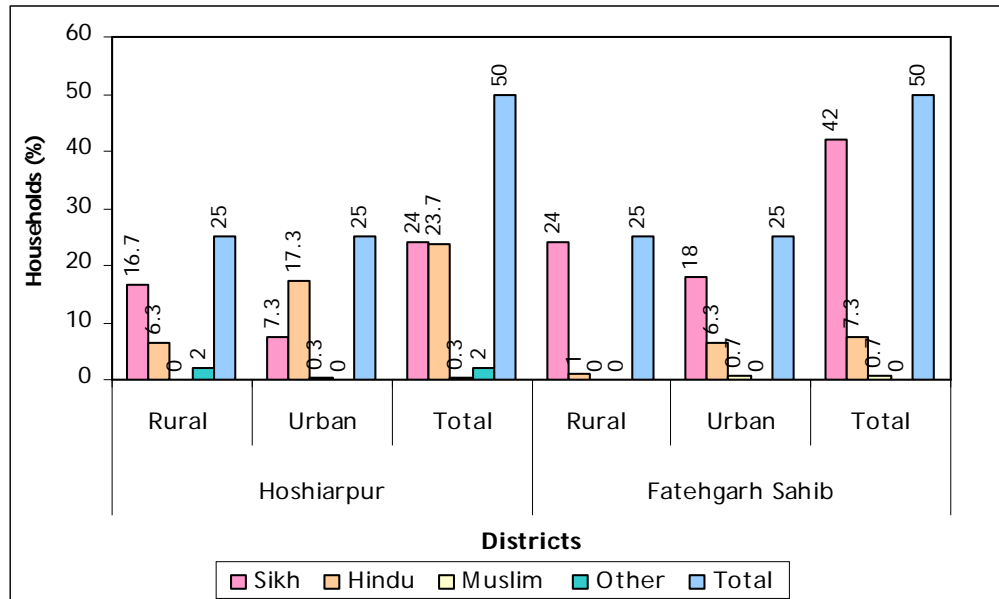
Figure 5.1 Percentage of Male and Female Headed Households by Districts



5.1.1.2 Religion

The majority of households are Sikh (66.0 %) followed by Hindu (31.0 %) and only 1.0% comprises Muslim households, as seen in the Table 1 (Annex IV). District-wise figures show higher percentage of Sikh households (42.0 %) in Fatehgarh Sahib as compared to Hoshiarpur (24.0 %). Proportion of Sikh households (24.0 %) and Hindu households (23.7) is almost equal for the total households of Hoshiarpur (Figure 5.2). According to the 2001 Census, in Hoshiarpur there are 58.88% Hindus, 38.82% Sikhs and 1.04% Muslims. While Fatehgarh Sahib has more Sikhs (74.56 %) and fewer Hindus (22.80%).

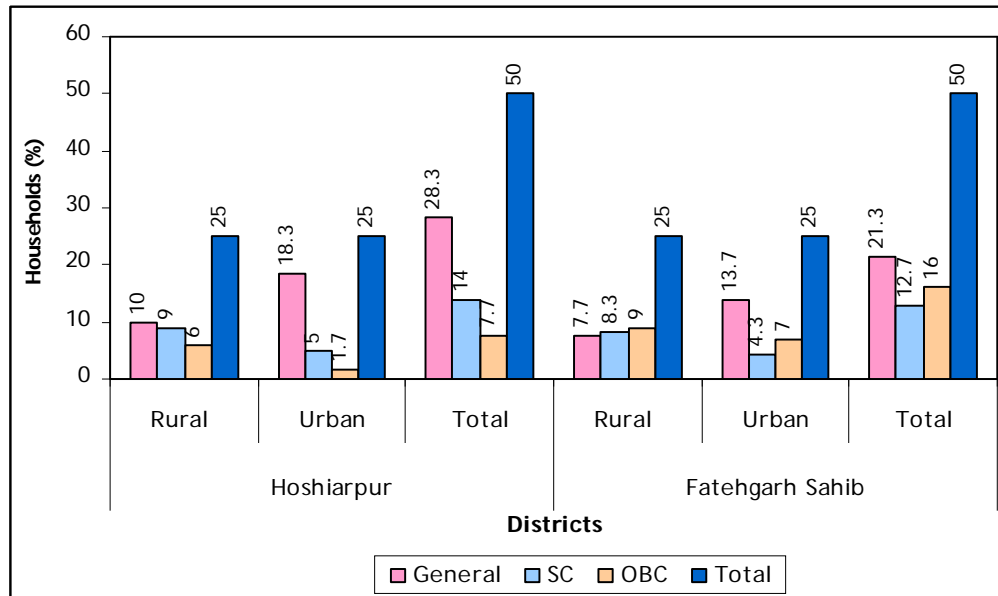
Figure 5.2 Religion of Households by Districts



5.1.1.3 Caste

26.7 percent of the total households belong to Scheduled Castes (SC) and 23.7 % are Other Backward Classes (OBC), as illustrated in the Table 1 (Annex IV). Between the two districts, Hoshiarpur has the higher percentage of SC households (14.0 %), while Fatehgarh Sahib has the higher percentage of OBC households (16.0 %). Rural regions of both the districts have higher percentages of OBC and SC populations than the respective urban figures (figure 5.3).

Figure 5.3 Caste of Households by Districts



5.1.1.4 Type of Family and Household Size

As shown in Table 5.1, majority of the families are nuclear (51.7 %). 39.0 % of the total families are joint families and 9.3 % are the extended ones (9.3 %). Hoshiarpur has the higher percentage of nuclear families (27.7 %) than Fatehgarh Sahib (24.0 %). Maximum percentage of joint families is reported from rural Hoshiarpur (12.0 %). The highest percentage of extended families is from Fatehgarh Sahib. A comparison between percentages of nuclear and joint families across urban and rural regions of both the districts indicates preponderance of nuclear families.

Regarding household size, the same table (5.1) indicates that most of the households have five to eight members (56.3 %) followed by the households with one to four members (38.7 %). Most of the nuclear families have one to four members while most of the joint families have five to eight members in both the districts. This corroborates with 2001 Census data of Punjab where most (31 %) households have 6-8 members and 21 % households have 5 household members.

Table 5.1: Type of Family vis-à-vis Household Size

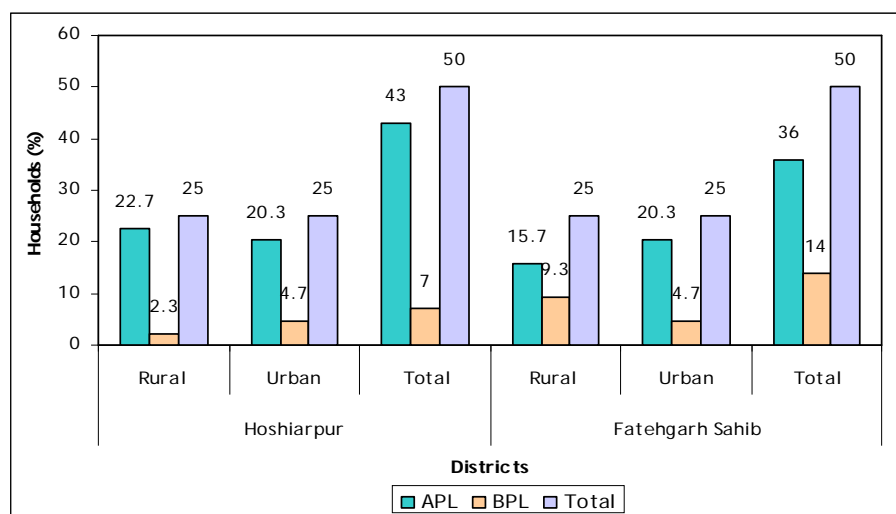
Districts	HOSHIARPUR						FATEHGARH SAHIB						Grand Total	
	Rural		Urban		Total		Rural		Urban		Total			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Type of Family														
Joint														
1-4 mbrs	2	0.7	2	0.7	4	1.3	1	0.3	2	0.7	3	1.0	7	2.3
5-8 mbrs	34	11.3	24	8.0	58	19.3	17	5.7	20	6.7	37	12.3	95	31.7

Districts	HOSHIARPUR						FATEHGARH SAHIB						Grand Total	
	Rural		Urban		Total		Rural		Urban		Total			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
9-12mbrs	0	0.0	1	0.3	1	0.3	8	2.7	4	1.3	12	4.0	13	4.3
>12 mbrs	0	0.0	0	0.0	0	0.0	2	0.7	0	0.0	2	0.7	2	0.7
Sub-Total	36	12.0	27	9.0	63	21.0	28	9.3	26	8.7	54	18.0	117	39.0
Nuclear														
1-4 mbrs	26	8.7	31	10.3	57	19.0	21	7.0	26	8.7	47	15.7	104	34.7
5-8 mbrs	12	4.0	14	4.7	26	8.7	12	4.0	13	4.3	25	8.3	51	17.0
Sub-Total	38	12.7	45	15.0	83	27.7	33	11.0	39	13.0	72	24.0	155	51.7
Extended														
1-4 mbrs		0.0	1	0.3	1	0.3	2	0.7	2	0.7	4	1.3	5	1.7
5-8 mbrs	1	0.3	2	0.7	3	1.0	12	4.0	8	2.7	20	6.7	23	7.7
Sub-Total	1	0.3	3	1.0	4	1.3	14	4.7	10	3.3	24	8.0	28	9.3
Total	75	25.0	75	25.0	150	50.0	75	25.0	75	25.0	150	50.0	300	100.0

5.1.1.5 Economic Classification of the Households

As shown in the figure 5.4, district of Fatehgarh Sahib has higher percentage of BPL households (14.0 %) than Hoshiarpur (7.0 %). Rural Fatehgarh Sahib has more number of BPL families than urban region of the district. On the other hand, Hoshiarpur has higher percentage of BPL families in the urban regions (4.7 %) of the district than in rural regions (2.3 %). Overall figures show that 21.0 % households fall in the Below Poverty Line (BPL) category (Table 2, Annex IV).

Figure 5.4 Economic Classification of the Households by Districts



5.1.1.6 Ownership of House

As represented in Table 5.2, across the districts and regions most of the households have their own house (94.3 %). Only a small percentage of households have either a rented accommodation (4.0 %) or provided by the employer (1.7 %).

Similarly, according to the Census (2001), in Punjab 89% houses are owned by the households.

Table 5.2 : Ownership of House

Districts	HOSHIARPUR						FATEHGARH SAHIB						Grand Total	
	Rural		Urban		Total		Rural		Urban		Total			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Ownership of House														
Own	75	25.0	66	22.0	141	47.0	74	24.7	68	22.7	142	47.3	283	94.3
Rented	0	0.0	6	2.0	6	2.0	0	0.0	6	2.0	6	2.0	12	4.0
Provided by employer	0	0.0	3	1.0	3	1.0	1	0.3	1	0.3	2	0.7	5	1.7
Total	75	25.0	75	25.0	150	50.0	75	25.0	75	25.0	150	50.0	300	100.0

5.1.1.7 Assets Owned by Females

To comprehend the importance of women in the household as well as the kind of responsibilities given to them, information about the assets owned by women have been collected. These include property, bank account or post office account in the name of a female household member and ownership of vehicles by them.

Table 5.3: Assets owned by the female member of the household

Districts	HOSHIARPUR						FATEHGARH SAHIB						Grand Total	
	Rural		Urban		Total		Rural		Urban		Total			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Property in Female's Name														
Having	3	1.0	8	2.7	11	3.7	9	3.0	7	2.3	16	5.3	27	9.0
Not Having	72	24.0	67	22.3	139	46.3	66	22.0	68	22.7	134	44.7	273	91.0
Total	75	25.0	75	25.0	150	50.0	75	25.0	75	25.0	150	50.0	300	100.0
Female Member Bank/PO														
Having	29	9.7	35	11.7	64	21.3	24	8.0	26	8.7	50	16.7	114	38.0
Not Having	46	15.3	40	13.3	86	28.7	51	17.0	49	16.3	100	33.3	186	62.0
Total	75	25.0	75	25.0	150	50.0	75	25.0	75	25.0	150	50.0	300	100.0
Number of Female Earning Members														
0	70	23.3	26	8.7	96	32.0	70	23.3	53	17.7	123	41.0	219	73.0
1	2	0.7		0.0	2	0.7	5	1.7	11	3.7	16	5.3	18	6.0
2	3	1.0	49	16.3	52	17.3		0.0	11	3.7	11	3.7	63	21.0
Total	75	25.0	75	25.0	150	50.0	75	25.0	75	25.0	150	50.0	300	100.0
Ownership of Vehicles by Female Members in Household														
No Vehicle	73	24.3	23	7.7	96	32.0	72	24.0	61	20.3	133	44.3	229	76.3
Having	2	0.7	52	17.3	54	18.0	3	1.0	14	4.7	17	5.7	71	23.7
Total	75	25.0	75	25.0	150	50.0	75	25.0	75	25.0	150	50.0	300	100.0
Type of Vehicle owned by female														
None	73	24.3	23	7.7	96	32.0	72	24.0	61	20.3	133	44.3	229	76.3
Cycle	0	0.0	1	0.3	1	0.3	1	0.3	1	0.3	2	0.7	3	1.0
Scooter	2	0.7	50	16.7	52	17.3	2	0.7	13	4.3	15	5.0	67	22.3
Car	0	0.0	1	0.3	1	0.3	0	0.0	0	0.0	0	0.0	1	0.3
Total	75	25.0	75	25.0	150	50.0	75	25.0	75	25.0	150	50.0	300	100.0

Table 5.3 illustrates that in only 9.0 % of the households, female in the family has property in her name. Lesser percentage of such households has been reported from Hoshiarpur (3.7 %) than from Fatehgarh Sahib (5.3 %). Across regions lesser rural households (1.0 %) mentioned having property owned by female member as compared to urban households (2.7 %) in Hoshiarpur. However, Fatehgarh Sahib shows divergent figures for the regions, with higher % of urban households having females owning property (3.0 %) as compared to rural households (2.3 %). In 38.0 % households female members (higher than the households where female own some property in her name) have bank or post office account in their name. Between districts, Hoshiarpur has higher percentage (21.3 %) of such households as compared with Fatehgarh Sahib (16.7 %).

Pertaining to female earning members, Table 5.3 denotes that 21 % households have two earning while 6.0 % households have single earning member. However, none of the female members are earning in majority of the households (73.0 %), which mainly comprise of rural households in both the districts (23.0 % from each district).

As shown in table 5.3 in 23.7 % of the total households, female own vehicle(s). 18.0 % households from Hoshiarpur district are reported to have vehicles for female whereas only 5.7 % of the households from Fatehgarh Sahib are reported to own vehicle. Females with vehicles are largely from the urban households (17.3 % from Hoshiarpur and 4.7 from Fatehgarh Sahib. Most of the females own a scooter (22.3 %); only a few of them own a cycle (1.0) or a car (0.3).

5.1.2 Socio-Demographic Characteristics of the Household Population

5.1.2.1 Educational Status of the Household Population

Table 5.4 shows educational attainment of male and female population. Illiteracy among female (8.8 % illiterate) is higher than males (5.0 %). This trend is similar to that found in the NFHS-3 where the percentage of non-literate females (29 %) in Punjab, aged 15-49, is also higher than the percentage of males (14 %) in the same category. Furthermore, the table shows that more males attain higher educational levels than females. This also corresponds with the NFHS-3 data for Punjab, where there are more males than females at each level of education achieved. Nevertheless, very small proportion of the total population (including male and female) attain higher education. District wise analysis shows that Fatehgarh Sahib has more illiterate population as compared to Hoshiarpur among males as well as female. The illiterate population includes 3.3 % males and 5.2 % females from Fatehgarh Sahib whilst 1.7 % males and 3.6 % females from Hoshiarpur. Thus, the whole scenario indicates towards the need for interventions

to increase the literacy level and level of educational attainment for both males and females.

Table 5.4: Educational Status of Male and Female (Population above 7 years)

Districts	HOSHIARPUR						FATEHGARH SAHIB						Grand Total	
	Rural		Urban		Total		Rural		Urban		Total			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Educational Status														
Male														
<7 yrs of age	12	1.2	7	0.7	19	1.9	8	0.8	11	1.1	19	1.9	38	3.7
Illiterate	8	0.8	9	0.9	17	1.7	22	2.2	12	1.2	34	3.3	51	5.0
Primary	6	0.6	3	0.3	9	0.9	26	2.5	11	1.1	37	3.6	46	4.5
Class 8	12	1.2	11	1.1	23	2.3	28	2.7	18	1.8	46	4.5	69	6.8
Class 10	38	3.7	43	4.2	81	7.9	37	3.6	46	4.5	83	8.1	164	16.1
Class 12	40	3.9	22	2.2	62	6.1	23	2.3	27	2.6	50	4.9	112	11.0
College	3	0.3	16	1.6	19	1.9	5	0.5	14	1.4	19	1.9	38	3.7
Technical	1	0.1	4	0.4	5	0.5	1	0.1	2	0.2	3	0.3	8	0.8
Sub-Total	120	11.8	115	11.3	235	23.0	150	14.7	141	13.8	291	28.5	526	51.5
Female														
<7 yrs of age	6	0.6	5	0.5	11	1.1	6	0.6	5	0.5	11	1.1	22	2.2
Illiterate	19	1.9	18	1.8	37	3.6	35	3.4	18	1.8	53	5.2	90	8.8
Primary	7	0.7	4	0.4	11	1.1	26	2.5	11	1.1	37	3.6	48	4.7
Class 8	14	1.4	9	0.9	23	2.3	31	3.0	12	1.2	43	4.2	66	6.5
Class 10	40	3.9	32	3.1	72	7.1	26	2.5	42	4.1	68	6.7	140	13.7
Class 12	26	2.5	20	2.0	46	4.5	16	1.6	24	2.4	40	3.9	86	8.4
College	4	0.4	19	1.9	23	2.3	1	0.1	12	1.2	13	1.3	36	3.5
Technical	1	0.1	5	0.5	6	0.6	0.0	0.0	1	0.1	1	0.1	7	0.7
Sub-Total	117	11.5	112	11.0	229	22.4	141	13.8	125	12.2	266	26.1	495	48.5
Total	237	23.2	227	22.2	464	45.4	291	28.5	266	26.1	557	54.6	1021	100.0

5.1.2.2 Marital Status

Of the total population, Hoshiarpur has 45.3 % population and Fatehgarh Sahib has 54.7 % population above 18 years (Table 4, Annex IV). Male comprises little higher proportion (50.8 %) of the population as compared to females (49.2 %). Among males most of them are married (45.0 % of total) while only 4.9 % males are unmarried. Against this, proportion of female unmarried population is very small, i.e., 1.1 % of the total population. Across regions, rural areas of the district witness more married population (male as well as female) than respective urban areas of both the districts, as can be seen in Figures 5.5a and 5.5b. Similarly, according to the 2001 Census, the proportion of the population (all ages) in Punjab who are married constitute 47.20 %; while 48.73% are never married; 3.85% are widowed and 0.2% are divorced / separated.

Figure 5.5a: Marital Status in Hoshiarpur District

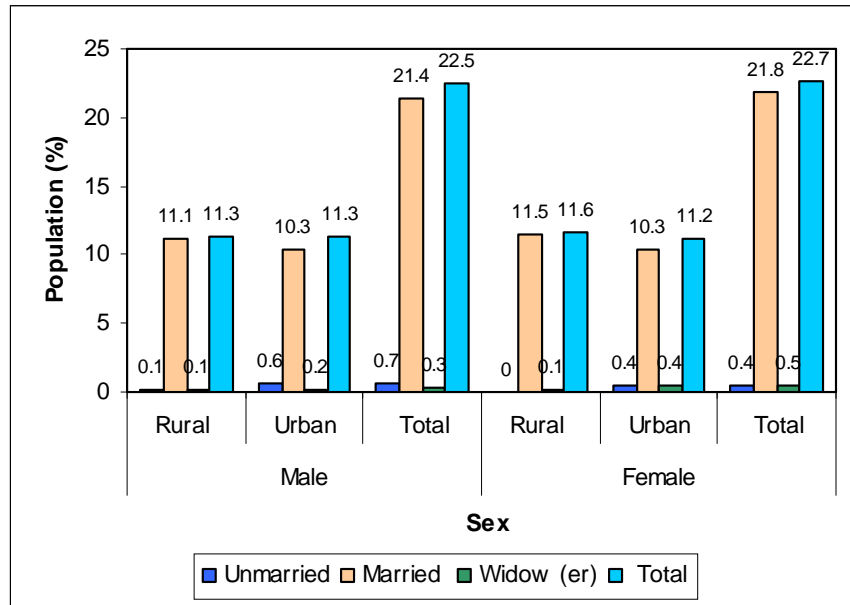
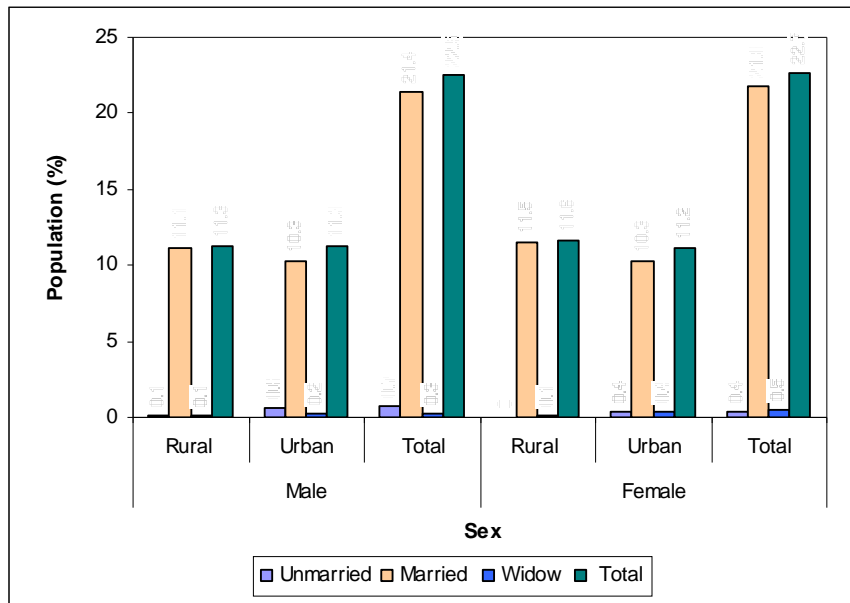


Figure 5.5b: Marital Status in Fatehgarh District



5.1.2.3 Age at Marriage

Figures 5.6a ad 5.6b represent the 'age at marriage' for the total married population of both the districts. Age at marriage for majority of females has been found to be 22 years or less while most males have been found to be married between the ages of 23-27 years (23.9 %). A higher proportion of female population (5.5 %) as compared to male population (0.6 %) has been found to be married at the ages of 17 years or below. While, according to the NFHS-2 (as

mentioned in Chapter 3), the age at first marriage for Punjabi women is around 20 years of age. Indeed, females married at the ages below the legal age at marriage indicates that there is need to increase the age at marriage for females. (Please refer to Table 5, Annex IV)

Figure 5.6a: Age at Marriage for Hoshiarpur District

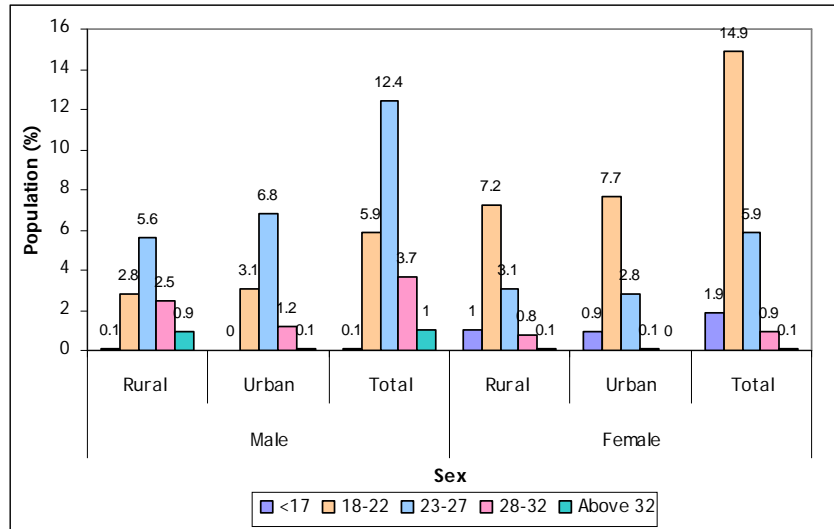
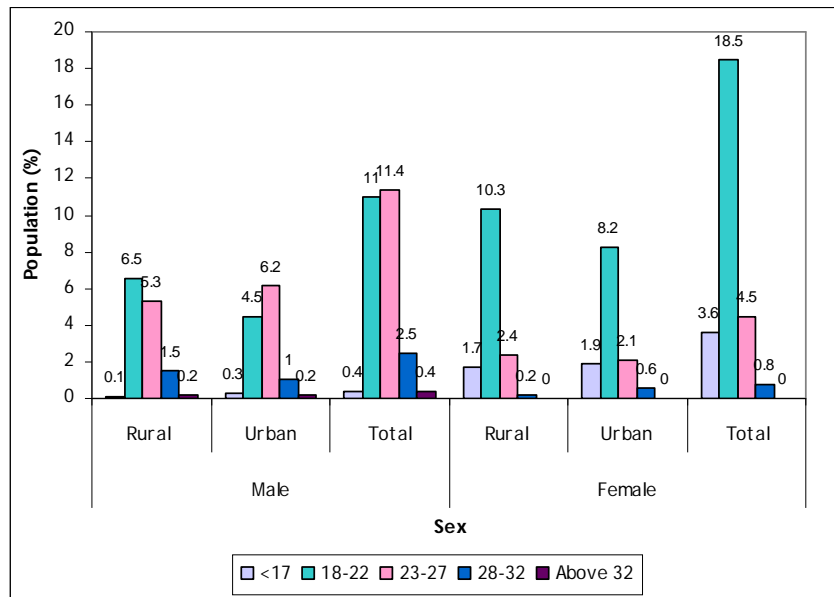


Figure 5.6b: Age at Marriage for Fatehgarh Sahib District



5.1.3 Women’s Reproductive Profile

The reproductive profile analysis of the 298 female respondents (who were married and had at least one child below the age of 5) in the districts of Fatehgarh and Hoshiarpur is given below. Since the many of the figures were very low (possibly

due to underreporting) per district, the analysis presented is of the combined figures collected from both districts. It may be noted that out of the 300 households covered, 1 household had children below the age of 5 who were adopted and 1 household did not provide any data about their children. Thus information from these 2 households was not included in the analysis below.

5.1.3.1 Types and Number of Pregnancy Outcomes

Table 5.5 shows the categories of pregnancy outcomes among the 298 women respondents in Fatehgarh Sahib and Hoshiarpur. There are a total of 599 pregnancies among these 298 women, thus an average of two pregnancies per respondent. It can be seen that the percentage of live births is 92.5%, of which 48.9% are males and 51.1% are female. There were 7.5% non-live births out of the total number of pregnancy outcomes. The percentage of induced abortions is the same as that of spontaneous abortions (1.8%) while stillbirths were found to be 1.5% of the pregnancy outcomes. Interestingly, there were 2.3% infant deaths. Being a sensitive topic, especially for these women who lost a child, it was considered unethical by our team to further ask the respondents about the sex of the infants who died. Hence, an analysis could not be made regarding this. Further, many respondents were not keen to open up about the reasons for their abortions, particularly induced. Therefore, the link between sex-determination tests and induced abortions cannot be ascertained from the reproductive profile.

Table 5.5: Types and number of Pregnancy Outcomes

	Number	%
Total Number of Respondents	298	-
Total Number of Pregnancies	599	100
Pregnancies by Order:		
I	298	49.7
II	198	33.1
III	71	11.9
IV	24	4.0
V	6	1.0
VI	1	0.2
VII	1	0.2
Total Live Births	554	92.5
Male	271	48.9
Female	283	51.1
Total Non-Live Births	45	7.5
Total Induced Abortions	11	1.8
Total Spontaneous Abortions	11	1.8
Total Stillbirths	9	1.5
Total Infant Deaths	14	2.3

5.1.3.2 Outcome of Live Births by Pregnancy Order

Table 5.6 gives the proportion of male and female live births at each order of pregnancy. In the first order of pregnancy the percentage of males and females is

nearly the same, however there are marginally more males (50.5%) than females (49.5%). The second order of pregnancy finds a significant increase in female live births (55.1%) than males (44.9%). From the third order onwards, it is interesting to find that the percentage of female births (49.2%) is lower than male births (50.8%) and subsequently continues to decline rapidly in the fourth and fifth pregnancy orders. Only one respondent had seven pregnancies, of which 5 were live births (all female). In this particular case, the first birth was female, resulting in infant death; and similarly the fourth pregnancy also resulted in infant death, however it was a male. No comparison can thus be made regarding female live birth and infant death. In other words it can not be linked to female foeticide.

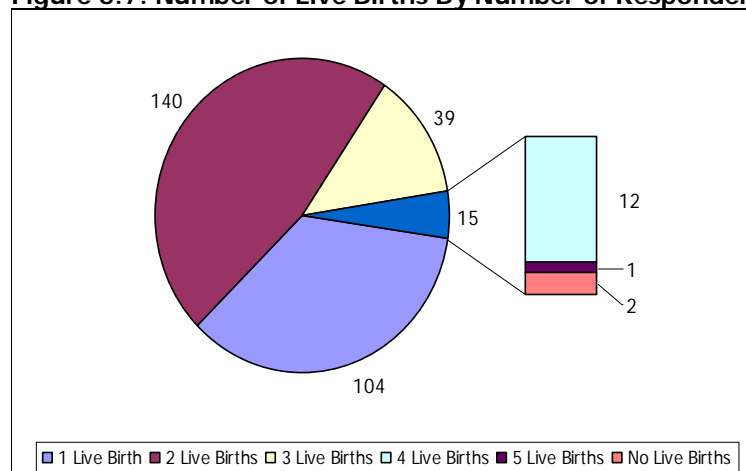
Table 5.6: Outcome of Live Births by Pregnancy Order

Pregnancy Order	Outcome of Live Birth				Total
	Males	%	Females	%	
I	139	50.5	136	49.5	275
II	84	44.9	103	55.1	187
III	32	50.8	31	49.2	63
IV	12	57.1	9	42.9	21
V	4	66.7	2	33.3	6
VI	0	0	1	100	1
VII	0	0	1	100	1
Total	271	48.9	283	51.1	554

5.1.3.3 Number of Live Births by Number of Respondents

Figure 5.7 shows that the most number of respondents (140) had 2 live births. This was closely followed by the number of respondents who had 1 live birth (104). Much fewer respondents, in comparison, had 3 or more than 3 live births (i.e. 54 respondents). In terms the preference of number of children per family, this corresponds with the existing literature and with the qualitative data collected, that most families prefer to have one or two children. (Please refer Table 6, Annex IV)

Figure 5.7: Number of Live Births By Number of Respondents



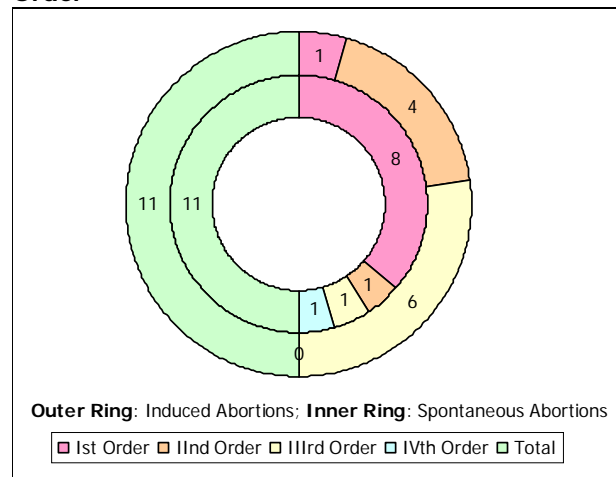
5.1.3.4 Number and Type of Abortion by Pregnancy Order

As seen from Table 5.5, there were 22 total abortions out of 599 pregnancies. Table 5.7 shows the total number of abortions per order of pregnancy. A comparison of the proportion of induced and spontaneous abortions is shown in Figure 2. In the first order of pregnancy there were 9 abortions, which is the highest compared to other pregnancy orders. However, as seen in Figure 5.8, there was only 1 induced abortion in the first order. In comparison, there are 4 induced abortions in the second order of pregnancy and the third order of pregnancy has the highest number of induced abortions (6 induced abortions). In terms of spontaneous abortions, the highest number is during the first order of pregnancy (8 spontaneous abortions). In other words, induced abortions are seen to be more frequent in the second and third orders of pregnancy. Incidentally, the percentages of female live births in the subsequent orders of pregnancy (i.e. the third and fourth order) are lower than the percentage of male live births, as per Table 5.6.

Figure 5.8: Type of Abortion by Pregnancy Order

Table 5.7: Abortions by Pregnancy

Pregnancy Order	Total Number of Abortions
I	9
II	5
III	7
IV	1
Total	22



5.1.3.5 Outcome of Second Pregnancy Vis-à-vis First Pregnancy

This table shows the outcome of the second pregnancy based on the outcome of the first pregnancy. It also shows the number of respondents who did not become pregnant after their first pregnancy. At the start, it is important to note that 27.3% respondents whose first child was a son, did not become pregnant a second time. On the other hand there were 22.2% respondents who did not have a second pregnancy after their first child was a daughter. Also relevant is the fact that the 22.7% boys are born after the first child is a girl, in comparison to 18.2% when the first child is also a boy. However there is not much difference in the percentage of girls born after the first child is a boy (21.7%) or a girl (22.2%). On the other hand, contrary to the literature and qualitative data regarding induced abortions and female foeticide, the respondents in Fatehgarh Sahib and Hoshiarpur had more girls

in their second pregnancy (8.1%) following a non-live birth in the first order; whereas the percentage of boys born in such cases was only 1.5%. The overall number of female live births is higher than male live births in the second pregnancy, however as seen above (Table 5.6), the outcome of female live births is progressively lower after the third pregnancy.

Table 5.8. Outcome of Second Pregnancy Vis-à-vis First Pregnancy Outcome

Outcome of II nd Pregnancy	I st order Male Live Birth		I st order Female Live Birth		I st order Non-Live Birth		Total
	No	%*	No	%*	No	%*	
Male Live Births in II nd Pregnancy	36	18.2	45	22.7	3	1.5	84
Female Live Births in II nd Pregnancy	43	21.7	44	22.2	16	8.1	103
Non-Live Births in II nd Pregnancy	6	3.0	3	1.5	2	1.0	11
Respondents Not Pregnant after First Order Pregnancy	54	27.3	44	22.2	2	1.0	100
Total	85	42.9	92	46.5	21	10.6	198

* Percentage of Total Number of Second Order Pregnancies (from Table 1, total IInd Order Pregnancies = 198)

5.1.4 Opinions and Attitudes of Household Head on Women's Education

5.1.4.1 Educational Status of Female vis-à-vis Male

Table 5.9 depicts the viewpoint of the head of the household regarding educational status of female vis-à-vis male. Most of the respondents (83.0 %) mentioned that there is no difference in the education of males and females. However, 17.0 % respondents pointed out differences in educational status of males and females. Among those who held that there are differences in the educational status of the two, 8.7 % is from Fatehgarh Sahib and 8.3 % from Hoshiarpur. Across regions, such differences are mentioned by a higher proportion of rural respondents (5.0 %) than from urban regions of Hoshiarpur. Whereas from Fatehgarh Sahib a higher proportion of urban respondents (6.0 %) than rural (2.7 %) respondents agreed to the view that females have lower education than male.

Table 5.9: Difference in Educational Status of Male and Female

Districts	Hoshiarpur						Fatehgarh Sahib						Grand Total	
	Rural		Urban		Total		Rural		Urban		Total			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
View of the Household Head/ Respondent														
Difference	15	5.0	10	3.3	25	8.3	8	2.7	18	6.0	26	8.7	51	17.0
No difference	60	20.0	65	21.7	125	41.7	67	22.3	57	19.0	124	41.3	249	83.0
Total	75	25.0	75	25.0	150	50.0	75	25.0	75	25.0	150	50.0	300	100.0

5.1.4.2 Reasons for Difference in Educational Status of Females vis-à-vis Males

Among the respondents, who noted the difference in the educational status of males and females, concurred on the lower educational attainment of females. Table 5.10 shows different reasons for lower female literacy. The highest percentage of the respondents mentioned that discrimination against girls in education is due to poverty (51.0). Furthermore, non-availability of educational facilities (45.1 %) and transport facilities (21.6 %), involvement of girls in domestic work or sibling care (9.8 %) and prevalent social environment (2.0 %) are the other determinants pointed by the respondents for lower female educational status.

Table 5.10 Reasons for Lower Educational Status of Females vis-à-vis Males

Districts	HOSHIARPUR						FATEHGARH SAHIB						Grand Total	
Regions	Rural		Urban		Total		Rural		Urban		Total			
Households	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Poverty														
Yes	5	9.8	7	13.7	12	23.5	5	9.8	9	17.6	14	27.5	26	51.0
No	10	19.6	3	5.9	13	25.5	3	5.9	9	17.6	12	23.5	25	49.0
Total	15	29.4	10	19.6	25	49.0	8	15.7	18	35.3	26	51.0	51	100.0
Non Availability of Educational Facilities														
Yes	6	11.8	6	11.8	12	23.5	6	11.8	5	9.8	11	21.6	23	45.1
No	9	17.6	4	7.8	13	25.5	2	3.9	13	25.5	15	29.4	28	54.9
Total	15	29.4	10	19.6	25	49.0	8	15.7	18	35.3	26	51.0	51	100.0
Non-Availability of Transport facility														
Yes	1	2.0	2	3.9	3	5.9	3	5.9	5	9.8	8	15.7	11	21.6
No	14	27.5	8	15.7	22	43.1	5	9.8	13	25.5	18	35.3	40	78.4
Total	15	29.4	10	19.6	25	49.0	8	15.7	18	35.3	26	51.0	51	100.0
Domestic Work / Sibling Care														
Yes	2	3.9	0	0.0	2	3.9	1	2.0	2	3.9	3	5.9	5	9.8
No	13	25.5	10	19.6	23	45.1	7	13.7	16	31.4	23	45.1	46	90.2
Total	15	29.4	10	19.6	25	49.0	8	15.7	18	35.3	26	51.0	51	100.0
Prevalent Social Environment														
Yes	0	0.0	0	0.0	0	0.0	0	0.0	1	2.0	1	2.0	2	2.0
No	15	29.4	10	19.6	25	49.0	8	15.7	17	33.3	25	49.0	50	98.0
Total	15	29.4	10	19.6	25	49.0	8	15.7	18	35.3	26	51.0	51	100.0

Poverty is cited as one as one of the reasons for differential educational status by higher percentage of respondents from Fatehgarh Sahib (27.5 %) as compared to Hoshiarpur (23.5 %). A higher proportion of the urban respondents than rural ones (both the districts) concurred to the view. However, lack of transport facilities is stated as the reason for lower educational attainment of girls by 15.7 % of the respondents from Fatehgarh Sahib in contrast to 5.9 % from Hoshiarpur; the highest being from the urban region of Fatehgarh Sahib district (9.8 %). Concerning, involvement of girls in domestic work or sibling care resulting in their lower educational attainment, only 9.8 % of the respondents agreed.

5.1.5 Awareness of Household Head Regarding Medical Facilities

5.1.5.1 Awareness of Medical Facilities Available

Table 5.11 illustrates nearest medical facility available and its distance from the households. Types of Medical facilities available to the respondents include primarily Private Practitioners (47.0 %), Primary Health Centres (PHC) (28.3 %), Community Health Centres (11.3 %), Sub-Centres (7.7 %), District Hospital (5.3 %) and Traditional Healer (5.3 %). Private Practitioners are available most commonly in both the districts; however, higher % of respondents from Fatehgarh Sahib acknowledged the availability of a private practitioner, viz., 31.3 % against 15.7 % in Hoshiarpur. In Hoshiarpur district, the highest proportion of respondents mentioned access to Primary Health Centres (19.0 %). According to the respondents, in rural Hoshiarpur PHCs are available to the maximum proportion (10.7 %) whereas in rural Fatehgarh Sahib private practitioners are within the reach of maximum proportion of respondents (13.7 %). According to the respondents, in rural Hoshiarpur maximum proportion have access to PHCs (10.7 %) whereas in rural Fatehgarh Sahib private practitioners are mostly available (13.7 %).

Table 5.11 : Awareness of Medical Facilities Available

Districts	HOSHIARPUR						FATEHGARH SAHIB						Grand Total	
	Rural		Urban		Total		Rural		Urban		Total			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Type of Medical Facilities Available														
DH	5	1.7	6	2.0	11	3.7	3	1.0	2	0.7	5	1.7	16	5.3
CHC	16	5.3	16	5.3	32	10.7	2	0.7	0	0.0	2	0.7	34	11.3
PHC	32	10.7	25	8.3	57	19.0	28	9.3	0	0.0	28	9.3	85	28.3
SC	3	1.0	0	0.0	3	1.0	0	0.0	20	6.7	20	6.7	23	7.7
Pvt. Pract.	19	6.3	28	9.3	47	15.7	41	13.7	53	17.7	94	31.3	141	47.0
Trad. Healer	0	0.0	0	0.0	0	0.0	1	0.3	0	0.0	1	0.3	1	0.3
Total	75	25.0	75	25.0	150	50.0	75	25.0	75	25.0	150	50.0	300	100.0
Distance of the Nearest Health Facility (in kms)														
< 1	26	8.7	9	3.0	35	11.7	27	9.0	33	11.0	60	20.0	95	31.7
1 – 5	34	11.3	66	22.0	100	33.3	12	4.0	39	13.0	51	17.0	151	50.3
6 – 10	15	5.0	0	0.0	15	5.0	36	12.0	2	0.7	38	12.7	53	17.7
>10		0.0	0	0.0	0	0.0	0	0.0	1	0.3	1	0.3	1	0.3
Total	75	25.0	75	25.0	150	50.0	75	25.0	75	25.0	150	50.0	300	100.0

5.1.5.2 Awareness of Institutions Where Medical Facilities Are Availed

According to the respondents, Allopathic treatment is the most commonly availed for major (96.3 %) as well as minor ailments (96.3 %) as shown in the table 9 (Annex IV). However, other type of medical facilities availed by the respondents include Homeopathic, Ayurvedic and Traditional Healer. Interestingly, the findings

show similar preference for the rural as well as urban regions of both the districts. The institutions preferred for major and minor ailments are shown in the Figures 5.9a and 5.9b. respectively. However, other type of medical facilities availed by the respondents include Homeopathic, Ayurvedic and Traditional Healer.

Figure 5.9a: Institutions From Where Treatment Is Availed For Major Ailments

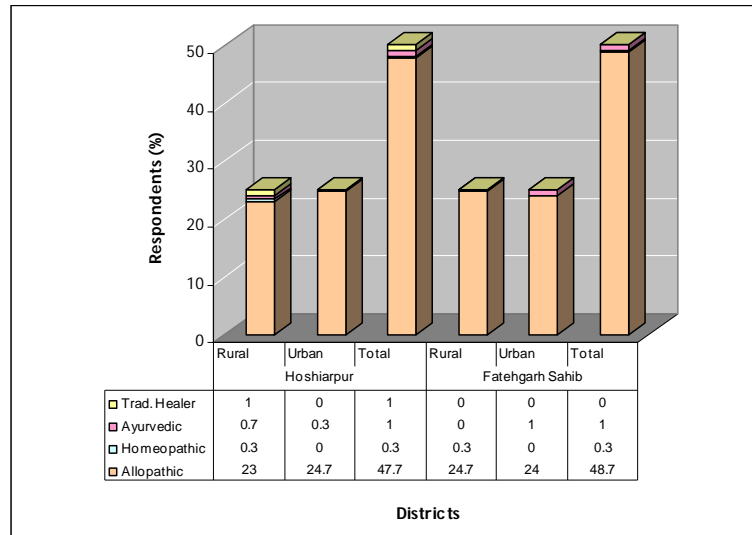
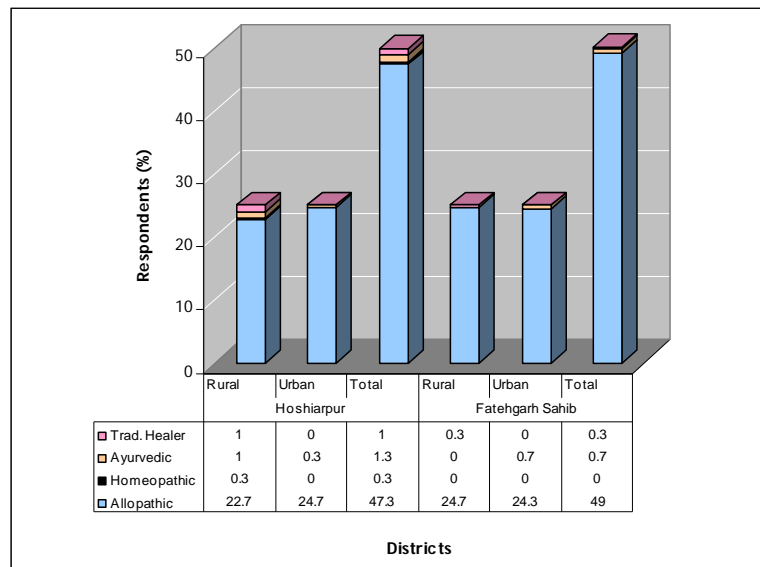


Figure 5.9b: Institutions from where Treatment Is Availed for Minor Ailments



5.1.5.3 Awareness Regarding Medical Facilities for Women

Table 5.12 shows different medical facilities mentioned by the respondents that are available for women in their region. Medical facilities for Antenatal Care (ANC) (80.0 %), Post Natal Care (PNC) (78.3 %) and immunisation (86.0 %) are available to most of the respondents. Respondents from Hoshiarpur reported better availability

of ANC, PNC and immunisation services (49.3%, 49.7% and 49.7% respectively) as compared to those from Fatehgarh Sahib (30.7%, 28.7% and 36.3% respectively). A very small proportion of respondents from rural Fatehgarh Sahib, nevertheless, reported availability of ANC facilities (5.7%) and PNC facilities (4.7%). Further, family planning facility is also available to most of the respondents through govt. However, 17.0 % of respondents mentioned that it is yet not available to women. Thus, there is a need provide more of these medical facilities for the females.

Other facilities mentioned, include growth monitoring of child (47.7%), institutional delivery/ TBA (35.0%) and counselling for pregnant women (12.3%) are, nonetheless, available to few female respondents.

Table 5.12: Awareness of Medical Facilities for Females

Districts	HOSHIARPUR						FATEHGARH SAHIB						Grand Total	
	Rural		Urban		Total		Rural		Urban		Total			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Availability of Facilities														
Immunization of children														
Yes	74	24.7	75	25.0	149	49.7	37	12.3	72	24.0	109	36.3	258	86.0
No	1	0.3	0	0.0	1	0.3	38	12.7	3	1.0	41	13.7	42	14.0
Total	75	25.0	75	25.0	150	50.0	75	25.0	75	25.0	150	50.0	300	100.0
ANC														
Yes	73	24.3	75	25.0	148	49.3	17	5.7	75	25.0	92	30.7	240	80.0
No	2	0.7	0	0.0	2	0.7	58	19.3	0	0.0	58	19.3	60	20.0
Total	75	25.0	75	25.0	150	50.0	75	25.0	75	25.0	150	50.0	300	100.0
Family planning														
Yes	72	24.0	74	24.7	146	48.7	35	11.7	68	22.7	103	34.3	249	83.0
No	3	1.0	1	0.3	4	1.3	40	13.3	7	2.3	47	15.7	51	17.0
Total	75	25.0	75	25.0	150	50.0	75	25.0	75	25.0	150	50.0	300	100.0
PNC														
Yes	74	24.7	75	25.0	149	49.7	14	4.7	72	24.0	86	28.7	235	78.3
No	1	0.3	0	0.0	1	0.3	61	20.3	3	1.0	64	21.3	65	21.7
Total	75	25.0	75	25.0	150	50.0	75	25.0	75	25.0	150	50.0	300	100.0
Growth Monitoring of the child														
Yes	49	16.3	35	11.7	84	28.0	17	5.7	42	14.0	59	19.7	143	47.7
No	26	8.7	40	13.3	66	22.0	58	19.3	33	11.0	91	30.3	157	52.3
Total	75	25.0	75	25.0	150	50.0	75	25.0	75	25.0	150	50.0	300	100.0
Institutional delivery / TBA														
Yes	21	7.0	35	11.7	56	18.7	9	3.0	40	13.3	49	16.3	105	35.0
No	54	18.0	40	13.3	94	31.3	66	22.0	35	11.7	101	33.7	195	65.0
Total	75	25.0	75	25.0	150	50.0	75	25.0	75	25.0	150	50.0	300	100.0
Counselling for Pregnant Women														
Yes	10	3.3	10	3.3	20	6.7	1	0.3	16	5.3	17	5.7	37	12.3
No	65	21.7	65	21.7	130	43.3	74	24.7	59	19.7	133	44.3	263	87.7
Total	75	25.0	75	25.0	150	50.0	75	25.0	75	25.0	150	50.0	300	100.0

5.1.5.4 Awareness of Health Facilities Availed by Women

Various medical institutions were mentioned by the respondents for availing ANC/ PNC/ immunization services (see figures 5.10a,b,c). These institutions include DH, CHC, PHC, SC, Traditional Healer and Private Practitioners. 80 % of the respondents mentioned that ANC services were availed by women in their household. It was also most commonly mentioned (27.3 % respondents) that women visited private practitioners, while 19.0 % mentioned women visited PHC. As far as Hoshiarpur is concerned, most of the respondents (17 %) said that women visited CHC and PHC for ANC facilities. While in Fatehgarh Sahib 16.7 % mentioned that women visited private clinics for ANC facilities as well as PNC (mentioned by 16.0 % respondents). For immunization services, most of the respondents from Hoshiarpur (23.3 %) mentioned that women availed services from PHC; on the other hand from Fatehgarh Sahib a majority (15.0 %) of the respondents noted that women availed the services from private practitioners. (Please refer to Table 10, Annex IV)

Figure 5.10a: Awareness of Institutions from where ANC Availed

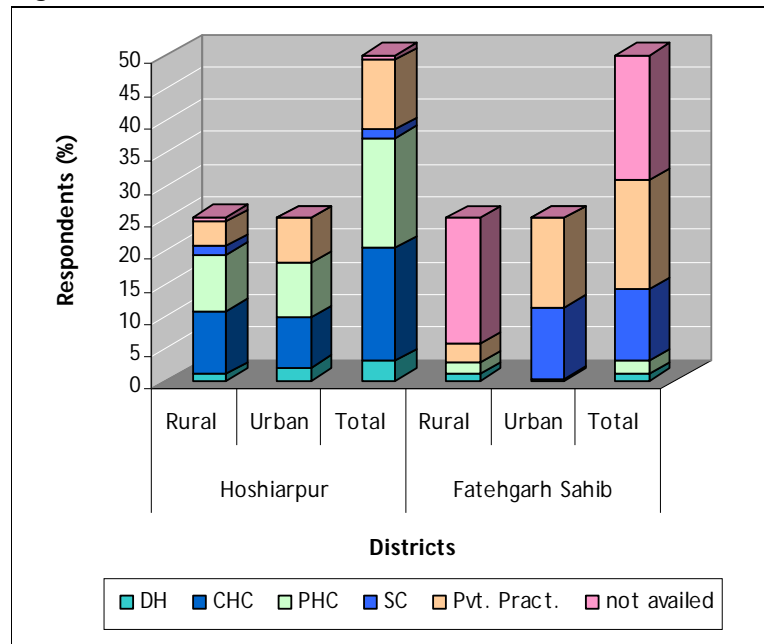


Figure 5.10b : Awareness of Institutions from where PNC is Availed

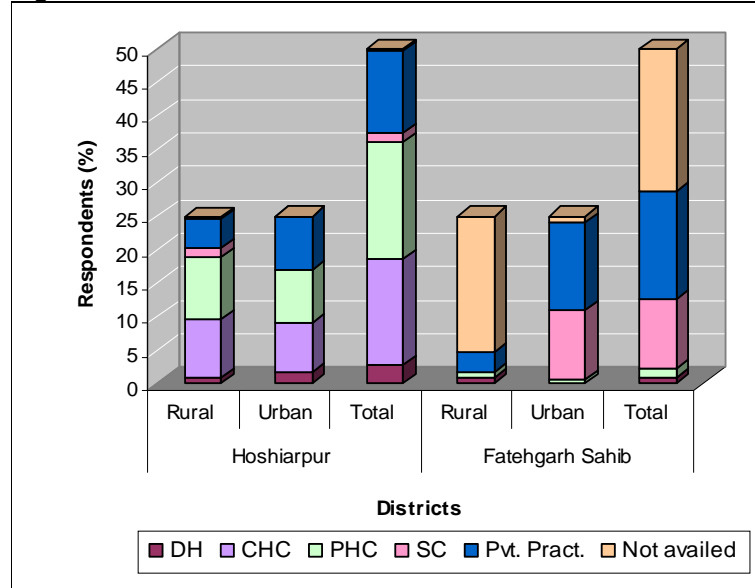
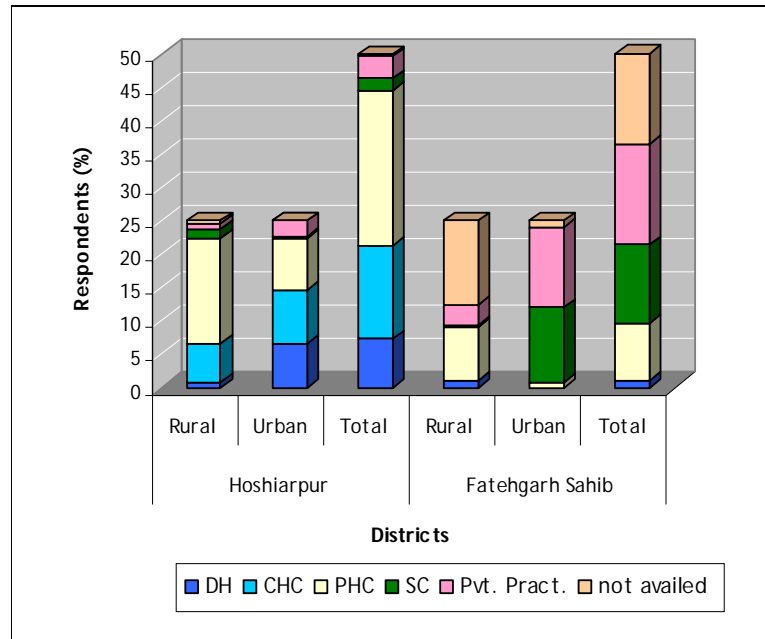


Figure 5.10c: Awareness of Institutions from where Immunization Availed



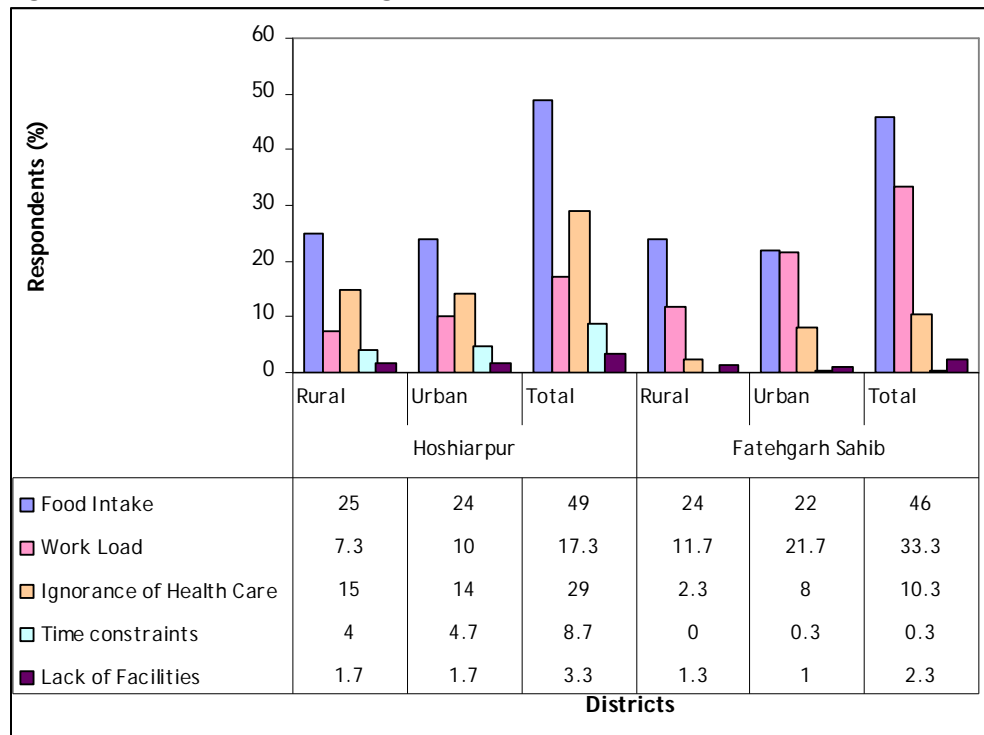
5.1.5.5 Opinion of Household Heads Regarding Factors Leading to Health Problems in Females

The main determinants of health condition of females, as mentioned by the respondents, are *improper food intake* (95.0 %), *work load* (50.7 %), *improper health care awareness* (39.3 %), *time constraints* (9.0 %) and *lack of medical facilities* (5.7 %) (figure 5.11). Respondents from both the districts primarily emphasised *improper nourishment* of females causing health problems among

them. As many as 95.0 % females pointed towards this determinant of health, out of which 49.0 % are from Hoshiarpur and 46.0 % are from Fatehgarh Sahib. The next important factor mentioned by almost half of the respondents that lead to health problems in female is *work load*. A higher proportion of urban females (10.0 % from Hoshiarpur and 21.7 % Fatehgarh Sahib) than rural females (7.3 % from Hoshiarpur and 11.7 % Fatehgarh Sahib) from both the districts regarded *work load* as influencing female health.

These findings, thus, denote that in Hoshiarpur, urban as well as rural, *improper nourishment* and *ignorance of health care practices* are the main causes for female health problems. Improper nourishment, though, observed as the major grievance for health problems by respondents from Fatehgarh Sahib, *work load* to females is mentioned as other important one. (Also refer Table 11, Annex IV)

Figure 5.11: Factors Leading to Health Problems in Females



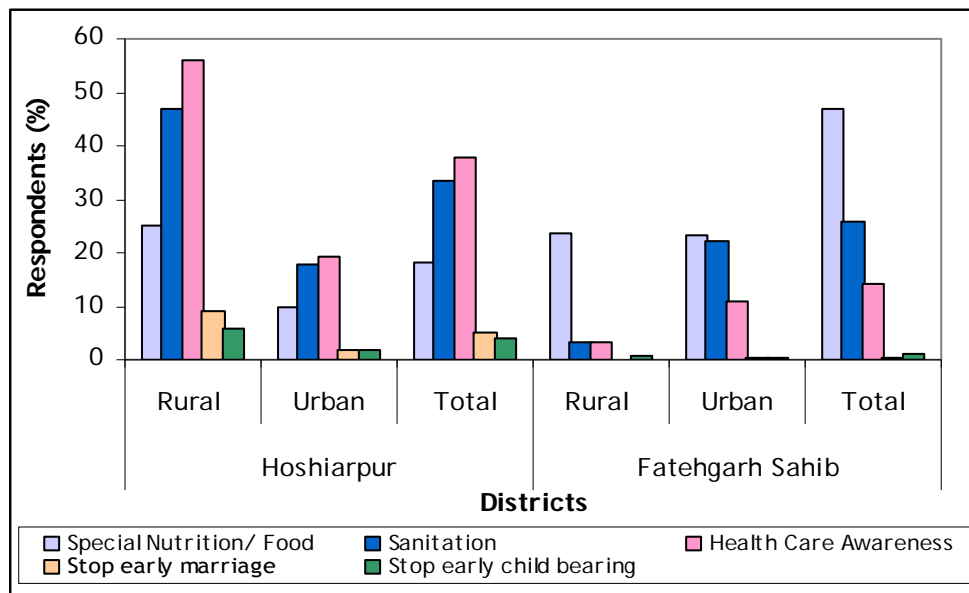
5.1.5.6 Measures Suggested to Improve Women’s Health Conditions

The household heads suggested various interventions to improve the health status of females which are shown in Figure 5.12 As depicted in the Table 12 (Annex I) the most common measure suggested is *to provide special nutrition/ food* for the females (65.0 %). This suggestion came from higher proportion of respondents from Fatehgarh Sahib (47.0 %) as compared to Hoshiarpur (18.3 %). However, 59.0 % females accentuated *need for proper sanitation facilities* to improve the

health status. Out of this 59.0 %, 33.3 % female respondents are from Hoshiarpur whereas 25.7 % are from Fatehgarh Sahib. Need for *health care awareness* campaign is mentioned by little more than half of the total female respondents (52.3 %). A considerably higher proportion of females from Hoshiarpur (38.0 %) than from Fatehgarh Sahib (14.3 %) pointed towards need for such campaign. Further, proportion of female who agreed that *stopping early marriage* (5.3 %) or *early child bearing* (5.0 %) would improve the health of women is quite low.

The findings, thus, elucidate that to improve the health condition of the women in Hoshiarpur, most important is to bring *awareness about health care*. Whilst for the district of Fatehgarh Sahib, the most important measure suggested is to provide *proper nutrition/ food* for the females. Need to *improve the sanitation* conditions to improve health is suggested from both the districts.

Figure 5.12: Measures Suggested to Improve Women’s Health Conditions



5.1.6 Opinion and Attitudes of Female Household Members

This section deals with the information collected from female household members regarding their opinions on aspects of women’s status and gender inequality.

5.1.6.1 Opinion on Status of Women vis-à-vis Men in Society

Table 5.13 indicates the view of female respondents regarding status of female in the society vis-à-vis male. Most of them acknowledged same status for both female and male (88.0 %). 12.0 % female respondents stated that the position of women in society is not same as men. The common reason cited for this was that women were dependent on men. District wise figures show a higher proportion of females

from the district of Fatehgarh Sahib (7.3 %) than from Hoshiarpur (4.7 %) mentioned that female is not accorded the same status as males.

Table 5.13: Status of female vis-à-vis male in the Society

Districts	HOSHIARPUR						FATEHGARH SAHIB						Grand Total	
Regions	Rural		Urban		Total		Rural		Urban		Total			
Households	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Status of female vis-à-vis male														
Same	71	23.7	65	21.7	136	45.3	67	22.3	61	20.3	128	42.7	264	88.0
Not Same	4	1.3	10	3.3	14	4.7	8	2.7	14	4.7	22	7.3	36	12.0
Total	75	25.0	75	25.0	150	50.0	75	25.0	75	25.0	150	50.0	300	100.0

5.1.6.2 Female Household Members Preference for their Next Child

Table 5.14 gives an idea about views held by female respondents regarding their preference for the next child. A majority of them stated that they have no particular preference for the sex of the next child (74.7 %). However, among those who revealed their preference, a higher proportion comprises of those who prefer male child (13.7 %) over the female child (11.7 %). In Fatehgarh Sahib district preference for male child is more common in the rural areas (5.0 %) as compared to urban areas (3.7 %). For the female child higher number of females from urban areas (3.3 %) as compared to rural (0.7 %) areas showed the preference. However, no sharp gradient in the preference for the sex of the child is observed from the district of Hoshiarpur.

Table 5.14: Female Household Members Preference for Sex of their Next Child

Districts	HOSHIARPUR						FATEHGARH SAHIB						Grand Total	
Regions	Rural		Urban		Total		Rural		Urban		Total			
Respondents	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Preference for Child														
Male	7	2.3	8	2.7	15	5.0	15	5.0	11	3.7	26	8.7	41	13.7
Female	12	4.0	11	3.7	23	7.7	2	0.7	10	3.3	12	4.0	35	11.7
No Preference	56	18.7	56	18.7	112	37.3	58	19.3	54	18.0	112	37.3	224	74.7
Total	75	25.0	75	25.0	150	50.0	75	25.0	75	25.0	150	50.0	300	100.0

5.1.6.3 Opinion of Female Household Members About Decision-Making

Table 5.15 illustrates role of male and female in the decision-making. For the purpose, views of female respondents in decision-making regarding *financial matters, property matters, children's education, children's marriage* and *other major family decisions* were collected. Most of the respondents mentioned that mainly decisions are collective, taken by males and female members both. Nonetheless only few respondents mentioned males to be the prime decision maker in the household. A very small proportion of respondents stated that decisions are

taken by female as a sole authority. The possibility where female members of the household are not vested with all powers to take family decisions is latent in the scenario.

Table 5.15 : Role of Male and Female Members of Household in Decision Making

Districts	HOSHIARPUR						FATEHGARH SAHIB						Grand Total	
Regions	Rural		Urban		Total		Rural		Urban		Total			
Respondents	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Decision Making														
Financial Matters														
Male	17	5.7	20	6.7	37	12.3	8	2.7	52	17.3	60	20.0	97	32.3
Female	0	0.0	0	0.0	0	0.0	1	0.3	0	0.0	1	0.3	1	0.3
Both	58	19.3	55	18.3	113	37.7	66	22.0	23	7.7	89	29.7	202	67.3
Total	75	25.0	75	25.0	150	50.0	75	25.0	75	25.0	150	50.0	300	100.0
Property Matters														
Male	11	3.7	13	4.3	24	8.0	4	1.3	15	5.0	19	6.3	43	14.3
Both	64	21.3	62	20.7	126	42.0	71	23.7	60	20.0	131	43.7	257	85.7
Total	75	25.0	75	25.0	150	50.0	75	25.0	75	25.0	150	50.0	300	100.0
Children's Education														
Male	10	3.3	3	1.0	13	4.3	0	0.0	3	1.0	3	1.0	16	5.3
Both	65	21.7	72	24.0	137	45.7	75	25.0	72	24.0	147	49.0	284	94.7
Total	75	25.0	75	25.0	150	50.0	75	25.0	75	25.0	150	50.0	300	100.0
Children's Marriage														
Male	9	3.0	3	1.0	12	4.0	0	0.0	2	0.7	2	0.7	14	4.7
Both	66	22.0	72	24.0	138	46.0	75	25.0	73	24.3	148	49.3	286	95.3
Total	75	25.0	75	25.0	150	50.0	75	25.0	75	25.0	150	50.0	300	100.0
Major Family Matters														
Male	10	3.3	7	2.3	17	5.7	3	1.0	2	0.7	5	1.7	22	7.3
Female	1	0.3	0	0.0	1	0.3	0	0.0	0	0.0	0	0.0	1	0.3
Both	64	21.3	68	22.7	132	44.0	72	24.0	73	24.3	145	48.3	277	92.3
Total	75	25.0	75	25.0	150	50.0	75	25.0	75	25.0	150	50.0	300	100.0

5.1.6.4 Awareness of Pre-natal Sex Detection Techniques and PNDT Act

The awareness about sex detection techniques as well as about the legal issues related with the practice (like PNDT act) has been found to be quite high among the respondents. Across districts/ regions most of the respondents revealed awareness about sex techniques and PNDT Act. As shown in Tables 7 and 8 (Annex IV) 98.7 % of the female respondents were aware of sex detection techniques and 97.7 % of the legal measures like PNDT act. Both districts show nearly equal proportion of respondents who had some knowledge about the techniques and laws against the misuse of techniques. Interestingly, it can be noted from the Figure 5.13a and b that even in the rural areas awareness about sex detection techniques and PNDT act, is evidently high.

Figure 5.13a: Awareness of Sex Detection Techniques

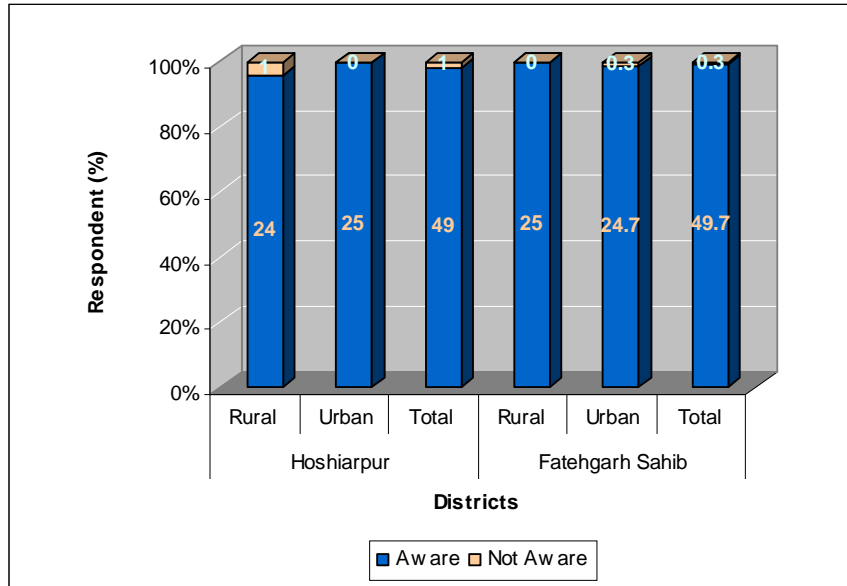
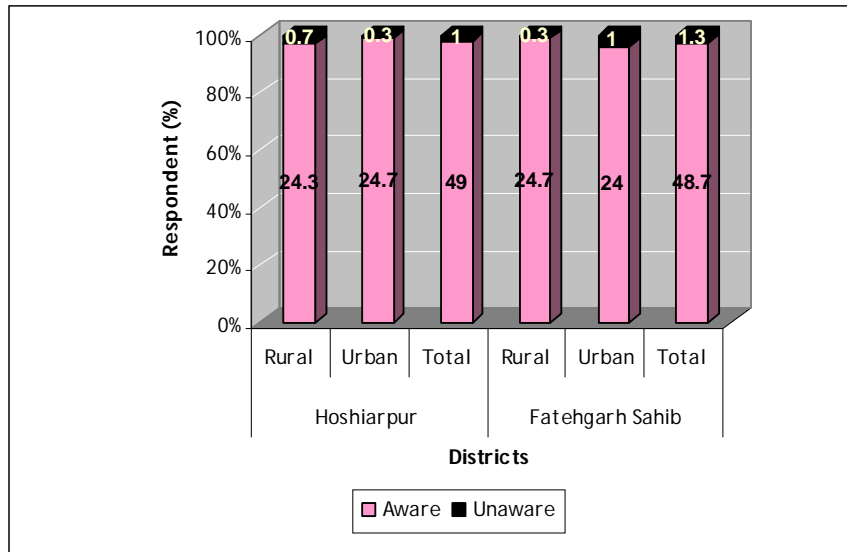


Figure 5.13b: Awareness of Legal Measures like PNDT Act



5.1.6.5 Source of Information about Sex Detection Techniques

The main source of information on Sex Detection Techniques is through friends, neighbours or relatives (as seen in Table 5.16). More than 88.9% of the female respondents mentioned that *friends* are the prime source of information. *Billboards/hoardings* are another important source of information for most of the females (34.8 %). *Medical health Providers, ANM/ LHV's and Doctors* were the source of information for 11.1 % and 11.8 % females respectively.

Table 5.16 : Source of Information about Sex Detection Techniques

Districts	HOSHIARPUR						FATEHGARH SAHIB						Grand Total (296)	
Regions	Rural		Urban		Total		Rural		Urban		Total			
Households	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Source of Information														
ANMs, LHVs	1	0.3	4	1.4	5	1.7	18	6.1	10	3.4	28	9.5	33	11.1
Doctor	13	4.4	9	3.0	22	7.4	2	0.7	11	3.7	13	4.4	35	11.8
Friends, Neighbours, Relatives	61	20.6	60	20.3	121	40.9	71	24.0	71	24.0	142	48.0	263	88.9
Billboard, Hoardings	23	7.8	30	10.1	53	17.9	3	1.0	47	15.9	50	16.9	103	34.8
Any other	3	1.0	0	0.0	3	1.0	0	0.0	1	0.3	1	0.3	4	1.4

5.1.6.6 Awareness About Places Where Sex Detection Is Done

According to the respondents, sex determination is conducted at Private Hospitals, Government Hospitals and Dais. Of the total aware respondents (296 females), 98.0 % revealed that sex detection is being conducted at *private hospitals*. However, few of the females mentioned that sex detection at *government hospitals* (12.5 %) and by *dais* (0.7 %).

Table 5.17 : Place of Sex Detection

Districts	HOSHIARPUR						FATEHGARH SAHIB						Grand Total (296)	
Regions	Rural		Urban		Total		Rural		Urban		Total			
Households	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Place of Sex Detection														
Pvt. Hospital	72	24.3	74	25.0	146	49.3	72	24.3	72	24.3	144	48.6	290	98.0
Govt. Hospital	12	4.1	8	2.7	20	6.8	5	1.7	12	4.1	17	5.7	37	12.5
Dais	0	0.0	1	0.3	1	0.3	0	0.0	1	0.3	1	0.3	2	0.7
Any other	1	0.3	1	0.3	2	0.7	1	0.3	1	0.3	2	0.7	4	1.4
Total (aware)	72	24.3	75	25.3	147	49.7	75	25.3	74	25.0	149	50.3	296	100.0

5.1.6.7 Opinion about Sex Determination and Female Foeticide

Regarding opinion about the sex determination, most of the respondents feel that sex detection is *disadvantageous* (94.7 %). Among those who considered sex detection being prejudicial, related it with female foeticide. They further viewed that the practice is rooted in preference for male child. They revealed that with the desire for male child, sex determination tests are being conducted; consequently, female foetuses are aborted. However, more than 70 % females assumed the practice as sin/ crime. Some of them also mentioned that this practice would result in the decline of female population (12 %). Another reason mentioned for conducting test is to avoid unwanted pregnancy, nonetheless by a few.

Nonetheless, among those who consider sex detection as *beneficial* (4.7 %), a few of them only provided explanations for believing so. Primarily, the usefulness is linked with *aborting the female child to fulfil the desire for male child*.

Table 5.18 : Opinion of Female Respondents about Sex Determination

Districts	HOSHIARPUR						FATEHGARH SAHIB						Grand Total	
Regions	Rural		Urban		Total		Rural		Urban		Total			
Households	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Opinion about sex determination														
Beneficial	2	0.7	2	0.7	4	1.3	6	2.0	4	1.3	10	3.3	14	4.7
Disadvantageous	73	24.3	72	24.0	145	48.3	68	22.7	71	23.7	139	46.3	284	94.7
Don't know	0	0.0	1	0.3	1	0.3	1	0.3	0	0.0	1	0.3	2	0.7
Grand Total	75	25.0	75	25.0	150	50.0	75	25.0	75	25.0	150	50.0	300	100.0

5.2 In-depth Interviews

In-depth interviews were conducted with community representatives and opinion leaders to gain their perspectives on the status of women in their district (rural and urban areas) and in Punjab as a whole. Their views on various gender issues such as overall status, health with particular emphasis on the declining sex ratio of the state, education and employment as well as more sensitive issues like violence against women were taken. There were a total of 20 respondents (10 from each district) including: Child Development Project Officer (CDPO), Block Development Officer (BDO), *Anganwadi* workers, schoolteachers, *Panchayat* members, Medical practitioners, *Mahila Mandal* representatives etc.. Issue specific perception, opinion, knowledge emerged from the interviews are placed below.

5.2.1 Status of Women in the District

Fatehgarh Sahib:

The overall opinion, of rural community representatives and opinion leaders in Fatehgarh Sahib regarding the status of women, is that they are "leading in every field". Despite the socio-economic figures showing women behind in literacy, economic standards and not to mention the poor sex ratio of the State, the respondents from rural Fatehgarh Sahib all believe that women's status is, at present, better than that of men. However, one respondent clarified this, saying that the status of women depended on their economic condition and only women in the lower economic strata did not share the same status as men. Most urban respondents made another clarification, that it was educated women who enjoyed a better status in society than educated men. Here also, one urban respondent disagreed from the rest, and noted that women did not have the same status in society as men. A few urban respondents mentioned that women were dependent on men and the traditional views about women in society had not changed. Rural respondents mentioned that in families where the men were alcoholic, the women were likely to suffer. The fact that women were busy with their household chores and in some cases with their work "outside the house" (including agriculture and employment) was also expressed. Both rural and urban community representatives and opinion leaders felt that people had little knowledge about Government schemes and policies and it was in their best interest for the Government to provide more awareness on this, especially where women were concerned.

Hoshiarpur:

The opinion on the status of women in society was a mixed reaction. While some rural community representatives and opinion leaders felt that the status of women is good (in that they have an equal status), most other respondents felt that women (even educated ones) are very much dependent on men. However, few rural respondents believed that in educated families the status of men and women

was equal, while urban respondents felt the status depended economic backgrounds. A few urban respondents also felt that women had a higher standard of health and education, but were economically weaker than men. Some rural respondents mentioned that the difference in status was in fact increasing. In this context, urban respondents noted that one rural respondent even went to the extent to claim that society felt it was necessary to have a boy in the family. Most rural respondents, however, felt that women were not exploited like they used to be in previous times. Urban respondents pointed out that the Government was working to improve women's status, however, it was not producing the desired results. Urban respondents also brought to attention the fact that many people (particularly the poor) were not well aware of Government schemes, and were thus unable to benefit from them to improve their economic conditions.

5.2.2 Health Status of Women Including Sex Ratio

Fatehgarh Sahib:

In terms of the overall health status, some rural respondents claimed that the health status of women had improved from previous times. Urban respondents claimed that the health status was better in their region and also that women were given all health facilities (by their families) as they had to be healthy to take care of the family. However, there were complaints from all the respondents, regarding the lack of Government health facilities in the villages. Urban respondents noted however, that Government dispensaries were available in their areas. It was commonly mentioned, by both rural and urban respondents, that girls and boys were given immunisation vaccines without any discrimination on the part of the parents, and this facility was available at Government health centres. In some cases, people had to travel to nearby villages to avail the vaccines. According to the all respondents, people preferred to go to private hospitals / clinics to get treatment as they felt that Government hospitals did not have sufficient medicines, nor did they have flexible working hours. Thus people were willing to spend extra money in availing services from private health centres. In the interest of the rural population, the rural respondents suggested that more mobile clinics / dispensaries should be deployed by the Government, and a transport system be set up so that the people could reach Government health centres much more easily. Furthermore, urban respondents felt that medical facilities should be also available at night time.

Rural respondents felt that people were aware of the declining sex ratio in the state. On the other hand, urban respondents said that the common man would not know about the declining sex ratio of the State or they were aware and did not admit it. Urban respondents also placed the blame on individual families for the declining sex ratio. Some rural respondents openly mentioned that society preferred boys, for the reason that they can pass on the family name, whereas girls would get married and be part of their in-laws family. One respondent from urban

Fatehgarh Sahib disagreed with the notion that parents did not want to have girl children, and mentioned that this happened only in rare cases. According to rural and urban respondents, the common reasons for parents not wanting a girl child (especially if there are no boy children) was due to the dowry issue. Rural and urban respondents explained that parents were afraid to have and did not want the responsibility of having daughters as they might not be able to pay the huge sums of money to her in-laws, as would be expected at the time of her marriage. Both rural and urban respondents also mentioned that people prefer to have only one child so that they could look after the child better. It was implied that the preference for the sex of this single child was male. In the context of female foeticide, the respondents were hesitant to give any answer. In fact, there were mixed opinions regarding induced abortions, with some rural respondents attributing the declining sex ratio to the increasing number of abortions (female foeticide) while other rural respondents felt that abortions were rarely done. However, a few community representatives and opinion leaders from both urban and rural Fatehgarh Sahib did mention that pre-natal sex determination tests were done and were mostly carried out at private health centres. Both rural and urban respondents also added, that the tests were mostly done during the second pregnancy, particularly if the first child was a girl. Some urban respondents specified that people were not particular about the sex of their first child, but wanted to ensure that the second was a son.

Incidentally, all rural and urban respondents agreed that the people were well aware of the PNDT Act, and yet chose to take these tests, albeit in a secretive manner. Not only were the parents willing to take the risks of being fined or imprisoned, but it was also mentioned that the doctors were willing to conduct the tests for the sole reason of making a handsome earning from doing so. Opinion leaders and community representatives in both rural and urban Fatehgarh Sahib felt that these tests should be banned properly and the laws should be more stringent. They suggested that the one way of preventing pre-natal sex determination was to ban the use of ultrasounds. There was no mention of the important and beneficial uses of ultrasounds, however. Urban respondents strongly felt that the PNDT act should be implemented more strictly.

Respondents of the in-depth interviews in rural Fatehgarh Sahib did not provide any opinions regarding the effect of the declining sex ratio in Punjab. However, urban community representatives pointed out that the declining sex ratio would create a shortage of girls, and will particularly affect the families who are looking for prospective brides for their sons. If this happens, then families would have to find brides from outside of their culture, religion, and region. Urban respondents suggested that the Government provide more awareness regarding this issue of potential shortage of women if the declining sex ratio is not checked.

Hoshiarpur:

Many urban respondents felt that overall health-wise, Punjab was in a much better condition than other states. Some rural and urban respondents felt that there was no discrimination regarding immunisation for girls or boys. However, it was the common belief, of both rural and urban respondents, that Government health facilities in general were not widely available in villages and urban. According to the rural and urban respondents, this was the primary reason for which people preferred private hospitals even though they were more expensive. Further, the rural respondents claimed that people were dissatisfied as the Government dispensary closed early and the staff were not available to assist them. Incidentally, the respondents mentioned that immunisation / vaccinations were availed from Government health centres rather than private hospitals. Only one respondent noted that immunisation / vaccinations were also availed from private clinics. Respondents commonly voiced the need for ambulances or public transport dedicated to taking rural people to Government hospitals, which were not nearby.

According to the rural and urban community representatives and opinion leaders, rural people were aware of the declining sex ratio and the PNDDT Act, whether or not they were educated. Only one urban respondent felt that people although aware of the PNDDT Act did not know about the declining sex ratio of Punjab. It was mentioned that rural families did not "dislike" girls, but felt it was necessary to have a son to complete their family. Few urban respondents noted that families preferred boys as they felt they could pass on their property and family name to their sons, and in this regard their daughters had no role to play. Some urban respondents noted that families preferred to have only one or two children, as it was expensive to bring them up. In this regard, the urban respondents also mentioned that if a family had one child who was a boy, then they would not have a second child. Some rural respondents mentioned that when families already had three or four girls, then they were more likely to conduct pre-natal sex determination tests. Similarly, urban respondents mentioned that families who "needed" to have a male child were likely to be the ones who conducted pre-natal sex determination tests. It was also mentioned by both urban and rural respondents, that such tests were carried out at private clinics. Urban respondents mentioned that though many people conducted pre-natal sex determination tests they knew about the illegality of it and thus did not openly speak about the tests with outsiders. Furthermore, one urban respondent made an interesting observation that people who had these tests carried out were afraid to do so as they had more to lose than the actual doctors who performed the tests. One rural respondent claimed that female foeticide was very common, but declined to give any further information regarding this issue. On the other hand another urban respondent felt that female foeticide only occurred in economically strained families. Although rural respondents did not provide any opinions on the reasons for the decline in sex ratio, urban respondents

had various views on the matter. They offered reasons such as poverty, dowry, and social insecurity which lead to female foeticide and thus the decline of the sex ratio.

As was the case in Fatehgarh Sahib, respondents in Hoshiarpur also felt that sex determination techniques (including the use of ultrasounds) should be completely banned. They reasoned that this was the only way in which female foeticide could be prevented. One respondent also added that techniques should be used such that the doctors themselves could not determine the sex of the child. Rural respondents linked female foeticide with dowry issues, and suggested that more stringent action should be taken regarding prohibition of dowry in order to prevent female foeticide. Further, urban respondents suggested that all pregnancies should be registered at health centres (Government or Private) so that abortions can be monitored and the reasons (whether induced or spontaneous) be recorded. Respondents went on to say that, if there are suspicious abortions, they can be followed up easily and defaulters should be penalised. Another suggestion to control the declining sex ratio as mentioned by the urban respondents was to introduce Government schemes where the families having only daughters would receive financial benefits. According to the respondents, this would encourage people to have daughters and not to be afraid if they do. The effect of the declining ratio was briefly touched upon by urban respondents who pointed out that if it continues to decline as it has in the past, particularly the child sex ratio of Punjab, then in the next couple of decades there will be a shortage of brides. This corresponds to the response of the Fatehgarh Sahib community representatives and opinion leaders on the same.

5.2.3 Status of Women's Education

Fatehgarh Sahib:

With regards to education, both rural and urban community representatives and opinion leaders felt that girls were leading over boys. One of the reasons for this, as mentioned by the urban respondents, was that girls were more serious in their studies than boys. It was also believed by rural respondents that most parents felt burdened by the expenses of their children's (both girls and boys) education, particularly for higher education. Families who had a poor economic status could not afford to send their children to school. According to the rural respondents, parents were nonetheless interested in providing their daughters with an education. One rural respondent mentioned that even village girls from poor backgrounds were studying up to the 12th standard. Most urban respondents added that equal chances were given to both boys and girls in education. The rural respondents also mentioned another reason for parents not educating their daughters after the primary level. This was that in many villages secondary and higher education institutes were not available and parents were unwilling to send their daughters far away because they feared for their safety and security. Urban community representatives and opinion leaders agreed that girls would take more interest in

higher education if institutes were in their villages or close by. According to urban and rural respondents many parents educated their daughters primarily so that they could find a good husband for her, who would also be educated.

All respondents felt that the Government should make education for girls free, as well as providing them with funds to buy their books and stationery. Urban respondents suggested that the Government provide special transportation to the schools / colleges so that girls could travel safely and parents would not be worried. Both rural and urban respondents also suggested that schemes should be provided to families not on the basis of caste or religion but rather to those families who were economically stressed. Urban respondents also provided an alternative solution, which was to have scholarships for girls based on their economic background, so that girls from poor families could get better scholarships. Furthermore, it was suggested by both rural and urban respondents that if girls were given an opportunity to work part-time and earn some money, they would be able to self-fund their education, thus relieving the "burden" from their parents and be able to pursue higher studies. It was not explained however, whether girls ought to pursue higher studies in order to get employment or whether it was a matter of having a "qualification" towards finding a good husband.

Hoshiarpur:

Rural community representatives and opinion leaders claimed that there were increasingly more educated girls than boys in the villages. Urban respondents also felt that girls were leading in education. Both rural and urban respondents felt that girls were more serious in their studies. Rural respondents felt that when boys were not studying (when they were "free") they were likely to be engaged in various anti-social activities such as keeping bad company or even taking drugs. On the other hand, according to urban respondents girls were more conscientious about their studies because the parents would not allow them to study further if they did not get high marks. Rural and urban respondents pointed out, that parents were afraid to send their daughters outside the village to pursue higher education due to lack of security as a result of anti-social activities and crimes. Another reason given by the respondents why parents did not consider higher studies for their daughters was because there were not enough transport facilities to take the girls to their schools / colleges. It was commonly agreed by both rural and urban respondents that families who faced financial difficulties could not afford to educate their children (whether boys or girls). Some respondents further mentioned that there was a practice of giving donations to colleges by families who wanted their children to gain admission to the college. Respondents suggested that such practices be addressed and prevented as they restricted economically distressed families from sending their children to college. As in Fatehgarh Sahib, it was again suggested by respondents in Hoshiarpur that girls should be given free education with no discrimination regarding caste or religion. Similarly, as in Fatehgarh Sahib it was suggested that vocational training programmes for girls should be started at the

school-level so that they can find jobs soon after completing their education. Although it was mentioned by only a few respondents (rural and urban), the reason for parents wanting to educate their daughters was believed to be so that they would successfully find a good and educated husband for her. This corresponds to the reason given by the majority of the respondents in Fatehgarh Sahib. Rural respondents however clarified that this reasoning only came from families who were economically strained. Urban respondents suggested that 33% seats should be reserved for women in polytechnic colleges so that women can move forward. They also suggested that schools and colleges should conduct awareness campaigns for the benefit of girls and their parents.

5.2.4 Women's Employment and Income

Fatehgarh Sahib:

All the Community representatives and Opinion Leaders interviewed felt that there was a lack of work opportunities for women on the whole; urban respondents emphasising that opportunities should be made for those women who wanted to work. According to urban respondents, the influx of migrant labour particularly affected local women who, as a result, had to work for much lower wages. Rural representatives and leaders mentioned that many women from economically strained backgrounds were willing and often desperate to engage in paid employment. Rural respondents also pointed out that women had to look after their children and families, and thus could not be expected to travel far distances in search of employment. Similarly, urban respondents felt that women should not be allowed to do heavy manual labour jobs. Taking these points into consideration, both rural and urban respondents felt that the Government should set up small-scale industries where the women could make handicraft products while being home-based at the same time. Group-based work was also highly recommended by the respondents. It was suggested that training programmes be introduced for women where they could be trained in such crafts as tailoring, embroidery and beautician courses. According to most rural and urban respondents, some women would be interested in starting up their own businesses for which start-up credit / finance facilities should be provided by the Government. Urban respondents mentioned that though training was given for income generating activities in their area, they felt that the Government should help people in actually finding a job. Some rural respondents mentioned that Self-Help Groups (SHGs) were running in the villages but were not successful in providing work to most women. A few urban respondents also felt that SHGs were not functioning successfully.

Hoshiarpur:

In terms of the status of women with regards to employment, urban community representatives and opinion leaders in Hoshiarpur felt that educated women were more likely to find jobs than educated men. Rural respondents all felt that there

was a shortage of opportunities for women's employment. A few respondents mentioned that the primary means of employment in the village was daily labour, which is seasonal, and when men did not have jobs women were required to work in order to support the family. Some rural and urban respondents felt that most women only did household work, including taking care of their families and in rural areas also taking care of the fields and animals. However, other rural and urban respondents mentioned that village women were very interested in doing remunerated work. In this regard, the respondents in Hoshiarpur had similar views to those in Fatehgarh Sahib, in that they felt that small-scale industries should be set up for women. On the same lines as respondents in Fatehgarh Sahib, the respondents of Hoshiarpur also mentioned that handwork or handicraft training could be given to the women which would enable them to make products such as embroidered clothing etc. and could pursue such endeavours from their homes. Another suggestion by rural respondents was to make provisions for setting up handlooms or edible produce (such as tomato sauce) industries near the villages where women could be employed. In this regard, rural respondents in Hoshiarpur, like Fatehgarh Sahib respondents, mentioned that training should be given before women started their work and start-up materials should also be provided to them. It was felt by the respondents that women ought to earn their own money so that they could be independent and improve their own socio-economic conditions. Urban respondents suggested that people's economic conditions be considered prior to giving them a job. It was also suggested by urban community representatives that schemes be created to encourage self-employment opportunities for women. It was strongly felt by the urban respondents that jobs should be available for those who have just completed their studies and there should not be any reservations based on caste or religion. The overall feeling was that women should work so that they can "do something for their children and family".

5.2.5 Gender based Violence and Legal Issues

Fatehgarh Sahib:

Being a sensitive topic, many respondents were hesitant to elaborate on the issues of violence (particularly domestic violence) against women. Of the rural respondents who did offer their opinions, most mentioned that violence against women began after her marriage. Only one urban respondent echoed this comment. The rural respondents explained that often, the first problem faced by a newly married woman was regarding dowry. If the dowry was not "suitable" to the in-laws they created problems for the woman. According to the rural community representatives and opinion leaders, the second problem faced by a married woman occurred if she was unable to give birth to a boy. The rural community representatives and opinion leaders attributed the issue of married women having to go through repeated pregnancies to the fact that this occurred each time a girl

was born and until the time a boy was born. It was immediately clarified that such types of problems were rarely faced in affluent and educated families. Some rural community representatives and opinion leaders stressed that men were equally responsible for the gender of their child, however they felt that this fact seemed to be unknown to the population at large. In comparison, most urban respondents believed that women faced physical and psychological harassments throughout their lives, though many of these occurred after marriage. Urban respondents pointed out, however, that there was no discrimination against girls regarding their health, nutrition, and education before or after marriage. They mentioned that women were not considered part of their pre-marital (usually biological) family and even after marriage were isolated. With regard to dowry problems, urban respondents, unlike rural respondents, felt that this only occurred in some households; and as most people were aware of dowry prohibition laws, they were less likely to harass women on such grounds. The urban respondents did however agree that induced abortions occurred, albeit discretely, and were largely due to families pressurising the daughter-in-laws to have a male child.

All rural respondents said that child marriages are almost nil. Urban respondents believed that child marriages only occurred in the migrant population in Punjab. Where forced marriages were concerned, rural respondents made no comments, while urban respondents explained, that in the present day, the permission of the young adults was obtained prior to arranging their marriage, and thus there was no question of force. It was loosely mentioned by both rural and urban respondents that one of the reasons for violent crimes, such as rape, was due to the fact that men were either unemployed or they took drugs and their rational thinking was impaired (at the time of the incident). Urban respondents added that such acts were influenced by western trends and the media. Where violence / discrimination during old age was concerned, respondents from both rural and urban Fatehgarh Sahib spoke mostly of elderly parents being left on their own with no one to care for them, rather than the situation of elderly widowed mothers many of whom live with their son's family. In the context of legal aid, rural respondents felt that women were either afraid to seek help or they felt it was not worth the hassle of long procedures and waiting for results. Urban respondents added that help was not readily available and often women had to resort to bribery in order to have their case heard. Furthermore, according to urban respondents, most women did not even report cases of violence against them out of fear. It was thus suggested by both rural and urban respondents of Fatehgarh Sahib that the Government should provide free legal aid to women. In addition, many urban respondents felt that the majority of women were unaware of legal help, for which the Government needed to take action.

Hoshiarpur:

Once again, respondents had some hesitations in responding to this sensitive topic. At the start rural respondents mentioned that there was no discrimination against women (by their families) regarding health or nutrition. In terms of arranged marriages rural respondents mentioned that in the present day and age parents were careful to take permission of their marriageable children prior to arranging their marriages. Similar to the Fatehgarh Sahib respondents, rural respondents in Hoshiarpur noted that violence against women often started after a she was married. Urban respondents however explained that women faced various types of violence all throughout their lives, and it increased after her marriage. One urban respondent also mentioned that women were treated as pariahs after their marriage. Some urban and rural respondents also claimed that violence against women was a result of unemployed men who harass / assault women. Urban respondents also mentioned that unemployment often lead to men turning to substance abuse (alcohol or drugs) which impaired their judgement and caused them to commit crimes such as rape. This again is similar to the reason given by respondents in Fatehgarh Sahib. A few urban respondents added that western influences were to blame for the increasing crime rates. It was reiterated by the rural respondents of Hoshiarpur that violence after marriage stemmed from dowry related problems and if the woman was unable to give birth to a male child. In regard to the latter, one rural respondent believed that if a woman did not give birth to a son she would not be respected in the family. Interestingly, another rural respondent mentioned that to a woman the sex of her child is not important, but she is pressurised by her husband and in-laws to have a son. It was also mentioned briefly by urban respondents that women were not allowed to partake in family decision-making.

Rural respondents noted that women on the whole were unaware about their rights. Without this knowledge they were likely to be exploited and harassed. According to both rural and urban respondents people were not aware of the help lines available for women and children. Urban respondents felt that the laws (such as anti-dowry and domestic violence laws) were not strict enough or they had many limitations. They also pointed out that more awareness about laws and rights was required for people, especially uneducated ones. It was also felt by some rural respondents that along with this, awareness about female foeticide was also required. In addition to promoting awareness, rural respondents also emphasised the need to provide legal aid to women at a more affordable cost. Urban respondents noted that women were afraid to seek legal help because they felt it was expensive and full of hassles, such as long procedures. In such cases, urban respondents claimed that women would rather just bear their troubles on their own instead of seeking help. In addition, it was felt that extra security should be provided to women.

5.2.6 Women in Politics

Fatehgarh Sahib:

Rural community representatives and opinion leaders felt that overall women in politics were doing well. Urban representatives and opinion leaders believed that women were in a much better position than men where politics is concerned and should be given more chances to excel. However, some rural and urban respondents mentioned that in many cases, woman *Sarpanchs* were not active in their elected role and rather were there in name, while their husbands took over their duties. According to the respondents, this sort of practice had to be investigated and stopped. In addition, they felt that educated women should be encouraged to run for political posts, as they were likely to have better knowledge of the rights and duties associated with the post. All respondents also felt that people should be given mandatory training prior to standing in elections or once they had been elected for a political position. It was emphasised by urban respondents that the political agendas should primarily be to improve the status of women.

Hoshiarpur:

Urban community representatives in Hoshiarpur felt that nowadays more women were taking an interest in politics as a career. Rural respondents in Hoshiarpur felt that political leaders were only interested in votes and not about societal problems, particularly women's problems. They mentioned that although women were very much present in politics, more women should be encouraged to actively participate in it. Similarly, some urban respondents felt that though there were seats reserved for women, their thinking regarding politics was not progressive. Some rural community representatives and opinion leaders also pointed out that women in politics were more suited to understanding the problems of other women in society. It was also mentioned by rural respondents that awareness programmes should be held before the elections for the benefit of the candidates, so that they may have a better understanding of their duties and rights. Interestingly, there was one vital similarity in the responses given by community representatives in Hoshiarpur and Fatehgarh Sahib. They both mentioned that women *Sarpanchs* did not have much of a role despite being elected, and that their husbands (or in some cases other family members) exploited them. Urban respondents added that women did not take the decisions, and that they were dependent on men to do their job. However, one rural respondent in Hoshiarpur claimed that their *Panchayat* system was based on a one-family system, such that only the current *Sarpanch's* family members were likely to be the succeeding *Sarpanch*. According to one urban respondent, only women from existing political backgrounds and strong economic families participated in politics. It was suggested by urban respondents that awareness campaigns be organised so that women who want to pursue political careers can get a good idea of it.

5.3 Focus Group Discussions

Four Focus Group Discussions (FGDs) were conducted in each of the selected districts (8 FGDs in total) with men and women separately. There were around eight participants per FGD. They included various members of the community including residents of the villages and urban areas, teachers, *Panchayat* Members, *Mahila Mandal* members, *Anganwadi* workers and other medical personnel.

5.3.1 Gender Awareness and Perceptions

Fatehgarh Sahib:

Both male and female groups in rural and urban areas of Fatehgarh Sahib acknowledged that there is a difference in the status of men and women in some form or the other. The urban women's group expressed that discrimination against women only occurs in the lower strata of society. In terms of the kinds of discrimination that occurs, the rural male group noted that there were differences in birth ritual celebrations of boys compared with girls, although the rural female group pointed out that the birth of a girl child is celebrated nonetheless. However, rural female group also mentioned that if another girl child was born consecutively after two previous girl children, the family became unhappy. The rural female group explained that discrimination in providing food or nutrition to the girl child was the sole responsibility of the parents. The urban male group in Fatehgarh Sahib mentioned that discrimination against girls was due to their parents' fear over the girls' security during their adolescent and unmarried phases of life.

Hoshiarpur:

In Hoshiarpur however, the scenario was in contrast with Fatehgarh Sahib. Except for urban females, all the groups promptly voiced the opinion that men and women are given the same status in society. Urban females adjudged that the status of women is linked to their level of education, i.e. the higher the education level, the higher the status. While urban males gave little input on the subject, females (both rural and urban) and rural males all mentioned that the major reason why people do not prefer girl children is primarily due to financial reasons. This is to say that there are various expenses that people associate with a bringing up a girl, including dowry. Interestingly, as in Fatehgarh Sahib, the rural female group in Hoshiarpur also mentioned that consecutive births of girls lead to disappointment in a family. Urban females went on to say that people expect women to be confined to their household duties only.

5.3.2 General Healthcare and Medical Facilities for Women

In terms of general healthcare and medication provided to women including immunization facilities, all groups in Fatehgarh Sahib mentioned that there was no

discrimination towards women. In Hoshiarpur as well, the overall opinion was that there is no discrimination towards girl children in terms of providing them with immunization facilities. Rural females added that this sort of discrimination used to happen 10-15 years ago. In fact, groups in both Fatehgarh Sahib and Hoshiarpur were more concerned with the lack of proper health facilities in their area, and less about whether women were being denied health facilities or care. Their main grievances were that the Government hospitals / dispensaries were too far away, and thus their overall preference was for Private hospitals.

5.3.3 Reasons for Decline in Sex Ratio & Sex Determination Tests

Fatehgarh Sahib:

In Fatehgarh Sahib, the rural female group and both male groups did not explicitly mention whether or not pre-natal sex determination tests were carried out in their areas, although the urban female group expressed that these tests were prevalent in middle class families. The groups did, however, provide a multitude of explanations regarding why sex determination tests are being carried out (in other places), including the known fact that people preferred not to have a girl child. Rural females, in fact, made a direct link of the use of pre-natal sex determination tests with the decline in the sex-ratio. Rural females also pointed out that due to poverty and having to spend on a daughter's marriage, people preferred not have a girl child. Rural males mentioned that people preferred to have one child (did not specify male or female) as education costs were increasing. Urban females explained that abortions were the result of either accidental pregnancies, or when there is already one girl child and one boy child. They also pointed out that people prefer not to have more than one son, as they do not want division of their land. Further more, the urban female group concluded that people want to have small families, so after they've had one daughter, they only want to have a son and thus are likely to go for sex-determination tests. Urban males, however, attributed sex-determination test and abortions to orthodox social thinking. While both rural females and males attributed the responsibility of doctors for conducting these tests, urban females believed that it was the responsibility of both parents and doctors. Urban females went on to say that the husbands usually pressurised their wives to have abortions. Both rural females and males believed that people were aware of the illegal aspect of such tests, whereas urban females and males thought that there was not enough awareness. All groups agreed nonetheless that these practices were wrong and more interventions were required to prevent them. Rural males noted that an effect of having a low sex-ratio of women to men, meant that it would be difficult to find brides.

Hoshiarpur:

In Hoshiarpur, urban females and both urban and rural males agreed that pre-natal sex determination tests were carried out in their areas, and emphasised that these

were carried out in Private clinics, not in Government institutions. Rural females did not explicitly answer the question. But all groups agreed that these tests were carried out to determine whether or not a girl would be born. Urban males also said that after the girl baby had been born, there were cases of the baby being abandoned by the parents. The reason for not wanting a girl child, as mentioned by both urban and rural females, is because people believe only boys can extend their family lineage. According to rural females, the root cause of not wanting girl children was due to the dowry system and marriage expenses. Another reason for not wanting girl children, as mentioned by the urban female group, was the common people's belief that daughters would leave to live with their in-laws after marriage, and so no one except sons would remain to take care of them in their old age. Both rural males and urban females noted that pre-natal sex determination tests were carried out in private hospitals and could only be afforded by affluent people, not the common man. Urban females suggested that the situation could improve, if like in many parts of South India, the society was matrilineal, wherein males would go to their wives homes after marriage. Incidentally, like the rural males in Fatehgarh Sahib, the rural females in Hoshiarpur mentioned that if the sex-ratio continues to decline there would be a problem in finding brides.

5.3.4 Importance of Women's Education

Fatehgarh Sahib:

Both rural and urban female groups in Fatehgarh Sahib noted there was no discrimination regarding education of girls and boys. The urban female group insisted that there was equal enrolment and strength of girls and boys in village schools. Rural females mentioned that "intelligent girls" were allowed to pursue their studies and that girls were given an education so that they may marry into educated families. The rural male group however differed, and noted that there is discrimination against girls being educated, and families prefer that their sons be sent to school instead. All groups however provided a common answer as to why some families may not provide education or further education to their girl children. This was that families were concerned about the security and safety of their daughters and did not wish for them to travel long distances to their schools. The rural female group further stated that many families are willing to send their boys of their village to pursue an education whereas they want the girls to stay home and help in household work.

Hoshiarpur:

In Hoshiarpur there were mixed views regarding discrimination in education of the girl child. Rural females explained that "people take equal interest in the studies of boys and girls". Rural males believed that nowadays people gave more preference to the education of girls than boys. However, this initiative lasted only during primary school education, after that parents think it is important to invest in their

son's education as it is the son who will take care of them in their old age. Urban females did not comment much on the issue. However, urban males, like the groups in Fatehgarh Sahib said that people were concerned about their daughters' security and would risk their education in order to keep them safe at home.

5.3.5 Status of Women Regarding Household Work and Employment

Fatehgarh Sahib:

Rural females and males in Fatehgarh Sahib noted that women do more household work than men. Further more, rural females said that there was no facility for women to find employment outside the home. At the most there were stitching / embroidery opportunities which women could do from their homes. Rural males (as well as Urban males) on the other hand noted that in general there were equal employment opportunities for both men and women. Rural females and males felt that women who wanted to work out of the house should have access to some institute or learning programmes in their villages and these ought to be provided by the Government. They also mentioned that there were some SHGs working in their areas. Rural males also said that women in their area had no issues in working at nearby factories etc, providing that the employer gave them transport facilities and security. Urban females and males in Fatehgarh Sahib did not comment the household aspect. Urban females explained that there were no income generating activities in their area specifically for women, however women did take up home-based activities such as knitting and weaving, and sold their products.

Hoshiarpur:

Similarly in Hoshiarpur, rural females were the only ones to talk about household work. They explained that where both husband and wife were employed, both should also be involved in household chores. Rural and urban males in Hoshiarpur both mentioned that there were no small-scale industries or similar opportunities for women in their areas. Urban males noted that even educated women had no opportunities. Incidentally, both rural females and urban males suggested that the possible areas for women's employment included stitching / embroidery and beauty parlour work. Urban males further suggested that training institutes for such activities should be set up nearby. Urban females provided a very interesting suggestion for women to be involved in tomato sauce and soup making; and that the Government should support these activities, including identification of markets where these products will be sold.

5.3.6 Discrimination and Violence Against Women

Fatehgarh Sahib:

Regarding violence and discrimination against women, rural males in Fatehgarh Sahib believed that this begins from the infant stage. They explained that most

families do not celebrate the birth of their daughter in the same ritualistic manner as they would the birth of their son. The respondents further claimed that there is discrimination in providing food and nutrition to the daughters, due to the belief that if parents take care of their sons now, then later in life the sons will take care of them. Where rape of women was concerned, both urban males and females pointed out that the changing society was to blame. Urban males associated rape of women with the lack of moral values of affluent boys as well as their indulgence in drugs. Rural males also pointed out that the lack of moral values in today's youth was the basic reason behind such incidents. Both rural female and male groups in Fatehgarh Sahib expressed that parents arrange for early marriages of their daughters in order to absolve themselves of any further responsibility. Rural females added that the reason for early marriage of girls is due to poverty. Rural males in turn, noted that early marriages are done to ensure safety of the girl and to get a good match. Urban males, however, felt that early marriages were rare in present times, in comparison to the past. Rather, they felt that girls are likely to face problems such as being married to NRI men who were currently married to someone else. Further, urban females and males as well as rural females asserted that married women face harassment and abuse (physical as well as verbal) from their in-laws who pressurise them to have a son. Urban males noted that this violence may be dowry-related. Finally, when such violence in marriage occurs, there are threats to desert or divorce the woman. The urban female group suggested that in addition to Mahila Mandals, more Government support be given to prevent such cases.

Hoshiarpur:

In Hoshiarpur, all groups were less willing to talk about violence against women. In fact rural females dismissed the notion, saying that there was no violence as such. They further stated that, in their area, girls were expected to be involved in household chores and prepare themselves for their in-laws. The rural female group did however point out a very relevant point, that men were often inebriated and "created trouble" for their wives. Rural males incidentally, echoed the same opinion as urban males in Fatehgarh Sahib, i.e. that rape and eve-teasing were the result for spoilt rich children, and that parents should be more responsible in imparting moral education to their children. Urban females took the matter a step forward, indirectly accepting that there are cases of violence against women, by noting that people were aware of the laws against violence. They also pointed out that though people were aware of the laws, few were willing to take any steps against known perpetrators as they felt it may invite shame to the family or stigmatise the victim in some way. The urban female group mentioned that wives were not usually approached to provide advice regarding family financial matters, and instead men preferred to take advice from the elder family members.

5.4 Observations of the Field Research Team

5.4.1 Status of Women in Health, Education, Household Work and Employment

In general, it was observed that the health status of women in Punjab is good. It was interesting to find, that people prefer to visit private health facilities / institutions, despite the availability of Government Health facilities in their area.

There is no doubt that girls' education rate in Punjab is increasing. However, the sole reason for educating the daughters is not to empower them. Most parents regard the education of their daughters an advantage in finding a good/suitable husband for them.

Most of women in the study area were observed to be engaged in household work and in rural areas they were also engaged in agricultural activities. Few women had income generating jobs. It was observed that there was a lack of income generating opportunities for women, and this was also found to be a common complaint by the respondents. In fact, many were not aware that women could pursue a professional career from their own homes. Women are still busy with their traditional domestic work like cooking, stitching. There is a need to provide training in other professions which women can pursue full-time or part-time.

Some women were doing good work in the field of politics. At the *Panchayat* level, women were aware of village problems, and were doing their best to solve them. However, *Panchayat* women in higher functionary positions were not well aware of their rights and duties because their husbands or other family members interfered in their work.

5.4.2 Child Preference

Preference for sons is quite high among most respondents. Respondents mentioned that a family needed a minimum of one son, who could perform family socio-religious rituals and inherit the property following the death of his parents. In this context, it was also observed that respondents tried to reason that parents did not want to have daughters as they were worried about providing dowry for their daughters' marriage. There was a case, where a poor Schedule Caste woman had to abort her pregnancy, as her family was not in a position to take care of more girl children, neither could they afford the expected dowry towards their daughter's marriage. However, it was also observed in some areas that some women (as well as their families) were happy with having a daughter because their daughters were highly educated and held high status jobs.

5.4.3 Declining Sex Ratio

It was observed that most respondents were not interested in discussing female foeticide cases occurring in their area despite having knowledge on the same. However, a few respondents were very willing to talk about the declining sex ratio. Almost all the respondents had heard and knew about the PNDT Act. They also knew that it is punishable by fines, if caught conducting a pre-natal sex determination test. Some women also commented that the success of implementing such an Act lies in eliminating “social evils” like dowry and providing security to women / girls everywhere they go.

5.3.4 Violence Against Women

Women respondents mentioned that there were problems faced by married women who had daughters only. During discussions with household women, (in both rural and urban areas of both districts) those women having only daughters narrated various problems as a result including ill-treatment by their mother-in-laws and husbands. Some female respondents said that women were forced by their husbands and in-laws to abort the pregnancy if the foetus was detected to be a girl. They also mentioned that in such situations women were helpless to go against the decision of abortion due to family pressures.

Chapter 6 Observations, Recommendations, Actions, and Responsibilities

6.1 Salient Observations

Punjab has very strong traditional Patriarchal Society functioning overwhelmingly on traditional gender concept of Agrarian Society with gender ascribed roles and duties. Though the state's economy has changed considerably shifting from almost total agricultural economy to major industrial economy, gender perceptions of people are very rigidly traditional.

Punjab is a forerunner in many developmental areas surpassing the national averages in: Average Growth Rate, Per-Capita Income and Per-Capita Availability of milk. In addition, the state has witnessed considerable improvements in some development indicators, like: Life Expectancy; Birth Rate (both rural and urban); Death Rate; Infant Mortality Rate (IMR); Total Fertility Rate (TFR); Maternal Mortality Rate (MMR); Percentage of People below Poverty Line (BPL) and so on. In all those indicators Punjab's performance is better than national average. At the same time, there are some deficiencies in terms of gender disparity in the Work Participation Rate, representation of women in political levels (be it *Lok Sabha* or State Assembly or *Panchayat* or Administration / Foreign / Police services); while female literacy and girls / women at various levels of education (including technical education) are almost at par with the national average.

Ironically, one of the most economically developed states in the country has one of the poorest sex ratio figures. While the State Government has plans for various intervention measures, is expected that there will be many hurdles along the way. Apart from tackling people who try to escape their civic responsibilities and duties by blaming others (whether of a different economic group or of a different region), one of the basic problems would be to sensitise the common man towards accepting the girl child and the respecting the sanctity of her life. As the current study reveals, people were inclined to feel that the status of women was high or improved from previous times and that any problems that existed were due to poverty or illiteracy or both. They did, however reluctantly, acknowledge the decline in the sex ratio and that pre-natal sex determination tests were carried out in many pregnancies to know whether the unborn child was a girl. If so, it was likely that the pregnancy would be aborted. Technologies, such as ultrasound machines, that are essential for monitoring the growth and health of the foetus are being deemed as the culprits. The intentions of the parents to abort the pregnancy and the doctors who carry it out are not being targeted. Knowledge about the PNDT Act has only lead to these activities becoming covert and people are less

willing to talk about them because they are aware of the penalties associated with such offences.

Another concern is the existing dowry system in the State. A rare mention by one respondent out of the 300 households, 20 in-depth interviews and 8 focus group discussions, regarding the dowry prohibition law, shows in itself the dire lack of knowledge among the people. As in previous research studies, and in the current study people mentioned that dowry was a major factor in not wanting to have a girl child, this needs to be taken much more seriously than it has been thus far. Similarly, people mentioned that violence against women began after they were married, and are closely linked with both dowry and giving birth to a son. More efforts are required in implementing domestic violence laws and for this, women's organisations, help-lines and so on, not only need to be strengthened but also should be known to all women in rural and urban areas. Without the knowledge of and support from these groups, it would be a folly to believe that the average woman in Punjab would feel self-empowered to stand up against her family, society and all the ingrained traditions she has known from the time of her birth.

Many of the respondents mentioned that they were unhappy with Government health facilities, if they were available in their village / town. It would seem that Government health services and facilities are not reaching the people in the same proportion to which they have been proposed in various health plans. People's reliance on private health centres raises a question on the quality of existing Government health centres as well. It would be necessary in this case to re-visit the health sector in Punjab and determine the gaps and constraints particularly with regards to health services for women.

With respect to women's education, it was believed that women not only were doing better than men, but they were also more interested in their studies. On the contrary, when probed deeper, it was revealed that parents preferred to send their girls to school so that they may find her a "good and educated" husband. Hence, the idea that girls would be going to school to learn and improve their economic conditions was only a cover-up attempt. In terms of women's employment, while the reviews were mixed, there was an underlying traditional notion that the women's place was within the four walls of her house and she needed protection by men. Those that promoted the idea of women being employed could only think of stereotyped jobs such as embroidery, tailoring, beautician's work, and other home-based handicraft production-all falling under the category of low paying jobs. At the same time, all people believed that opportunities had to be provided by the Government and they were not willing to take their own initiatives even after suggesting self-employment!

Furthermore, there are “western influences” of fashion and material aspects that have found their way into the lives of Punjab’s youth. Though some may argue that these influences are necessary to gain entry into the global environment, there are some aspects, which negatively have grave negative effects. Of these, the most mentioned was drug abuse. Many people mentioned that Punjab’s young men were likely to abuse drugs. Along with alcohol abuse at the adult stage, people felt that these were the reasons for violence (rape, eve-teasing, domestic violence) against women. The lack of security for women outside their homes has led to the fear of their parents to send them anywhere, whether in search of a higher education or a job. In turn, this lack of security translates into yet another reason for parents to “avoid” having girl children.

Finally, the alleged power of a person in politics was completely diminished in the case of women. Many people pointed out that, women who had positions in the grassroots level politics did not actually have any power at all, and that their duties were taken care of by their husbands. While people were quick to point out such flaws in the system, once again there was no initiative taken on their part on how to prevent women from being exploited in this way.

6.2 Major Areas / Issues Identified for Intervention

Previous research studies as well as the current study, clearly indicate that problems of female foeticide, gender-based violence, female subjugation and male superiority are very complex and cannot be handled as an isolated phenomenon. Laws alone cannot transform the deeply ensconced gender perceptions in society, the values, roles and duties imbibed by tradition for decades. They are deeply embedded in cultural and religious practices as also in economic consideration and social vices (dowry) practiced within the same tradition. Added to these, are modern vices of drugs, sex trade, violence and others. Continuous exposure to all such activities reinforces male superiority in the male child/adolescents/youths. On other hand, the female child/ adolescent/young women’ accept this ‘male superiority’ and ‘learn helplessness’ when cornered into gender biases and violence against them.

Under the circumstances, Punjab needs concerted efforts of related Government departments (working on Health, Rural Development, Panchayat, Women & Child Development, Information & Broadcasting, Social Justice, Agriculture, Industry, Law etc.) along with credible organisations like Indian Medical Association, Chambers of Commerce and Industry, University/College/School Teachers association, Bar Council, NGOs, CBOs etc. to work at war footing with multi-pronged strategy. Over dependence on Laws/Acts and punitive measures cannot rectify the situation. Reporting of only negative issues of women’s vulnerability, their exploitation, harassment, dependence etc. has also not delivered the intended goals. There is

need for building positive images of girls/women, especially the achievements and successes of girls and women of Punjab. How these women have successfully achieved their goals, how they are supporting or looking after old parents also needs to be disseminated and discussed.

Side by side, Self Help Groups (SHGs) need to be formed, to help in economic crises as also support women who have faced violence. Economic empowerment of women through SHGs, along with skill up-gradation and implementation of economically feasible projects could be entry points for community attitude change.

In this regard, a number of areas for intervention have been identified as under:

1. Change of Gender Bias Attitude and practices of community through Information Dissemination, as also Awareness Generation etc.
2. Sensitisation/Training/Consultation/Brainstorming cutting across decision-making level to grass root level administrators and implementers of intervention programme including NGOs & OBOs.
3. Information Dissemination of Govt. Schemes available for girls/women
4. Positive Image Building of successful women/Girls of Punjab
5. Skill and technology up-gradation, Credit and Marketing support for women
6. Prevention of Gender Based violence and support to victims of violence
7. Law Enforcement and Punitive measures

The recommendations suggested by the research team on the basis of observation / study findings were further discussed in the state level consultation workshop on the issue held on August 19,2008 at Chandigarh and finalised.

6.3 State Level Consultation Workshop on Gender Empowerment and Declining Sex Ratio in Punjab

The State Level Consultation Workshop on Gender Empowerment and Declining Sex Ratio in Punjab was held at Mahatma Gandhi State Institute of Public Administration (MGSIPA), Chandigarh on August 19, 2008. Major objectives of the workshop were:

- # Finalisation of recommendations of the study with inputs (addition/alteration) provided by the experts and
- # Identification of roles and responsibilities of various state government departments, and other stake holders so that appropriate follow up action can be taken up by the partners.

It was one(1) day workshop wherein eminent researchers, administrators, implementers, bankers, representatives of media as also civic society organisations participated and provided their inputs for finalisation of the recommendations. The programme schedule and the list of participants are appended at Annexure-V & VI

6.3.1 A Brief Report of the Consultation Workshop

At the outset, Director, Economic and Statistical Organisation (ESO) welcomed Senior Officials, representatives of various line departments, experts, academicians and representatives of Consultant Agency and briefed about the subject before the house; and then requested Sh. Tejvir Singh, IAS, Special Secretary Planning, Govt. of Punjab to inaugurate the workshop and to give his inaugural address.

Sh. Singh gave a brief overview of the study, importance of the subject matter for the State and at the same time stressed upon the need to take immediate committed actions so as to reverse the trend of declining sex ratio in Punjab. He stressed that in-depth discussion on recommendations of the study is required for its finalization including addition/alteration for practically implementing them at ground level.

Thereafter, Dr. Manjula Chakravarty, Sr. Consultant, FAITH Healthcare Pvt. Ltd., New Delhi gave a detailed presentation on the said report. She explained the objectives of the report, discussed the observations taken during the field survey, and findings of studies conducted earlier on the subject. Further, she appraised the house about the recommendations/suggestions made in the report (based on the primary survey conducted by them in two districts of the State – Fatehgarh Sahib and Hoshiarpur).

Dr. Chakravarty explained that the present study clearly indicates that the problem of “Declining Sex Ratio” is very complex and laws alone cannot transform the critical situation prevalent in the Gender biased society. A multi layer action mechanism comprised of top to bottom levels of implementation approach to improve the sex ratio in Punjab is being suggested in the said report.

In the second session, the recommendations were placed before the house for open house discussion. Some important inputs are:

Sh. S.K. Sharma, IPS, IG (Training), Punjab Police also shared his experience with the house and discussed the role of law enforcement agency in association with administration to address this sensitive issue. Sh. Krishan Kumar, IAS, Director General Education, Govt. of Punjab gave his inputs and discussed that a real strong commitment is necessary to revert this ongoing trend in sex ratio. It was also suggested by Ms. Pam Rajput, Director, Women’s Resource & Advocacy Centre that all existing I.E.C. material on the said issue should be collected and to be translated in simplified local language, in story format for disseminating information on various Govt. schemes to the masses. On this Ms. H.M. Marwaha, AGM, NABARD added that such developed IEC material should be distributed amongst both men and women in the villages and specific talks should be arranged by the experts to

change the mindset of the people in the areas having lowest sex ratio in the state. To this the Special Secretary Planning **suggested to the consultant agency to identify successful programme interventions and schemes on the issue adopted in other socially progressive states like , Tamilnadu etc. for its trial and replication in Punjab. (To this the representative of consulting agency informed that detail task involved in identifying successful case studies and reporting thereof, will be a huge task and can not be included in the current assignment. However, some readily available material in brief will be collected by the agency and put up as Annexure(VII) within the report for reference of State government).** The Special Secretary also suggested to consultant agency that they should **provide specific recommendations outlining the role and responsibility by identifying departments to implement the suggested course of action.** At this, the representative of consulting agency pointed out that organisational structure and jurisdiction may vary from state to state. Therefore, the farm would provide (draft) of action/steps required for each recommendation and identify the concerned government department and other stakeholders. The expertise of state ESO would be required to finalise the same.

All the recommendations were discussed at length and finalised after common consensus.

Following salient observations on recommendations emerged from the workshop:

- It emerged as a general consensus that it is necessary to identify an official exclusively to monitor, implement and to report the progress on the issue.
- A State Level Monitoring Committee may be formed under the Chairmanship of Chief Secretary with concerned Secretaries as members. Secretary Planning and representative of Human Development Research and Co-ordination Unit (HDRCU), ESO, Punjab should also be the members of this Committee. This Committee must meet every quarter to overview the implementation of action plan, suggest necessary interventions, review the follow up reports and issue necessary directions.
- Identify a department within the Govt. as to act as a nodal agency/department to lead the action plan based on the recommendations of the report. Majority of the **participants identified Department of Social Security, Women & Child Development as the nodal department.**
- To form a sub group comprising of high level officials from Department of Social Security, Women & Child Development, Department of Health & Family Welfare, Department of Rural Development & Panchayats, Department of Information & Public Relations, representatives of ESO,

Punjab and NBARD etc. to come up with timeline and activity based outcome oriented action plan to be implemented under the overall supervision of the nodal agency/department.

- At the District level institutional mechanism for implement the action plan, a Committee should be established- headed by Deputy Commissioner and Civil Surgeon as Member Secretary. A monthly review of the progress and reporting should be ensured to achieve the set targets.
- All the schemes related to benefits and empowerment of girls/women run by various departments of the Govt. should be listed at a one common place like on the website of Department of Social Security, Women & Child Development.
- All existing I.E.C. material on the said issue should be collected and to be translated in simplified local language in story format for disseminating information on various Govt. schemes to the masses.
- Such developed IEC material should be distributed amongst both men and women in the villages and specific talks should be arranged by the experts to change the mindset of the people in the areas having lowest sex ratio in the state.
- To identify successful programme interventions and schemes on the issue adopted in other socially progressive states like Karnataka, Kerala, Tamil Nadu etc. for its trial and replication in Punjab.
- Recommendations need to clearly mention the types of steps / actions need to be taken as also identify the departments/agencies under whose jurisdiction the same will be implemented.

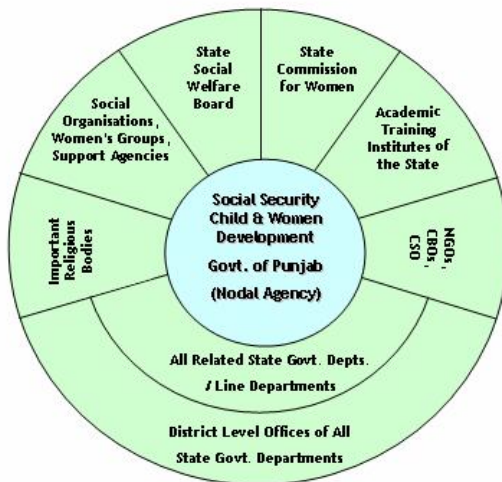
6.4 Recommendations:

➤ **Setting up a Nodal Agency**

There is a need for Setting up of a Nodal Agency within the Government to take up the responsibility of overseeing actions, Monitoring & Evaluation of measures, Coordinate & Liaison with all concerned wherein it is necessary to identify an official exclusively to look after the issue. As first step towards setting up of nodal agency, the Chief Secretary may call an inter-ministerial meeting of line departments for briefing as well as identification and handing over the responsibility of working as nodal department for the issue.

A diagrammatic view of nodal agency and its responsibilities are given below:

Figure 1 Nodal Agency within the Government of Punjab



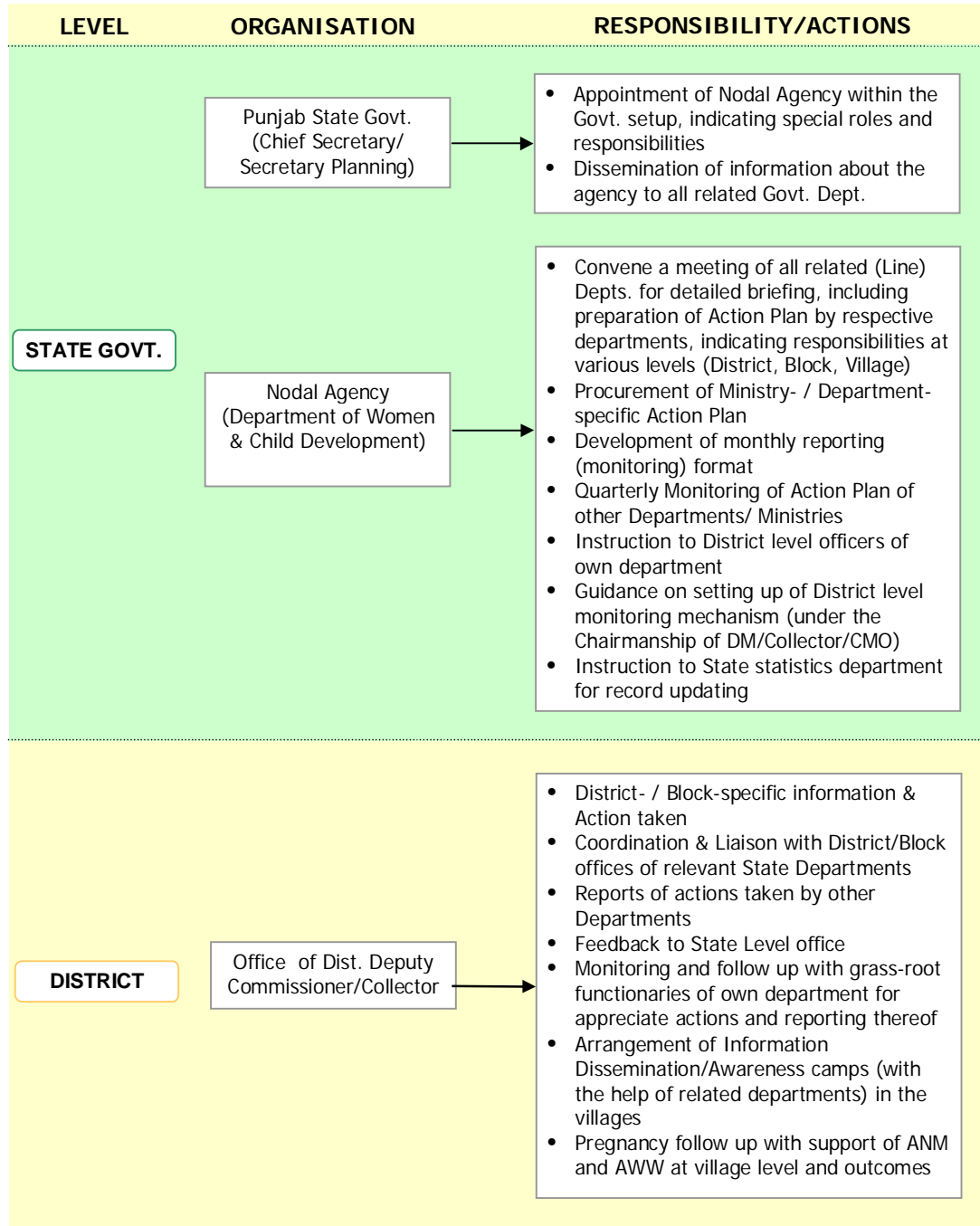
Responsibilities of the Nodal Agency will be to:

- To monitor actions/steps taken by various State departments through their district offices / functionaries up to grassroots level.
- To follow the trends of sex-ratio through State Statistics department.
- To coordinate and liaise with state enforcement departments for vigilance of clinics and medicos involved in sex selective diagnosis and abortions.

➤ **Institutional Mechanism for Improving the Sex Ratio of Punjab**

There is need for an institutional mechanism and system for tackling the serious Gender and Development issues especially the declining sex ratio in Punjab. A suggested institutional mechanism is given in Figure 6.2.

Figure 2 Institutional Mechanisms for Improvement of Sex Ratio of Punjab



- **The State may set up committees at different levels to oversee, monitor and guide the total endeavours from time to time. Three(3) committees may be formed for the purpose as under:**
- i) **State Level Gender Empowerment Committee** – This Committee may be comprised of Secretaries of all line departments, academics / experts on the issue. The Chief Secretary may be Chair Person and Secretary, Social Security Child & Women Development may be Member Secretary of the Committee
 - ii) **Inter-Ministerial Coordination and Monitoring Committee** – To form a sub group (committee) comprising of high level officials from Department of Social Security, Women & Child Development, Department of Health & Family Welfare, Department of Rural Development & Panchayats, Department of Information & Public Relations, representatives of ESO, Punjab and NBARD etc. to come up with timeline and activity based outcome oriented action plan to be implemented under the overall supervision of the nodal agency/department. This Committee may be formed by Department of Social Security Child & Women Development at their level for monitoring of Gender issue & Declining Sex Ratio related actions and achievements in various line departments.
 - iii) **District Level Committees** – This Committee may be formed under the Chairpersonship of District Dy. Commissioner/Collector wherein Civil Surgeon of the Dist. may be the Member Secretary. The other members of the Committee to include Dist. Level Officials like Project Officer, ICDS, etc.
- **Other Recommendations for Reversal of Declining Sex Ratio & Women’s Empowerment**
- Information Dissemination and Awareness generation about declining sex-ratio and its consequences- like, Increase in women related crimes, Expenditure and risks in procuring brides from other states, Loss of Punjab’s own culture and identity etc. use Information & Broadcasting Departments Channel, as also Local Folk Media.
 - Consultation of decision-making level of all relevant Govt. departments for convergence and synergy.
 - Brain-storming and sensitisation of middle level officers of relevant Govt. Deptt., BDO, DM/ADM, District Industry and Entrepreneurship centre officials, Distt. Panchayat, I&B, Health, WCD, RO officials, etc. to come out with specific action plan including monitoring and supervision mechanism and reporting thereof.

- Sensitisation and Training of grass-root functionaries (ANM, LHV, Gram Sevika, AWW, etc.) of all deptts. On the issue in bringing attitudinal change and pregnancy follow up.
- Sensitisation and capacity building of NGO/CSO & CBO (Mahila Mandal, Youth club), school and college teachers for their inputs in changing attitude of People, Development of women SHGs, Training/capacity building of rural women for feasible income generating activities and their marketing.
- Meetings with religious heads and use of their expertise in changing attitude of people.
- Economic Empowerment of women through skill and technology up-gradation in women's work, links with export agencies/bigger industries for higher economic return.
- Consultation with Department of Labour, Agricultures, Textile, Handicrafts – Small Scale industry, KVIC, Chambers of Commerce and Industry, Banks, Micro Credit agencies etc. for income generation activities, skill building/training, forward and backward linkages etc. for women.
- Consultation with Chief of IMA and State bodies responsible for registration of Private Hospitals/centres/clinics, Law Enforcement Agencies on the issue and appropriate actions.
- Extensive use of Media for highlighting achievements/credibility of girls/women of Punjab; Building positive images of girls/women – their contributions in family including looking after older parents as also reporting of cases of PNDT violation, clinics, Medicos, clients.

ACTION PLAN

Recommendations and Required Actions/Steps vis-à-vis Roles & Responsibilities of concerned Government Department and Other Stake Holders

Recommendations	Action Required	Concerned Department/Other Stake holders
<ul style="list-style-type: none"> Information Dissemination and Awareness generation about declining sex-ratio and its consequences like, increase in women related crimes, Expenditure and risks in procuring brides from other states, Loss of Punjab's own culture and identity etc. as also Govt. schemes for support of women. 	<ul style="list-style-type: none"> Conduction of awareness generation camps, Community level meetings, Gram Samba Meetings Development of proper ICE material and their distribution Audio-Visual Information dissemination through mass-media (Radio, TV etc.) Use of folk media for awareness generation communities All existing I.E.C. material on the said issue should be collected and to be translated in simplified local language in story format for disseminating information on various Govt. schemes to the masses. Developed IEC material should be distributed amongst both men and women in the villages and specific talks should be arranged by the experts to change the mindset of the people in the areas having lowest sex ratio in the state. Identify successful programme interventions and schemes on the issue adopted in other socially progressive states like Karnataka, Kerala, Tamil Nadu etc. for its trial and replication in Punjab. 	<ul style="list-style-type: none"> Social Security Child & Women Development Dept. of Health & Family Welfare Dept. of Rural Development & Panchayats Dept. of Information & Public Relations Dept. of Education Dept. of Agriculture Pb. Dairy Dev. Board Khadi Board Markfed Dept. of Police (Law Enforcement Agencies) Civil Society Organisation Non-Govt. Organisation Community Based Organisation
<ul style="list-style-type: none"> It is necessary to identify an official exclusively to monitor, implement and to report the progress on the issue. 	<ul style="list-style-type: none"> To appoint an official or to assign the task exclusively to an official within the nodal deptt. 	<ul style="list-style-type: none"> Social Security Child & Women Development. Govt. of Punjab
<ul style="list-style-type: none"> Consultation of decision-making level of all relevant Govt. departments for convergence and synergy 	<ul style="list-style-type: none"> Preliminary Meeting Notification of Nodal Agency Periodic Meetings/Workshops Consultation 	<ul style="list-style-type: none"> Office of Chief Secretary Office of Economic & Statistical Organisation, Punjab Office of Social Security Child & Women Development
<ul style="list-style-type: none"> All the schemes related to benefits and empowerment of girls/women run by various departments of the Govt. should be listed at a one common place like on the website of Department of Social Security, Women & Child Development. 	<ul style="list-style-type: none"> Collection of information from all concerned ministries/ organisations/ agencies of Punjab Govt. as also centrally sponsored schemes (G.O.I.). Make the information available in nodal agency's website. Up date the information from time to time. 	<ul style="list-style-type: none"> Office of Social Security Child & Women Development

Recommendations	Action Required	Concerned Department/Other Stake holders
<ul style="list-style-type: none"> Gender Sensitisation, Trainings and Workshops for middle level officers of relevant Govt. Deptt. 	<ul style="list-style-type: none"> Conduction of Training Programmes for the implementing officers of all line departments 	<ul style="list-style-type: none"> Social Security Child & Women Development Dept. of Health & Family Welfare Dept. of Rural Development & Panchayats Dept. of Information & Public Relations Dept. of Education Dept. of Agriculture Pb. Dairy Dev. Board Khadi Board Markfed Dist. Industry and Entrepreneurship Centres Dept. of Police (Law Enforcement Agencies)
<ul style="list-style-type: none"> Sensitisation Training of grass-root functionaries of all relevant Govt. deptts. (ANM, LHV, Gram Sevika, AWW, etc.) 	<ul style="list-style-type: none"> To incorporate the gender sensitization training related contents like motivation, attitudinal change, interpersonal communication, etc. in the regular training curriculum of grass root functionaries through institutional training mechanism already existing in each dept. 	<ul style="list-style-type: none"> Social Security Child & Women Development Dept. of Health & Family Welfare Dept. of Rural Development & Panchayats Dept. of Information & Public Relations Dist. Industry and Entrepreneurship Centres Dept. of Police (Law Enforcement Agencies)
<ul style="list-style-type: none"> Meetings with religious heads and use of their expertise in changing attitude of people 	<ul style="list-style-type: none"> Discussion with Heads of different religious organisation 	
<ul style="list-style-type: none"> Sensitisation and capacity building of NGO/CSO & CBO (Mahila Mandal, Youth club), school and college teachers for their inputs in changing attitude of People, Development of women SHGs, Training/capacity building of rural women for feasible income generating activities and their marketing 	<ul style="list-style-type: none"> Meetings with credible organisations already working in the issues in various Districts for their support. Organisation of capacity building, training of NGOs, CSOs & CBOs Training of schools & college Teachers through their own mechanism Sensitisation of youths of schools and colleges Training of youths through Nehru Yuva Kendra 	<ul style="list-style-type: none"> Social Security Child & Women Development Dept. of Health & Family Welfare Dept. of Rural Development & Panchayats Dept. of Information & Public Relations Dist. Industry and Entrepreneurship Centres Depts. Of School Edu. (Primary & Secondary), Higher & Tech. Edu. Dept. of Youth Services
<ul style="list-style-type: none"> Economic Empowerment of women through skill and technology up-gradation in women's work, links with export agencies/bigger industries for higher economic return 	<ul style="list-style-type: none"> Capacity building and skill training of women Identification of feasible economic activities Link & support for marketing of women's products 	<ul style="list-style-type: none"> Social Security Child & Women Development Dept. of Rural Development & Panchayats Dept. of Information & Public Relations Dist. Industry and Entrepreneurship Centres Depts. Of School Edu.(Primary & Secondary), Higher & Tech. Edu. Dept. of Youth Services NBARD Khadi Board Markfed Marketing Organisation Cooperatives

Recommendations	Action Required	Concerned Department/Other Stake holders
<ul style="list-style-type: none"> Consultation with relevant Departments for income generation activities, skill building/training, forward and backward linkages etc. for women 	<ul style="list-style-type: none"> Regular Meetings with nodal agency 	<ul style="list-style-type: none"> - Social Security Child & Women Development - Dept. of Rural Development & Panchayats - Dept. of Information & Public Relations - Dist. Industry and Entrepreneurship Centres - Depts. Of School Edu.(Primary & Secondary), Higher & Tech. Edu. - Dept. of Youth Services - NBARD, Khadi Board - Marketing Organisation, - Cooperatives - Dept. of Small Scale Industry - Dept. of Labour - Depts. Of Agricultures, Textile, Handicrafts - Chambers of Commerce and Industry - Nationalised Banks - Micro Credit agencies
<ul style="list-style-type: none"> Consultation with Chief of IMA and State bodies responsible for registration of Private Hospitals/centres/clinics, Law Enforcement Agencies on the issue and appropriate actions. 	<ul style="list-style-type: none"> Meetings/consultations/Negotiation of nodal agency with all concerned. 	
<ul style="list-style-type: none"> Extensive use of Media for highlighting achievements/credibility of girls/women of Punjab; Building positive images of girls/women – their contributions in family including looking after older parents as also reporting of cases of PNDT violation, clinics, Medicos, clients. 	<ul style="list-style-type: none"> Meetings with media (Audio-visual) authorities by nodal agency. Sensitisation and training of media persons in Gender related reporting. 	<ul style="list-style-type: none"> - Dept. identified as nodal agency - Dept. of Information & Public Relations - PTI
<ul style="list-style-type: none"> Involvement of males in changing gender ideology, partnership and support in women's empowerment including checks in female foeticide. 	<ul style="list-style-type: none"> Males as target participants in all gender related sensitisation, training, workshop, consultation etc. 	<ul style="list-style-type: none"> - Social Security Child & Women Development - Dept. of Rural Development & Panchayats - Dept. of Information & Public Relations - Dist. Industry and Entrepreneurship Centres - Depts. Of School Edu.(Primary & Secondary), Higher & Tech. Edu. - Dept. of Youth Services - NBARD, Khadi Board, Cooperatives - Marketing Organisation - Dept. of Small Scale Industry, Labour, Agricultures, Textile, Handicrafts - Chambers of Commerce and Industry - Nationalised Banks, Micro Credit agencies