

Comparative study analyzing the issue of Female Foeticide
in two districts of Madhya Pradesh having highest & lowest
Girl Child Sex Ratio with reference to PC PNDT Act, 1994
& with 2002 amendment.



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Monica Singh
Project Director

EXECUTIVE SUMMARY

Background

The final report is the outcome of the **comparative study analyzing the issue of Female Foeticide in two districts of Madhya Pradesh having highest & lowest Girl Child Sex Ratio with reference to PC PNDT Act, 1994 & with 2002 amendment**. The study is based on the primary information collected, secondary information gathered, formal group discussions (FGD) and critical observations.

Women make 50% of the population and contribute to the economy of the state in a significant manner. Despite their contribution the women in general suffer from various kinds of deprivations. The position of women in the society is result of typical social milieu. The stylized role assigned to her in the families puts woman to certain disadvantages in life due to which they are not able to realize their potential in life. Although they are fifty percent of the population their contribution to themselves and to the society is not satisfactory. They deeply suffer from intra family. The recent technological developments in medical practice combined with a vigorous pursuit of growth of the private health sector have led to the mushrooming of a variety of sex-selective services. This has happened not only in urban areas but deep within rural community also. Female infanticide in most places has been replaced by female foeticide. Female foeticide or sex selective abortion is the elimination of the female foetus in the womb itself. The sex of the foetus is determined by methods like amniocentesis, chrion villus Biopsy and now by the most popular technique ultrasonography. Once the sex of the foetus is determined, if it is a female foetus, it is aborted. The increase in female foeticide has seen the proportionate decrease in female sex ratio which has hit an all time low especially in the 0-6 age group and if this decline is not checked the very delicate equilibrium of nature can be permanently destroyed.

Women lag behind male population on almost all the socio-economic indices. They have poor access to all essential services like health, education, drinking water and sanitation. This makes their position even more vulnerable.



According to census of 2011 , the sex ratio (the number of females per 1,000 males) for the 0-6 age group, has dramatically dropped to 914 in 2011, from 927 in 2001. This means in a decade when the country enjoyed unprecedented economic growth, it also became a terrifyingly hostile place to be conceived or born as a girl. Whereas overall Sex Ratio has shown improvement since 1991, decline in Child Sex Ratio (0-6) has been unabated since 1961 census.

The PNDT Act has been in force since 1996 and that means that the law to regulate and prevent sex selection has been in place for more than 10 years. The law was amended in 2003 to include pre conception sex selection too. However even after 10 years of the law, the practice of sex selection continues unchecked. The Act has been amended with effect from February 14, 2003 with a view to make it more comprehensive and renamed as Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (PNDT Act).It brought within its ambit the techniques of pre-conception sex selection to pre-empt the misuse of such technologies. It has explicit provisions for the use, regulation and monitoring of ultrasound machines to curb their misuse for detection of the sex of the fetus. The Act prohibits determination and disclosure of the sex of fetus, as well as any form of advertising about facilities of pre-natal determination of sex.

The act has two aspects viz., regulatory and preventive. It seeks to regulate the use of pre-natal diagnostic techniques for legal or medical purposes and prevent misuse for illegal purposes. The act provides for the setting up of various bodies along with their composition powers and functions. There is a central supervisory board, appropriate authorities and advisory committees. The Act prescribes punishments for contravention of its provisions – imprisonment up to five years and a fine up to Rs.1,00,000.

But the facts remains legislations enacted in this behalf are not sufficient. Orthodox views regarding women need to be changed. The PNDT Act should penalize and punish the violators of this crime strictly. The pernicious acts of female foeticide and coercive abortions have to end. The recent census has already shown a steep decline in 0-6 child sex ratio 927 girls per 1000 males to 914 girls per 1000 males. This data itself speaks on the impact and implementation of this Act.



To prove the hypothesis, the objectives laid down were

Objectives of the study

1. To review the impact of PC PNDT Act (Pre Conception & Pre Natal Diagnostics Techniques Act) 1994 with 2002 amendment in Bhind and Balaghat districts of Madhya Pradesh.
2. To locate the reasons that why even after this amended Act, the Girl Child Sex Ratio is less than 850 per 1000 males in Bhind District and still remains above 1000 Girl Child Sex Ratio in Balaghat district...
3. To explore the ways by which this Act could be implemented successfully and also the pressures at various levels could be explored on the whole.

Hypothesis to be tested:

These are the following hypotheses which were tested under the Comparative Study:

1. There is a drastic drop in Girl Child Sex Ratio even after this Act came into force; hence, there is negligible impact of this Act in Bhind District
2. The PC PNDT (Pre Conception and Pre Natal Diagnostic Techniques Act) 1994 with 2002 amendment though has created awareness among the community, but at the implementation levels there are loopholes, which questions its existence.
3. The reasons are at within the Act “as a whole” and also at policies level, the reasons are related to social & cultural norms prevalent in the society, the reasons are related to systematic gender discrimination, the reasons are related to attitudinal problems, the reasons are also related with medical ethics, etc.
4. At the larger context, this issue of “Reduction in Girl Child Sex Ratio” needs to be reviewed through different stakeholders like community, medical community members, community based organizations, non government organizations, religious leaders , media etc who can create pressure groups and explore the future strategies.

Methodology

To achieve the objectives of the present study both primary and secondary data sources have been explored.

- The sample was collected from sixteen blocks and two urban towns i.e. in Bhind 6 Blocks + 1 Bhind urban and in Balaghat 10 blocks +1 Balaghat urban.
- The process started with review of available literature on reduction in girl child sex ratio in general at national level and in particular with Madhya Pradesh. The time framework was planned for 8 months in which the research team, preparation of schedule, its pre testing and printing, collection of data, analysis and interpretation of data, draft report and finally the final report was submitted to Planning Commission.
- The data was both qualitative and quantitative in nature.
- The collection of primary data was done through random sampling including field investigations, employing methods of observations, preparation & testing of questionnaire schedules of different levels, open discussions and information collection.
- The total sample covered was 1150 in which 970 was collected from individuals from community, 20 from district level committee members, 20 from medical service providers, 40 from CBOs, NGOs , media etc, 40 from judicial officials and 60 from various state level committees and agencies.
- The semi structured interviews and focused group discussions were held with government officials, IMA Members, NGOs , CBOs, youth, various committee members formed under PC PNDT Act etc depending upon their availability.
- The detailed samplings and its indicators for selections process – page 25
- The various methods of survey and its methodology followed is in-page 26
- The statistical design of the study is in page 28
- The blocks covered in Bhind and Balaghat Districts is in page 42, 47.

Major Findings

- There is certainly an impact seen after the implementation of the Pre-conception and Pre-natal Diagnostic Technique (Prohibition of Sex Selection) (PCPNDT) Act, 1994 with 2002 amendments in both the districts i.e. Bhind and Balaghat. It could be argued that the implementation of law has been slow and ineffective as the data clearly shows that the sex ratio of girls is reducing drastically.

- However even after 10 years of the law, the practice of sex selection continues unchecked. It is very easy to get sex selection test done on foetus in clinics, if not all of them.
- Out of 100% respondents covered 60.59% were pregnant mothers, 25% were from eligible couples and 14% were unmarried women.
- The age of marriage in Balaghat is 33.54 % as less than 21 years as compared to Bhind which is about 71%, which shows that early marriages are practiced in Bhind.
- When asked regarding the regular monthly pregnancy check ups, 80% said “YES” in Balaghat and 54% “YES” in Bhind i.e. 46% of pregnant women in Bhind are still having deliveries at home.
- 54% of pregnant women are going for private clinics where as 30% are going for primary health care centers for their monthly check ups.
- Due to excessive information on sonography and its penalties, the community does not declare the Sonographic Test done especially in Bhind because only 38% declared that they had gone for the test where as in Balaghat 52% of pregnant women declared that they had under gone the test. This shows that the wrong messages are reaching the communities regarding the Sonographic Tests especially in Bhind district.
- Out of 38% pregnant women who declared that they have under gone the Sonographic Test in Bhind, 61% said it was done in 1st trimester where as out of 52% pregnant women respondents in Balaghat 44% said that it was done in 1st trimester.
- 51% of pregnant women said that they were aware of the filling of Form F in the USG Centers.
- 65% of the community does know the existence of PC PNDT Act in which 52% of the community respondents in Bhind are unaware of this Act.
- 55% in Balaghat and 66% in Bhind respondents said “YES” they are aware of the fact that there is reduction in girl child sex ratio in society.
- To the interesting questions raised on what are the major reasons for practice of female foeticide in the society, 13% said due to dowry system, 75% said due to attitude of society towards girls and 12% due to less knowledge in community in Balaghat district where in Bhind district the respondent said that 73% is due to dowry system in society, 19% said due to attitude of society towards girls and only 8% said that less knowledge in the society. This clearly shows that dowry system is one of the major causes of reduction in girl child sex ratio in Bhind district.

- The role of community has to be defined so as to be part and parcel of fighting out this issue in the overall society, to which 10% of the respondent said that they will have discussions within women groups, 67% said that they can create social awareness among the society, 9% agreed that they will start the action within the family and 14% agreed to participate in programs conducted by government, NGOs, CBOs etc in Bhind district.
- Similar question was raised in Balaghat district in which the respondent agreed that 26% can have the discussions among the women groups, 53% said that they could create social awareness among the society, 13% agreed to start initiating within the family and 8% agreed to participate in programs conducted by government, NGOs, CBOs etc.
- The observation shows that Balaghat wherein scheduled tribes and scheduled caste community are in more proportion, the social and economic conditions varies from Bhind which is economically more empowered and the community is rigid towards certain issues in which girls are never welcome in their families.
- Another interesting observation made in Bhind was that the women are aware to such an extend of the penalties of SSE that they do not declare their pregnancies till they are confirm that there is a male child, other wise the pregnant women has various methods to abort the girl child even in five to six months stage of pregnancy.
- The major cities catering with regards to SSE in Bhind are Etawah and Agra in Uttar Pradesh and Gwalior in M.P where as in Balaghat especially in Lanjhi and Kirnapur block is being catered by Nagpur in Maharashtra.
- It is clearly seen that the committees made under PC PNDT Act are only concerned to Health Department and the other Department Heads recommend the other staff personnel to attend the meetings. Hence instead of representing by the Head of Department, an officer designated should work as a nodal officer.
- After all the law does not merely prohibit sex selection tests, but allows use of pre natal diagnostic tests only for certain medical conditions. But almost every clinic openly uses ultrasound test for spurious, specious reason called fetal well being. This itself is violation of law under the Act.
- Ultrasound technology is rarely required for reasons other than pre natal diagnostic technique. Very rarely is ultrasound required for examination of kidney, liver or abdomen. It has been observed that most of the usage of ultrasound technology is restricted to examination of pregnant women.

- Indeed the PCPNDT Act specifies only few conditions for which ultrasound prenatal diagnostic technique may be resorted too. But most of the ultrasound clinics routinely carry out ultrasound examination, thus totally, entirely and completely violating the law.
- During the meeting of Advisory Board in Bhind under PC PNDT Act, six machines were sealed after the inspection and registration was cancelled and their orders were passed. Among the six cancellations, two were running without the registration, while four machines were being practiced by non technical person according to the PC PDNT Act.
- 15 USG Machines are registered with Appropriate Authority in Balaghat under PC PNDT Act.
- The major issue is that the ethical grounding of today's medical practice has been completely undermined and the medical profession has been commercialized. This has been proved by general statement that naturally one sonography test per trimester is enough to monitor the proper growth of the foetus. However, the doctors and radiologists do in every month check up during pregnancy. Thus a total number of nine or ten tests are done unnecessary to get the business.
- The major finding was that the doctor's lobby is so powerful and rich, that it is very difficult to go against them. Therefore it has a lot of power to defend their practices.
- According to the advocates from Madhya Pradesh High Court in Jabalpur, though very few cases have been registered under the Act but lacks in procedural lapses which occur during the collection of proofs and evidences.
- There is an immense demand for creation of legal awareness among the judges and legal professions including law students to the intricacies of the law.
- The reasons of reduction in girl child sex ratio are different in both the districts I.e. in Bhind and in Balaghat.
- The major issue in Bhind is the various variables which have traditionally been responsible for undervaluation of female children where as in Balaghat the feudal society is mere in number, thus the society is not rigid towards women in general.
- The reason given for the continuation of the practice in Bhind is typically the large dowries and to traditional pride and hypergamous marriage exchanges.

- Thus the findings reflected a different scenario in both the districts whether in socio economic dimensions or in implementation level of the Act.
- There has to be clear distinction between the “Owner “of the registered clinic and “Technician” who is actually using the machine in the clinic.
- According to the Appropriate Authority under the Act i.e. district collector of Bhind was concerned that during the filling of Form F, the identification proof is not asked. Here the pregnant woman can give false information. Thus there should be amendment in the Act for asking the identification proof while filling of the Form F.
- Tracking of pregnancies is the method through which there could be a check made on the sex determination tests.
- It became very clear during this study that the with regard to the knowledge on PC PNDT Act among those trying to enforce the law, is lacking.

Recommendations

- Implement the PCPNDT Act stringently, rigorously and closely.
- The private training institutes running in Bhopal, Gwalior, Indore in Madhya Pradesh providing a six months training to become a specialist in imaging techniques, has to be checked & inspected.
- To seriously work out the impact of PC PNDT Act , the Committees formed under the Act, should be on the basis of “NACO” where in the officers are for 24 hours involved for this mission and are responsible for monitoring, follow ups and execution of the Act.
- The inter state relationships of the State Committees formed under PC PNDT Act has to be strengthened especially the neighboring states so that they can take serious actions against the USG Centers catering to the near by state community.
- Form F should not be considered as a piece of paper but should be carefully monitored by the District Committee formed under this Act especially in Bhind district.
- The USG machines available in Government hospitals should work mandatory.
- To identify the sensitized advocates from the legal field and give them the trainings on rules and regulations given under PC PNDT Act in all the districts and take legal actions.



- IMA should take serious actions against their members involved in SSE.
- Fully understanding that an evil such as this cannot be addressed in isolation, we are also closely examining related social malaise such as dowry, women's underemployment and exploitation in the society, education standards of the girl child as well as high-school dropouts amongst the girls, early marriages and the arranged marriage system. It is our endeavor to develop sustainable development models for each of the above listed social malaise in India so that these have an impact on improving the ratio of females in Indian society.
- The attempt here is awareness generation and capacity building both amongst the community and the different stakeholders.
- Inculcating a strong ethical code of conduct among medical professionals, beginning with their training as undergraduates.
- Wide publicization in the media of the scale and seriousness of the practice. NGOs should take a key role in educating the public on this matter.
- Regular assessment of indicators of status of women in society, such as sex ratio, and female mortality, literacy, and economic participation.
- There is an immense demand for creation of legal awareness among the judges and legal professions including law students to the intricacies of the law.
- To deal with a problem that has roots in social behavior and prejudice, mere legislation is not enough. Various activities have been undertaken to create awareness against the practice of prenatal determination of sex and female foeticide.

It is only by a combination of monitoring, education campaigns, and effective legal implementation that the deep-seated attitudes and practices against women and girls can be eroded.



Chapter - 1

Introduction

1.1 Background

The World Health Organization (WHO) reports that men and boys often receive preference within households, including higher expenditures on medicines and health care. Among humans, females are biologically stronger than males, yet data on mortality and nutrition for girls suggest that in many settings their social disadvantages outweigh their biological advantages.

“It is unfortunate that for one reason or the other, the practice of female infanticide still prevails despite the fact that the gentle touch of a daughter and her voice has soothing effect on the parents.” Four years since the Supreme Court has made the above-mentioned observation, the situation remains grim and this is reflected in the overall sex ratio in various states where female infanticide still prevails. However, the traditional system of killing the girl child after her birth has now given way to the more modern techniques of sex selection and female foeticide.

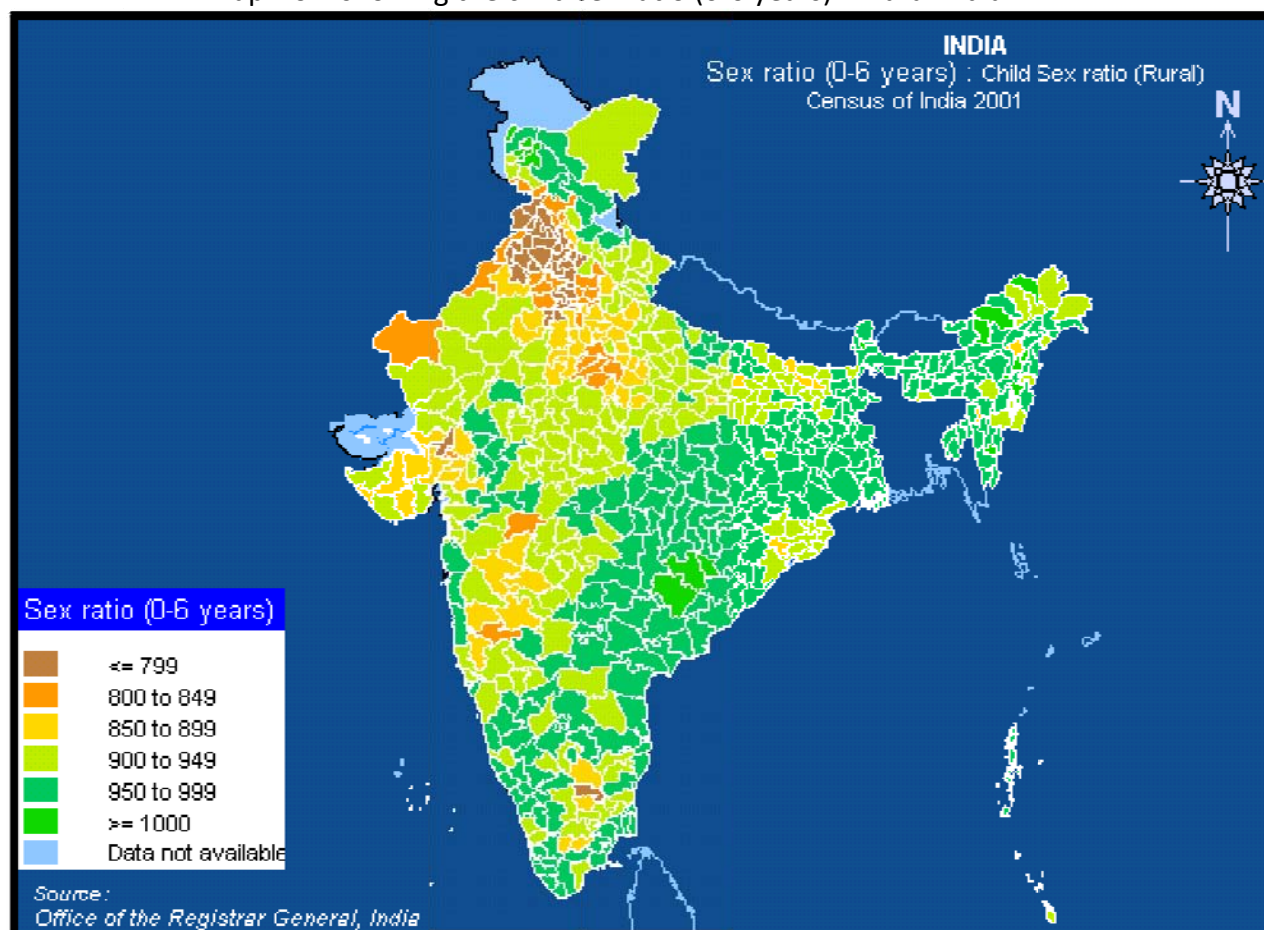
Gender varies across cultural, geographical, and historical contexts. It is contingent upon factors such as age, class, and tribe. Also, the position of women in society is not static. It shifts in response to and also affects the economic, social, political, cultural, and environmental situation of the community. This diversity is often visible in intergenerational differences; processes of globalization have increased the pace of change to such an extent that significant changes are now being felt from one generation to the next.

India is the world’s largest democracy and was one of the first countries to grant women the right to vote (in 1928). The Indian Constitution is firmly grounded in the principles of liberty, fraternity, equality and justice. Its preamble promises to all of its people social, economic and political justice as well as liberty of thought, expression, belief, faith and worship. It affirms (in sections 14 and 15) equality before the law and prohibits discrimination on the grounds of religion, race, caste, sex or place of birth.

But in India, women and girls face inequity and inequality everywhere and they are devalued as human beings from the day they are born. They are even denied the right to be born if their families do not wish them to be born and many

families do not wish their womenfolk to deliver baby daughters. India's legal framework stipulates equal rights for all, regardless of gender. In practice, however, unequal power equations between males and females have led to violations of women's reproductive rights. The girl child has often been a victim to the worst forms of discrimination. Gender bias, deep-rooted prejudices, and discrimination against the girl child have led to many cases of female feticide in the country. Strong male preference, with the extreme consequence of elimination of the female child, has continued to increase rather than decline with the spread of education and economic development. This trend has been helped further with the progress in science and technology. In the 1901 census, the sex ratio was 1,072 women for every 1,000 men in India. After the publication of the 1991 census preliminary results, one of the widely debated issues in India has been the declining sex ratio (defined as the number of females per 1000 males) in the country. The 1991 census recorded a sex ratio of 927 females per 1000 males compared to 934 in 1981.

Map No.1 showing the child sex ratio (0-6 years) in rural India

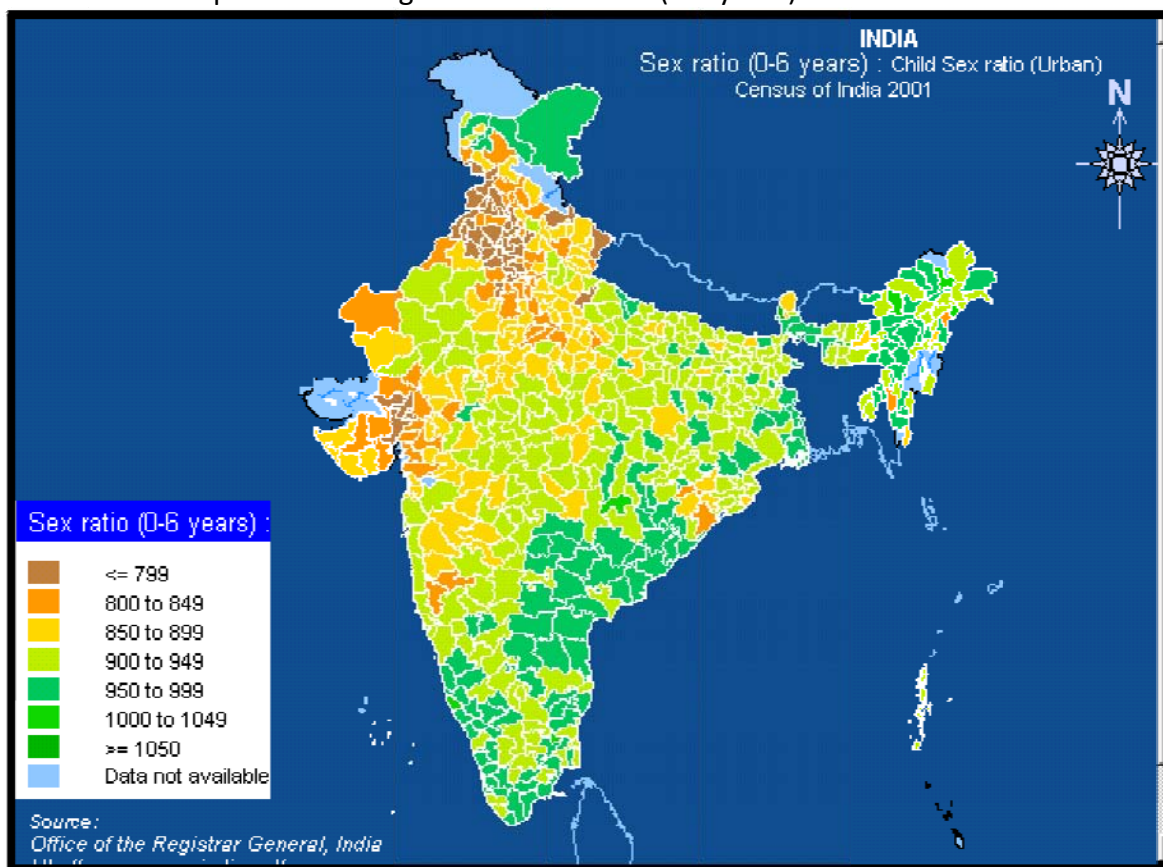


It is observed that the sex ratio in the population aged 7 and above declined from 929 in 1981 to 923 in 1991. Similarly, the sex ratio in the population aged 0-6

declined from 962 in 1981 to 945 female per 1000 males in 1991. In the first instance, the lower sex ratio reflects that women suffered from neglect in the past and probably continue to do so even now. A fall of 17 points in the child sex ratio over a decade, however, is very substantial and a matter of serious concerns which needs explanation.

Several questions arise with regard to the trend in the overall sex ratio and that among. Have the living conditions of the females in general and young girls in particular deteriorated over time? Has the sex ratio at birth become more favorable to males in recent years? Is the practice of female infanticide in certain parts of the country substantially contributing to the shortage of girls?

Map No.2 showing the child sex ratio (0-6 years) in urban India



Source- Census of India, 2001

The decline in the child sex ratio is not a problem of numbers alone. The very status of women, and the gains that have been made in this regard over the years, are at stake. The likelihood is that with fewer women in society, violence against women in all forms would go up. This atmosphere of insecurity would lead

women to confine within the four walls of their home. This is not the only manifestation of the threat of serious disruption in the social fabric. If this decline is not checked the delicate equilibrium of nature can be permanently destroyed. Female infanticide may occur as the deliberate murder of a girl infant or young girl child or as the result of neglect. Selective abortion appears to be increasing as a result of new sex-detecting, prenatal technologies. Worldwide, there are several cultural and economic reasons for the preference of sons over daughters. The map showed the situation more dominantly.

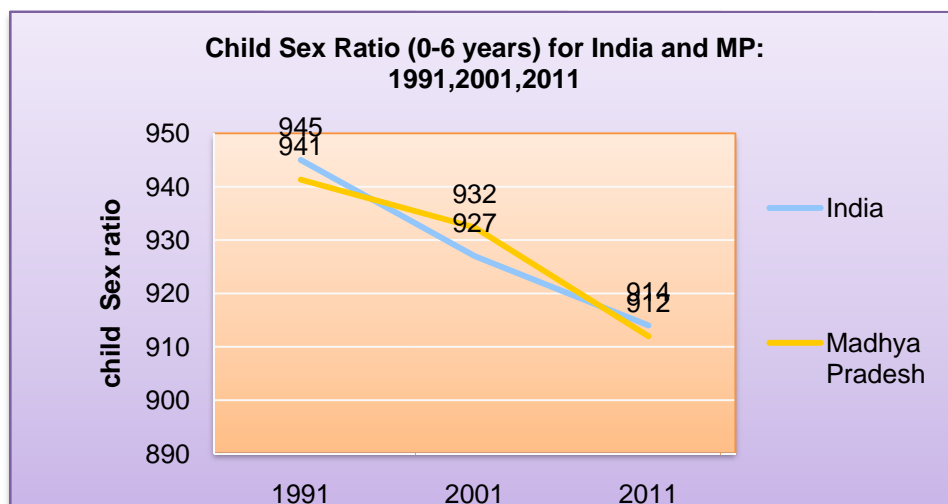
Madhya Pradesh is one among those bimarur states where cases of sex selective abortion is still in practice in most of the northern parts of Madhya Pradesh. The situation of northern districts of Madhya Pradesh is continuously deterioration with a decline in child sex ratio. The girl children are becoming target of attack, even before they are born. The sex ratio in Madhya Pradesh according to 2001 population census is 920 females for every 1000 males which reflect the poor status of females as compared males.

In Madhya Pradesh child sex ratio (0-6 years) in 2010 census,

- 941 in 1991
- 932 in 2001
- 912 in 2011

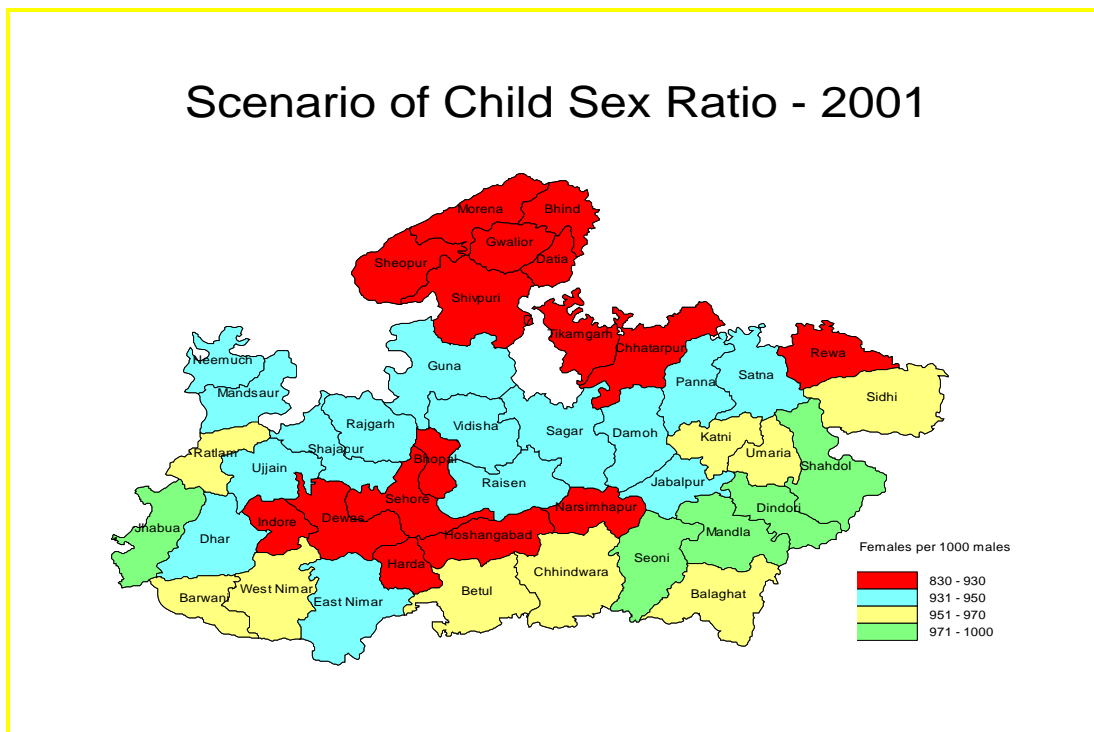
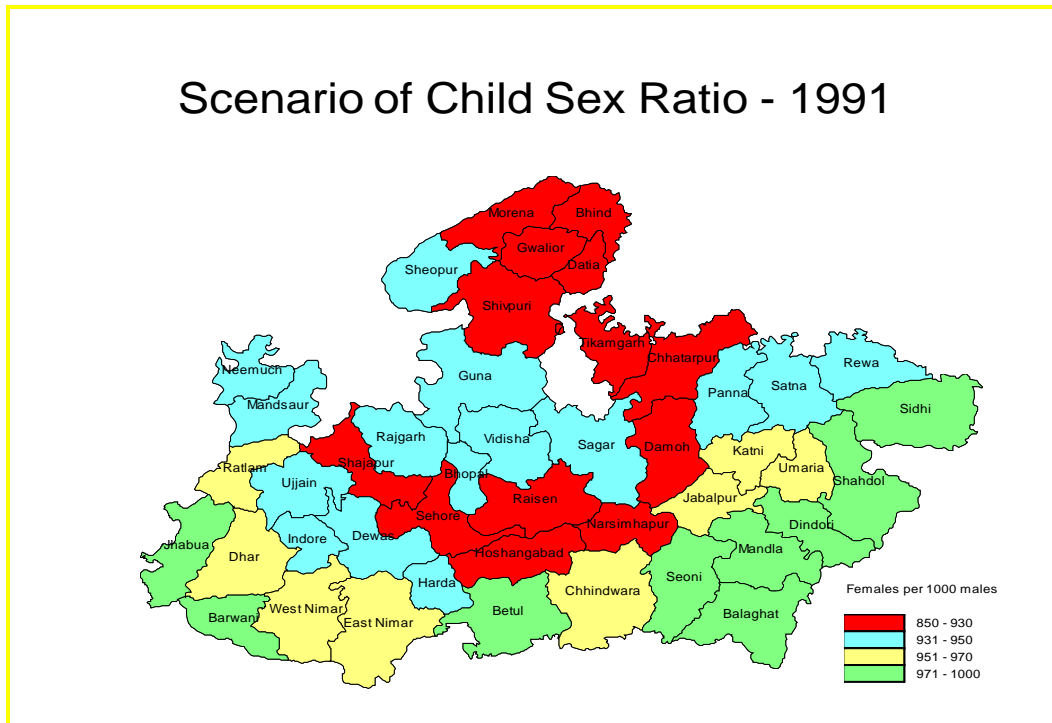
The child sex ratio (0-6 years) at country level and in Madhya Pradesh has declined by 13 points and 20 points respectively during the decade 2001-2011, 7 points more decline compared to India

In fact, the sex ratio has been declining in the state throughout the twentieth

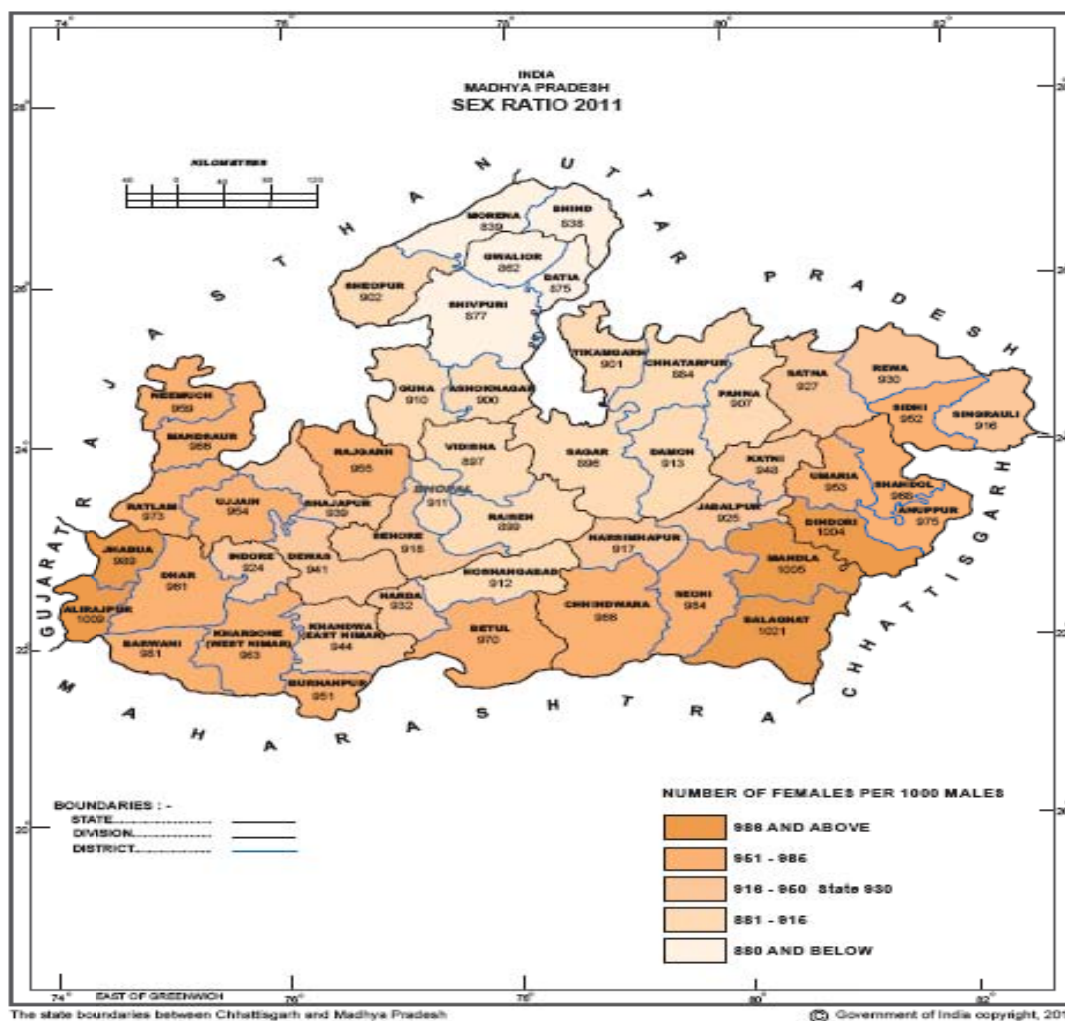


century suggesting that the status of women in relation to men has in general deteriorated during the last century. There exists a clear regional pattern

in the sex ratio across the districts of the state. Sex ratio has been found to be most adverse in the northern most districts of the state.



This female adverseness in the sex ratio decreases as one moves from north to either in the south- east direction in the south-west direction.



Source 2010 census report

The table No-5 below shows the Child sex ratios in 14 districts of Madhya Pradesh in the age group of 0-6 years where child sex ratio is below 900

S.No	District Name	Child Sex Ratio1991	Child Sex Ratio2001	Difference 2001-1991
1	Hoshangabad	892	897	5
2	Bhopal	889	895	6
3	Sheopur	880	893	13
4	Tikamgarh	871	886	15
5	Guna	875	885	10
6	Sagar	881	884	3

7	Raisen	879	880	1
8	Vidisha	874	875	1
9	Chhatarpur	856	869	13
10	Datia	847	858	11
11	Shivpuri	849	857	8
12	Gwalior	831	847	16
13	Bhind	816	829	13
14	Morena	808	821	13

Source : Census of India 2001, Madhya Pradesh, 1981, 1991 and 2001.

There are two districts in the south-east corner of the state where the sex ratio is in fact favorable to females; among these two districts is Balaghat district, which is part of our study. The cultural and economic factors that lead to female infanticide and selective abortion are part of the vicious cycle of discrimination against women and their devaluation. The preference for sons, however, is not the only reason for the practice of female infanticide and selective abortion. There are actual disincentives and costs associated with raising girl children that influence choices made in communities where this abuse is practiced. The same social practices reflect a community's low estimation of women in general. In general, girls still have lower economic earning potential than boys. A poor family may not want the added expense of another child unless that child will someday bring economic wealth back to the family. "Compared with men, women have fewer opportunities for paid employment and less access to skill training that would make such employment possible,"

1.2 STUDY OBJECTIVES:

1. To review the impact of PC PNDT Act (Pre Conception & Pre Natal Diagnostics Techniques Act) 1994 with 2002 amendment in Bhind and Balaghat districts of Madhya Pradesh.

2. To locate the reasons that why even after this amended Act, the Girl Child Sex Ratio is less than 850 per 1000 males in Bhind District and still remains above 1000 Girl Child Sex Ratio in Balaghat district...
3. To explore the ways by which this Act could be implemented successfully and also the pressures at various levels could be explored on the whole.

1.3 Hypothesis to be tested:

These are the following hypotheses which were tested under the Comparative Study:

1. There is a drastic drop in Girl Child Sex Ratio even after this Act came into force; hence, there is negligible impact of this Act in Bhind District
2. The PC PNDT (Pre Conception and Pre Natal Diagnostic Techniques Act) 1994 with 2002 amendment though has created awareness among the community, but at the implementation levels there are loopholes, which questions its existence.
3. The reasons are at within the Act “as a whole” and also at policies level, the reasons are related to social & cultural norms prevalent in the society, the reasons are related to systematic gender discrimination, the reasons are related to attitudinal problems, the reasons are also related with medical ethics, etc.
4. At the larger context, this issue of “Reduction in Girl Child Sex Ratio” needs to be reviewed through different stakeholders like community, medical community members, community based organizations, non government organizations, religious leaders , media etc who can create pressure groups and explore the future strategies.

1.4 Area of the study

The area of study is Bhind and Balaghat districts of Madhya Pradesh. Bhind district is having the lowest Girl Child Sex Ratio in Madhya Pradesh, as per the census 2001 Sex ratio in Bhind is 829 per 1000 male in which 825 is in rural areas and 843 in urban areas. According to **census of 2010**, the top five district are:

Top five and bottom five districts by Sex Ratio : Census Report 2011

Top Five Districts	
District	Sex Ratio
Balaghat	1,021
Alirajpur	1,009
Mandla	1,005
Dindori	1,004
Jhabua	989
Bottom Five Districts	
District	Sex Ratio
Bhind	838
Morena	839
Gwalior	862
Datia	875
Shivpuri	877

Source census report , 2010

Whereas Balaghat district is having the highest Girl Child Sex Ratio in Madhya Pradesh, as per the census 2003, the sex ratio is 1022 per 1000 male. Hence, the study can show comparative analysis in all the aspects of steep decline in Girl Child Sex Ratio. Besides this basis, Bhind lies in the northern most region of Madhya Pradesh bordering to Uttar Pradesh having dominancy of Sahariya tribes whereas Balaghat lies in southern most region of Madhya Pradesh bordering to Maharashtra having dominancy of Baiga & Gond tribes.

1.5 Methodology

To achieve the objectives of the present study both primary and secondary data sources have been explored. The process started with review of available literature on reduction in girl child sex ratio in general at national level and in particular with Madhya Pradesh.

- The data was both qualitative and quantitative in nature.

- The collection of primary data was done through random sampling including field investigations, employing methods of observations, preparation & testing of questionnaire schedules of different levels, open discussions and information collection.
- The quantitative data was collected through individual questionnaire from 50 women in each block of the study area. The semi structured interviews and focused group discussions were held with government officials, IMA Members, NGOs , CBOs, youth, various committee members formed under PC PNDDT Act etc depending upon their availability.

The research study was divided into five stages i.e.

➤ At **first stage** the concentration was on formulation of the Research Team and the sharing of roles & responsibilities within the team. These team members started upon the collection of secondary data through various levels. Simultaneously, the Schedule construction and its pre testing & printing were done.



➤ In the **second stage** of the study the field investigations & open discussions with the implementers who are actually implementing the PC PNDDT Act was done in the capital of Madhya Pradesh i.e. Bhopal and along with Judges & Advocates from High Court of Madhya Pradesh which is based at Jabalpur with regards to the judgments, cases & hearings on PC PNDDT Act in M.P.



➤ In the **third stage** the collection of primary data through random sampling including field investigation employing methods of observations in the two districts i.e. Bhind and Balaghat was made wherein the researchers intervene with various government officials, various medical service providers, various CBO'S , NGO's , media and the community (target group).



- The analysis and interpretation of data was collected along with the research so that all the information's could be recalled.



- At the last the preparation and submission of Draft Report and finally the Final Report will be submitted.

1.6 Major variables for data collection:

The major variables used in data collection were

1. Government officials

- In Bhopal Capital of Madhya Pradesh, the government officials targeted were members from the State Level Committees formed under PC PNDT Act, Officials from Health & Family Welfare Department, Women & Child Development Department, etc.
- In Jabalpur, The High Court of Madhya Pradesh is located wherein different law makers were is targeted to know the future prospects & present scenario of PC PNDT act in Madhya Pradesh.
- In Bhind district, the various members of District Level Committees formed under PC PNDT Act were be targeted, The Appropriate Authority under PC PNDT Act , Chief Medical Officer, officials from Integrated Child Development Scheme and concerned officials related with this study.
- In Balaghat district the various members of District Level Committees formed under PC PNDT Act were targeted, The Appropriate Authority under PC PNDT Act, Chief Medical Officer, officials from Integrated Child Development Scheme and concerned officials related with this study.



2. Medical Service Providers:

- Doctors who are members of Indian Medical Association in Madhya Pradesh at State level, as well as at Bhind and Balaghat district of MP.
- Doctors from Federation of Obstetrics & Gynecologists Societies of Madhya Pradesh and at district level.
- Doctors from the field of Radiology, Genetics Clinics, Ultra Sound, Pathology.

3. Community Based Organizations as well as non government organizations who are involved in gender & health activities and playing major role in mass awareness and advocacy work on this issue.

4. Media, who is playing efficient role in mass awareness among the community.

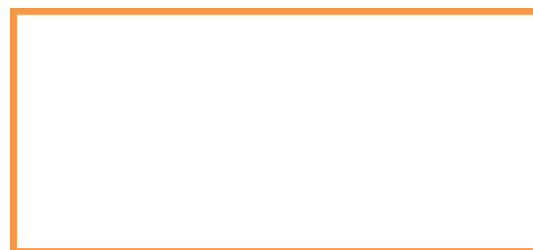
5. Community (target group) who were pregnant and married women along with youth and eligible couples.

1.7 Statistical design:

The statistical design as depicted in below, indicates sources of data collection both primary and secondary, Identification of relevant variables and the representation of the sample collected from different stakeholders.



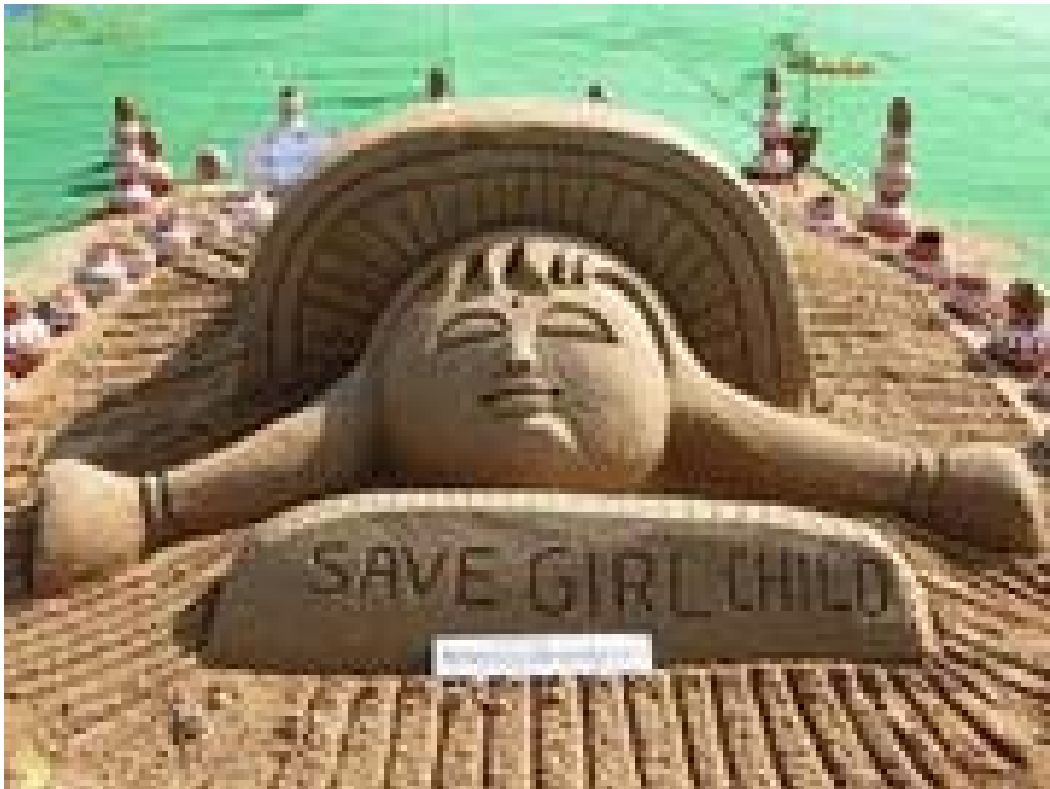
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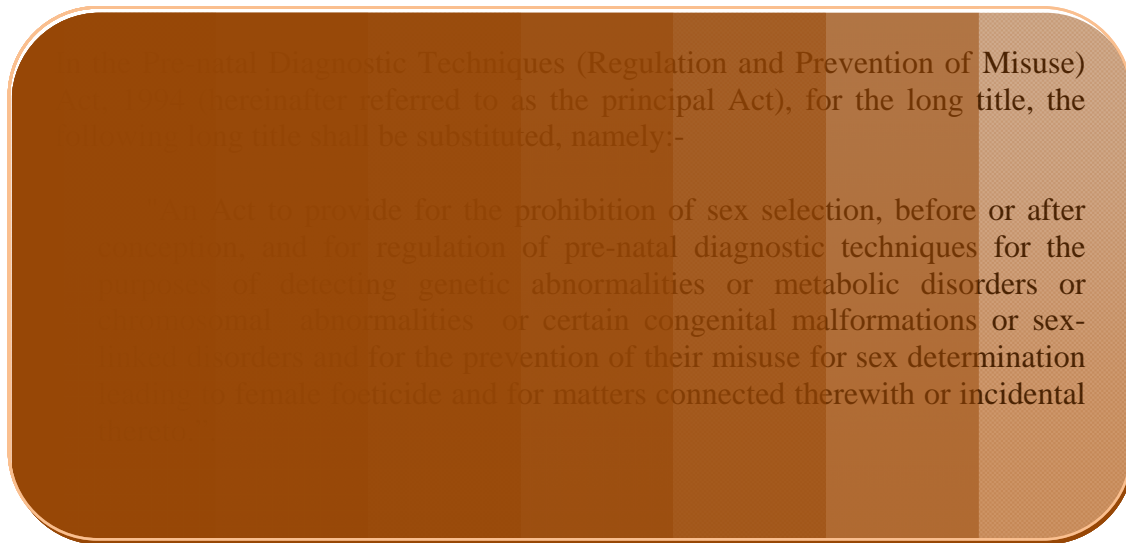
	District	Block		Respondent		Total
	Bhind	Urban	Rural	Urban	Rural	350
		1	6	50	300	
	Balaghat	1	10	50	500	550
				Total		900
District level concerned Committees				10 from each district		20
Medical Service Providers				10 from each district		20
Community based organizations/ NGOs/CBOs				20 from each district		40
				Total		980
At State level						
Judiciary Officials at various levels						40
Various State Level Agencies & Committees members						60
				Total Sample Size		1080



Chapter - 2
Main points of the
PC PNDT Act

Introduction to the Act

In 1994, the Government of India passed the Pre- conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act with the aim of preventing female foeticide. The implementation of this Act was slow. It was later amended and replaced in 2002 by the Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) Act without ever having been properly implemented.



Regulation of Genetic Counseling Centers, Genetic Laboratories and Genetic Clinics. - On and from the commencement of this Act,--

- (1) no Genetic Counseling Centre, Genetic Laboratory or Genetic Clinic unless registered under this Act, shall conduct or associate with, or help in, conducting activities relating to pre-natal diagnostic techniques;
- (2) No Genetic Counseling Centre, Genetic Laboratory or Genetic Clinic shall employ or cause to be employed any person who does not possess the prescribed qualifications;
- (3) no medical geneticist, gynaecologist, pediatrician, registered medical practitioner or any other person shall conduct or cause to be conducted or aid in conducting by himself or through any other person, any pre-natal diagnostic techniques at a place other than a place registered under this Act.

Regulation of pre-natal diagnostic techniques.- On and from the commencement of this Act,--

(1) no place including a registered Genetic Counselling Centre or Genetic Laboratory or Genetic Clinic shall be used or caused to be used by any person for conducting pre-natal diagnostic techniques except for the purposes specified in clause (2) and after satisfying any of the conditions specified in clause (3);

(2) no pre-natal diagnostic techniques shall be conducted except for the purposes of detection of any of the following abnormalities, namely:--

- (i) chromosomal abnormalities;
- (ii) genetic metabolic diseases;
- (iii) haemoglobinopathies;
- (iv) sex-linked genetic diseases;
- (v) congenital anomalies;
- (vi) any other abnormalities or diseases as may be specified by the Central Supervisory Board;

(3) no pre-natal diagnostic techniques shall be used or conducted unless the person qualified to do so is satisfied that any of the following conditions are fulfilled, namely:--

- (i) age of the pregnant woman is above thirty-five years;
- (ii) the pregnant woman has undergone of two or more spontaneous abortions or foetal loss;
- (iii) the pregnant woman had been exposed to potentially teratogenic agents such as drugs, radiation, infection or chemicals;
- (iv) the pregnant woman has a family history of mental retardation or physical deformities such as spasticity or any other genetic disease;
- (v) any other condition as may be specified by the Central Supervisory Board;

(4) no person, being a relative or the husband of the pregnant woman shall seek or encourage the conduct of any pre-natal diagnostic techniques on her except for the purpose specified in clause (2).

Written consent of pregnant woman and prohibition of communicating the sex of foetus. (1) No person referred to in clause (2) of section 3 shall conduct the pre-natal diagnostic procedures unless—

- (a) he has explained all known side and after effects of such procedures to the pregnant woman concerned;
- (b) he has obtained in the prescribed form her written consent to undergo such procedures in the language which she understands;
- (c) a copy of her written consent obtained under clause (b) is given to the pregnant woman.

(2) No person conducting pre-natal diagnostic procedures shall communicate to the pregnant woman concerned or her relatives the sex of the foetus by words, signs or in any other manner.

Constitution of Central Supervisory Board.- (1) The Central Government shall constitute a Board to be known as the Central Supervisory Board to exercise the powers and perform the functions conferred on the Board under this Act.

Functions of the Board. - The Board shall have the following functions, namely:-

- (i) to advise the Central Government on policy matters relating to use of pre-natal diagnostic techniques, sex selection techniques and against their misuse;
- (ii) to review and monitor implementation of the Act and rules made there under and recommend to the Central Government changes in the said Act and rules.
- (iii) to create public awareness against the practice of pre-conception sex selection and pre-natal determination of sex of foetus leading to female foeticide;
- (iv) to lay down code of conduct to be observed by persons working at Genetic Counselling Centers, Genetic Laboratories and Genetic Clinics;
- (v) to oversee the performance of various bodies constituted under the Act and take appropriate steps to ensure its proper and effective implementation;



(vi) any other functions as may be prescribed under the Act.”.

State Supervisory Board or the Union territory Supervisory Board -Each State and Union territory having Legislature shall constitute a Board to be known as the State Supervisory Board or the Union territory Supervisory Board, as the case may be, which shall have the following functions: -

- (i) to create public awareness against the practice of pre-conception sex selection and pre-natal determination of sex of foetus leading to female foeticide in the State;
- (ii) to review the activities of the Appropriate Authorities functioning in the State and recommend appropriate action against them;
- (iii) to monitor the implementation of provisions of the Act and the rules and make suitable recommendations relating thereto, to the Board;
- (iv) to send such consolidated reports as may be prescribed in respect of the various activities undertaken in the State under the Act to the Board and the Central Government; and
- (v) any other functions as may be prescribed under the Act.

Appropriate Authority and Advisory Committee.- (1) The Central Government shall appoint, by notification in the Official Gazette, one or more Appropriate Authorities for each of the Union territories for the purposes of this Act.

(4) The Appropriate Authority shall have the following functions, namely:--

- (a) to grant, suspend or cancel registration of a Genetic Counselling Centre, Genetic Laboratory or Genetic Clinic;
- (b) to enforce standards prescribed for the Genetic Counselling Centre, Genetic Laboratory and Genetic Clinic;
- (c) to investigate complaints of breach of the provisions of this Act or the rules made there under and take immediate action; and
- (d) to seek and consider the advice of the Advisory Committee constituted under sub-section (5), on application for registration and on complaints for suspension or cancellation of registration.
- (e) to take appropriate legal action against the use of any sex selection technique by any person at any place, suo-motu or brought to its notice and also to initiate independent investigations in such matter;

- (f) to create public awareness against the practice of sex selection or pre-natal determination of sex;
- (g) to supervise the implementation of the provisions of the Act and rules;
- (h) to recommend to the Board and State Boards modifications required in the rules in accordance with changes in technology or social conditions;
- (i) to take action on the recommendations of the Advisory Committee made after investigation of complaint for suspension or cancellation of registration.”;

17A. The Appropriate Authority shall have the powers in respect of the following matters, namely:-

- (a) summoning of any person who is in possession of any information relating to violation of the provisions of this Act or the rules made there under;
- (b) production of any document or material object relating to clause (a);
- (c) issuing search warrant for any place suspected to be indulging in sex selection techniques or pre-natal sex determination; and
- (d) any other matter which may be prescribed.”.

Registration of Genetic Counselling Centers, Genetic Laboratories or Genetic Clinics. (1) No person shall open any Genetic Counselling Centre, Genetic Laboratory or Genetic Clinic after the commencement of this Act unless such Centre, Laboratory or Clinic is duly registered separately or jointly under this Act.

(2) Every application for registration under sub-section (1), shall be made to the Appropriate Authority in such form and in such manner and shall be accompanied by such fees as may be prescribed.

(3) Every Genetic Counselling Centre, Genetic Laboratory or Genetic Clinic engaged, either partly or exclusively, in counselling or conducting pre-natal diagnostic techniques for any of the purposes mentioned in section 4, immediately before the commencement of this Act, shall apply for registration within sixty days from the date of such commencement.



(4) Subject to the provisions of section 6, every Genetic Counselling Centre, Genetic Laboratory or Genetic Clinic engaged in counselling or conducting pre-natal diagnostic techniques shall cease to conduct any such counselling or technique on the expiry of six months from the date of commencement of this Act unless such Centre, Laboratory or Clinic has applied for registration and is so registered separately or jointly or till such application is disposed of, whichever is earlier.

(5) No Genetic Counselling Centre, Genetic Laboratory or Genetic Clinic shall be registered under this Act unless the Appropriate Authority is satisfied that such Centre, Laboratory or Clinic is in a position to provide such facilities, maintain such equipment and standards as may be prescribed.

Cancellation or suspension of registration.- (1) The Appropriate Authority may *suo moto*, or on complaint, issue a notice to the Genetic Counselling Centre, Genetic Laboratory or Genetic Clinic to show cause why its registration should not be suspended or cancelled for the reasons mentioned in the notice.

(2) If, after giving a reasonable opportunity of being heard to the Genetic Counselling Centre, Genetic Laboratory or Genetic Clinic and having regard to the advice of the Advisory Committee, the Appropriate Authority is satisfied that there has been a breach of the provisions of this Act or the rules, it may, without prejudice to any criminal action that it may take against such Centre, Laboratory or Clinic, suspend its registration for such period as it may think fit or cancel its registration, as the case may be.

(3) Notwithstanding anything contained in sub-sections (1) and (2), if the Appropriate Authority is, of the opinion that it is necessary or expedient so to do in the public interest, it may, for reasons to be recorded in writing, suspend the registration of any Genetic Counselling Centre, Genetic Laboratory or Genetic Clinic without issuing any such notice referred to in sub-section (1).

Prohibition of advertisement relating to pre-natal determination of sex and punishment for contravention.- (1) No person, organisation, Genetic Counselling Centre, Genetic Laboratory or Genetic Clinic shall issue or cause to be issued any

advertisement in any manner regarding facilities of pre-natal determination of sex available at such Centre, Laboratory, Clinic or any other place.

(2) No person or organization shall publish or distribute or cause to be published or distributed any advertisement in any manner regarding facilities of pre-natal determination of sex available at any Genetic Counselling Centre, Genetic Laboratory, Genetic Clinic or any other place.

(3) Any person who contravenes the provisions of sub-section (1) or sub-section (2) shall be punishable with imprisonment for a term which may extend to three years and with fine which may extend to ten thousand rupees.

Displays at Ultrasound centre:

1. PNDT Certificate:

It is mandatory for everybody registered under this Act to display the certificate of registration at a conspicuous place in such centre, laboratory or clinic.

2. Signage, board or banner in English & local language indicating fetal sex is not disclosed here.

Mandatory Maintenance of Record:

Register showing in serial order:

1. Names and addresses of men or women subjected to *pre-natal diagnostic procedure or test*;
2. Names of their spouses or fathers;
3. Date on which they first reported for such counselling, procedure or test.

Preserve following duly completed forms

- Form F
- Referral Doctors forms
- Forms of consent
- Sonographic plates or slides

Record Storage:

All above records should be preserved for 2 years. A monthly report should be submitted to the Appropriate Authority regularly, before the 5th of every month. A copy of same Monthly reports with the signature of the Appropriate Authority acknowledging receipt must be preserved.

Offences and Penalties

Any person who seeks the aid of any Genetic Counselling Centre, Genetic Laboratory, Genetic Clinic or ultrasound clinic or imaging clinic or of a medical geneticist, gynaecologist, sonologist or imaging specialist or registered medical practitioner or any other person for sex selection or for conducting pre-natal diagnostic techniques on any pregnant women for the purposes other than those specified in sub-section (2) of section 4, he shall, be punishable with imprisonment for a term which may extend to three years and with fine which may extend to fifty thousand rupees for the first offence and for any subsequent offence with imprisonment which may extend to five years and with fine which may extend to one lakh rupees. “Notwithstanding anything contained in the Indian Evidence Act, 1872, the court shall presume unless the contrary is proved that the pregnant woman was compelled by her husband or any other relative, as the case may be, to undergo pre-natal diagnostic technique for the purposes other than those specified in sub-section (2) of section 4 and such person shall be liable for abetment of offence under sub-section (3) of section 23 and shall be punishable for the offence specified under that section.”



Chapter - 3
Socio Economic profile
of the districts

SOCIO ECONOMIC PROFILE OF TWO DISTRICTS

STUDY AREA - BHIND DISTRICT

Bhind is the Northernmost District of Madhya Pradesh, north east of Gwalior, situated at 26°34'50" latitude and 78°48'05" longitude. The district lies in the valleys of Chambal and the Sind, between the Kunwari and the Pahuj rivers. The district spans from 25°54'5" North to 26°47'50" North and from 78°12'45" East to 79°8'30" 79°8'30" East.

1.1 Historical Background-

The history of Bhind witnessed the rule of different dynasties as Mauryas, Sunges, Nagar, Hunas, Vardhamans, Gujari, Surs, Mughals etc. The district is named after the mythological Hindu saint Vibhandak Rishi, also called Bhindi Rishi. Historically during Mahabharat Era, this region was under the reign of Chedi King Shishupal. King Yadav Krishna later established Yadav rule in this area. During Mahajanapada period Chedi had prominent position. Later this area came under Chandels. Later on riyaz defeated Chandels and brought Bhind under Chauhan Dynasty. This area later ruled by Narwarias (or Narwariyas) in the north and Jats in the south.

The State of Madhya Bharat was formally inaugurated by Jawaharlal Nehru, the then Prime Minister of India, on 28 May 1948 at Gwalior It was decided to divide the Union into six districts and Bhind was one among them. As a result of reorganization of states Madhya Bharat was added to Madhya Pradesh state 1 November 1956. Bhind was one of the first 6 districts of Madhya Bharat.

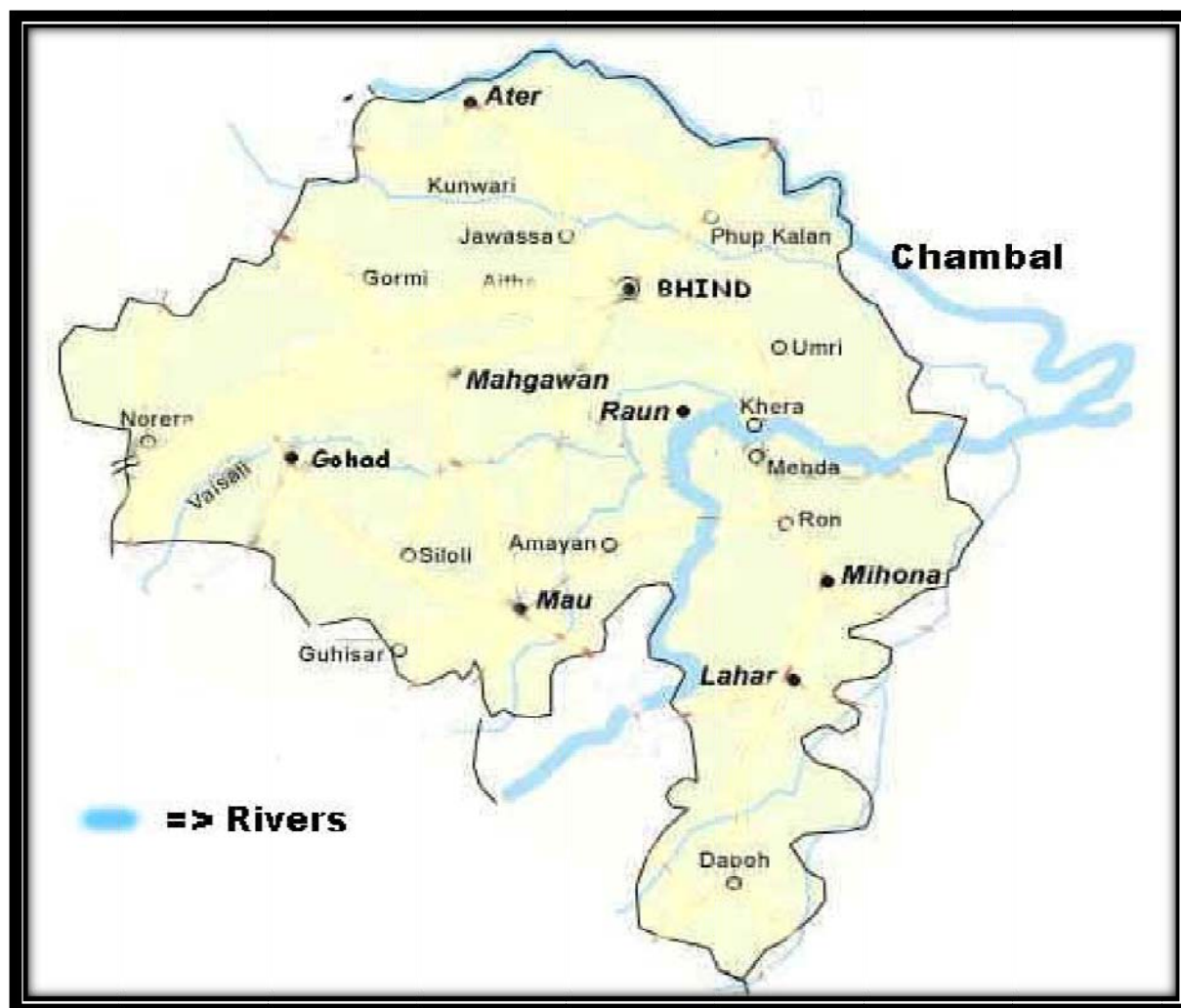
Demography 2001

Table no -8 Demographic Profile of Bhind

Total Population	1428559
Share of Madhya Pradesh Population	2.4
Urban Population	338933
Population of Scheduled Castes	306786
Population of Scheduled Tribes	6720
Density of Population (per sq km)	320
Decadal Growth Rate (1991–2001)	
Total	17.2
Rural	12.6

Urban	35.0
SC	17.9
ST	104.2

Map no. 7 - Bhind District



The shape of the district is semi circular, bulging towards the north east. The greatest length of Bhind district measures about 105 km south east to North West.

1.2 Population- As per the 2001 Census, the total population of the district is 1428559 out of which 1089626 is rural population and 338933 are urban. The no. of males is 780902 and the no. of females is 647657.

The rural population increased by 41.68%, where as the urban population showed an increase of 256.28 %. During 1970-71 the corresponding rural and urban population rose to as high as 72.0% and 448.76%.

Table no- 9 showing the population data of Bhind District

		No_ Households	Total_ Population	Total_ Male	Total_ Female	Population under_06	Male_06	Female_06
Bhind	Total	215478	1428559	780902	647657	254887	139116	115771
Bhind	Rural	163352	1089626	596980	492646	198725	108372	90353
Bhind	Urban	52126	338933	183922	155011	56162	30744	25418

Source- Census of 2001

The major Scheduled Caste found in Bhind is Chamar, Koli and Bhangi where as in Scheduled Tribes the predominant are Shaharia, Korku and Gond in few numbers.

Table no-10 showing the Scheduled Caste and Scheduled Tribal Population in Bhind District

District	Population SC	Male SC	Female SC	Population ST	Male ST	Female ST
Bhind total	306786	169271	137515	6720	3580	3140
Rural	242237	133962	108275	2141	1131	1010
Urban	64549	35309	29240	4579	2449	2130

Source- Census of 2001

1.3 Development Blocks- There are 6 Development blocks in the District namely Ater , Bhind Mehgaon, Gohad, Roan and Lahar. Mahegaon is the largest block in terms of area coverage, number of gram panchayats and villages where as Ron is the smallest block having 41 gram panchayats and 69 villages.

Table no -11 showing the Number of Blocks, area covered, Number of Panchayats and Villages of Bhind District

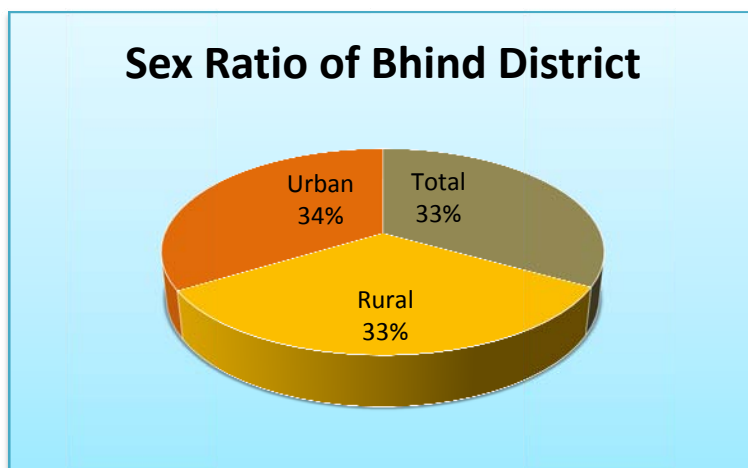
Sr. No	Name of the Block	Area Covered	Number of Gram Panchayats	Number of Villages
1.	Ater	685 sq kms	87	178
2.	Bhind	626 sq kms	62	96
3.	Mahegaon	925 sq kms	104	195
4.	Gohad	993 sq kms	88	191
5.	Ron	406 sq kms	41	69
6.	Lahar	612 sq kms	65	148

Source- NIC data of Bhind district

1.4 Sex ratio-

The Sex ratio of the district according to 2001 census is 829. Rural sex ratio is 825 and Urban is 843. The sex ratio is the number of females per 1000 males

Chart no- 12 showing the sex ratio of Bhind district



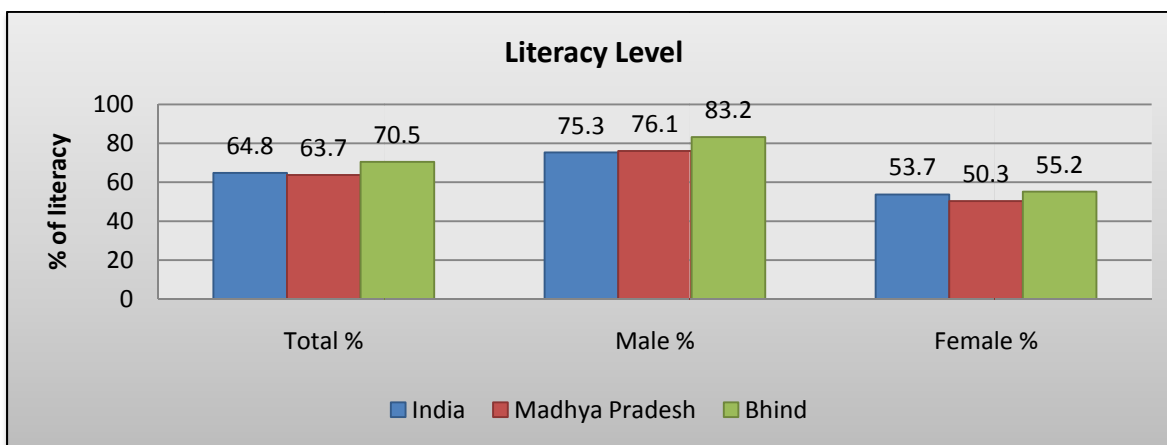
The main reason for the skewed sex ratio is the underlying belief that girls are considered as liability, whereas the boys are considered as asset, because of the patriarchal norms prevalent in the society.

Source- Census of 2001

As a result of which there is a practice of female foeticide and infanticide. Even if the girl child survives, poor nutrition and health care act as constant threats to her well being.

1.5 Literacy level –

Chart no-13 showing the comparative figures of Literacy level



The literacy rate of Madhya Pradesh is 64.11 per cent (Census, 2001), which is close to the national literacy rate of 64.8 per cent.

As far as Bhind, is concerned its total literacy rate is higher than the state and national rate. The total literates are 827663 in which male are 533921 and female are 293742. While the female literacy has considerably improved over the last decade, a great disparity persists in the literacy rates of males and females.

1.6 Economy-

Economy of Bhind district is agrarian in nature. Rabi cultivation has gained significantly with increase in irrigation in this area. In kharif crops, the development of certain crops like soyabean, cotton, jowar, rice and bajra has registered progress.

The table no 14 showing the land holding pattern in Bhind

Size (Hectare)	Number ('000)	Percentage
Less than 0.5	18.3	15.6
0.5 to 1	19.3	16.7
1 to 2	24	20.4
2 to 3	16.1	13.7
3 to 4	11.2	9.5
4 to 5	7.8	6.6
5 to 10	15.9	13.5
10 to 20	4.1	3.5
20 to 30	0.4	0.3
30 to 40	0.1	0.1

Source NIC data, Bhind

Dairy is also important source of income of the farmers. Ghee manufacturing has been an important industry along with rearing of livestock for milk and other milk products. The industrial estate of Bhind is located at Lahar road which is about 2 kms from Bhind town and occupies an area of 10 acres. More than 200 small scale industries are there wherein more than 3000 population is engaged.

1.7 Health & Gender

The table no 15 showing the health status in Bhind

Health 2006	
Population per Health Centre	7482
Rural Population Served per PHC	60849
Rural Population Served per SHC	6318
Total Fertility Rate	4.0

The table no 16 showing the gender indicators in Bhind

Gender 2001	
All	829
Rural	825
Gender Ratio Urban	843
SC	812
ST	877
Workers Participation Rate-Female	22.9
2004-05	
Female Enrolment Rate (age 6-14)	99.6

Source- Report MPHDR 2007

STUDY AREA - BALAGHAT DISTRICT

The district spans over a degree from 21.19' to 22.24' North and 79.31 to 81.3' East. The total area of the district is 9245 Sq. Km. District Balaghat is bounded by Rajnandgaon in the East, Seoni in the West, District Mandla in the North and District Bhandara of Maharashtra State in the south. The Wainganga River separates the district from Seoni while the rivers Bawanthadi and Bagh define the inter-state boundary. Balaghat is one of the most backward districts of Madhya Pradesh. The salient data is available for analysis of poverty in district.

2.1 Historical Background

Balaghat District was constituted during the years 1867 by amalgamation of parts of the Bhandara, Mandla and Seoni districts. The headquarters of the district was originally called "Burha" or "Boora". Later, however, this name fell into disuse and was replaced by "Balaghat", which was originally the name of the district only. Administratively, the district was divided into two tehsils, Baihar tehsil in the north, which included the plateau region, and Balaghat tehsil, which included the more settled lowlands in the south. The new district was part of the Central Provinces\ Nagpur Division.

After Indian Independence in 1947, the Central Provinces became the Indian state of Madhya Pradesh. In 1956, Balaghat District became part of the Jabalpur

Division of Madhya Pradesh, when the districts to the south of Balaghat, including Gondiya, Bhandara, and Nagpur districts, were transferred to Bombay State.

Map no- 17 of Balaghat district



Demography 2001

Table no- 18 showing Demographic Profile of Balaghat (2001)

Total Population	1497968
Share of Madhya Pradesh Population	2.5
Urban Population	193972
Population of Scheduled Castes	116070
Population of Scheduled Tribes	326540
Density of Population (per sq km)	162
Decadal Growth Rate (1991–2001)	
Total	9.7
<i>Rural</i>	5.5
<i>Urban</i>	49.5
<i>SC</i>	2.6
<i>ST</i>	9.3

Source- Report MPHDR 2007

2.2 Population –

The population density of the district is 148 persons per sq. km.

Table no- 19 showing the population data of Balaghat

	Total Population	Total Male	Total Female	Population under 06	Male 06	Female 06
Total	1497968	740749	757219	22197	11618	10579
Rural	1303996	642285	661711	17467	9110	8357
Urban	193972	98464	95508	4720	2508	2222

Source 2004 report of PCPNDT, Advisory Committee, Balaghat

The percentage of Scheduled Caste and Scheduled Tribes are 7.75% and 21.80% Adding OBC population this percentage will reach to 75 Total no of BPL families in this district is 63.98% (S.C-9.79%, S.T. 25.93% & OBC-62.13%). Main tribes of districts are Gond, Bhil, Baiga, Pardhan, Halba, Halbi, Kandra & poraw. Main language of the district is Gondi and Hindi

Table no- 19 showing the Scheduled Caste and Scheduled Tribes in Balaghat district

Total SC	Male SC	Female SC	Total ST	Male ST	Female ST
116070	56953	59117	326540	159285	167255
96741	47286	49455	297906	145100	152806
19329	9667	9662	28634	14185	14449

Source 2001 census

2.3 Development Blocks-

There are eight administrative sub-divisions viz. Balaghat, Waraseoni, Lalbarra, Baihar, Lanji, Katangi, Kiranapur and Khairlanji. There are 10 Development Blocks, 665 Gram Panchayats and 1371 village.

Table no- 20 showing the Janpad Panchayats, no. of tribal block, Gram Panchayats

Administrative Information	
Janpad Panchayats	10
Gram Panchayats	693
Tehsils	7
Tribal Blocks	3
Legislative Assembly Seats	8

Table no- 21 showing the development blocks and tehsils of Balaghat

Names of Tehsils	Names of Blocks
Balaghat	Katangi
Waraseoni	Khairlanji
Lanji	Lalbarra
Baihar	Waraseoni
Kirnapur	Kirnapur
Katangi	Balaghat
Khairlanji	Lanji
Paraswada	Paraswada
Tirodi	Birsa
Lalburra	Baihar

2.4 Literacy

Literacy percentage of this district is 69.26 (excluding 0-6 year's population). The male literacy percentage is 68.8% and female literacy percentage is 59.3%. In rural and urban areas the literacy percentages are 53.82 and 75.96 respectively.

Table no- 22 showing the data on literacy level of Balaghat

Education		
	1991	2001
Literacy (%) All	53.2%	68.8%
Male	67.6%	81.1%
Female	39.0%	57.0%
Rural	50.8%	66.6%
Urban	75.7%	82.6%
Access to Education		2000
Enrolment Rate (Ages 6-14)		94.4%
Gross access ratio at primary level		100.0%
Habitations with Primary Schools		

Source NIC data of Balaghat

2.5 Economic Profile-

Economy of Balaghat district mainly depends on agriculture but only 28.86% of the total land is cultivable. Irrigation is limited to only 40% of total cultivable land. This is despite the presence of a numerable nallas in the region.

Main kharif crops are paddy, maize, soyabean, arhar, kaddo, udad, moong, til and rabi crops are wheat, gram, mater, rai, alsu and pulses etc. The per capita food grain production in the district was 300 kg. The functioning of the public distribution system was also not satisfactory. There were around 30.71 fair price shops per lakh population. The production of cereal was 258 kg per capita. The figures for pulses and oil seeds were 16.46 kg and 8.37 kg. Per capita respectively. The average land holding size was 1.35 Acre per family. The blocks that are developed in terms of agriculture are Waraseoni, Lalburra and Katangi where as the blocks that are not doing well in agriculture are Birsa, Baihar and Kirnapur.

Table no- 23 showing the land holding pattern and farmers

S.No.	Area	No. of farmers	%of Farmers
1	Less than 1 ha	56631	18.08
2	1-2 ha	69697	22.25
3	>2-4 ha	83063	26.52

4	>4-10 ha	80369	25.66
5	<10 ha	23470	7.49

2.6 Health and Gender

Table no- 24 showing the health and gender indicators in Balaghat district

Health 2006	
Population per Health Centre	5695
Rural Population Served per PHC	43204
Rural Population Served per SHC	5581
Total Fertility Rate	3.1
Gender 2001	
All	1022
Rural	1030
Gender Ratio Urban	970
SC	1038
ST	1050
Workers Participation Rate-Female	46.3
Female Enrolment Rate (age 6–14)	104.2



Chapter - 4
Analyzing perceptions of the
Stakeholders

ANALYSIS

The area of the research study was Bhind and Balaghat district of Madhya Pradesh. Bhind district lies in Northern areas of Madhya Pradesh where there is lowest Girl Child Sex Ratio found i.e. less than 850 per 1000 males whereas Balaghat district was selected as it has highest Girl Child Sex Ratio i.e. more than 1000 per males. Hence, the study will show comparative analysis in all the aspects of steep decline in Girl Child Sex Ratio.

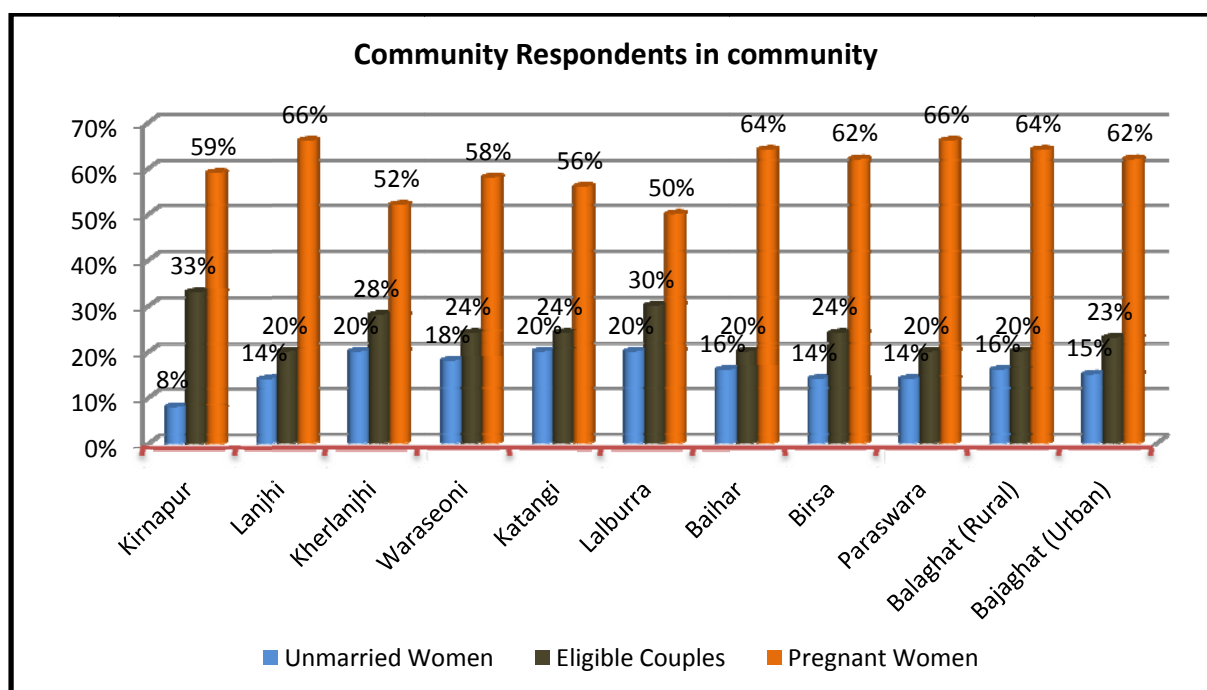
This chapter will reflect the data collected from ten districts of Balaghat and six districts covered from Bhind from various stakeholders.

A- ANALYSIS OF COMMUNITY RESPONDENTS IN BHIND & BALAGHAT

The total community respondents covered were 970 collected from pregnant mothers, eligible couples and unmarried women.

BALAGHAT DEMOGRAPHIC ANALYSING PERCEPTIONS OF STAKEHOLDER

1.1 Coverage of Respondents-



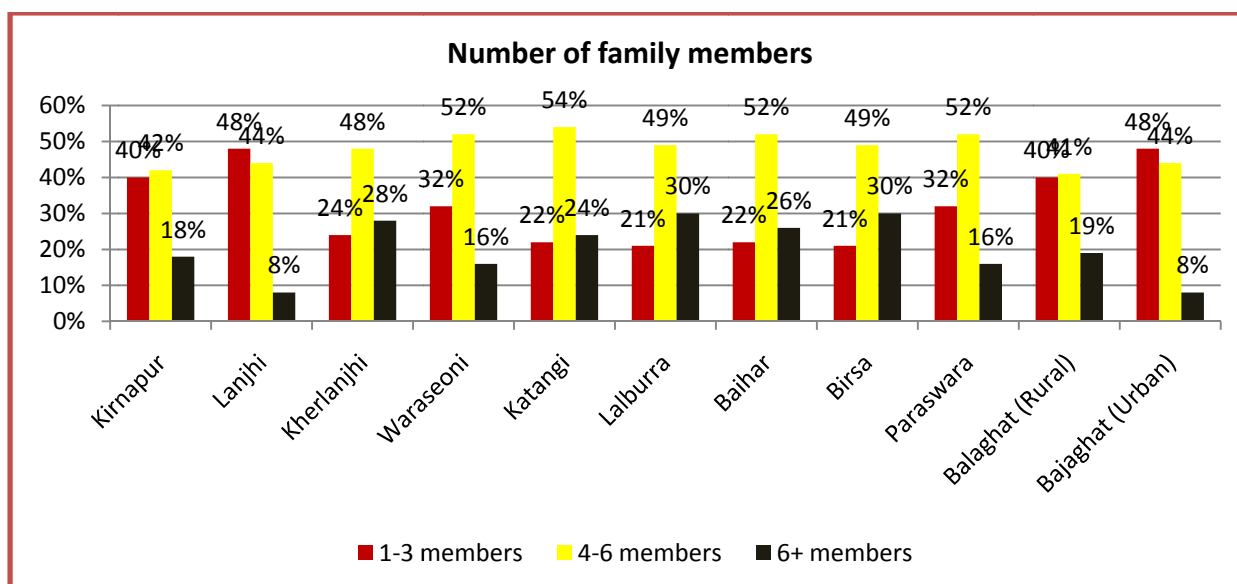
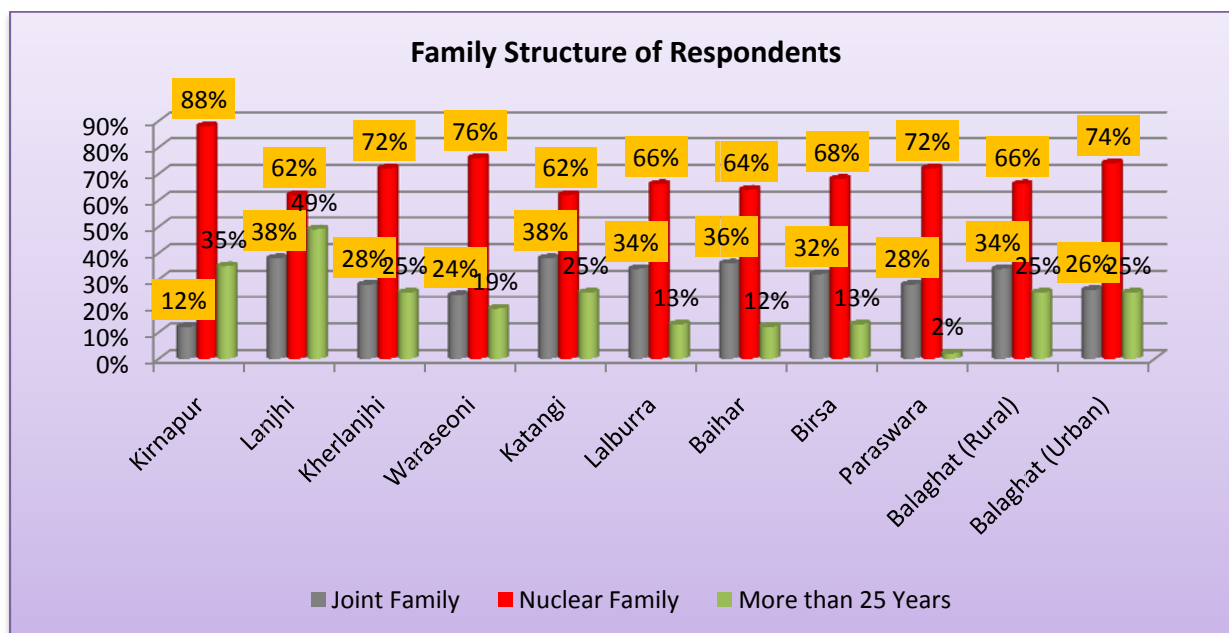
During the survey, the identification of respondents was carefully done so that at least 75% of respondent belonged to pregnant and married women where as 25%

of women belonged to the category of youth and eligible couples. The total coverage was

- Pregnant women- 60%
- Eligible couples- 25%
- Unmarried women- 15%

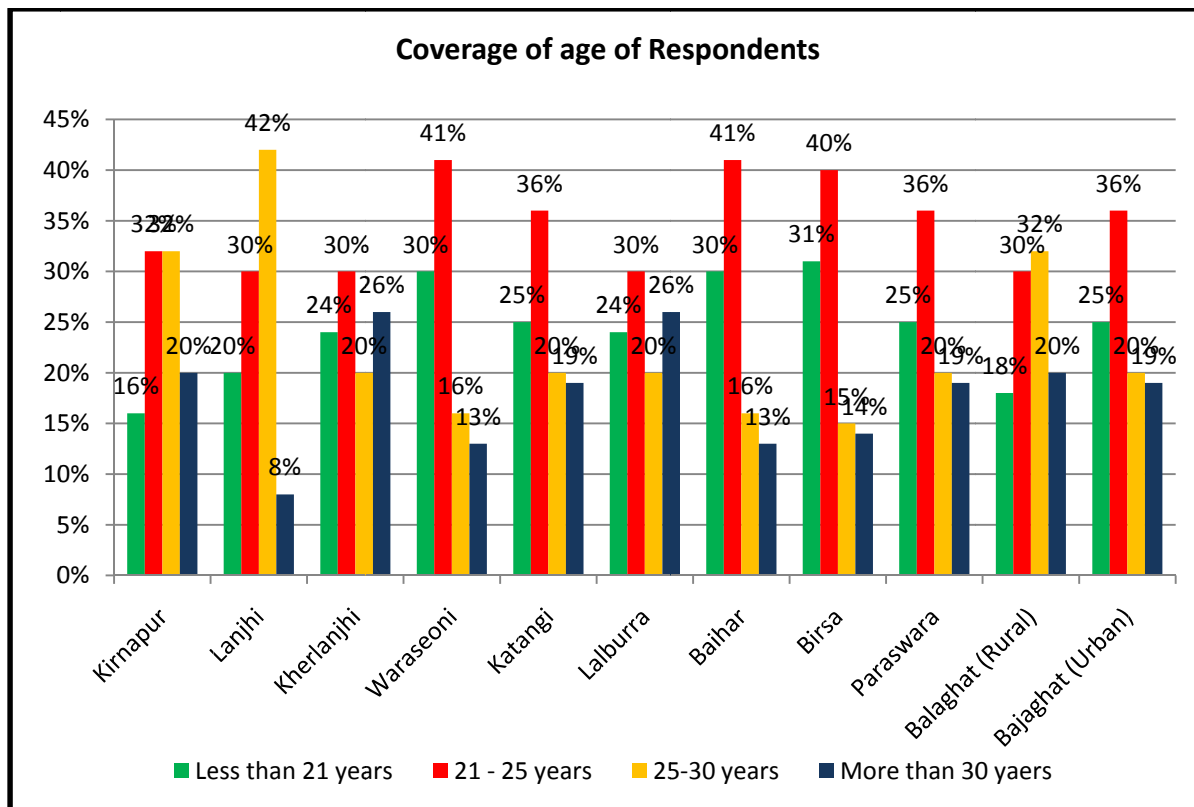
1.2 Family profile-

The data shows that the number of family members ranges between 3 to 5 members which show that the nuclear families are more than the joint family.



The above data shows that the maximum numbers of family members are between the range of 4-6 members, which covers about 50% on an average.

1.3 Age Profile –



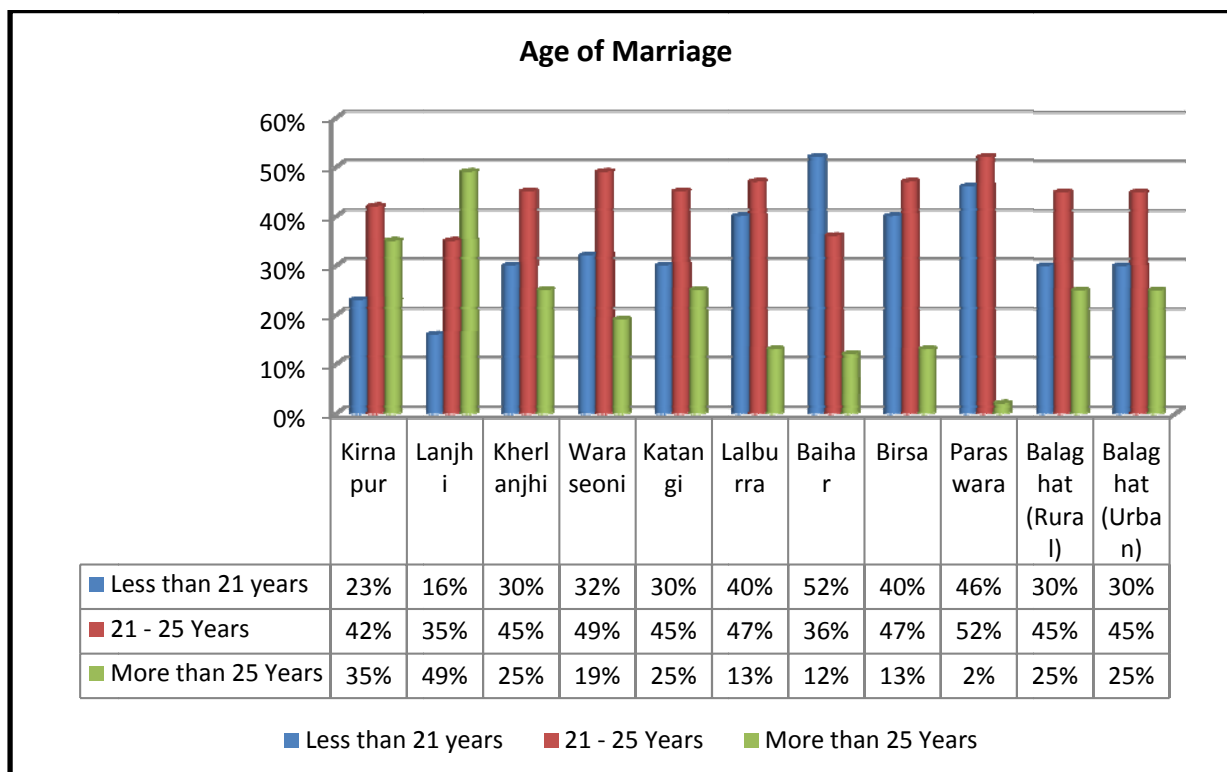
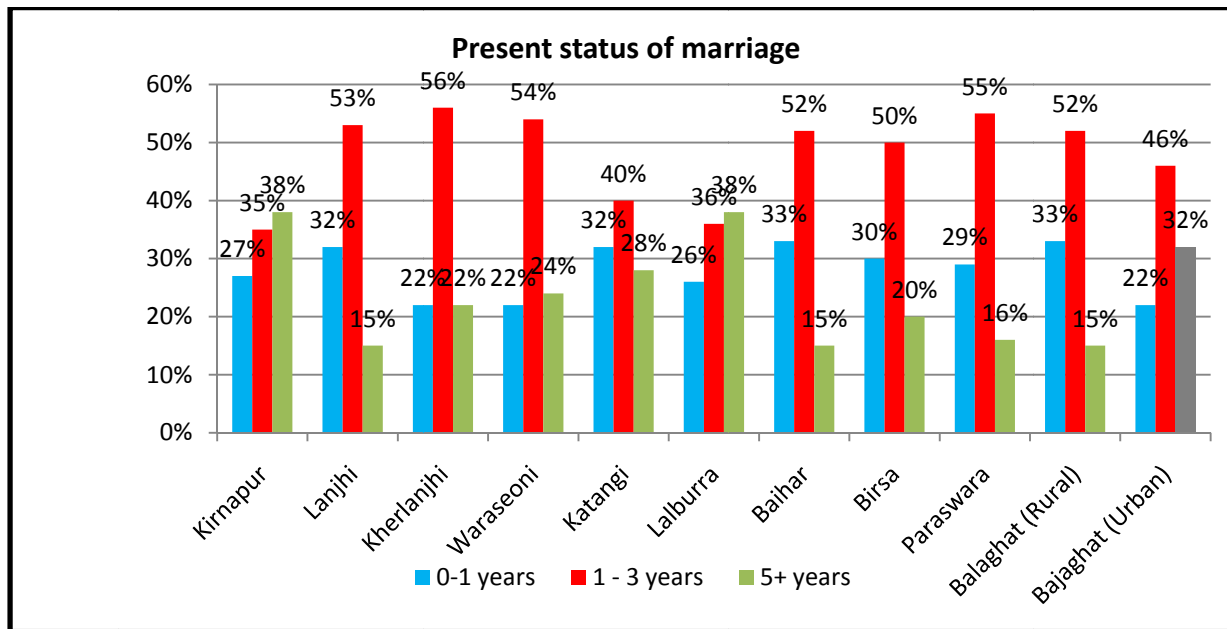
This shows that the women respondents were very carefully identified so that the objectives of the study could be fulfilled. The eligible couples and married women who are within the span of fertility were targeted so as to find the reasons, knowledge and their attitude on the issue of reduction in girl child sex ratio.

1.4 Sex-

The respondents from the community were 100% women from different categories as mentioned above from married women and pregnant women. As the pregnant women and married women alone are not the only decision makers of termination of pregnancy of a girl child but the others like her in laws, her husband and the society are more influencers in forcing her to take such harsh step. Thus sample survey included about 22% from youth and eligible couples.

1.5 Marital Status -

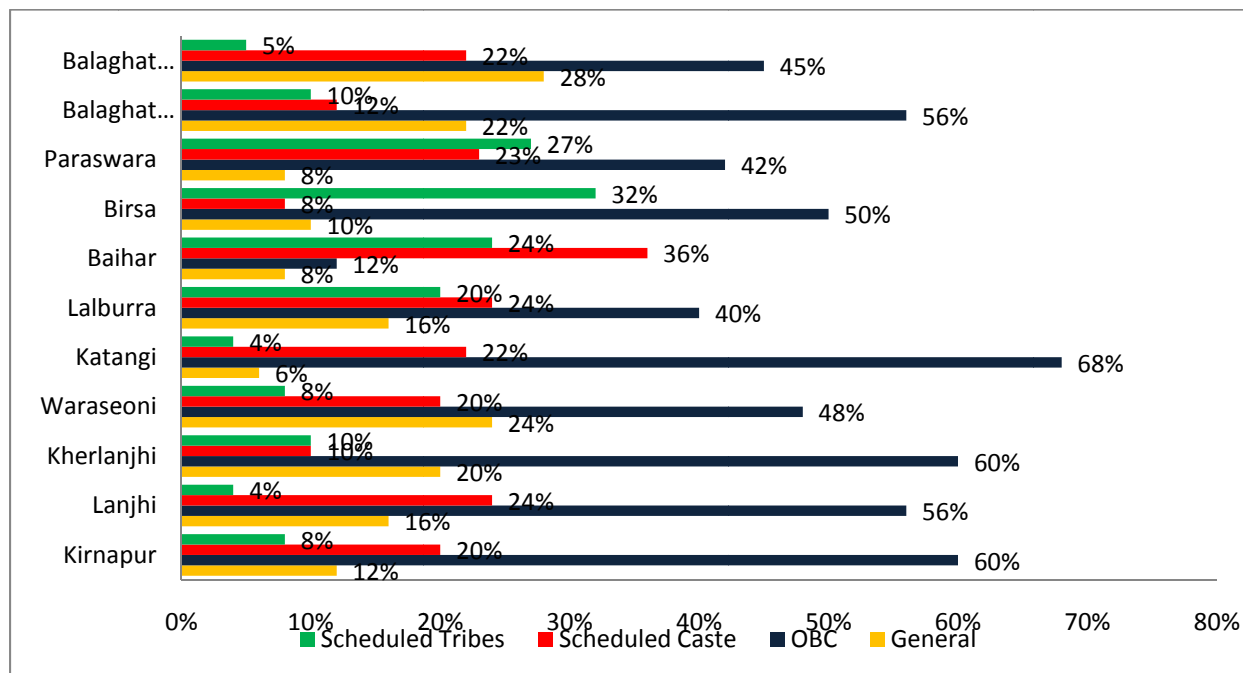
In Balaghat the age of marriage ranges between 21 years to 25 years in maximum as the data shows that the almost 45% on an average are between this category.



The age of the marriage of pregnant women and from eligible couples in totality covered is

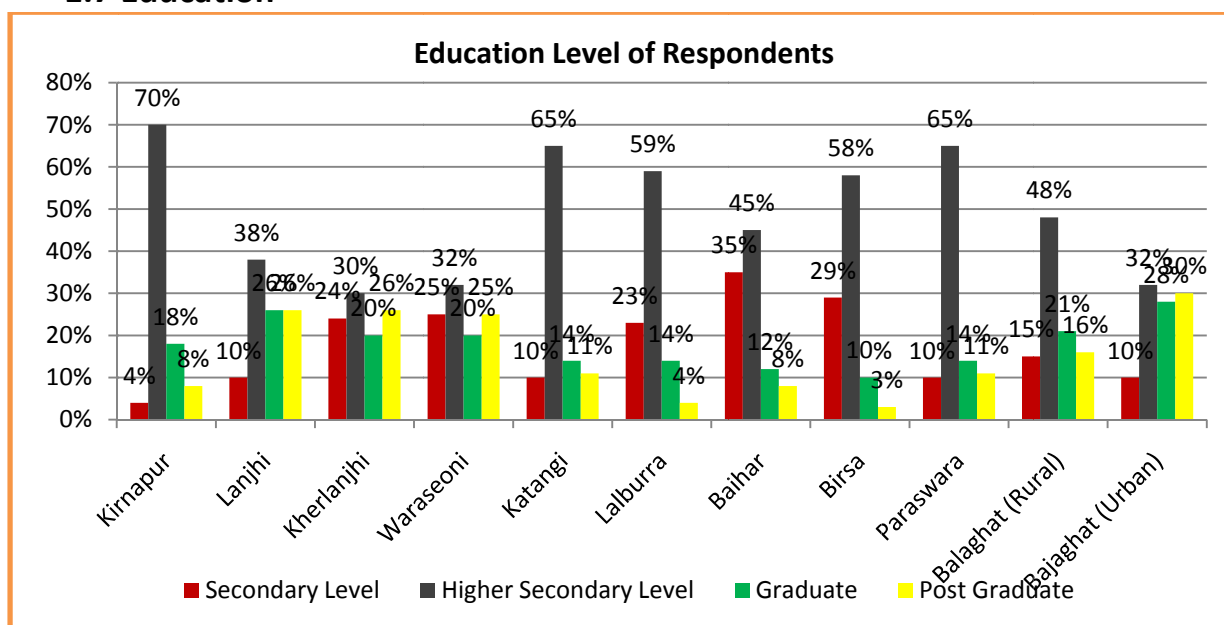
- Less than 21 years- 33.54%
- Between 21 to 25 years- 44.36%
- More than 25 years- 22%

1.6 Caste-



The maximum community belonging to other backward classes was covered, followed by Scheduled Caste and Scheduled Tribes

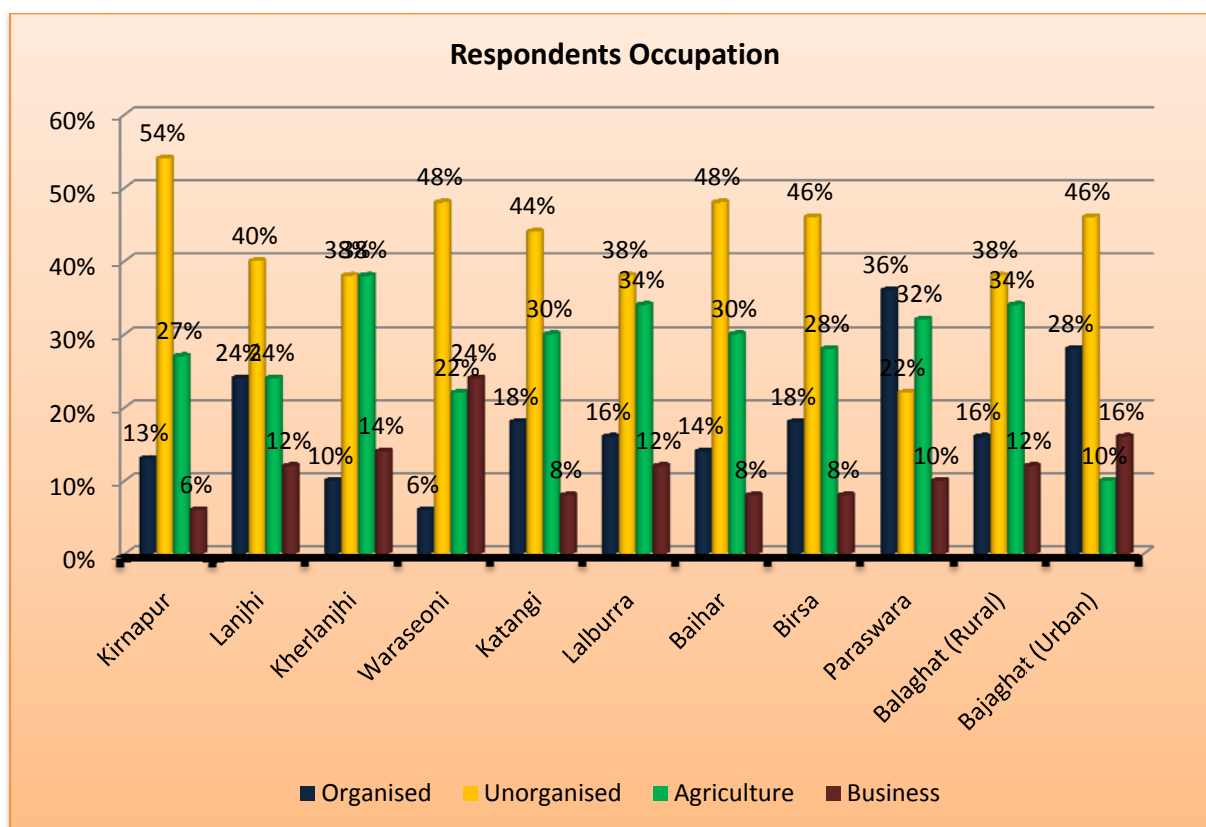
1.7 Education-

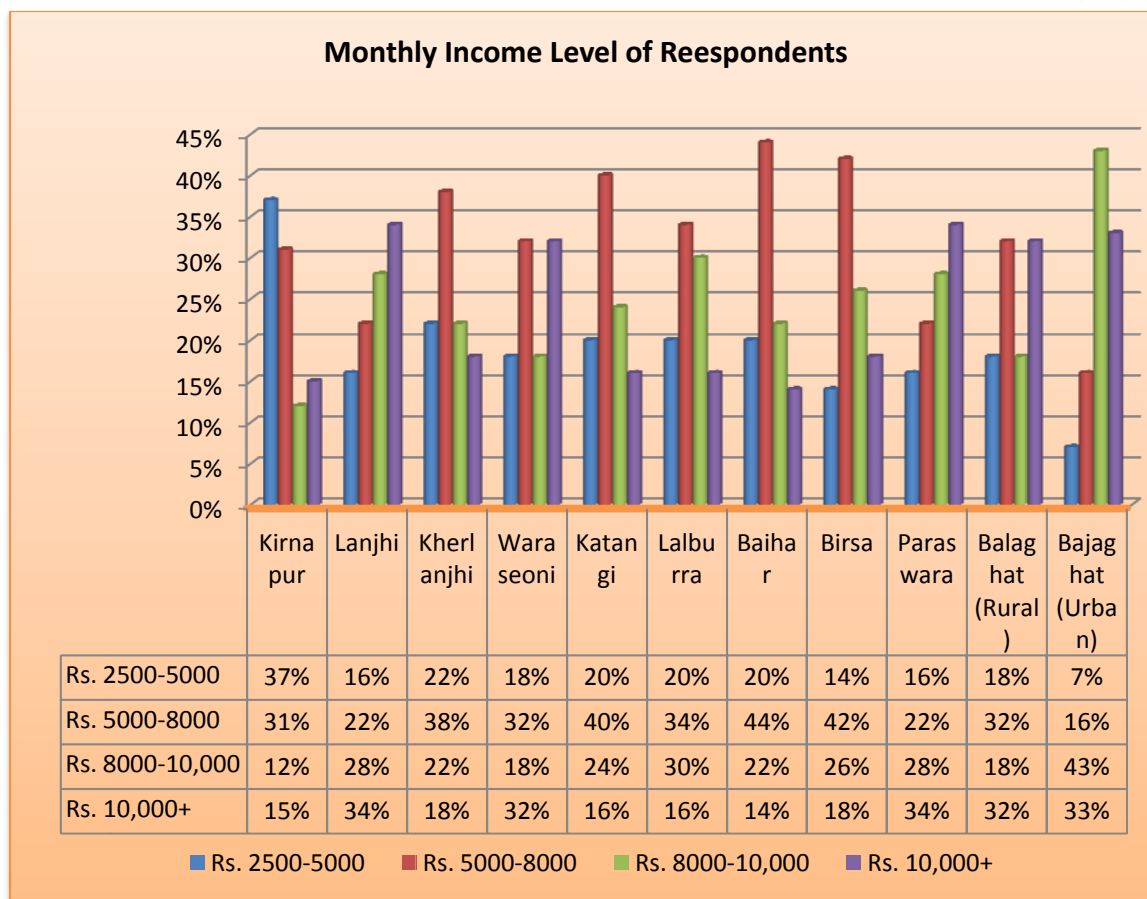


A lower percentage of literacy levels among females would imply a low level of human development in the area. The respondents were also selected on the basis of their education so that they could share their knowledge and views on this issue but also the related issues of gender in the society. Thus the different level of education was viewed which covered about 74% of women respondents in the category of higher secondary school, Graduates and post graduate level.

1.7 Socio Economic Details-

Balaghat district has a very large population depend on agriculture, there is a gradual casualness of labour, and large number of persons employed in sectors, which are not of high growth. The challenge of employment is then not just new jobs, but to make existing livelihoods stronger and sustainable. Livelihoods opportunities are yet to be exploited to the full.





As concerned to the issue of reduction in girl child sex ratio, the families above of Rs. 10,000 have gone through modern medical tests during their pregnancies. A number of studies have shown that in actual fact, though people relate this issue with poverty but prosperity happens to be one of the factors influencing this problem.

1.8 Profile of the pattern of family growth with respect to children and their preference

In an age when females have made progress in almost every field, there are people who still accord a lower status to women. In some of our Indian societies, while a childless woman is perceived as incomplete, one who has given birth to daughters is partially complete. The bias against females is also related to the fact that sons are looked at as a type of insurance. Even our religions have been prejudiced towards women. According to Manu, a woman has to be reborn as a man to attain moksha (redemption). A man cannot attain moksha unless he has a son to light his funeral pyre. Family lineage and the family name are carried on by

male children in many societies, leading parents concerned about their family's future generations to hope for a son and possibly murder or abort girl children in order to get an heir. Some societies practice rigid social customs that make girls

Case Study

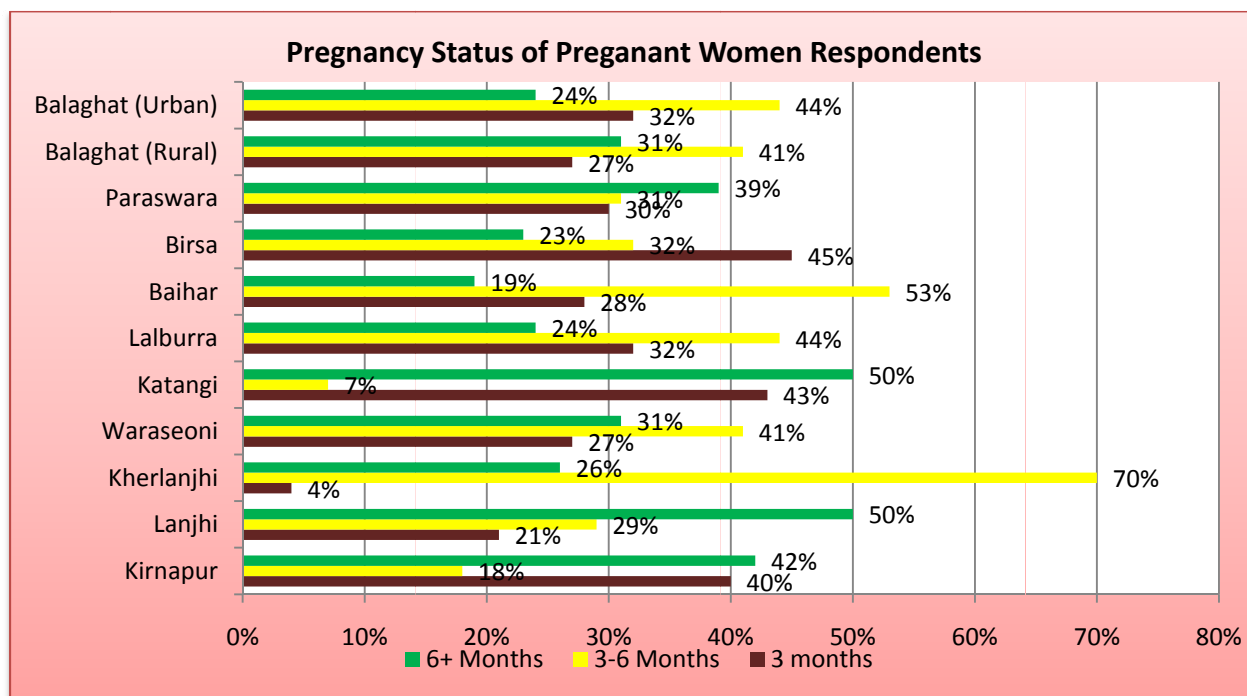
This is the case study of Radha Lihare of Kherlanjhi block. She is 30 years old and had got married when she was less than 21 years. Her husband Shri Ramdas is in unorganized sector and earning insecure monthly income of less than Rs. 5000. She is 8th class passed and has 6 daughters in which the eldest daughter is 15 years old and the youngest is 3 years old. In between she has four daughters with age of 12, 10, 8, and 6 respectively. At the age of 30 years, Radha is again pregnant with 4 months pregnancy.

much more expensive to raise than boys. In parts of India, for example, families are expected to hold religious or social ceremonies for a girl that would not be held for a boy. These ceremonies can be very expensive—often requiring a family to provide a feast or gifts for everyone in their village. “Proper” ceremonies for even one girl can ruin an already poor family, and inadequate ceremonies are grave social disgraces. A family may choose to kill a girl child rather than take on the expense, indicating the belief that a family's social status outweighs the value of a girl child's life.

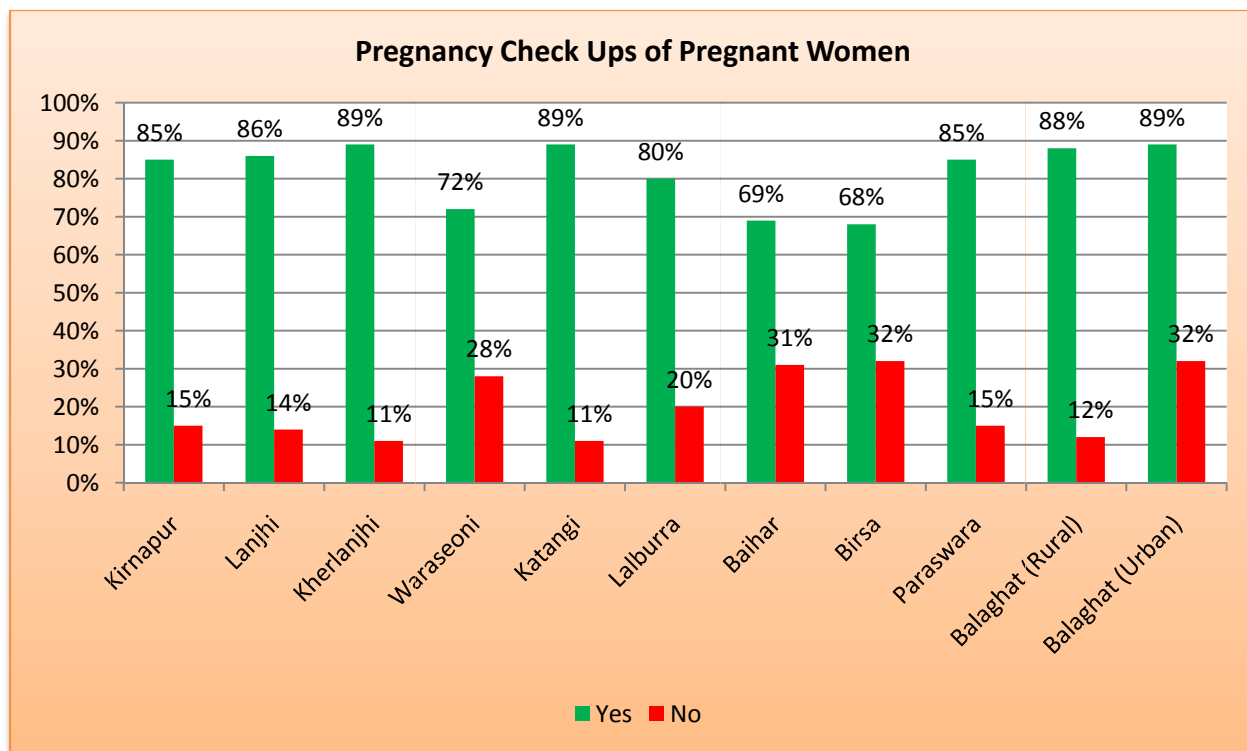
People who determine the value of a girl child only in terms of wealth have little regard for her value as a person. If tradition determines that she can only materially benefit her husband's family when she is grown, and her family lost wealth spent on her upbringing, then her value is slight.

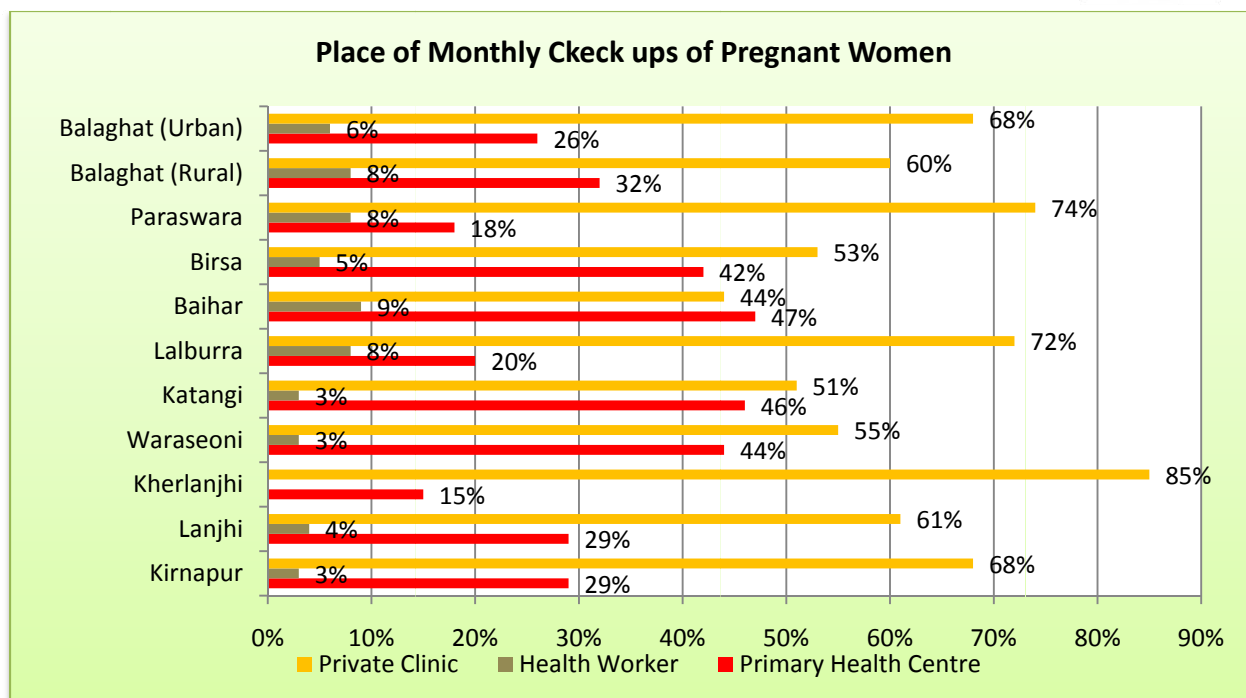
Women who live in societies where they are made miserable through injustice and inequality may not want to raise daughters who will live lives as unhappy as their own. Women have used this excuse as a rationale for killing their girl children. “Many women in feudal areas of India don't want to have a daughter who would go through the same misery, humiliation and dependence that seemed to define their own lives.

1.9 Analysis of Pregnant Women Respondent-



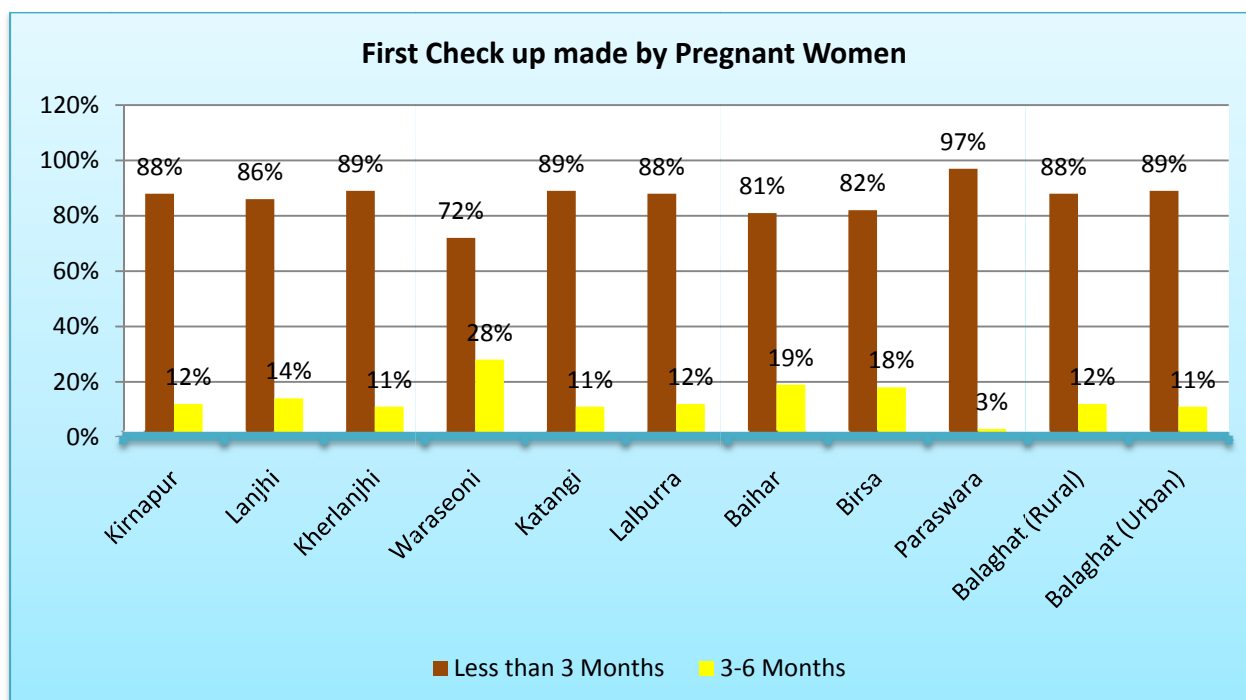
The overall pregnancy check ups done during their pregnancy stages, shows that 80% of women said “YES” to monthly check ups while only 20% said “NO” to any checks made during their pregnancies.



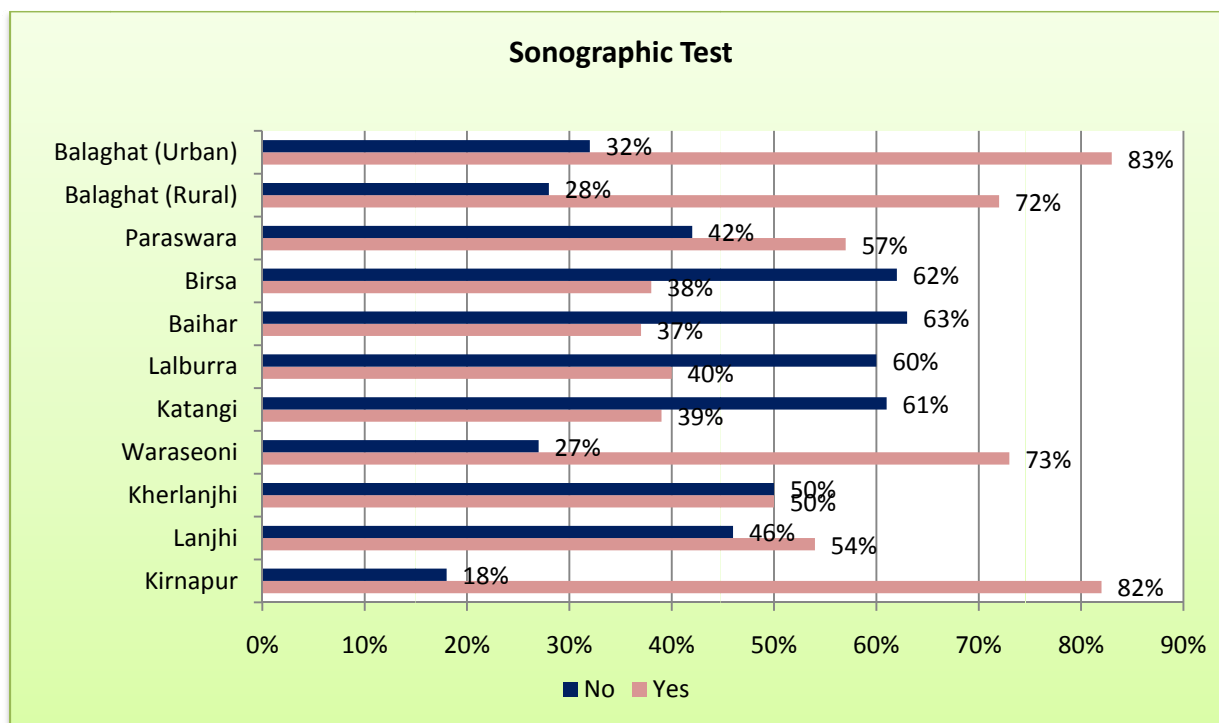


According to the data above, the average figures of the place of monthly check ups by the pregnant women respondents comes to;

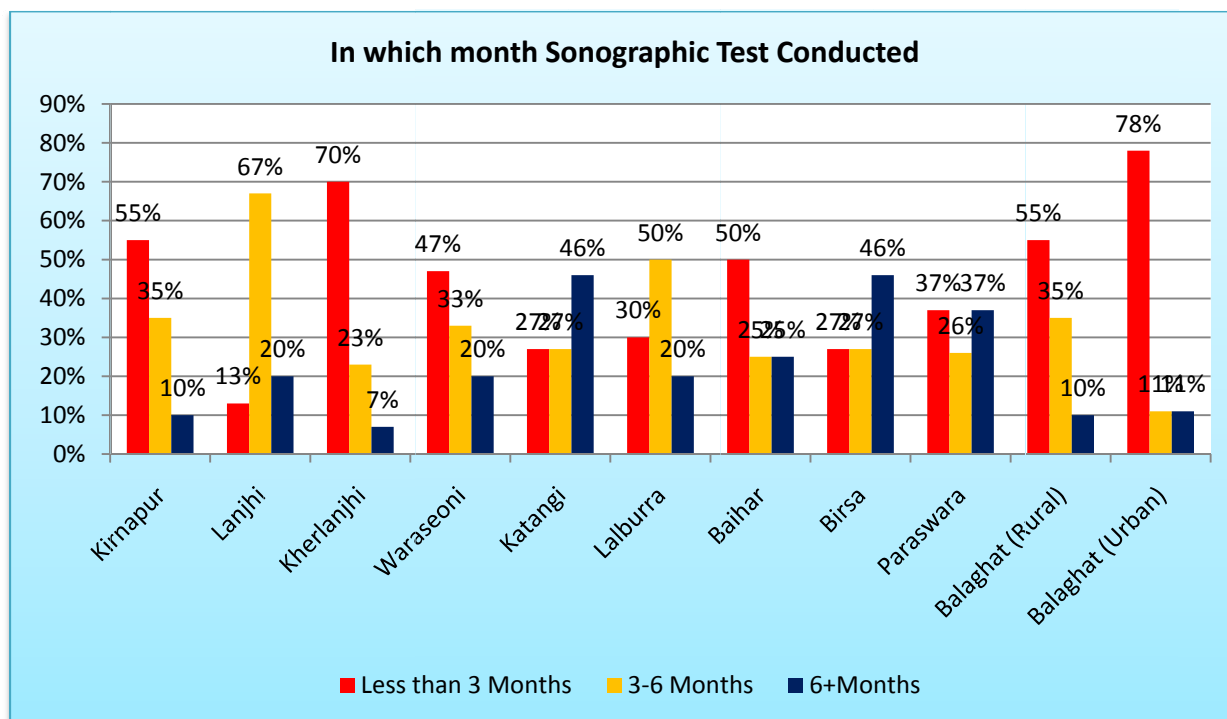
- Private Clinic-62%
- Primary Health Care Center- 32%
- Health Worker-6%



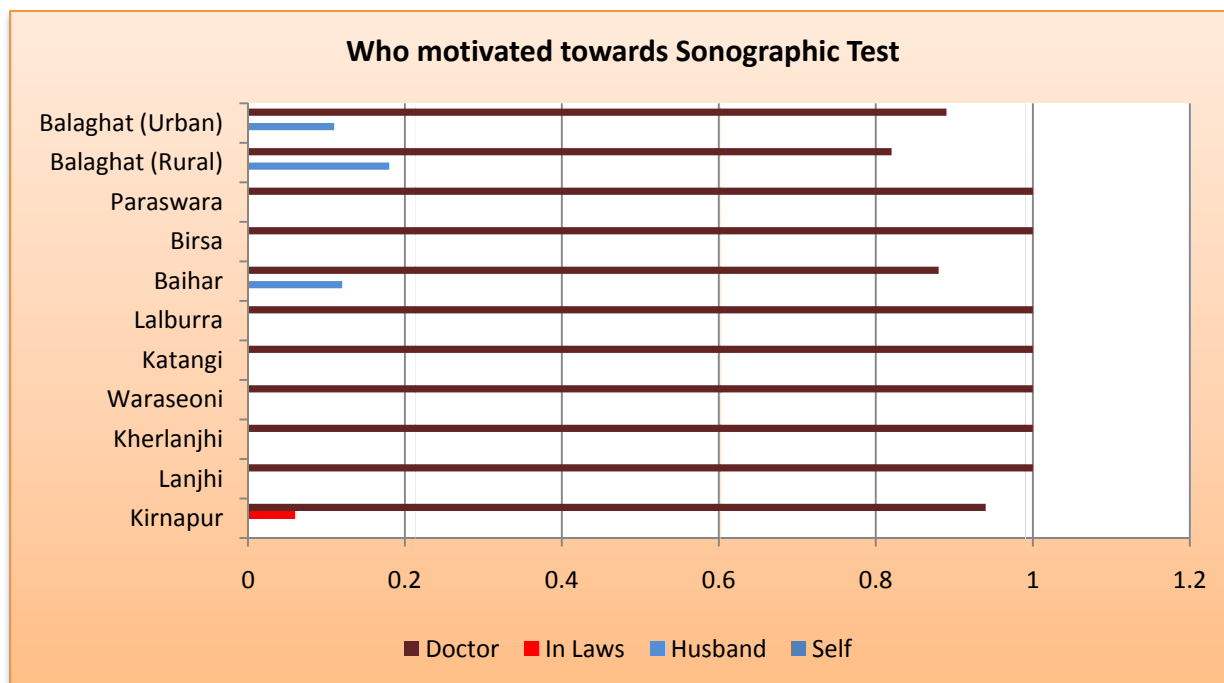
1.10 Analysis of Women undergone Sonography Test-



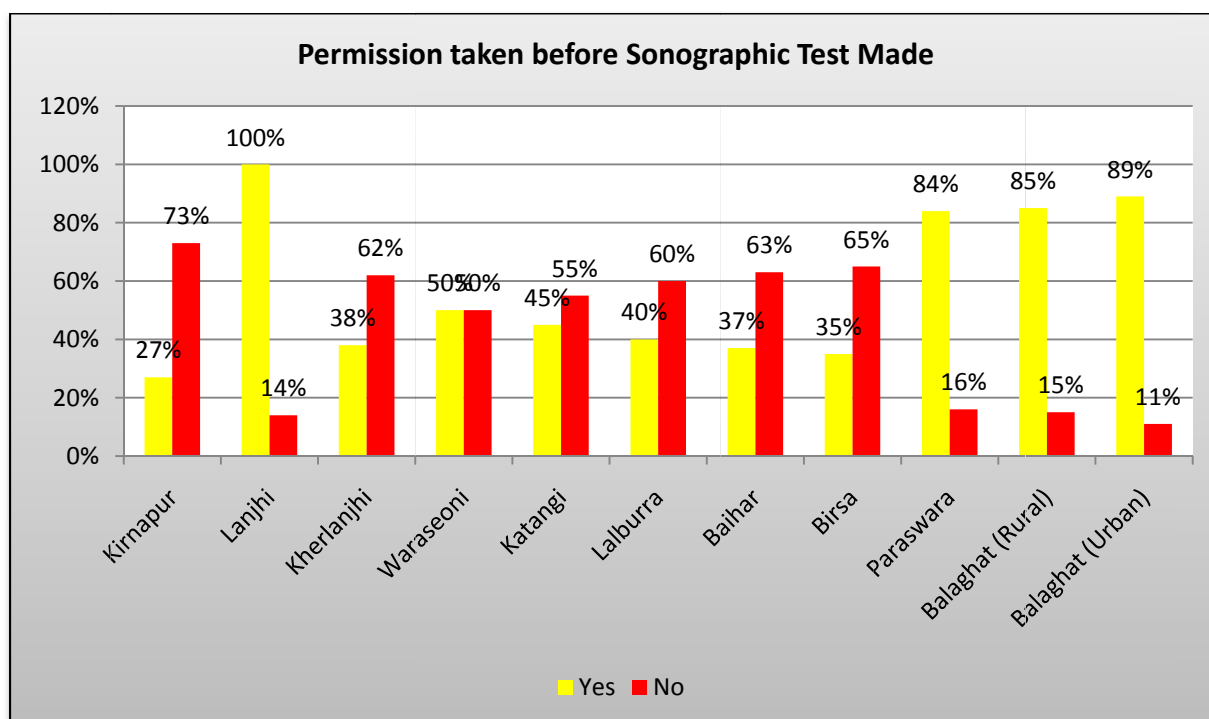
The overall pattern of the respondents interviewed comes to 38% saying “YES” to USG while 62% said “NO” that they have never gone for USG during their pregnancy period in which out of 38% , the below data shows

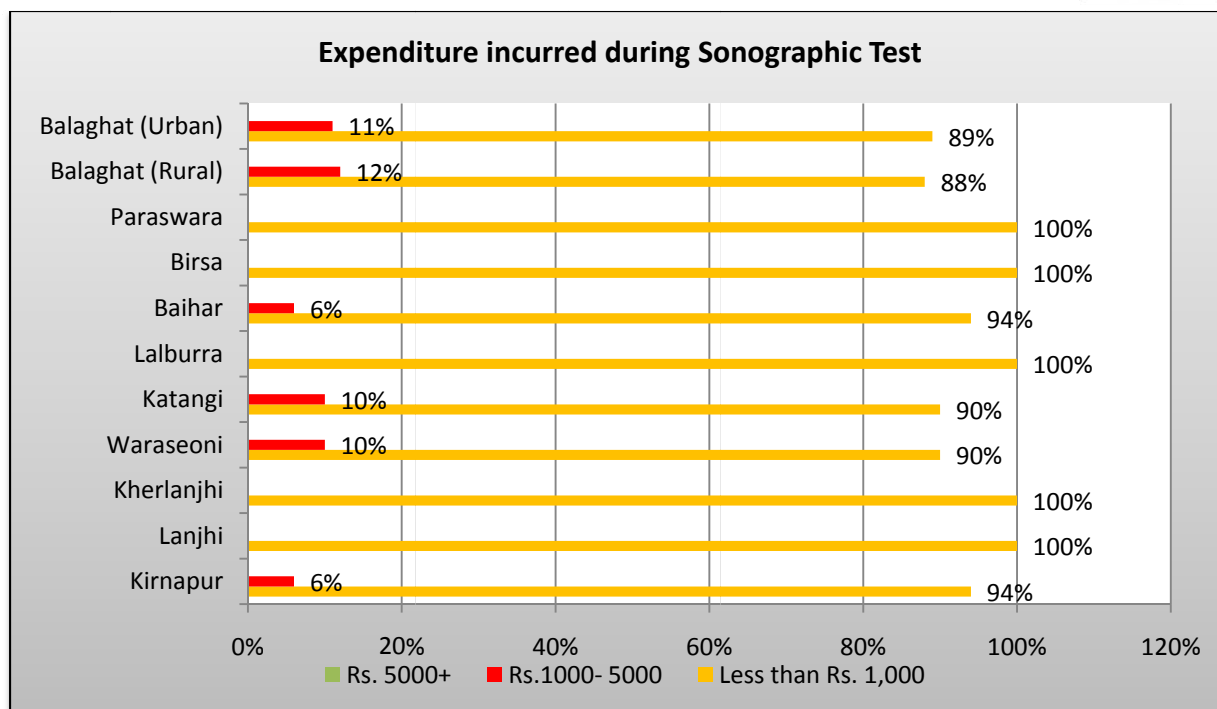


The above data shows that the maximum USG were conducted in less than 3 months of pregnancy i.e almost upto 61% followed by 30% in between 3 to 6 months and 9% in the 6+ months of pregnancies by the respondents.

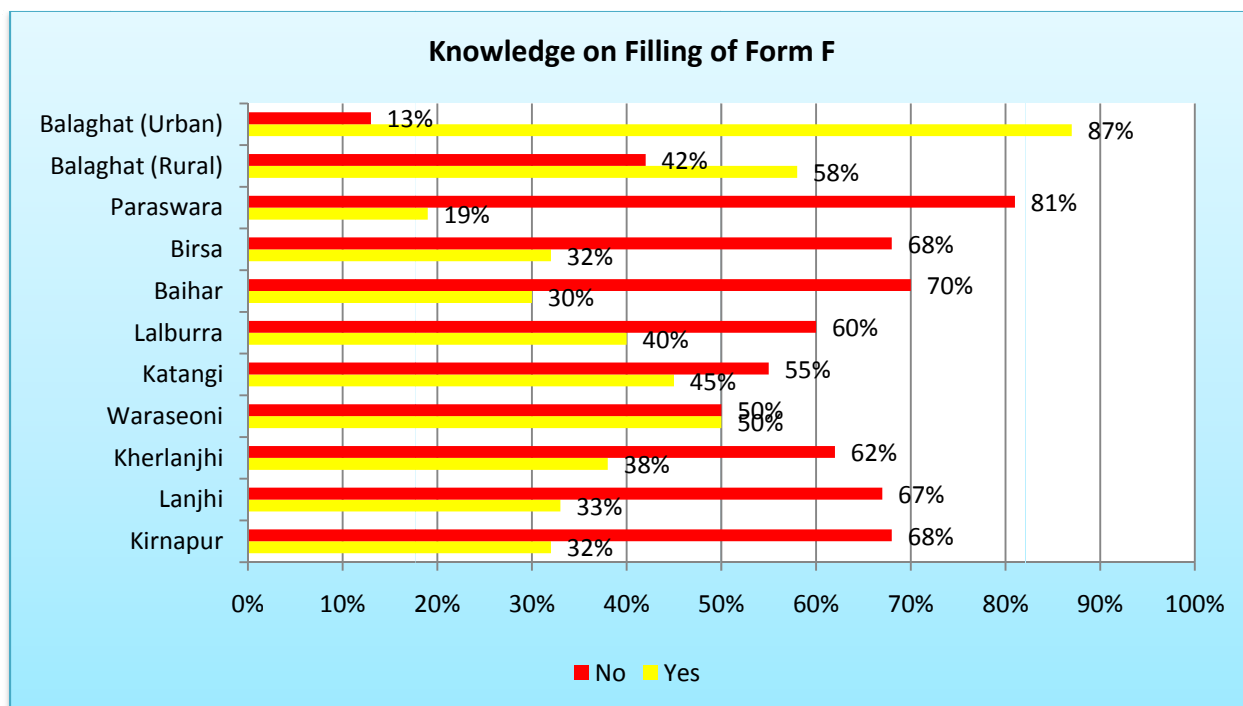


The maximum USG are conducted due to the suggestions of doctors while few are done by self or motivated by in-laws.



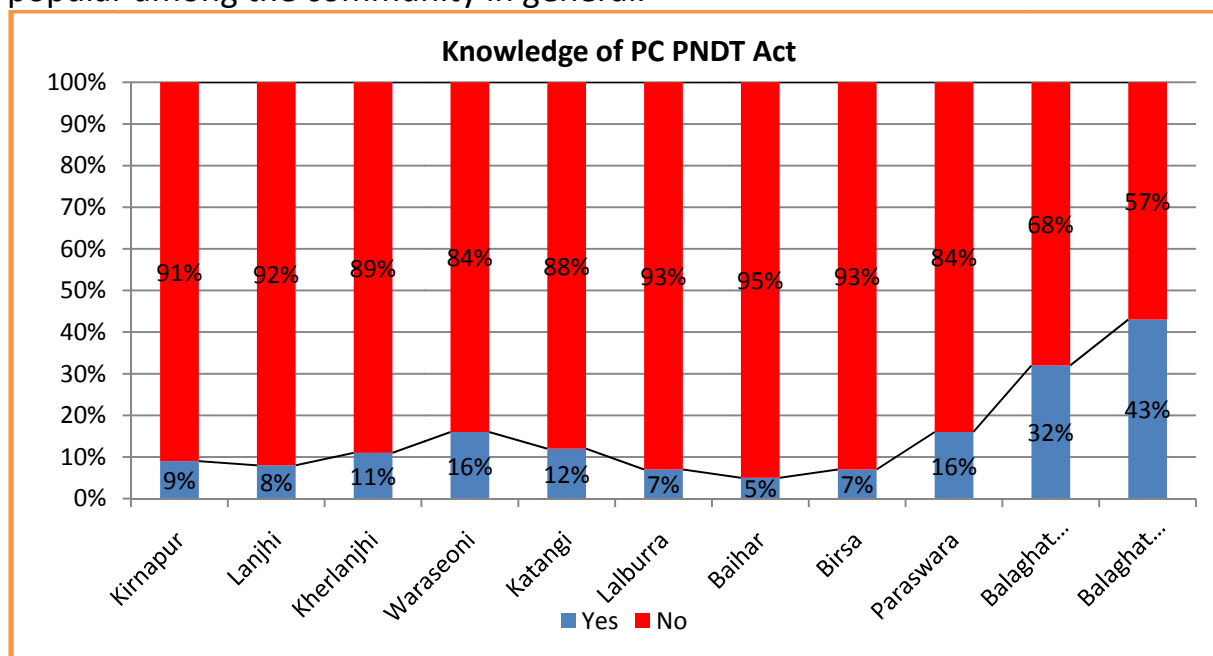


According to the data collected by the respondents, 60% said “YES” to the filling of FORM F by the USG Centers while 40% said “ NO” to the knowledge of this form.

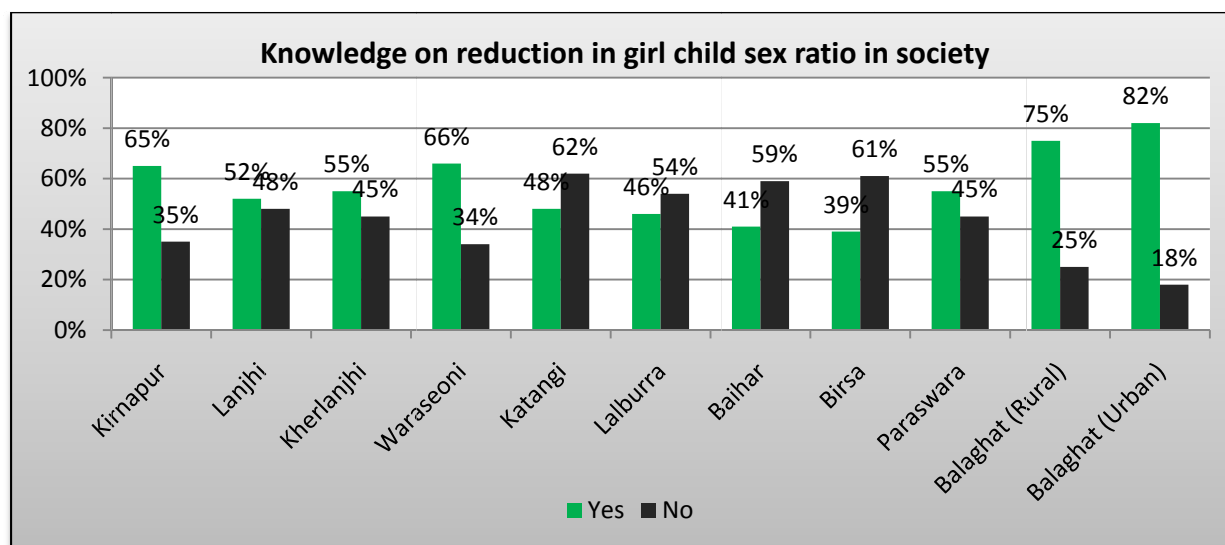


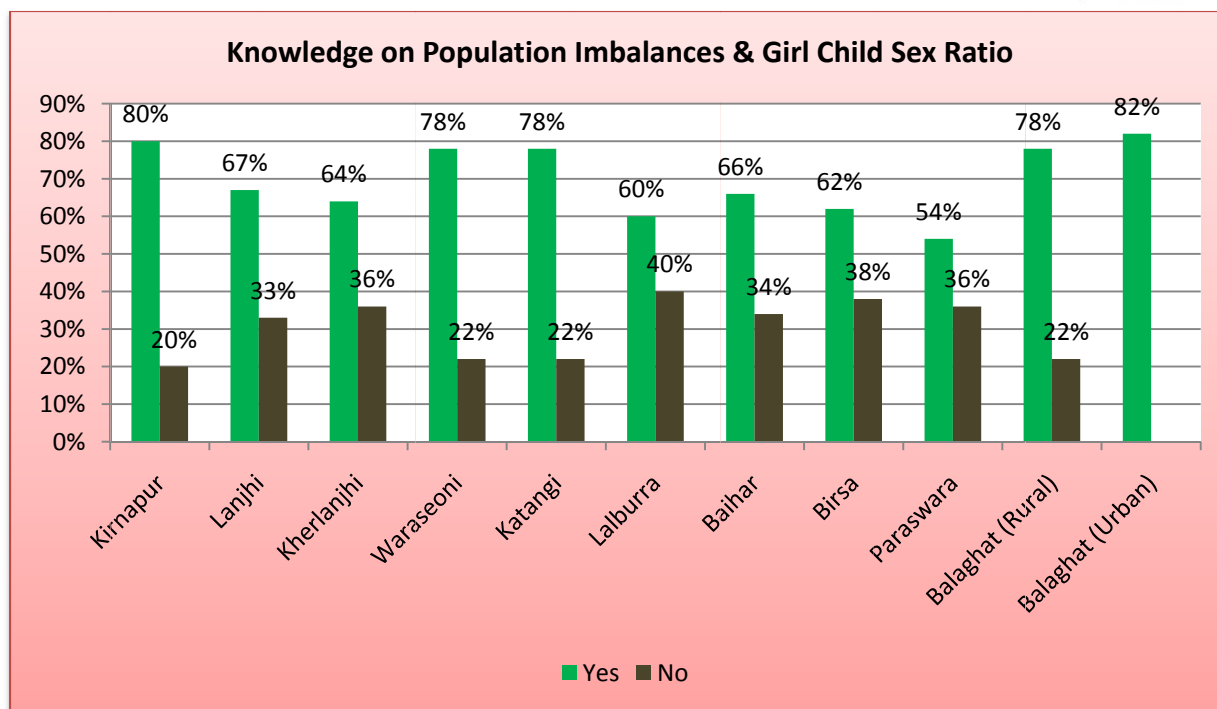
1.11 Knowledge on PC PNDT Act-

The respondents were also selected on the basis of their education so that they could share their knowledge and views on this issue but also the related issues of gender in the society. Thus the different level of education was viewed which covered about 94% of women respondents in the category of higher secondary school. Graduates and post graduate level. The analysis shows that this Act is not popular among the community in general.

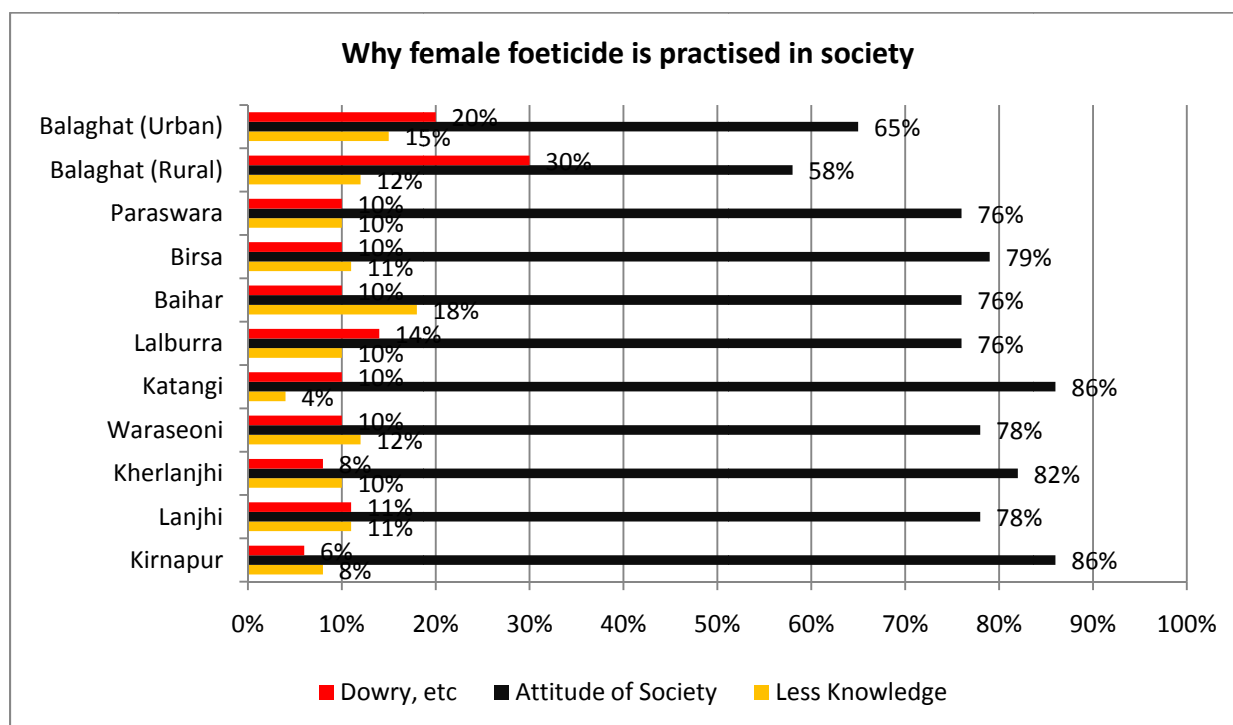


The overall picture of the basic knowledge of the PCPNDT Act shows that only 15% of pregnant women were aware where as 85% did not know regarding this Act.



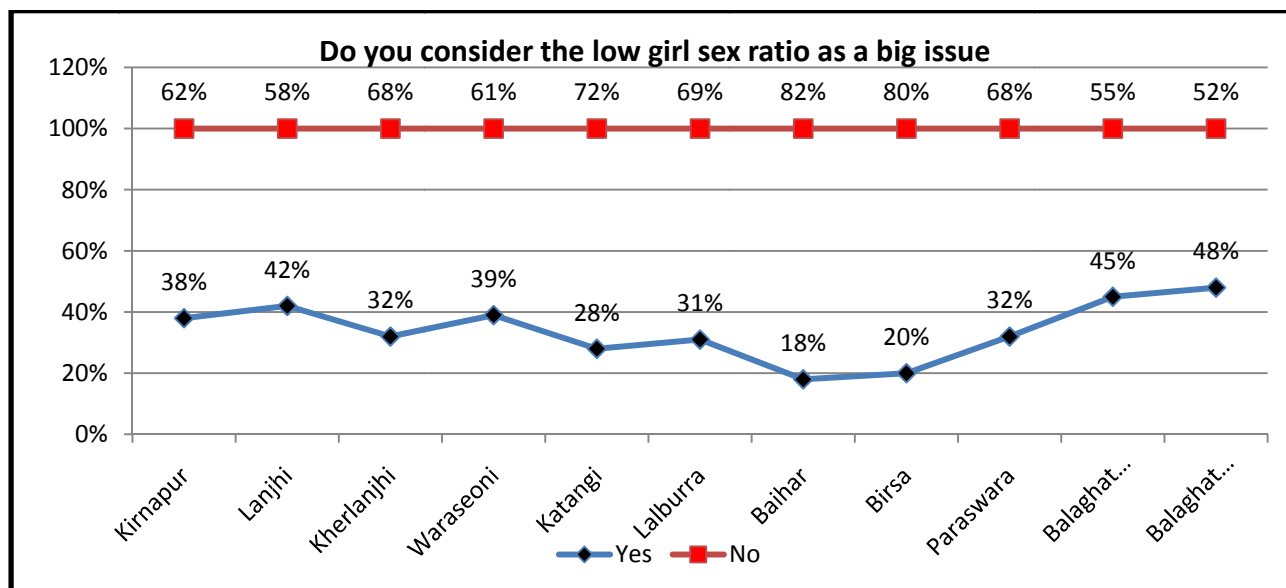
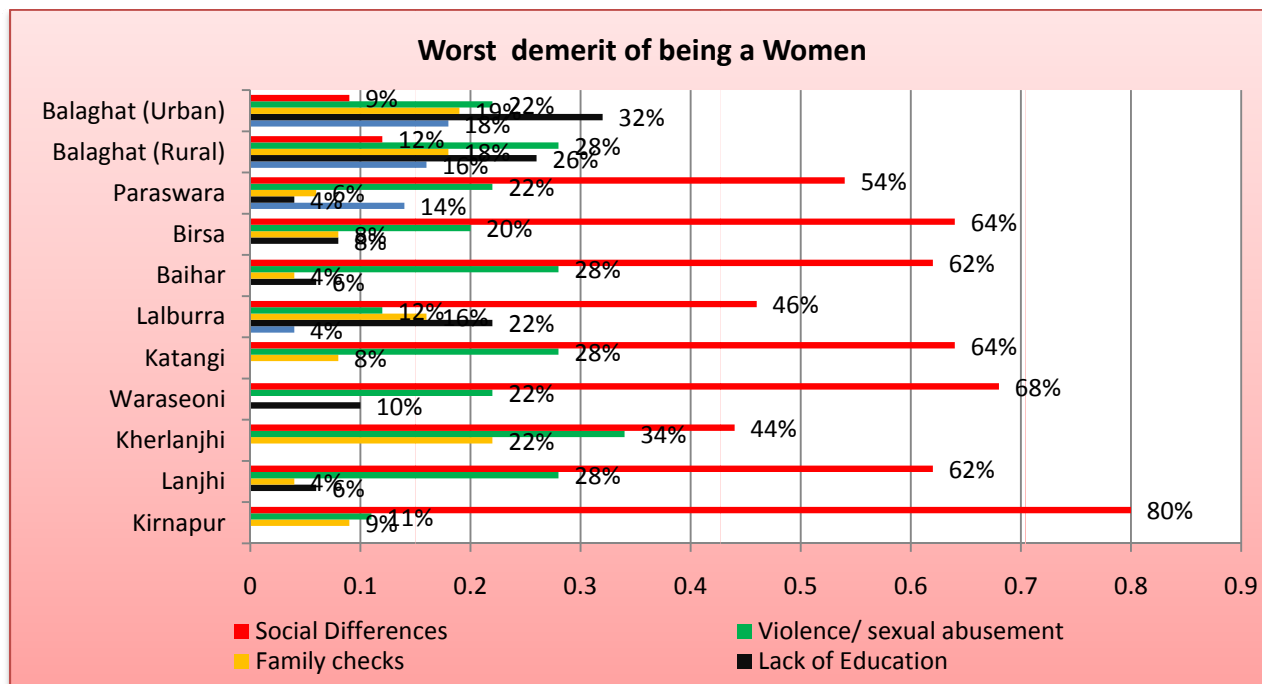


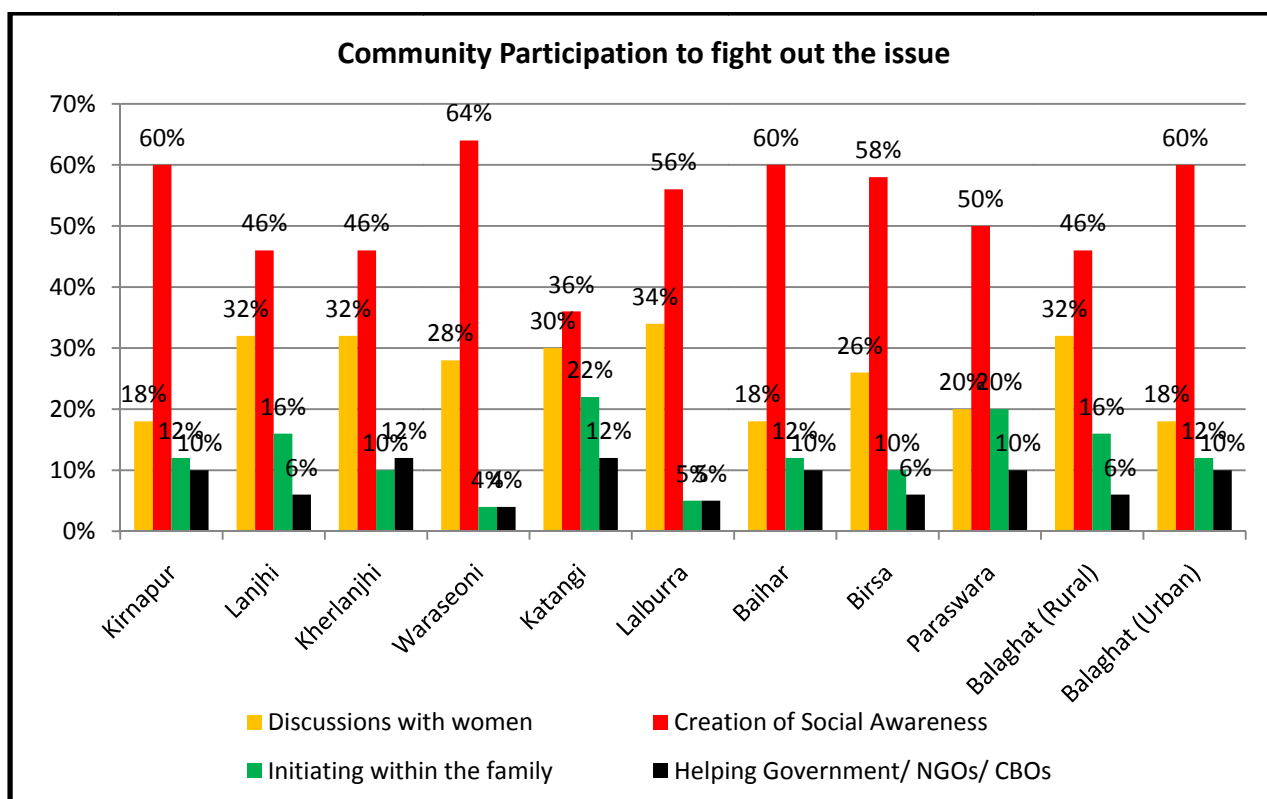
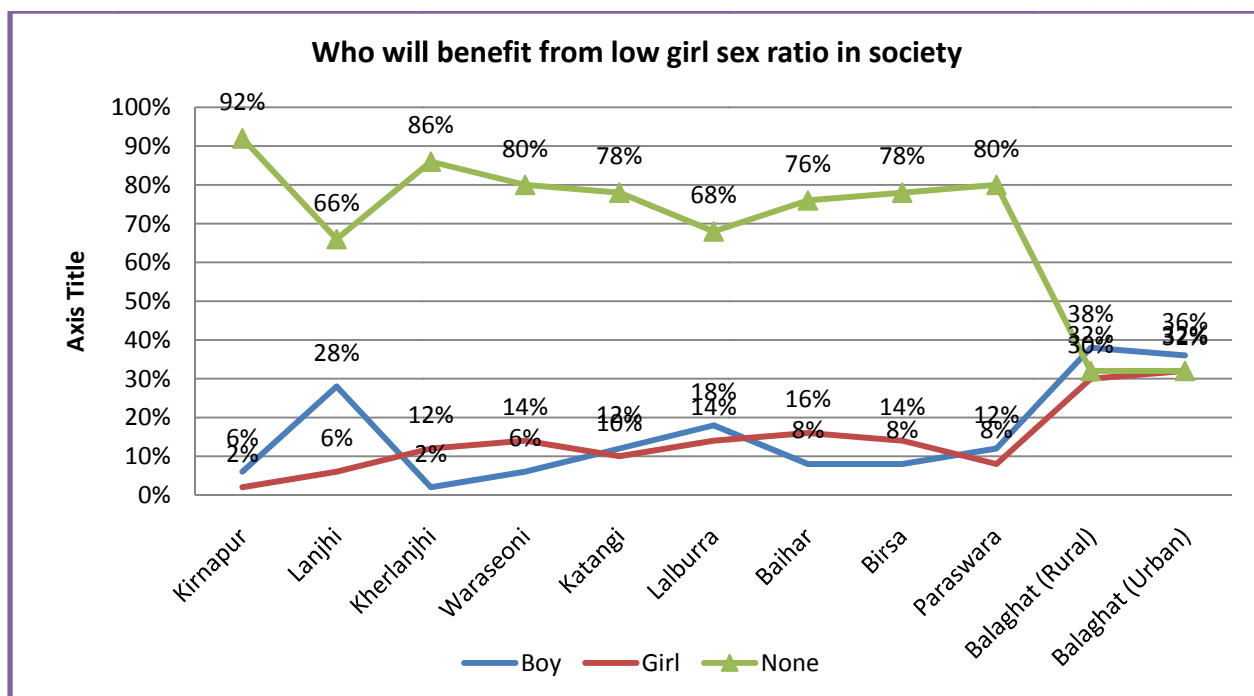
The overall data depicts that 66% of the respondents are aware of the fact there are imbalances in girl child sex ratio in the society.



This was one of the most interesting question placed in front of all the respondents that why is the female foeticide is being practiced in society, in which the overall figure is;

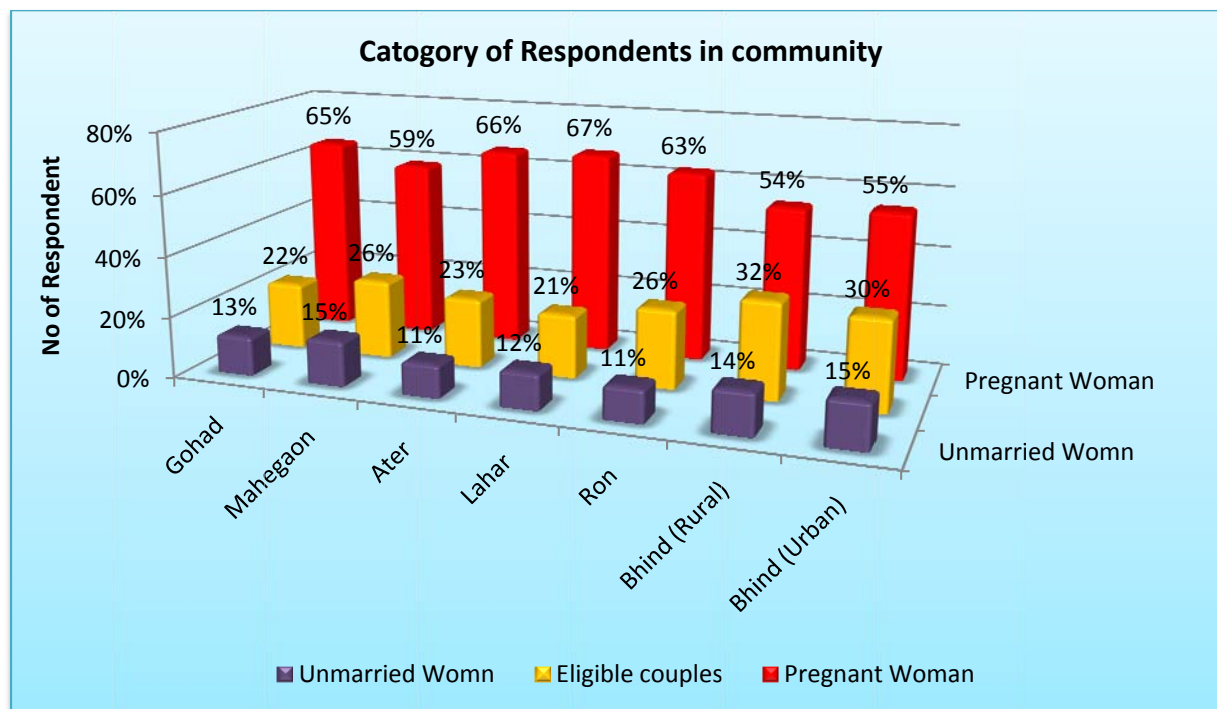
- Due to dowry- 13%
- Due to attitude of the Society- 75%
- Due to less knowledge- 12%





BHIND DEMOGRAPHIC ANALYSING PERCEPTIONS OF STAKEHOLDER

2.1 Coverage of Respondents-



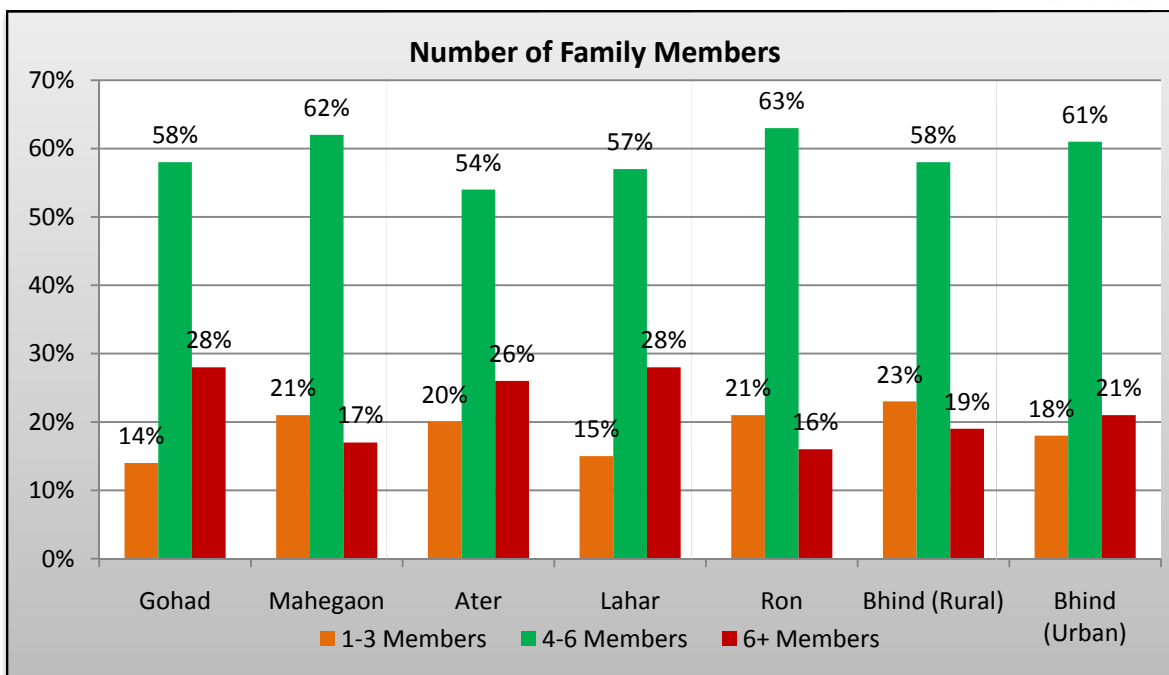
In Bhind district the total number of families is approx. 3 lacs in which about 25% are the eligible couples. As per UNFPA sources, out of the total births taken about 60% are the male children and the remaining 40% are the girl child, thus the respondents were carefully identified so that it could cover the spectrum of coverage in community. The total coverage was

- Pregnant women- 60%
- Eligible couples- 25%
- Unmarried women- 15%

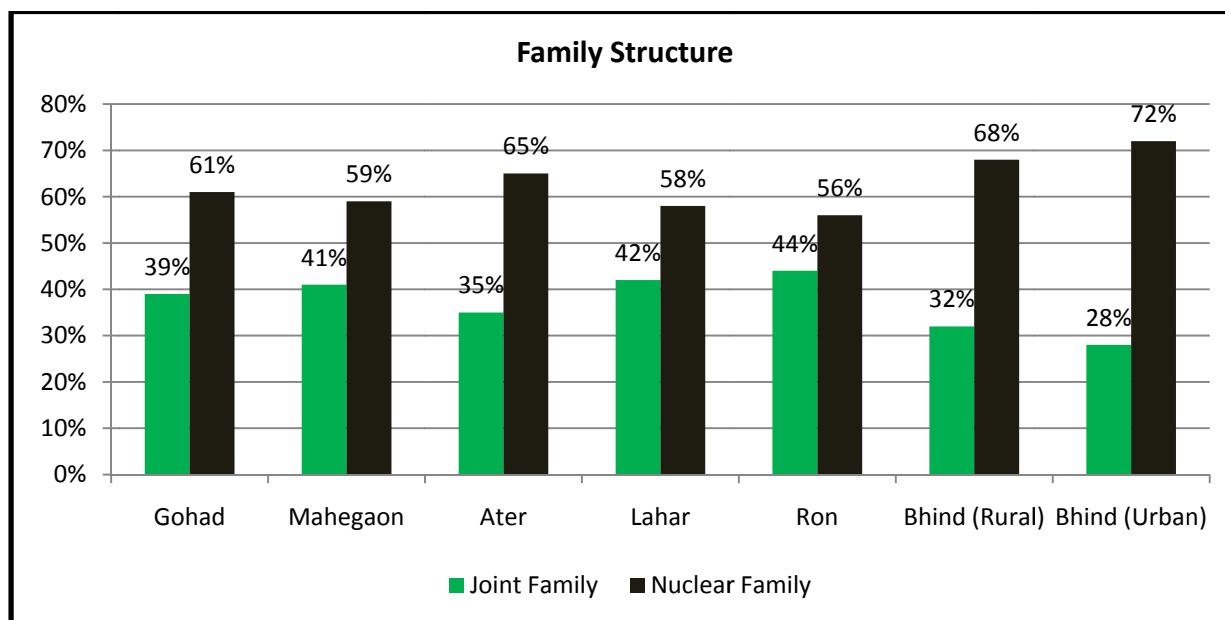
2.2 Family profile-

The respondents family size was more of nuclear family wherein;

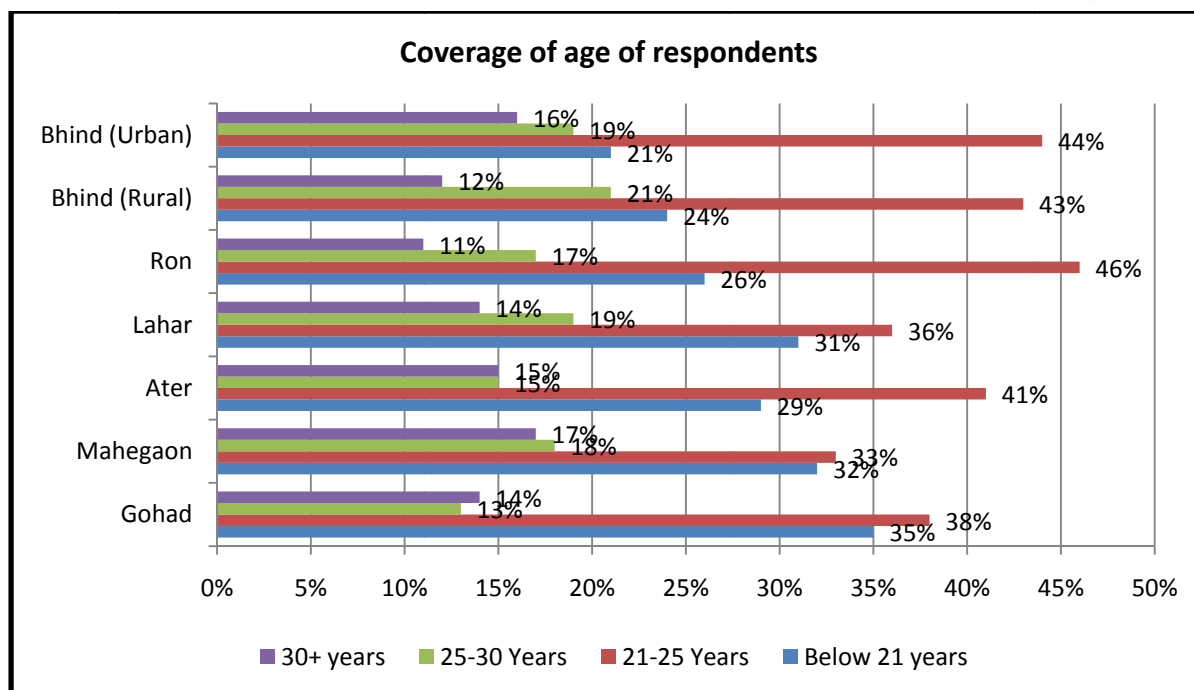
- 28% of families are having members between 1 to 3.
- 58% of families are having members between 4 to 6.



- 14% of families are having members more than 6 in their house.



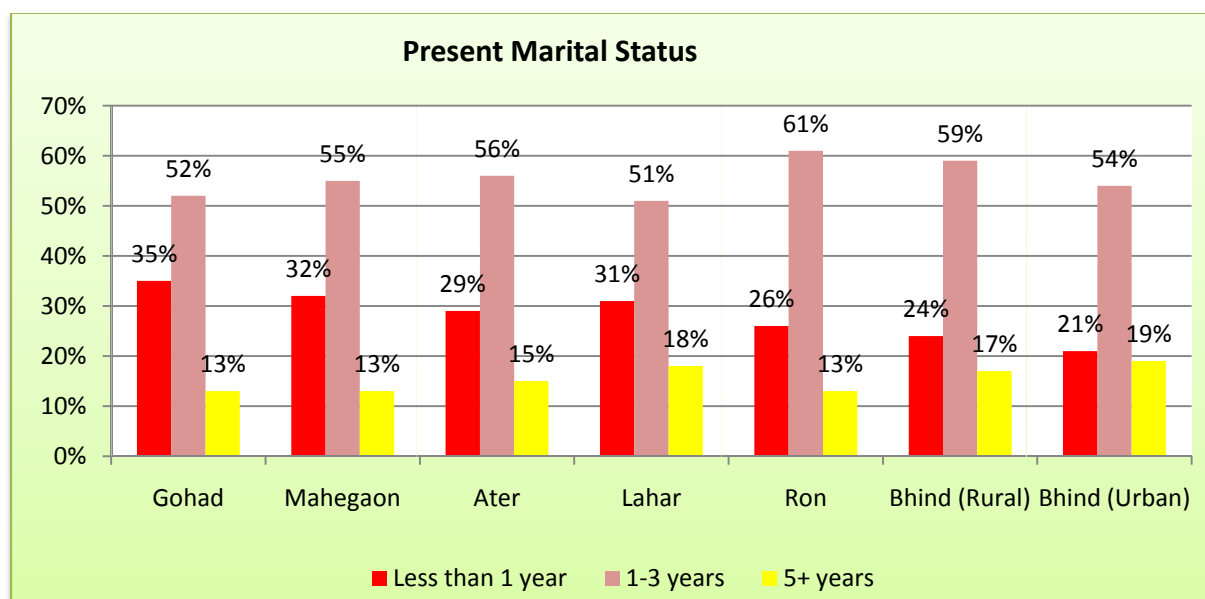
2.3 Age Profile –The eligible couples and married women who are within the span of fertility were targeted so as to find the reasons, knowledge and their attitude on the issue of reduction in girl child sex ratio.



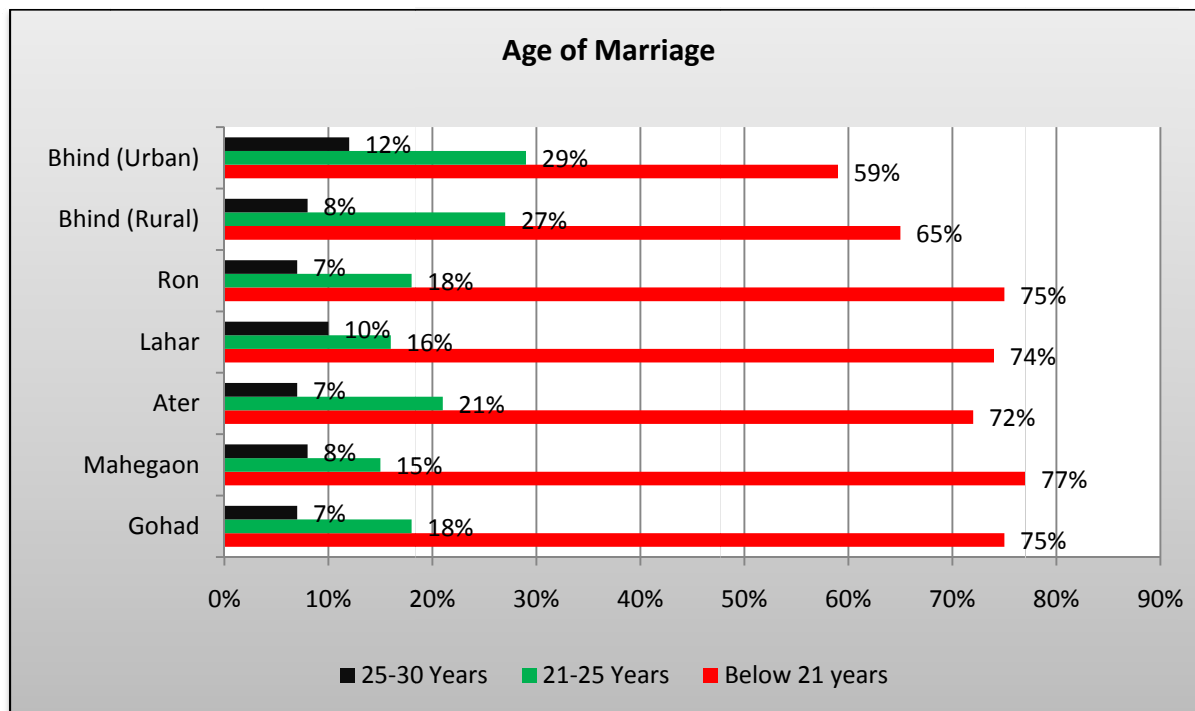
2.4 Sex-

The respondents from the community were 100% women from married women and pregnant women. As the pregnant women and married women alone are not the only decision makers of termination of pregnancy of a girl child but the others like her in laws, her husband and the society are more influencers in forcing her to take such harsh step. Thus sample survey included about 32% from youth and eligible couples.

2.5 Marital Status -



Marriage age- Both the blocks are patriarchal mind set and reflects the gender stereotype.



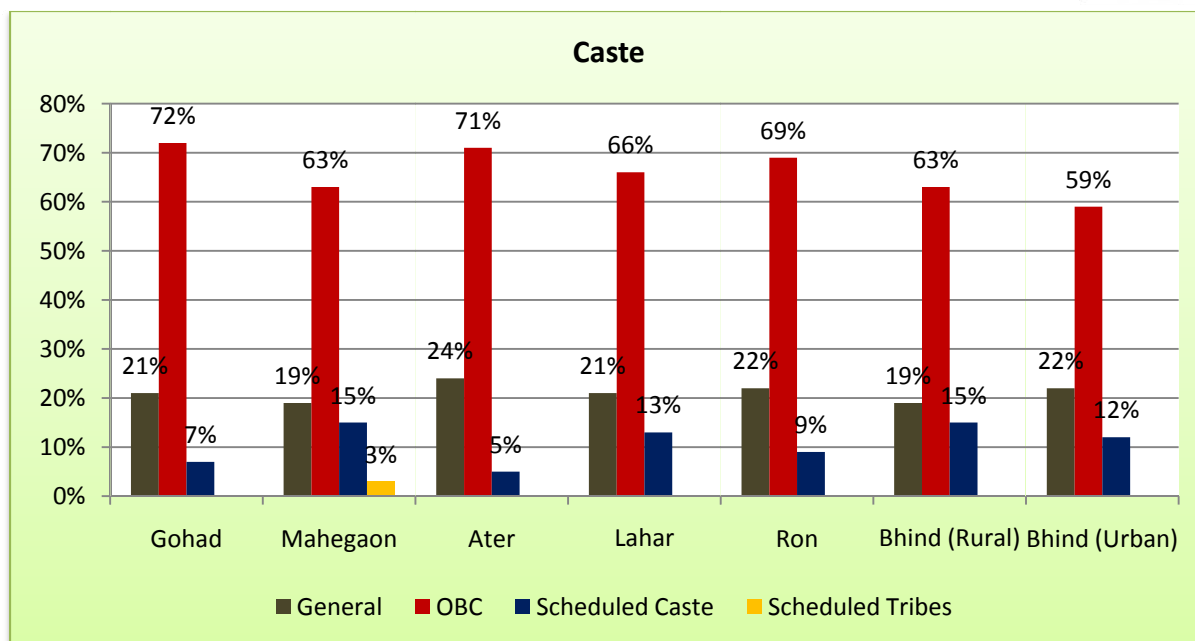
The age of the marriage of pregnant women and from eligible couples in totality covered is

- Less than 21 years- 71%
- Between 21 to 25 years- 20%
- More than 25 years- 9%

2.6 Caste-

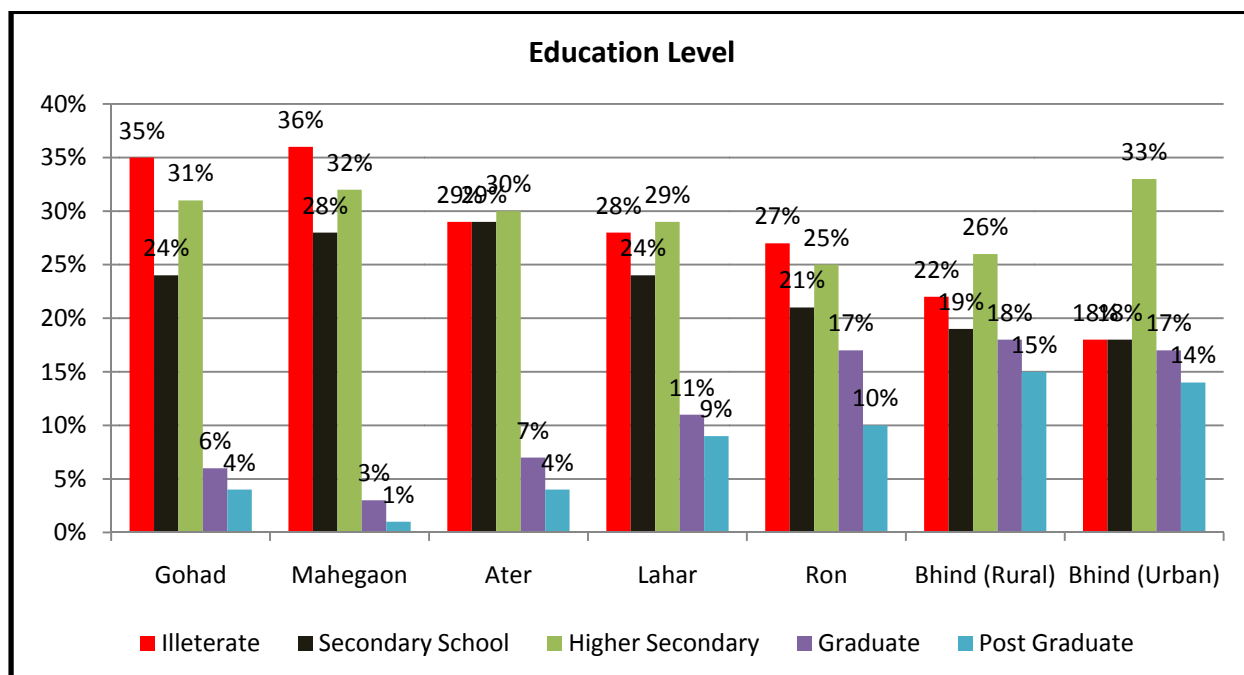
The dominating caste is, Jatavs, Gurjars, Yadavs, Rajputs, Jats, and Brahmins. Thus the maximum coverage of respondents belonged to OBC followed by Scheduled Caste and general and the lastly Scheduled Tribe.

The Gurjar, the Yadav (Ahir) and the Rajput communities have particularly low child sex ratios and, as indicated by direct and indirect evidence, the practice of female infanticide is widespread among them.



2.7 Education-

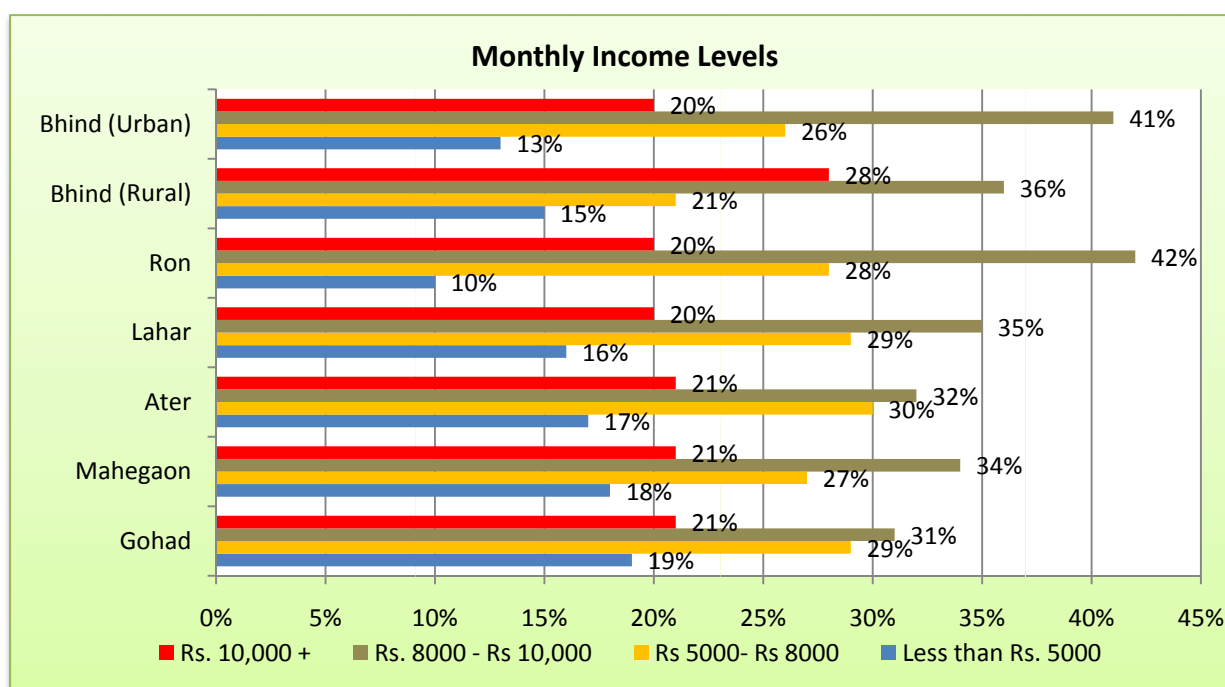
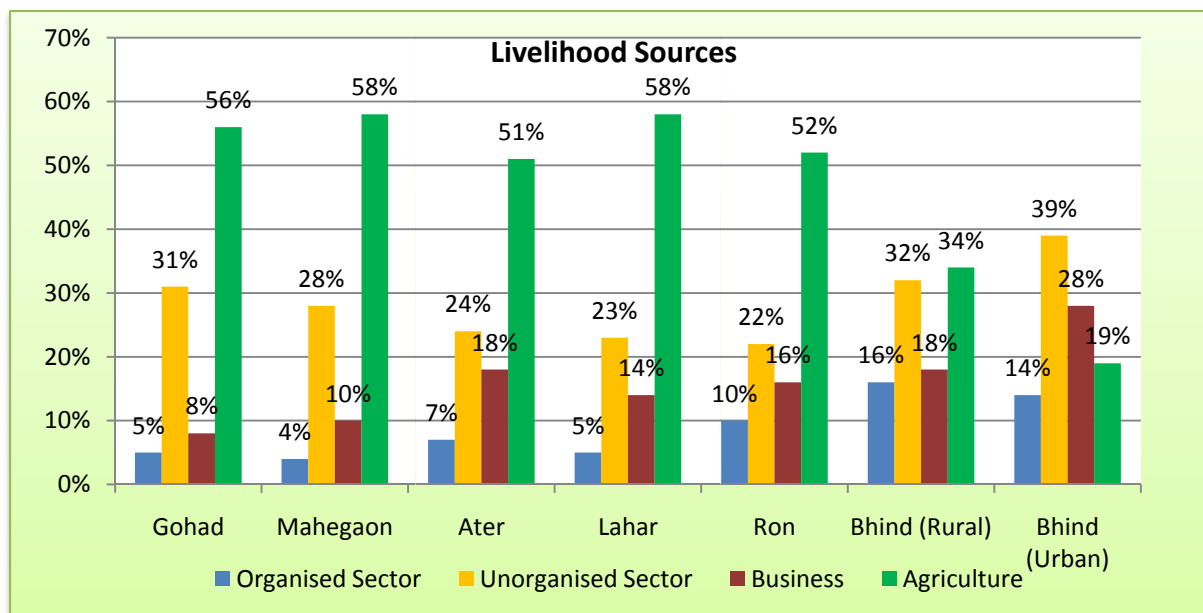
Variables which could have made inroads in such settings such as literacy, economic contribution of women and exposure to an alternative set of value system are largely absent in the region. We found that in our survey villages, female literacy is almost nonexistent.



The scenario is one of male patriarchy in its extreme form and women are often left with no option but to follow the male order. The conditioning is so complete that the women appear immune to what is happening around them.

2.8 Socio Economic Details-

The communities were not particular struck by poverty. The more of the population is engaged in agriculture and animal husbandry.



2.9 Profile of the pattern of family growth with respect to children and their preferences

There are number of villages with a sex ratio of 641 or below were the worst, indicating a very high sex imbalance among the young children which could be due either to acute neglect of the female child and, therefore, excessive female mortality right from infancy through different age or female infanticide; or a combination of any two or all the factors.

According to a social activist in Gohad block of Bhind district who told us the historical background that, among Gurjars of that area, a woman after marriage was customarily required to spend a night with a Muslim family. To save themselves from this insult, they destroyed their daughters. Secondly, Rajputs and Gurjars normally followed the rule of hypergamy and the marriage of a daughter involved a huge dowry and other expenses, which many Rajputs were unable to meet. To save themselves from dishonor, they destroyed their daughters. It seems that some of these traditions or practical difficulties continue to force people to destroy their daughters.

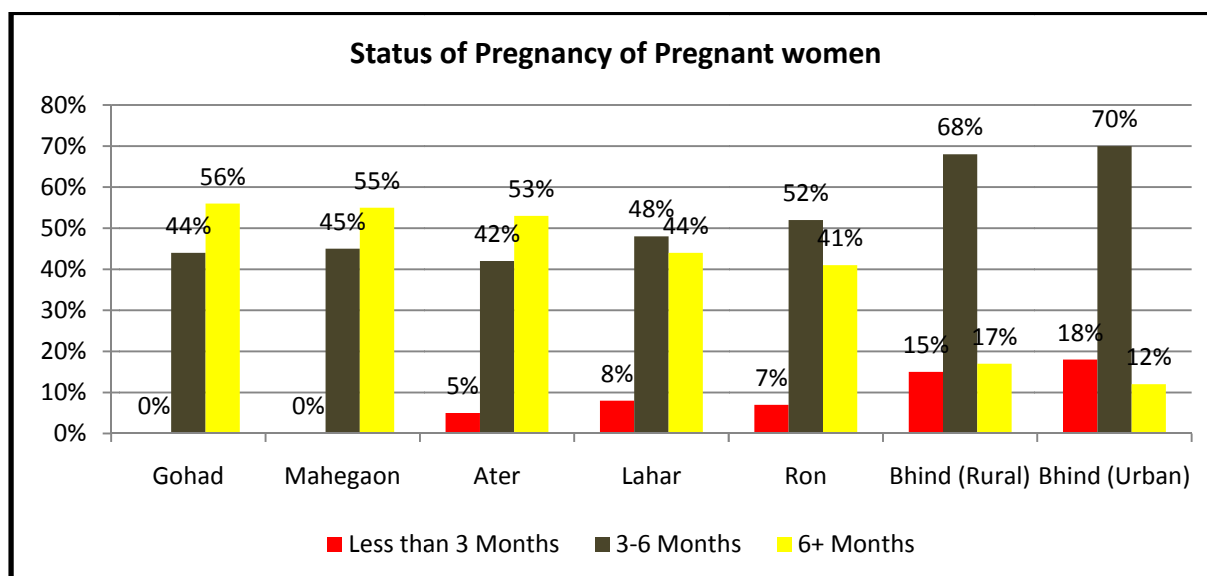
During our study we were explained that the girl child is not preferred, as to the idiom, during the marriage, the bride's father or elder brother ceremonially washes the feet of the bridegroom as a mark of honor. This ceremony is called the 'worship of the feet', *pao puja*, and it connotes an important symbolic elaboration of status hierarchy. The implicit message is that the bride giver has in principle accepted the superiority of the bridegroom as well as, in some measure; of his near patrilineal relatives. The ceremony thus marks or creates a difference in the hierarchical status between the two parties, the one 'worshipful' of the other.

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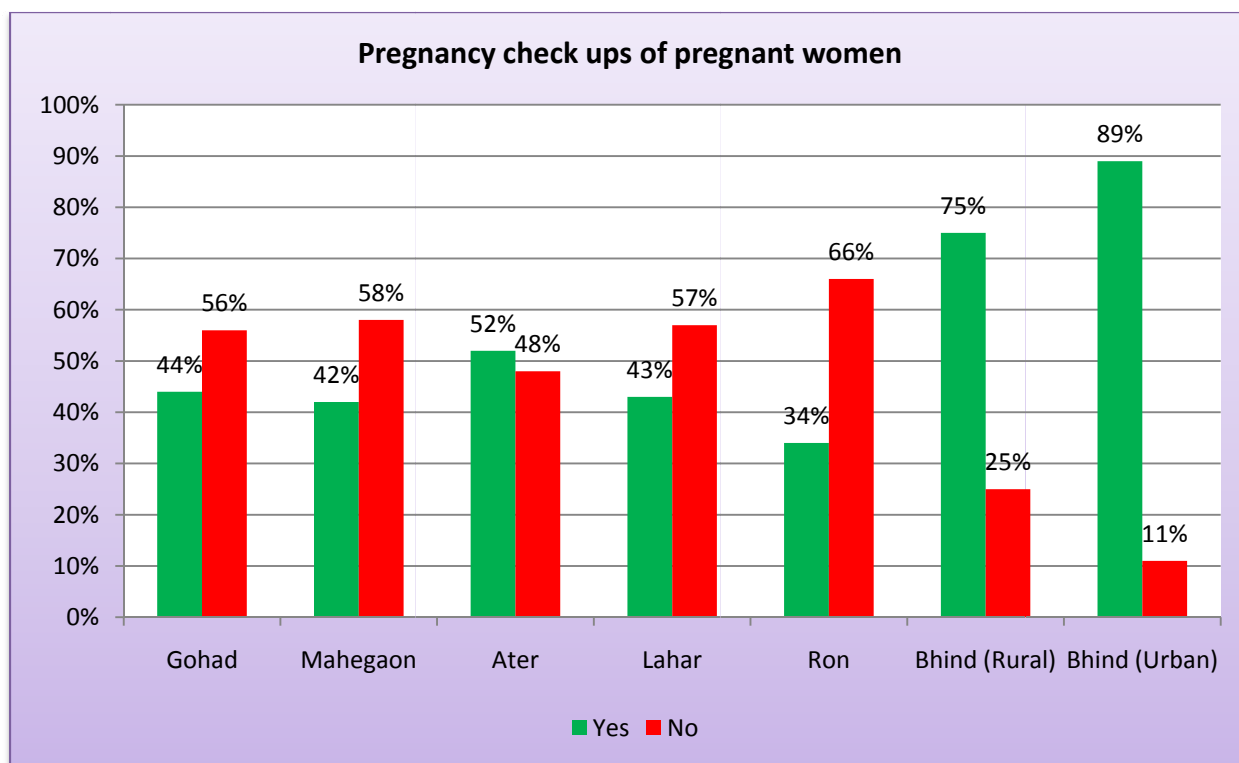
- There was 100% trend with the preference of a male child in their home irrespective of the fact whether it is a second, third or even fourth child.
- It was also known verbally by a women respondent, that if a girl child is born, the female child is either buried live, thrown off in remote places or the mothers are asked to put tobacco mother of the newly born is asked to put tobacco in the girl's mouth. There is no question of resistance as it would mean that the mother herself is at risk of either being killed or thrown out of the house.
- When a male child is born, the woman is kept in the hospital for two to three days, but when a girl child is born the villagers take the woman home immediately, even at odd hours, so that the child can be put to rest by feeding her tobacco, explained by a private doctor.

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2.10 Analysis of Pregnant Women Respondent



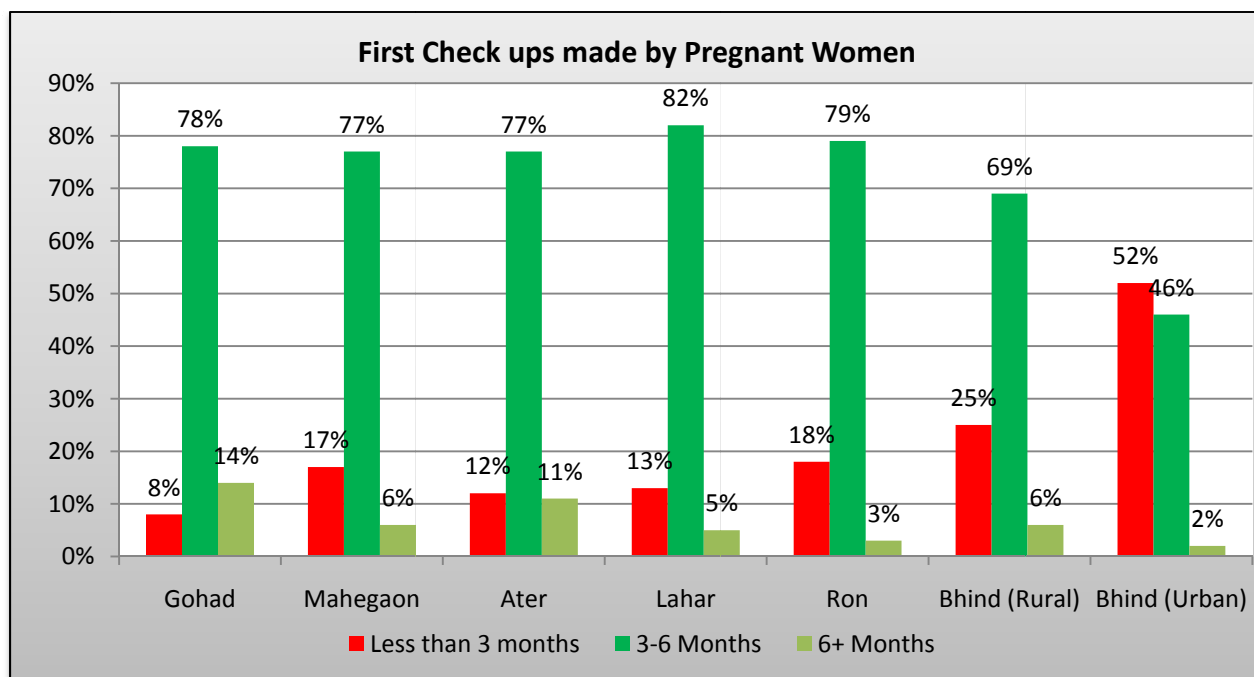
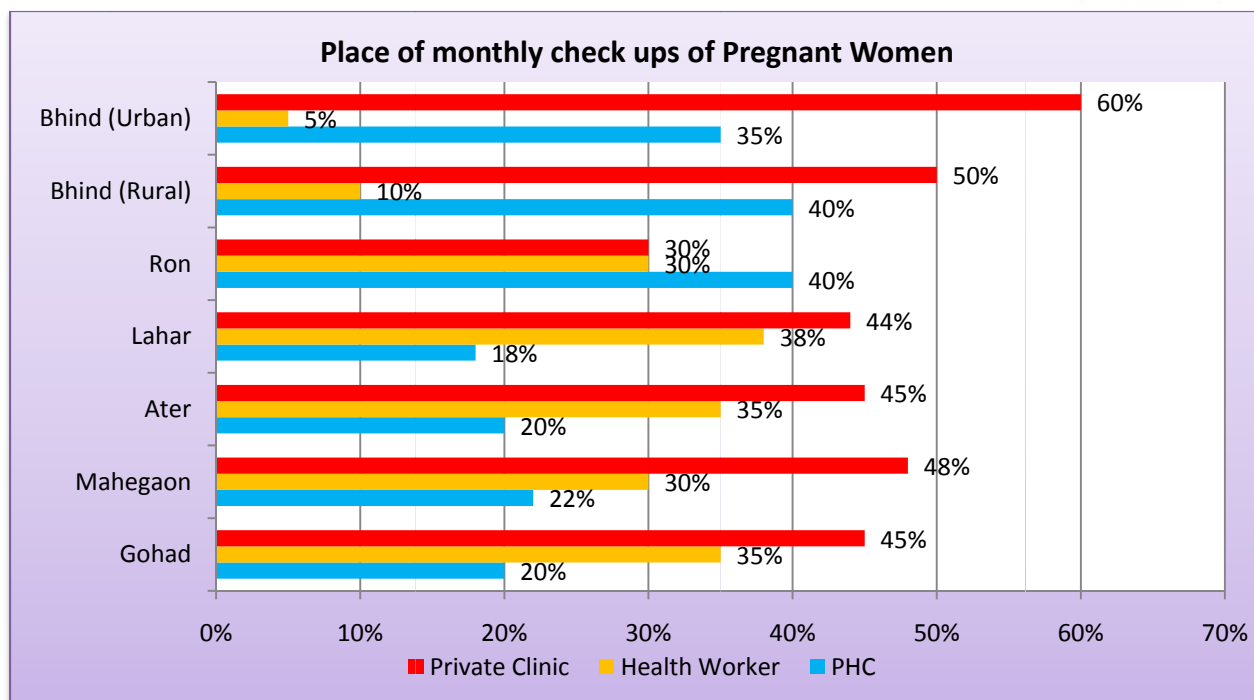
- The pregnancies registered with Asha workers or Anganwadi Centers was to take the facilities of government schemes like Ladli Laxmi Yojana etc. These women generally belongs to low income level households.
- The early check ups of their pregnancies were not registered during their interview. Most of the respondent refused for early ANC check ups.



It was observed that the early registration of pregnancies is not practiced in Bhind especially in 1st trimester of pregnancy. The above data also shows the similar trend as the 54% of pregnant women said that they do have regular monthly checks up during their pregnancies while 46% said “ NO”.

While the question on the place where they prefer to have their routine check ups during their pregnancy ;

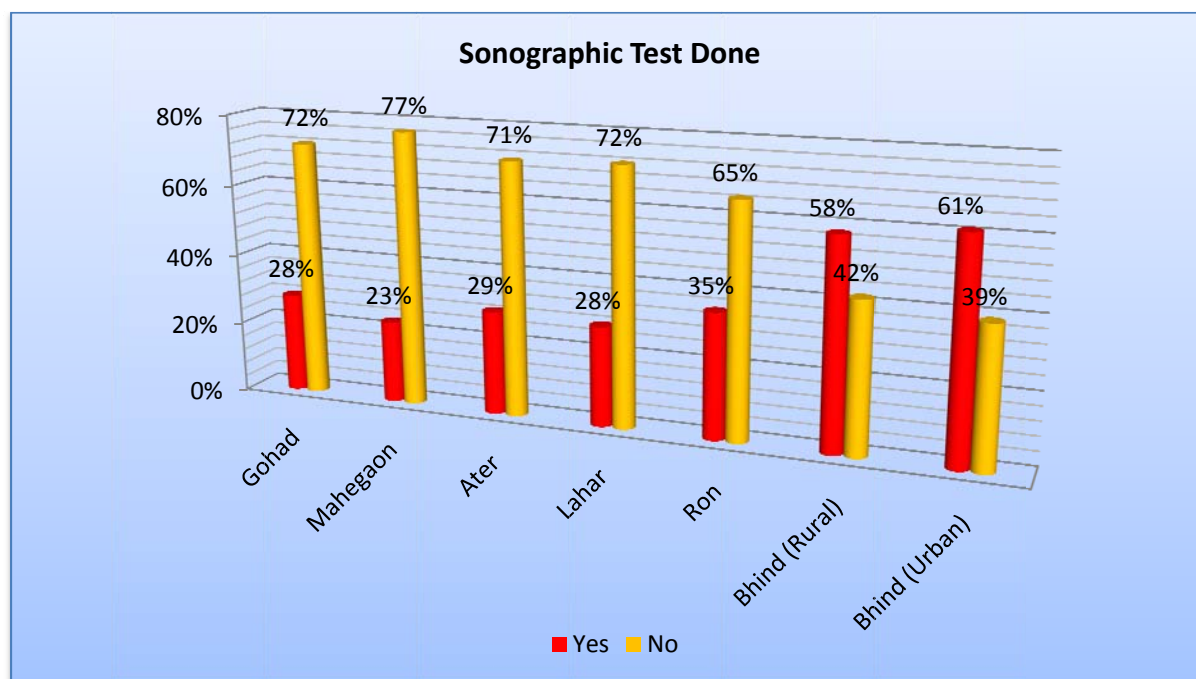
- Private Clinic- 46%
- Primary Health Care Centers/ Government Hospitals- 28%
- Health Workers- 26%



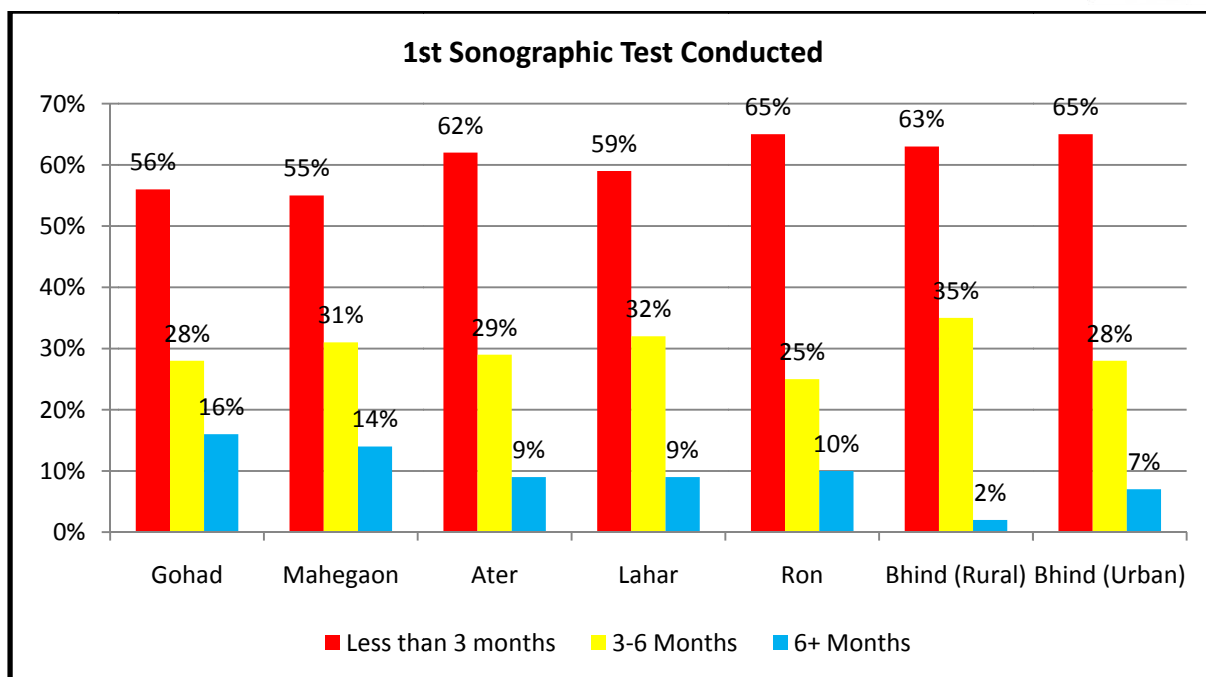
The point earlier raised is clearly depicted in this chart on an average 17% of the pregnant women get their monthly check ups in the 1st Trimester, wherein the maximum number is in between 3 to 6 months of pregnancy.

2.11 Analysis of Women undergone Sonography Test-

- 1 There were 11 Ultra Sound machines in Bhind which have been sent notices under the PC PNDT Act provisions. In all these centers either the sex of the foetus was disclosed or was not registered or the technical person was not with accordance to the qualification and experienced required.
- 2 At present only 1 machine is registered in Gohad with Appropriate Authority under PCPNDT Act.
- 3 Hence, initially the sonography tests were very popular among the community but now the number of ultra sound has reduced and the government is taking measures to control the SSE.

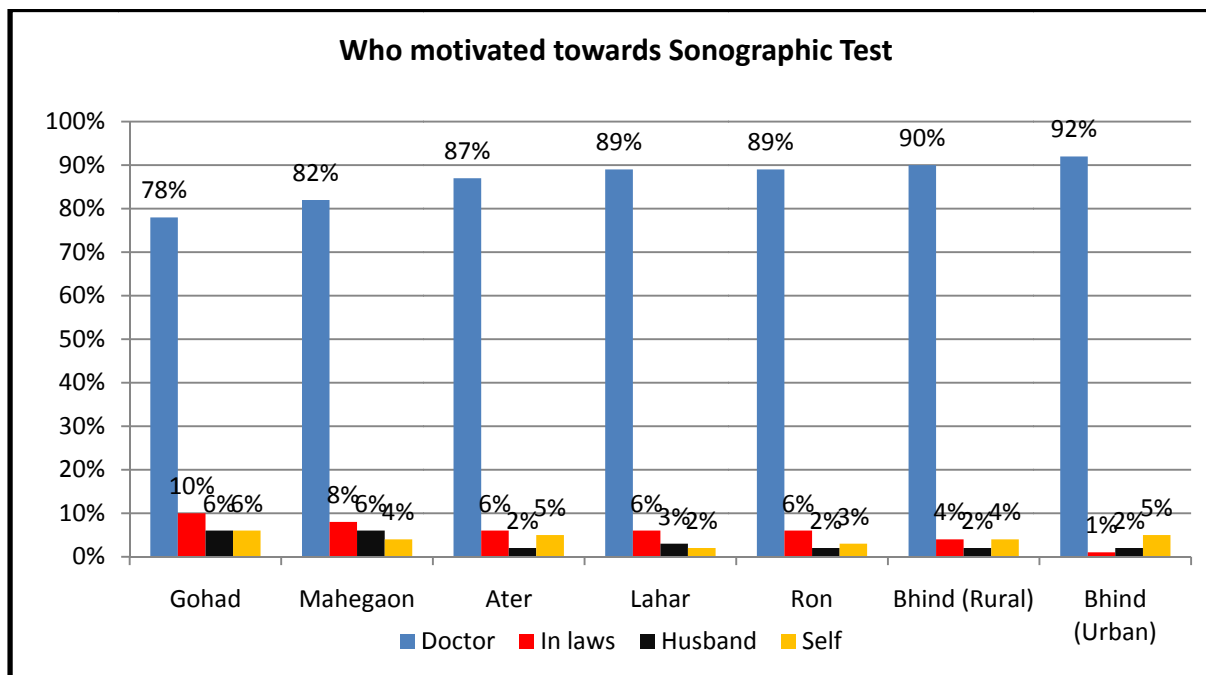


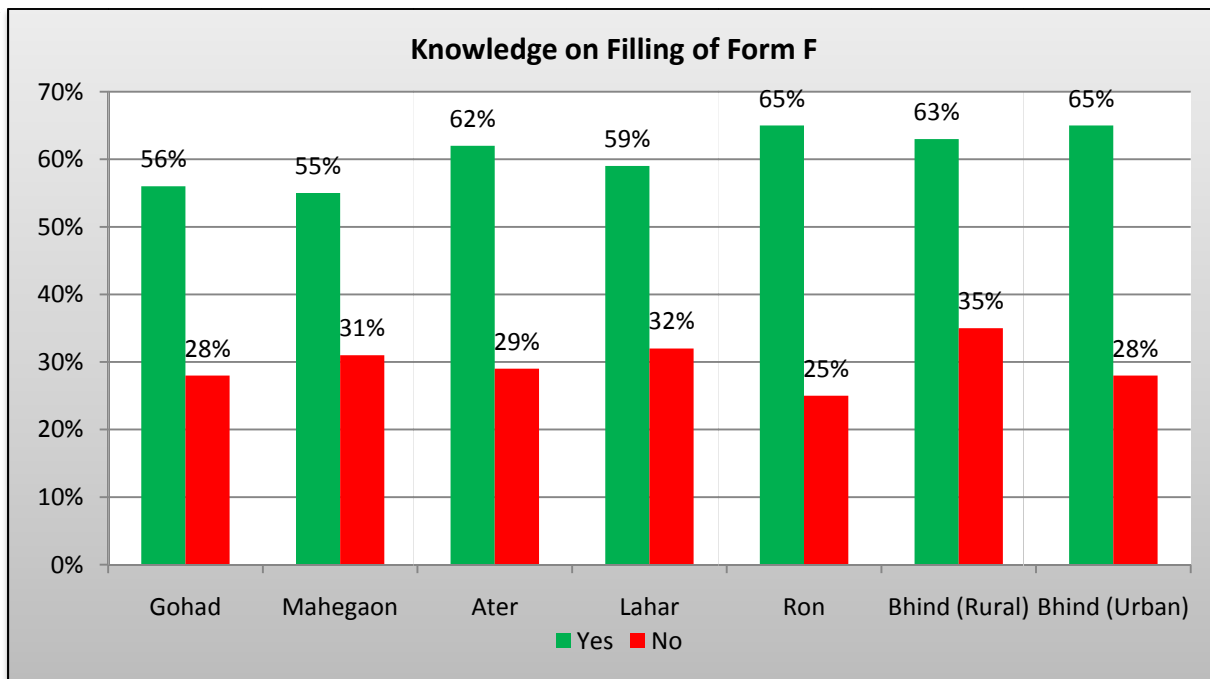
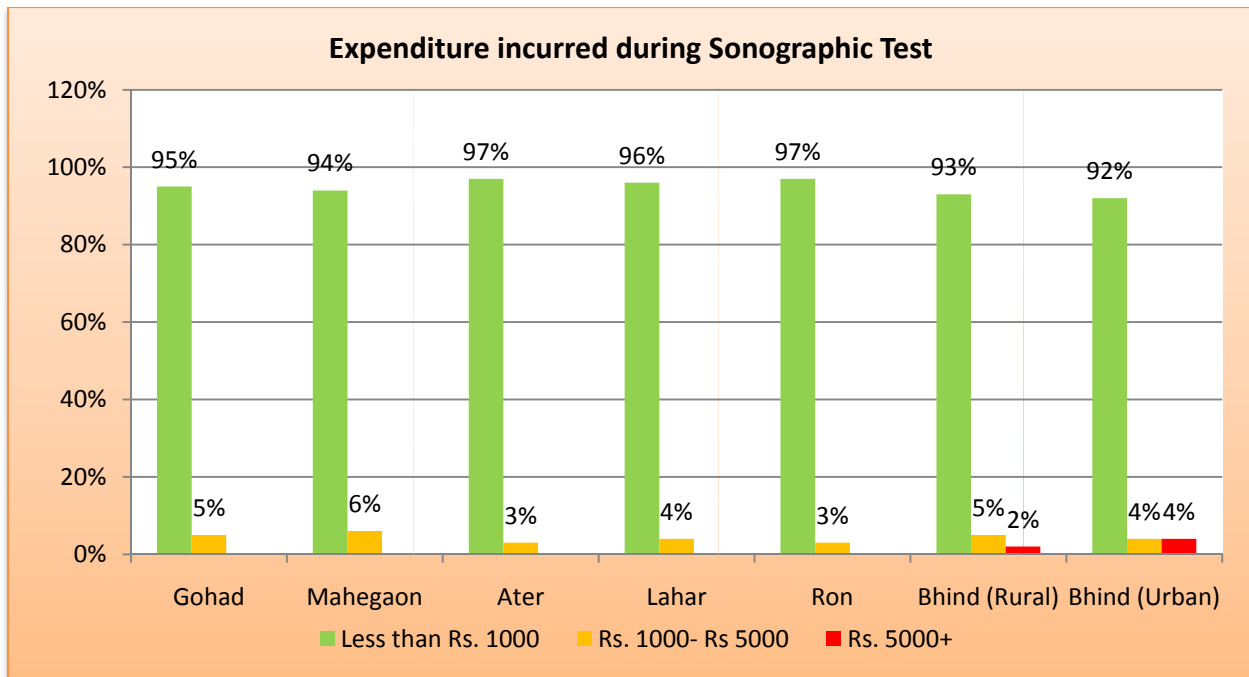
The overall picture is that out of 54% pregnant women who under goes monthly check ups , only 38% accepted that they have under gone USG Test while the major group refused.



Out of 38% of pregnant women who under goes USG Test, in which month does the test has taken was;

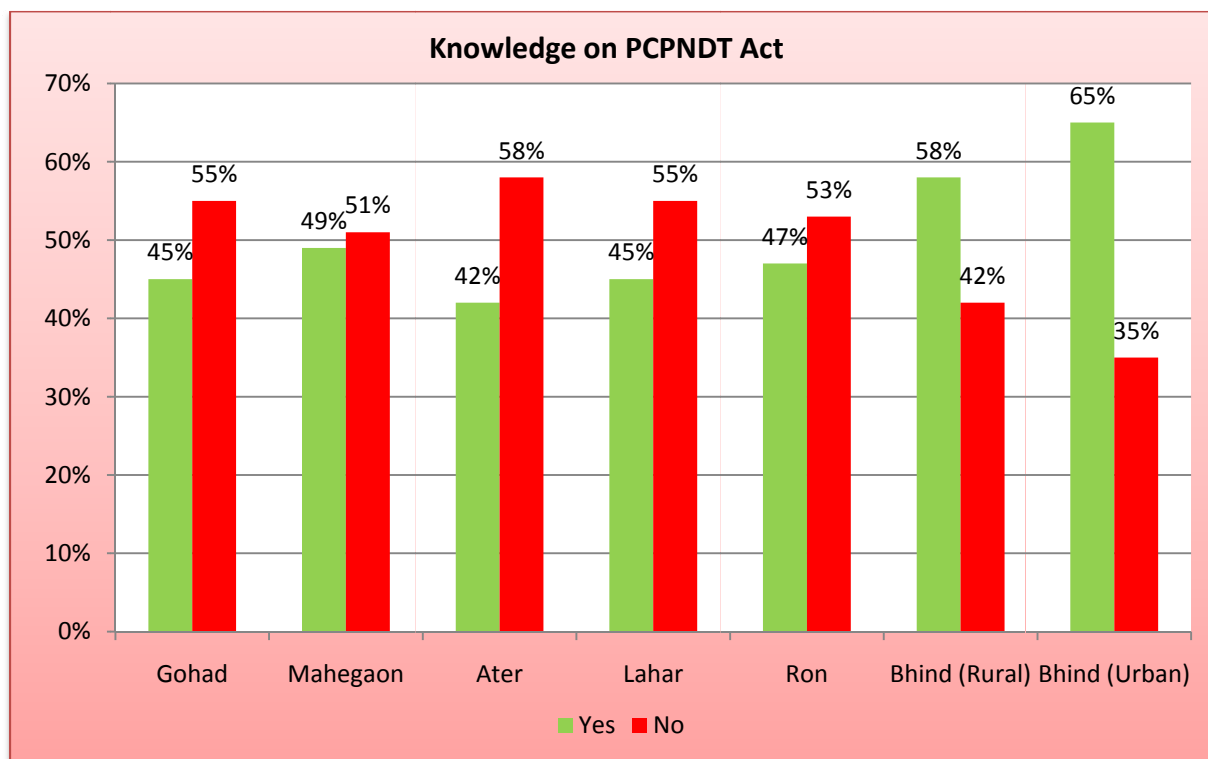
- Less than 3 months of pregnancy- 61%
- 3 TO 6 month pregnancy- 30%
- 6+ month- 9%





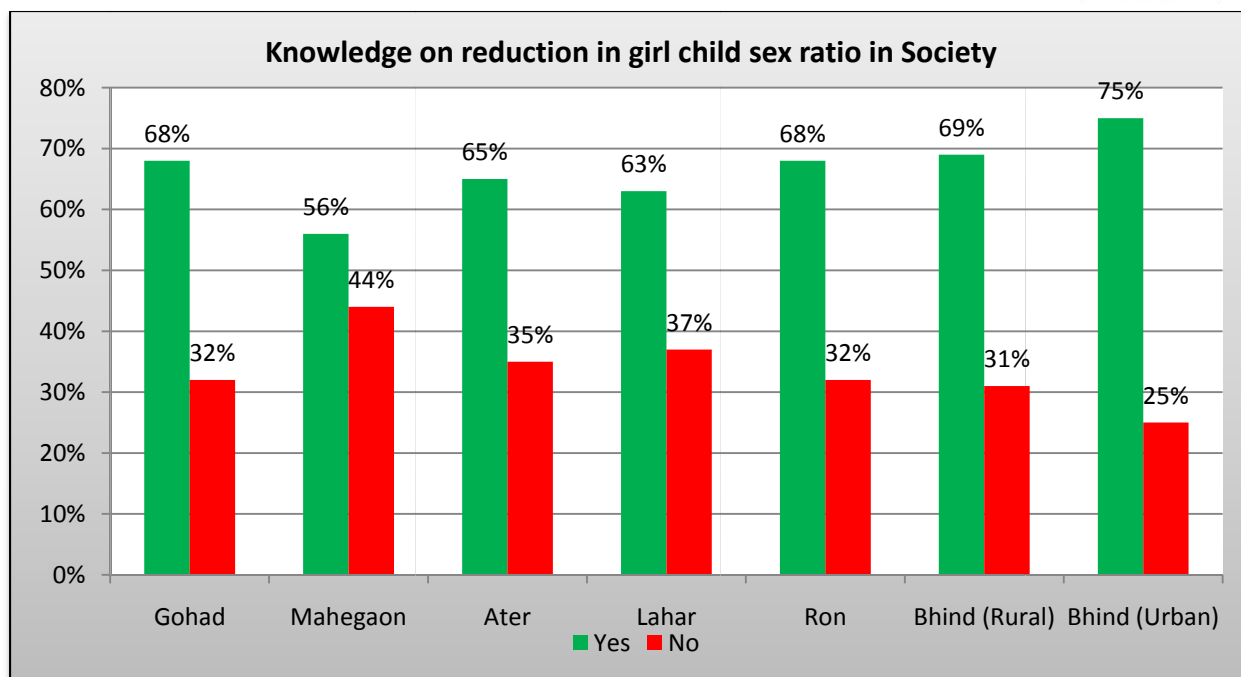
Out of 38% who under goes USG Test, 60% has admitted that “ YES” the Form F has been filled while 40% are unaware of the filling of the form .

2.12 Knowledge on PC PNDT Act-

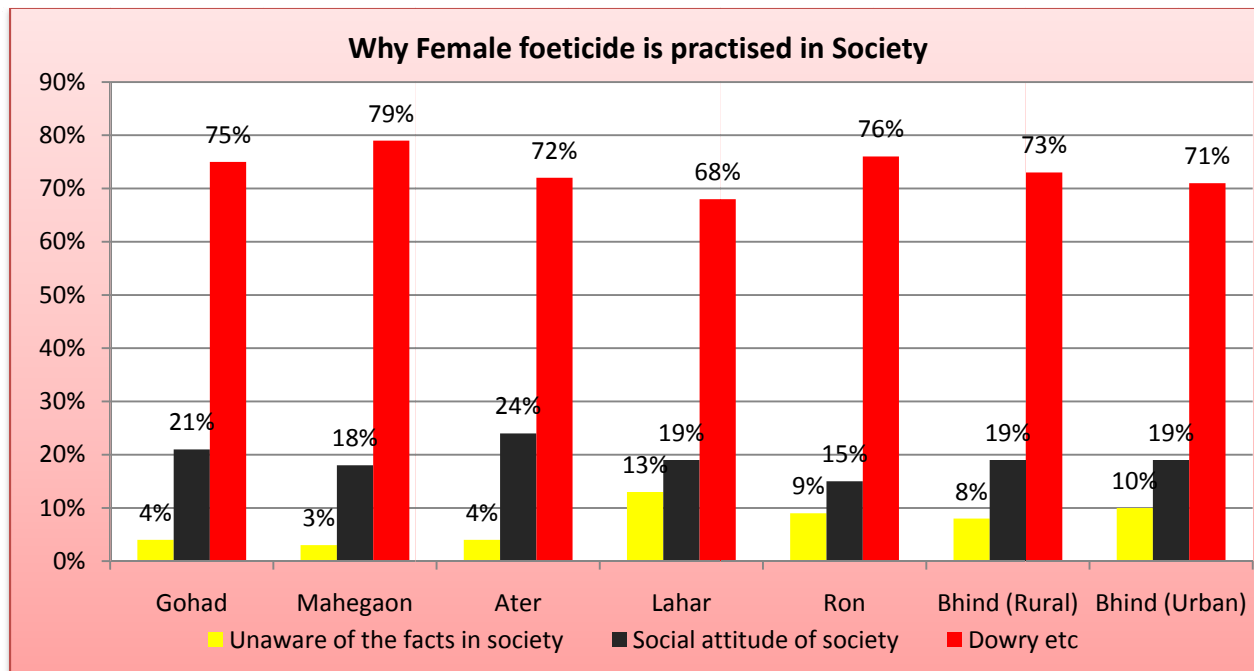


- The analysis showed two aspects on the general knowledge on PC PNDT Act i.e. among urban women respondents there was awareness seen on the Act but with rural women respondents the Act was unknown.
- The urban women responded that they are aware that the Sex Selective Eliminations is a crime and is punishable, but they are also aware that the identification and gathering of proofs are difficult to register the case under this Act, hence they are relaxed.
- Among rural women respondents, they are unaware of such a kind of existence of Act.

The overall pattern is such that due to excessive information dissemination by the government, NGOs, CBOs , print media etc, 48% are aware of the existence and its penalties of PC PNDT Act where as 52% are yet unaware of its existence.



On the question raised on the knowledge on reduction of girl child sex ratio in the society, 66% of the respondents said “YES” they are aware of this issue, though its impact is still not known and about 34% said “NO” the ratio is proportionate.



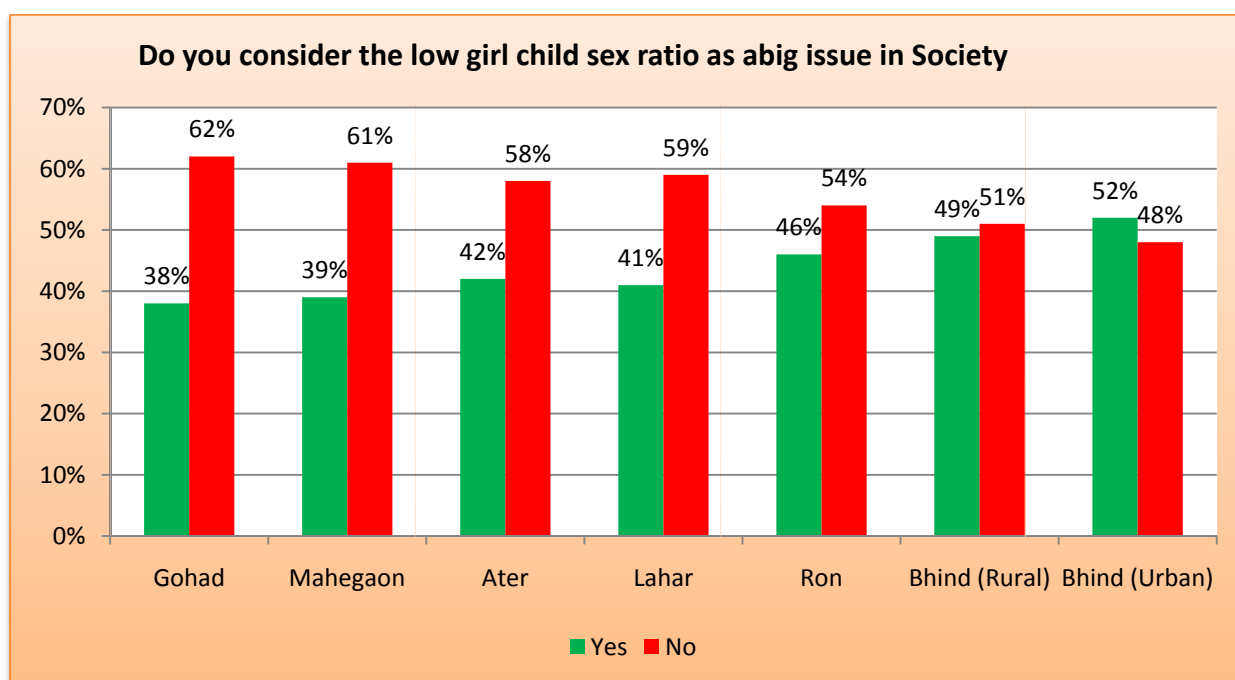
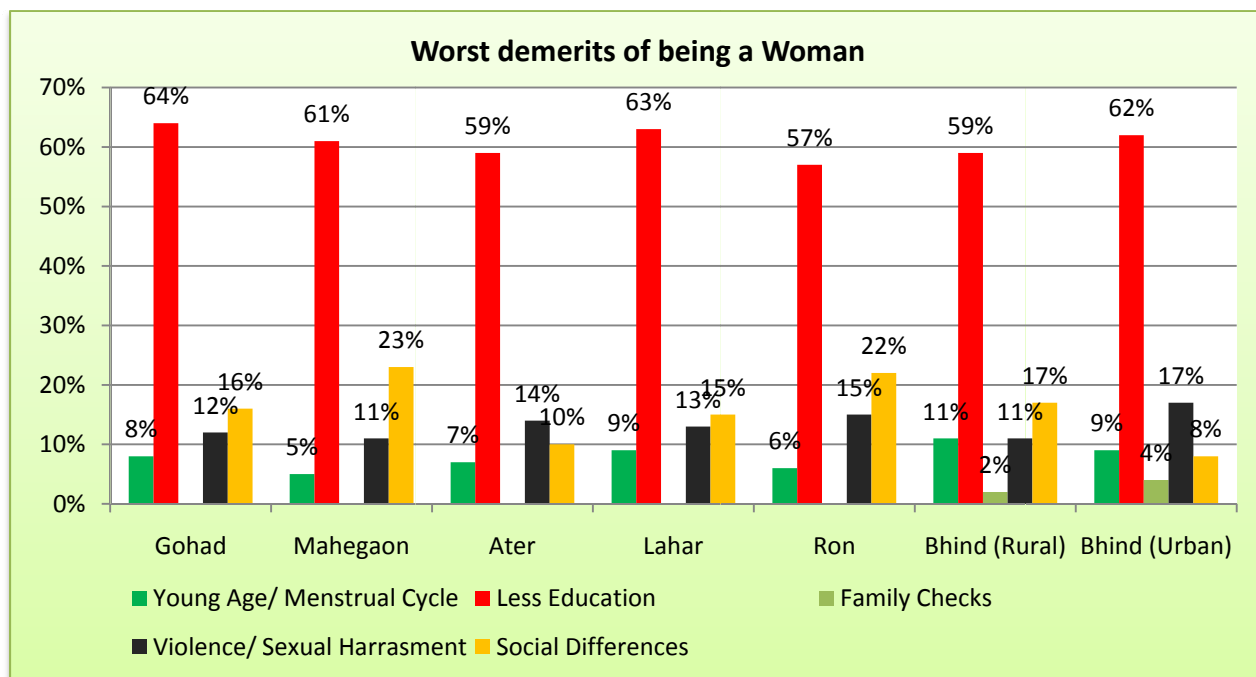
The reasons are different in Bhind as compared to Balaghat, as;

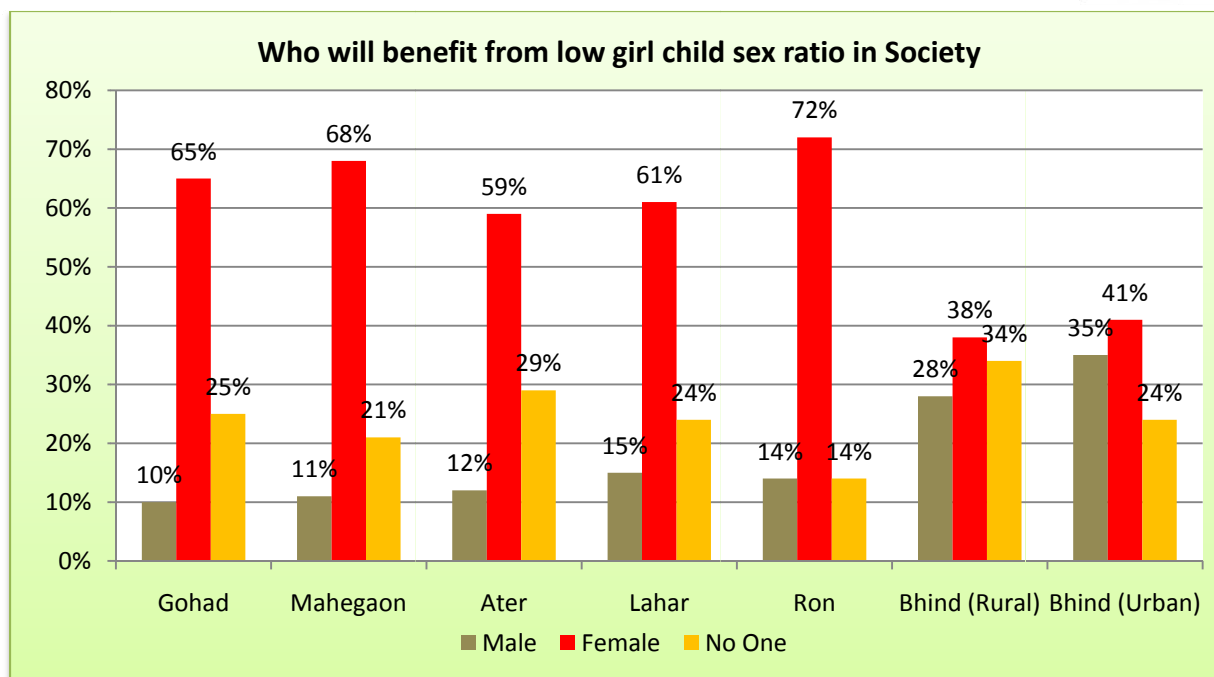
- Dowry – 73%



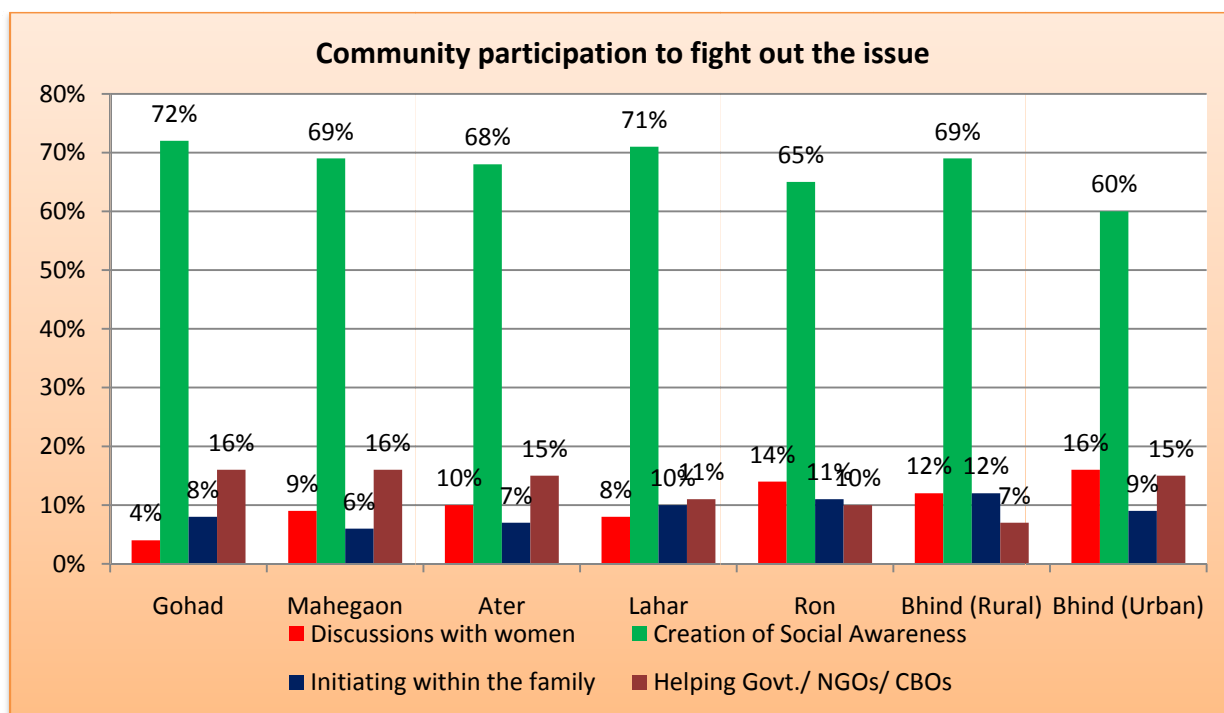
- Attitude of the Society- 19%
- Less knowledge- 8%

This clearly shows that girls are unwanted as the dowry custom is practiced, which has become one of the major reason of female foeticide in Bhind.





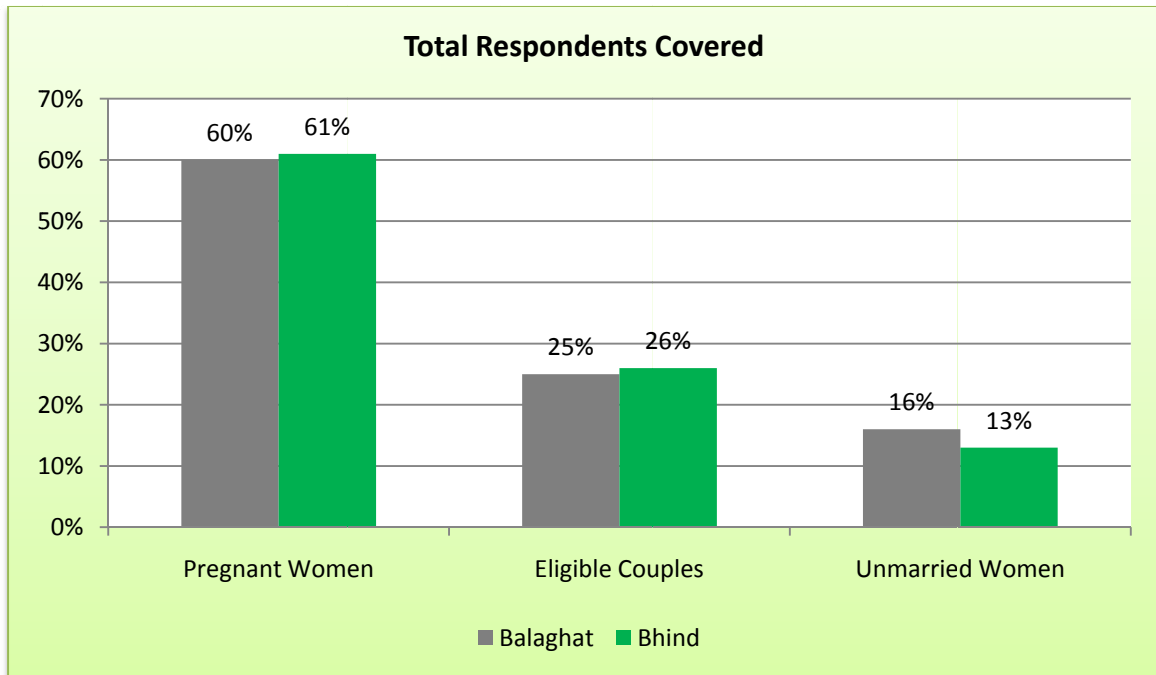
Another interesting fact noticed in Bhind was that maximum of the respondent said that if there is a low girl child sex ratio, the girls will be more benefitted while 22% of the respondent said that no one will benefit out of the imbalanced sex ratio in the society.



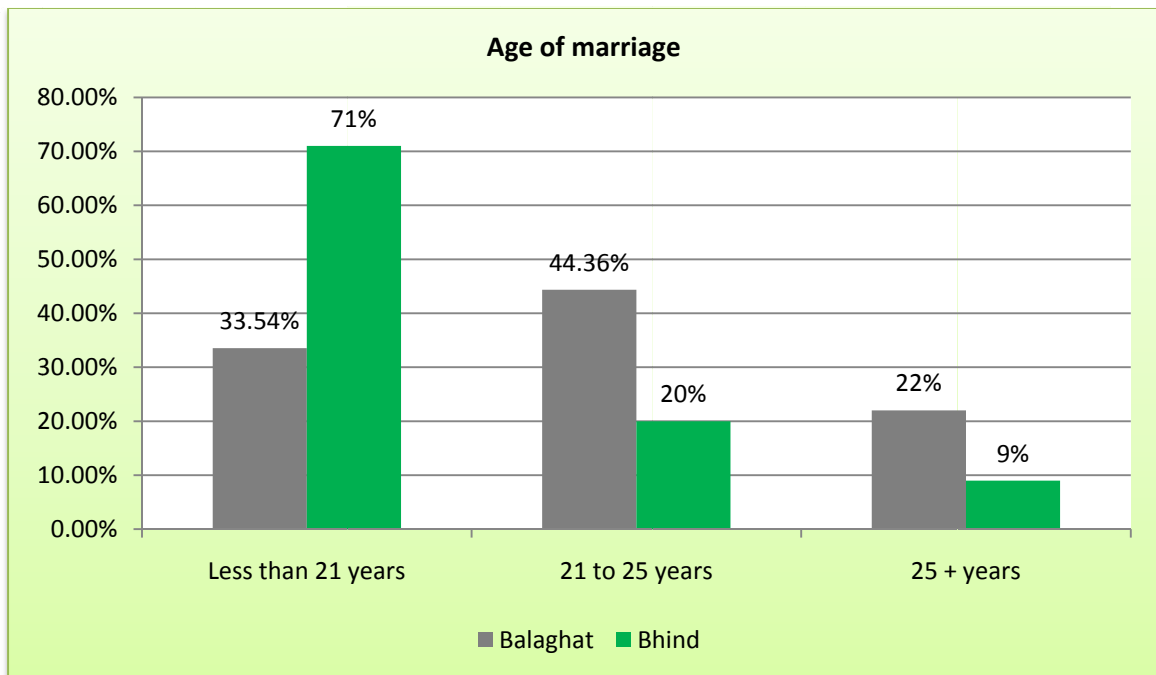


COMPARITIVE ANALYSIS ON FEW MAJOR FACTS

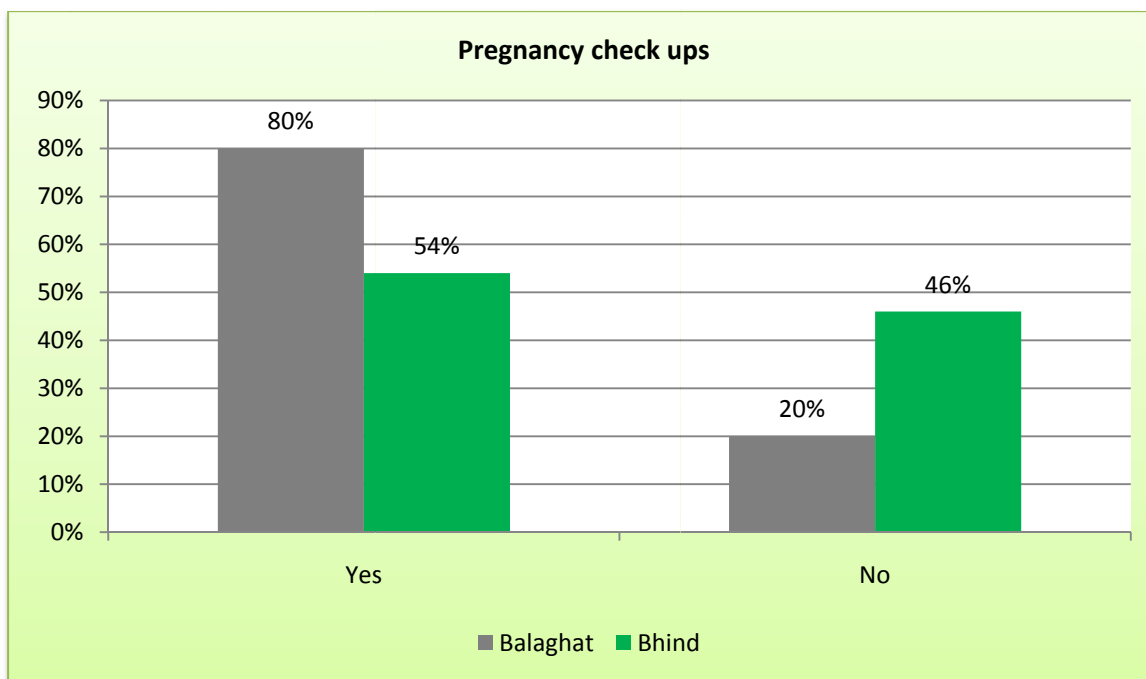
1.1 Total respondent covered:



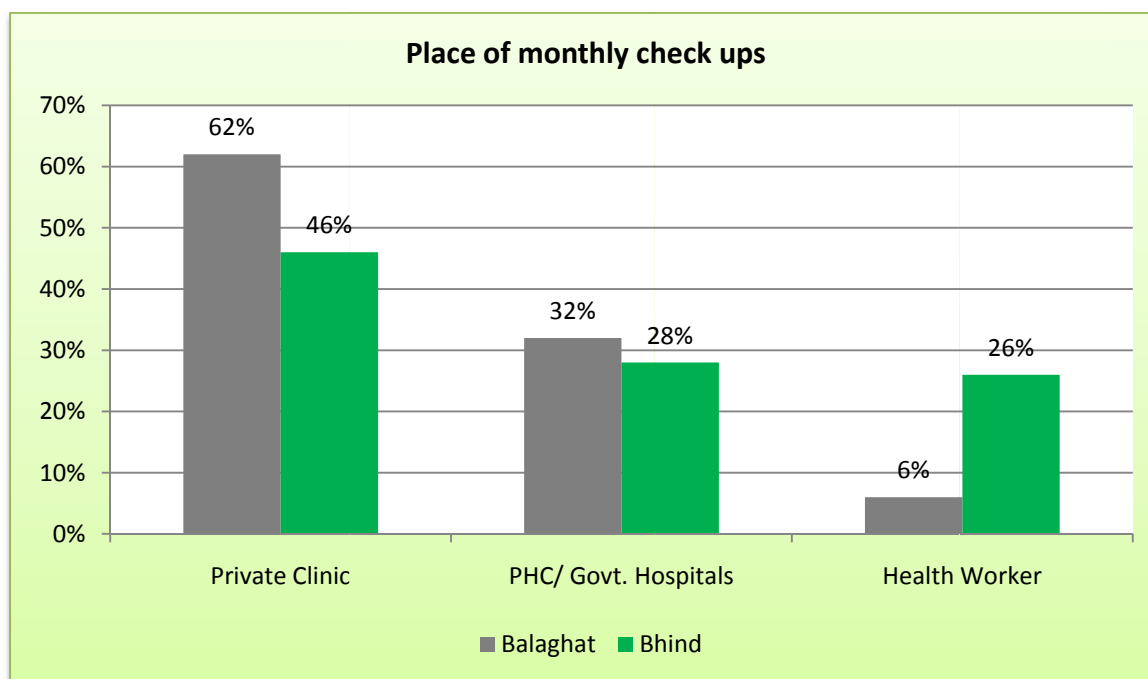
1.2 Age of marriage



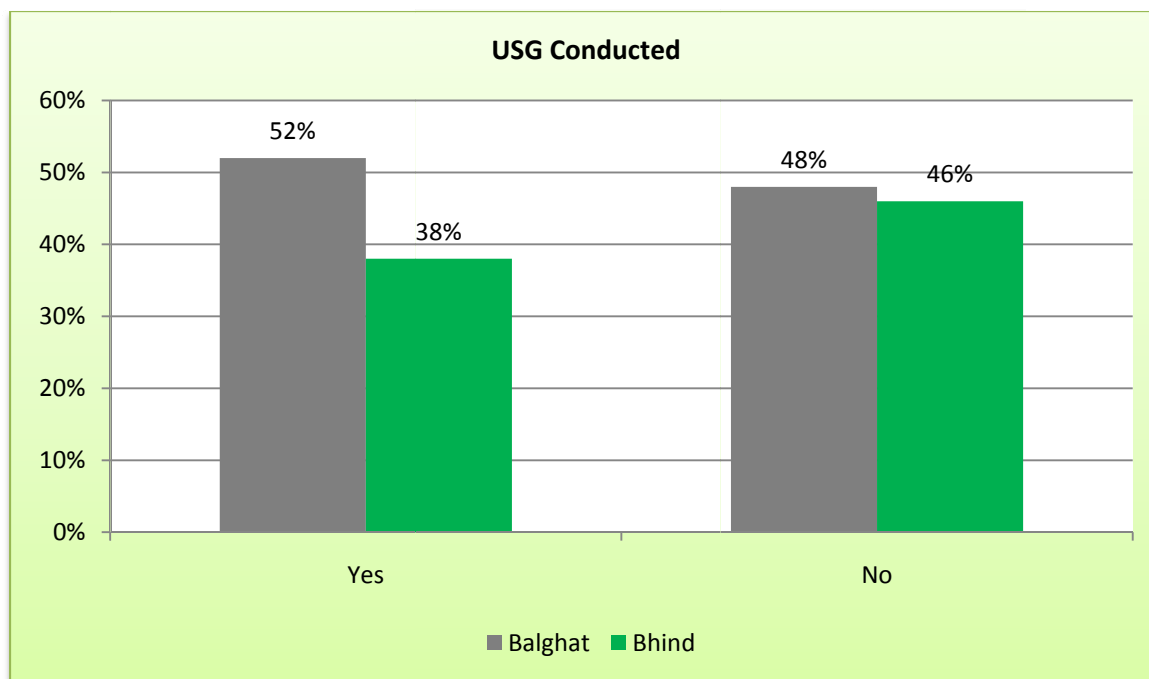
1.3 Pregnancy Check ups



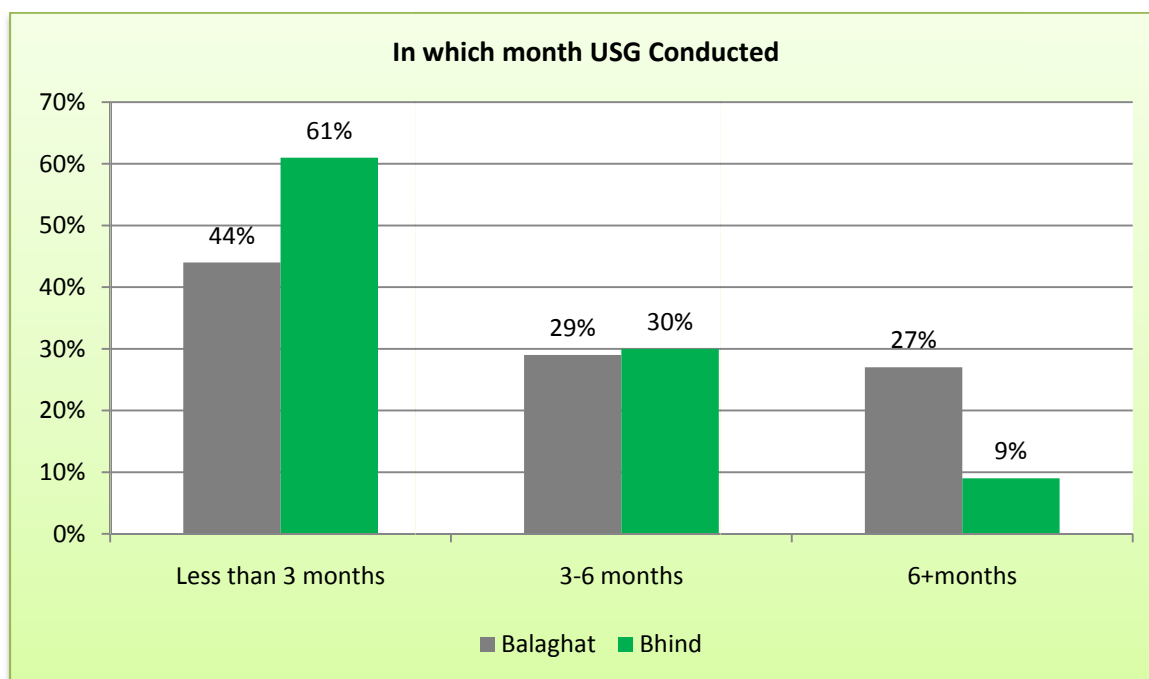
1.4 Place of monthly check ups



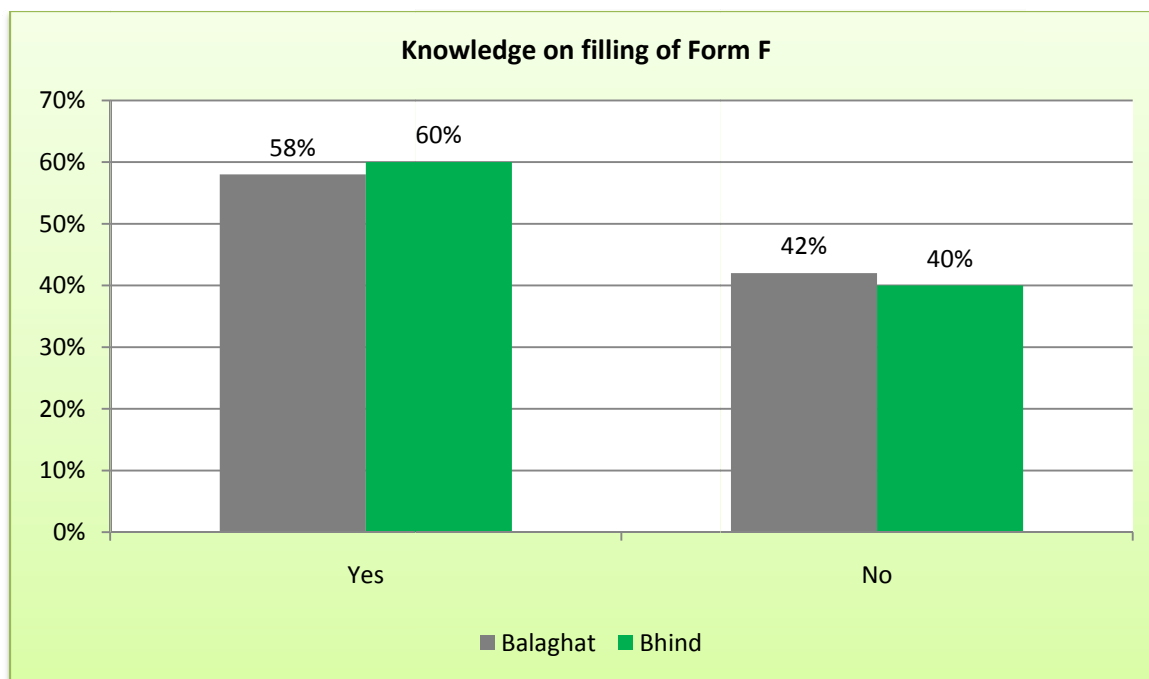
1.4 Sonographic Test Conducted-



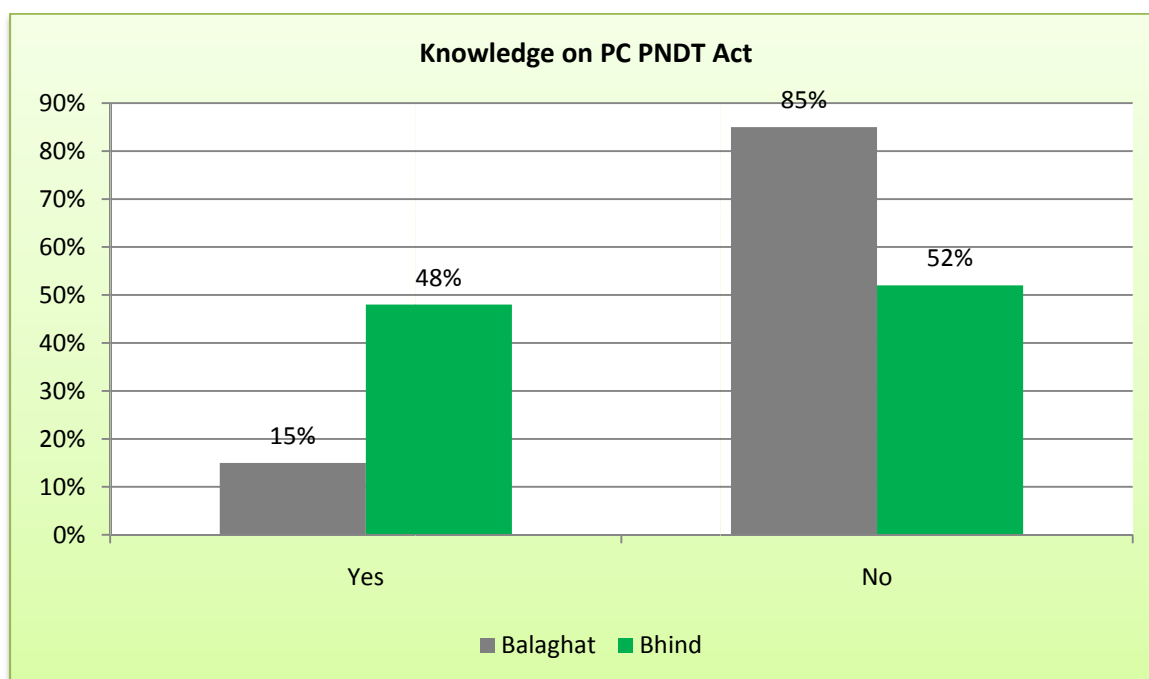
1.6 In which month USG was conducted



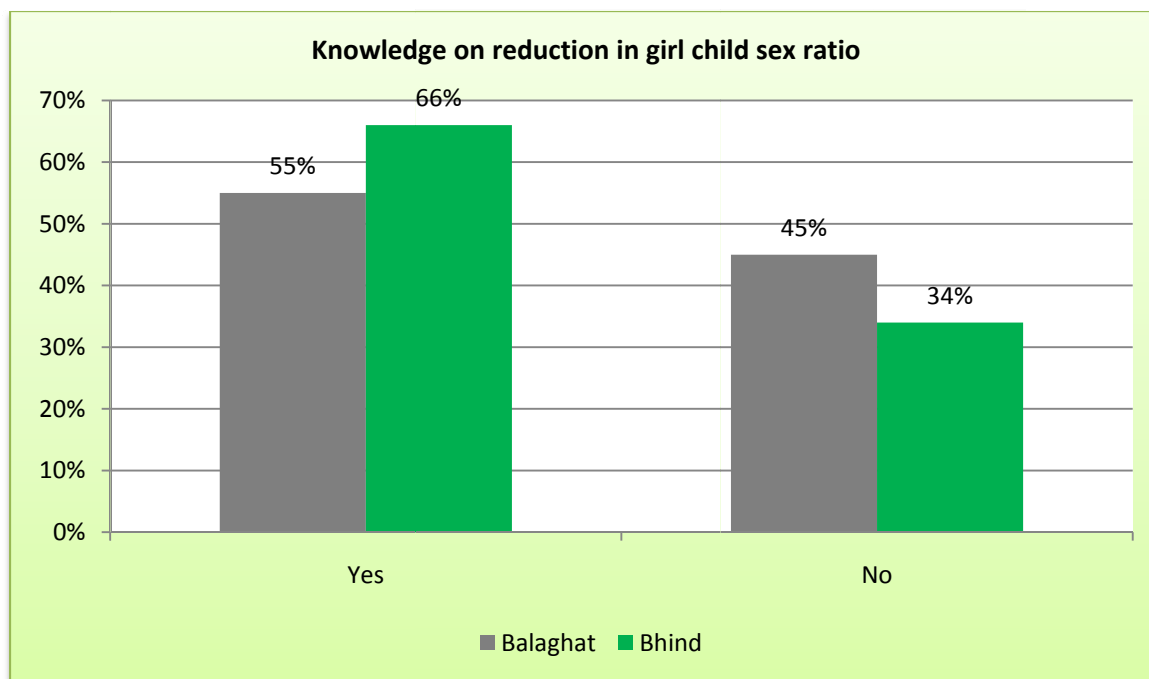
1.5 Knowledge on filling of Form F



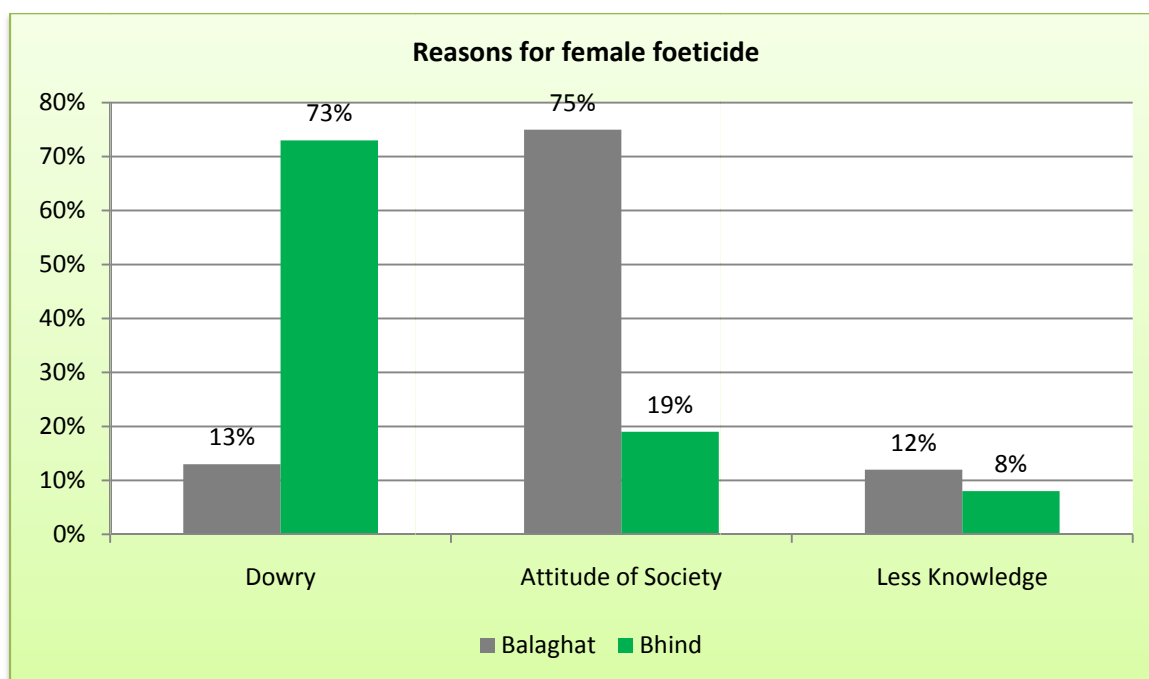
1.8 Knowledge on PC PNDT Act



1.6 Knowledge on reduction of girl child sex ratio in the society

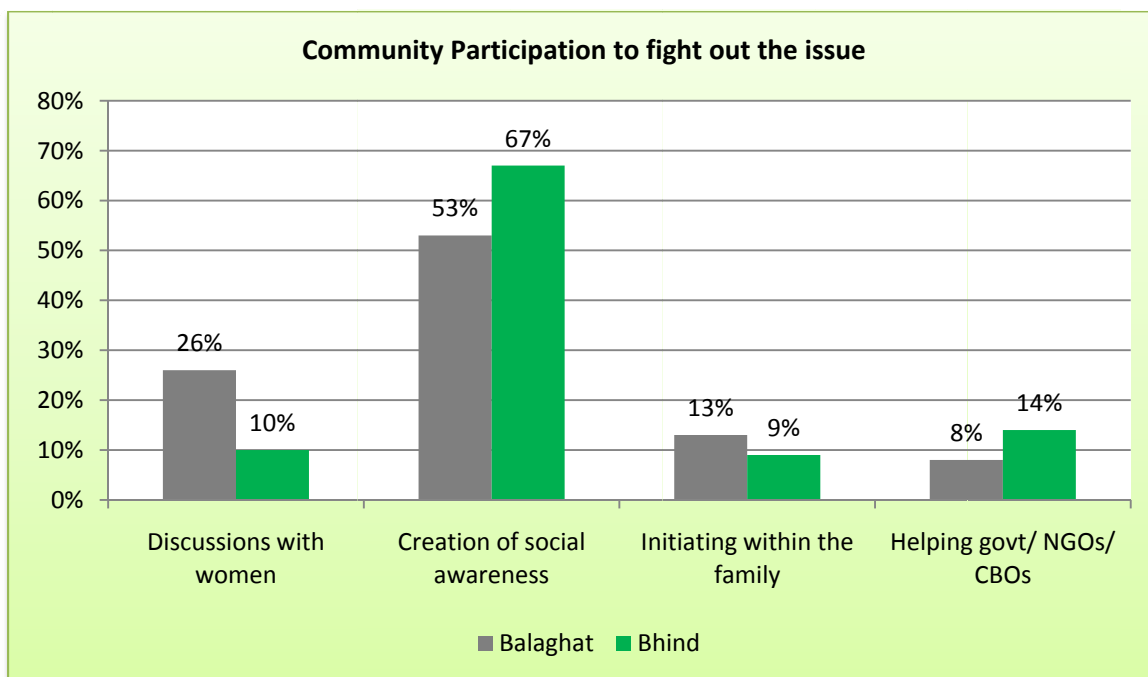


1.7 Why female foeticide is practiced in society





1.8 Community participation to fight out the issue



Photographs



Photograph of Munni Sharma, Padma Sharma, Mithlesh Sharma, Vinita Sharma, Asha Sharma, Ramvati Sharma residing in Raipura Village, Ater Block , Bhind District. All of them got early married and were having at least two to three male child. Female child is like a curse as the dowry rates in Brahmin families are much more.

Picture of meeting with male members in Raipura Village, Ater Block, Bhind district.





Photograph of Guddi, of Kiti Village, Bhind Block has under gone Abortion as she already has three female child. Though she did not confirm regarding SSE but according to few members in village she has undergone SSE. She is residing with her in laws and two elder brothers wives. According to her she has under gone with natural abortions as she had pain followed by blood clotting. She has never enrolled herself with Anganwadi teacher or Asha Worker, hence, the suspicion was present.



The photograph of her family members in Kiti Village, Bhind Block.



Photograph of Kharuwa village, Gohad Block, Bhind district. This village is dominated by Gujar's and is very famous for its lowest girl child sex ratio of 400 girls in 1000 boys. When our team entered the village, we could see no small girls playing in the village and the proud males posed us for the photograph. The village is rich but in values for girls it is very poor. This village has made its international recognition in the lowest girl child sex ratio.





Photographs of meeting with local NGO's regarding the social and cultural conditions of Bhind which leads to such low girl child sex ratio. 10 leading NGOs fighting on this issue in various ways like creation of mass awareness, filling cases against the doctors or sonographic centers, etc. These NGOs at many levels have helped government in making this mission successful.





Picture of respondents being questioned in the hospital.

Picture of Bindu Warede resident of Sonapur village, Kirnapur block, Balaghat district who has 5 daughters and she is again pregnant . This lady is desperate to have a male child and does has even kept her life on stake.





Interview with BMO in Lanjhi block of Balaghat district as a member of Block level committee.

C. ANALYSIS OF ULTRA SOUND MACHINES IN BHIND & BALAGHAT

List of Ultra sound /USG Machine under PC PNDDT Act

Balaghat District

- 15 USG Machines are registered with Appropriate Authority under PC PNDDT Act.
- 4 USG machines were registered in 2000, which have got 2 times renewal.
- 3 machines were registered in 2001, in which all three have got their renewal once and their due date of renewal is 21st June 2011.
- 4 machines got registered in 2002 and they all have got 1st renewal done and their due date is 2012 & 2013.
- 1 machine got registered in 2003, with its second renewal in 2013.
- 3 machines have got registered in 2007 with its 1st renewal date in 2012.

- 4 machines are registered other than in Balaghat town i.e. 2 in Waraseoni, 1 in Malajkhand and 1 in Katangi block and rest all 11 USG machines are from Balaghat town.

Bhind District

- 5 USG machines are registered with Appropriate Authority under PC PNNT Act.
- 4 machines are of private where as 1 machine is with government.
- During the meeting of Advisory Board under PC PNNT Act, six machines were sealed after the inspection and registration was cancelled and their order was passed.
- Among the six cancellations, two were running without the registration, while four machines were being practiced by non technical person according to the PC PDNT Act.
- The another impact seen was according to the complaint made by Appropriate Authority, District Collector , Bhind, two cases were registered in police regarding the sex selective ultra sound and abortions tie ups.
- There was another important notice issued to CMO, Bhind regarding the non permission of any referral cases for Ultra Sound Tests if registered in government hospitals.
- The inspections were made through lottery system for any random inspections to be made at any USG Centers/ genetic centers etc.

D. Major findings of State Supervisory Board under PC PNNT Act.

1.1 Members to State Supervisory Board under PC PNNT Act: There is twenty two members in the State Supervisory Board under PC PNNT Act, headed by Minister for Health and Family Welfare, Government of MP. The meetings are organized once in every four months wherein the Supervisory Board oversee, monitor, and make amendments to the provisions of the Act. There is an notice issued by the Madhya Pradesh Government that the person who will give the information along with the proof of Sex selective elimination done, will be awarded with rupees 1 lac, in which Rs. 50,000 will be given t the time of given information with required proofs and Rs. 50,000 after that the

relevant judiciary action taken (the copy of the letter is attached along the report). During the survey, the interview of these members was taken;

Principal Secretary, Rural Development, Panchayati Raj and Social Justice, Government of Madhya Pradesh, Bhopal

Principal Secretary, Women and Child Development, Government of Madhya Pradesh, Bhopal

Dr. Rajesh Mallik, HOD, Department of Radiology, Gandhi Medical College, Bhopal.

Dr. Neel Kamal Kapoor, HOD, Department of Pathology, Gandhi Medical College, Bhopal

Dr. Veeraj Dubey, HOD, Department of Sociology, Nutan College, Bhopal

Suggestions

- ✓ It is clearly seen that such committees are only concerned to Health Department and the other Department Heads recommend the other staff personnel to attend the meetings. Hence instead of representing by the Head of Department, an officer designated should work as a nodal officer who could regularly attend the meetings as well as responsible and accountable for the decisions taken during the Board Meetings under PC PNDT Act.
- ✓ According to the member, the very definition of specialist conducting the tests is questionable. According to the PC PNDT Act, the “medical geneticist” includes a person who possesses a degree or diploma in genetic science in the fields of sex selection and pre-natal diagnostic techniques or has experience of not less than two years in any of these fields after obtaining –

(i) any one of the medical qualifications recognised under the Indian Medical Council Act, 1956; or

(ii) A post-graduate degree in biological sciences;’

Thus a “sonologist or imaging specialist” means a person who possesses any one of the medical qualifications recognised under the Indian Medical Council Act, 1956 or who possesses a post-graduate qualification in ultra

sonography or imaging techniques or radiology. Here according to the members, there are many private training institutes providing a six months training to become a specialist in imaging techniques. The questions raised was whether after taking six months training, are these specialist capable of handling such a sensitive work of imaging techniques? To be more specific, only definition under the Act has to be redefined or corrected.

- ✓ According to the member, the Committees formed under the Act, should be on the basis of “NACO” where in the officers 24 hours are responsible for monitoring, follow ups and execution of the Act. As the members keeping changing and the sensitization level is not the same, it becomes very difficult to maintain the same enthusiasm for such an important issue. Thus the entire system should be based on the methodology of “NACO” which is a role model.
- ✓ Even the “Gynecologists” yardsticks have to be measured on the practice of termination of pregnancy. Most of the cases the termination of pregnancy is done on the grounds of contraceptive failures, which is again questionable?
- ✓ Another issue raised was that inter state relationships and tie ups have to be monitored as the ultra sound is done in one state and MTP is conducted in another. Hence, the mechanisms have to be developed to work as watch dogs in all the states especially the neighbourhood states.
- ✓ Another suggestion made was that as sex selective elimination is a social issue, the IEC should be promoted and the awareness among the community has to be strengthened especially on the demerits of reduced girl child sex ratio in society.

Though many meetings have been conducted, the main Points highlighted during the meetings of State Supervisory Board were;

1. To identify the sensitized advocates from the legal field and give them the trainings on rules and regulations given under PC PNDT Act in all the districts.
2. To regularize the inspections of all registered bodies under this Act.
3. To check and inspect the qualifications of medical experts who are using the machines and cancellation of unfit technicians as per the norms laid down under the PC NDT Act.

4. A panel of experts from State Supervisory Board was formulated to conduct inspections in districts wherein the sex ratio is less than the average.
5. Validation of data of sex ratio at birth in institutional deliveries.
6. Creation of awareness through IEC modules like nukad natak, films, posters, banners on different aspects of reduction in girl child sex ratio in community.
7. Involvement of traditional and modern media modules in creation of mass awareness on the girl child promotion.
8. Awareness on different schemes promoted for girls and women in development like Ladli Laxmi Yojana, Gaon ki Beti Yojana, rules under PC PNDT Act etc
9. Conduction of orientation camp on 25th March 2010 for members of Legislative Assembly (MLA) during the session of Vidhan Sabha on various aspects of PC PNDT Act.

E. Major findings of District Advisory Board under PC PNDT Act.

In both the districts the District Advisory Board has been formed under the Act and the regular meetings are held. Appropriate Authority provides registration, and conducts the administrative work involved in inspection, investigation, and the penalizing of defaulters.

In Bhind, the committee has taken a lot of action against many Centers as the sex ratio had dropped at a high rate. In Balaghat also the concerned actions has been taken, but here the issue is not “live” as the social factors are different as compared to Bhind.

The major findings are;

- ✓ According to the member of Committee in Balaghat, the law has got to have its public opinion to make it successfully implemented.
- ✓ Usually on the day of the meeting, the inspections of Centers are conducted through the lottery system.
- ✓ The ultra sound machine does not have the data recording system that counts the number of sonography done during a span of time which could be matched with the “Form F”.

- ✓ Tracking of pregnancies is the method through which there could be a check made on the sex determination tests.
- ✓ According to the Appropriate Authority under the Act i.e. district collector of Bhind was concerned that during the filling of Form F, the identification proof is not asked. Here the pregnant woman can give false information. Thus there should be amendment in the Act for asking the identification proof while filling of the Form F.
- ✓ After all the law does not merely prohibit sex selection tests, but allows use of pre natal diagnostic tests only for certain medical conditions. But almost every clinic openly uses ultrasound test for spurious, specious reason call every clinic openly uses ultrasound test for spurious, specious reason called fetal well being. This itself is violation of law under the Act.
- ✓ Ultrasound technology is rarely required for reasons other than pre natal diagnostic technique. Very rarely is ultrasound required for examination of kidney, liver or abdomen. It has been observed that most of the usage of ultrasound technology is restricted to examination of pregnant women.
- ✓ Indeed the PCPNDT Act specifies only few conditions for which ultrasound prenatal diagnostic technique may be resorted too. But most of the ultrasound clinics routinely carry out ultrasound examination, thus totally, entirely and completely violating the law.

F. Major findings of Medical Service Providers in both the districts.

In Bhind and Balaghat the medical service providers were interviewed in which the doctors from Kamla Nehru Government Medical College, district government hospitals, members from IMA, FOGSI Members, Gynecologists, Radiologists, Pathologists etc were the target groups. The main findings were;

- ✓ The doctors from government medical college strongly raised the question on the definition and experience of the technical & trained person involved in imaging machines/ sonography and to certain extends the color doppler tests conducted by such inexperienced persons. There argument was that the subject concerned persons should be given permission under the Act to conduct these very technical tests.

- ✓ According to them, the Act itself allows the separation between the owner and the medical practitioner, and further endorses the profit motive because the only reason a non medical person would invest in such a machine would be to make profit.
- ✓ The private doctors revolted against the sting operations being conducted on them and the pressure of media.
- ✓ There is an attitude of doctors that the Act is meant to harass the doctors, either through they consider the painful and complicated paper work that needs to be carried out or because doctors cannot be expected to know all the provisions mentioned under the Act.
- ✓ The expertise/ technical person conducting the Sonography were against the volume of paper work involved in conducting these tests. Especially the complied reports to be submitted before 5th of each month including the Form F. The procedure for maintaining records and reporting to Appropriate Authorities needs to be simplified.
- ✓ According to the President IMA Balaghat, though there is no major issue of Sex Selective Eliminations in Balaghat and the issue of reduced girl child sex ratio, the IMA has not taken any major decisions or conferences and workshops in there Charter of district IMA. Though there are 60 members of IMA, he is very confident that none of them are involved in SSE.
- ✓ According to the IMA Members from Bhind, they were very happy with the operations conducted by the government to identify the Private Clinics who were involved in determination of sex and in SSE and getting these closed.
- ✓ They also raised that only the doctors are not responsible for this issue but the community or the demand side is more responsible for reduction of girl child in the society. The preference of “Male Child” is so strong that they will go any where to detect the foetus of pregnant women and ultimately getting it aborted when it is detected to be a girl child. They were concerned that even if the competent authorities formed under this Act become active in certain district but the question will always be that what about other neighbouring states.
- ✓ According to them the increase in number of sonography machines being sold often means that a doctor has to have additional services in order to attract the patients and this particular business of offering sex determination services is estimated as being particularly profitable.



- ✓ The major finding was that the doctor's lobby is so powerful and rich, that it is very difficult to go against them. Therefore it has a lot of power to defend their practices.

The major issue is that the ethical grounding of today's medical practice has been completely undermined and the medical profession has been commercialized. This has been proved by general statement that naturally one sonography test per trimester is enough to monitor the proper growth of the foetus. However, the doctors and radiologists do in every month check up during pregnancy. Thus a total number of ten or twelve tests are done unnecessary to get the business.

G. Major findings from Judiciary Officials at various levels. While exploring the various views of stakeholders, the team interviewed the judiciary officials to know the loopholes and the proper implementation of the Act, the major findings were;

- ✓ According to the advocates from Madhya Pradesh High Court in Jabalpur, though very few cases have been registered under the Act but lacks in procedural lapses which occur during the collection of proofs and evidences.
- ✓ There is an immense demand for creation of legal awareness among the judges and legal professions including law students to the intricacies of the law.
- ✓ Unsurprisingly the enforcement if law becomes weak. there is still utmost controversy as to whom will serve as the watch dog to control the misuse of the practice of female foeticide and its implementation is difficult and considering it can only be the doctor who carries out the abortion or mother of the foetus who can be punished



Chapter - 5

Conclusions and Suggestions

Conclusions

Some of the main conclusions emerged from the data analysis has been summarized here. The most important findings emerged and the recommendations based on these are presented below;

Main Findings.

- There is certainly an impact seen after the implementation of the Pre-conception and Pre-natal Diagnostic Technique (Prohibition of Sex Selection) (PCPNDT) Act, 1994 with 2002 amendments in both the districts i.e. Bhind and Balaghat. It could be argued that the implementation of law has been slow and ineffective as the data clearly shows that the sex ratio of girls is reducing drastically.
- However even after 10 years of the law, the practice of sex selection continues unchecked. It is very easy to get sex selection test done on foetus in clinics, if not all of them.
- It is clearly seen that the committees made under PC PNDT Act are only concerned to Health Department and the other Department Heads recommend the other staff personnel to attend the meetings. Hence instead of representing by the Head of Department, an officer designated should work as a nodal officer.
- The main Points highlighted during the meetings of State Supervisory Board were; to identify the sensitized advocates from the legal field and give them the trainings on rules and regulations given under PC PNDT Act in all the districts. To regularize the inspections of all registered bodies under this Act in all the districts. To check and inspect the qualifications of medical experts who are using the machines and cancellation of unfit technicians as per the norms laid down under the PC NDT Act. A panel of experts from State Supervisory Board was formulated to conduct inspections in districts wherein the sex ratio is less than the average sex ratio.
- After all the law does not merely prohibit sex selection tests, but allows use of pre natal diagnostic tests only for certain medical conditions. But almost every clinic openly uses ultrasound test for spurious, specious reason called fetal well being. This itself is violation of law under the Act.
- Ultrasound technology is rarely required for reasons other than pre natal diagnostic technique. Very rarely is ultrasound required for examination of

kidney, liver or abdomen. It has been observed that most of the usage of ultrasound technology is restricted to examination of pregnant women.

- Indeed the PCPNDT Act specifies only few conditions for which ultrasound prenatal diagnostic technique may be resorted too. But most of the ultrasound clinics routinely carry out ultrasound examination, thus totally, entirely and completely violating the law.
- There has to be clear distinction between the “Owner “of the company and “Technician” who is actually using the machine.
- During the meeting of Advisory Board in Balaghat under PC PNDT Act, six machines were sealed after the inspection and registration was cancelled and their order was passed. Among the six cancellations, two were running without the registration, while four machines were being practiced by non technical person according to the PC PDNT Act.
- 15 USG Machines are registered with Appropriate Authority in Balghat under PC PNDT Act.
- According to the Appropriate Authority under the Act i.e. district collector of Bhind was concerned that during the filling of Form F, the identification proof is not asked. Here the pregnant woman can give false information. Thus there should be amendment in the Act for asking the identification proof while filling of the Form F.
- Tracking of pregnancies is the method through which there could be a check made on the sex determination tests.
- The major issue is that the ethical grounding of today’s medical practice has been completely undermined and the medical profession has been commercialized. This has been proved by general statement that naturally one sonography test per trimester is enough to monitor the proper growth of the foetus. However, the doctors and radiologists do in every month check up during pregnancy. Thus a total number of ten or twelve tests are done unnecessary to get the business.
- The major finding was that the doctor’s lobby is so powerful and rich, that it is very difficult to go against them. Therefore it has a lot of power to defend their practices.
- According to the advocates from Madhya Pradesh High Court in Jabalpur, though very few cases have been registered under the Act but lacks in procedural lapses which occur during the collection of proofs and evidences.

- There is an immense demand for creation of legal awareness among the judges and legal professions including law students to the intricacies of the law.
- The reasons of reduction in girl child sex ratio are different in both the districts i.e. in Bhind and in Balaghat.
- The major issue in Bhind is the various variables which have traditionally been responsible for undervaluation of female children whereas in Balaghat the feudal society is mere in number, thus the society is not rigid towards women in general.
- The reason given for the continuation of the practice in Bhind is typically the large dowries and to traditional pride and hypergamous marriage exchanges.
- While the major findings and the comparative analysis is mentioned in earlier chapter among the community in large, the major finding was the reduction of girl child sex ratio is **“A MAJOR ISSUE”** for all i.e. government, medical service providers, NGOs, CBOS and community in Bhind whereas it is not a serious issue in Balaghat district.
- Thus the findings reflected a different scenario in both the districts whether in socio economic dimensions or in implementation level of the Act.
- It became very clear during this study that the with regard to the knowledge on PC PNDT Act among those trying to enforce the law, is lacking.
- It has been observed during the discussions with medical fraternity that in many areas, SSE is conducted even if it is a “male” child so as to have financial gains through false report of confirming it to be a girl child.
- It was also observed that the “Form D” of referral of doctor so as to undergo the test, was not found while conduction of ultra sonography in many clinics, which is a violation of Act.
- It was also observed by the social activists that seizure of machines is not done when the registration of the clinic is cancelled.

Recommendations

- Implement the PCPNDT Act stringently, rigorously and closely.
- The private training institutes running in Bhopal, Gwalior, Indore in Madhya Pradesh providing a six months training to become a specialist in imaging techniques, has to be checked & inspected.

- To seriously work out the impact of PC PNDT Act , the Committees formed under the Act, should be on the basis of “NACO” where in the officers are for 24 hours involved for this mission and are responsible for monitoring, follow ups and execution of the Act.
- The inter state relationships of the State Committees formed under PC PNDT Act has to be strengthened especially the neighbouring states so that they can take serious actions against the USG Centers catering to the near by state community.
- Form F should not be considered as a piece of paper but should be carefully monitored by the District Committee formed under this Act especially in Bhind district.
- The USG machines available in Government hospitals should work mandatory.
- To identify the sensitized advocates from the legal field and give them the trainings on rules and regulations given under PC PNDT Act in all the districts and take legal actions.
- IMA should take serious actions against their members involved in SSE.
- Fully understanding that an evil such as this cannot be addressed in isolation, we are also closely examining related social malaise such as dowry, women's underemployment and exploitation in the society, education standards of the girl child as well as high-school dropouts amongst the girls, early marriages and the arranged marriage system. It is our endeavor to develop sustainable development models for each of the above listed social malaise in India so that these have an impact on improving the ratio of females in Indian society.
- The attempt here is awareness generation and capacity building both amongst the community and the different stakeholders.
- Inculcating a strong ethical code of conduct among medical professionals, beginning with their training as undergraduates.
- Wide publicity in the media of the scale and seriousness of the practice. NGOs should take a key role in educating the public on this matter.
- Regular assessment of indicators of status of women in society, such as sex ratio, and female mortality, literacy, and economic participation. As it becomes too late in assessing the regular reduction of girl child sex ratio in society.
- There is an immense demand for creation of legal awareness among the judges and legal professions including law students to the intricacies of the law.



- To deal with a problem that has roots in social behavior and prejudice, mere legislation is not enough. Various activities have been undertaken to create awareness against the practice of prenatal determination of sex and female foeticide.
- A provision of radiologist along with gynecologist should be made mandatory in registered clinics so that there is complete liability of both if MTP on SSE is conducted.
- The latest information technology should be used for updates of records.

Only if legislations enacted in this behalf are not sufficient. Orthodox views regarding women need to be changed. The PNDDT Act should penalize and punish the violators of this crime strictly. The pernicious acts of female foeticide and coercive abortions have to end.



Chapter - 6

Policy Recommendations

POLICY RECOMMENDATION IN A GLANCE

IMPORTANT FACTS & FINDINGS BASED ON COMPARITIVE ANALYSIS OF ADVERSE SEX RATIO WITH RELATION TO PCPNDT ACT OF THE TWO DISTRICTS IN M.P

Bhind district	Balghat district
PCPNDT Act is being implemented	PC PNDT Act is being implemented.
District Advisory Board and Appropriate Authority are in its existence.	District Advisory Board and Appropriate Authority are in its existence.
The Block level Committees are yet to be formed though the orders have been passed but due to the norms under PC PNDT Act of pre requisite of members especially Gynecologists' , which are not placed in all block , the committee is yet to be formed. Though in few blocks the committees have been formed and their meetings are being held.	The Block level Committees are yet to be formed though the orders have been passed but due to the norms under PC PNDT Act of pre requisite of members especially Gynecologists' , which are not placed in all block , the committee is yet to be formed. Though in few blocks the committees have been formed and their meetings are being held.
5 USG Machines are registered with Appropriate Authority under PCPNDT Act.	15 USG Machines are registered with Appropriate Authority under PCPNDT Act.
Six machines have been sealed and their registrations were cancelled.	No cases of cancellation of USG machines as well of registration.
2 USG machines are with government hospitals and presently both are not in working conditions	2 USG machines are with government hospitals, though one is very old and the other is new, but both are in running condition
In all the USG Centre the pre requisite required under PC PNDT Act were fulfilled like a display board in local language, a copy of Act etc was found.	In all the USG Centre the pre requisite required under PC PNDT Act were fulfilled like display boards in local language, a copy of Act etc were found.
Form F are being filled and submitted every month.	Form F are being filled and submitted every month.
Form F are filled by junior staff of USG Centre, in other words considered as an an extra clerical burden. The reasons and its importance of Form F is not known to all.	Form F are filled by junior staff of USG Centre, in other words considered as an an extra clerical burden. The reasons and its importance of Form F is not known to all.
Inaccuracy in filling of Form F , as while under going through the recent filled Form F , the reasons for conducting USG were similar in all the form. Form F are not being checked regularly after	In accuracy in Filling of Form F. Form F are not being checked regularly after its submission , they are usually packed in bundles and stored.

its submission , they are usually packed in bundles and stored.	
There are two cases registered under PC PNDT Act and are pending in court for their decisions.	No cases are registered under PCPNDT Act .
Tracking of pregnancies was tried though with very small number taking Form F as a tool for investigation by the Appropriate Authority.	Still no efforts have been made to cross check or tracking of pregnancies.
As the issue of adverse sex ratio is more pre dominant, due to the measures taken by concerned committees , NGOs, CBOs, print media etc, there has been a increase of 2 points in 0-6 years child sex ratio in 2011 census.	As the issue is of not that concern as the girl sex ratio is above average, there has been no hard steps taken.
Interesting fact found was that the USG for identification of sex are being conducted in neighbouring states like Uttar Pradesh or in neighbouring big cities like Gwalior, Jhasi etc	The USG for identification of sex is conducted in neighbouring state like Maharashtra or even big cities of Madhya Pradesh .

IMPORTANT FACTS & FINDINGS BASED ON COMPARITIVE ANALYSIS OF ADVERSE SEX RATIO WITH RELATION TO SOCIAL AND CULTURAL NORMS OF THE TWO DISTRICTS IN M.P

Bhind district	Balghat district
There is an overall adverse sex ratio in Bhind district. This adverse ratio is prevalent in all the blocks especially drastically down in Gohad, Mahegaon blocks	There is an overall above average girl child sex ratio in Balaghat. In Wara seoni block the girl child sex ratio has been reduced drastically.
48% of the respondents are aware of the existence of PCPNDT Act.	15% of the respondents are aware of the existence of PCPNDT Act.
The community is aware of the implications under PCPNDT Act in Bhind hence they hide the pregnancies and move to Itawa, Gwalior , Jhasi, Agra for USG for identification of sex leading to sex selective abortions.	The community is not aware of PCPNDT Act but those who are aware, hide the pregnancies and move to Nagpur, Raipur for USG for identification of sex leading to sex selective abortions.
General, OBC and Scheduled Caste are pre dominant caste.	OBC, Scheduled Caste , Scheduled Tribe are pre dominant caste
Early marriages are pre dominant.	The marriage age is between 19 years to 23 years.
Monthly income levels are high.	Monthly income levels are average and more adverse in tribal dominant blocks.
The dowry and “Pao Pujayi” are two cultures which are the main reasons for reduction in	The dowry prevalence is in existence in culture but dominant in social values.

girl child sex ratio. The dowry is given at the time of marriage which differs from 6 to 10 lacs in average in Bhind.	In tribal dominant blocks, this tradition was absent or meager.
Due to strong cultural and social norms, the pregnancies are not declared and are hidden from society and government health agencies. The reasons are of conduction of USG for identification of sex and simultaneously decide whether to go for sex selective abortions.	The adverse sex ratio in some blocks in Balaghat, have the similar conditions as the USG for sex identification and further sec selective abortions are being conducted.

IMPORTANT POLICY RECOMMENDATIONS/SUGGESTIONS BASED ON COMPARITIVE ANALYSIS OF TWO DISTRICTS IN MADHYA PRADESH

CATEGORY	POLICY RECOMMENDATION /SUGGESTIONS
PCPNDT ACT	<ol style="list-style-type: none"> 1. The inter State linkages have to be developed so that each State is aware of the USG Centers catering to neighboring places for USG for sex identification. 2. The Act should have the component wherein the ultra sound machines have the mechanisms of inbuilt counting of numbers of USG conducted in the Centre for its cross check by Form F. 3. There is a difficulty in providing evidence especially the proof of sex determination, which needs to be address by the Act. 4. To clearly distinction between the "Owner "of the company and "Technician" who is actually using the machine.
Implementation of the Act	<ol style="list-style-type: none"> 1. Implement the PCPNDT Act stringently, rigorously and closely. 2. The private training institutes running in Bhopal, Gwalior, Indore in Madhya Pradesh providing a six months training to become a specialist in imaging techniques, has to be checked & inspected. 3. To seriously work out the impact of PC PNDT Act , the Committees formed under the Act, should be on the basis of "NACO" where in the officers are for 24 hours involved for this mission and are responsible for monitoring, follow ups and execution of the Act. 4. The USG machines available in Government hospitals should work mandatory. 5. The identification proof should be asked while filling of

	<p>Form-F</p> <ol style="list-style-type: none"> 6. Tracking of pregnancies should be done at regular level. 7. The latest information technology should be used for updates of records.
Judiciary Level	<ol style="list-style-type: none"> 1. Fast track courts for appeals should be promoted. 2. There is an immense demand for creation of legal awareness among the judges and legal professions including law students to the intricacies of the law. 3. To identify the sensitized advocates from the legal field and give them the trainings on rules and regulations given under PC PNDT Act in all the districts and take legal actions.
Medical community	<ol style="list-style-type: none"> 1. A provision of radiologist along with gynecologist should be made mandatory in registered clinics so that there is complete liability of both if MTP on SSE is conducted. 2. IMA should take serious actions against their members involved in SSE. 3. The concerned staff of the clinic/hospital should be questioned time to time while inspecting the concerned clinics, as they are the “middlemen” between the demand and supply side. 4. Inculcating a strong ethical code of conduct among medical professionals, beginning with their training as undergraduates.
Community	<ol style="list-style-type: none"> 1. Wide publicity in the media of the scale and seriousness of the practice. <u>NGOs</u> should take a key role in educating the public on this matter. 2. Programs needs to be addressed focused on women empowerment especially in the areas of education, health, employment etc. 3. Regular assessment of indicators of status of women in society, such as sex ratio, and female mortality, literacy, and economic participation. As it becomes too late in assessing the regular reduction of girl child sex ratio in society.