CHAPTER-VII
ANALYSIS OF THE FIELD WORK-I
A. CAUSES FOR THE DECLINE IN CHILD SEX RATIO IN VADODARA

INTRODUCTION

Several qualitative studies conducted in last two decades indicate the regional variation in the decline in child sex ratio (CSR). These studies aimed at investigating CSR in particular area based on the socio cultural norms in a given region. They have indicated son-preference, daughter aversion, discrimination against girl child and misuse of the new reproductive technologies (NRTs) as the causes of decline. Using them as a benchmark, the questionnaire and interview schedules were developed for the present study.

Amongst these studies, one of the oldest local studies worth mentioning is that of the rural Punjab by Das Gupta (1987). Since then several studies have been taken up in north-western India specially Punjab, Haryana, Himachal Pradesh, Rajasthan and Gujarat. Tamil Nadu is one of the rare southern states which has a history of female infanticide and thus has been selected by a few researchers. Bumiller (1991), Krishnakumar (1998), George and Dahiya (1998), Shah, Ghelani and Choksi (2001), Patel T. (2007), Kuruvilla (2007), Deshpande (2007), Visaria (2007), Larsen et al (2008), Bora and Tyagi (2008), CHETNA (2008) and John et al (2008 & 2009) have published such local level, i.e. either state, district, urban-rural level studies.

The present study is located in the urban agglomeration of Vadodara city in Vadodara district. The study uses standpoint epistemology with mixed method approach using the qualitative tools of data collection like interviews (with structured and semi structured interview schedules) and focus group discussions (FGDs) with women to substantiate, analyse or cross-validate the quantitative data. There is also partial quantification of the data in the analysis for its effective representation in forms of tables, graphs or charts. The respondents for interviews include women and men, medical practitioners, legal practitioners, marriage bureaus, Government officials, members of PCPNDT Committee and academicians.

This chapter, beginning with the analysis of the prevailing socio-cultural attitude in society about son-preference and discrimination against daughter in section-I, further discusses the attitudes of the medical and legal professionals in section-II and III respectively.
A few case studies from the field are also included in the discussion to indicate the ground level reality of women’s lives in Vadodara. The names of the respondents are either not disclosed or changed for maintaining the confidentiality and secrecy of their identity.

SECTION- I

7A.1 SOCIO-DEMOGRAPHIC PROFILE OF RESPONDENTS

In the present study efforts have been made to maintain a balance in socio-demographic variables like, caste, class, religion, language, marital status, educational qualification and so on. The purpose of the interviews was to gain an insight on the attitude towards the girl child amongst the population of Vadodara, the ideas and factors responsible for son-preference, attitude and awareness regarding the use and misuse of SD and SSA, its impact in society, awareness about the PCPNDT Act and the campaigns run by the government and civil society organizations to save the girl child. Following are the basic demographic details of the respondents involved in the research. The details of FGD are discussed in chapter-III and FGD Matrix (App.-II). For analytical convenience the responses are converted into percentage rounded to the nearest complete value.

7A.1.1 RESPONDENTS BY SEX

Since the research is located in standpoint approach which recognises women’s voices based on their location as an important and valuable source of information to understand their attitude, majority of the respondents are females. Also the unavailability and hesitation on the part of males to be interviewed on the said subject matter limits their participation in the research. From a total of 150 respondents, 128 were women and 22 were men.

![Figure 7A.1: Respondents by Sex](image)

7A.1.2 AGE GROUP

To check the popular belief about older generation being traditional and orthodox in mind set with a stronger son-preference and younger being more modern, the respondents are
selected from across the age group where the youngest is 19 year old and the oldest is about 75.

**TABLE 7A.1**

<table>
<thead>
<tr>
<th>Age group (in years)</th>
<th>Respondents (in percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 20</td>
<td>04%</td>
</tr>
<tr>
<td>20-25</td>
<td>19%</td>
</tr>
<tr>
<td>26-30</td>
<td>02%</td>
</tr>
<tr>
<td>31-35</td>
<td>05%</td>
</tr>
<tr>
<td>36-40</td>
<td>15%</td>
</tr>
<tr>
<td>40-45</td>
<td>15%</td>
</tr>
<tr>
<td>46 and above</td>
<td>40%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

**7A.1.3 RESPONDENTS BY RELIGION**

The census records on sex ratio based on religion clearly suggests that the sex ratio amongst Sikhs and Jains is lowest followed by Hindu and then Muslims and Christians. Religious values regarding son-preference, aversion to daughters, norms regarding permitting or denial of abortion are all influencing the sex ratio of that community. Therefore, in the present study efforts are being made to cover Jains, Sikhs and Hindus in individual interviews and Muslims in FGDs. Corresponding to the strength of each religion in the city, maximum respondents are Hindus (Census of India, 2011).

**TABLE 7A.2**

<table>
<thead>
<tr>
<th>Religion</th>
<th>Respondents (in %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hindus</td>
<td>90%</td>
</tr>
<tr>
<td>Jains</td>
<td>07%</td>
</tr>
<tr>
<td>Sikhs</td>
<td>03%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>
There were about 12 women respondents belonging to Muslim community who participated in the FGD at Bavamanpura.

7A.1.4 RESPONDENTS BY LANGUAGE

As per the discussions in chapter-VI on ethnographic background of Vadodara city, the majority of population is Gujarati speaking population. But because of the social and economic reforms initiated during the Gaikwad rule, there is a large population of immigrants who have come to the region in search of job opportunities in major industries. The population of Vadodara is therefore multi-lingual. Language as an important aspect of culture influences the attitudes of a given community and hence, the study tries to cover respondents from varied linguistic groups like Marathi, Sindhi, Punjabi and Hindi. However the majority (88%) are from Gujarati speaking population

![FIGURE 7A.2 RESPONDENTS BY LANGUAGE](image)

7A.1.5 RESPONDENTS BY CASTE

The 2001 census records on sex ratio and CSR in Vadodara based on caste clearly highlighted the disparity in sex ratios amongst different caste groups, wherein the sex ratio in scheduled caste and scheduled tribe groups was far better than the higher castes (Census of India, 2001). To identify the difference in caste norms and its influence on the son-preference and attitudes towards the girl child, respondents are selected from different caste groups. Even the documentary evidence on different caste group’s norms on gender roles and existence of history of female infanticide amongst Rajputs, Patels, etc (see chapter -V) had to be examined in the current context.
TABLE 7A.3
RESPONDENTS BY CASTE

<table>
<thead>
<tr>
<th>Caste Groups</th>
<th>Respondents (in %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brahmins</td>
<td>38%</td>
</tr>
<tr>
<td>Vaishnavs</td>
<td>22%</td>
</tr>
<tr>
<td>Patels</td>
<td>09%</td>
</tr>
<tr>
<td>Lohanas</td>
<td>04%</td>
</tr>
<tr>
<td>Rajputs</td>
<td>05%</td>
</tr>
<tr>
<td>Schedule Castes</td>
<td>12%</td>
</tr>
<tr>
<td>Others</td>
<td>10%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

7A.1.6 RESPONDENTS BY MARITAL STATUS

Although it is the married population who are the stake holders in the use and misuse of NRTs and the deciding group regarding the sex ratio of the population, a few single (unmarried) respondents were selected to understand the future trend towards son-preference and their awareness regarding the NRTs.

TABLE 7A.4
RESPONDENTS BY MARITAL STATUS

<table>
<thead>
<tr>
<th>Marital status</th>
<th>Respondents (in %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>75%</td>
</tr>
<tr>
<td>Single</td>
<td>20%</td>
</tr>
<tr>
<td>Divorcee/separated</td>
<td>Nil (0%)</td>
</tr>
<tr>
<td>Widowed</td>
<td>05%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>
7A.1.7 EDUCATIONAL BACKGROUND OF THE RESPONDENTS

In order to comprehend the impact of education on attitude towards the gender roles, the attitudinal change brought by higher education, its relation with the awareness regarding the issue of SD, SSA and the Act prohibiting the same, the respondents are selected from the varied educational background wherein the least qualification is SSC amongst individual interviewees. There was an attempt to examine co-relation between education and gender equality; education and SD and SSA.

<table>
<thead>
<tr>
<th>Educational Qualification</th>
<th>Respondents (in %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>H.S.C. or below</td>
<td>11%</td>
</tr>
<tr>
<td>Under Graduate</td>
<td>20%</td>
</tr>
<tr>
<td>Graduate</td>
<td>52%</td>
</tr>
<tr>
<td>Post Graduate</td>
<td>15%</td>
</tr>
<tr>
<td>Professional</td>
<td>02%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

7A.1.8 RESPONDENTS BY EMPLOYMENT

It is often assumed that working women has a better negotiation power in decision making in the household, especially pertaining to reproduction, family type and family size (Chavda and Bhagylaxmi, 2009). To examine this assumption as well as to understand the co-relation between work participation of women and aspects of reproduction the respondents are selected from employed and unemployed groups. As discussed in chapter-V on the ethnographic profile of women in Vadodara, the work participation of women in Vadodara is lower than the male counterparts, even in the research data collected from this study, there is a clear difference between the proportions of respondents who are employed (42%) vis-a-vis the unemployed or home makers (58%). Within the employed groups, balance is maintained between salaried class and business class. As per Miller’s (1981) arguments with reference to son-preference in North and South India, propertied, landed class has a stronger son-preference compared to the salaried group and hence, the present study also attempts to examine the difference in responses regarding son-preference in both the classes (Miller, 1981: 27).
7A.1.9 RESPONDENTS BY INCOME

Just like the caste myth of lower castes devaluing daughters more compared to the upper castes, previous studies in the area have also broken the myth of son-preference being a characteristic of poor sections of society (Agnihotri, 2003; Bumiller, 1991; John et al, 2008). To comprehend the relation of class with SD and SSAs, respondents are selected from across the different class background. The income groups vary between less than Rs. 1,00,000 per annum to more than Rs. 10,00,000 per annum.

**TABLE 7A.7**

<table>
<thead>
<tr>
<th>Income group</th>
<th>Respondents (in %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below Rs. 1,00,000</td>
<td>07%</td>
</tr>
<tr>
<td>Rs. 1,00,000-3,00,000</td>
<td>23%</td>
</tr>
<tr>
<td>Rs. 4,00,000-6,00,000</td>
<td>16%</td>
</tr>
<tr>
<td>Rs. 7,00,000-9,00,000</td>
<td>11%</td>
</tr>
<tr>
<td>Rs. 10,00,000 and above</td>
<td>43%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>
7. A.1.10 RESPONDENTS BY THE NATURE OF FAMILY

Family as the basic social institution plays an important role in decisions regarding reproduction, family size, family type and also the attitude towards SD and SSA. As seen in the chapter-VI on normative constructions, in the northern and north western kinship pattern, the reproductive role of women is largely influenced by the expectations and norms of joint family system (Das Gupta, 1987; Deshpande, 2007). Hence, to assess the impact of the nature of the family (joint or nuclear) on the women’s decision regarding family type and family size, almost equal proportion of respondents are selected from joint as well as nuclear families.

<table>
<thead>
<tr>
<th>Nature of family</th>
<th>Respondents (in %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint family</td>
<td>52%</td>
</tr>
<tr>
<td>Nuclear family</td>
<td>48%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

7A.2 REPRODUCTIVE PROFILE OF THE RESPONDENTS

The problem of SD and SSA leading to decline in the CSR is located in the larger structure of reproduction and women’s health. Women’s reproductive history thus becomes an important criterion to understand the problem of declining CSR. Following are the details of the reproductive profile of women respondents of the study.

7A.2.1 RESPONDENTS BY AGE AT MARRIAGE

The age at marriage is an important indicator of the status of women in the society. The average age at marriage being high indicates a more empowered position for women. It also indirectly contributes to better literacy and better negotiation power in the matrimonial home. Vadodara has been at a forefront in abolishing child marriages since the Gaikwad reign. And hence, the average age at marriage has always been higher than the national average. Corresponding to the National Family Health Survey (NFHS) -III (2005-06) data of age at marriage for women being 20-25, even in this study more than 70% of the respondent’s age at marriage was between 20-25 years.
7A.2.2 AGE AT THE TIME OF FIRST CHILD

As discussed in the chapter on normative construction, immediately after marriage there is a social pressure on the women to bear children. District Level Health Survey (DLHS) (2008) and NFHS (2005-06) reports have repeatedly pointed out the minimal age gap between the marriage and the first child. Most of the respondents in the present study too had their first child in less than two years of their marriage. More than 60% of the women had their first child before the age of 25. However, although 15% of the women respondents had got married before the age of 20, they all started the family only after they attained the age of 20 years.

**TABLE 7A.10**

<table>
<thead>
<tr>
<th>Respondent's age at first child (in %)</th>
<th>Age at first child (in years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nil (0%)</td>
<td>Below 20</td>
</tr>
<tr>
<td>16%</td>
<td>20-22</td>
</tr>
<tr>
<td>45%</td>
<td>23-25</td>
</tr>
<tr>
<td>30%</td>
<td>26-28</td>
</tr>
<tr>
<td>07%</td>
<td>29-31</td>
</tr>
<tr>
<td>02%</td>
<td>31 and above</td>
</tr>
<tr>
<td>100%</td>
<td>Total</td>
</tr>
</tbody>
</table>

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**TABLE 7A.9**

AGE AT MARRIAGE OF THE RESPONDENTS

<table>
<thead>
<tr>
<th>Age at marriage (in years)</th>
<th>Respondents (in %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 20</td>
<td>15%</td>
</tr>
<tr>
<td>20-22</td>
<td>38%</td>
</tr>
<tr>
<td>23-25</td>
<td>33%</td>
</tr>
<tr>
<td>26-28</td>
<td>12%</td>
</tr>
<tr>
<td>29-31</td>
<td>01%</td>
</tr>
<tr>
<td>31 and above</td>
<td>01%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>
7A.2.3 NUMBER, SEX AND ORDER OF CHILDREN

In the post family planning era, the average size of the family is shrinking in all the north-western states and Gujarat is no exception. Small family norm and two-child norm is adhered to. The average family size of Gujarat from 3 children in NFHS-I has now come down to 2.4 NFHS-III. In urban areas it is still lower at 1.9 children per family. (NFHS III, 2005-06). Vadodara depict a similar picture. The average size of the respondent’s family was 2 children. 70% of them had 2 children. The size of the family is shrinking and only 2% of them had 4 or more children and 10% had 3 children. There are a considerable 18% of the families with just one child.

The number of children is closely linked to the sex and birth order of the children. As reported by the researchers in the earlier reports the families with first son limits their family size with one child but families with first daughter often go for the second child in the hope for a son (Croll, 2000; Das Gupta, 1987; Oldenburg, 1992; Shah et al, 2002 and NFHS-III). The sex ratio of girl child drastically drops in the second and the subsequent birth orders. And in most of the cases families with more than two children has daughters in the first two birth order.

**FIGURE 7A.3**

**RESPONDENTS BY NUMBER OF CHILDREN**

In the present study this arguments stand partially true. It doesn’t hold completely true in terms of the relation between number of children and sex of the children. It is also observed that the small family norm or one child norm which is seen as a factor influencing the family size and type also is not showing any significant impact here. Amongst the respondents with just one child there are almost an equal number of families with just one son (8%) or one daughter (10%). It is contrary to the data reported so far wherein parents often go for the second child after the birth of their first daughter. Here there are considerable 23% families with only daughters (one or two daughters) vis-a-vis 16% with only sons. Majority
of the respondents had one son and one daughter (48%). What is however important to note that amongst families with more than two children, there are 10% of them having two daughters and one son which indirectly states that these couples went for a third or a subsequent child for a son.

The birth order and the sex of the child amongst the respondents however, give a better idea about the son-preference involved in the decisions regarding family type and family size. The sex ratio of girls in second and subsequent birth order falls drastically amongst the respondents, whereas there is a marginal increase in the number of boys born after the first order. i.e. more than 60% of the respondents had first daughter, falling to less than 40% in the second order whereas 36% had sons in the first order which increase to 42% in the second order. And the ratio is completely imbalance with no daughter in the fourth and fifth order but only sons. Majority with the first order girl has gone for second child.

**TABLE 7A.11**

**RESPONDENTS BY SEX AND NUMBER OF CHILDREN**

<table>
<thead>
<tr>
<th>Sex and number of children</th>
<th>Respondents (in %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>One son</td>
<td>08%</td>
</tr>
<tr>
<td>One daughter</td>
<td>10%</td>
</tr>
<tr>
<td>One son and one daughter</td>
<td>48%</td>
</tr>
<tr>
<td>Two sons</td>
<td>08%</td>
</tr>
<tr>
<td>Two daughters</td>
<td>13%</td>
</tr>
<tr>
<td>More than two daughters</td>
<td>10%</td>
</tr>
<tr>
<td>More than two sons</td>
<td>03%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

The FGDs also covered the reproductive profile of women in the groups. The number, sex and order of children were included in these profiles. The class and work participation of women influenced the family size and type to a great extent. A majority of the women from slums of Kisanwadi and Bavamanpura had more than two children. An average of them had two daughters and one son whereas the FGD participants from Bank of Baroda, LIC and Zankaar cultural group had two or less children in the family. However majority of these women had at least one son. For a labour class, number of children is directly linked with
number of earning hands; however the son-preference does influence the number of children. It is discussed in detail later in the section on son-preference.

7A.2.4 ABORTIONS, SEX SELECTIVE ABORTION AND MISCARRIAGES

The number of miscarriages and abortions a woman undergo in her reproductive cycle are important indicators of her reproductive profile. The respondents in the study were asked about their reproductive history in detail with history of miscarriages and abortions along with nature of abortion being natural or induced and the reasons for undergoing induced abortions. 10% of the women have had miscarriages in their reproductive cycle and in most cases they were due to biological reasons associated with her reproductive health. A considerable **23% of woman had undergone abortion.** Of all these, 50% of them aborted posing contraceptive failure as a reason for their unwanted pregnancy. However **a significant 50% admitted of going for SSA followed by SD test.** The test involved in all these 50% SD was ultrasound sonography (USG). A majority of these abortions were done at the time of the second pregnancy and after the first child being a daughter. From the overall respondents one can infer that almost 10% of the women admitted of going for SD and SSA. A couple of them while discussing their reproductive history admitted of having undergone ‘treatment’ (undergone pre-conception method of SD) from reputed clinics of Vadodara and surrounding areas in order to assure birth of a male child.

There were instances of multiple deliveries (of daughters) against the women’s will till they have a male child. In two to three cases there were 3-4 daughters in the family (where the women wanted only two children) and had then either undergone pre-conception sex selection methods or have adopted a child of the desired sex.

Even the participants from FGDs admitted of undergoing themselves or heard of women in their neighbourhood of undergoing such ‘treatments’ which assured a male child. Women from Kisanwadi and Bavamanpura group also agreed to the fact that either they or women in their locality have approached quacks or medical practitioners who promised and convinced them of assuring birth of a male child with their ‘treatment’.
7A.3 ATTITUDE TOWARDS THE GIRL CHILD

In the field work, questions were asked to assess the respondent’s attitude towards the girl child on the assumption that these responses would indicate prevailing attitude in the society. Some of the questions may not be directly linked to the issue of declining CSR. But they are pertaining to the practices, beliefs and ideologies that discriminate against the girl child within the larger structure of patriarchy.

7A.3.1 IDEAL SIZE AND SEX COMPOSITION OF THE FAMILY

In the present study 82% of the respondents prefer two children. A mere 9% insisted on just one child. And an equal 9% preferred more than two children in the family. It also supports the data collected by NFHS. As per NFHS-III (2005-06), for almost 72% of the couples in Gujarat the ideal size of the family is two children or less. Post the family planning programme the ‘hum do hamaare do’ slogan has been shaping people’s attitude and decision regarding the size of the family. In majority families, the actual number of children and the ideal preferred number of children did match. In a few cases the biological limitations and reproductive problems restricted women to just one child where they preferred two. On the other hand, a few preferred only two children had gone for the third child for the sheer need for a male child. The most common reason given for their preferences for two children was that there will be an emotional support and company for each other when one has siblings.

<table>
<thead>
<tr>
<th>Ideal size of the family (number of children)</th>
<th>Respondents (in%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>One child</td>
<td>09%</td>
</tr>
<tr>
<td>Two children</td>
<td>82%</td>
</tr>
<tr>
<td>More than 2 children</td>
<td>09%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

More than the size of the family it is the preferred sex composition of the family that indirectly affects the issue of SD and SSA. As per the NFHS data on fertility preference adults in Gujarat show a strong preference for sons. One in five or more women and men want more sons than daughters, but only two percent want more daughters than sons. However, most men and women would like to have at least one son. In a similar study
conducted in Mehsana by CHETNA, a civil society organization in Gujarat revealed at least 95% of the respondents desire to have one son and one daughter as their ideal sex composition in the family (CHETNA, 2008: 2). In a pilot study conducted by Sahiyar Stree Sangathan (a civil society organisation in Vadodara), in 2000-01, 41% of the respondents believed that a male child is essential in the family (Shah et al, 2002: 17).

Modern reproductive procedures like IVF and Surrogacy is also not left out from the influence of son-preference. According Dr. Nayana Patel from Anand, which is a well known surrogacy hub in Gujarat, “even those parents (Indian) who opt for surrogacy expect a son. Almost 65% of them have a very strong son-preference and insist on having a male child through surrogacy, in fact 20% of them opt for surrogacy at the time of their second child hoping that IVF done in surrogacy might ensure birth of a male child” (Patel, N., 2009: 3).

Very similar results are found in the present study in Vadodara. Only 10% of the respondents want only daughters. 45% of them wish to have at least one son. And 36% do not have a strong preference and won’t mind having children of any of the sex.

**FIGURE 7A.4**

**IDEAL SEX COMPOSITION OF THE FAMILY**

![At least one son: 45%
Only daughters: 10%
anything: 36%]

Amongst the participants of FGDs, the general preferred family size was two children. Although the women in Kisanwadi group admitted that with rising inflation it is very difficult to bring up more than one child. The group at Bavamanpura differed to a great extent to the general response. For most of them, the ideal number of children in the family should be three-four. In which there should be at least one-two sons. Though they all believed that number of children and sex of the children are in the hands of ‘Allah’ and whatever he gives we should accept. According to them their religion does not allow family planning and hence, they continue to bear children irrespective of the desired number or sex of the children. There were cases of five daughters born to the couple and were still waiting for ‘Allah’ to gift them.
a son. In one of the FGDs with literate working women all the participants preferred one daughter and one son as the ideal sex composition. For them:

“One daughter and one son is an ideal family, one should get an experience of bringing up both the sexes, as it is very different to bring up both of them.”

“We should have both a son and daughter, because mothers establish an emotional bond with daughters as they grow up and fathers need a son to establish that bond”

At the same time there were also participants who thought that siblings from same sex have a better bonding and hence, should have two daughters or two sons. An older woman from the literary cultural group had a very different theory. For her:

“Having just one child means the whole burden of looking after the parents in their old age fall on him or her alone and hence, if parents can afford they should have 3-4 children so that they can all share the responsibility”

In all the FGDs the participants disagreed with one child norm. Siblings for them provide for an emotional company and establish a support system for each other. They all agreed to the fact that decisions regarding the size of the family should be based on economic conditions but the sex composition is purely based on the social background of the family. They all believed that size of the family can be decided independently by the couple if both of them are economically self-reliant. If the woman in the family is not an earning member, she has a little say in family decision making process. There were only a few instances of families, where woman was able to put her foot down and deny more than one child irrespective of the sex of the child.

7A.3.2 SON-PREFERENCE AND ITS CAUSES

As discussed earlier in the introductory chapter and also in the chapter on normative construction of girl child, son-preference is one of the most influencing factors responsible for decisions regarding SD and SSA. As seen in the earlier studies (Miller, 1981; Dyson and Moore, 1983) based on the patterns of kinship and family relations in northern and north western India delineates four major reasons for necessity of a male child in the family, namely, family lineage, economic security in the old age, as a heir for business and property and for performing funeral rites and other religious duties for the deceased parents.
CHETNA’s study in Mehsana revealed that only 15% of the families prefer son for providing a security in the old age (CHETNA, 2008: 2). A study conducted in Ahmadabad in 2009, had some peculiar results regarding son-preference prevalent in Ahmadabad. The main causes as per this study for son-preference were in the line of previous studies on the issue. Keeping the family line (42.14%) and the girl not staying with parents after the marriage (50.45%) were cited as the major reasons for son-preference and daughter aversion respectively (Chavda and Bhagylaxmi, 2009: 187). The study found that education, place of residence and cultural factors play a role in son-preference. Vadodara being the immediate neighbour and having a similar socio-economic and cultural background, one can probe the issue by assuming similar factors affecting the choices of family size and sex composition.

Based on these assumptions, in the present study, respondents were asked to rank or order their reasons of son-preference in the family. Majority of them (60%) believed that son is necessary for continuing the family lineage. Respondents ranked economic insecurity in the old age and heir for business or property at par (18%) as the next reason for son-preference and a very small number of respondents believed that son is required for performing the last rites of the deceased parents. A point that emerged was a co-relation between the community, age group and reasons given for son-preference. The business or propertied class like Jains, Patels or Lohanas posed heir for business or property as their reason for son-preference. Younger generation (below the age of 35) felt that sons provide an economic security in old age and hence, are important. The majority who believed in son as a means of continuing family lineage were from Brahmin or other dominant community. Where as they, irrespective of their class, caste or community, believed that daughters are capable of performing the funeral rites of the deceased parents.

<table>
<thead>
<tr>
<th>Reasons/causes</th>
<th>Respondents (in %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family lineage</td>
<td>60%</td>
</tr>
<tr>
<td>Economic security</td>
<td>18%</td>
</tr>
<tr>
<td>Heir for business/property</td>
<td>18%</td>
</tr>
<tr>
<td>Performing funeral/last rites</td>
<td>04%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>
Participants from the FGDs also had a similar response. They did agree the universality of son-preference across groups. The participants at Bavamanpura FGD unanimously said:

“ladka ho aisi chaht to sabko hove....duniya ka dastur hai jo saalo se chalta raha hai” (everyone has a desire for sons..It is a an age old custom going on for long)

The community based reasons for son-preference differed, but all were in consensus for the need of at least one son. Another respondent, mother of three, from the Kisanwadi FGD revealed that:

“One of our family members has six daughters and then one son. Son is required to look after the farm. The daughters will get married and go away, and then who will look after the farm, who will inherit the property”?

There is also a general belief that having brother will continue the flow of gifts to the girl’s marital home even in the absence of parents and hence her marriage prospects are also decided by the fact that whether she has a brother as a sibling. One of the respondents from the working women’s group believed that:

“Daughters are treated well in their in-laws house if they have a brother. It assures a continuous flow of gifts and favours even after the death of her parents”

The most common reason for son-preference was for continuation of the family name or lineage and repeatedly it was expressed by respondents in different groups. Sons are required for ‘keeping the doors open’ (maintain the ancestral house/property) is the usual metaphor used by them. Sons are also looked at as a security in the old age. Women in FGD believed:

“Chhokro hoy to mari gaya pacchi naam naa bhusaay, ghar khullu reh” or Darwaaje khule rakhne ke liye beta hona chahie. (If we have sons, our family name will continue and the house will be preserved having an owner”).

<table>
<thead>
<tr>
<th>Case study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaidehi, a mother of three (two daughters and a son) from a middle class Brahmin family was forced to undergo SD and SSA at the time of her third pregnancy. The family had a desire for a son to continue their family lineage and thus when she was pregnant for the third time and when the SD test revealed a female foetus, she was forced to undergo SSA. Subsequently, in her next pregnancy, when the SD test revealed a male foetus, she was allowed to continue with her pregnancy.</td>
</tr>
</tbody>
</table>
However, a small group of women respondents believed that daughters are emotionally more attached to their parents and can look after better in their old age. The respondents from Zankaar FGD believed that religion has spread a wrong message amongst the followers regarding the necessity of son for religious purpose and funeral rites and hence need to be condemned collectively. It seemed that educated and working women have easily discarded the religious pressures but have not completely been away from social pressures of son-preference.

7A.3.3 DAUGHTER AVERSION

Son-preference in Gujarat, like the other northern and north-western counterparts has been accompanied by daughter aversion. The general explanations given by scholars for daughter aversion are dowry or high marriage cost, the responsibility of protecting her virginity, one child norm and so on. However, these arguments do not hold completely true in context of Gujarat. As per instance, a study suggests that Gujarat is comparatively safer for women and her mobility is less restricted especially in urban areas (Sareshwala and Khan, 2013). One child norm as discussed earlier is not a determinant in deciding the family type as seen in the earlier section on ideal size of the family. Discrimination in imparting education, or investing in the health and nutrition of daughters however, is still persistent (discussed in chapter-VB in ethnographic details of Vadodara as well as in Chapter-VI).

During the field work, discrimination in terms of daughter’s health as a part of belief system that considers her as someone else’s property or burden for her natal home, was confirmed by a leading paediatrician from Vadodara as well. Amongst her patients who

### Case study

Manjuben Makwana, an elderly domestic servant from a Scheduled caste is a mother of four sons. Her second daughter-in-law had given birth to three consecutive daughters. Unhappy with this, they had taken her for SD test (which she agrees is illegal, but managed to get it done with the influence of her son’s employer who is a big name in automobile industry). Three consecutive tests revealed that daughter-in-law had female foetus and all three were hence aborted and therefore, she was taken to quacks in Vadodara who gave medicine for conception of a male child. After number of efforts, prayers and pleading at religious shrines daughter-in-law finally gave birth to their heir, a son. The age difference between the first daughter and the son is of almost 15 years. Manjuben is tensed that the first three granddaughters will have to be given a lot of dowry and gifts at the time of marriage and subsequently at their child birth. Although she wishes to have a small family, the need of having a vaaris (heir) made it necessary for her to have more pregnancies.
belong to the higher middle or middle class population, she came across such discrimination in access to health care according to her, “Girl infants are neglected over and above their male siblings when in need for medical treatment, especially when the potential treatment cost is high.” Even the child development officer of one of the aanganwadis catering to poor section of Vadodara confirmed that “there is discrimination amongst young girls compared to boys in terms of nutrition, health, food in takes, breastfeeding etc”. So, although a small population agrees of considering her a burden or investing in her as a futile exercise, people across class practice the basic discrimination in terms of basic necessities of life.

Along with the above mentioned forms of discrimination there were evidences of verbal and emotional abuses as well. Like in one the cases, Ahluvalias, affluent Punjabi family having a chain of stores in Vadodara, have two daughters and one son. At the time of the birth of their second daughter itself the family was expecting a boy child but since it did not happen, the second daughter is subject to continuous neglect and verbal abuse. Her mother openly confesses that Simran (their second daughter) has come nakkami (unwanted, useless).

Dowry and marriage cost has been a major factor in considering daughters a liability or a burden (discussed in detail in the previous chapter on normative construction). Even if there exist a practise of bride price, marriage cost has generally been borne by daughter’s parents. The flow of gifts to the groom and his family does not end at wedding functions but continues at the occasion of all major events and festivals in their daughter’s life. CHETNA’S study in Mehsana proves this fact with 37% of the respondents admitted of considering a daughter as burden because one needs to pay high dowry for her marriage (CHETNA, 2008: 5).

Based on these assumptions, respondents were asked to rank or order the reasons for daughter aversion. The majority stressed upon the factors like mandatory practise of dowry or soaring marriage costs behind daughter aversion. A very few believed that small family or one child norm is responsible for daughter aversion.
TABLE 7A.14
CAUSES FOR DAUGHTER AVERSION

<table>
<thead>
<tr>
<th>Reasons for daughter aversion</th>
<th>Respondents (in %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dowry/marriage cost</td>
<td>45%</td>
</tr>
<tr>
<td>Protecting her virginity</td>
<td>35%</td>
</tr>
<tr>
<td>Small family/one child norm</td>
<td>05%</td>
</tr>
<tr>
<td>Considered to be someone else’s property</td>
<td>15%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

Just like son-preference, the education and age of the respondents influences the order given to the reasons for daughter aversion. The young and educated class doesn’t consider dowry as a reason for aversion but protecting her virginity is still a burden for them. This contradicts with the presumption of Gujarat being safe for women. The issue of safety and security of a girl child or importance given to her virginity is an impediment in her survival even in contemporary times should be a matter of concern. This also needs to be located in the insecurity emerging after the communal riots in the city in 2002. Certain respondents did express the concern about daughters being targeted during communal riots and this is indeed a factor creating aversion to daughters.

Almost all the individual respondents agreed that giving gifts or accruing marriage cost at the daughter’s wedding forms a part of social obligation. Where 60% of them attributed it to community pressure and substantial 40% believed that it is their primary duty to give dowry or accrue marriage cost at their daughter’s wedding.

Case studies

A domestic servant in Vaghodia road area is a mother of a daughter. At the time of her second pregnancy she managed to get sex determination done from a private clinic in the same area and came to know that there are twin female foetuses in her womb. Already ‘burdened’ with a daughter she did not want to raise another two daughters and decided against giving them birth and went for SSA.

In one more similar case, A maid paid Rs.25, 000 to abort the female foetus after a SD test from a private clinic. She had two daughters already and was worried about the payment of dowry at the time of their marriage; and so decided against having a third daughter.
Women from various FGDs also agreed that more than any other reason it is the dowry or high marriage cost which makes the daughters a liability especially in case of poor household with more than one daughter. Women from lower income group at Kisanwadi agreed that:

“Dowry is a must for our daughters. No one will hold their daughter’s hand, if we don’t give dowry...In order to give their daughter’s in good family they should be given dowry in the form of box bed, steel cupboards, other household items or even up to a car, whether they can afford it or not”.

“They (in-laws) had asked for Rs. 7,00,000 and I could afford only Rs. 2,00,00 and so now my daughter has to face lot of hurtful remarks from her mother-in-law”.

The enormously high amount of dowry is spreading amongst all classes and castes and daughters’ parents are forced to go out of their way to fulfil the demands and are scared to face the consequences if they fail to do so. A participant from a lower middle class female headed household said:

“We had to spend Rs.12,00,000 rupees on my daughter’s wedding..I sold of all jewellery of my ancestors to manage the cost of marriage”... “There was a case in my village where the bride was not taken along by her marital family even after marriage ceremony was over till her father fulfilled the demand”.

In contrast, amongst Muslims, where there is meher (bride price) and no demand for dowry, situation should have been better. But the marriage cost is entirely to be borne by the girl’s parents. And they strongly believed that grooms family should not contribute to the marriage cost. Also protecting girls from violence is a major responsibility and a burden to daughter’s parents.

Amongst certain communities like Patels amongst Hindus, not just the marriage function’s cost but the cost of travel of groom and his relatives (Baraat and Band cost) had to be borne by the bride’s parents. As it was expressed in the FGDs the increasing simulation of media and otherwise where exhibiting ones wealth at wedding is an indicator of one’s rising
social status amongst elites has put a lot of pressure on middle class families for spending a high amount to match the established standards. A respondent rightly pointed out that there should be limit to what is spent on marriages. “Kariyavar ne kaantha hova joie” which means there should be a fixed limit to the amount that should be spent in dowry irrespective of one’s capacity.

The group of women at LIC of India also looked at dowry as a substitute for share in father’s property. For them it is justified to give dowry in the form of gifts to the daughter at her wedding as that is the only way in which she has a claim in father’s property.

“Although women have property rights, but no sisters ask for it, because it is son who takes care of their parents and hence it should be given only to him. Daughters who ask for share from her father’s property are looked down upon”.

There was a unanimous consensus about the castes and communities in which dowry is a menace. Patels from Charotar or Mehsana, Marwadis, Sonis, Rajputs, Barots and Lohanas were the most common names of castes given by the respondents where dowry is the major cause for considering their daughter’s as burden. Even the Child development officer (CDPO) from aanganwadi agreed that “Dowry is a problem even in smaller towns of Vadodara. Communities like Durbars (Rajputs) and Patels have a major problem of dowry”. Barring these communities where dowry exist, the marriage cost is going high for all the communities irrespective of the caste, class or socio-economic position in the society and this, by far seems to be major factor creating aversion to daughters, especially more than one daughter in the family.

**7A.3.4 HIGHER EDUCATION AND MARRIAGE OF GIRLS**

Since the Gaikwad Reign, Vadodara has been at the forefront of higher education and female literacy. There have been a lot of reforms and encouraging environment for higher education amongst girls since then. Even now women’s literacy is high especially in the urban agglomeration. But unfortunately as in other parts of India, higher education amongst girls is seen as an obstacle in her marriage as it important for the men to be more qualified than the women. It is also seen as a threat to the status quo in society where education may lead to empower her that make her question her subordination (Inchani and Lai, 2008: 70). The respondents in Vadodara too agreed to this. They agreed to the existence of discrimination in terms of lesser and poor quality education for girl child.
Hence, when the respondents were asked about higher education being an obstacle in finding a suitable groom for their daughters a majority (around 60%) responded in affirmation. The common reason given was because the boys from certain communities do not pursue higher education and girls with a higher qualification often reject grooms on the basis of lack of intellectual compatibility. On the other hand 40% respondents, where majority were below the age of 35 believed that higher education is not an obstruction in finding a suitable groom. It depends on the caste and only if there is an insistence on intra-caste marriage that it becomes difficult to find a suitable groom. However, it should be noted that a small population from the former group 60% may restrict the access to the daughter’s education in the fear of having a problem in future for her marriage.

Participants among the FGD at Kisanwadi believed that girls should get education only till the age of 17-18, after that as and when parents manage to collect the dowry amount, she should be married. Her higher education is not attributed to her willingness or her abilities. It is only a stop gap arrangement till her parents manage her marriage expenses. Even amongst participants from Bavamanpura, education was not a basic necessity for girls. For them, both son and daughter should be educated now. But they agreed that if girls get highly educated find it difficult to get a suitable groom. Some also believed that:

“Investing in higher education of girl is of no use as ultimately she won’t be contributing to family’s income after her marriage. It is also difficult for girls to go out and work, but can earn by staying at home, taking care of household work as well as earn a living. After marriage very few men allow their wives to go out and take up a job of their own”.

7A.3.5 ATTITUDE TOWARDS INTER-CASTE MARRIAGES

Caste, kinship and family play a very important role in decisions regarding marriages in India especially that of a daughter’s marriage. Inter-caste marriages, though legal in principle, are still not accepted in India. Gujarat too has limited freedom in terms of inter-caste marriage. Comparatively, Vadodara historically being a migratory hub and a cosmopolitan city do not rigidly follow caste endogamy. High level of literacy, migratory working class population and interaction with multiple groups has all contributed to its population being tolerant towards the caste system. However, within the broad spectrum, inter-religious marriages or marriage of a higher caste to a scheduled caste is still not acceptable.
In the present study when asked about the preference of caste for their daughter’s wedding. A majority 67% believed that it is not necessary for their daughter to get married in their own caste. Where as a 33% firmly insisted in marrying their daughter within their own caste. Linking this to the previous question it is essential to note that since, parents find it difficult to find qualified boys in their own caste, they expressed that they are sometime ‘forced’ to look for a suitable match outside the caste. Although the question did not cover religion as a parameter for marriage almost all the respondents strongly believed that it is still accepted to marry outside ones caste but not outside ones religion for sure. Women from all focus groups belonging to various religions strongly condemned the idea of inter-religious marriages. The religious enmity created post Godhra riots of 2002 has further reinforced religious intolerance.

7A.3.6 NEED FOR SAFETY OF GIRLS

Restrictions on women’s mobility and access to public places are tools often used to control her freedom of movement, of accessing the outside world or knowledge and also her freedom of choice to select her acquaintances (Larsen and Kaur, 2013: 49; Menon and Vijay, 2014, 109). As discussed earlier in this section, women in Gujarat in general feel safer to venture out and access the public places in rural or urban areas. However, the degree of freedom in mobility may vary. Women in Vadodara in particular has fair amount of freedom of mobility, but concern for her safety especially after sunset is evident. There is also gender discrimination amongst siblings when it comes to venturing out for late night outings. Respondents were asked about their opinion and acceptance of late night outings for girls and boys. A majority felt that it should be allowed for boys but not for girls. Where as an equal number feel that it is neither ok for boys or girls or it is ok for both.

<table>
<thead>
<tr>
<th>Acceptance for late night outings</th>
<th>Respondents (in %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Should allow boys but not girls</td>
<td>48%</td>
</tr>
<tr>
<td>Should not be allowed for either of them</td>
<td>26%</td>
</tr>
<tr>
<td>Should be allowed for both of them</td>
<td>26%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
Amongst the FGDs there was a similar concern expressed. However, the locality of the neighbourhood does play an important role. One of the middle aged respondent in lower income strata expressed her anger and displeasure in this way:

“In spite of ‘daaru bandhi’ (prohibition of alcohol in Gujarat), there are a gang of drunk boys who loiter around every evening at the corner of the street and hence it is very difficult to send girls out after sunset. We have to protect them even from boys from our own area. jamaano bau kharab thayi gayo chhe, (the present time is not so good for women) otherwise we don’t mind sending our girls out at anytime, only if alcohol is completely banned. Even if men do eve-teasing, or harass girls, it is the girls who are victimized”.

An elderly woman from Zankaar group stressed upon the importance of virginity for a girl, preserving which is a burden to her family. She said:

“Purush to pittal no loto (Men are like metal vessel). Even if gets impure or dirty he can be cleaned and can be functional again. Whereas women are like mud vessel once used and broken cannot be reuse again. The whole idea of purity and pollution and importance of women’s virginity to be intact are all responsible for her being considered a liability.”

Women from working class population believed that daughters of all age groups have to be protected from violence in society. However, in comparison to other states in India, this group felt that women are much safer in Gujarat, especially in Vadodara. It is imperative to also note that as discussed in the Chapter-V, post-Godhra riots Muslim women feels more insecure in the city. This concern was openly expressed during the FGDs.

7A.3.7 GENDER DISCRIMINATION AND HOUSEHOLD CHORES

Domestication and devaluation of women’s work is one of the major components of patriarchal division of labour. Although the work participation rate of women in India is increasing her role in the household chores has not undergone any major shift (Menon and Vijay, 2014: 106). Introduction of mechanisation might have made her tasks easier but she still cannot escape from her responsibilities. Men in patriarchal structure in general and north and north western kinships in particular are completely excluded from the arena of household chores and in fact seen as a degradation in his status to participate or share the household chores with their female partners or other female members in the family.

Hence, in the present study, it was not surprising to know that as high as 98% respondents believe that working women cannot escape household responsibilities. Although,
sharing household responsibility by both the spouses is an ideal situation as seen by the respondents and almost unanimously (98%) respondents feel that male members in the family should learn and share the household chores like cooking and cleaning. But in reality only a half of them (50%) actually share these responsibilities, irrespective of their wives being a working woman or not. Even amongst those who shard, 50% most of them shared it occasionally or at times of emergency.

Women in FGDs had a similar opinion. They would all prefer men sharing household work along with them. However men in their families don’t do that. A young woman with lot of hesitation expressed that “In fact if men by chance are seen doing household work they are demeaned by saying ‘baaydi ka gulam’ (wife’s slave)”.

7A.3.8 DECISIONS REGARDING SEX COMPOSITION AND SIZE OF THE FAMILY

Studies so far have revealed that decisions regarding reproduction, however personal are often not made by women alone (Visaria, L. 2007; Aravamudan, 2007; John et al, 2008). It is her husband or more often her in-laws, who force up on their choices and preferences regarding size, spacing and sex composition of the family. Nuclear families, high literacy amongst women, increasing work participation of women have all contributed to decline in this kind of pressure, but still there have been direct and indirect pressures that women undergoes regarding her choices of reproduction. As often discussed by feminists, reproduction is not or rather never was a personal choice but a family or rather a social issue (Menon, 2004: 67).

In the present study for a majority of the respondent it is the couple who makes decision regarding the family size and type. A small percentage of people however admitted that it was either their husband or in-laws who made decision regarding the number of children their spacing and sex composition. Only a mere 5% of them (women) had power to make choices all alone in deciding about the family type and family size. There were cases where although the women or the couple had made choices they had undergone a lot of pressure at the time of pregnancy from their in-laws or parents.
Table 7A.16
DECISIONS REGARDING SIZE AND SEX COMPOSITION OF THE FAMILY

<table>
<thead>
<tr>
<th>Decisions regarding family type and size</th>
<th>Respondents (in %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Couple</td>
<td>78%</td>
</tr>
<tr>
<td>Husband and in-laws</td>
<td>17%</td>
</tr>
<tr>
<td>Women</td>
<td>05%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

In one such case Nisha, a mother of two daughters from an economically affluent Barot family had a lot of pressure from her mother-in-law to go for sex determination test at the time of her second pregnancy since she already had a daughter. However, she refused to give in to the pressure. As a result the couple had to live separate from the in laws, after delivering her second daughter, her mother-in-law did not come to see her at the hospital.

All the decisions regarding reproduction including that of abortion or sterilization are often governed by such family pressures. Amongst the participants of FGDs such confessions were made again and again. One elderly woman remembering her past said:

“I wanted to go for sterilization after two daughters but my mother-in-law insisted that we need at least one son, and I had to respect her desires”.

In another incident, history seem to repeat itself where the woman had undergone pressure in the past, including a threat of killing her daughter and yet she still puts pressure on her daughter to continue with reproduction till she delivers a son:

“Elders in my family had sent poison to kill my third daughter as they wanted a son”. “I had told my daughter that if you get a son, adopt family planning. But she gave birth to twin girls so now she will try again”
Asha, a mother of five belonging to a middle class Haryanvi family living in Baroda for last 22 years had repeated abortions for a male child even after delivering 4 daughters. Ultimately she failed to give the family a male heir and had to adopt a son as their fifth child to make her family happy. There is a huge age difference of almost 15 years between her first daughter and the adopted son. She finds it very difficult to bring up five children in today’s age and regrets being submissive to the family pressure and wants to make sure that her daughters who are grown up now should not give in to any kind of pressure when they get married.

7A.3.9 STATUS OF THE MOTHER AND THE FAMILY WITH A MALE CHILD

As discussed in the section on son-preference in the previous chapter, ethnographic data from the earlier studies do reveal that the status of the mother who gives birth to male child rises in the family and the community compared to the mother of only girl child (Croll, 2000: 101) In the present study majority of the couples (98%) do not feel that it is unfortunate to be parents of only daughters or it is to be unlucky not to have a male child. But a considerable 38% of them believe that a woman does get a special status in the family and more so in the community or neighbourhood if she gives birth to a male child.

Women in FGD as well feel the same about women’s status being elevated by giving birth to a son. The fertility/virility of parents is questioned till they give birth to a male child. One can easily link this to the previous section where decisions regarding sex composition of the family are often governed by such social pressures associated with motherhood and birth of a male child.

“Women gets a better status if she gives birth to a son, and often cursed for not having a even a single boy”. “ekli chhokario j hoy to koi bhaav j naa puchhe, ne chhokro hoy to haat ma ne haath ma raakhe”. (One’s importance increases when you give birth to a male child otherwise you are often ignored or considered unimportant).

This entire section on attitude towards the girl child does throw a light on series of issues that actually governs the ideas regarding son-preference and daughter aversion. From the majority of the responses from personal interviews and FGD being similar in nature, it can be inferred that attitudes across, class, caste or religious groups share common beliefs and ideologies. The overall commonalities of the culture in common geographical area (Vadodara, Gujarat) govern the ideology of its population.
7A.4. SEX DETERMINATION, SEX SELECTIVE ABORTION AND PCPNDT ACT

Since it is introduced in India, New Reproductive technologies (NRTs) had a widespread fame and had users across the country. (Mallik, 2003; Menon, 2004 and Aravamudan, 2007) Unlike other methods, like amniocentesis which involved a risk to the health of the foetus, ultrasound sonography (USG) was rampantly used to detect the foetal abnormalities. The SD was a by-product and soon had become the main driving factor for a son-hungry country like ours. After the campaign by Forum against Sex Determination and Sex Pre-Selection FASDSP and PIL filed by CEHAT, Masum and Sabu George, PCPNDT Act was implemented in 1994 and later amended in 2003. After almost a decade of its implementation, there has been a marginal decline in the number of SD test abusers in different parts of the country including Vadodara. Hence, it is important to look at the awareness about the practise and the Act amongst the respondents.

7A.4.1 SD AND SSA: ATTITUDE AND AWARENESS

The NRT of which SD was a by-product had spread like a wild fire in India in 1980s and early 1990s. Gujarat and Vadodara were no exceptions to this. Number of clinics owning sonography machine was on rise and as a result the child sex ratio of Gujarat and Vadodara shown a sharp decline in 2001 census. Hence, there was no question of inquiring about the level of awareness amongst the respondents regarding SD or SSA. In the present study all the respondents from different age group, across caste, class and gender were aware about the practise. Almost all of them also agreed upon its rampant use continuing even today, although covertly and undercover. They also admitted of being aware of pre-conception methods used known as ‘treatment’ for conceiving a male child. Like in case of Smita, a daughter-in-law of a rich kutchi Patel family residing in Gotri, one of the elite areas of Vadodara city is a mother of two daughters. After the birth of the second daughter, verbal and physical abuse had started from her mother-in-law Pannaben as they were expecting a son. Physically weak Smita had tremendous pressure to give family their heir and hence had been taken to doctors/quacks in Vadodara and Surat, who gave them ‘medicines’ so that she conceives a male child.

As discussed earlier in the section on reproductive history of respondents, 50% of those who had undergone abortion admitted to going in for it after SD test and the abortion was a sex selective one. A total of 10% of the total respondent admitted of having undergone
SD and SSA. But a bigger number almost 50% of the total respondents were aware about its occurrence in their locality/neighbourhood, family or community or done by their maid or a worker. It is implied that though very few admit of undergoing SD and SSA owing to its illegal status. The admission of its occurrence itself suggests its widespread existence in Vadodara city. Also its reach has been across the class as the respondents admitted of knowing their maids going for it.

The source of the information about the tests varied between the clinic where they had undergone sonography (24%), family or friends (48%) or for a younger generation it was the media (28%) as a source of information. Further, almost all the respondents (99%) were of the opinion that it is conducted in private clinics and doesn’t take place in the government hospital. Only 1% of the respondents were not aware of the place at which SD or SSA is conducted.

![FIGURE 7.5](image)

**FIGURE 7.5**

**AWARENESS OF OCCURRENCE OF SD AND SSA**

The participants from FGD had a different opinion to share. For them SD is not an available or accessible means to achieve the desired male child, but they resort to religious practices or treatments from quacks for having a son. An elderly woman openly admitted:

“We don’t go to doctors but we depend on religious rituals and prayers for a son (baadha-maanta). “I had asked for a grandson, when god gave me I gifted 5 kgs of sweets and 5 meters of shawl to god as promised”.

“There are quacks in the vicinity who give drops that once consumed ensures birth of a male child. I had taken my daughter-in-law to such a quack...but his success rate is not very high”.

Aversion to daughters does exist amongst the respondents, if not in obvious but definitely in latent ways. Another evidence supporting the same assumption was their responses to the question whether parents of only daughters should be allowed to abort the
female foetus. Almost 32% of them gave an affirmative answer to this. They believed that if the couple already has a daughter or a two, they should be allowed to abort the successive female foetus as she, if allowed to be born will be a burden to the family. A few others also felt that it depends on the economic condition of the parents. And if they are unable to ‘afford’ to raise a girl child (indicating dowry and marriage cost) it is alright to abort it.

The responsibility of increase in SD test and SSA is to be shared by all the stakeholders including the family, community, doctors and the administrators or the legal machinery. However, the respondents were very clear that it is the son-preference in the family (76%) followed by the community pressure to have at least one son which is responsible for the practise of SD and SSA. Merely 20% of them blamed the doctors for being guilty in the practise. For them, doctors are just the service providers and are only ‘helping’ out the parents to have a desired family size and type. In fact there were respondents who believed that not even the whole family, but the mother herself should be held responsible for undergoing such tests and then deciding to terminate the pregnancy in case of the female foetus. Whereas, those women who underwent such tests, had all undergone the same out of sheer pressure from their families and not out of her own will. This is in compliance with a previous study by CHETNA, where 29% of the respondents believed that women (mother) herself should be punished for SD and SSA (CHETNA, 2008).

The participants in the FGD held family and doctors responsible for the practise. They all agreed that the mind set of society and family who considers women to be secondary are responsible for such practices.

“For such an act both parents and doctors are equally responsible”...“Parents alone are not responsible because they given in to social pressures. So society is equally to be blamed. Also amongst rural and illiterate population the dominance of in laws especially mother-in-law is a major reason for SD and SSA.”

A group of working women believed that it is more of an economic reason than a social one which creates aversion to daughters leading to increasing SD and SSA. A middle aged working woman believed that:

“The families where dowry is taken or given, lower class that are worst affected by inflation and increasing consumerism and cut throat competition in marriage market for big fat weddings are all responsible for daughter aversion”.

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7A.4.2 AWARENESS OF PCPNDT ACT

After almost a decade of implementation of the amended Act (PCPNDT), 97% of the respondents were aware that revealing the sex of the foetus is illegal. ‘Test/Tapaas’ as colloquially known amongst the locals, was allowed initially and now it is banned or not allowed, is a known fact amongst almost all the respondents. Around 85% of them also knew that there is an Act which prohibits SD and SSA. However, very few actually knew the name or the details of the Act. The only thing they knew about the Act was that legally doctors are not suppose to reveal the sex of the child after sonography tests and they can be punished for doing so.

Although majority of them knew it is illegal and doctors can be punished for the same, they all agreed that it still persist rampantly in the city. Participants from the FGDs agreed of knowing of clinics who still conduct the tests for money or ‘other favours’. They all were aware that certain clinics or hospitals do carry out SD via ultrasound Sonography. This is done for a huge amount of money and hence, only rich people go for it. The participants in the lower income group or belonging to religious groups like Muslims which do not allow abortion admitted of knowing others of going for such tests. It is often ‘good relations’ with the gynaecologists that helps in conducting SD and SSA. They also agreed that there is a secrecy revolving around the whole reproduction process so it is difficult to know about such practice. Women from Kisanwadi unanimously said that:

“In this area no one goes for SD we accept whatever god gives us. No doctor from our area would also do it. But yes “khaangi ma paisa aapo to kari aape chhe” (SD is done in private hospitals if you pay lump sum)... “Rich people with money and influence mange to do SD and SSA”. “One doctor (name with held) in the vicinity does it for a high amount of money”.

SECTION-II

7A.5. ROLE AND RESPONSES OF MEDICAL PRACTITIONER ON SD AND SSA

Unlike female infanticide which was done independently by the family or midwife within the private sphere of the home and often did not involve any medical professional or assistance in its operation, SSA cannot be conducted in the absence of medical assistance. In fact it was the medical fraternity who promoted NRT or SD as a tool to control population, which was a major threat to India’s development in 1980s. Hence, if one needs to look at the factors responsible for the decline in CSR attributing to SD and SSA it is important to
understand the stand medical fraternity is taking on the issue. At the same time they have also been an important stake holders and a target group for the implementation of the PCPNDT Act.

Looking at the ethical consideration of the issue and threat of being a victim of sting operation under PCPNDT Act, very few medical practitioners agreed to be interviewed in the present study. A total of 11 of them were interviewed of which 72% were gynaecologists and 18% were radiologists. From all the gynaecologists, 80% were private practitioners, 10% were serving in a private hospital and 10% in government hospital. All the radiologists were practising from their private radiology centres. A balance was maintained in the location of the medical practitioner’s clinic in terms of lower class, middle class and upper class locality. As they are an important influencing variable in the pattern of CSR and decisions regarding SD and SSA. Gynaecologists from Bajwa, Padra and SSG hospital represent the lower income strata from lower castes coming from semi-urban, rural or tribal neighbourhoods whereas, others represented the middle class and upper class population in Vadodara.

All the practitioners had 10 or more than 10 years of experience with the senior most having the experience of more than 35 years. They all had at least one (or in some cases more than one) sonography machines and all their machines were registered under the PCPNDT Act with the District Health Office (DHO). The radiologists admitted that the patients coming for pregnancy related sonographies have reduced in recent times as most of the gynaecology clinics/hospitals have their own machines. They all agreed that the only information revealed to their patients is that of the foetal growth and abnormalities if found any during the course of pregnancy.

On an average these gynaecologists conduct 20-25 deliveries a month and more than 80-100 cases of sonography tests. Only the gynaecologists at Government hospital carry out 400 delivery and more than 1000 sonography tests in a month. They all agreed that they do get requests for SD at their clinics and hospitals which ranges from two-four month but it has reduced drastically from getting on an average one request every day in late 1990s or early 2000. These kinds of requests are either rejected outright by their staff or patients are counselled and pursued to continue with their pregnancy irrespective of the sex of the foetus. None of them were authorised to conduct amniocentesis at their clinics.
There is a continuous rise in requests for abortions and they have known of women who have undergone several abortions for reasons laid out by Medical Termination of Pregnancy (MTP) Act. In most cases it is unwanted, unplanned pregnancy or failure of contraceptives being the reason for abortion. In spite of being aware of the health complications attached to such repeated abortion, the medical practitioners who participated in the research all supported abortions as a tool for controlling family size and for having desired number and space between two children. They all accept the provision of abortion even in second trimester in case of threat to mother’s or foetus’s health. However, they all warn against unsafe abortion if not done under medical supervision. For them, the pregnancy is most likely to be discontinued in the second order in upper class and third or fourth order in lower class population. It also depends on the sex of the previous child. One child or two children norms are strictly followed by upper and upper middle class population for which they are ready to undergo abortions for subsequent pregnancies if the first child is a son. One of the gynaecologists revealed that:

“It (SSA) is never done or asked for the first child. It is always at the time of second child. With one child norm, people want to have a son. With test tube clinics flourishing sex selection has become easier or widespread”.

Even during the interviews with respondents, the fact was repeatedly revealed that they had an abortion for a pregnancy that was unwanted. It throws a light on the ignorance or casual approach towards use of contraception amongst the married couple as a result of which there is a high number or abortion for unwanted pregnancy.

Most of the medical practitioners denied divulging any kind of information regarding the SD tests and SSAs taking place in Vadodara. The most common response to most of the questions pertaining to the extent and details of SD and SSA was ‘no idea’. However, some of the probing questions helped gruelling them for some information. Most of them did not give any specific location or name of the clinics where these tests must be possibly conducted. But two of them gave indirect cues in that direction. They gave names of the areas (location) in the city where it is known to be conducted. They named certain communities like Patel, Rajput, Marwadi, Soni and Sindhi as the most common communities exhibiting son-preference and have often asked for SD tests in their clinics. They also said that unlike the popular myth, it is the educated, rich or middle class population who have strong son-preference and do try to get SD test done. The most common reasons cited by them for son-preference or daughter aversion are the socio-economic importance of male child for lineage
and economic security in the old age and also the communities where dowry is persistent it makes a daughter a liability for their parents. One of the gynaecologists was of the opinion that:

“Violence against women especially pertaining to dowry demand is so rampant in certain communities that a women herself internalises the thought that it is better to kill the daughter before she is born to save her from the possible exploitation and torture that she might go through in future when she grows up, it becomes very difficult for a doctor like us to then pursue her to go against the family pressure of SD and SSA”.

All of them (medical professionals interviewed) were very well aware of the PCPNDT Act. The source of information for them was either seminars or workshop conducted for medical practitioners or administrative bodies like DHO which compels them to fulfil certain formalities under the Act. All of them have displayed the board stating the prohibition of SD in their clinics. However, they all are invariably unhappy with the documentation required to be completed with every sonography test. For them, the amount of form-filling procedure is tiresome and at the same time futile as it does not guarantee transparency on part of the clinic. The forms filled or entries made are also manipulated at times just to comply with the procedure. With illiterate patients, it is generally the hospital or clinic staff who fills up the forms on their behalf, and most of the time the patients are unaware of the details filled or conditions applies to the procedure (sonography) conducted.

There were varying and quite contradictory responses amongst the doctors regarding the visits of monitoring committee and their functioning in Vadodara. Where a majority of them admitted that the committee does visits their clinic and there are random raids conducted. There was a complete disparity amongst them in terms of the frequency of the visits. Some had regular one-two annual visits where as other had just one visit so far in their entire career. At some radiology centre they had forced him to remove all kinds of pictures, calendars or posters having direct or indirect references to the sex of the foetus whereas at other clinics the researcher could see the display of similar kind of posters and pictures. Along with the posters some clinics also displayed models (dolls) indirectly indicating the sex of the foetus. One of the clinics had displayed a poster of lord Krishna’s photograph with a putra prapti shlok (couplet for assuring birth of a male child). At another clinic known for SD in the neighbourhood (revealed by women in FGD) had models of male and female toys displayed at the reception from where generally the reports are collected by the patients. The most startling response was from a gynaecologist who had been convicted under PCPNDT
(details in the section on the Analysis-III on campaigns) and whose machines were sealed in the past more than once (PCPNDT report, 2007) denied of having even a single visit by the monitoring committee in the past. The same gynaecologist also was in denial on existence of SD or SSA in Vadodara.

There were also differences amongst the radiologists and gynaecologists on the PNDT committee’s operation of sealing of sonography machines for violating the PCPNDT guidelines. The radiology fraternity clearly blames the gynaecologists and society’s mindset for misuse of technology and feels that sonography machine is their ‘stethoscope’ and a very essential tool to function efficiently. Sealing it for minor reasons causes a lot of problems for their practise. Gynaecologists on the other hand feel that they are being ‘scapegoat’ in the process, where actually society or the family is to be blamed. Only a couple of them felt that it is alright or rather an effective punitive tool to curb the menace of SD and SSA. They also divulge the information regarding the convictions that has taken place in Vadodara under the Act. However, they all agreed that if doctors found guilty of conducting SD or SSA, he or she should be severely punished but often the punishment is imposed for smaller errors like incomplete forms or gap in the information provided.

Some of the solutions suggested by the medical fraternity to prevent SD or SSA is education and awareness of the population, change in the social attitude with the help of media or religious leaders, weakening the patriarchal dominance by using mother’s name after a child, effective implementation of domestic violence Act for prohibition of dowry, centralised system of birth registration, an efficient and transparent functioning of the PNDT committee, decentralisation of power in the committee and a more effective campaign by the government to save the girl child.

SECTION-III

7A.6 ROLE AND RESPONSES OF LEGAL PRACTITIONERS-IMPLEMENTATION AND LOOPHOLES IN PCPNDT ACT

Since its implementation in 1993, PCPNDT Act has been at the centre of arguments for its effectiveness and applicability. Even after two decades and an Amendment in 2003, it still doesn’t serve as a full-proof tool to curb the misuse of technology leading to SSA. With
very few complaints and fewer convictions done under the act in the country, it is imperative to review and re-think about its execution.

During the course of research it was shocking to know that in spite of rampant cases of breach of PCPNDT Act by the medical practitioners in Vadodara as highlighted by media, only a few have been convicted and none arrested for violation of the Act. As per the Government of Gujarat’s report on PCPNDT (2007), published by the Department of Health and Family Welfare, there have been a total of 3 medical practitioners (gynaecologists) from Vadodara who are found guilty under the PCPNDT Act and their USG were sealed, but none of them have been arrested so far. This also throws the light on the legal practitioner’s role in its implementation and also their understanding of strengths and weaknesses of the law. Equally surprising was the fact that there has not been a single lawyer in Vadodara who has actually fought a case under this act.

Since there weren’t any lawyers who had actually fought the case under PCPNDT in Vadodara, a lawyer from Ahmedabad was interviewed as he had already fought a case under the Act, where in the complaint was against a gynaecologists and a radiologist from Vadodara. Apart from him four other lawyers were interviewed for the study. Their opinions on the law were taken on the basis of their understanding of the law and its potential in dealing with the problem of SD and SSA.

There were two female and three male lawyers who were interviewed. All the lawyers interviewed had more than 20 years of experience in the field. Their specialisation was either in civil, corporate or criminal law. Except for one, none had fought any case under PCPNDT Act but had studied the law in details. In their opinion the law has its share of strength and potential to control the misuse of technology. For them it can be an effective tool to act as a deterrent for doctors. If implemented effectively it can prevent the rampant practise of SD and SSA. But currently by and large it has been proved to be quite ‘toothless’ in the city as well as in the state. Following are some of the loopholes and weaknesses highlighted by them in context of PCPNDT and its implementation.

- Unmarried couples are not covered in PCPNDT Act. Very often couples going for SSA don’t show women to be married.
➢ It gives absolute power to DHO and often misused by him giving rise to corruption. DHO doesn’t complain unless there is a hidden agenda of cornering a doctor for some vested interest.

➢ Often cases are not reported. There are hardly any cases filed or complaints made in Vadodara. The medical fraternity, Appropriate Authority (AA) and family are often hand-in-glove which makes it difficult to file a complaint.

➢ Fear of law won’t change the sex ratio by reducing SD or SSA. It’s a social problem rooted in the mindset of the people which needs to change.

➢ The weak implementation does contribute to more of SSA but its stringent implementation does not assure a better ratio and it is a combination of many other factors.

➢ Although it is a progressive law, the implementation is lopsided. It gives absolute power to DHO, which is often misused for taking personal or professional revenge and gives rise to lot of corruption.

➢ Some of the doctors are still not qualified or do not have a registered sonography machines and are still able to conduct SD and SSA because of the faulty approach of monitoring committees.

➢ Law only works as a deterrent and hence, the practice doesn’t continue openly but under cover it is still conducted.

➢ Lot of sonography machines are sealed but license of a doctor is rarely cancelled. Even when machines are sealed it is only for a short period of time and that too in some cases for wrong reasons.

➢ There is insufficient knowledge about the law amongst both doctors as well as lawyers. It is not part of the syllabus for either of their courses.

➢ Difficult to catch hold of doctors who reveal the sex of the child through code words like ‘Jai shri krushna’ (for boy) or ‘Jai Mata di’ (for girls) or Babo k baby kem chhe (hows ur baby boy/girl?)

➢ Lack of sensitivity on the part of doctors and politicians.

➢ Lack of political will to address this issue seriously.

➢ AA is given too much of power. AA should not be from government body.

7A.6.1 SUGGESTIONS FOR EFFECTIVE IMPLEMENTATION OF PCPNDT

➢ A body should be constituted under the law only for conducting surprise visits at doctor’s clinics and radiology centre where ultrasound sonography is provided. The PNDT
committee should allocate resources for such visits so that the wrong doers can be caught red handed.

- Medical council of India should take up the issue seriously and cooperate in cancelling the licenses of the doctors.
- Not just sealing of machines, licenses should be cancelled of doctors.
- Doctors or patients with political connections are getting away from punishment. Complaints should be dealt impartially without any political pressures.
- Mindset needs to be changed, even in remote areas families should be counselled against SD and SSA.
- Religious leaders, if take up this issue seriously and spread the ‘right’ message, then changing the mind set is possible to some extent.

7A.6.3 LOOPHOLES IN THE FUNCTIONING OF PCPNDT COMMITTEE

After meeting the officials of PCPNDT Committee and visiting medical officer and other government officials there were several administrative gaps which could be observed in effective implementation of PCPNDT in Vadodara. Some loopholes in the functioning of PCPNDT Committee as observed in Vadodara are:

- Although the constitution of the PCPNDT Committee fulfils the requirements and guidelines and they conduct periodical meetings, the entire focus of the committee is only issue of licenses, cancellation or re-registration of the USG machines.
- Recently there has been no implementation of PCPNDT in Vadodara because there has been an order that the PCPNDT Committee needs to be decentralised where in, CDHO will no longer be the sole AA at both district as well as city levels. The medical officer of the corporation is supposed to be taking the charge for the city. However there is no official transfer of authority or of relevant documents as yet. The medical officer if not been made appropriate authority, can’t take decisions and hence, have not worked in the area of implementation of PCPNDT.
- The committee admits that sting operations are ethically not correct and without which investigating and catching the guilty doctors red handed is very difficult.
- Giving complete power of accepting applications regarding the complaints to the AA (CDHO) does give overt power and scope for corruption.
CONCLUSION

The mammoth data from the responses from the field very clearly supports the hypothesis of son-preference and daughter aversion being rampant and the main reason for extensive use and misuse of SD in Vadodara. Irrespective of the class, caste or educational qualification of the population, necessity of son for continuation of family lineage becomes a major reason for son-preference. Dowry and increasing marriage cost are also a cause of concern for increasing daughter aversion. The ideal family size and sex composition clearly support the argument that in successive birth order, ratios tend to become masculine. The traditional roles for women have not changed to a great extent and security indeed has become an issue of anxiety amongst the population of Vadodara. Education otherwise seen as a tool of empowerment is also looked at as a threat to status quo of patriarchy. The declaration by the respondents regarding occurrence of SSA in their vicinity or in family speaks volume about the extent to which the NRTs are being misused in Vadodara. Confessions and divulging of personal information by the participants of the FGD has been valuable source of data substantiating and strengthening some of the assumptions of the study.

The medical fraternity in Vadodara needs to be equally blamed for rampant misuse of SD for SSA. Their attitude of denial towards the problem of decline in CSR, displeasure expressed on the provisions of PCPNDT, ignorance on specificities of the issue and non-cooperation in participation in the research all indicate their attempts to escape and indifferent attitude towards the whole problem. They, being an important stake holder, need to be sensitized and made aware of the graveness of the problem.

Another important stake holder, the legal machinery’s displeasure also needs to taken in to account. Their suggestions on the gaps in implementation of the PCPNDT highlight one of the vital factors leading to uncontrolled misuse of technology across the city. It also corresponds to the evidences discovered from the data collected from the officials of PCPNDT Committee. In nutshell, it the deadly combination of number of factors like strong son-preference, daughter aversion due to dowry and marriage cost, nasty medical practitioners, and weak PCPNDT Committee that has resulted in the devastating rate of CSR in Vadodara.
REFERENCES


CHAPTER-VII
ANALYSIS OF THE FIELD WORK-II

B. IMPACT OF THE DECLINE IN CHILD SEX RATIO IN VADODARA

INTRODUCTION

The main focus of the literature available on sex ratio and declining child sex ratio (CSR) has been on the trends and patterns in decline, locating the geographical areas in context of their demographic profile and looking at the causes for such a decline in CSR. Very few demographers, social scientists or activists have actually discussed the far reaching impact of decline in CSR in terms of gender imbalance. Some of the imperative studies that attempts to gauge the impact of CSR on different structures of the society include Kaur’s work in North India (2004; 2008 and 2013), Gulimonto’s (2012) and Hesketh and Xing’s (2006) works in China and India. Far less is known about the consequences of the sex ratio imbalance for critical social behaviours and familial outcomes (Bose, Trent and Scott, 2013: 53).

Experts have pointed out that the impact will be seen in many parts of Asia where sex ratio is declining. The surplus men in India and China will remain single and will be unable to have families, especially in societies where marriage is regarded as virtually universal (Hesketh and Xing, 2006: 13274). There is also an argument that many of these men who will not be getting brides for marriage are rural peasants of low socio-economic class and with limited education. “When there is a shortage of women in the marriage market, the women can ‘marry up’, inevitably leaving the least desirable men with no marriage prospects. A number of researchers predict that this situation will lead to increased levels of anti-social behaviour and violence and will ultimately present a threat to the stability and security of society” (Hesketh and Xing, ibid).

The decline is also assumed to be leading to increase in violence against women. As pointed out by Bose et al (2013) “Wives in communities with a male surplus are more likely to be slapped, pushed or shaken, and have arms twisted or hair pulled by their husbands. A drop in the sex ratio by 20.7 points increases the likelihood of wives having their arms twisted or hair pulled by 6.4%. Analysing the records of National Crime Record Bureau (NCRB) Mukherjee et al (2001) attempted to establish a co-relation between the district wise
different types of crime against women and the sex ratio in those districts. From their work one can assert that districts with low sex ratio have high level of crime against women which includes dowry deaths, sexual harassment, kidnap and abduction. As they report “The other correlation, a negative one, between crimes against women and female-male ratios in the population appears plausible. Regions with high female ratios have in general low rates of crimes against women” (Mukherjee et al, 2001: 4078). Similarly more masculine sex ratio has been associated with violence and murder where there is need to use physical force to protect and acquire property and land in Northern state of India (Oldenburg, 1992: 2659).

Shortage of women in the local area may cause men to expand the search for a wife to areas outside of the preferred marriage market” (Bose et al, op cit: 58-60). This results in acute bride shortage and in such a situation as predicted for northern states, “bachelors from Haryana and Punjab are forced to bring in women as brides from far flung areas of Assam, West Bengal, Kerala, Maharashtra, women with whom they neither share their language or culture nor their caste or religion” (Kaur, 2008: 112).

Aravamudan (2007) observed an increase in incidents of kidnap or abduction for marriage or the concept of polyandry (wife sharing) being revived to solve the problem of scarcity of girls where in the 3-4 brothers in one family marry a single women ‘brought’ from a neighbouring village or state. In such situations the girl ‘brought’ face a lot of difficulties in adjusting to the new culture and rarely get an acceptance as a daughter-in law of the family and often mistreated as a domestic or sexual slave. On the other hand the father of the girl who is sold, often belonging to tribal or a poor rural household and happy to be a part of this sale, as it is a means to elevate their social and economic status by marrying of their daughters to higher caste/class families (Aravamundan, 2007: 126-130).

As discussed in great detail in her widely researched field data, Kaur (2013) delineate the consequences and classify into six broad categories and interconnected themes – (1) Marriage squeeze; (2) Surplus males, crime and violence against women; (3) Effect of the marriage squeeze on marriage patterns and practices; (4) Effect on marriage payments (dowry, bride price) and on economic behaviour; (5) Effects on men’s sexual behaviour and health; and (6) Effect on women’s status and gender equity prospects (Kaur, 2013: 37). In a similar study in Gujarat, by one of the civil society organisation CHETNA (Centre for Health, Education, Training and Nutrition Awareness) (2002), possible consequences of
decline in sex ratio on women and men are listed down separately. The far reaching consequences of decline in CSR as listed by CHETNA are compiled as follows:

Impact of decline in CSR on women
- Threat to women’s existence
- Exploitation and trafficking of girls from poor household
- Ill-effect on women’s mental and physical health
- Increase in incidents of rape, abduction, sexual assault and violence against women
- Promotion of Sata-Paddhati (bride exchange), forced polyandry and wife sharing

Impact of decline in CSR on men
- Finding odd ways to satisfy sexual desires
- Increase in STD, AIDS and Alcoholism
- Difficulty in marriages of boys from poor, widowed or from marginalized sections of society vis-a-vis boys from affluent families
- Rise in perversion and deviance.
- Rise in illicit tactics and conflicts in society to get a bride for marriages

Drawing upon from these studies, this chapter attempts to look at the impact of the decline in CSR in Gujarat in general and Vadodara in particular. Further, in order to understand the impact of the decline on marriage market in Vadodara at the ground level, the researcher has collected the responses from the various marriage bureaus operating in Vadodara to assess the impact of scarcity of girls in the marriage market.

7B.1 IMPACT OF DECLINING CSR IN GUJARAT

With the sharp decline in CSR in 1991 and 2001 census, what becomes apparent from other studies is that Gujarat too faces the implications of the decline in CSR in form of bride scarcity, marriage squeeze resulting in bride purchase and a sharp increase in violence against women. Although there is very little documentation of the impact of decline in CSR in Gujarat, newspapers are continuously covering the incidents of bride dearth and bride purchase in several parts of the state. One of the reasons for the lack of documentation could also be that the problem of marriage squeeze shows its impact after 20-25 years of the decline when the boys and girls enter a marriageable age. Since the sharp decline in Gujarat is
evident since 1991 and more so from 2001, the impact is yet to be seen by the demographers and researchers. However at the impressionist level the impact is quite evident.

Mehsana, which is historically one of the worst daughter deficit districts of Gujarat, is already witnessing the impact on marriage market. The dominant population in this district is that of land owning community of Patels or Chowdharies. Urban Mehsana’s CSR has been below 800 since last decades (2001-2011). As put forward by Aravamundan (2007), there have been marriage brokers active in Mehsana who specialise in getting tribal girls for the bachelors from the surrounding areas. This practise according to the locals in Mehsana is at least 25 years old. The ‘price’ of the girl purchased differed on the basis of qualification and class status of the boys and the cost included would range from Rs.35,000 up to Rs. 1,00,000 (Aravamundan, 2007: 134-135).

In one such incidents covered by Yagnik (2012) in Times of India’s Ahmedabad’s edition there were several tribal girls who were brought in to marry Patidar boys in the city (Ahmedabad). The practise of marrying outside the community was once unacceptable but now with a considerable number of surplus men, is accepted by them. The common ground between tribal girls and Patel boys of being exposed to agriculture and cattle rearing as a profession is helpful. (Yagnik, 2012: 7). Another case reported by the same newspaper is that of a 31 year old, Patel boy from a village near Ahmedabad who had to pay Rs. 21,000 as a bride price to a tribal family from Savli to marry their daughter as he was unable to find one in his locality or community. As per the report the same village had more than 500 boys in the marriageable age unable to find a bride. The ratio of that village is abysmal 65 girls per 100 of boys (650 per 1000, which is much lower than the state or national average). The village whose majority population belongs to Kadwa Patel community are forced to resort to orphanages or balikasharams to seek a bride (Sharma, 2003: 2).

The demand for the brides so far is restricted to specific regions of Gujarat especially north Gujarat. But the supply for the same from tribal areas of Gujarat has extended up to villages and tribal areas from Maharashtra. “Brides are often imported from poor families of Nandurbar, Burhanpur or Khandesh to north Gujarat for the bachelors from Patel community who have surpassed the age of 35” (Patel, 2009: 6)

Not just bride purchase there have been instances reported of rent-a-wife. In such a precarious practise, tribal girls are rented as wives for Rs. 8, 000 per month. “In certain pockets of Netrang, Valia, Dediapada, Sakbara, Rajpipla and Jaghadia, Tribals from Vasava
community/ families can be witnessed entering into financial agreements with brokers, called 'Vachetias' from Banaskantha, Mehsana and Ahmedabad districts to marry off their daughters to Patels or those from the Thakur community for a price. The broker charges anywhere between Rs 65,000 to Rs 70,000 from the Patel and then pay the Vasava families Rs 15,000 to Rs 20,000 for their daughters. Many ‘middlemen’ operate in the tribal heartland to supply tribal girls for Rs 500 and Rs 60,000, depending on how poor and desperate the girl's family is. With the demand being high, a committed agent easily makes Rs 1.5 lakh to Rs 2 lakh every month” (Sharma, 2006: 5).

Another important change in the marriage pattern especially in Gujarat is revival of ‘sata paddhati’ (a system of bride exchange amongst the families). This system was once very rampant amongst certain communities (Randeria and Visaria, 1984: 649). But it had vanished with changes in the selection pattern for life partner, and increase in tolerance towards inter-caste marriages. However with dearth of girls for the surplus males in these very communities, now the system is being revived to solve the marriage squeeze arising out of low sex ratio.

In this system, which was quite popular earlier in the Chowdhari, Rabari, Patel and Prajapati community, the girl is given for marriage only if the groom has a sister to marry her own brother. At the outset this system might seem to be a sound method which assures birth of at least one girl in the family who can be ‘used’ as an exchange for her brother’s wedding, but this often leads to disastrous mismatches and objectification of girls in the marriage market. Where she has no choice of partner selection and often seen as an object of exchange between two families. Mismatches if led to separation, the bond between both the families get distraught. The system is more like a trade, where in if “the bride is older, two young girls whose cumulative age is equivalent to the bride’s, are promised to two young men in return” (Choksi, 2011: 6).

Based on these data and reports, the present study tries to look at the impact of declining CSR in Vadodara city especially in the following three areas. The responses on the same were collected from individual interviews and focus group discussions (FGDs) with women participants along with interviews with marriage bureaus.

A) Scarcity of brides for marriages including the details of communities or castes with such a dearth
B) The practice of bride purchase, bride exchange or trafficking of girls for marriage in communities with scarcity

C) An overall response to the extent and nature of violence against women in the society.

7B.2 DEARTH OF BRIDES FOR MARRIAGE AND BRIDE PURCHASE IN VADODARA

The direct and most obvious impact of decline in sex ratio is on the institution of marriage. The surplus male population find it difficult to find a mate due to scarcity of girls. Marriage is universal and a social compulsion in India, and apart from numbers there are other economic, social, cultural and political constraints in the process of partner selection. Although declining CSR can’t be the only attribute creating problems and imbalance in this process, it does pose a major threat to maintain a healthy and harmonious stability in the institution of family and marriage.

During the field research, respondents were asked if they had experienced dearth of girls for marriage in their community or in any other community in their locality or in the city at large. A majority of them (81%) agreed of having experienced scarcity of brides in their own community and other communities as well. The communities where this dearth was experienced the most were Vaishnavs, Brahmin, Lewa and Kadwa Patels, Lohana, Soni, Rajput, Jains- Marwadis, Parmar, Barot and so on. These are some of the very community where dowry or marriage cost is very high or where son-preference is very strong. One can assert the rise in this problem by comparing the previous study by CHETNA in 2008 in Mehsana, which was a daughter deficit district for a long time. In their study 40% of them admitted of facing a problem in getting brides for their grooms and hence need to purchase them from other communities. This has now increased to 81% in Vadodara in spite of having comparatively better sex ratio. In last five-six years this problem has increased manifold and that too is spreading in all parts of Gujarat. This Impact can be attributed to the decline in CSR in 1991. The impact of the much sharper decline of 2001 is yet to be witnessed.

The respondents were, however not sure of the strategy used in case of such dearth amongst these communities. 54% of them had heard of purchasing or getting girls for marriage from tribal communities from the state or from neighbouring states. For Brahmins or Vaishnavs respondents which belong to the high caste category in the hierarchy, the
strategy used to solve the problem of dearth of brides for marriages was finding a bride from lower castes. Although they all were hesitant to get a bride from lower caste but admitted that they were not left with any other option. Opting for an inter-caste marriage seemed to be a better option to at least continue with their family lineage. Whereas some of the Patel respondents admitted that they had to ‘buy’ girls from tribal areas of Gujarat as they could not find a suitable girl from their own community or even from other lower castes in their area. Women participants in FGDs also admitted of having experienced the scarcity in their community. An older respondent from Kisanwadi group said:

“Amongst Patels and Barots there is scarcity of girls and hence they have to buy girls from other communities. In certain communities there is ‘sama saatapaddhati’ (daughters are married in exchange of another bride for their own son). There are also cases of bride price up to Rs. 3 lakhs”.

Reiterating similar opinion from other class, group of employed women stated that:

“The girls are being brought from rural areas of north Gujarat or Saurashtra. Higher caste like Brahmins and lower caste like Panchals both are facing this problem”.

<table>
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<th>Case study</th>
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<tr>
<td>Anu and Satish Patel, manual labour from Mehsana, currently working in Vadodara, had to get a bride from a lower caste for Anu’s brother, as he was unable to find a bride in their own Lewa Patel community. They paid a lump sum for the girl. They were disappointed with the situation as they were expecting a dowry at her brother’s wedding rather than paying bride price.</td>
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</tbody>
</table>

All the marriage bureaus across the city operating for specific communities also expressed a similar concern of finding it difficult to get girls for their clients who are prospective grooms looking out for brides in their community. For them, “application from girls has reduced”. “More boys’ applications are received than girls. The ratio is 70 girls to 100 boys”. They admitted the fact that to bridge this gap in marriage market and solve the problem of marriage squeeze there have been growing incidents of bride purchase. Although for them, it has not yet become an endemic proportion in Vadodara, but one hears of random cases in certain communities.

A marriage bureau official operating in the central area of the city for more than three decades expressed the concern saying:
“Yes, it is (bride purchase) happening. There is a whole parallel racket by agents to buy girls from borders of Gujarat and Maharashtra. The poor girls of other communities are bought to Vadodara for few lakhs. These girls do not get adjusted to new customs quickly.” “The impact is already seen in the form of bride trafficking. In another five years the marriage institution itself will be in danger. There will be a chaos in society”.

Even within the surplus men, it is the less qualified or poor men who are left out in the marriage market. Girls with high level of literacy, high work participation and aspiring to build a bright career opt for well qualified and well settled boys. This concern was pointed out by Kaur (2013) as the data on surplus unmarried males points out that men who are left out of the marriage market are likely to be poor, uneducated, unemployed, of a low status, or disadvantaged in other ways (such as being physically or mentally challenged). “The majority of women in such societies get married, and may even have better prospects and ‘marry up’, leaving behind males who have few resources to leverage the marriage market” (Kaur, 2013: 39).

Another assumption for the impact of bride shortage is that it may bring down the dowry price, as it will be a reverse trend where the surplus men will have to pay bride price (a custom in tribal areas and certain other communities of Gujarat) to get married. However, unlike northern India, where this assumption holds true in works of Larsen and Kaur (2013)¹, is not evident in parts of Gujarat or in Vadodara particularly. The community where dowry was rampant like Marwadis or Patels continues with the custom or is renamed in the form of marriage cost or maintaining a standard of ‘hospitality’ of the groom’s family. And in fact even in communities where dowry did not exist, have started giving/asking for dowry or have started spending a huge amount on daughter’s wedding as ‘band wagon effect’. Hence, in spite of the introduction of bride price or bride purchase the burden of dowry still remains.

Similar voices were heard from FGDs and marriage bureaus, where there was a concern that the surplus men generally belonging to the lower castes or classes and less qualified or unemployed will indulge in anti-social activities of trafficking, prostitution or inflict violence against women.

The official from a marriage bureau for Patel community confessed that:

“Yes there are incidences of bride deficit in certain communities like Patels, as a result of which bride exchange (sata) is prevalent. There is still a craze amongst girls to marry an NRI boy, and hence the lesser qualified local boys
find it difficult to get brides. There are a few instances of brides being purchased from villages for marriage.”

Another official from a marriage bureau agreed that “The lesser qualified boys in these (daughter deficit) communities are often left out. And these boys occasionally take up molestation or rape to satisfy them...the balance is disturbed resulting in marginalization of less qualified boys, who might get into anti-social activities to get brides for marriage”...as a result prostitution will increase and tribal girls will be trafficked for marriages.”

However, in contrast where activists see this trend as derogatory to women, the official civil society organisation working with tribal population in Vadodara, who admitted of bride purchase from tribal areas by certain communities in urban Vadodara, was of the opinion of that the tribal families look at it as a tool to upwards mobility.

“Tribal girls are sold to Patel and Durbars (Rajputs) which are bride deficit communities. Patels being a land owning community prefer girls from tribal area so that they can contribute in farms...but this kind of sale is seen as a positive trend amongst the tribals as it is an upward social and economic mobility for the family. They get a better status and higher amount of bride price compared to their own community... she (the married girl) is not vulnerable to a great extent, because she has the freedom to go back to her natal family in case of exploitation and in situation of being dumped. She is accepted wholeheartedly by tribal families again”.

7B.3 INCREASE IN CRIME AND VIOLENCE AGAINST WOMEN

The marriage squeeze and the problem of surplus men are seen as a definite threat to the safety and security of women. As discussed earlier in this section citing the work of others, men in daughter deficit areas exercise greater surveillance over their wives and display a higher degree of suspicion if wives venture out to work.

The extent of violence against women in Gujarat is lower compared to other state of India. As per the NFHS-III (2005-06) report “among women age 15-49, 26 percent have ever experienced physical violence and 7 percent have ever experienced sexual violence. In all, 28 percent of women age 15-49 in Gujarat have experienced physical or sexual violence, including 31 percent of ever-married women. The percentage of ever-married women who have experienced spousal violence is lower in Gujarat (28%) than in the country as a whole (37%)”. (NFHS-III, 2005-06: 27). However, if the trend of criminal violence against women is analysed, the violence against women (VAW) has increased in Gujarat in recent times. As
per the latest official records, the rape cases in Gujarat have increased drastically. “From April 2011-March 2013 there were 1440 cases of rapes registered at police stations. Looking at the major cities of Gujarat like Ahmedabad, Vadodara, Surat and Rajkot, the cases of rape, abduction, kidnap and suicide are on a rise” (Mumbai Samachar, 2014: 11). (See table-7B.1).

**TABLE-7B.1**

**REPORTED CASE OF RAPE IN GUJARAT (2010-2012)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Gujarat rape cases (reported)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-11</td>
<td>404</td>
</tr>
<tr>
<td>2011-12</td>
<td>450</td>
</tr>
<tr>
<td>2012-12</td>
<td>586</td>
</tr>
</tbody>
</table>

Source: Mumbai Samachar, 2014, July 26: 11

Similarly the cases of VAW in Vadodara are also on rise. As reported in Vadodara during the last three years, the incidences of unnatural female deaths are increasing continuously. Study shows that the unnatural deaths are more common in married females (75.63%) as compared to unmarried females (20.20%) (Pathak, A. and Sharma, S, 2009: 222). As recorded by the crime bureau of Vadodara the cases of abduction and rape are quite high in 2011. There were 148 cases of abduction and 28 cases of rape reported in 2011 in urban Vadodara alone. Based on these records and reports the present study attempts to know the opinion of respondents regarding the increase in violence against women as an impact of declining CSR.

A majority of the respondents felt that Vadodara is safe and women feel secure in the city. But of late, half of them admitted, that violence cases have increased to some extent. 54% of them feel that violence against women has increased in recent times. 16% feel it is the same as earlier but now it is being highlighted more by media where as 30% of them were of the opinion that violence has decreased in recent times because of stringent action and awareness by the law enforcing authorities. There were similar responses from participants of FGDs where they feel violence has increase in recent times, and they attribute this rise to glamorising of VAW cases by news channels and media. The Muslim women, post-Godhra riots do feel insecure to venture out alone in sensitive areas particularly after sun set. As discussed in earlier section (chapter-VII A), mobility and security of women have been a great concern after the communal riots of 2002. However, a more detailed investigation is required to co-relate the issue of communal riots with the decline in CSR.
No one amongst the participants however, could co-relate this rise in violence against women to decline in CSR. There was no awareness regarding the co-relation between increase in the rate of abduction, rape or harassment cases against women to masculanisation of sex ratio. As far as they could manage to get a bride from any other community by paying a decent ‘bride price’, they did not perceive the problem of bride scarcity as a potential cause for increase in violence against women.

But the civil society organizations working in Vadodara admit of increased in VAW and bride trafficking. One of the organizations working especially with tribal women in neighbouring districts of Vadodara stated:

“There have been cases of increase in the rate of violence against women with the decline in CSR. Dalit girls are becoming a victim of polygamy, rape, abduction or murder in the process of bride trafficking. Majority of the girls are brought from south Gujarat. There was an incident where a tribal girl of as young as 15 years of age was married off to a 50 year old Patel man in Baroda”.

7B.4 IMPACT ON WOMEN’S HEALTH

One of the points of discussion, which is seriously lacking in most of the reports on impact of sex selective abortion (SSA), is the impact on emotional and physical health of the women. Several and repetitive SSA of women under great pressure to ‘gift’ a male child to the family leaves her with a lot of immediate emotional and physical trauma and long term health implications like anaemia, infertility or hormonal imbalance. Unsafe abortions further complicate her case and sometimes might lead to death. As pointed out by Chhachhi and Satyamala (1983) “Sex determination tests do not guarantee the birth of a male child. Multiple abortions would be one of the results of such tests. This will lead to increased blood loss (more than 70% of Indian women are already anaemic), infection and injury to the uterus and the possibility of secondary sterility” (Chhachhi and Satyamala, 1983: 4).
Since all SSAs are undertaken only during second trimester after the test confirms the sex of the child, it is much more risky and often conflicting with the clauses that fall under purview of MTP which allows abortion by 12 weeks (only under certain stricter conditions up to 20 weeks). Unlike miscarriage where the foetus is unhealthy and dies a natural death, SSA involves plucking or sucking forcefully or artificially which definitely pose more danger to the pregnant women’s health. During the interviews with medical practitioners in Vadodara, while they allow second trimester abortions under strict medical supervision in case of foetal abnormalities, but they also warned against the complications repeated abortions can pose. Especially in the case where the abortion is repeated. One of the gynaecologists, practising in a government hospital also expressed her concern regarding unregulated practice of SSA and said:

“Since sex selective abortions are prohibited by law, most professional gynaecologists might deny performing them. And in such cases untrained, unqualified doctors might conduct such abortion in unsafe and unhygienic conditions which can be fatal to the pregnant women”.

Respondents in the interviews and participants from FGDs also mentioned about the ill-effects on health of women due to repetitive SSAs in their vicinity. They also complained that women and her family in desperate attempts to get SSA done, often get it done at any random clinic and end up having lot of complications later. It is colloquially known as ‘case bagdi gayo’ (the case is ruined). In one such case A mother of three daughters, Brahmin woman had undergone sterilization after the third delivery. However under the immense pressure from her family, she had to reverse the operation to try for a male child. After which she had a lot of health problems and suffered repeated miscarriages. As a consequence, ultimately she was unable to conceive a male child.

In certain cases where receiving permission from the pregnant women (as laid down by the law) seems difficult to undergo abortion followed by sex determination, she is been administered anaesthesia. As in the widely published case of Aruna Yagnik of Ahmadabad in 2009, who was forced to undergo six consecutive SSA at different clinics in Ahmmedabad, Vadodara and Aanad suffered a lot of physical and mental trauma. All the abortions were done against her will under the effect of anaesthesia and her consent was taken in a semi-conscious state and were later claimed to be miscarriages by the doctor.
In a society where reproduction and motherhood is glamorised to the extent of it being put at the pedestal of divinity, being a victim of forced abortions definitely affects women’s self-worth adversely. This area further requires a medico-psychological research.

CONCLUSION

The major impact of the decline in CSR can be seen on the institution of marriage. Cross section marriage across caste, class and region and hyper gamy are most evident consequence. However, it also needs to be viewed in context of bride purchase and bride trafficking or forced marriages. Increase in violence against women in male surplus areas is also evident from the studies so far. There is an urgent need for medico-psycho analytical studies to assess the impact of repetitive and forced SSAs on women’s physical, mental and emotional health.

It is observed that Vadodara is yet to experience the far reaching impact of decline in sex ratio as it is too early to establish causal relation between, bride purchase, trafficking or increased violence against women with decline in CSR. Although the scarcity of bride has been experienced across all the communities and castes, the dearth has not reached the alarming level as yet, particularly in the marriageable age group. With sharp decline in CSR, the child population which has been overtly masculine since 1991 will reach the marriageable age in another couple of years. And the male surplus will then pose a major problem. The sharpest decline of 2001 will show its impact with almost 200 surplus men per 1000 of population in a decade or so. It will definitely cause disastrous imbalance in society in general and marriage market in particular. The civil society organisations and law enforcing machinery will have to closely observe the rise in crime and violence against women in context of decline in CSR in Vadodara.
NOTES
1. The study conducted by Larsen and Kaur (2013) in northern India, especially in parts of Haryana indicates that demands for dowry have decreased as a result of the sex ratio imbalance. Interestingly, this variable is not related to economic and social status, as wealth, landholding and caste are insignificant. The only variable other than bride shortage with a significant effect is women’s education. We interpret this as a result of women with better education being generally more informed. Substantiating the main finding is that 43 of the 83 bachelors asserted that they would be willing to forgo dowry to get married. Acquiring the bride although they find no relationship between bride shortage and the level of dowry given, we find signs of demands for dowry having been lowered because of bride shortages.

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Mumbai Samachar (2014, July 26) gujaratma mahila saathe na banaavoma chintajanak vadhaaro. (Incidents against women at an increasing rate in Gujarat),


CHAPTER-VII
C. ANALYSIS OF THE FILED WORK-III
CAMPAIGNS FOR CHANGE

INTRODUCTION

In the last two decades, women’s groups and sensitive health professional have carried out the campaign against sex selective abortion in India. (Gupte, 2003: 1). As a consequence the Pre-Natal Diagnostic Techniques Act (PNDT), 1994 was implemented and later it was amended in 2003 as Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act (Prohibition of Sex Selection). In addition to the legal provision, governmental as well as non-governmental and civil society organisation’s levels have sought to address the issue of declining child sex ratio (CSR) in order to change the attitude towards the girl child. However, the both the sets of organisation differ in their strategies and the perspective with which the issue is addressed. This chapter attempts to examine different strategies and the ideological premises on which the strategies are developed to achieve their goal of saving the girl child with special reference to Vadodara. Therefore, discussions on different campaigns were conducted through interviews with the government officials and activists from civil society organisations.

Realising the disgrace associated with the birth of a girl child, being considered as a liability to the family, and perennial threats posed to her survival, on one hand Government of India and many state governments have introduced innovative schemes of conditional cash and non-cash transfers. “By providing a set of staggered financial incentives to encourage the families to retain the girl child and to educate her, the ultimate objective of these schemes is to change the attitude and mindset of parents towards girl child (Government of India, 2007: 14). On the other, awareness, consultancy and advocacy have been taken up by a large number of civil society organisations and NGO in different parts of the country. This is mainly through extensive use of information and communication technologies (ICT) - posters, pamphlets, skits, street plays, rallies, mass media, workshops and seminars and formulating lobbies and pressure groups to bring pressure on the law implementing bodies at village, district and state levels.
Broadly one can categorise the campaign against the sex determination (SD) and SSA in India in four broad categories.

a) The campaign for formulation and implementation of PCPNDT Act.
b) Conditional cash transfer schemes (CCT) of Government of India/state government
c) Other programmes conducted by government agencies to spread awareness
d) Campaign by civil society organisations/NGOs for awareness and advocacy.

7C.1 IMPLEMENTATION OF PCPNDT ACT, 2003 IN VADODARA AND GUJARAT

The campaign for formulation and implementation of PCPNDT Act is discussed in detail in the introductory chapter. However, it is vital for the study to understand the implementation of the Act particularly in Vadodara and in Gujarat as a whole. In order to implement the PCPNDT Act in Gujarat, the State Inspection and Monitoring Committee has been constituted. The main function of the Committee is to assess the ground realities through field visits. It is also supposed to monitor the prosecutions launched against unregistered bodies and those violating provisions of the Act/Rules and directions of the Supreme Court of India in this matter. Collectors are appointed as District Appropriate Authorities (AA) in all 25 Districts of the State. The major activities undertaken by the Committee were registration and renewal of sonography machines, issuing license and certificates, organizing communication activities, monitoring and conducting surprise visits.

After the implementation of the amended Act in 2004, a total of 79 cases were registered in 2005-06 alone by the Appropriate Authorities in various courts of Gujarat. By April 2011 there were 177 sonography machines sealed, 105 cases were filed under the Act (Kathuria, and Vakharia 2011: 13). In 2009, there were 34 cases registered against the doctors in Ahmedabad alone of which 25 ultrasound machines were sealed (Divya Bhaskar, 2009: 2).

In Vadodara, three gynecologists were convicted under the PCPNDT Act, following a sting operation in 2004-05 (Annual PCPNDT report, 2007: 25). There were a series of complaints under which these convictions were done. These include incomplete forms, not displaying board and also complaints regarding conduct of SD and SSA. The details of the convictions are as follows

2. Dr. (Mrs.) Harsha S. Shah, Uday Clinic, 1-2, Manav Mandir Society Vaghodiya Road, Opp. Suryanagar Bus Stop, Vadodara, Dist. Vadodara- 3 USGs sealed on 25/7/05

3. Dr. Divyang Kadakiya, Priyal Clinic, Sahajanand Apt., Pani Gate, Vadodara.- 2 USGs sealed on 26/10/05

Another two doctors from Vadodara were booked under the PCPNDT Act in 2009 after there was a complaint against them from Ahmedabad. (See Case study for the details of the case). The complaint was registered in Makarpura Police station. These two doctors, Dr. Subhadra Bhinde and Dr. Ajit Aathle, (a radiologist and a gynaecologist) operating in Lalbaug area of Vadodara, allegedly conducted SD and SSA respectively. Further investigation revealed that they did not have records or the details of the sonography conducted and no entries for that date were done at either of the clinic (Mumbai Samachar, 2009: 3). As per the last update on the case, there has been no further progress in the case after the complaint (As reported by the victim’s lawyer in Ahmedabad).

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<th>Case study</th>
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<tr>
<td>Aruna Yagnik, a 32 year old middle class Brahmin woman from Ahmedabad was married to Harshvardhan Bhatt in 2000. From 2001-2007 she became pregnant 7 times of which 6 times she was forced to undergo SSA at different clinics in Ahmedabad, Vadodara and Anand. Causing her immense physical and emotional trauma. Charge sheet against the family, radiologists and gynaecologists at Vadodara and Anand were filed. Her husband and in-laws were arrested for four months and were then out on bail. No action has been taken so far against the doctors, due to loopholes in the case. Both the radiologist and gynaecologist continue with their practise in Vadodara till date (May 2014).</td>
</tr>
</tbody>
</table>

During the field work, it was found that the above mentioned doctors against whom the complaint has been lodged or whose sonography machines have been sealed continue to practice in the city and in fact have a flourishing business. Three of these doctors, in spite of repetitive efforts refused to participate in the research. However, one of these convicted doctors who participated in the research and agreed to be interviewed denied that her clinic was even visited ever by a monitoring committee. She also denied that SD or SSA is being...
conducted anywhere in the city. It emerges by this interview, that there is a strong network between the medical professionals and the monitoring committee because of which even after the complaints, doctors escape penalisation.

7C.2 CONDITIONAL CASH TRANSFER SCHEME (CCT) (CASH AND NON-CASH)

While the mindset towards a daughter needs to be perceptibly changed for all economic groups, however in case of economically backward families, poverty is a huge constraint that stands in their way to raise and educate their children. Thus given a limited resource basket, these families would rather opt for a son than a daughter. In order to enable them to consciously retain their daughters, they would require financial incentives and other non-cash assistance. It is with this intention that an innovative scheme of ‘conditional cash and non cash transfer’ was proposed, wherein cash and non cash transfers are to be provided to the family of the girl child (preferably the mother) on fulfilling certain conditionality for the girl child - such as birth and registration of the girl child, immunization; enrollment to school; retention in school; and delaying the marriage age beyond 18 years. This will be in addition to the various incentives, which already exists for girl child given by the Centre and the States. (Government of India, 2007: 14).

The major schemes under this programme include Dhan Lakshmi Scheme (Govt of India), Bhagyalakshmi Scheme (Karnataka), Ladli Lakshmi Scheme (Madhya Pradesh), Girl Child Protection Scheme (Andhra Pradesh), Ladli Scheme (Delhi), Balika Samriddhi Yojana (Gujarat) Balika Samriddhi Yojana (HP), Ladli Scheme (Haryana), Balri Rakshak Yojana (Punjab), Mukhya Mantri Kanya Suraksha Yojana (Bihar), Kunwarbainu Mameru Scheme (Gujarat), Mukhya Mantri Kanyadan Yojana (MP), Mukhya Mantri Kanya Vivah Yojana (Bihar), Indira Gandhi Balika Suraksha Yojana (HP) (Shekhar, 2012: 58).

Experts look at these schemes from a positive outlook as potentially promoting girl child welfare. “Through the provision of financial incentives to poor families following the fulfillment of certain verifiable conditions, CCTs seek to provide short-term income support and at the same time promote long-term behavioural changes. They, therefore, have the potential to become an effective means of channelising the limited resources to the poor and socially disadvantaged sections; more specifically to girls and women” (Shekhar, 2012: 58).
7C.2a.1 CONDITIONAL CASH TRANSFER (CCT) SCHEMES IN GUJARAT

Of the two major schemes initiated by the government of Gujarat for saving the girl child one is CCT and the other is Beti Bachao Campaign. Government of Gujarat under the Conditional Cash Transfer (CCT) Schemes introduced major schemes such as Balika Samriddhi Yojana in 1997 (initially was a central government scheme and later transferred to state government in 2006) and Kunwarbainu Mameru Scheme/Mangalsutra Yojana (1995) in last two decades. The schemes address the survival of girl child issue strictly amongst the lower class or scheduled caste (SC) groups.

Balika Samriddhi Yojna is undertaken by the Department of Women and Child Development, Government of Gujarat in 1997. The purpose was to change the negative family and community’s attitude towards the girl child at birth and towards her mother, to improve enrolment and retention of girls in schools, to raise the marriage age of girls and to assist girls to provide a lumpsum to parents at the time of her marriage and to provide socio-economic-educational empowerment. Under the scheme the aanganwadi (kindergarten) workers would provide aid to open an account in any nationalized Bank or Post office Savings account with Rs.500/- to new born girls, born to families after August 15, 1997. While getting education, a sum of Rs.300/- to Rs.1000/- scholarship is added to their account up to their SSC/10th std. She is eligible to get the sum till she attains marriageable age or up to 18 years (Retrieved from www.gujaratindia.com).

Kunwarbai Nu Mameru/Mangalsutra yojana is a scheme by the Department of Social Justice and Empowerment, Government of Gujarat for families below the poverty line. Scheme provides, at the time of marriage, Rs. 2000/- to parents and Narmada bonds (Kisan Vikas Patra) worth Rs. 3000/- to girls belonging to SC, ST and Socially and Educationally Backward castes. ‘Mameru’ is a variant of the practice of dowry. Kunwarbai was daughter of the fifteenth century bhakti poet Narsinh Mehta. Legend denote that when Narsinh Mehta was unable to raise dowry for his daughter’s marriage, Lord Krishna appeared in the form of a merchant and provided the dowry to save him from social stigma. The title of the programme casts the state as a divine benefactor (Prajapati and Shah, 2014).
The government websites and other official documents boast of exuberant expenditures made under the above mentioned schemes. As per Shekhar’s (2012) analysis there are a large number of beneficiaries under these two schemes.

### TABLE 7C.1

**BENEFICIARIES OF THE CCT SCHEMES IN GUJARAT**

<table>
<thead>
<tr>
<th>Name of the Scheme</th>
<th>Number of Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2007-08</td>
</tr>
<tr>
<td>Balika Samriddhi Yojana</td>
<td>8,762</td>
</tr>
<tr>
<td>Kunwarbainu Mameru scheme</td>
<td>26,031</td>
</tr>
</tbody>
</table>

Source: (Shekhar, 2012: 59)

7C.2a.2 **SHORTCOMINGS OF THE CONDITIONAL CASH TRANSFER SCHEMES IN GUJARAT**

Although on one hand these schemes are being publicised as success stories. The tall claims are to be examined against the ground reality.

- The pre-conditions and requirements included in these schemes often result in beneficiaries being the one who do not have son-preference or can afford the daughter’s education.
- Like most of the other government schemes there is lack of co-ordination between different implementation bodies like centre, state and other financial institutions.
- Both the schemes are mainly focusing on poor households, whereas son-preference and daughter elimination are widespread across different economic categories.
- In these schemes, the involvement of the local Panchayats, NGOs, and women’s groups is rather limited (Shekhar, 2012: 63).
- As reported by the CDO of *aanganwadi* at Vadodara, Balika Smriddhi Yojana has been discontinued abruptly since 2012. The reason cited was lack of funds from the government bodies.
- Feminists and social activists have criticized the schemes like *Kunwarbainu Mameru*, as it universalizes marriage and essentialises dowry. It has spread dowry in scheduled castes (SC) and other backward classes (OBC). The irony is that dowry was not traditionally practiced by most of SC, ST, and Socially and Educationally Backward castes. And also
believe that the “negative sex ratio is just a symptom of a major disease called patriarchy and have to challenge the patriarchy with short term and long term programme” (www.radicalsocialist.in).

It is important to note, that in Vadodara specifically, it is the elite or upper class and caste which devalues their daughter more and dowry which was is limited only to certain communities is actually spreading in other communities thanks to the schemes further considering her a liability (see chapter VB and VI) and hence, the schemes can contribute in a very small way to solve the problem of survival of girl child.

During the focus group discussion with women from lower class, the awareness regarding these schemes was very less. Except for one respondent no one had availed of these schemes. They all agreed that knowing the details of the schemes, they would have availed and benefit from the same. For them educating the girls till the age of 18 is just a stop gap arrangement till she reaches marriageable age and hence, the cash transfers given till that age would definitely be useful for her marriages expenses which is now becoming exuberant.

7C.2b PROGRAMMES BY GOVERNMENT TO SAVE THE GIRL CHILD: BETI BACHAO ANDOLAN/ABHIYAAN

To address the issue of declining child sex ratio one of the major programme by government of Gujarat is ‘Beti Bachao Campaign/abhiyaan’ which was launched by Chief Minister (CM) on the occasion of International Women’s Day in 2005. It was a public-private venture where in, Gender Resource centre, an autonomous body, was an active partner of the campaign who was involved in documentation and publications with a realization that it could play a vital role in changing the perception of the society in general on such an important issue.

Through this campaign, a series of activities were organized to create awareness among different stakeholders and community at large about the declining CSR and its impact. These activities were undertaken at three levels in society. At first, sensitisation of more than 5,000 aanganwadi workers and women leaders from the worst affected districts was undertaken. They were asked to counsel the community against SSA. At community level, special gatherings had been organized in different parts of the State. In one such incident, one million members of the Patidar Samaj (an influential section of the society, with large
land holdings and one of the worst CSR), took a pledge at a congregation organized by them that they will not just discontinue the practice of SSA themselves but also educate other people. Similarly, at another gathering the ‘Chaudhary Samaj’, community group of Chaudharies pledged not to resort to sex selection and rather work for saving the girl child. At the third level, Spiritual leaders with mass appeal were involved to educate communities to stop discriminate against girl child and stay away from practices like SD and SSA (Gulati, 2007).

One of the important events under the campaign was the Jan Jagruti Yatra (awareness procession) in November 2008. CM had flagged off this campaign at Surat from where the yatra (procession) to Somnath was to be initiated. Around 1,200 couples and their children, who had participated in the six-day long ‘Sarva Samaj Beti Bachao Jan Jagruti Yatra’ organised by Saurashtra Jaldhara Trust, had covered around 226 talukas in 26 districts. The cavalcade of 300 cars had passed through various areas of Surat, Ankleshwar, Vadodara, Ahmedabad, Unjha, Surendranagar, Rajkot, Junagadh among other places on its way to Somnath. The yatra participants had collected ‘Beti Bachao jalkumbhs’ and oaths against female foeticide from each of the 226 talukas. The water in the jalkumbhs was then poured into Arabian Sea at Somnath (Times of India, 2008: 1). Similarly in June 2006 at Surat, The Patidar community of the state organized a gathering of 10 lakh Patidars who took the oath not to do SSA in their families to save the girl child and distributed mahaprasadi of ladu in 35 lakh Patidar family all over the state with the message to stop the female foeticide. (Annual report, PCPNDT, 2007: 44).

The major initiatives under this campaign includes, spreading awareness through rallies, posters, use of ICT and media (a special tie up with Times of India), advocacy workshops in collaboration with civil society organisations or NGOs, spreading message through slogans to be posted on state transport, public places like bus stops, railways stations, government offices at district levels, organising awareness programmes at the venue during festivals like Navaratri, taking help of cultural or literary icons to convey the message amongst many others. Some of the slogans popularised under the campaign are ‘dikri rudi saachi mudi’ (daughters are a real asset), bhrun hatya paap chhe (foeticide is a sin-giving anti-abortion message), ‘dikri bachao, dikri vadhaao’ (save the girl child, celebrate the girl child), ‘vicharo, jo aapni maatane petmaa j maari naakhi hot to’ (think if your mother was killed before she was born), ‘putri be ghar ne ujaale’ (daughters enlighten two homes), ‘dikro
dikri ek samaan’ (son and daughter are equal). Joiti hashe jo vahu, to dikri ni jarur chhe bahu, dikri janmana na lesho vadhna, nahitar dikra rahi jasshe Vandha’. (If you need daughter in law, you need daughters, if you deny her birth your sons will remain bachelors).

7C.2b.1 STRENGTHS AND SHORTCOMINGS OF BETI BACHAO ANDOLAN IN GUJARAT

Social transformation is very often a result of rigorous and consistent movements and campaigns. Beti Bachao Andolan in Gujarat was also conceptualised and publicised as a major potential campaign for social transformation aimed at changing the attitude towards the girl child and thereby further prevent declining CSR. However, barring a certain specific areas, where the campaign along with other factors have contributed in improving the CSR, it has not shown any significant positive changes in the state or the improvement in CSR is not uniform or balanced across the state.

It is true that the CSR of Gujarat from 2001 to 2011 has marginally improved from 883 to 886 (and still the overall sex ratio has further declined from 920 to 918). The improvement is insignificant as the CSR is still much lower to the national average. There are districts where the improvement is significant, but the major districts like Surat, Rajkot, Kachchh and Amreli has further declined. The sex ratio and CSR of Vadodara has improved but still lag behind the national average and the improvement is only in Urban Vadodara (from 834 to 860), where as rural Vadodara remains where it was (at 920) (Census of India, 2011).

The major shortcomings of Beti Bachao Andolan can be listed as follows

- Involving religious leaders in the campaign has spread a faulty message. Religious leaders have often preached ‘bhrun hatya paap chhe’ (foeticide is a sin, instead of female foeticide being sin). The message has an anti-abortion implication.
- The approach to the campaign was not ‘right-based’ but was ‘morality based’. The girl child’s survival was not a human right issue for the campaigners. The need to save the girl child was highlighted in mythological or religious context. There was also an attempt to essentialise her role as sister or daughter-in-law, and the message advocated that one needs to save the girl child because society needs sisters to tie ‘rakhi’ to their brothers or as ‘daughter-
in-law’ for their sons. Social activists have opposed this approach and insist on campaigning for the right to birth as a basic human right for every girl.

- Taking of oath does not ensure aversion from the practise of SD or SSA. Oaths do not impose any legal binding or punitive enforcement. Hence, it may not act as a deterrent for the ones who take such pledges.

- During one of the programmes conducted under ‘Beti Bachao abhiyaan’ in Vadodara as a part of women empowerment fortnight in August 2014 celebrated across Gujarat by Government of Gujarat, a major ignorance on the part of organisers was depicted. All the representatives of various departments of the government were ignorant about the ground reality and were only glorifying daughters as ‘devis’ (goddesses). None of the speakers could either narrate a single success story of the campaign or address the issue from a human right or feminist perspective. Stereotyped role of women as mothers, sisters and more so as goddess Laxmi and Saraswati were portrayed and stressed upon as ‘the’ only role of women.

Such type of ignorant and morality based attitude is hence criticised by social activists, feminists and civil society personnels. SD or SSA needs to be addressed within the larger structure of patriarchy and violence against women. Survival of a girl child or inevitability of her existence should not be attributed to her role of a mother, sister or a daughter in law. This campaign by the government, with all its potential, needs to be redirected with a right based approach. It necessitates reconstruction of ideology for effective and affirmative results.

7C.3 CAMPAIGN BY CIVIL SOCIETY ORGANISATIONS/NGOS FOR AWARENESS AND ADVOCACY

No social transformation is possible without the help of social activists, and collective efforts of aware and active citizen’s groups. Participation and initiatives by civil society organisations and non government organisations (NGOs) are the real pillars of any social movements. Policy and planning on one hand can form a strong foundation for social change but its implementation, awareness, dissemination of policy and programmes and advocacy is often undertaken by these civil society organisations.
The major strategy used by these organisations to campaign against the sex selection include:

1) Filling petitions and Public Interest Litigations (PIL)- for e.g. CEHAT, Mumbai and MASUM, Pune.

2) Research and documentation- for e.g. United Nations FPA (UNFPA), Women Power Connect (WPC), Population first, Women’s Study Research Centre (WSRC, Vadodara), Gujarat Institute of Development and Research (GIDR, Ahmedabad).

3) Activism, awareness and advocacy- for e.g. FASDSP, Lek ladki abhiyan (Maharashtra) Sahiyar and Olakh (Vadodara), CHETNA and SWATI (Ahmedabad).

In Gujarat, a great deal of work for campaigning against SSAs is in the form of research, documentation and activism undertaken by organisations like Gujarat Institute of Development and Research (GIDR), Women Study Research Centre (WSRC), M.S.University, Vadodara, Sahiyar, Olakh, CHETNA, SWATI and so on. GIDR and WSRC’S key contribution is in the form of research and documentation. Studies have been undertaken by these two institutions within Gujarat and a few other states of the country. Sahiyar and Olakh are women’s groups based in Vadodara having experience in women empowerment and women’s movement for more than 25 years. In the area of SSA, their work includes research based on fieldwork in Vadodara, awareness campaigns through rallies, posters, skits, publications, pamphlets and leaflets, conducting of advocacy workshops and seminars involving all stakeholders etc. With similar strategies CHETNA and SWATI are operating in Ahmedabad. CHETNA’s work is not just limited to Ahmedabad district but has spread to neighbouring district of Mehsana as well. Their great contribution in trying to bring back the balance in sex ratio in daughter deficit Mehsana has been an inspirational story across the state.

In purview of this study, one of the most important contributions by Sahiyar is their publication of the report of the research conducted in Vadodara along with WSRC to understand the attitude towards the practice of SD and SSA amongst women across the caste, class and religion in Vadodara. The present study is developed on the foundation of the pilot study undertaken by Sahiyar in 2001 (Shah, T. 2002). Based on this study, Sahiyar has been incessantly campaigning in Vadodara to spread awareness about the importance of girl child the basic slogan adopted by them is ‘dikrione janamvaado, khilvaado and akashne ambava do’ (let the daughters be born, blossom and touch the sky). On International women’s day (8th March) and human right day (10th December), Sahiyar organises special programmes, rallies,
skits or street plays to spread the message of saving the girl child. There have been a series of publications and posters by *Sahiyar* used by several activists not just across the state but across the nation to disseminate the message of save the girl child.

*Sahiyar* strongly believes that industrialisation, consumerism, globalised and market driven economy has all contributed to reinforcing the traditional son-preference and daughter aversion. Sanskritisation further spreads to evil customs of dowry and high marriage cost to lower castes as well, making it worse for the survival of a girl child. The development model adopted by Gujarat is strongly condemned as ‘deadly development’ by the founder member and feminist activists Trupti Shah. They also criticises the *Beti Bachao* campaign by the government of Gujarat as it only attempts to cure the ‘symptoms of disease and not the root cause’. Declining CSR is an outcome of much deep rooted evil of gender discrimination (Padmanabhan, 2003).

Shah also believes that SSA is not a sophisticated version of infanticide. Infanticide was restricted only to certain communities, where as SD and SSA is spread across class, caste and communities. She blames doctors equally for ‘creating’ demand for SD and SSA to satisfy their vested monetary interests. She suggests creating pressure groups for better enforcement of gender equity policy and condemning the programmes which further reinforce patriarchal and discriminatory values in society.

CHETNA too has been proactive in campaigning against SD and SSA through their documentation, research and awareness programmes in Ahmedabad and Mehsana. Conducting several advocacy workshops with member of legislative assemblies has enabled them to bridge the gap between the government and non-government machineries. With slogans like ‘*aavo dikri janma ne vadhaavie*’ (come, let’s celebrate the birth of our daughters) and ‘*joie chhe ek hraday je dikri matte dhabktu hoy*’ (need a heart that beats for daughters) they have extensively use publications, posters, pamphlets, postcards and other stationeries to spread the message across the state. They have also successfully disseminated the message through media houses like ZEE and Doordarshan.

CHETNA facilitated a campaign on the issue of declining CSR in five blocks with ratio of less than 850 girls against 1000 boys in Mehsana and Sabarkantha districts of Gujarat along with five partner NGOs. The campaign focused on creating awareness through a multi -
media strategy among various sections of society on gender equity and the right to survival of the Girl Child, PCPNDT Act and its provisions through the one year period (July 2005 to June 2006). Multimedia strategy for mass awareness by CHETNA includes house to house contact, Phaliya (neighbourhood) meetings, street plays, bhavai (traditional form of play with music) and many others. Through the comprehensive campaign, they reached out to more than two lakh people comprising youth groups, women’s groups, milk cooperatives, schools, colleges, community leaders, crèche and child care centre workers and senior citizens. Their community based programmes in villages of Mehsana have great success stories with improvement in CSR. (Retrieved from www.CHETNAindia.org and information provided at the time of the visit to the institution).

Other civil society organisations operating in Gujarat in general and Vadodara in particular, campaigning against SD and SSA adopts a similar modus operandi and hence, in order to avoid repetitions there details are not discussed here.

7C.4 RESPONSES FROM THE FIELD

People’s participation in any process of social change and transformation is absolutely necessary for a sustainable change. As it has been highlighted in this study, the problem of declining CSR needs to be located in the attitude towards the girl child and belief in son-preference. Therefore, any campaign to address this issue must be aiming at changing the attitude of the people. Involvement and participation of people at every stage of the campaign is a must. This however, is not achieved in Vadodara. The awareness of the campaigns both by the government and civil society organisation is lacking amongst the population.

In the present study the awareness about the campaign by the government is much higher with 72% of the respondent being aware and the source of information was media and advertisements. It is a point also indicated earlier in previous studies by CHETNA where amongst their respondents only 40% were aware about the Beti Bachao campaign. And amongst those who were aware, majority of them were aware about the campaign only through media advertisements (CHETNA, 2008: 9). The awareness amongst the respondents in the present study did not include any details or particulars of the campaign. The respondents were only conscious about the name and basic idea of the campaign and were unaware of any specific programme or activity conducted under the campaign. Only a handful of them were aware of other programmes for educating the girl child or cash
incentives given by the government for their girl child. Respondents also could not differentiate between various schemes of safety and security or of reproductive health of women and Beti Bachao Andolan. None of the respondents could provide any details of campaigns undertaken by NGOs in Vadodara to save the girl child. Similarly the participants of focus group discussion (FGD) were aware of PNPNDT Act and came to know about it either from newspapers or from the boards displayed at gynaecologist’s clinic. They were also aware about Government of Gujarat’s campaign of ‘Beti Bachao’ but were sure of its effectiveness.

Experts from the field, especially social scientists admitted of the failure of the campaign. Critiquing it the Faculty from the Department of Social Work and Sociology of M.S.University said, “The campaign by the government has a lopsided approach. Messages by religious leaders are anti-abortionist. The Information, education and communication (IEC) material was often misrepresenting the PCPNDT Act, threatening women’s right to abortion. Although the state has taken initiatives, the attitude is too patronising. No government schemes have been successful enough to change the attitude towards the girl child. These schemes lack direction and proper strategy. The impacts shown of these schemes are mere eye wash and have not shown any concrete positive results.”

Legal professionals perceive the campaign to be weak as it has not succeeded in reaching out to the people. Social activists from civil society organisations also pointed out the loopholes in the government campaign. For the civil society organisation, “The campaign by government of Gujarat has been more of a moral preaching. Just like ‘Plant more trees’, it is not law binding but a value everyone should adhere to. Government need to link the campaign with health programmes in the state. Where in people participation is is necessary. Communities if not taken in to confidence the campaign won’t be successful. There is no accountability in the whole issue, also there is a communication gap between the aanganwadi workers who take the message to the families and government.”

Apart from the efforts by government and non government organisations, the role played by media and literature needs a mention here. Times of India’s Ahmedabad edition have been a great partner to the Beti Bachao campaign. Under the caption of ‘Jaago Gujarat’, it has frequently published stories, unearthed sting operations, revealed stories of convictions and sealed sonography machines, highlighted positive role of women and
supported several NGO campaigns by covering their activities. Simultaneously there have been literary and culturally prominent personalities coming forward to create a positive image of daughters and women through their art and literature. There is an attempt to deconstruct the very normative construction of a girl child in Gujarat. As per one of the newspaper reports “Slowly and steadily, singers and poets are making a silent statement to new parents to sing and make their daughters feel welcome as well. The most compelling statement has been made by noted Gujarati singer Manhar Udhas who has been singing ‘Dikri maari ladakvayi, laxmi no avataar’!, instead of dikro maaro laadkvaayo, devno didhel chhe” (Yagnik and Sharma, 2012: 2). The lyrics were freshly penned by Mukesh Malvankar. One of the well known singer from Ahmedabad Lalitya Munshaw, who is based in Mumbai, launched her unique album Haalarda or sweet lullabies. Lalitya added beheni or daughter to the lyrics so as to welcome the girl child into the homes of Gujarati families. In her album, ‘Tame mara dev na didhel chho, avya chho to amar thai ne raho’ was changed to ‘Tu to maari dev ni didhel che’ (Yagnik and Sharma, ibid). Activists and other socially active citizens have also come up with poems, pros, and skits expressing the pain of an unborn foetus who pleads for her survival and also the potential chaos in society which will prevail due to the imbalance in sex ratio. (See Appendix-V for some of these poems).

7C.5 SUGGESTIONS FROM THE CIVIL SOCIETY ORGANISATIONS FOR AN EFFECTIVE CAMPAIGN

The incessant efforts of civil society organisations in India since 1970s have been successful to a great extent to spread awareness regarding the skewed sex ratio and have created pressure to formulate policies to control the same. Their rich experience in the field and their understanding of the mindset, issues and challenges at the grass root level qualify them to put together some suggestion to address the issue of declining CSR, SD and SSA. Following are some of the suggestions by officials and volunteers of civil society organisations that are compiled from proceedings and reports of various seminars, workshops and discussions from field work.

➢ The campaign against sex selection should be aligned with other women’s right campaign and not just emphasise it in context of abortion right alone. The rights that focus on increasing worth of women, enforcement of inheritance and dowry prohibition laws need to be emphasised along the campaign.
The message in the campaign should put women in the centre and not the foetus as the disempowered one. It should not be restricted to a medical, legal or ethical issue but a social and gender issue.

The preferred term should be SSA and not foeticide or female foeticide as the latter gives out an anti-abortion message. It can impinge on women’s right to abortion. This will ensure safe abortion and reduction in illegal and unsafe abortion practices. Better maternal and reproductive health is an essential goal to be achieved.

Spreading fear of a likely womanless society or difficulty in getting brides for young men cannot impact behaviours of people. The immediate concerns of girl child being considered as a liability needs to be addressed. Attitudinal change towards valuing daughters should be the focus of the campaign.

The role of IEC material is very crucial. All the stake holders should collectively establish IEC material. However, its content and perspective with which it is created needs to be strictly reviewed from feminist and right-based standpoint.

IEC should not be restricted to posters or slogans but garbas, lullabys and other forms of cultural traditions should be reconstructed or revised to address the issue.

Sealing sonography machine is not the solution. It prevents the access to technology which otherwise can be used to detect foetal abnormalities and hampers the right of a mother to have a healthy child.

Messages disseminated by religious leaders considering abortion a ‘sin’ needs to be checked. It should be based on constitutional right to equality and right to life.

Media is a powerful tool. Sensitising and training medial personnels can definitely create a positive image of women in society. News coverage and even entertainment slots should break the stereotypical image of women and highlight and publish positive and encouraging stories of women achievers.

‘Save the girl child’ or ‘Beti Bachao’ is a protectionist slogan rather it should be ‘beti vadhao’ or ‘dikrio ne tak appo’ (celebrate daughters or give them a chance) are more appropriate and affirmative in its tone.

With women’s right to life what also should be ensured and emphasised is her quality of existence. The gender role socialisation should be in a just manner empowering her to make decisions regarding her reproductive health.

A more local and grass root level approach is required to address the issue. There is a need to go beyond impressionistic facts and figures.
CONCLUSION

To conclude it can be said that there is no doubt about the efforts being made at the government and non-government levels to curb the decline in CSR. However the efforts are all lacking direction and the right approach. The CCT schemes need a review and revision. It should not be aiming at providing case transfers at the time of marriage but should be given in a way that it enables payment of education cost. This would not just ensure better enrolment ratio in schools but will indirectly also help in delaying the age of marriage. The schemes that make government a patroniser of the girl’s marriage should be done away with at the earliest.

A co-ordinated and consensual platform needs to be created where government schemes and NGO’s advocacy can go hand in hand. The efforts have at least reached to a level where the denial of a problem and ambivalence has reached to the level of acceptance and recognition. Dissemination of messages requires a review and verification. The agency or structure which can work effectively for a given population needs to be identified. Religious leader from a particular sect in a cosmopolitan city like Vadodara may not be influential. Counselling by aanganwadi workers may not be fruitful in middle class or elite location. Change in the mindset is determined by the location of the people in society and hence needs a multilateral approach. Legal, medical, social, cultural, political and economic institutions all coming together to address the issue in coherence is a way forward to the problem.

REFERENCES


Mumbai Samachar, (2009, August 1) *Vadodarama stree bhrunhatya maamle be tabib same fariyaad* (Complaint against two doctors from Vadodara under the case of female foeticide).


