

Save the Girl Child Initiatives in India - A Social Marketing Perspective

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Introduction

According to the 'The Social Marketing Institute', Social marketing is the use of commercial marketing concepts and tools in programs designed to influence individuals' behavior to improve their well-being and that of society (Social Marketing, Social Marketing Institute). Similar to commercial marketing the programs are designed to induce certain behavior within the customers. One can compare that the behavior is a function of awareness and attitude both in case of commercial as well as social marketing. For example in commercial marketing a marketer may expect a customer to behave in one of the following ways: To try his product, to buy more of his products, to switch over to his product from the competitor product or to pay higher price for its current products. The consumer behavior here is a function of awareness and attitude of the customers towards the products of the marketer. Similarly in social marketing a marketer expects customers to behave in certain fashion. In the given case, which will be discussed in length, the expected change in behavior could be to make people register births and deaths in the family with the government or to avoid and discontinue the practices of female foeticide or infanticide.

There are several institutions (Government and non-government) that are attempting to bring in changes in the practices related with the discrimination against the Girl Child in India. Discrimination against the Girl Child is a very serious social problem prevailing in India. The social problem as well the marketing aspects of it are discussed in following sections.

The social-economic-cultural thinking in India promotes preference for male child. Breaking law and indulging in illegal activities is also an acceptable practise for fulfilling that desire for male child amongst the Indian families.

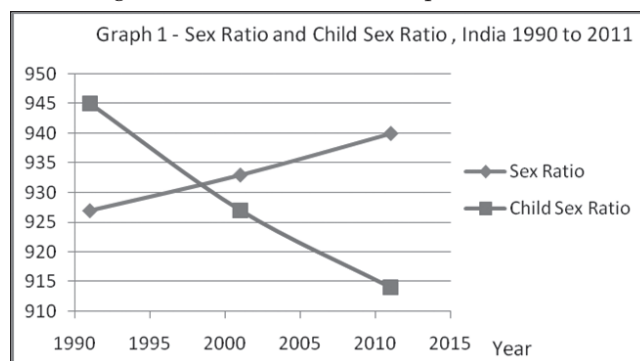
Census of India, (2011: Provisional Data) has revealed the worst child sex ratio (0-6 years) since independence. The sex ratio is defined as the ratio of males to females in a population, and is generally expressed per 100 females. In India sex ratio is expressed as number of female per 1000 male. Biologically normal child sex ratio ranges from 102 to 106 male per 100 female, converting the same in Indian terms it is 943-980 females per 1000 males (World Health Organisation, 2011). The current sex-ratio as per the census figures as shown in Table 1. (Provisional Population Totals, 2011)

Table - 1

| Sex Ratio and Child Sex Ratio | | |
|-------------------------------|-----------|-----------------|
| Year | Sex Ratio | Child Sex Ratio |
| 1991 | 927 | 945 |
| 2001 | 933 | 927 |
| 2011 | 940 | 914 |

Source: Census of India (2011)

Clearly the gap is quite large between the desired biological child sex ratio and the prevalent sex ratio. Though the government may feel triumphant over the overall sex ratio, which has increased by many points, the constant drop in child sex ratio is a disturbing figure. Table-2 reveals the top five and bottom five states according to child sex ratio: (Graph 1)



Source: Census of India, 2011

Table - 2
Top 5 States/UT

| Sr. No. | State / UT | Child Sex Ratio |
|---------------------------|---------------------------|-----------------|
| 1 | Mizoram | 971 |
| 2 | Meghalaya | 970 |
| 3 | Andaman & Nicobar Islands | 966 |
| 4 | Puducherry | 965 |
| 5 | Chhattisgarh | 964 |
| Bottom 5 States/UT | | |
| 1 | Haryana | 830 |
| 2 | Punjab | 846 |
| 3 | Jammu & Kashmir | 859 |
| 4 | NCT of Delhi | 866 |
| 5 | Chandigarh | 867 |

Source: Census of India 2011

The eight socio economically backward states - Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttaranchal and Uttar Pradesh, referred to as the Empowered Action Group (EAG) states- have all shown definite drop in the child sex ratio (Table - 3):

Table- 3

| SI. No. | EAG state | Child Sex Ratio | |
|---------|----------------|-----------------|------|
| | | 2001 | 2011 |
| 1 | India | 927 | 914 |
| 2 | Chhattisgarh | 975 | 964 |
| 3 | Jharkhand | 965 | 943 |
| 4 | Odisha | 953 | 934 |
| 5 | Bihar | 942 | 933 |
| 6 | Madhya Pradesh | 932 | 912 |
| 7 | Uttar Pradesh | 916 | 899 |
| 8 | Uttarakhand | 908 | 886 |
| 9 | Rajasthan | 909 | 883 |

Source: Census of India (2011)

Punjab and Haryana, being some of the most problematic states (as per census 2001), have seen an increasing

trend in sex-ratio in census; though still remain amongst the lowest. Haryana's Jhajjar and Mahendragarh districts, having child sex ration of 774 and 778 respectively, are the lowest. Other states that have seen an increasing trend are Himachal Pradesh, Gujarat, Tamil Nadu, Mizoram and Andaman and Nicobar Islands. Lahul and Spiti district of Himachal Pradesh are having the highest child sex ratio of 1,013. Rest of all the states across the nation have seen a drop in child sex-ratio as per the Census report 2001. All states and union territories data can be viewed from Appendix-1. These figures are not only alarming but also a matter of grave concern, as mentioned by the Census Commissioner of India Shri C. Chandramauli (Census of India, 2011).

Discrimination against a girl child begins in the mother's womb, when she is deprived of her right to live. Census data suggests that the necessity for a male child, a deep-rooted cultural need, has not only lived through the years but has also increased by many points. Clearly a case of erroneous diffusion of innovations, simple techniques allow easy determination of sex of the foetus. The practice of female foeticide is widespread despite it being an illegal activity. Modernisation, growth and education were expected to create a safe and healthy environment for the girl child, but the country is witnessing the opposite. Actions have been taken in the form of laws, schemes and awareness campaigns by both the government and the independent bodies. However one needs to look into the effectiveness of all such initiatives and parameters that could be used to measure the same.

Female Foeticide and Infanticide

Female foeticide is an act of destruction that causes death of a fetus. This is not a natural act but a deliberate one. This is called as sex-selective abortion, as the sex of an unborn baby is determined through medical techniques and the same is aborted if the sex turns out to be a female one.

Female infanticide has been against the law even before the country acquired its independence. But the law has not been enforced well even after the Indian Penal Code (1860) added provisions against forced miscarriage. It

is feared that close to 8 million fetuses have been killed in India since the census in 2001. (India's unwanted girls, 2011). Indian economist, Amartya Sen in 1990 supposed that about 100 million girl children have been either aborted before birth, killed after birth or neglected to death (Gendercide, 2010).

The practise of female foeticide and infanticide spans centuries in the rural India. However the practise over the decades has spread to the educated urban India as well. Despite of rising income, education and standard of living, preference for male child exists. Sex determination techniques have made it possible for families to fulfil their deep-rooted traditional desire for male child. A mix of deep rooted traditional practises, beliefs and rampant technology advancement along with poor governance are causing this menace to sustain.

Traditional Dowry System

Multiple reasons are cited for this gruesome crime in a country where the girl child is also called a version of Goddess Laxmi on birth. Traditional dowry system has been made illegal since 1961 (The Dowry Prohibition Act, 1961). Despite that it appears to be one of the prime reasons for female foeticide. Birth of a female child brings along with her worries of all the expenses of her marriage. She is perceived as a high maintenance liability right from her birth. Investing on her for her upbringing, education is equated to a zero return on investment as she will take away all that to another family once she is married. Male child on the other hand will bring all of this once he is married. A country obsessed with marriages kills the female fetus for the very same reason (Ghansham, 2002).

Patriarchal Set up

Families set up in India continues to be a patriarchal where status of male members is higher to the female members. And a mother on giving birth to a male child automatically rises in status. Traditionally only a male heir can carry forward the family's name. In the absence of a male heir it is perceived that the family name is lost forever, hence preference for a male child is deeply rooted.

Efforts of Family Planning

Interestingly, it is observed not only in India but also in a few other countries that the efforts of family planning and desire for smaller families by the educated mass leading to rise in female foeticide. In earlier times a

minimum or 4 to 5 children were born and probability of eventually giving birth to a male child was high. There was no government restriction or desire for smaller family hence lesser female foeticide.

Erroneous Diffusion of Innovation

Finally the last nail on the block is the ever increasing and easy availability of technology. There are more than 42190 registered ultrasound clinics across the country and many more are not even registered (MCI asked to check selective abortions, 2011). Sex determination technique has penetrated fast into the country as it allows information much in sync with the traditional values of Indian families. Even if the traditional values are slowly moving away from the preference to a son in modern cities of the country, technology is now allowing it to manifest. For example in Mumbai, there were 200 sex determination centres in 1988 and more than half of the abortions conducted in Maharashtra were a result of sex determination (Luthra, 1994). Despite being illegal some of these centers allow pre-natal gender determination and some even promise pre-conception sex selection. Law allows abortion up till 12th (and on exceptional cases up to 20th week) of pregnancy and technology enables determination of sex by the 14th week. On finding out the sex, the foetus is aborted if it is a female one. Ultra sound centres have found innovative ways of executing the illegal act. Jhajjar, a district of Haryana has one of the lowest child sex ratio (774). This small district has more than 6 ultrasound centres and a very fine well-knit network of touts who assist the whole sex determination racket. On conducting the illegal test if the sex of the foetus is male it is called Ladoo, symbolizing a sweet often distributed in the village when a family is blessed with a baby boy. If the foetus happens to be a girl it is termed as Jalebi and subsequent action is taken (Deswal, 2011). A term coined by renowned demographer Ashish Bose, DEMARU, says it all. DEMARU stands for Daughter Eliminating Male Aspiring Rage for Ultrasound (Wadia, 2011).

The Joint family Setup

In India, family is the most important institution. Many families, even in urban cities, are joint, comprising of grandparents, uncles, aunts and children. Family system comprise of members who care for each other, who help in building a secured and healthy environment. One of the core values of the Indian culture is respect for elder members of the family and all vital decisions are not

taken without their consent. Growth through procreation is a vital purpose of a family even then often-family members only are a threat to the girl child. Women are forced into abortion by relatives, elders of the family sometimes even husband.

The Act of Abortion and the Inaction of Laws

Under the Medical Termination of Pregnancy Act (1971) abortions have been made legal in India since 1971. The act allows termination of pregnancy by authorised/registered medical professionals possessing recognised medical qualifications as mentioned in the Indian Medical Council Act, 1956. The Act does not allow pregnancy to be terminated beyond 12 weeks or a maximum of 20 weeks. It can be done only on medical and legal grounds and a second opinion from another medical doctor is mandatory. Medical reason may be grave injury to the physical or mental health of the mother during pregnancy or due to substantial risk to the health of child. Legal reason may be pregnancy as a result of failed birth control mechanism and is unwanted to the family with the objective of family planning. The act clearly mentions consent of the mother is most important (The Medical Termination of Pregnancy Act, n, d).

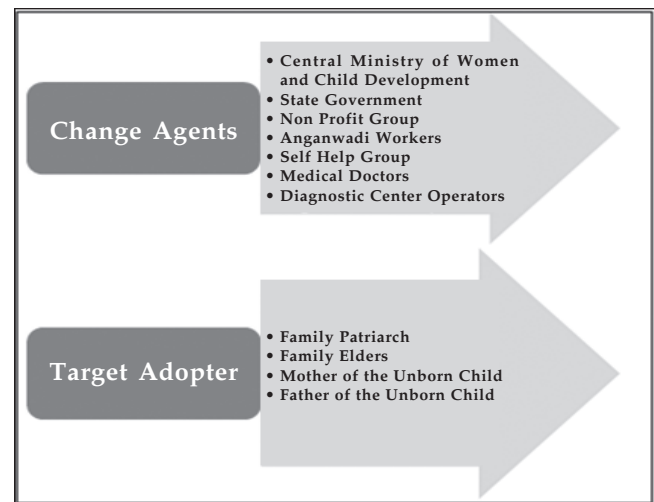
Despite the clear checks and mechanisms provided under the Medical Termination of Pregnancy Act, illegal aborting in India is very high. It is estimated that maternal death due to abortion is as high as 12-18% mainly attributed to illegal abortions (National Institute of Research in Reproductive Health, 2008). Ironically number of legal and reported abortions over the years have been reducing. According to a data in 1999 legal reported abortions were 7,39,975 whereas the same data for 2005 was 1,63,205 (Johnston, 2012). Many cases of corrupt practices by medical doctors are revealed by media. With the support of medical doctors from small as well as big cities execution of illegal abortion is rampant (Female foeticide crackdown, 2012). On determination of the sex of the foetus they pocket a heavy sum of money. The act is performed quite cautiously, the patient is deliberately made not to fill any registration form and very swiftly the act is done (Yashwantrao, 2011).

Social Marketing Perspective

According to Philip Kotler - Social Marketing is "the design, implementation, and control of programs seeking to increase the acceptability of a social idea or practise

in a target group".

As discussed earlier female foeticide and infanticide is the outcome of deep rooted beliefs and practises of people which has further fuelled by the advancement and spread of technology. There is an urgent need to promote desired behaviour of gender equality and elimination of son preference amongst the Indian population (the Target adapters). Change agents (the Marketer), over the years, have put in efforts and allocated resources to different strategies to eradicate the deep rooted bias. Few strategies have been direct while others have been indirect. By trying to improve the status of females in the family and society in general, change agents hope to bring about the necessary changes indirectly.



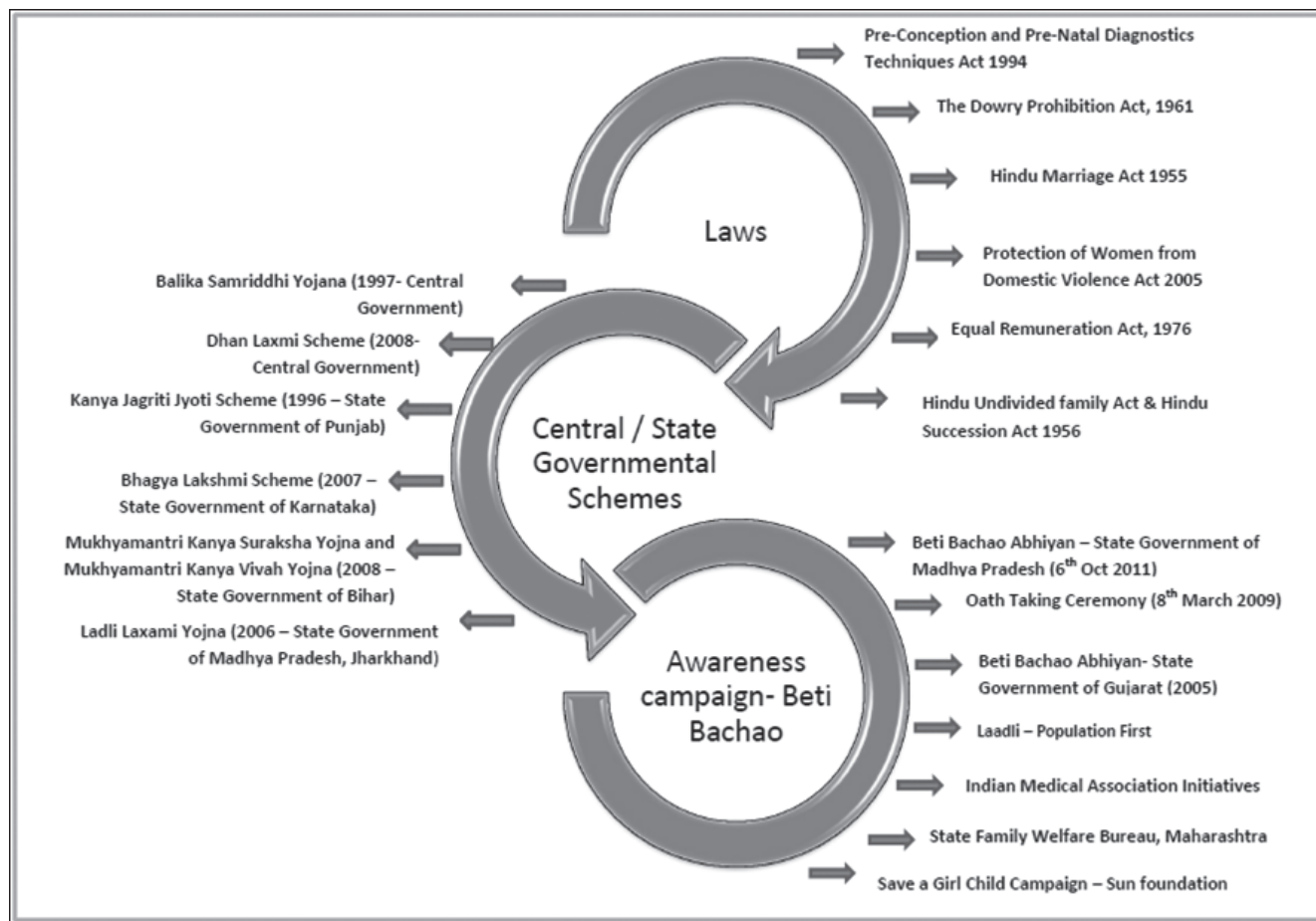
Below is a diagrammatic representation of some of the initiatives by the change agents:

The Laws

It is said Indian government was one of the first few that woke up to the need of saving the girl child. Over the past few decades the Government has established laws for prevention of female foeticide, it has incorporated special schemes that encourage families to have girl child and it has also sporadically undertaken campaign called Save the Girl Child.

Direct law preventing female foeticide

Pre-Conception and Pre-Natal Diagnostics Techniques Act 1994 - India pioneered in legalisation of abortion through the Medical Termination of Pregnancy Act of 1971. Abortions were permitted by law and women could terminate their pregnancies on health and legal grounds. In 1970s All India Institute of Medical Sciences,



one of the most prestigious hospitals in the country claimed that Indians no longer need to go through many pregnancies to fulfil their desire for a male child. They introduced pre-natal sex determination technology and claimed it to be advantageous for the over populated country. Ultrasounds for sex determination followed by abortions were rampant by 1980s. To curb this government announced Pre-Conception and Pre-Natal Diagnostics Act (PC &PNDT Act) in 1994 which was later amended in 2003. According to the act "Act to provide for the prohibition of sex selection, before or after conception, and for regulation of prenatal diagnostic techniques for the purposes of detecting genetic abnormalities or metabolic disorders or chromosomal abnormalities or certain congenital malformations or sex-linked disorders and for the prevention of their misuse for sex determination leading to female foeticide; and, for matters connected therewith or incidental thereto". This essentially prohibits all types of sex determination techniques unless prescribed by the doctor on medical grounds. Following this act all

persons associated with ultrasound centres or clinics indulging in such act can face imprisonment or fine. The act also says that in the absence of any evidence, if a pregnant woman has undergone sex determination with no prior medical reason, it would be considered offensive and the guilty would be duly punished. All offences under this act will be cognizable, non-bailable and non-compoundable (Ministry of Health and Family Welfare, 2006).

The act essentially attempts to restrict the supply side of the whole problem. If people do not have any access to easy sex determination, the menace of female foeticide is expected to reduce. The amendment in the act was done in 2003 to strongly prevent this supply side. The amendment was done to cover several practical gaps that did not allow smooth implementation of the Act. Also, with the advancement of technology, it came to the government's notice that the option of preconception selection of the sex of the child was also possible and was being used by affluent families. Despite all, sex determination and subsequent abortion has become a

Rs. 1,000 Crore industry (Gupta, 2007). On the basis of data, till May 2006, not a single case has been reported violating the act in 22 states of the country. However recently as per a progress report close to 42,190 medical units have been registered, 298 machines have been sealed and seized for and 843 court cases have been filed out of which 55 people have been convicted under the act (MCI asked to check selective abortions, 2011). A Judgement passed by Mumbai High Court announced that pre-natal sex determination act would be treated at par with female foeticide. Pre-conception sex determination violated the constitution as it did not allow life itself to a girl child (Gupta, 2007).

Indirect laws leading to prevention of female foeticide

Empowerment of women in India has been a dream of our first Prime Minister, Pandit Jawaharlal Nehru. Under his guidance some critical steps were initiated. Some of the laws listed below endeavours to provide due respect, position and power to women members at par with their male counterparts. It is expected that women can gather equal status to men in the society which may indirectly reduce the menace of female foeticide and infanticide.

The Dowry Prohibition Act (1961): This act tries to address the problem at the root itself. It prevents giving and taking of any kind of dowry. On doing so it will be considered as a punishable offence leading to imprisonment.

Hindu Marriage Act (1955): It regulates married lives among Hindus and defines its conditions for validity, conditions for in-validity, and applicability. It acts to prevent the interest of valid marriages for both men and women.

Protection of Women from Domestic Violence Act (2005): This act has been passed to protect women lives in marriages or in relationships.

Equal Remuneration Act (1976): The act stands to provide equal remuneration to both men and women and prevent all instances of gender discrimination at work places

Hindu Undivided family Act: The concept of karta, manager, in joint Hindu business has traditionally been bestowed on only male members. Over the past few years courts have allowed senior most female members of the joint family to become the karta in the absence of a senior male member.

Hindu Succession Act (1956): This act was amended in 2005 and it gives equal rights to daughters to inherit property as much as sons.

Save the Girl Child - Schemes and Policies

Schemes and policies by both central and state government have been developed specially to encourage families to have girls and to bring them up well. Some of the key objectives of these schemes are provided below:

- Stricter implementation of PC & PNDT Act
- Directly reduce instances of female foeticide by increasing preference for girl child
- Increase the status of girl child in the family
- Protect the future of girl child and improve the quality of her life
- Educating and spreading awareness to change beliefs and attitude
- Extending support to the weak and manipulated

Table 3 summarizes the schemes and initiatives and the programs undertaken by the central and state Governments from the point of view of social marketing.

Conclusion

Although efforts and resources have been invested by different change agents and little awareness has been generated about the social evil, a lot is still to be done. First of all, there is a lack of a nationalised awareness campaign that can bring about sustained behavioural change. Sporadic awareness campaigns have been undertaken but they are disconnected. There is a burning need for a systematic social change campaign. A social change campaign can help modify and abandon attitudes, beliefs and practises of preference for a son at the time of birth. For a focused approach it is important to identify all bodies involved as the change agents and target adopters.

Effectiveness and appropriateness is a major concern regarding all central and state government schemes. Most of these schemes are targeted towards the rural and the urban population. Urban middle and rich classes stand to gain little from these schemes and therefore they fail to address the objective. Effectiveness of the scheme with respect to the benefit of the scheme reaching the targeted population is an issue. Taking example of the two central schemes, Balika Samriddhi Yojana and Dhan Laxmi Scheme, data reveals that the utilisation

Table -3 :Social Marketing Dimensions of Government Schemes and Programs

| No. | Program* | Target Audience | Determinants of Behavior | Product | Place | Price | Promotion |
|-----|--|---|---|--|--------------------------------------|--------------------------------|---|
| 1 | Balika Samriddhi Yojana (1997- Central Government) | People below poverty line across India | Negative attitude towards girl child. Worries about the marriage and dowry. | To encourage girls to gather education and increase the marriageable age of girls. | Rural and urban regions across India | Psychological, Emotional costs | To impart employment generating skills to women. Financial grants on birth of girl child followed by annual scholarship for her education. |
| 2 | Dhan Laxmi Scheme (2008- Central Government) | More educationally backward states- Andhra Pradesh, Chhattisgarh, Orissa, Jharkhand, Bihar, Uttar Pradesh and Punjab- covering all above and below the poverty line | Early marriage of girls and dowry related concerns. Lack of motivation to impart proper and higher education to girls. | Encourage proper education and marriage after 18 years for girls. Registration of birth of the girl, following total immunization schedule, school enrolment and delaying of marriage until the age of 18 years | Relatively Backward states of India | Psychological, Emotional costs | An insurance cover on fulfilling of the mentioned terms amounting to Rs. 1 lakh. |
| 3 | Kanya Jagriti Jyoti Scheme (1996 - State Government of Punjab) | Families (below poverty line) with two children with at least one girl child. | The belief about large families. Shall keep on going for babies till the mother delivers a male child. | To restrict the family size. To encourage the proper and higher education of girl child. | Punjab | Psychological, Emotional costs | Cash benefit at the time of the birth of the girl child. Cash benefit in form of annual scholarship in two slabs of age brackets. A lump sum amount will be given between 18 years and 21 years if the girl child is unmarried |

Table 3 continued...

| No. | Program* | Target Audience | Determinants of Behavior | Product | Place | Price | Promotion |
|-----|--|--|---|---|------------------|--------------------------------|---|
| 4 | Bhagya Lakshmi Scheme (2007 - State Government of Karnataka) | Families with not more than three children with at least one girl child within Karnataka. | Dominance of male members in the families. Females are predominantly supposed to take care of household work. | To restrict the family size. To encourage the proper and higher education of girl child. | Karnataka | Psychological, Emotional costs | Cash benefit on birth of girl. Scholarship for education and cash benefit for girl on attaining the age of 18 years. |
| 5 | Mukhyamantri KanyaSuraksha Yojna and Mukhyamantri Kanya Vivah Yojna (2008 - State Government of Bihar) | Families with the first two girl children. | Prejudice against the girl child. | To safeguard equitable place of pride in the society for a girl child, her safety and security, improve the sex ratio and to encourage registration of birth. | Bihar | Psychological, Emotional costs | Investment of an amount on behalf of the family for the first two girl children. A lump sum amount to be subsequently given to the girl on attaining the age of 18 for marriage and other purposes. |
| 6 | Indra Gandhi Balika Suraksha Yojana - (2007, State Government of Himachal Pradesh) | Families who would have adopted terminal family planning methods after having one or two girl children | Preference for the male child. | To restrict family size and to encourage terminal family planning. | Himachal Pradesh | Psychological, Emotional costs | Rs. 20000/- and Rs. 25000/- to be deposited in the name of the girl children or single girl child respectively at the time of her birth. On attaining the age of 18 the money was allowed to be cashed. |
| 7 | Ladli Laxami Yojna (2006 - State Government of Madhya Pradesh, Jharkhand) | People living in the remotest areas of the state | Negative attitude towards the girl children in society. Negative attitude towards the girl's education. | To bring a positive change towards the birth of the girl child, to discourage | Madhya Pradesh | Psychological, Emotional costs | At the time of admission in Standard 6-Rs 2000 At the time of admission in Standard 9-Rs 4000 At the time of |

Table 3 continued...

| No. | Program* | Target Audience | Determinants of Behavior | Product | Place | Price | Promotion |
|-----|--|---|--|--|------------------|--------------------------------|---|
| 8 | Girl Child Protection Scheme (2005, State Government of Andhra Pradesh) | Families (below Rs. 20,000 per annum in Rural areas and Rs. 24,000 per annum in urban areas)with a single girl child or only two girls. Either of the parents should have undergone a family planning operation on or after 01-04-2005. Families with a single girl below 3 years of age. | Prejudice against the girl child. School dropout ratesamong girls. Early marriage for girls. Gender discrimination, social and financial empowerment to girl children. Wish and preference for a male child. | child marriages and encourage marriages at or after the legally prescribed minimum age for marriage and so on. | Andhra Pradesh | Psychological, Emotional costs | admission in Standard 11 -Rs 7500 For Standards 11 and 12 -Rs. 200 per month for two years On the completion of 18 years, the beneficiary will get Rs 1 lakh. Altogether the girl will get Rs 1,18,300 under the scheme. In the case of a single girl child, she is entitled to receive Rs.1 lakh after the completion of 20 years of age. In the case of two girl children, both of them are entitled to receive Rs.30,000 each after the completion of 20 years age. Both the 'single girl child' and 'two girl children' are entitled to receive Rs.1,200 per annum as scholarship from Standard 9 to Standard 12 (including ITI course) during their period of study. |
| 9 | Beti Hai Anmol Scheme - (2010, State Government of Himchal Pradesh) | Families which have been identified to be below the poverty line in accordance | | | Himachal Pradesh | Psychological, Emotional costs | |

Table 3 continued...

| No. | Program* | Target Audience | Determinants of Behavior | Product | Place | Price | Promotion |
|-----|---|---|---|--|----------------|--------------------------------|---|
| 10 | Rakshak Yojana - (2005, State Government of Punjab) | with the norms specified under Swarnajayanti Gram Swarozgar Yojana. Families with negative attitude towards female girl child. | Abortion of female foetus. d against the backdrop of the worsening sex ratio in Punjab. | To promote the cause of the girl child for correcting the skewed sex ratio in Punjab. To create an awareness about the problems of sex ratio. Motivating couples to adopt terminal method and to reduce infant mortality rate by declining the number of higher birth order. | Punjab | Psychological, Emotional costs | A monthly allowance of Rs. 500 and Rs. 700 to be given to families with a single girl child and two girl children respectively. |
| 11 | Mukhyamantri Kanyadan Yojna (2006 - State Government of Madhya Pradesh) | Poor families with girls of marriageable age, including destitute, widows and divorcees. | Worries about the marriage and dowry. | To provide financial support for girl marriage. | Madhya Pradesh | Psychological, Emotional costs | The girl to be gifted with household items worth Rs. 9000 and Rs. 1000 for marriage expenses at the time of marriage. |

*Source: http://www.unfpa.org/gender/docs/sexselection/UNFPA_Publication-39772.pdf

of the scheme towards the targeted audience is not encouraging.

Balika Samridhi Yojana: A total Fund of Rs. 12952 lakhs is allocated by the government under the scheme since the launch of the scheme in 1997 till 2005. Across the nation the average utilisation has been a dismal sixty percent. Many states with falling child sex ratio have poor utilisation of the scheme. Extracting data of the EAG states (Table - 4) Chhattisgarh has seen a drop in the child sex ratio but the utilization of the funds till 2005 is a remarkable hundred percent. For the state of Bihar utilisation is one amongst the lowest and it has also seen a drop in the child sex ratio. All state data in Appendix -2.

DhanLaxmi Scheme: The eleventh plan outlay for the scheme is Rs. 80 crores. Utilisation in the first three years has been only thirty one percent. The scheme because of its necessary conditions has received very little response in bigger states like Bihar and Uttar Pradesh.

Efforts under the Save the Girl Child crusade are lengthy, yet the results are short. It is clear that there are several missing links. Improvement of the child sex ratio needs to be taken up more aggressively with a sense of urgency.

Government has many schemes and policies in place but their impact, effectiveness and correct implementation needs to be urgently evaluated considering these efforts are not clearly resulting in improvement of the child sex ratio.

There is a need for well-defined objectives for each of the initiatives taken by either government or other bodies. There is a need for a system that can measure the awareness, and attitude about the cause and related behaviour of the customer.

Stronger political will, resources and greater support of the civil society is needed to spread awareness along with aggressive implementation of the PC & PNDDT Act. The Act should curb the menace from its roots so that no medical or ultrasound centre is able to device innovative mechanisms to exploit. Random audits should be done so that more and more people respect the law.

India is a patriarchal society, and changing the social behaviour of people requires an elaborate and planned social marketing drive. A nation-wide awareness campaign must be undertaken with multiple partners. Private players, NGO and the government together must develop a program with phase wise objectives.

Table - 4

| State-wise Fund Released under BalikaSamridhiYojana in India (As on 2005 March 31) | | | | |
|---|--|--|----------------------------------|--------------------------------------|
| Empowered Action Group States | Total Funds Released (1997 to 2005) | Total Funds Utilised (1997 to 2005) | Percentage of Utilisation | Total Number of Beneficiaries |
| Chhattisgarh | 593.9 | 593.9 | 100.0 | 78780 |
| Jharkhand | 100.0 | 63.7 | 63.7 | 12732 |
| Orissa | 2093.7 | 1412.4 | 67.5 | 282471 |
| Bihar | 2623.9 | 690.0 | 26.3 | 138000 |
| Madhya Pradesh | 2247.2 | 1594.0 | 70.9 | 351229 |
| Uttar Pradesh | 3311.8 | 1636.5 | 49.4 | 327308 |
| Uttrakhand | Data Not Available | | | |
| Rajasthan | 837.6 | 811.1 | 96.8 | 162218 |

Source : State-wise-Fund Released under Balika Samridhi Yojana in India, 2005

The implementation and the impact of the campaign must be felt at the grass root level both urban and rural areas. The role of Anaganwadi's in the villages play a critical role in monitoring each and every pregnancy of the village. Sporadic state and central governmental may not lead to a sustained behaviour change.

Self-help groups (SHG) formed in villages can lead to greater awareness and support for preventing female foeticide and infanticide. In the village of Usilampatti these SHG of women are slowly leading to social transformation of sorts. Members of the SHG monitor closely other members who are pregnant and provide each other the necessary support and counseling (Chandrasekar, 2003).

Appendix-1

Save the Girl Child - Additional Initiatives



Under the overall umbrella name - Save the girl child / Beti Bachao Abhiyan - many initiatives for spreading awareness, which will help in changing the behaviour of people towards girl child, have been undertaken by central government, state governments and independent bodies.

Some of these initiatives have been listed below:

Beti Bachao Abhiyan - State Government of Madhya Pradesh (6th Oct 2011): With a very skewed child sex ratio in Madhya Pradesh (MP), the state launched the Beti Bachao Abhiyan on 6th October 2011. They organised an elaborate banquet to honour girl child and fed 1000 girls at Chief Minister's residence. On November 1st, which also happened to be the MP foundation day, an elaborate function was organised in Bhopal and famous singer Asha Bhosle and actress Hema Malini graced the occasion to spread the message of saving girl child (Gupta, 2011). Since the launch of the campaign, with

the help of below-the-line communication techniques the Department of Public Health and Family Welfare, Government of MP, has attempted to create greater awareness regarding the PC & PNDT Act for the public. In diagnostic and medical centres, across the state, large posters are found at prominent spots, which not only explain the details of the Act but also displays the help line number which can be reached when such an act is being illegally performed. The objective clearly here is to prevent actions that go against the PC & PNDT Act by educating those who are unaware and creating sense of fear amongst those who may take the Act lightly. They have tried to reach to larger audience through social media presence and a dedicated website - <http://hamaribitiya.nic.in>.

Oath Taking Ceremony (8th March 2009): Save the Girl Child campaign was launched at President House on 8th March 2009 in Delhi by the then President of India Mrs. Pratibha Patil. This was heavily covered by top media channels and journalists. During the ceremony President Patil urged opinion leaders, people in responsible position to join the crusade and spread the message of saving the girl child. The ceremony involved 50 opinion leaders taking oath. Media Activist Manoj Rastogi mentioned in his speech that all the members of the society must join to curb the menace of female foeticide. The event was organised by Telemission Media Private limited (President to Launch Save Girl Child, 2009).

Beti Bachao Abhiyan- State Government of Gujarat (2005): The state government launched an intensive awareness crusade to save the girl child after the census of 2001. Structured activities were executed with the focus of strict implementation of the PC & PNDT Act and spreading of awareness at the ground level. Random audits resulted in seizure of more than 137 ultrasound machines and legal actions against medical centres and doctors. The chief minister started the awareness campaign and addressed an audience of more than 5,000 Anganwadi (Child Care) workers. They were explained the ills of sex determination techniques. These Anganwadi workers further counselled the communities they belonged to. Specific community gathering were addressed like PatidarSamaj and the ChaudharySamaj.

UNICEF organised programs and workshops. They all took oaths to work towards the correction of the declining child sex ratio (Gulati, 2007).

Laadli - Population First: Population first is a Non-Governmental Organisation (NGO) working for health and social developmental issues for the general population with specific focus on women. Over the years the NGO has undertaken many initiatives for generating awareness about female foeticide. They have tried to spread awareness through youth, community members, medical fraternity, media and opinion leaders. Few examples of their activities

- 9th June 2005 they conducted an oath taking ceremony amongst prominent personalities from the film and entertainment fraternity.
- 24th September 2005 - Laadli Flash conducted for the first time in the city of Mumbai. 1,700 students participating from 24 colleges all over Mumbai. Students gathered at busy locations and performed small acts to grab attention of the public around and chanted slogans against female foeticide and distributed material.
- Laadli Youth Fest Awards, 2005
- 7th March 2006 , Laadli Mela

Dainik Bhaskar's Beti Bachao Muhim - Punjab and Haryana (March 2012) : Dainik Bhaskar, a vernacular media house, conducted an extensive educational campaign against female foeticide. The 'Beti Bachao Muhim' executed series of editorial articles, public rallies to activate public in general for the cause, interactive activities across 40 centres in Punjab and Haryana. A public march held which saw more than 3 lakh people participating across the two states (DainikBhaskar's Save the Girl Child campaign, n.d.).

Indian Medical Association Initiatives: Indian Medical Association (IMA) has engaged famous cricketer Sunil Gavaskar as the ambassador for the Save the Girl Child campaign. Different branches of the IMA have worked at ground level to spread awareness. Pune IMA executed the Project Sukanya along with Pune Municipal Corporation (Gavaskar made brand ambassador, 2011).

State Family Welfare Bureau, Maharashtra: www.amchimulgi.in - State family welfare bureau of Maharashtra has an educational website in both English and Marathi which provides detailed necessary information along with a way of reporting complains.

Save a Girl Child Campaign - Sun foundation: On 20th March 2010, Sun Foundation launched the Save a Girl Child campaign along with actress Priyanka Chopra. Vikramjit Sahney, founder of Sun Foundation produced a music album supporting the cause. The campaign hopes to build opinion by engaging with people in both urban and rural areas through schools, Anganwadis, and community centres. They also indulged in spreading message through mass media television commercial and engaging audiences through mobile van (Save the Girl Child, n.d.).

Awareness Drive for Padhanpur Pilgrims- Information, Education and Communication Bureau (June 2012) : Close to three lakh pilgrims traveling from Pune to the holy place of Padhanpur, Maharashtra, became the audience for a series of social messages regarding saving the girl child. Pamphlets, booklets containing educational messages against female foeticide were distributed. A short film, promoting the message of acceptance of girl child was, was repeated aired. The film also had actors Sachin Pilgaonkar and Supriya Pilgaonkar, brand ambassador for the cause declared by Maharashtra Government, requesting the audience to accept and spread the message (Mascarenhas, 2012).

Satyamev Jayate - Television Chat Show: Satyamev Jayate, a Television chat show hosted by the actor Amir Khan, helped in generation of wide spread awareness about the ill practise of female foeticide and infanticide. The show was telecasted across Star Network and Doordarshan (State run television channel). For the sake of building viewership this first episode was aired again separately for large audiences in villages. Through the show the host brought forward stories from across various regions and classes of the country (Female Foeticide Episode 01, 2012).

Appendix - 2

| State/ UT | Child Sex Ratio 2001 | Child Sex Ratio 2011 |
|----------------------|----------------------|----------------------|
| Andhra Pradesh | 961 | 943 |
| Andaman & Nicobar | 957 | 966 |
| Arunachal Pradesh | 964 | 960 |
| Assam | 965 | 957 |
| Bihar | 942 | 933 |
| Chandigarh | 845 | 867 |
| Chhattisgarh | 975 | 964 |
| Dadra & Nagar Haveli | 979 | 924 |
| Daman & Diu | 926 | 909 |
| Delhi | 868 | 866 |
| Goa | 938 | 920 |
| Gujarat | 883 | 886 |
| Haryana | 819 | 830 |
| Himachal Pradesh | 896 | 906 |
| Jammu & Kashmir | 941 | 859 |
| Jharkhand | 965 | 943 |
| Karnataka | 946 | 943 |
| Kerala | 960 | 959 |
| Lakshadweep | 959 | 908 |
| Madhya Pradesh | 932 | 912 |
| Maharashtra | 913 | 883 |
| Manipur | 957 | 934 |
| Meghalaya | 973 | 970 |
| Mizoram | 964 | 971 |
| Nagaland | 964 | 944 |
| Orissa | 953 | 934 |
| Pondicherry | 967 | 965 |
| Punjab | 798 | 846 |
| Rajasthan | 909 | 883 |
| Sikkim | 963 | 944 |
| Tamil Nadu | 942 | 946 |
| Tripura | 966 | 953 |
| Uttar Pradesh | 916 | 899 |
| Uttaranchal | 908 | 886 |
| West Bengal | 960 | 950 |
| India | 927 | 914 |

Source: <http://updateox.com/india/child-sex-ratio-in-india-state-wise-data/>

Appendix - 3

| State-wise Fund Released under BalikaSamridhiYojana in India (As on 31.03.2005) | | | | | | |
|--|----------------------|----------------------|-------------------------------------|-------------------------------------|---------------------------|-------------------------------|
| State/ UT | Child Sex Ratio 2001 | Child Sex Ratio 2011 | Total Funds Released (1997 to 2005) | Total Funds Utilised (1997 to 2005) | Percentage of Utilisation | Total Number of Beneficiaries |
| Bihar | 942 | 933 | 2623.9 | 690.0 | 26.3 | 138000 |
| Uttaranchal | 908 | 886 | 379.2 | 100.0 | 26.4 | 30848 |
| Pondicherry | 967 | 965 | 34.5 | 10.1 | 29.2 | 3182 |
| Lakshadweep | 959 | 908 | 2.0 | 0.6 | 29.6 | 116 |
| Kerala | 960 | 959 | 875.5 | 275.5 | 31.5 | 128877 |
| Daman & Diu | 926 | 909 | 1.9 | 0.6 | 31.6 | 118 |
| Punjab | 798 | 846 | 432.7 | 196.4 | 45.4 | 32280 |
| Uttar Pradesh | 916 | 899 | 3311.8 | 1636.5 | 49.4 | 327308 |
| Gujarat | 883 | 886 | 982.3 | 489.8 | 49.9 | 104123 |
| Goa | 938 | 920 | 16.4 | 8.5 | 51.8 | 1700 |
| Manipur | 957 | 934 | 41.4 | 21.8 | 52.6 | 4360 |
| Nagaland | 964 | 944 | 13.2 | 7.1 | 54.0 | 1428 |
| Delhi | 868 | 866 | 50.2 | 28.1 | 56.0 | 5616 |
| Tripura | 966 | 953 | 144.2 | 83.2 | 57.7 | 16640 |
| Maharashtra | 913 | 883 | 1146.4 | 691.2 | 60.3 | 138242 |
| Tamil Nadu | 942 | 946 | 576.0 | 350.4 | 60.8 | 70080 |
| Jharkhand | 965 | 943 | 100.0 | 63.7 | 63.7 | 12732 |
| Karnataka | 946 | 943 | 1417.7 | 927.4 | 65.4 | 178508 |
| Meghalaya | 973 | 970 | 57.8 | 38.2 | 66.0 | 5333 |
| Dadra & Nagar Haveli | 979 | 924 | 5.9 | 3.9 | 66.5 | 804 |
| Orissa | 953 | 934 | 2093.7 | 1412.4 | 67.5 | 282471 |
| Sikkim | 963 | 944 | 15.4 | 10.5 | 68.0 | 2097 |
| Jammu & Kashmir | 941 | 859 | 230.0 | 156.5 | 68.0 | 31294 |
| Chandigarh | 845 | 867 | 5.5 | 3.8 | 69.6 | 766 |
| Madhya Pradesh | 932 | 912 | 2247.2 | 1594.0 | 70.9 | 351229 |
| Arunachal Pradesh | 964 | 960 | 24.9 | 18.3 | 73.5 | 3654 |
| West Bengal | 960 | 950 | 924.5 | 690.2 | 74.7 | 138044 |
| Haryana | 819 | 830 | 291.7 | 226.0 | 77.5 | 45203 |
| Andhra Pradesh | 961 | 943 | 1405.5 | 1137.3 | 80.9 | 229978 |
| Himachal Pradesh | 896 | 906 | 116.0 | 94.9 | 81.8 | 18972 |
| Assam | 965 | 957 | 594.0 | 561.3 | 94.5 | 112250 |
| Rajasthan | 909 | 883 | 837.6 | 811.1 | 96.8 | 162218 |
| Chhattisgarh | 975 | 964 | 593.9 | 593.9 | 100.0 | 78780 |
| Mizoram | 964 | 971 | 18.7 | 18.7 | 100.0 | 3744 |
| India | 927 | 914 | 21615.7 | 12952.4 | 59.9 | 2661109 |

Source: Lok Sabha Unstarred Question No. 4674, dated 26.04.2005.*Funds in lakhs

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