

***Evaluation of the Project on Girl child and Prevention
of Female Foeticide in Northern India***

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Evaluation of the Project on Girl child and Prevention of Female Foeticide in Northern India

1. Introduction

1.1) Background

With the availability of diagnostic techniques, such as amniocentesis and ultrasound, female foeticide based on sex selection increased alarmingly in some states in northern part of India leading to decline in sex ratio. In order to deter such practices, Government of India introduced Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) (PNDT) Act 1996. However, the use of these techniques for sex determination persisted in the country, due to ignorance of the act, and the strong social norms favoring sons. Therefore, it was felt important to create awareness about the PNDT Act and the importance of girl child. With the funding support from the Ministry of Health and Family Welfare, Government of India, Family Planning Association of India (FPAI) implemented the "*female child and prevention of female foeticide*" project in six northern states of India (Punjab, Haryana, Jarkhand, Bihar, Madhya Pradesh, and Rajasthan) through ten branches located at Patna (Bihar), Panchkula and Yamunanagar (Haryana), Gomia (Jharkhand), Bhopal, Gwalior, Indore and Jabalpur (Madhya Pradesh) Mohali (Punjab) and Jaipur (Rajasthan) over a period of four years between April 2002 and March 2006.

FPAI initiated the intervention to create awareness in the community with regard to the Prenatal Diagnostic Techniques (Regulation of Prevention and Misuse) Act, to generate strong social disapproval of sex determination and subsequent female foeticide, and mobilize strong social support in favor of girl children. Further efforts were made to promote the value of the girl child, and equal treatment and opportunities for girls and boys.

With the successful completion of the intervention, FPAI, Head Quarters wanted to evaluate the project to know the outcomes, and document the learnings. Action Research Centre (ARC) was hired as an external agency to carryout the evaluation.

1.2) Objectives of the evaluation

The specific objective of the evaluation was to know the impact of the intervention in creating awareness about Prenatal Diagnostic Act, and promoting the value of the girl child and equal treatment and opportunities for girls and boys. It was intended to use the available secondary data (such as, birth rates, etc.) to know the impact of the intervention carried out by FPAI.

2. Methodology

Evaluation was carried out using a combination of methods, namely, review of project documents (process data and experience sharing documents), key informant interviews with the stakeholders (FPAI staff, medical practitioners, Sonography technicians, other officials, NGOs), and by conducting in-depth interviews and focus group discussions among the key community groups. Evaluation was conducted in two phases – 1) review of documentation and collecting process data, and 2) Fieldwork among the secondary stakeholders and key community groups.

Review of project-related documents

Before initiating the evaluation, it was important to review all the documents that were used as inputs into the project (activity plans, multimedia material, etc.). It was learnt that both monitoring, and documentation were effectively integrated into the project. Annual report of the project was one such document that provided the details about the activities conducted in a particular year. Further, there were other documents such as Newspaper cutting, review reports that needed to be studied as part of the evaluation.

Collection of process data through mailed questionnaire

A list of all the project activities envisaged in the plan was prepared for gathering process data. Process data consisted of a list of activities, no. of times the activity was carried out, and the no. of target audience reached. Process data was collected for all the three project years separately from all the ten branches that have implemented the project. Such data was gathered by mailing a questionnaire to all the ten branches. Questionnaire was mailed before initiating the fieldwork among the beneficiaries and other stakeholders.

Key informant interviews among stakeholders

Stakeholders consisted of those who were involved in implementing the program, including, the staff of FPAI, State government officials, medical practitioners, Sonologists, and NGOs. A set of questions was developed on which responses were gathered through the key informant interviews. A total of 41 key informant interviews were conducted among different respondents in three study centers (Table 2).

In-depth interviews and focus groups among target groups

Both In-depth interviews and Focus group discussions were conducted among the beneficiaries (men, women, and children) in villages and urban centers where the project was implemented. Panchayat or community leaders were interviewed using

in-depth interviews. Focus groups and In-depth interviews were conducted to explore and understand all the issues pertaining to the study objectives. Qualitative methods help understand the issues in a more open manner without the binding of the structured responses as in case of quantitative surveys. In both, focus groups and in-depth interviews, respondents were given an opportunity to express themselves freely about their experiences and what they thought important about the issues being explored. These interviews were recorded on tape for further analysis. In the current evaluation, 19 in-depth interviews and 10 focus groups were conducted in three study centers (Table 2; Fig. 1).

Table 2: No. of interviews conducted with different respondent groups

	<i>Respondent groups</i>	<i>Key informant interviews</i>	<i>In-depth interviews</i>	<i>Focus groups discussions</i>
1	Men	-	6	3
2	Women	-	6	4
3	Children	-	-	3
4	Panchayat/ community leaders		7	
5	Other stakeholders (Project staff, govt. officers, doctors, Sonolgosts, NGOs)	41	-	-
	Total	41	19	10

Fig. 1: Group discussion with women in Ropar district



3. Findings

3.1) Background of the respondents

Respondents of the study consisted of target group of women, men, children, and panchayat or community leaders in both rural and urban areas, and other stakeholders including the project staff of FPAI, sonologists, health care providers, NGOs, and state health officials. Background profile of the respondents interviewed in three study centers (Jaipur, Mohali and Bhopal) has been discussed in the following paragraphs.

a) Jaipur, Rajasthan

Jaipur branch of FPAI has implemented the girl child project in both urban slums and rural areas. The Project was implemented in four blocks to cover about 24 villages. However, the intensity of the program was not uniform in all the villages due to the distance barrier. Background profile of the respondents in these places has been discussed here.

Villages

Most of the women respondents were in the age group of 16-25, and some in the middle age group. While many of them were literate, some had gone to school for about 8-10 years. Women worked as housewives and on the farms. Women respondents mentioned that they were not able raise crops due to lack of rains for more than three years in the past. Men respondents consisted of young and middle age group members. All the male respondents were literate. While young men were self-employed (owning shops, drivers, etc.), middle-aged men were farmers. With very little rain and no prospects for farming, most of the men were reported to work in the nearby city of Jaipur and elsewhere, mainly in the construction industry. Most of the child respondents consisted of young girls, both school going and dropouts. It was reported that there were more girls in the village schools than boys.

Urban slum

Girl child project was also implemented in an urban slum of Jaipur where FPAI had other projects in the past (HIV/AIDS and RCH projects). Most of the women interviewed in the slum were in the young and middle age group. Women respondents of the slum area worked in factories (about 80% of them) and as housemaids in the nearby apartment complexes. Men interviewed in the slum belonged to the middle and old age group. Some of the male respondents were community leaders living in the slum for a long time. Majority of the men in the slum worked as daily wage labor in the city (construction, etc.). Most of the men were

away during the daytime on work. Several cases of abortion of unwanted pregnancies in the slum were reported by the NGOs working in the area.

Among the stakeholders, project staff of FPAI, government officials (health department), health care providers (government, private, and NGO based), sonologists and NGOs were interviewed to know about the female foeticide based on sex selection. Although some sonologists agreed to meet with the evaluator, they were hesitant to discuss openly about the sensitive issues of sex selection fearing a recent spate of sting operations by television channels.

b) Mohali, Punjab

Although Mohali branch of FPAI initiated the girl child project in the entire district of Ropar (7 blocks), it was reduced to 12 villages located within a radius of 30 kms from the branch during the last year of the project. The project was modified to carryout more focused intervention in a selected geographical area to create visible impact and sustainability of the project. Further, profiling of the selected villages was carried out and the target audience identified. Mothers, mother-in-laws, Anganawadi workers, students, teachers, and the community at large were targeted for intervention.

In the modified strategy of intervention, more emphasis was given to the involvement of the community members as active members, and the sustainability of the project even after the withdrawal. Village committees were formed in all the villages to coordinate with the staff of FPAI in implementing the project.

Villages visited for interviews were typically agrarian in nature. However, in some villages, men had jobs in the nearby city of Chandigarh. Villages had Anganwadis which were used for meeting the women participants of the project. Men respondents in the village were of middle and old age group. Most of the women respondents were housewives in the young age group. Principal and children from a village private school were interviewed to know more about their participation in the girl child project. Both girls and boys of 10th grade were interviewed during the fieldwork.

c) Bhopal, Madhya Pradesh

Two communities visited were rehabilitated sub-urban slum areas. In both the places government had set up “community development centres” to provide developmental services to the displaced families – savings, livelihood training, etc. Women and adolescent girls were trained on sewing, beautician skills, *zari* work, etc. Alcoholism among men was a problem in the community as expressed by the local trainer working at the centre. Being a rehabilitated settlement, government had provided water, electricity and approach road to the villages. Over the years, the settlement had developed into a good habitable place. City buses plying between the village and city had helped the economic growth. Most of the men worked as

laborers while women worked as maids in the city. It was reported that men were available only on holidays for participating in meetings or any other activities.

Most of the girls who took part in the focus groups were in the adolescent age group. The group consisted of school going, dropouts, and a few college-going girls. Mostly young women, some of them married, took part in the focus group discussion held in Madhya Pradesh.

Sonologists interviewed in Bhopal had MD degree in Radiology and were associated with the FPAI's project as referral sonologists. Two health care providers, with RMP degree, who were associated with the project, were also interviewed. Representatives of two NGOs (one working with children, and the other with women) were interviewed during the fieldwork.

3.2) The problem of sex selection in the community

Respondents (women, men, children, and other stakeholders) were asked to describe what they knew about the sex selection, and in what context sex selection occurred in the community. Although most of the incidences narrated by the respondents related to their past experiences, there were reports of such acts taking place even now in less number. All the responses have been discussed in the following paragraphs.

Sex selection after the birth of 2-3 girls

After the birth of two or three girls in the family, some parents seem to desire to have a male child, even if it means by using a sex selection process. Therefore, the preference for at least one son is one of the strongest motivations for selective abortion of foetus. However, a group of women in Rajasthan mentioned that it was wrong to go for selective abortion even after the birth of 2-3 girls, and in the hope of getting a male child.

"Upto 2-3 girls, nobody goes for sex selection. After that only people test to know the gender of the child. They want to have a male child. Not everybody goes for this although. It is difficult for poor people to go for testing, people with money go for testing." (Woman, 26 years, Village of Jaipur)

A health care provider in Jaipur even argued that the PNDT law should be modified to punish only those who involve in sex selection in the first pregnancy, and the sex selection should be allowed in the subsequent pregnancies. He also mentioned that some families (about a third of those who involve in sex selection) started sex determination right from the first pregnancy itself. A radiologist in Bhopal indicated that they faced tremendous emotional pressure from some parents to help them with the identification of the gender so that they could plan to have at least one male

child. However, he mentioned that the number of these people had come down in the recent past with the increased awareness about the act and changing attitudes.

Sex selection – a problem of middle class

Several respondents (from the slums and villages) mentioned that the sex selection was a problem of the middle class with money and access to the sonography technology. Although some respondents felt that it was a problem of the urban middle class, some others thought it happened in both rural and urban areas. However, poor families reported to continue producing children until they get male children. Such families did not seem to bother about the gender of the child, as they did not spend much money on educating or getting girls married off. Further, poor parents, particularly living in the villages and urban slums, were reported to accept both male and female children as god's gift.

A project staff of Bhopal branch mentioned that the sex selection or female infanticide was not prevalent among the tribal communities in the state. For example, the sex ratio in a tribal dominated district of Balaghat in Madhya Pradesh was in favor of girls (110 females to 100 males). Similarly, sex selection or female infanticide was not reported to occur among certain caste groups in Rajasthan where women were the earning members of the household, and the system of bride price was practiced. The bride price is the reverse system of dowry practiced among certain tribal communities.

Problem strongly linked to the dowry system

Many respondents related the problem of foeticide to the dowry system widely prevalent among the middle and upper middle-class society. Often parents of girls are forced to pay a huge amount of dowry (both in cash and kind) at the time of wedding and almost on every festival occasion. Such demands caused a heavy financial burden on the families of girls. A respondent remarked that some parents would rather prefer to spend five thousand rupees for sex selection instead of spending fifty thousand later on wedding or dowry. A Rajput woman in Jaipur who had three girls admitted that she aborted the female foetus because she was worried about the wedding expenses, which included treating guests with alcohol and opium, a tradition in a particular community.

Safety of women and sexual violence

Some respondents mentioned about how unsafe it was for the girls and women to be out on their own. It was reported that many parents felt insecure about their daughters due to the potential danger of sexual harassment by the men. A youth community leader in Ropar district, Punjab indicated that the parents felt insecure about the safety of their daughters. Such parents were likely to avoid having female children.

It was reported that parents feared to send their daughters to far away schools due to the problem of safety and potential sexual violence, particularly in Rajasthan where the density of the population is low and schools are far from homes.

Lack of awareness and conscience

Lack of awareness about the importance of girl child and the consequences of selective abortion of female foetuses on the society was seen as one of the reasons for female foeticide. Respondents felt that there was a need for negotiation and conscience building in the society on the issues of sex selection, including causes, consequences, and prevention of female foeticide. Further, respondents felt that the people who knew about the problem brushed it under the carpet, and behaved as if it was not an issue. Further, several respondents were defending themselves and blamed somebody else for the problem of sex selection in the society.

Sex selection believed to be more among certain caste groups

Some of the stakeholders and community leaders mentioned that that the problem of sex selection was likely to be severe among certain communities including Jain, Agarwal, Khandelwal, and Rajputs. The problem of female infanticide was also known to be prevalent among the Rajput community in the past. Such claims need to be validated through systematic study and appropriate interventions initiated.

Involvement of men, women and elder members

Although many respondents blamed the elderly parents for pressuring their daughter-in-laws to undergo sex determination, there were cases where mothers wanted to know whether they were giving birth to a male or female child. In many cases mothers were subjected to the emotional and social pressure on the gender of the child from people in the house and out in the society. There were also reports of men actively involved in getting their wives tested to know the gender of the child with an intention of getting a male child. Such complex social problem needs to be addressed by targeting all those involved.

Social pressure – a cause of sex selection

Some of the respondents also felt that there was a social pressure to have at least one male child. And some parents succumbed to such pressure and involve in sex selection. Such social pressures were known to operate in a very subtle manner and yet strongly influence behaviors.

Widespread discrimination of girls

Based on the study conducted by his organization, Dr. Jain discussed how girls were discriminated in Rajasthan. One of the study indicated that the proportion of girls taken for medical treatment (as an outpatient) was much lower at 30 percent when

compared to 60 percent among the boys. Similarly, the rate of hospitalization of girls was much lower when compared to the rate for boys. Another study revealed that only about 10 percent girls attended collage in comparison to about 90 percent of boys.

3.3) FPAI's project on Girl child and prevention of female foeticide

Ten branches of FPAI in six states of northern and central part of India implemented the girl child and prevention of female foeticide project. Different activities implemented by the branches over a period of three years have been discussed in this section. Further, the program has been critically assessed based on the fieldwork by the evaluator in the operational area of three branches.

3.3.1) Activities conducted

Girl child and prevention of female foeticide project had three main components – conducting state and district level workshops, multi-media campaign, and grassroots level program in the operational area. Before initiating the intervention, a two-day orientation training of branch volunteers and staff was organized with a view to orient them in the implementation of the project.

State and district level workshops

Sixteen state-level conferences was organized by the ten branches of FPAI to generate awareness about the PNDT Act, assess the situation of sex ratio in the state, highlight the need for prevention of female foeticide, and to mobilize like-minded NGOs working in the operational areas. NGOs, local representatives, Government staff, media persons, journalists, Panchayat Raj members, and private medical practitioners participated in the state level workshop. Further, two district level workshops were organized for grassroots NGOs, prominent community leaders, and people's representatives. In all, 36 district level workshops were conducted involving 2,226 participants.

Multimedia campaign

Multi-media campaign involving rallies, street plays, exhibitions, etc. was used to spread the message of importance of girl child and prevention of the misuse of PNDT Act. Traditional media, such as, folk songs and puppet shows were also used as part of multi-media campaign to prevent sex selection and create awareness about the importance of girl child in the society. Development of posters in the local language on the PNDT Act was the most important component of the multi-media campaign. Several posters were developed on different themes addressing sex selection and equal treatment of boys and girls. In all, 36 IEC materials like posters, pamphlets, handbills, brochure, calendar, and cards were developed and used by the branches implementing the project.

Grassroots level program

As part of the grassroots level program various awareness activities like talks-cum-discussions, group discussions, role plays, street plays, rallies, meetings of the in-laws, elders in the community, wall paintings with slogans related to the value of the girl child were conducted. Further, FPAI Branches networked with the NGOs on the issues related to girl child and mobilized NGOs as a force to work against the misuse of PNDT. In all, 2,780 grassroots level programs were organized throughout the project area involving 131,597 participants like teachers, students, Anganawadi workers, community and religious leaders, male and female youth, and health functionaries.

3.3.2) Strength of the program

Based on the evaluation of the program in three different branches of FPAI, strength and weaknesses of the program have been identified and discussed in the following paragraphs.

Implementation of the PNDT Act by the government

It is important to take note of the efforts being made by the government in implementing PNDT Act. Apart from awareness programs (television advertisements and hoardings, etc.), sonography centers are monitored by the health department on all the sonography tests done.

Several meetings with the government health officials, both at the district and state level gave an impression that the State governments were serious about implementing the PNDT Act. CMHO of Bhopal explained how they were making efforts to check the menace of sex selection by implementing the law strictly. Although there have been very few successful cases of conviction for flouting the law, the process of monitoring sonologists seems to have been put in place. PNDT cell, created at the DHO office, monitored the implementation of the act through its own monthly meetings, registration of all the sonography machines, inspection of the sonography centers once every three months, making sure that sonologists complete F-form on a case-to-case basis with address of the patient and the reasons for sonography, and asking for the submission of monthly reports from all the sonologists. CMHO also indicated that the department conducted workshops among the sonologists about the sex selection where FPAI project officers were invited to give a talk (Fig. 2).

Fig. 2: Signboard outside a sonography centre in Bhopal



However, there is no guarantee that such system is in place in all the districts, including smaller and inaccessible ones. There were some complaints about people going to smaller places to get sonography done to know the gender of the child. Therefore, there is a need for monitoring the implementation of the act. Since the strict implementation of the act – particularly in the last three years – has created a positive pressure against the sex selection, there is a need for sustaining this momentum.

Collaboration with government departments

FPAI has implemented the project through a strong collaboration with the government department. Mohali branch of FPAI implemented the project in close collaboration with Anganawadi workers and CDPOs. On several occasions CDPOs demanded FPAI to supply posters and other media for use in their own projects in villages. Similarly in Rajasthan, most of the village meetings with women and children were held at the premises of Anganawadi centres. And most of the Anganawadi centres displayed posters of FPAI on sex selection. Anganawadi workers, who were blamed to aid sex selection before the advent of the PNDT Act, have now become staunch supporters of the program and a bridge to reach out to a large number of people at the grassroots.

Collaboration with the district health authorities was at its best in all the three centers visited during the evaluation. Collaboration with the government worked at many levels. FPAI's project officers were invited to give talks on sex selection whenever health authorities conducted workshops or programs in the community.

Similarly, government authorities were invited by the FPAI to participate in workshops and multimedia campaign against the sex selection. A project staff of Bhopal felt that the efforts made by the government of Madhya Pradesh in providing education to girls had helped reduce sex selection indirectly.

Program planning by the stakeholders

Although the number of grassroots level program to be conducted was pre-decided by the FPAI headquarters (110 program per year), a project officer of a branch felt that they were able to contribute in the planning since they had to take part in monthly planning of different activities to be implemented. Some of the Branches modified the program to involve young girls in the program. Thus, they felt there was enough scope for innovation and modification depending upon the local situation. Some of the stakeholders (NGOs and health care providers) mentioned that they were also consulted before planning the activities. Such consultative planning was essential since some of the programs were implemented jointly with other stakeholders.

“We did not feel that the program was prepared at the headquarters and sent to us. We were involved in annual and monthly planning of activities. We had to decide on which program to implement during which month depending upon the local situation.” (Program officer, 29 years, Jaipur)

Synergy of efforts – FPAI’s strength

Several project officers of FPAI who worked on the girl child and prevention of female foeticide project had previous experience of working with FPAI on other public health projects in the same geographical area. Some of the project staff had the experience of working with FPAI for upto ten years. Therefore, they did not have to make fresh efforts to build rapport with the community. Project officers were able to start their work without loosing much time in developing contacts in the community. Further, FPAI’s linkages with other organizations (both governmental and non-governmental), and a large pool of volunteers helped implement the program with ease and effectiveness.

Working with other NGOs

FPAI works in collaboration with other NGOs in implementing different projects. Such collaboration has proved beneficial for both FPAI and collaborating NGOs. FPAI’s close collaboration with other NGOs in implementing girl child and prevention of female foeticide project was evident from the interaction with the staff of these NGOs. FPAI benefited by working with these NGOs in achieving the objective of the project in many ways:

- 1) Saving time and resources by conducting joint meetings and health camps in the community with other NGOs,

- 2) Joint programs with NGOs helped avoid invading the privacy of the community members too many times,
- 3) Participating NGOs took up the issue of sex selection as part of their regular program in the community even in the absence of FPAI's staff in their program,
- 4) Providing mutual referral services on the issues being addressed by the respective organization, and
- 5) FPAI empowered other NGOs on the issues of sex selection and prevention of female foeticide by training the staff of NGOs.

Involvement of religious leaders

FPAI made efforts to involve religious leaders by encouraging them to talk about the problem of sex selection during the religious discourses. An appeal from Gurudwara on preventing sex selection was widely published on the newspapers in Punjab. Further, a part of the Sant's script against killing of girls was also widely canvassed. Similarly, religious leaders and *hijras* (transgender) were involved to promote the activities of the project in Jabalpur. However, the involvement of religious leaders was not equally strong at all the branches of FPAI.

Sensitizing Anganawadi workers during their training

Mohali branch of FPAI capitalized on the proximity of an Anganawadi training centre to introduce the topic of sex selection in their induction and refresher training program. A project staff was invited by the training centre to give a talk on sex selection. Such practice needs to be replicated in all the 13 Anganawadi training centres in the state. Further, Anganawadi workers should be exposed to different media, and provided with posters and other material to take back with them to conduct programs when they returned to the villages where they worked.

Innovative social practices

Mohali branch of FPAI encouraged couples to conduct "Lohri" on the birth of a girl child, which is normally held only when the boys were born in Punjab. Initiating such social movement was considered very critical in addressing the problem of sex selection. Another innovative approach used by the FPAI branches was the felicitation of parents who did not go for selective abortions and adopted small families, and those who underwent birth control operation inspite of having girl children only.

Intervention with school children

Almost all the branches have conducted programs related sex selection with schools. These programs included rallies, cultural programs, drawing competition, and quizzes. Such programs in schools have not only helped create awareness in the society through rallies and other programs, but also reach the parents through the

children. Both in-school and outside the school, girls have responded very well to the program. A principal of a school mentioned that there were more admissions of girls in the recent past in response to their efforts on creating awareness about the importance of girl child.

A private village school in Ropar district with students from 15 surrounding villages was able to reach out to these villages with the messages on sex selection through the children. School program being very successful, needs replication to cover more schools to have a bigger impact.

Mass marriage programs of Governments

Mass marriage programs of the State Governments were considered to have had a positive impact on the prevention of sex selection. In such marriages in Madhya Pradesh, Chief Minister of the state himself performed the role of giving away the brides in marriages, a ritual normally performed by the fathers. However, there were reports that such mass marriages were not yet acceptable to some caste groups.

3.3.3) Weaknesses of the program

The weaknesses of the program identified during the process of evaluation have been discussed in the following paragraphs.

Difficulty of involving health care providers

Although health care providers were involved in the program, their numbers were small in most of the places visited during the evaluation. Active participation was evident more among the health care providers operating in the slum areas, NGO clinics, and government health centers. FPAI project staff complained about the general apathy of private health care providers to participate in workshops and meetings organized. In Bhopal city, for example, from among several hundred health care providers, only about 20-25 providers took part in the girl child and prevention of female foeticide program of the branch.

Sonologists – unwilling partners

Except in Bhopal, the participation of sonologists in the program has been poor. Sonologists consisted of both qualified doctors with post-graduate degree in radiology and other health care providers who had some training in the use of sonography machine. Based on the discussion with some sonologists in Bhopal, it was felt that the sonologists with radiology degree were more forthcoming to take part in the girl child program when compared to other sonologists. A radiologist mentioned that he did not have enough time to counsel people who sought sex selection services. The same sonologist mentioned that the recent spate of sting

operations by the television channels have helped reduce the incidences of sex selection.

Further, one of the radiologists indicated that the Association of Radiologists (both at state and national level) were making efforts to overcome the stigma of being seen as culprits involved in sex selection. Further, he reported that the Association was also making efforts to popularize the PNDT Act through meetings and poster campaign among the members.

Some sonologists in Jaipur, even those involved in the FPAI's program, refused to meet with the evaluator to discuss on the issue of sex selection due to the fear of getting into trouble as some of the television channels had conducted sting operations in the recent past. A project officer of FPAI reported that about half of the 125 sonologists in Bhopal refused to display the posters pertaining to sex selection in their clinics. Since the Association of Radiologists were willing to be part of the prevention of female foeticide, FPAI should explore the possibility of involving sonologists through their Association.

Poor involvement of men

In most of the places, men did not show much interest in participating in the girl child and prevention of female foeticide project. With a strong participation of women in the program, men saw it more as women's program, and did not want to share the same space with women. Further, most of the activities were conducted at Anganawadi centre, a place which is normally not visited by the men.

3.4) Attitude towards gender and sex selection

Changing attitude towards girl child being one of the objectives of the program, measuring attitude towards gender and sex selection would indicate the impact of the program. Respondents were asked a series of attitude questions to know what they thought about the gender and sex selection.

What is an ideal family?

Most of the women respondents in Jaipur mentioned that it was essential to have at least one male child in the family to call it an ideal family. Some respondents from the rural areas felt that all the children were god gifted, and did not matter whether they were male or female. Although questions were being asked in the context of sex selection, some of the respondents related it to the size of the family. Families who had adopted a "two-child norm" were considered to be ideal families. However, some respondents mentioned that it would be ideal to have only one child, irrespective of the gender. Some other respondents mentioned about the affordability of having too many children, and thought that it was ideal to have just enough children who can be sent to school and raised to become responsible citizens.

Need to provide food, education, etc. to boys and girls equally

Some of the women folks interviewed in the villages of Jaipur defended ferociously how they did not discriminate against their girl children. Many women respondents described how important it was to provide equal treatment to both girls and boys. Many of them thought that girls were no less to boys and girls were capable of doing whatever boys could do.

“It is very important to educate the girls. Girls can also work when they grow up. Therefore, I tell everybody that they should educate all as long as they want to study. About 80% of the people in our village think like this, and remaining 20% probably do not give importance to education” (Woman, 25 years, Village of Jaipur)

While girls were not able to continue their education beyond 8th grade due to unavailability of school facility within the village, boys traveled to the nearby city using the bus services in order to continue their studies. While some parents felt insecure about sending their daughters to the school away from the village, others did not think it was as essential as in case of boys. Respondents in Bhopal, mainly being slum dwellers, indicated that they were poor people and shared their good things of life including food equally among all the children without any discrimination.

While many women and men respondents mentioned that they did not discriminate among the boys and girls, a woman described how the girls were discriminated negatively by the parents knowingly or unknowingly (boys getting milk to drink, boys get more quantity of food, girls had to share if their brother wanted more, etc.). Some other practices of discrimination reported were – early marriage of girls to pass the burden on to in-laws, getting more girls married off at a time to reduce the wedding expenses.

“Some parents who are illiterates think that their daughters would get spoiled if they send them to far away schools in cities. They think like that mainly because of the violence they see on television against women. (Woman, 26 years, Village of Jaipur)

A group of girls, in focus group discussion in a village of Rajasthan, expressed that it was equally important to educate girls, and girls could achieve equally like boys. They also indicated that girls were human beings with brains like boys. They felt that it was important to educate girls because they cared for two families (parents and in-laws). Similarly, women respondents of Rajasthan indicated that it was important to educate girls because they would take care of their own family when they grow up. Further, women mentioned that they sent their sons and daughters to school without making any discrimination. However, one of the woman respondents

gave an example of how a large family of girls could not provide education to all the children because there were too many children.

Some respondents mentioned about the subtle discrimination meted out to girls – not providing tuition, not providing ghee to eat (clarified butter), not sending girls to far away schools, not taking them to doctors when they are ill. Men respondents of Rajasthan also felt that there was a need for educating girls, at least to function as an effective individual in the society. A young man indicated that, when compared to boys, more girls attended school in his village.

Do you agree that the status of women is low?

Except some older women, several respondents did not agree with the statement that women had lower status in the society. Some of the response were – “*women can do whatever men can do.*” Women respondents in Bhopal indicated that there was a considerable awareness in the community about the importance of women. Women supportive programs of the government were also reported to have created positive image of women in the community. Most of the girls interviewed through focus groups did not feel that women were low in status when compared to men. Further, woman respondents of Rajasthan indicated that only women with old world values thought that women were low in status.

Are daughters burden to the family?

There were varied responses when the respondents were asked what they thought about sons and daughters in the context of financial burden, support to parents in their old age, etc.

Some of the male respondents in Rajasthan felt that having daughters meant a big responsibility because they had to be married off which involved lot of expenses. However, women respondents in Rajasthan mentioned that they did not see their daughters as a burden to the family. Women respondents in the slums of Bhopal mentioned that there were several cases where sons got separated from their parents after the marriage and did not care for the parents in their old age. On the other hand, girls were noticed to care for their parents during their old age. Thus, the respondents mentioned that the society had started treating both boys and girls without discrimination among them.

Women respondents of Rajasthan did not consider girls as burden. Further, they mentioned that girls were not only daughters but also daughter in-laws. Although men respondents of Rajasthan did not think girls were burden to the family, but they mentioned that the future of the girls depended upon their fate.

Do you think women have right to property?

Most of the women respondents indicated that women had right to the property but hardly any women were given their share in the property. Further, they mentioned that no woman asked for any property from their parents although they had right. Most of the respondents in Bhopal, belonging to the poor households and below the poverty line, did not express strongly about the right to the property.

Do you think sons are essential?

In Rajasthan, sons were felt essential by the women respondents mainly to take the family name forward. Some others in Bhopal also reported that there were parents who felt that they needed sons to take their family name forward. There were reports of some parents in villages continuing to have several girls (5-6 of them) in the hope of getting a male child, but did not go sex selection and abortion.

“Girl will go to her in-laws place, and there is a need for continuation of the family name. Therefore, people think at least there should be one son.” (Woman, 24 years, Rajasthan)

However, some women indicated that they would have only two children without bothering about the gender of the child, and it did not really matter whether it was son or daughter.

Do you think abortion is sin?

Surprisingly several women and men respondents of Rajasthan mentioned (during the focus group discussion) that it was sin to abort the foetus, irrespective of the gender. However, a woman respondent indicated that only older women thought that it was sin to abort, and the younger generation knew the importance of aborting unwanted pregnancies.

“If I have two children, and do not want to get another child I should not have a problem aborting. It is difficult to raise too many children and take care of their expenses. And people do not think it is against the law to abort” (Woman, 26 years, Rajasthan)

Some women in Bhopal, mostly married with kids, felt that it was sin to abort. However, they added that it was okay to abort if the pregnancy was causing any problem to the health of the mother. Most of the men respondents in Rajasthan felt that abortion was sin, except in case of rape.

Is abortion illegal?

It was interesting to note a mixed response to the question on whether abortion was illegal. While some women respondents in Rajasthan thought abortion was illegal,

women in Bhopal indicated that abortion was perfectly legal, and any woman could go for safe abortion. Men also related abortion to unwanted pregnancies of unmarried girls. Some women thought that it was acceptable and legal to abort a child if there were deformities.

Is sex selection justified after the birth of 2-3 girls in the family?

Women respondents of Rajasthan did not approve of sex selection, even after the birth of 2-3 girls in the family, in order to have a male child. However, the same group of women respondents indicated that women should avoid getting pregnant if they did not want to have children.

3.5) Participation in FPAI's program by the target groups

In order to know the reach of FPAI's program on girl child and prevention of female foeticide, respondents were asked to mention about what all programs of FPAI they had participated in the last three years.

3.5.1) Participation in what programs?

Almost all the women respondents mentioned that they had participated in the program through individual and group meetings organized by the local branches of FPAI. Group meetings were organized in a variety of ways, including – small group meetings to discuss on sex selection, meetings conducted by ANMs on health/ vaccination/ nutrition of pregnant mothers, and village functions organized by several stakeholders together. The issue of female foeticide was discussed in most of these meetings.

“In Anganawadi meetings we learn that one should not do abortion based on sex selection. We also learn that there should not be discrimination among boys and girls, and child marriages” (Girl, 12 years, Village of Jaipur)

Children studying in schools mainly took part in rallies organized by the FPAI branches on sex selection. Some children, mostly girls, participated in the competitions (poster, songs, etc.) conducted on different themes of female foeticide. Some young women reported that they participated in adolescent youth programs organized by the FPAI. Some of the men respondents indicated that they had participated in the group meetings organized by the branches of Family Planning Associations.

3.5.2) How effective was the program?

Although several activities were conducted, groups meetings and rallies were the most talked about programs by the target groups and stakeholders as well. A woman respondent from a village of Rajasthan reported that the programs,

particularly meetings with women and adolescent girls, were very effective in getting them to act on sex selection. Posters were used in communicating with the target group – particularly to explain the declining sex ratio and its impact on the society if it continued unabated.

Effectiveness of FPAI's program was validated by a NGO in Jaipur who found out through the survey that people, in the community where FPAI had implemented the project on girls child and prevention of sex selection, had the knowledge about PNDT Act. Some other women respondents mentioned that awareness camps, organized jointly by various NGOs on different issues, including sex selection, were useful in reaching out to a large number of people including men, women, and children in the community.

3.5.3) Do you think any of these program could have been implemented in other manner?

Program among women was mainly covered those under 30 years of age. However, it was observed that even those who were in the older age group wanted to participate along with the younger women, and there were not enough resources to have a separate program for old age women. A program officer in Jaipur felt that they had more resources to conduct program among older age target groups, such as, mother and father in-laws of the families.

3.5.4) Participated in other programs of FPAI?

Respondents from the slums of Jaipur indicated that they got support from the FPAI branch on a variety of issues pertaining to reproductive and child health. They reported that the staff advised them on health, nutrition, vaccination, etc. Further, they demanded that there should be more outreach staff to cater to the needs of the community. Women and men respondents from the nearby villages of Mohali branch mentioned their participation in HIV/AIDS and drug use prevention programs organized by the FPAI branch.

3.6) Knowledge and sources of information about PNDT Act

Since creating awareness about the PNDT Act in the society was one of the main objectives of the program, the respondents were asked to recall what was stated in the law, and their opinion on the role of PNDT Act in reducing sex selection.

3.6.1) Knowledge of PNDT Act

Young women in Jaipur were very quick in recalling the amount of punishment for involving in sex selection. However, all of them were not able to recall that sonologists or health care providers were also punishable under the act for involving in sex selection. Similarly, young girls could recall the amount of punishment for committing sex selection. A woman respondent remarked that the PNDT Act meant,

“our girls are useful to us” (*Hamare betian aye hamare kaam*). However, most of the women respondents mentioned that they had never heard about anybody getting punished for involving in sex selection.

“All the people in my area know about the PNDT Act. We discuss about the problem of sex selection whenever there is a program in Anganawadi centre.” (Woman, 26 years, Village of Rajasthan)

However, the knowledge of the details of the PNDT Act was comparatively low among the women respondents in the villages of Punjab where the program was implemented by the Mohali branch of FPAI. Although respondents mentioned that it was against the law to involve in sex selection, they were not able to recall the quantum of punishment (imprisonment and fine).

3.6.2) Sources of information about PNDT Act

All the respondents mentioned that they came to know about the PNDT Act through the FPAI program. However, they also mentioned that the discussion on female foeticide happened during meetings conducted at Anganawadi centre. Some women reported that they had seen televisions advertisement on national TV on sex selection. Further, they were able to recall the message shown on the television (testing and selective abortion was crime).

“We get to hear about it from TV. ANM also tells us about the female foeticide. About 3-4 group meetings are conducted every month in the Anganawadi centre where we discuss about the sex selection.” (Woman, 26 years, Village of Jaipur)

A group of girls in Rajasthan indicated that they had heard about the PNDT Act in the meetings of the FPAI programs, television, and newspapers. Some of the girls mentioned that the issue of sex ratio and HIV/AIDS were covered in their school curriculum. Girls reported that their teachers also spoke about the female foeticide.

3.6.3) Do you think the strict implementation of PNDT Act will reduce sex selection?

All the target group respondents and stakeholders were asked to respond to a question on whether the strict implementation of the act would reduce the female foeticide.

Law has created fear among offenders

Women respondents of Rajasthan village said that the act helped in reducing the incidences of sex selection by creating fear among the potential offenders. She indicated that many more would have involved in sex selection in the absence of such Act.

State health officials in all the three study centers were of the opinion that the strict implementation of the law, particularly in the last three years, had created a fear against the misuse of sonography for sex selection. Further, the sting operations (seeking sex selection through sonography) of some of the television channels gave a wider publicity to how some sonologists were flouting the PNDT Act.

Denial by sonologists

A radiologist from Bhopal considered sex selection as part of a complex social problem of the society where women were treated as a commodity. And whoever was using sonography for sex selection was doing it to fulfill the demands of the prospective parents. Further, he indicated that that sonologists did not do it anymore as the law was implemented strictly by the authorities. He was of the opinion that the nursing homes were likely to be involved in such acts in the current scenario. He also complained about how some unsuspecting sonologists were punished for simple mistakes in filling out the forms that were to be submitted to the district health authorities.

Law alone cannot fight sex selection

A woman respondent of a village in Jaipur indicated that law alone could not stop female foeticide, and there was a need for continued efforts to educate people about the importance of girl child in the society. Further, she felt that it was important to provide education to girls in order to stop the sex selection.

“Law alone can not do much. We have not seen anybody getting punished because of female foeticide. All the girls should be educated to stop sex selection in the society” (Woman, 26 years, Rajasthan)

A state health official in Jaipur indicated that it was possible to evade the act in spite of its strict implementation. Although all the cases of sonography are supposed to be recorded with reasons for using such procedure, errant sonologist or health care provider with a sonography machine can perform sex selection procedure without recording any details of the case, and there is no way such acts could be traced and punished. Dr. Jain, working with a local NGO in Jaipur, mentioned that, “*law alone can not help much – the mindset of people has to change.*” He also pointed out that the female infanticide still existed in the remote villages of Rajasthan.

3.7) Evaluation of multimedia campaign

Multimedia campaign was the backbone of the project on girl child and prevention of female foeticide implemented by the FPA India. A rich variety of media have been produced and used by different branches of FPAI in the program. Both volunteers and project staff have strived hard to develop these media. Local talent has been harnessed to a great extent in producing these media through competitions.

3.7.1) Most effective media

All the respondents (including men, women, children, and other stakeholders) were asked a variety of questions to know which were the most effective media. The respondents were also shown the posters to know whether they had seen those posters and what was the message and how they rated the media.

Poster depicting what all a girls can become

A poster with a theme of “what girls could become” was the most liked poster by the women and girls in Jaipur (Fig. 3). Several respondents liked the poster because it appealed to the aspiration of girls and women, and it was communicated very clearly by depicting different roles women could take. Further, the symbols used in the poster appealed to the human instincts of power, efficiency, intellect, leadership, and importance. Another Hindi poster, with a caption in local language (Rajasthani), was liked by the women respondents in Rajasthan. A group of girls in the villages of Jaipur indicated that they had seen the poster of PNDT Act earlier three times, and knew the content of the poster – punishment (imprisonment and fine).

“Girls are capable of becoming anything like doctor or police. Girls are capable of doing whatever boys can do.” (Girl, 14 years, Village of Rajasthan)

Fig 3. Poster depicting what all girls can become



However, a similar poster with a theme on “what girls can become” produced in other branch of FPAI was not instant hit because of the difference in the layout and composition of the poster (Fig. 3). The state officials and other organizations working for women and children appreciated another poster of the same branch (Fig. 4).

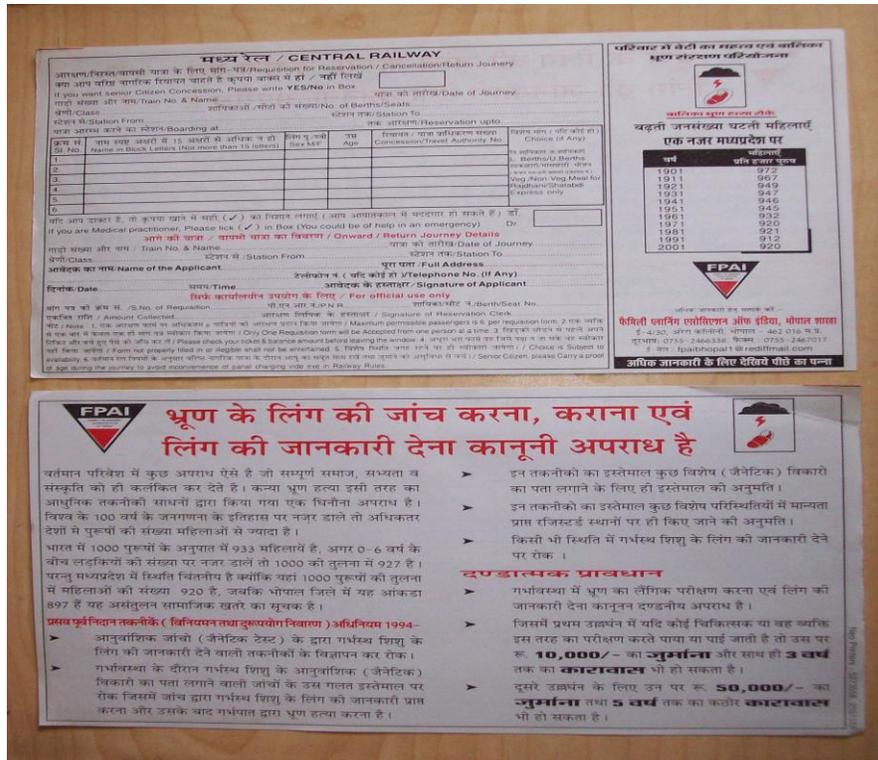
Fig. 4: A poster on sex selection



Sex selection message on Railway reservation form

A project staff of Bhopal Branch indicated that the railway reservation forms with messages on sex selection was one of the most effective ways to reach out to a large number of audience. Messages on sex selection were printed on either side of the railway reservation form. While the front side contained information on the declining sex ratio, the backside was printed with the details of the PNDT Act (Fig 5).

Fig. 5: Railway reservation form with message on sex selection



Similarly, street plays were considered to be very effective in creating awareness in the community. Street plays helped seek active participation of the public on sex selection and also other related reproductive health issues.

Poster with details of the PNDDT Act

Among all the communications developed by the Mohali branch, poster on PNDDT Act was considered to be very effective by the respondents. Interestingly, a similar poster was not very easily deciphered in Jaipur. It was somewhat difficult for respondents to understand the graphical image indicating the sex ratio over a period of time across different states.

Wall paintings in villages of Ropar districts

Wall paintings painted more than a year ago were still visible on the walls in the villages in Ropar district, Punjab. Wall paintings were considered to be very important media as they remained on the walls of the houses for people to see day after day (Fig. 6).

Fig. 6: Wall paintings surviving after one year of project completion



3.7.2) Least effective media

There were a few media used in the program which were not as strong as many others in conveying the messages of sex selection. There were two such media as indicated in the following paragraphs.

Punjab sex ratio display board

Mohali branch of FPAI used a poster depicting the comparative data of sex ratio of Punjab and India for eleven consecutive census years from 1901. Although, the data showed the dismal picture of Punjab when compared to the Indian average, most of the Punjab statistics shows improvement in sex ratio – meaning sex ratio has always been bad in Punjab for some reasons even when sonography machines were not in use. Instead, using a state-wise comparison of sex ratio would have helped in driving home the worst-case scenario of Punjab.

Posters of x and y genes responsible for sex of the baby

In Ropar district, the poster depicting x and y genes responsible for the gender of the child was difficult to comprehend by women and children whom the poster was shown. However, a similar x and y theme poster composed in a different manner in Bhopal was easily understood by the respondents.

3.8) Impact of the project and Sustainability

Impact of the intervention by the FPAI was assessed based on whether there was increase in knowledge about the PNDT Act, and change in attitude towards girl child among the primary target group of men, women, and children. The respondents were asked whether they thought that more people knew about the act now than three years before, and that had changed the attitude towards girl child. Since there was no baseline data for these indicators, the available data on sex ratio of different years was examined to know the impact of the intervention. Such data was not readily available with all the branches.

After completing the project for three years, FPAI made efforts assess the impact of the program using focus group discussions in the community where the target group members were asked to recall what they had learnt during the period of intervention. The results indicated that there was a change in the attitude towards girl child and sex selection in favor of girls. Respondents even assured that the female foeticide did not occur in the community, and they were there to ensure such incidences never took place.

3.8.1) Increased knowledge of the PNDT Act

A community leader who was associated with the project of FPAI on girl child and prevention of female foeticide indicated that there was a mass awakening and increased awareness about the female foeticide and the importance of girl child. A project coordinator felt that they were successful to the tune of 40 percent in terms of creating awareness about the PNDT Act, and there was a need to carry out more work to bring about a complete change.

Women respondents of Rajasthan villages felt that the FPAI program had made impact on the society in reducing sex selection. Although they knew a little bit about sex selection from other sources, the FPAI program helped reinforce knowledge and change attitude towards girl child. A group of women in a village of Punjab reported that it had become difficult for anybody to get a sonography done to know the gender of the child as a result of intervention by the FPAI. With the increased awareness about the sex selection and the strict implementation of the law, it was becoming difficult for doctors and sonologists to use sonography technology for sex selection.

Interestingly, a group of girls who participated in focus group discussion in a village of Jaipur indicated that they had seen the poster on PNDT Act earlier several times, they knew about the punishment for involvement in sex selection (both imprisonment and fine). However, they added that they had not heard anybody getting punished for involving in sex selection.

“I have seen this poster earlier 3-4 times, and it is written that those involved in sex selection will be imprisoned for 5 years, the punishment is for both doctor and the lady who lends herself for the abortion, and the fine is from ten thousand to one lakh.” (Girl, 14 years, Village of Jaipur)

3.8.2) Changed attitude towards girl child and sex selection

Several project officers reported that the implementation of the project had helped reduce sex selection. As a support to their statement, they narrated the cases where they had helped in avoiding selective abortions.

“Women’s thinking has changed now. They have realized that sons do not care for the parents after their marriage. Therefore, they think that it is important to raise both sons and daughter equally in the hope that at least one of them would take care for them in their old age” (Project Coordinators, 28 yrs, Jaipur)

A youth community leader in a village of Punjab who has been involved in the project indicated that the program had been successful to the extent of 70 percent in creating awareness and changing the attitude of the people. And the remaining 30 percent of the population are yet to be reached.

A community leader in Jaipur pointed out that there was a perceptible change in the attitude of people in the state of Rajasthan, and the religious leaders had also started talking about the issue of sex selection. A head of NGO in Jaipur indicated that the scenario had changed in the project areas in favor of girl child leading to reduced discrimination against girls with respect to schooling and food. Further, he mentioned that people had “fear” of getting caught and punished for sex selection. However, he added that the sex selection was a complex social problem that persisted inspite of the PNDT Act and massive campaign against it.

Girls are not burden – Response from girls

In a focus group discussion, a girl respondent mentioned that girls were not burden to the family, and if they were allowed to be born and educated properly, they could become a capable person and earn their living and make their families proud.

“One should not abort female foetus. Girl is not a burden. If she is provided education, she can make their parent proud.” (Girl, 14 years, Village of Rajasthan)

Increasing trend of nuclear family helping reduce gender gap

With the increase in number of nuclear families, older parents are not getting the support from their sons in their old age. Thus, it was being realized that it did not

matter whether it was son or daughter. The emergence of nuclear families was reported both in the low-income slums and middle class society. A woman respondent mentioned that even in slums sons got separated from their parents after their marriage and did not bother to take care of them, thus parents were realizing the importance of raising both sons and daughters without discrimination in the hope of one would take care of them in their old age.

Mass marriages helped reduce sex selection

It was felt that the “mass marriages” organized in the states helped reduce sex selection indirectly. Since no dowry transactions took place in such mass marriages, it was felt that this approach helped reduce sex selection.

Reduced child marriages

In a focus group discussion, a group of girls mentioned that there was a reduction in child marriages in the recent years as a result of increased awareness about the importance of girl child. However, they added that such marriages used to happen earlier in villages.

Impediments to the prevention of sex selection

Dr. Jain indicated that the small family norm promoted by the government had affected the prevention of sex selection negatively. It was felt that people were more likely to involve in sex selection while adopting smaller families and at the same time trying to get a male child. Further he felt that it was ethically difficult to bulldoze the law on somebody already having two or three girls and want to have a son. Dr. Jain also felt that supporting institutional delivery of any number of children under the safe motherhood program did not help the adoption of small family norm.

3.8.3) Improved sex ratio in selected villages in Punjab

After the initial three years of implementation of the project on girl child and prevention of female foeticide, Mohali Branch of FPAI did a demographic study of the selected villages. Birth rates recorded by the Anganwadi workers in 12 selected villages were studied to know the trends of sex ratio. Data showed a significant increase in the sex ratio in favor of girls. Sex ratio increased from 665 (per thousand male) in 2003 to 869 in 2005 (Table 2). Since the prevention efforts were being made by the State and Central Governments as well, the improvement in the sex ratio in the selected villages could not be attributed to the intervention by FPAI alone. However, the improvement in the sex ratio clearly indicates that the interventions have been successful in creating awareness and make difference to the sex ratio.

Table 2: Sex ratio in 12 villages of Ropar districts in Punjab

	Year	No. of male births	No. of female births	Sex ratio of females (For 1,000 male births)
1	2003	245	163	665
2	2004	350	249	711
3	2005	368	320	869

3.8.4) Other ways of reducing sex selection

All the respondents, including men, women, children, and other stakeholders, were asked to suggest other means (something that the current program could not do in a significant manner) of reducing sex selection in the community.

Need for expanded intervention

A state health official in Jaipur indicated that the program of this kind needed to be implemented on a large scale to make a big impact on the society. Further, he was of the opinion that the PNMT Act alone could not prevent sex selection, and therefore, there was a need for creating mass awareness in the society about the importance of girl child.

Need to address the dowry system

A chief medical officer of Bhopal indicated that the eradication of the dowry system and education of girl would help reduce sex selection. The dowry system being one of the root causes of sex selection, it needs to be addressed through the programmatic intervention.

Promoting “police informer” type of approach

A head of NGO in Jaipur was of the opinion that the program should have encouraged public to inform police or NGO about the incidences of sex selection related female foeticide in their neighborhood through a ‘police informer’ approach. Further he suggested such approach could have been popularized by distributing pamphlets containing the names and phone numbers of people to contact for reporting the cases. He also suggested rewarding such informers to encourage more people to volunteer with the information.

Need for “community discourse”

Although efforts have been made to involve religious and opinion leaders in preventing sex selection, it was felt that there was a need for more intense “community discourse” on the issue of sex selection. For example, the issue of sex selection could have been promoted in a manner Sikh men were discouraged from

smoking. Thus, it was felt that creating a strong social and religion disapproval of sex selection would have helped fight sex selection.

Involvement of doctors and sonologists

The FPAI project staff of Mohali wished that they had better means of roping in health care providers and sonologists in the program in big numbers. Although the project staff made effort to get them into the fold of the program, the response from private health care providers and sonologists was poor. It was seen as one of the weaknesses of the program at Ropar district by the project staff of Mohali branch of FPAI.

Involvement of men and older parents

It was evident that the involvement of men in the program was very poor in almost all the branches visited during the evaluation. As most of the programs in the community were conducted during the daytime that coincided with the working hours of men, they were not able to take part in the program. Most of the men worked in the nearby cities or on the farms during the daytime. Similarly, it has not been possible to rope in older parents or in-laws in the program to the extent it was possible with women.

Involvement of Panchayats

Since the involvement of panchayats has been weak in the current program, a project officer indicated that efforts should be made to involve panchayat on a stronger footing. Further, it was suggested to involve community leaders and panchayat members in workshops to enlist their participation in the program.

Providing education to girls

A woman respondent of Rajasthan village felt that education was very important in empowering girls and women in the society. It was felt that the education provided opportunities for girls to become what they want when they grow up.

Empowerment of women

Education to girls, self-employment, and building self-confidence among women were seen as means to address the problem of sex selection by the health official of the state government of Rajasthan. Further, he was of the opinion that the government programs, such as, safe institutional deliveries, universal immunization, and the activities of NRHM had helped reduce sex selection indirectly. Women respondents of Rajasthan villages also felt that self-employment opportunities like tailoring, etc. would help girls who could not study due to lack of school facilities in villages.

Sensitizing young girls

Although young girls were involved in the current program, a woman respondent indicated that there was a strong need for sensitizing as many young girls as possible. It was thought that such effort would empower them to stand against any pressure to involve in sex selection. Further, she mentioned that the sex selection would stop one day when all the girls stand up against the heinous act of killing the unborn girl child.

3.8.5) Sustainability of the intervention

Sustainability of the initiatives even after the completion of the funded project was a concern for the FPA India. Therefore, the sustainability component was built into the project. In order to know whether the project was successful in creating sustainability, the respondents were asked whether any body (individuals or organizations) had continued to work on the prevention of sex selection.

Individual and organizational efforts

All the branches of FPAI visited during the evaluation indicated that they had continued the work on prevention of sex selection, even after the completion of the project through their existing and other projects. For example, Mohali branch of FPAI, with on-going projects on HIV/AIDS, had continued to talk about the sex selection whenever they organized outreach programs on HIV/AIDS in the community. Further, there were reports of other stakeholders who were associated with the project continuing to work on the issue of sex selection through their program. Anganwadi workers and CDPOs were observed (in Mohali) conducting programs on sex selection in the community. In fact, they were demanding for the supply of more posters from the FPAI for use in their program. Further, some of the health care providers interviewed indicated that they had continued to disseminate information on sex selection whenever there was a need.

Sustainability at the community level

Some of the branches of FPAI made efforts to sustain the program at the grassroots level by involving local people and community leaders as committee members to coordinate the activities at the grassroots. Some of the respondents, both committee members and community leaders from the villages, mentioned that they were making efforts to continue the initiatives on sex selection whenever they got opportunity during the meetings. However, active propaganda about the PNDDT Act has not been possible at the community level without the inputs of on-going program of FPAI. Community members wanted the support of FPAI in conducting any kind of grassroots level program on sex selection in the community. Even schools indicated that they needed logistical support from FPAI branches in conducting rallies or any other program in the school.

Similarly, panchayats have not been able to take active participation during and after the implementation of the program. A woman respondent mentioned that there was a need for Panchayat to take up the issue of female foeticide based on sex selection during their meetings.

4. Summary and Recommendations

4.1) Summary

With the availability of diagnostic techniques, such as ultrasound, sex selection increased alarmingly in some states in northern part of India leading to the further decline in sex ratio. In order to deter such practices, Government of India introduced Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) (PNDT) Act. FPAI initiated the intervention to create awareness in the community with regard to the PNDT Act, to generate strong social disapproval of female foeticide, and mobilize strong social support in favor of girl children. The Project was implemented by the ten branches of FPAI located at Patna (Bihar), Panchkula and Yamunanagar (Haryana), Gomia (Jharkhand), Bhopal, Gwalior, Indore and Jabalpur (Madhya Pradesh) Mohali (Punjab), and Jaipur (Rajasthan). With the successful completion of the project, FPAI wanted to evaluate the project to know the outcomes of the intervention.

Evaluation was carried out using a combination of methods, namely, review of project documents, key informant interviews with the stakeholders, and by conducting in-depth interviews and focus group discussions among the target group beneficiaries. Respondents of the study consisted of target group of women, men, children, and panchayat or community leaders in both rural and urban areas, and other stakeholders including the project staff of FPAI, sonologists, health care providers, NGOs, and state health officials.

The problem of sex selection

After the birth of two or three girls in the family, some parents seem to desire to have a male child, even if it means by using a sex selection process. Several respondents (from the slums and villages) mentioned that the female foeticide was a problem of the middle class with money and access to the sonography technology. Many others related the problem of sex selection to the dowry system widely prevalent among the middle and upper middle-class society. Safety and sexual violence against women was also reported to be one of the reasons why many did not want to have girl children. Lack of awareness about the importance of girl child and the consequences of selective abortion on the society was seen as one of the reasons for female foeticide. Some of the stakeholders and community leaders mentioned that the problem of sex selection was likely to be severe among certain communities including Jain, Agarwal, Khandelwal, and Rajputs. Although many respondents blamed the elderly parents for pressuring their daughter-in-laws to undergo sex determination, there were cases where others (mothers, men, social pressure, etc.) were involved in the act.

FPAI's project on Girl child and prevention of female foeticide

FPAI's project had three main components – conducting state and district level workshops, multi-media campaign, and grassroots level program in the operational area. It is important to take note of the significant efforts being made by the government in implementing PNMT Act. FPAI has implemented the project through a strong collaboration with the government department (CDPOs, DHOs, etc.).

Several project officers of FPAI who worked on the project on girl child and prevention of female foeticide had previous experience of working with FPAI on other public health projects in the same geographical area. A strong collaboration with other NGOs proved beneficial for both FPAI and collaborating NGOs. FPAI made effort to involve religious leaders by encouraging them to talk about the problem of sex selection during the religious discourses. Mohali branch of FPAI capitalized on the proximity of an Anganawadi training centre to introduce the topic of sex selection in their training program. Further, the Mohali branch of FPAI encouraged couples to conduct "Lohri" on the birth of a girl child, which is normally held only when the boys were born in Punjab. Almost all the branches had conducted programs with schools. These programs included rallies, cultural programs, drawing competition, and quizzes pertaining to sex selection. Mass marriage programs of the State Governments were considered to have had a positive impact on the prevention of sex selection. Although health care providers were involved in the program, their numbers were small. Except in Bhopal, the participation of sonologists in the program has been poor. In most of the places, men did not show much interest in participating in the project.

Attitude towards gender and sex selection

Attitudes were studied to know whether the program made impact in changing the attitude towards sex selection and other related aspects. Having at least one male child was considered an ideal family. Although some respondents indicated that there should not be any discrimination among girls and boys, some others mentioned how girls were discriminated subtly by the parents. However, girls emphasized how important it was educate girls. Except some older women, several respondents did not agree with the statement that women had lower status in the society. While some men thought that girls were a big responsibility, women respondents in Rajasthan mentioned that they did not see their daughters as a burden to the family. Most of the women respondents indicated that women had right to the property but hardly any women were given their share. Surprisingly several women and men mentioned that it was sin to abort the foetus, irrespective of the gender. While some women respondents in Rajasthan thought abortion was illegal, women in Bhopal indicated that abortion was perfectly legal, and any woman could go for safe abortion. Women respondents of Rajasthan did not approve of sex selection, even after the birth of 2-3 girls in the family, in order to have a male child.

Participation in FPAI's program by the target groups

Almost all the women respondents mentioned that they had participated in the program through individual and group meetings organized by the local branches of FPAI. Although several activities were conducted as part of the program, group meetings and rallies were the most talked about programs by the target groups and stakeholders as well. Respondents from the slums of Jaipur indicated that they got support from the FPAI branch on a variety of issues pertaining to reproductive and child health.

Knowledge about PNDT Act and its effectiveness

Although most of the respondents recalled about the PNDT Act, a few of them did not know that sonologists were also punishable under the act. All the respondents mentioned that they came to know about the PNDT Act through the FPAI program. Several respondents (women and other stakeholders) indicated that the law had created fear among the potential offenders thus reducing the incidences of female foeticide. While some argued that the law alone could not reduce sex selection, sonologists pointed out that they were merely responding the demands of the people in the society, and the problem was complex needing larger social discourse.

Evaluation of multimedia campaign

A rich variety of media have been produced and used by different branches of FPAI in the program. A poster with a theme of "what girls could become" was the most liked poster by the women and girls in Jaipur. Several respondents liked the poster because it appealed to the aspiration of girls and women, and it was communicated very clearly by depicting different roles women could take. Railway reservation forms with messages on sex selection was one of the most effective ways to reach out to a large number of audience. Wall paintings and street plays were also effective in communicating the messages on sex selection.

Impact of the project and Sustainability

A community leader who was associated with the project of FPAI indicated that there was a mass awakening and increased awareness about the female foeticide and the importance of girl child. A youth community leader in a village of Punjab who has been involved in the project indicated that the program had been successful to the extent of 70 percent in creating awareness and changing the attitude of the people. Birth rates recorded by the Anganawadi workers in 12 selected villages were studied to know the trends of sex ratio. Data showed a significant increase in the sex ratio in favor of girls. Sex ratio increased from 665 (per thousand male) in 2003 to 869 in 2005. All the branches of FPAI visited during the evaluation indicated that they had continued the work on sex selection, even after the completion of the project through their existing and other projects. Some of the branches of FPAI made efforts to sustain the program at the grassroots level by

involving local people and community leaders as committee members to coordinate the activities at the grassroots. However, active propaganda about the PNDT Act has not been possible at the community level without the inputs of on-going program of FPAI.

4.2) Recommendations

- The girl child project implemented by different branches of FPAI should be seen as a beginning in addressing the most urgent and pervasive social problem of female foeticide based on sex selection. There is a strong need for taking the project forward in expanded manner.
- The programmatic experience needs to be documented systematically and shared with the other partners and donor organizations. Such document could also be used as a tool of advocacy to promote continued work on the prevention of female foeticide.
- Since the project has been very successful in involving Anganawadi workers, there is a need to multiply this effort in expanded intervention.
- Innovative practices of tracking potential couples with one or two girl children would be more useful in reducing sex selection.
- There are indications that women respond well to the intervention on female foeticide as it concerns them immediately. It is likely that women relate to the problem of female foeticide because it is seen as an invasion of their privacy and right to give birth to a child, irrespective of the gender of the child. While it is fruitful to continue the efforts with the women who have responded well to the intervention, more efforts are required to rope in men and older parents into the program.
- There should be a strong component to involve older parents and in-laws who are known to pressurize women to give birth to sons.
- Some of the experts working in the most affected states like Rajasthan believe that the gender imbalance is severe in certain communities like Rajputs, Khandelwals, and Jains. It would be useful to analyze the population data to know whether such trends exist. As most of these communities have caste-based organizations, the community leaders need to be involved in addressing the issue of gender imbalance in their respective communities.
- Gender issues are also being addressed strongly through the NRHM. Efforts are being made to reach out to a larger population through the television advertisements on sex selection. Continued intervention by the FPAI will have a synergistic effect in addressing the issue of sex selection on a larger scale.
- Poor involvement of health care providers and sonologists is the weakest link in the current program. Therefore, efforts should be made to involve them through their professional organizations or Associations.
- Although law has created fear among the potential offenders and deterred sex selection, poor conviction rates demand strengthening its implementation. Thus, there is a need for finding ways to make law stronger (such as, rewarding informers).

- Although posters depicting female role models have been used in the program, there was a need for involving such personalities out in the field in implementing the program.
- The program has tracked the process indicators well in terms number of activities to be implemented in particular time span. However, quantifiable impact indicators were not used to measure the effectiveness of the program in creating awareness and changing attitudes towards female foeticide.
- In a project of three years duration it is possible to assess the impact of the intervention by measuring a set of indicators (both process and impact indicators) through the baseline and end evaluation. Further, such evaluation could have used an experimental design (area with and without intervention) to isolate the impact of FPAIs's intervention.
- Although the project has made impact in creating awareness about the PNDT Act and changing attitudes towards girl child, the whole program has been mainly process driven (output). There was a need for adopting outcome driven approach with the systematic measurement of outcome indicators.
- Multi-media campaign has been the best component of the whole program of FPAI on sex selection. Several media products (posters, pamphlets, etc.) have been produced by harnessing the local talent and without spending much money. However, these media have not been assessed (for their effectiveness) and shared with other branches for replication. Although different branches have used many common ideas and themes, the effectiveness of the media was influenced by its layout and composition. Some of the best posters produced in some branches could be been simply reproduced by other branches using the same layout and composition.
- Although different branches of FPAI have made some efforts, there was a need for stronger advocacy with the media and professional associations (health care providers and sonologists) for effective penetration of the program.
- In slum communities (as in case of Jaipur) termination of unwanted pregnancies were reported to be very high. In such cases, project on prevention of female foeticide need to tread carefully with the idea of safe abortion of unwanted pregnancies.
- The prevention of female foeticide probably conflicts with the reproductive rights and privacy of women, safe abortion, and small family norms. These experiences needed to be documented for future use in the related programs of FPAI.