



Gender & Health Girl Child and PCPNDT

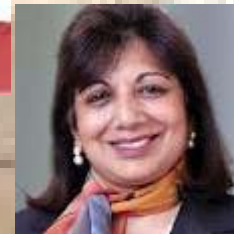
State Institute of Health & Family Welfare,
Jaipur

कृपया इस चित्र को गौर से देखिये..... इस बेटी को दुनिया में जीवित आने का अवसर ही नहीं दिया गया.....





What is common in all of them?

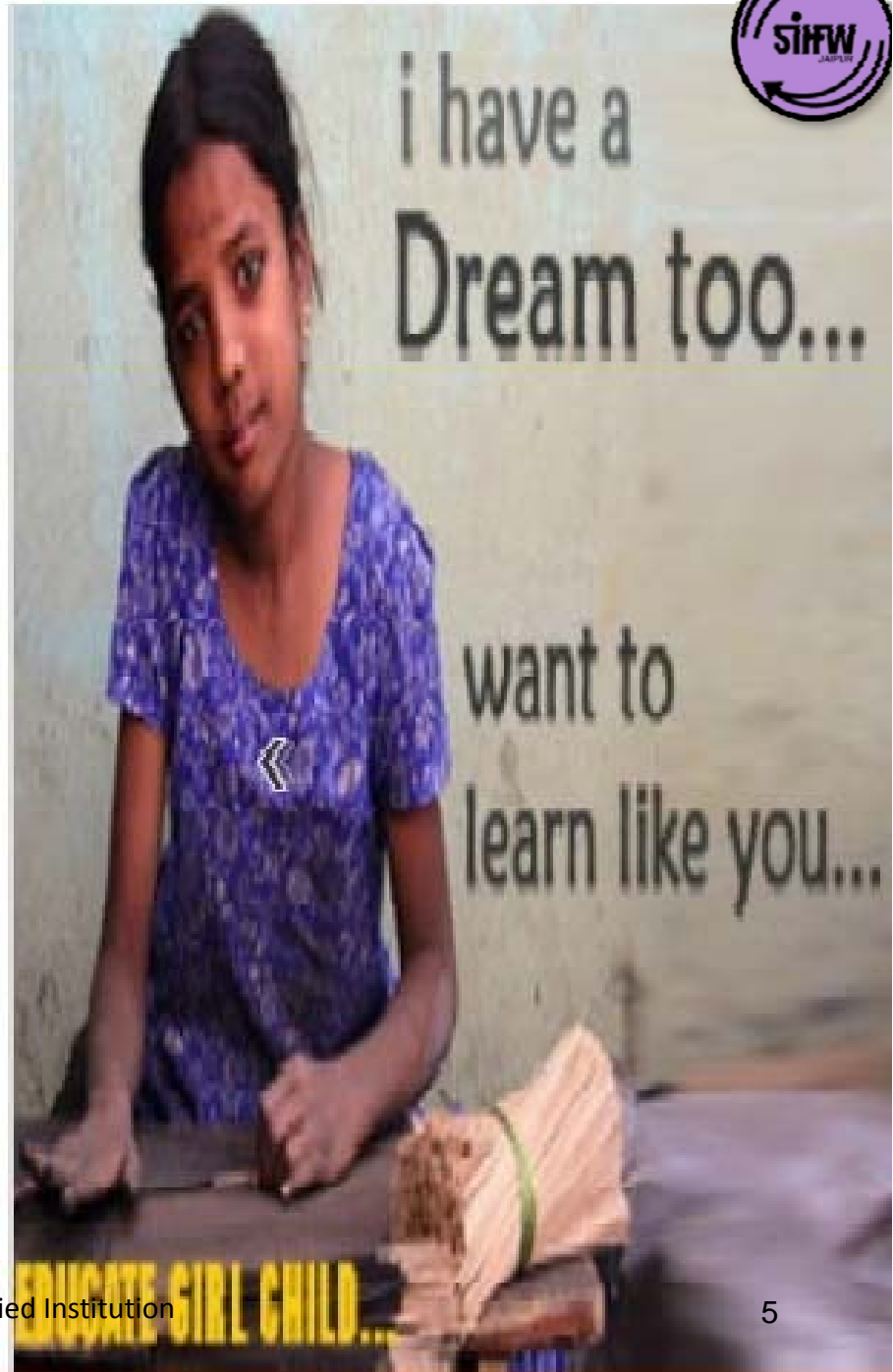


They were/ are Girls





India is one of the few countries where selective sex gender bias exists till today.





Why ?.....

Not allowed to born

Discrimination

Violence

Out of school

Child labor

Simply.....

Because

i am a

GIRL?



Do you know

- Child Sex ratio is declining
- 10 Million Girls are missing in India
- 110 million + *children* not in school, 60% are *girls*
- Secondary school enrollment in the developing world Girls only 41%, boys 53 % (1999).
- 90 percent of the rural female labor force are called "housewives" and excluded from the formal definition of economic activity.





Globally....

- Women work 35 hours more than men every week
- Women produce 80 percent of the food, but receive less than 10 percent of agricultural assistance (1995).
- There is no country in the world where women's wages are equal to those of men (2000)
- Only 9 % women were heads of state or government.(2000)
- India: women constitute 82% of those in charge of stocking crops and 70% to 80% of those in charge of cattle milking

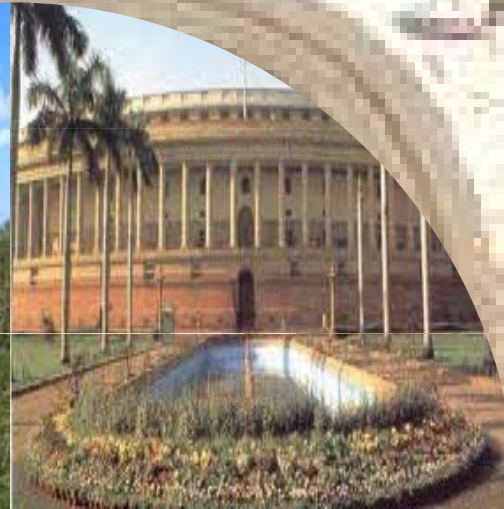


Women's share

1%



12%



66%



10%



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**2/3 of
876 M
illiterates**



**90% of
household
work**

29%



**Rape: Every 54
minute**



**Eve teasing:
every 51
minute**



**Criminal offence:
every 7 minute**



**Dowry death:
Every 102
minutes**



**Kidnapping:
Every 23
minute**



**Molestation: Every
26 minute**



**Cruelty: Every 30
minute**

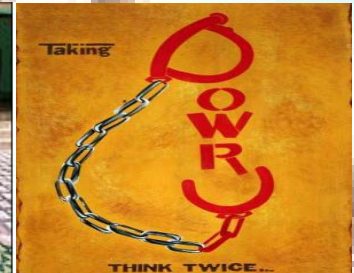


- 1 million do not see their first birthday
- Every sixth girl child's death is due to gender discrimination
- 1 out of 4 girls is sexually abused before the age of 4
- 53% of girls in the age group of 5 to 9 years are illiterate.



Violence-in woman's life cycle

- Child Marriage
- Dowry
- Unwanted Pregnancy
- Rape
- Trafficking
- Honor Killing



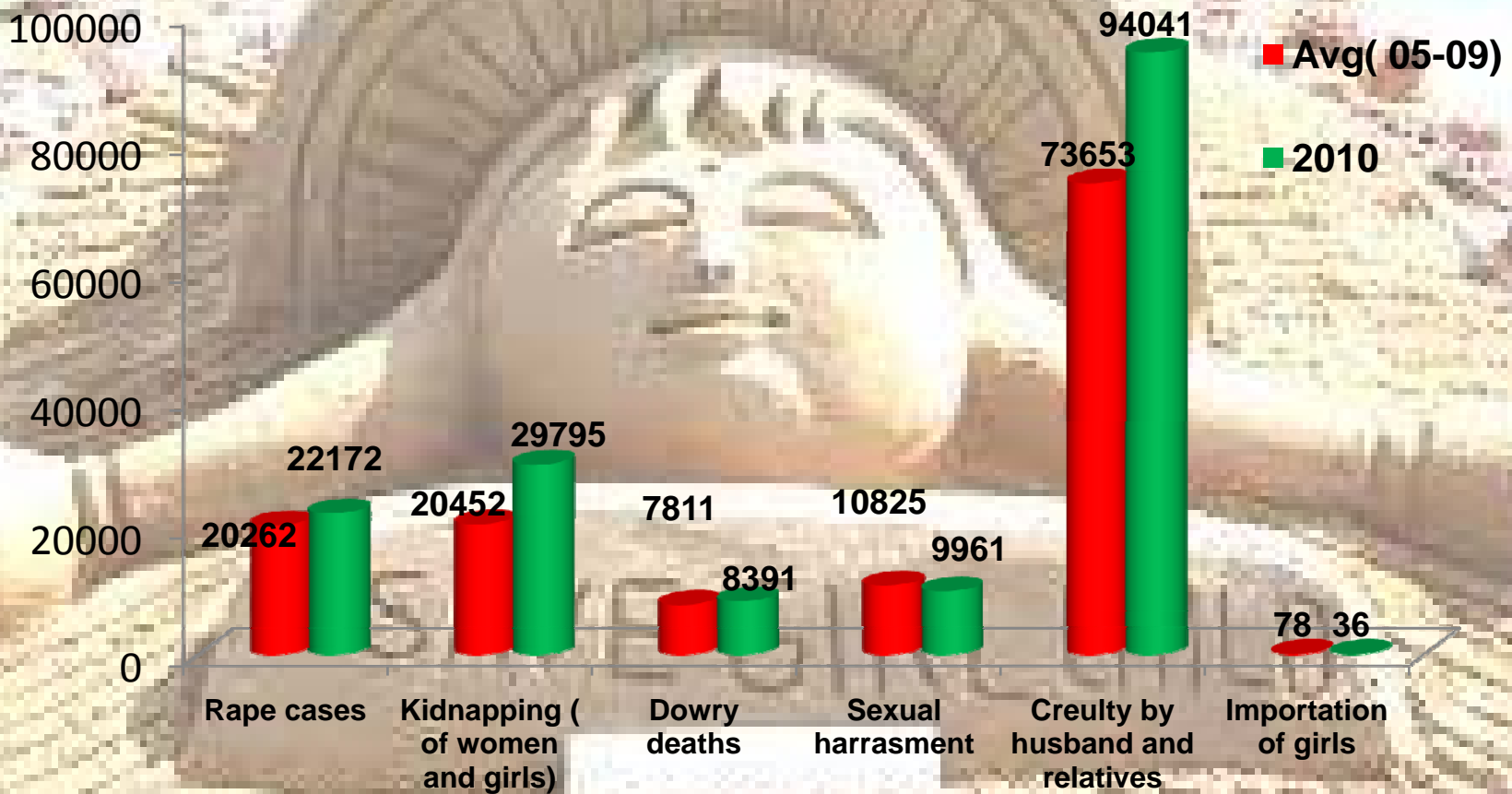


- Everyday, 6000 girls are genitally mutilated - more than 200 000 per year (2000).
- Every year in India, 5000 brides are murdered or commit suicide because their marriage dowries are considered inadequate. (2000)
- In the US, one in five women will be victims of rape in their lifetime. A woman is raped every 3 minutes.





Incidence of Crime Against Women & Girls (India)



Source: Crime in India statistics 2010, NCRB

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Why save **Girl** child

- A **Happy Girl** Child is the Future
 - A Beti
 - A Friend
 - A wife
 - A mother
 - A grand Mother.....



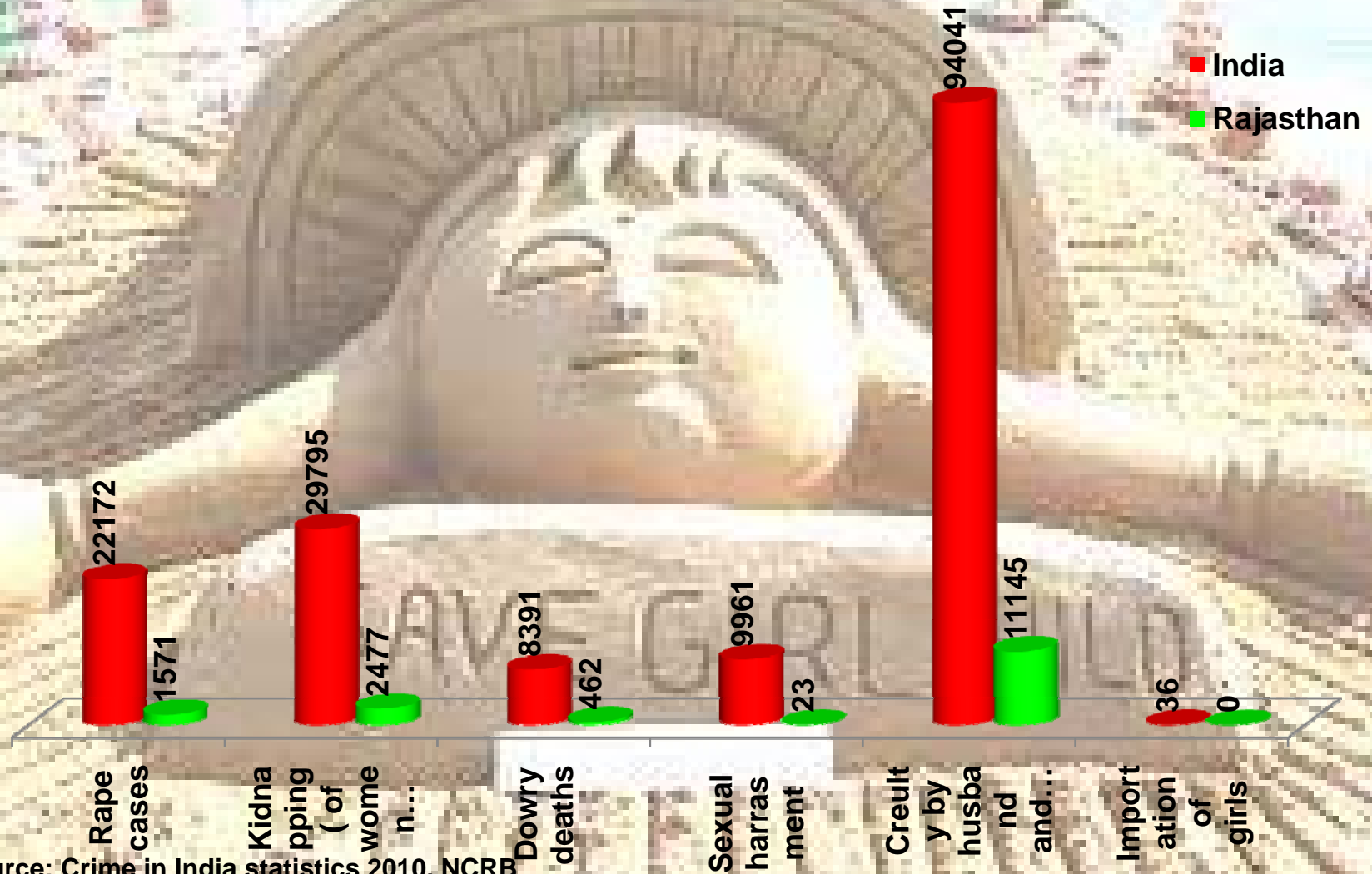
Judiciary in India has declared the year 2007 as the 'Awareness year of female foeticide'

From **Sita** ... to **Saina** ;
we have a legacy

Social Issues

- Mother breast feed boys longer than girls
- Nutritional & medical neglects
- Daughters are perceived as liability
- Dowries paid at the time of marriage

Incidence of Crime Against Women/Girls (India V/S Raj.)



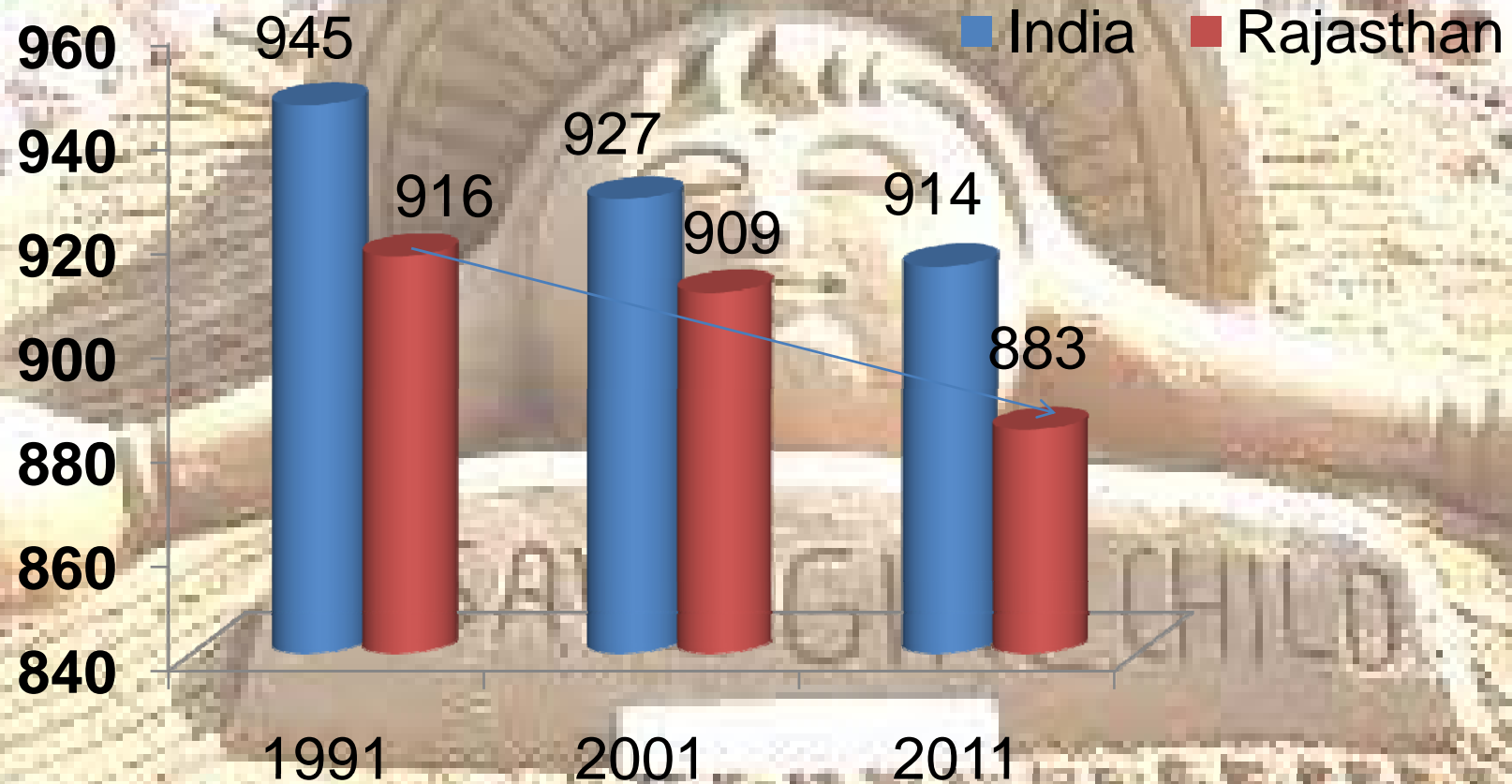
Source: Crime in India statistics 2010, NCRB

Sex Ratio ?

- Indicates gender balance
- Assesses women's status
- Females per 1000 Males in the population.
- **Internationally:** number of males per 100 females.
- **Child Sex ratio:** sex ratio in 0- 6 years.



Child Sex Ratio (0-6 yrs.)



Source: Census of India

Gender v/s Sex

- **Sex** : Biological and Physiological characteristics that define men and women.
- **"Gender"**: refers to the socially constructed roles, behaviours, activities, and attributes

"Male" and "Female" denote sex

"Masculine" and "Feminine" are gender

Biological and Social differences



Sex differences

- Anatomical & Physiological
- Anat., Phys., and Genetic susceptibilities
- Anat., Phys., and Genetic resistance and immunities

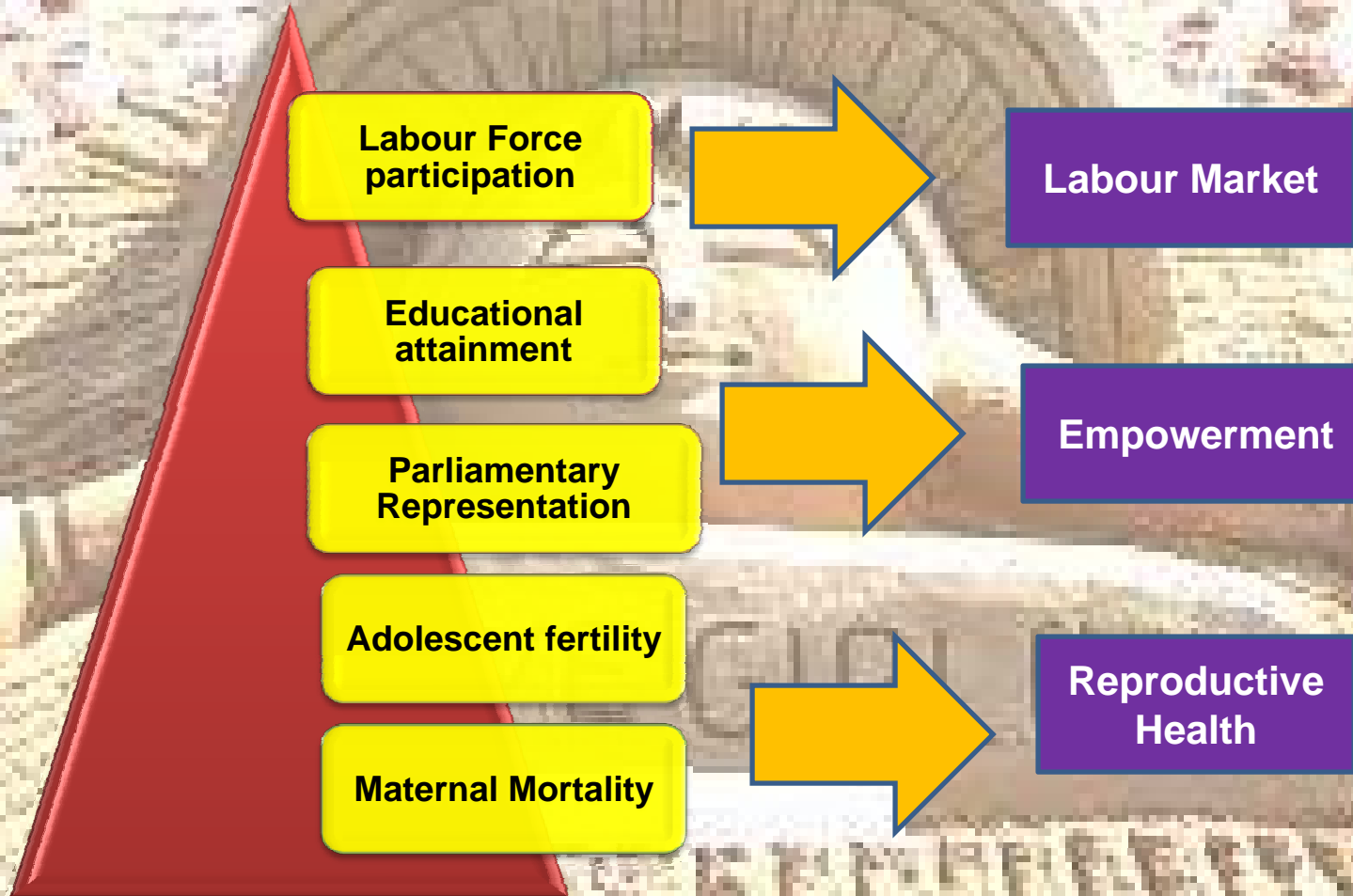
Gender Differences

- Roles and responsibilities
- Access and control
- Cultural influences and expectations
- Subjective identity

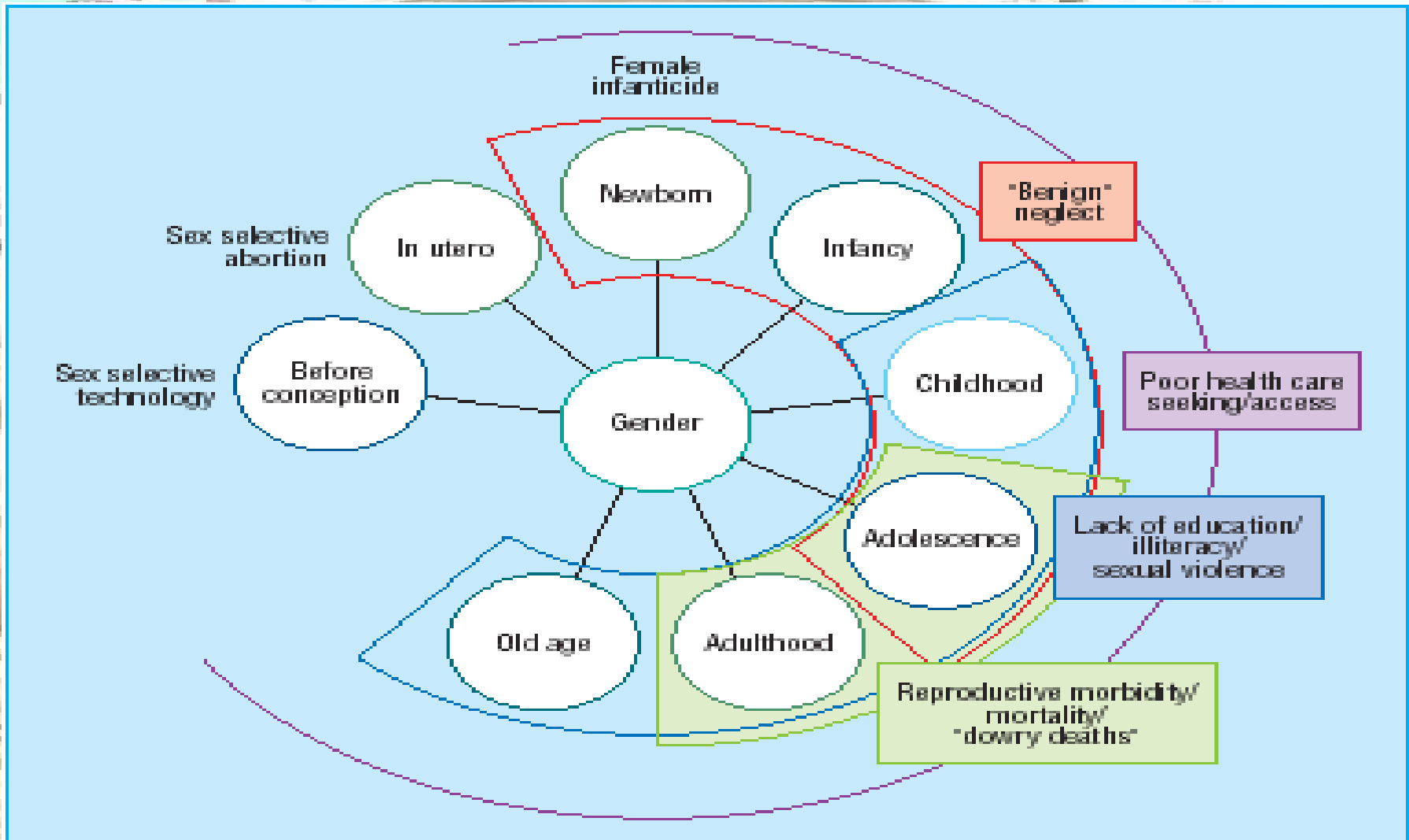
Women get sicker, but men die Quicker

SAVE GIRLCHILD

Gender Inequality - Global burden



Gender bias can damage poor women's health at all ages





Gender and the Health Related MDGs

MDGs identified as “health related” include

- **Goal 1: Eradicate extreme poverty and hunger**
 - Women and girls are over represented among the poor, 70% of the poor in the world are women.
 - Allocation of food and nutrition often biased against women and girls; young girls suffer brunt of malnutrition



Gender and the Health Related MDGs

- **Goal 4: Reducing child mortality**
 - Child health and well-being, including nutritional health tied to the health, and mental health of their mothers.
- **Goal 5: Improving maternal health**
 - Young girls are still being married off before they are physically and emotionally mature
 - Link between education of girls and initiation of child bearing, number of children, attendance at antenatal clinics, and where deliveries are had



Gender and the Health Related MDGs

- Goal 6: Combating HIV and AIDS, Malaria and TB
 - There is a breakout session on HIV and AIDS and gender
 - Women more vulnerable to malaria infections, but interventions focus on intermittent treatment in pregnancy
 - Financial security
 - Women are the caring, whether sick or not



Gender and the Health Related MDGs

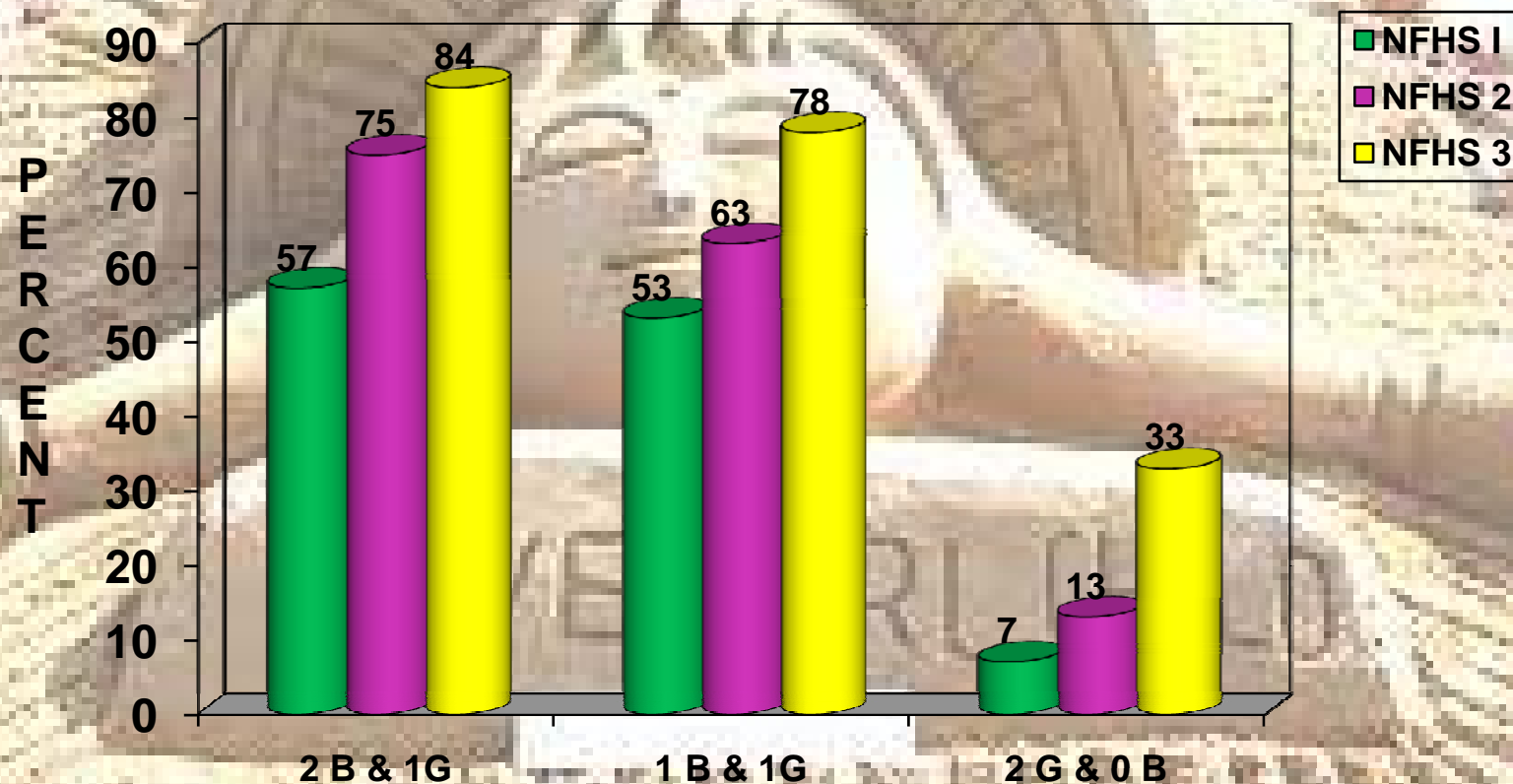
- Goal 7: Ensuring environmental sustainability
 - Access to safe drinking water and improvement in the lives of slum dwellers are the targets
- Goal 8: Global partnership for development
 - Access to affordable medicines, often not engendered
 - Access to social protection and employment



Gender and the Health Related MDGs

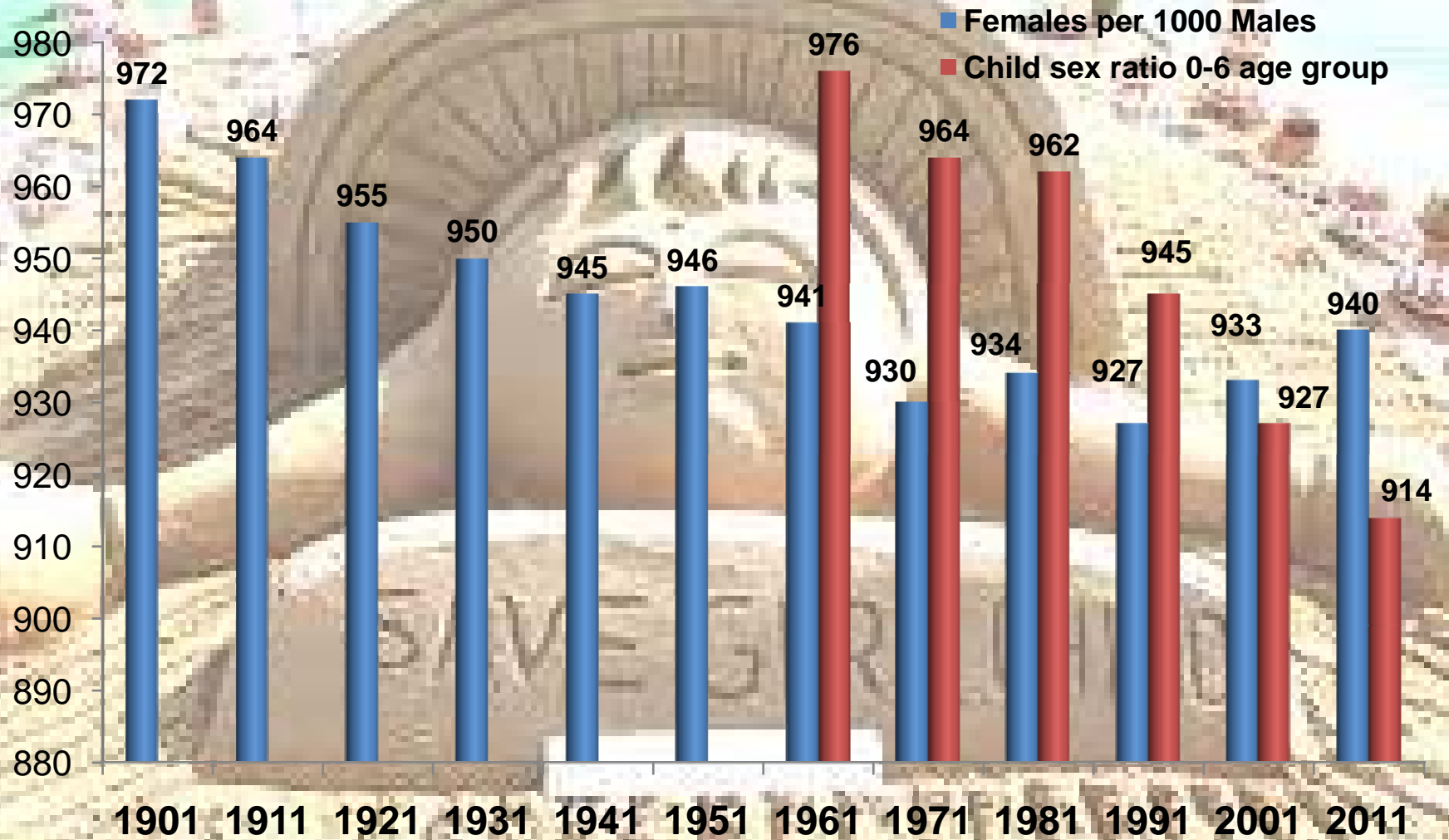
- Although Goal 2 on education is not considered to be ‘health related’, health of a household is directly related to the educational attainment of the mother
- Goal 3: on gender equity is also integral to women’s health; the social position of women, violence against women issues, trafficking, early marriage, and other harmful traditional practices

How does son preference affect women's desire for children in Rajasthan





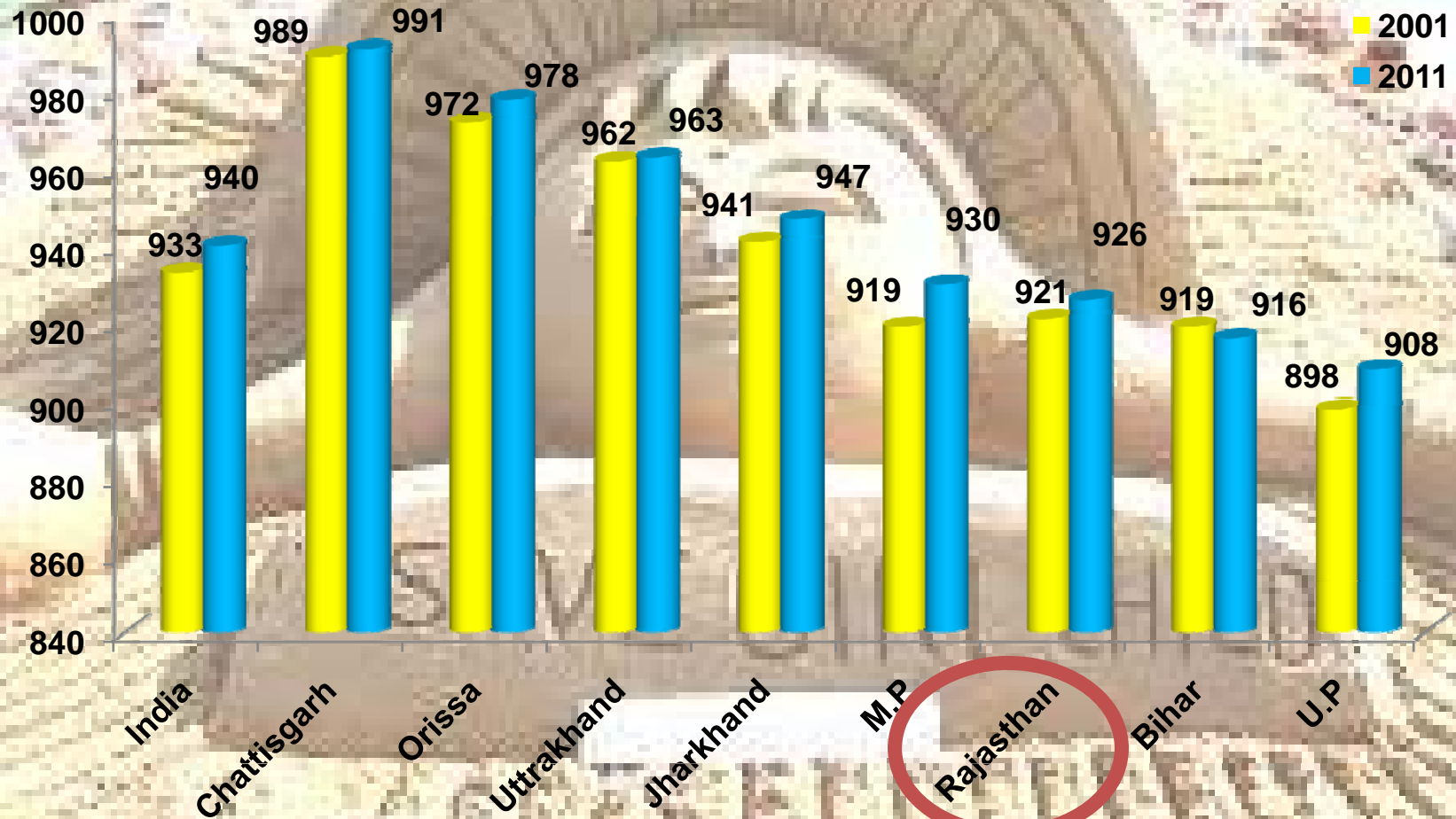
Female & Child Sex Ratio-INDIA



Source-www.censusindia.gov.in-

SIHFW: an ISO9001: 2008 certified institution

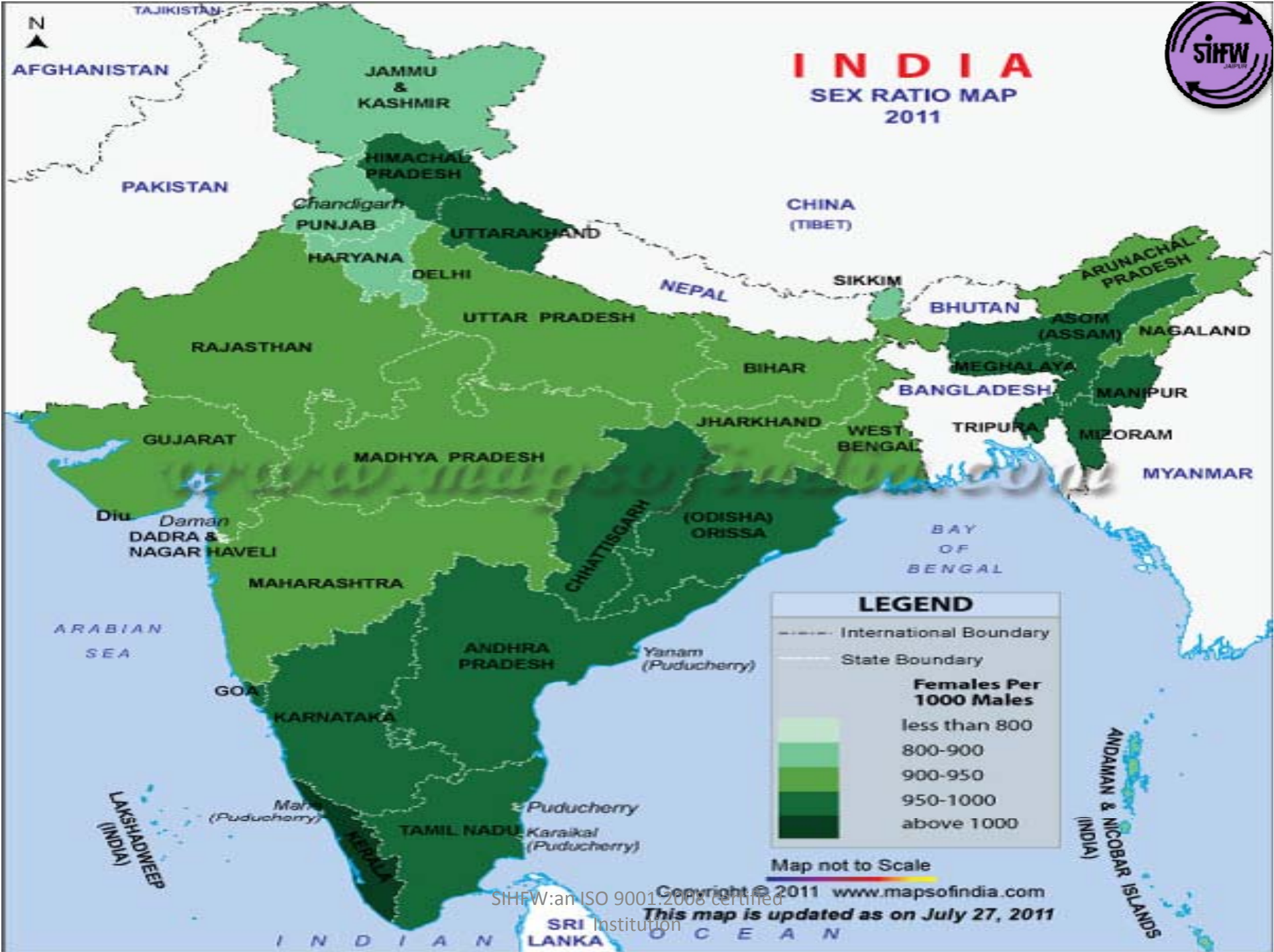
Sex Ratio- States of Empowered Action Group





INDIA

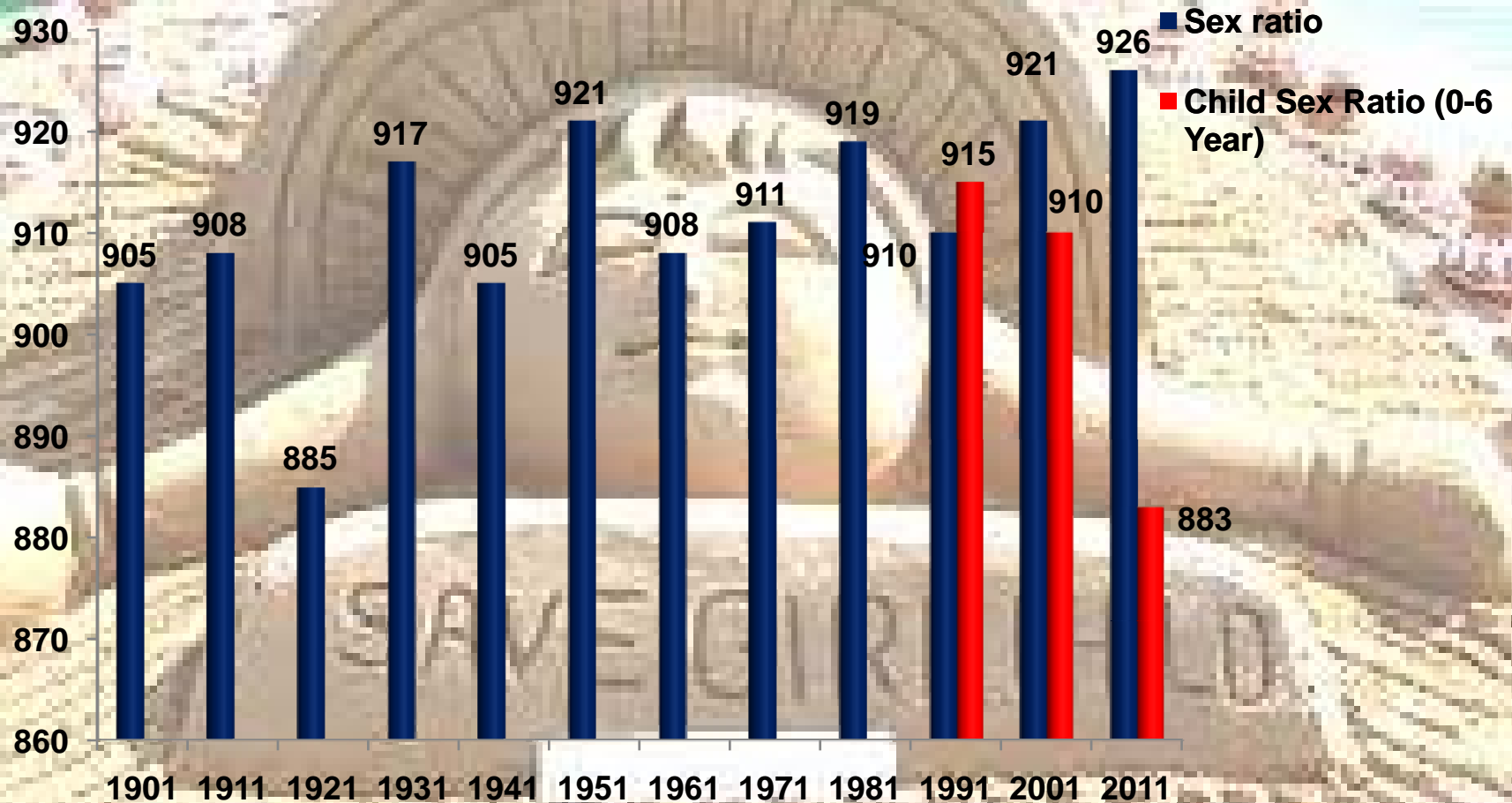
SEX RATIO MAP 2011



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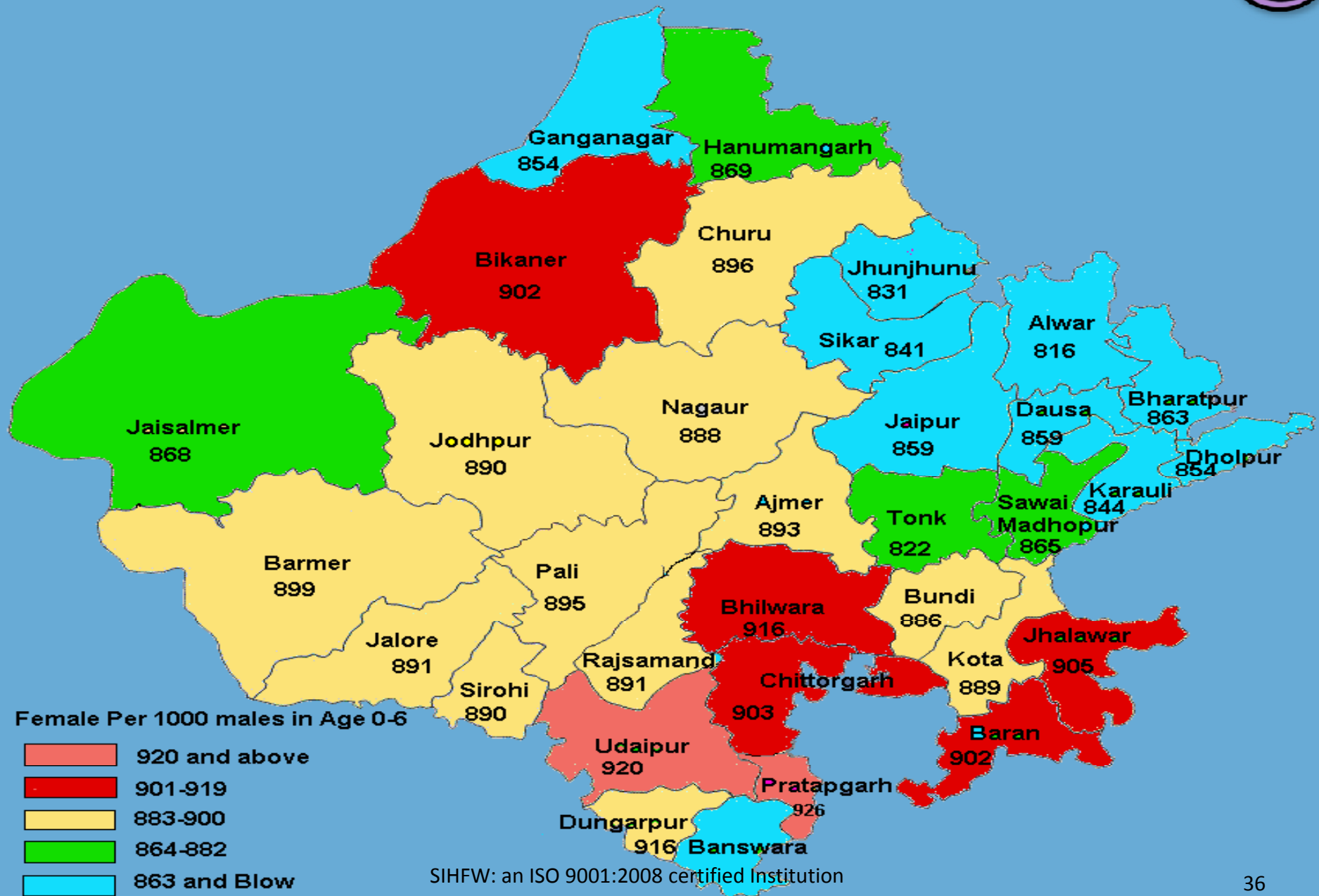
Female & Child Sex Ratio-Rajasthan



Source-www.censusindia.gov.in

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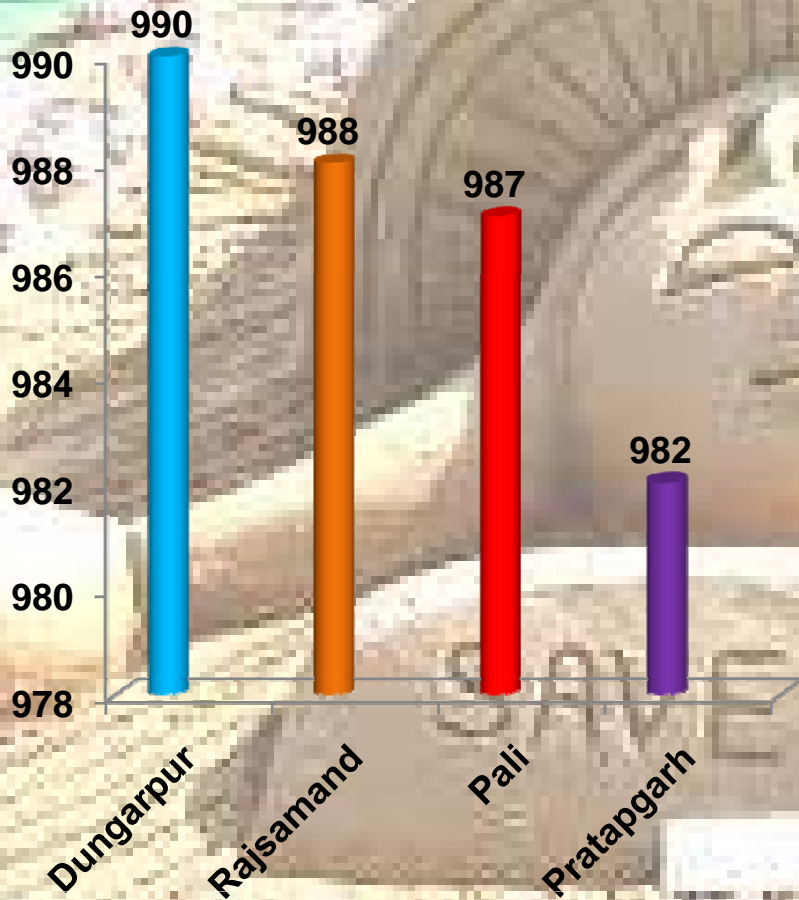
Rajasthan Sex Ratio in Age Group 0-6 ,2011



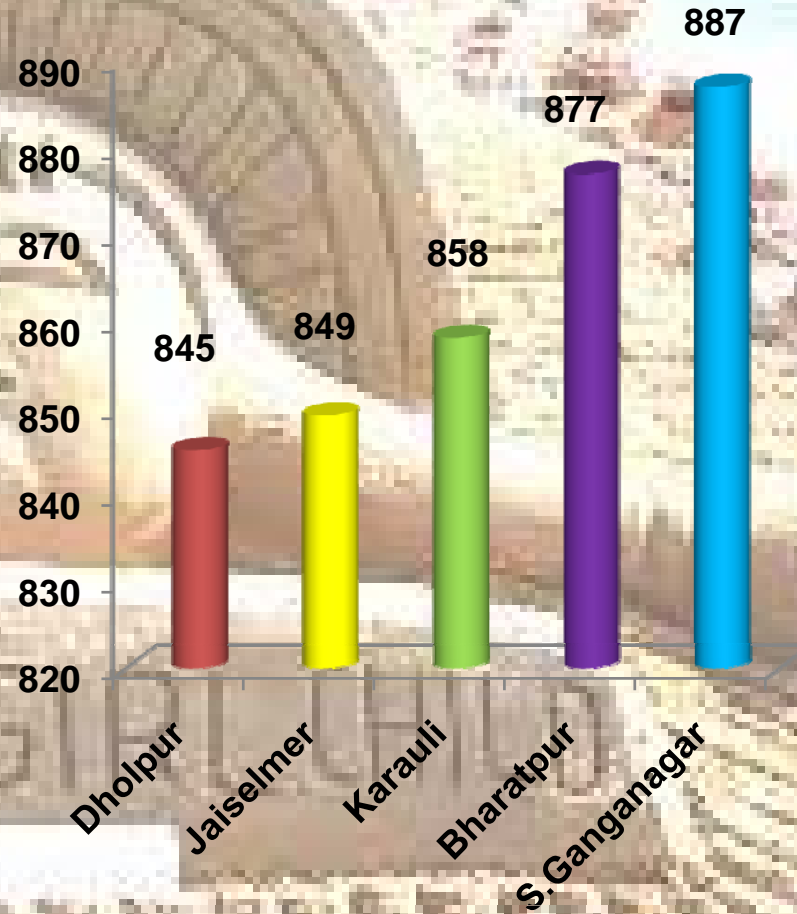
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Highest Child Sex Ratios – Districts



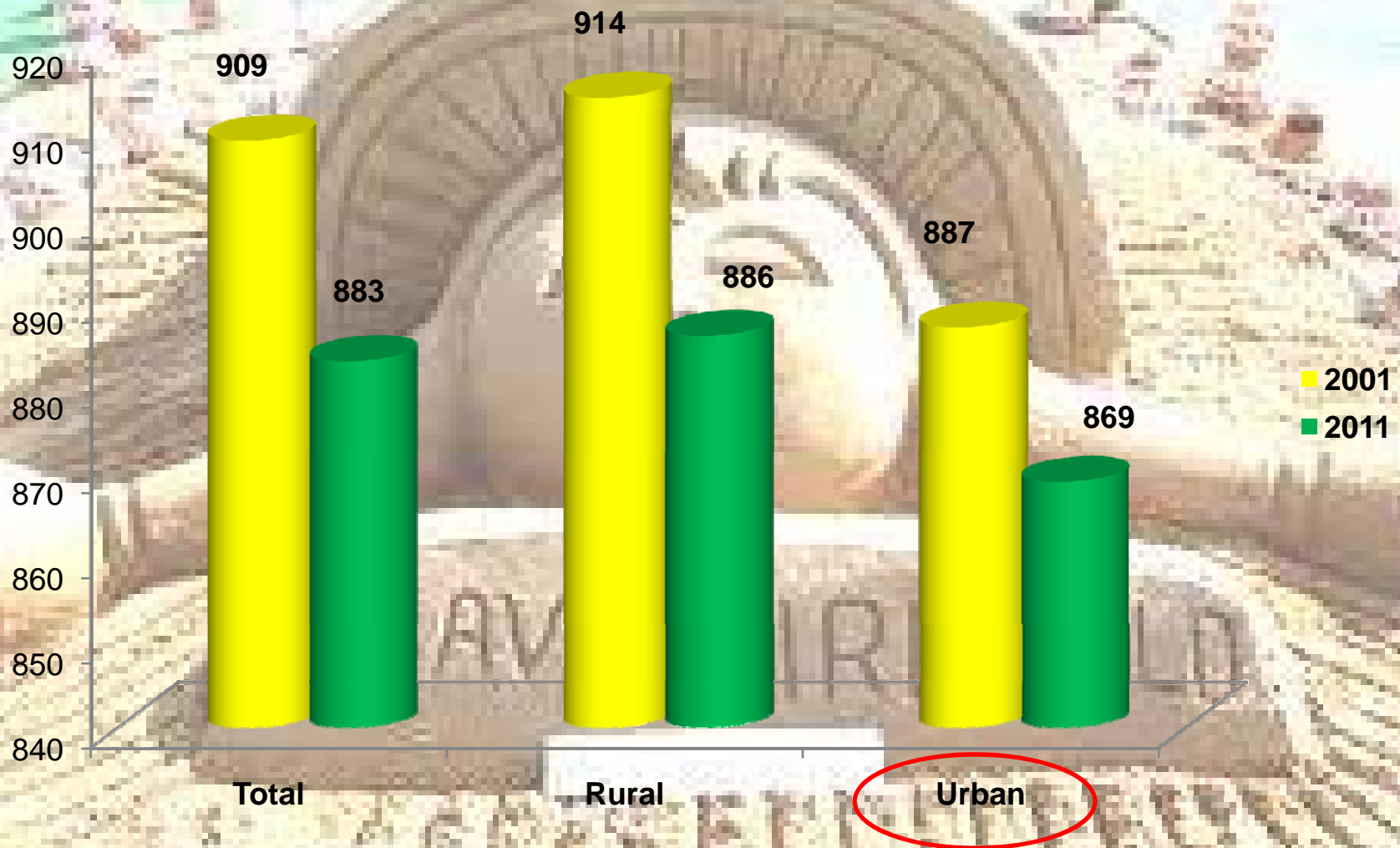
Lowest Child Sex Ratios – Districts



Source-www.censusindia.gov.in

SIHFW: an ISO9001: 2008 certified institution

Sex Ratio (0-6 Year) Rural & Urban- Rajasthan



Selected Indicators – Rajasthan



Indicators	Total	Male	Female	Child Sex Ratio (0-6 year)
Literacy	67.06%	80.51%	52.66%	
Death Rate	6.7	7.2	6.2	
IMR	55	52	57	
Sex ratio (Female per 1000 males)			926	883

Total 221 cases have been filed in the court in Rajasthan

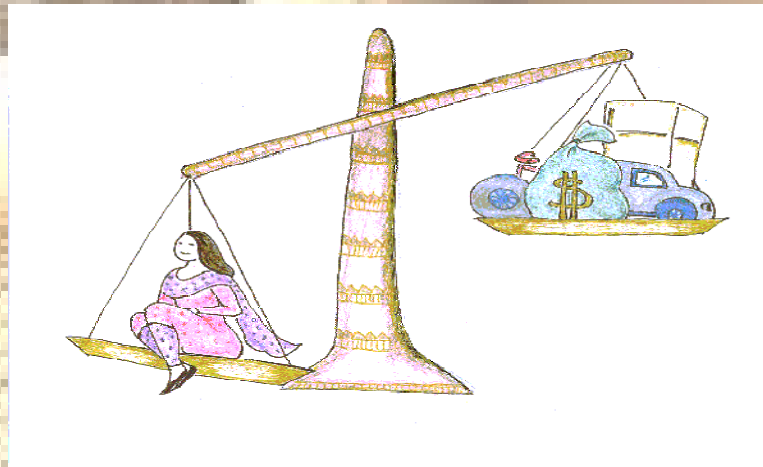
Causes For Declining Sex Ratio



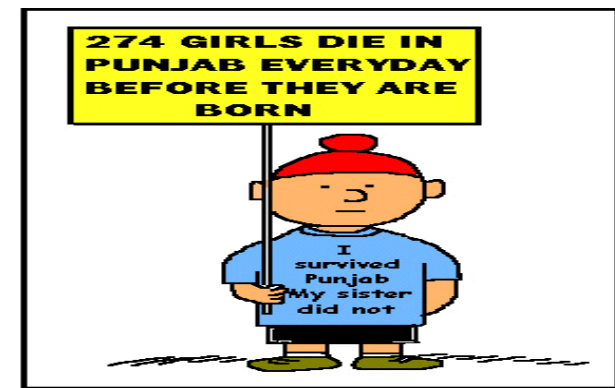
Patriarchal society



Gender Discrimination



Dowry



Son preference



Consequences of Declining Sex Ratio

Social Consequences

- Increases of Sex related crimes like- Rape, abduction, bride selling, polyandry Prostitution, sexual exploitation etc.

Health Related Consequences

- Increase cases of STD & HIV/AIDS
- Physical and Psychological disorders

Is This The Future.....?



2007



2019



2031



Legal action to stop Female Feticide

- Medical termination of Pregnancy Act, 1971 (amended in 2001)
- Pre natal Diagnostic Techniques (regulation and Prevention of Misuse) Act, 1994
- The Pre-conception and Prenatal Diagnostic techniques (prohibition of sex selection) Act, 2003



Pre-Natal Diagnostic Technique ACT



- In 1988 Maharashtra became the first in the country to ban pre-natal sex determination
- Enacted on Sep.20,1994 at National level
- Amended in 2003



Key points of the ACT, 1994

- Technique use only for detecting genetic or metabolic disorder
- No person communicate the sex of the fetus by word, sign or in any other manner
- Constitution of Central Supervisory Board , Appropriate authority & Advisory Committees



PC-PNDT (Prohibition of Sex Selection) Act, 2004

- Prohibit the sex of the fetus and advertisement related to determination of sex
- All the technologies of sex determination including this Act
- Signboard is mandatory for all ultrasonography units that detection of the sex of the fetus is illegal.
- Ultrasound scanning machines have to be registered

- Manufactures should be inform about the clinics & practitioners to whom the ultrasound machinery has been sold.
- Maintenance of proper records



When Can The Medical Professional Use PC&PND Techniques

- Age > 35 Years - the incidence of congenital fetal malformation increase.
- Previous history of spontaneous abortion
- Exposure of radiation, Drugs, Infection & Chemicals



Where can these test be conducted?

- Genetic counseling Center
- Genetic Clinic
- Genetic Laboratory

All premises should be registered under the Act.

1844 Sonography Centers Registered in Rajasthan

Source :DM&HS



Who can conduct these tests?

- Medical geneticist
- Gynecologist
- Pediatrician
- Sonologist/Radiologist

Violation of the Act



- If an advertisement to provide the services of any kind of sex selection is published
- If a clinic using the pre-conception and pre natal diagnostic techniques is not registered under the PC&PNDT Act. Registration certificate need to be displayed publicly
- If any person has got sex selection of his or her unborn child done

Contd.

- If medical professional has communicated the sex of unborn child to his patient
- If a clinic not maintained the mandatory records under the Act.
- If any person is compelling a pregnant women to under go sex selection done
- If any body is assisting or facilitating the process of sex selection



Indian Penal Code, 1860

Section 312	Without analyzing the threat to the life of women
Section 313	Without the consent of the women
Section 314	Trying to cause miscarriage and thereby causing death
Section 315	An act done to prevent a child from being born/ or born alive concealing the birth of a child
Section 316	Act resulting in death of an unborn child
Section 317	Mother or father abandoning the child
Section 318	Secretly disposing body of child/ intentionally

Forms



S.no.	Form	Details
1	Form A	Application for registration or renewal of registration
2	Form B	Certificate of registration
3	Form C	Rejection of application for grant/ renewal of registration
4	Form D	Maintenance of records by genetic counseling centre
5	Form E	Maintenance of records by genetic laboratory
6	Form F	Maintenance of records in case of a pregnant woman by genetic clinic/ ultra sound clinic/ imaging centre (declaration by pregnant woman)
7	Form G	Consent
8	Form H	Maintenance of permanent record of application for grant/ rejection of registration



Where we can lodge a complaint?

- **State Level-** Joint Director of Health and Family Welfare.
- **District level** - Civil Surgeon / CMO
- **Block level-** Chief health officer / Ward health officer / Medical superintendent

<http://www.hamaribeti.nic.in>
Toll Free Number: 1800-110-500

Punishments



	First offence	Subsequent offence
Service provider	Imprisonment (3yrs.); penalty (Rs.10000); registration cancelled (5 yrs.)	Imprisonment (5yrs.); penalty (Rs.50000); registration cancelled (permanently.)
Service seeker	Imprisonment (3 yrs.); penalty (Rs. 50000)	Imprisonment (5 yrs.); penalty (Rs. 100000);
Advertiser	Imprisonment (3 yrs.); penalty (Rs. 10000)	

An offence under the PCPNDT Act is cognizable, non-bailable and non-compoundable.



Schemes for Girl Child

SAVE GIRLCHILD



- Balika Sambal Yojna
- Balika Samradhi Yojna
- National Programme for Education of Girls at Elementary Level (NPEGEL)
- Kasturba Gandhi Balika Vidyalaya (FDR Scheme)
- Free Bicycles
- Gargi Puruskar etc.

Mukhya Mantri Balika Sambal Yojana



1st April, 2007

- **Aim –**

To promoting girl Child and provides economic support to her after the 18 years of age.

- **Eligibility-**

Any couple under goes sterilization operation after one or two female child (no male child)

- **Benefit-**

Rs. 10,000/- in the name of each female child. The maturity amount payable after the girl child attains age of 18 Years.

Balika Samridhi Yojana



- **Introduction:**

Launched by Govt. of India 15th Aug, 1997 by WCD

- **Objectives:-**

- To change family and community attitudes towards the girl child at birth and towards her mother.
- To improve enrolment and retention of girl children in schools.
- To raise the age at marriage of girls.
- To assist the girl to undertake income generating activities.



- **Beneficiaries-**

The mothers of newborn girl child received a grant of Rs. 500/- cash from the Government.

Annual Scholarships (Rs.300 to 1000)to the girl child for attending school.

- **Target Group-**

Girl child belonging from BPL families.

National Programme for Education of Girls at Elementary Level (NPEGEL)



a component of Sarva Shiksha Abhiyan (SSA)
July 2003; GOI.

Objectives:

To reach the “Hardest to Reach” girls, especially those not in school.

Benefits-

- Provides additional support for enhancing girl's education



Efforts by Districts

District Pali

- Beti Bachao Abhiyan
 - Dati Sumangla Yojana
 - On birth of daughters
 - Distribution of sweets
 - Greetings to mother from administration
 - Free clothes distribution (to mother and child)
 - Free air journey
 - Girls Regularly going to govt. school
 - Brilliant student from rural background



Dati Sumangla Scheme

- Launched :10 Nov ,2010
- Main features related to girl child
 - First child after two yrs of marriage –
Kisan Vikas Patra of Rs. 2100/- for girl child
 - (Rs. 1000/- cash to Mother)
 - After 3 yrs second girl child
Kisan Vikas Patra of Rs. 5100/- for girl child
(Rs. 1000/- cash to Mother)



Related innovations

- District Bundi
 - Improving access to safe ID
 - Monitoring health network through SMS

Strategies undertaken by Government

- Gender Mainstreaming
- Gender Budgeting



Gender Equality

Absence of discrimination - on the basis of a person's sex - in providing opportunities, in allocating resources and benefits or in access to services

Gender Equity

Fairness and justice in the distribution of benefits and responsibilities between women and men.



Gender Mainstreaming

- Continuous, dynamic process of integrating a gender perspective into each stage of the development process including policy, legislation, planning, budgeting, programmes and schemes, implementation, monitoring, evaluation, auditing, research and advocacy

Why Needed?

- **Equity:** more fair outcomes possible if gender impacts visible
- **Efficiency:** women and men respond differently to policies
- **Interdependence** between paid and unpaid sectors matters

Programmatic /Operational Gender Mainstreaming

- How health problems affect women and men of all ages and groups differently
- Focus on women's empowerment
- Examine how gender norms, roles and relations influence male behaviour and health outcomes
- Promoting gender equality
- Adopt a broad equity approach that may lead to inequities
- Provide an evidence base for effective and efficient health planning, policy-making and service delivery



Institutional Gender Mainstreaming

- Recruitment and staff benefit policies, such as:
 - Establishing work-life balance
 - Sex parity and gender balance in staffing
 - Equal opportunities for upward mobility
 - Mechanisms for the equal participation of male and female staff in decision-making procedures



Gender Budgeting

- Translating Government commitments into gender budgetary commitments.
 - Strategy for ensuring Gender Sensitive Resource Allocation and a tool for engendering macro economic policy
- Entails **affirmative action** for empowering women

- Covers assessment of gender differential impact of Government Budgets and policies (Revenue and Expenditure).
 - Enables Tracking and Allocating resources for women empowerment
 - Opportunity to determine real value of resources allocated to women

Three categories of GB analysis

1: Targeted gender-based expenditures

- Women's health programmes
- Special education initiatives for girls

2: Equal employment expenditure on govt. employees

- Training for clerical officer or women managers
- Provision of crèche facilities

3: General budget expenditure judged for impact on male and female

- Who needs adult education & how much spent on it?
- Who are users of contraceptive services?



5 Steps in Gender Budgeting

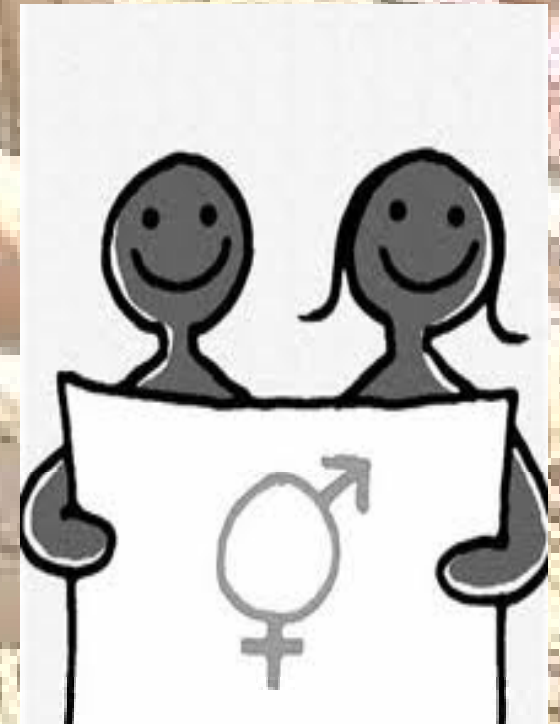
- Step 1:** Describe situation of women & men, girls & boys and different subgroups in the sector
- Step 2:** Check whether policy is gender sensitive
- Step 3:** Check that adequate budget is allocated to implement gender-sensitivity policy
- Step 4:** Check whether expenditure is spent as planned
- Step 5:** Examine impact of policy & expenditure

GB:Benefits

- Improved **accountability** of governments and representatives
- Improved **efficiency** by ensuring that those who need it most benefit from public expenditures
- Improved **transparency** and reduced corruption
- Informed **participation** of women in planning and budgeting policies

Gender Budgeting Goals

- Ensure collection and allocation of public resources advances gender equality
- Hold governments accountable to gender equity and women's human rights





Why are Gender Responsive Budgets Needed?

- Budget formulation process often leaves out women
- Women have less voice in economic and political debates
- Budget impacts on women go beyond paid economy

Obstacles to Gender Budgeting and Mainstreaming

- Hidden, unpaid economy often not considered
- Few women politicians and policymakers
- Men's needs treated as norm: gender typically ignored
- Challenges in creating guidelines on how to mainstream gender
- Access to information

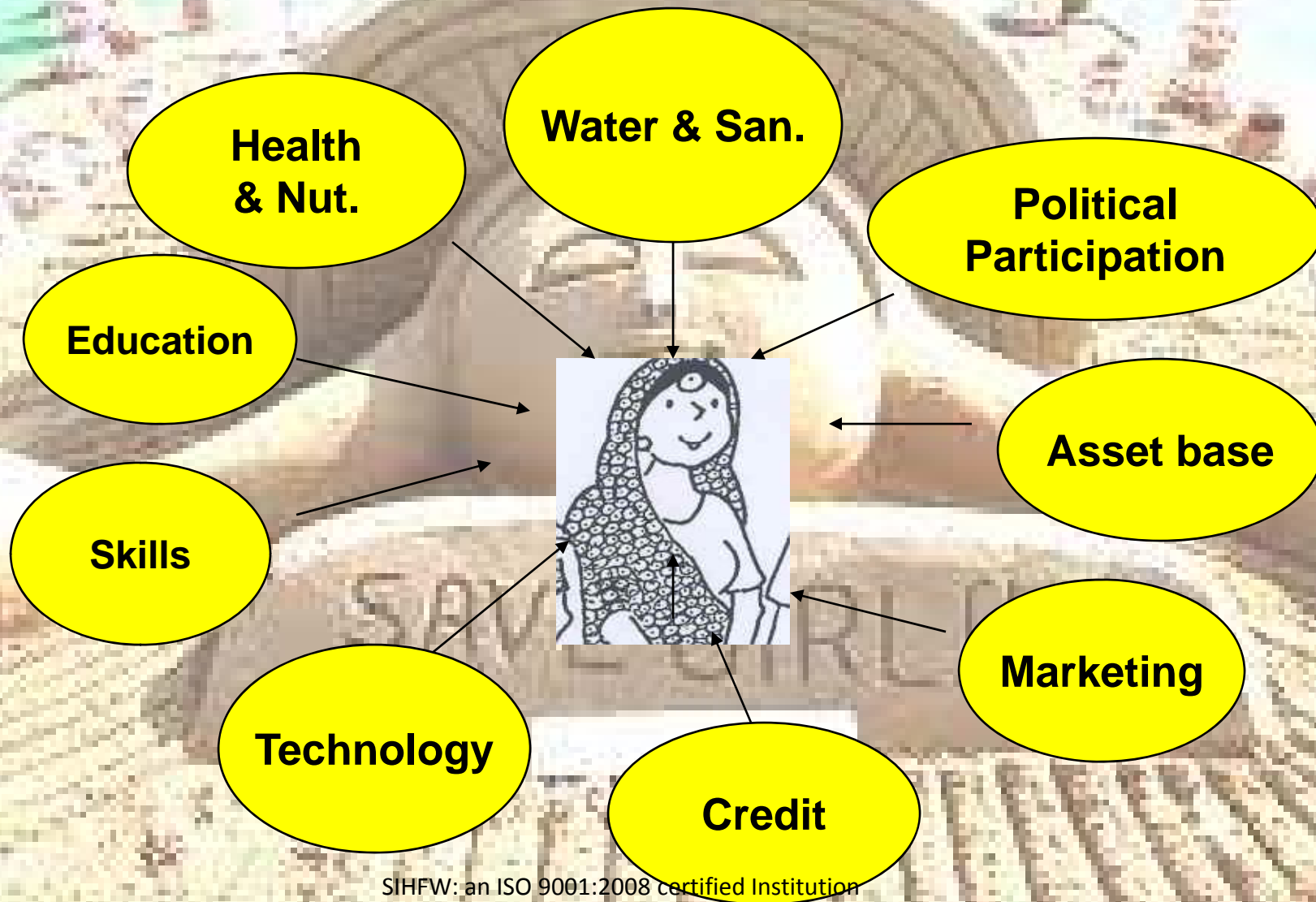
Challenge

- **How do we translate all these commitments into budgetary commitments and administrative action ?**
- **How do we engender policies and programmes ?**

What can be done

- Setting up of Gender Budgeting Cells (GBCs) in all Ministries/ Departments as focal points for mainstreaming gender
- Issued a Gender Budgeting Charter
- Gender Budget Statement reflecting budgetary allocations for programmes/ schemes that substantially benefit women.

Holistic approach to Empowerment





Institutional Arrangements

- Strengthening National Women's Machineries
- National Mission for Empowerment of Women
- Rashtriya Mahila Kosh
- Engendering Institutions and Establishing of Gender Focal Points



Evolution of Indian Initiatives

SAVE GIRLCHILD

A large red arrow starts from the bottom left and points diagonally upwards towards the top right, indicating a progression or timeline from the Seventh FYP to the Tenth FYP.

Tenth FYP:
Women Component Plan
(WCP) and Gender Budgeting

Ninth FYP:
30% of funds in women related sectors

Eighth FYP:
Ensure flow of funds from general developmental
sectors to women

- Seventh FYP:**
- Establishment WCD in HRD Ministry
 - 27 major women specific schemes



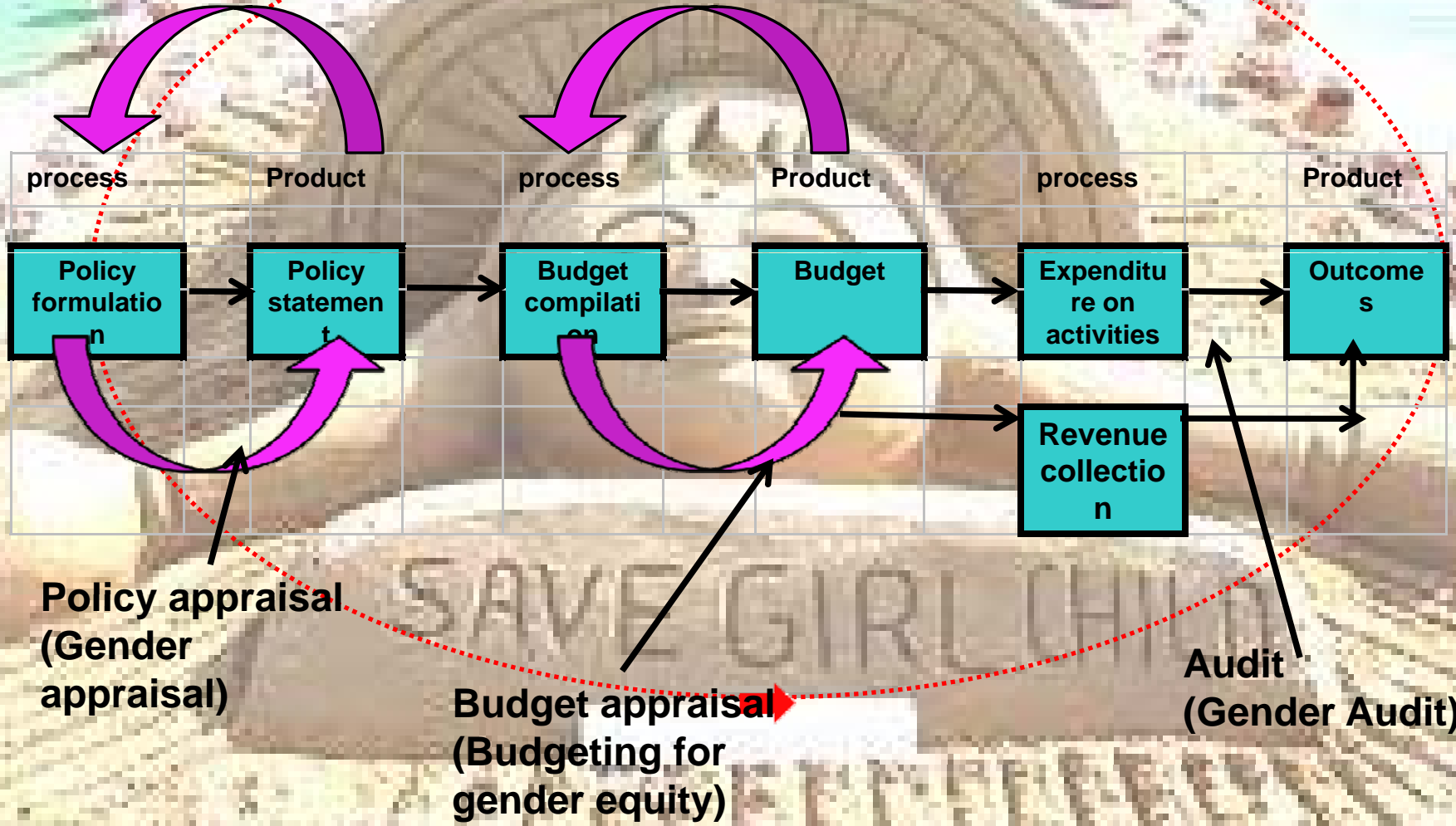
Action Areas

- Women **availing services** of public utilities like road transport, power, water and sanitation, telecommunication etc.
- **Training** of women as highly skilled workers- top end skills
- **Research/Technology** for women
- Women in the work force
- **Asset ownership** by women
- Women as **Entrepreneurs**

- **Implementation of Laws like**
 - Equal remuneration
 - Minimum Wages
 - Factories Act
- **Infrastructure for women like**
 - Water and sanitation at workplace
 - Creches
 - Working Women Hostels
 - Transport services
 - Security

Gender Budgeting

From Policy to Outcomes





Gender Budgeting in Union Budgets

Years	No of Ministries (No of Demands)	Total Gender Budget (in Rs Crore)
2005-2006	9(10)	14378.68
2006-2007	18(24)	28736.53
2007-2008	27(33)	31177.96
2008-2009	27(33)	27661.67
2009-2010	27(33)	56857.61
2010-2011	28(33)	67749.80
2011-2012	29(36)	78251.02

Source: National Mission of Empowerment of Women, Ministry of Women & Child Development, Govt of India

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Thank You

For more details log on to
[www. Sihfwrajasthan.com](http://www.Sihfwrajasthan.com)

or

contact : Director-SIHFW on
sihfwraj@yahoo.co.in