

Assessment of Sex Ratio (0 - 6 years) in Rajasthan

Study by



State Institute of Health and Family Welfare
For
NRHM, Rajasthan



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Executive Summary:

A. State Level Authorities:

1. Knowledge of Penalty under PCPNDT Act

All the State level persons were found aware of the penalty clauses under the Act for the providers as well as the users.

At the district level, this knowledge was less as compared with the state level. The ranges varied from as low as 47% to nearly 79%. By and large, the percentage of persons aware about penalties for providers on misuse of technique in PCPNDT Act decreased as we moved to the block level. Knowledge about penalties for users were a little less as compared to penalties for providers, both at district and block level.

All the medical officers, whether in government or private, were found aware of this Act. This awareness was universally spread in all the sampled districts covered in the study.

Further the analysis reveals that more than two – thirds of the health workers were aware of PCPNDT Act. They failed to recall the full name of the Act but majority (90%) of them was aware that sex determination is illegal and the woman who undergoes the process is also liable for penalty.

In the community, majority of the females (81%) and males (90%), both in urban and rural areas, were found aware that sex detection of fetus is illegal.

2. Responsible factors for misuse of Technique

The State level authorities felt that both providers and clients are responsible for the misuse of the technique.

Nearly three fourths of the District officials in all districts replied that the responsibility of misuse of the technique rests with almost all the parties including the doctor, pregnant women, husband/relative as well as the motivator.

ANMs mainly held society (50%) and the pregnant woman herself (28%) responsible for it. The same view was expressed by ASHA (society 41% & pregnant woman herself 39%). Around 10% of them pointed towards technique and doctors also. In addition, according to AWWs pregnant woman herself (45%), society (37%) and doctors (12%) are responsible for misuse of



technique. In the opinion of Panchayat Pratinidhi (PP) the onus of the sex ratio decrease is on society (46%), doctors (26%) and pregnant woman (23%). Around three-fifths of the LHVs held technique, society and pregnant woman (25% each) equally responsible for it.

3. Knowledge about indications of use and contra-indications of technique was more widely known in Ganganagar as almost all officials were aware about all the indications and contraindications. However, among this group only three fourth of district officials knew about the indication-history of multiple abortions, where USG can be used as a diagnostic tool.

50 to 60% of the officials at block level were aware about the indications of use of technique in case of history of multiple abortions and any other condition allowed by Board. Similarly, nearly 60% of the block level officials were aware about the conditions under which the pregnant woman should not be exposed to USG.

4. The knowledge about the existence/constitution of the implementing Committee and its members in the district was fairly well understood by a majority (80 to 90%) of the district officials. Officials from all the districts affirmed that meetings were held. Only 10.5% of the officials at district level had no knowledge regarding interval between meetings.

Further, the study suggests that 60% of the district officials had **knowledge about the low sex ratio**. In addition, nearly 70% at the district and 53% at the block level stated that **son preference was the main reason for declining sex ratio**. Increase in awareness and educational level was considered by majority as the most important reason for increase in sex ratio.

Suggestions for improving sex ratio

- Creating awareness in the community about the Act and change in the mentality of the people by religious leaders and privileges to parents of exclusive girl child
- There is a need to sensitize the health workers regarding the issue of declining sex ratio (through training) so that they can sensitize the community.



B. Community perceptions

1. Perception of respondents about preference of pregnancy outcome

Among the 2850 households covered, women in 14% houses were found currently pregnant. The preference for girl was found to be least (17%) amongst them.

2. Sonography during Pregnancy

From the currently pregnant women, one-fifths of them underwent for sonography during pregnancy. When probed about the reasons for undergoing sonography/ultrasound, nearly a half (48%) of them replied that they went on doctor advice, 16% went due to abnormal position of fetus and another 7% were asked to go for sonography as their age above 35 years. However, more than one-fourth (26 %) of the respondents went for sonography to determine the sex of the fetus.

3. Son preference

Son preference is evident (38%) followed by liking for girl child (25%). Somehow, a positive observation is that ***more than one-third of the families (37%) gave equal importance to both the sexes.***

When question was asked about the importance given in society, it was revealed that in society also son was given more importance (47% according to male and 43% by female respondents) than girl (14% by both male and female respondents). Two-fifths of them (40%) opined that both boys and girls are given equal importance.

4. MTPs

In all districts, during last six years 36 respondents (women) had a history of 42 MTP. Around 3% had it because of congenital deformity in the fetus. In 47%, the reason was unwanted pregnancy. Another reason extended was mother's health (36%). However, 11% amongst the respondents used MTP as a tool for sex (female) selective abortion. 3% cited other reasons.

5. Contact with anybody for desire of Boy

The respondents' opinion was also sought about desire for boy and for the same whom they contacted. Among the male respondents around 10% had desired for boy. Almost the same percentage was found among women.



It was observed that a little less than three-fifths of males and females of rural areas contacted Bhopas/Pandit/Jyotishi/Hakim whereas this figure for urban areas is 38% and 45% respectively.

6. Awareness and knowledge of PCPNDT Act

On the question regarding awareness that detection of sex of fetus is illegal, 81% in rural and 90% of urban male responded affirmatively. 81% of rural females and 91% of urban females were also aware about the fact that sex determination of fetus is illegal.

Further, the analysis suggests that 74% of rural and 77% of urban male are aware that sex detection is a punishable offence for those who undergo the same. In addition, more than four-fifths (82%) women are also aware about the same.

The various sources quoted by the respondents for their awareness of the PCPNDT Act are Electronic Media (74%), followed by Health Staff (61%), friends/relatives (56%), Print Media and Wall Paintings/Posters/Banners (47%).

7. Opinion about Sonography/Sex determination

One half each of the male respondents of rural and urban areas agreed that for avoiding girl birth sonography is being used. Same opinion was held by females also. Around one-tenth of male respondents and 15% rural females and one tenth of urban females considered that sex determination through sonography to avoid girl child is right.

8. Changes in Society

Further the study suggests that twenty 9% of rural and 23% urban males and around one-thirds of females felt that the numbers of girls has increased in last five years whereas 38% rural males and 44% urban males 31% rural women and 39% urban women felt that it has decreased. Around one fifth of all males and all females perceived no change in sex ratio.

9. Consequences of the distorted sex ratio

Respondents' opinion on the consequences if less number of girls will born was also sought. In this study, more than two-thirds of males and females of all areas felt that it will lead to increase in sex related crimes. A little less than 40% of respondents felt that there will be increase in dowry. In addition, more than two-fifths all respondents perceived that with decreasing sex ratio, women's importance in society will increase.



10. Suggestions to stop Female Feticide

IEC activities should be carried out to inform the people female feticide is a legal offence and it should not be done/ carried out. Further, people should be made aware/sensitized that there is no difference between boys and girls and no differentiation should be made between two at family or community level.

C. Health Workers Perception

1. Pregnant woman asking for sex determination of fetus

The analysis reveals that 37% of ANMs, 28% of ASHA, 19% of AWWs, 9% of PP and 43% of LHVs said that pregnant women do enquire about sex detection.

Of those who showed interest for sex-determination, 87% of ANMs, all ASHA and AWWs, 50% of PP and 67% of LHVs, said that people even asked for the centre where this can be done. However, 87% each of ANM-ASHA-AWW and 100% of PP and 67% of LHVs informed the people that sex determination of fetus is a crime and very few of them told them about any such centre where sex determination could be done.

2. Awareness on decreasing girl child ratio

90% of the ANMs, 76% of the ASHAs, 77% of the AWWs, 91% of PP and 57% of the LHVs were aware that the number of girls is decreasing day by day. The ANMs mainly held society (50%) and the pregnant woman herself (28%) responsible for it. The same view was expressed by ASHA (society 41% and pregnant woman herself 39%). Around 10 % accused the technique and doctors also. According to AWWs pregnant woman herself (45%), society (37%) and doctors (12%) are responsible for this decrease. In the opinion of PP the onus of this decrease is on society (46%), doctors (26%) and pregnant woman herself (23%). Around three-fifths of the LHVs held technique, society and pregnant woman herself (25% each) equally responsible for it.

If this decrease continues, then the balance in the society will be disturbed, virtually all cadres vouched for it. The range varied from 94% to 100%. There will be an increase in sexual crimes against women according to ANMs and ASHAs each (85%), PP (84%), AWWs (80%) and LHVs (57%). This decrease may lead to polyandry also as expressed by ANMs (63%), ASHAs (59%), AWWs and PP each (47%) and LHVs (14%). They also responded that there will be increase in crimes also as cited by the workers in the range of 71 -78%.



Additionally the study suggests, female feticide was considered as one of the reasons of decrease in number of girls by LHVs (100%), ASHAs and PP each (93%), ANMs (90%) and AWWs (87%).

3. Awareness about PCPNDT ACT

More than two-thirds of the workers were aware of PCPNDT Act. However, they may not recall the full name of the Act but more than 90% of them were aware that sex determination is illegal and the woman who undergoes the same is also liable for penalty. All the LHVs and 90% of ANMs and around two thirds of ASHAs, AWWs and PP knew that all Sonography and Ultrasound Centers come under the purview of this Act.

For prevention of misuse of technique for sex determination and implementation of the Act, knowledge about the appointment of appropriate authority was found to be very low among ASHAs, AWWs and PP and less than three-fifths of ANMs and LHVs knew about it. The appropriate authority named by ANMs is Collector, CM&HO, Dy. CM&HO, and RCHO. ASHAs spelled out Collector and CM&HO, for AWWs it was Collector, SDM, CM&HO and Advocate, while PRI members thought Collector, SP, CM&HO and Judge and LHVs feel it is CM&HO.

4. How PCPNDT Act is implemented

On the implementation side of the Act, according to the perceptions of workers CM&HOs are taking action against defaulting doctors/clinics. Among the workers this range varied from 53% to 100%. They also felt that doctors are also educating pregnant women not to go for sex selective abortions. The range for the same varied from 55% to 69%. Media is also making people aware on this issue. Range on this point was found 6% to 76%. Besides, around two-third to more than four-fifths of the workers opined that Government is campaigning against female feticide. They also felt that NGO are working in the community regarding this issue (range 57% to 67%).

5. Effective implementation of PCPNDT Act

According to the perceptions of workers, LHVs (71%), ANMs (37%), ASHAs (34%), PRIs (28%) and AWWs (22%) felt that the PCPNDT Act is effectively being carried out. However from one-fourth to three-fifths were not sure on the effective implementation of the Act.

Further the study reveals that one-fifths of the health workers reported that implementation of the Act is not effectively carried out and extended various reasons for it. They felt that Media



needs to work at increasing awareness about the Act, NGOs need to work closely with community, doctors and clinics have to create awareness and educate people. Workers feel that doctors are pressurized by the pregnant woman and her family to illegally determine the sex of the fetus. They also felt that implementing authorities are not taking up this issue seriously and still doctors/clinics are carrying out sex-determined abortions.

D. General Analysis : Medical Doctors on PCPNDT Act

1. Registration of the Centre by Appropriate Authority

94% of the government doctors and 92% of the private doctors were aware that those centers that have the facility of pre-natal prevention technique need to get registered.

2. Awareness of PCPNDT Act and Appropriate authority

All the medical doctors, whether in government or private, were aware of this Act. This awareness was universally spread in all the sampled districts. More than four-fifths of government and private doctors were aware of the appropriate authority appointed for the prevention of misuse of technique and implementation of the Act.

3. Contra-indications for a Registered Centre

On the contra-indications given for a registered centre under the Act, overall 85% of government doctors and 73% of private doctors confirmed them. However for individual contra-indications, the percentage was found to be low.

4. Penal Provisions in PCPNDT Act

Analysis of the knowledge about the penal provisions of the PCPNDT Act shows that a majority of the government (98%) and private doctors (96%) were aware of it. 90% of government and 85% of private doctors were aware that in case of violation of the law, cancellation of registration can be done. For the first time offence the penal provisions were known to 85% government and 77% private doctors. Second time offence penal provisions were known to 83% government and 69% private doctors respectively.

5. Conditions for legal MTP

Questions regarding various provisions under which MTP is allowed were asked to the doctors. All most all the government doctors reported conceptions due to rape, failure of contraceptive, congenital deformity detection in fetus and danger to pregnant woman's health are certain conditions under which MTP is legally allowed. The responses of the private doctors for the same questions varied from 61% to 73%.



6. Existence of Committee, its Members & Responsibility

Information was collected about the awareness of Committee formed in the district for the prevention of misuse of techniques under the Act. It was found that almost three-fifths of the government and 85% of private doctors were aware.

The responsibility of the Committee according to government doctors is regulation of PCPNDT Act (42%) and suspension of registration (17% government doctors & 27% private doctors), if found guilty.

7. Awareness and reasons of decrease in number of girls

85%) of government doctors and 61% private doctors were aware that the number of girls is decreasing in the community.

The various reasons for decline in the number of girls given by government doctors are social customs(50%), lack of education (40%), importance of boys (38%) and dowry system (25%) whereas private doctors reported lack of education (27%) and importance given to boys (23%) as the prime reason.

8. Awareness of PCPNDT Act

All the doctors were found aware of the Act but on the reason of enforcing the Act, 83% of the government and 85% were aware of the reasons behind its enforcement.

9. The effective implementation of Act and its reasons

The analysis reveals that 35% of government and 50% of private doctors felt that the Act is implemented effectively whereas remaining did not hold the same opinion.

Those who did not agreed, gave lack of awareness among women and society (56% government and 42% private doctors), sex determined abortions by unregistered clinics (44% government doctors and 19% private doctors), doctors/ clinics carrying out sex determined abortions (46% government doctors) and pressure by the patient/family on doctor (40% government) as the reasons of failure of the Act.

10. Knowledge about registration for Pre conception and prenatal technique

Among the government institutions 94% were found aware that registration is essential whereas in the private nearly 92% were aware that registration for this technique is essential.



11. Keeping of the record of Ultrasound/ sex determination technique

For the question till what time the records related to PCPN and Ultrasound are to be kept the response given was four years and above (46% private and 6 % government). Besides, 30% of the private doctors said that it should be kept for 2 years.



Assessment of Sex Ratio (0 - 6 years) & perception on PCPNDT Act

Prologue:

The child sex ratio is an important indicator of discrimination against the girl child, whereas the sex ratio in the entire population is a key indicator of serious societal problems at large, especially gender discrimination over the life cycle of an infant girl, the girl child, the adolescent girl and the woman. Since, for biological reasons, women in all societies live longer than men; the natural expectation is that the share of women in the population will be larger than 50%. Somehow, the sex ratio (930 females to every 1000 males in 1971) defied all laws, natural or enforced and efforts; even after 30 years (933 in 2001).

Sex selective abortions and increase in the number of female infanticide cases have become a significant social phenomenon in several parts of India. It transcends all castes, class and communities and even the North South dichotomy. The girl children become target of attack even before they are born. Numerous scholars have observed that the latest advances in modern medical sciences – the tests like Amniocentesis and Ultra-sonography, which were originally designed for detection of congenital abnormalities of the fetus, are being misused for detecting the sex of the fetus with the intention of aborting it if it happens to be that of a female. The worst situation is when these abortions are carried out well beyond the safe period of 12 weeks endangering the women's life.

In the countrywide study conducted by Sabu M. George, revealed that the ultrasound machines were luring even the tribal population in the States like Rajasthan. As a result of that a steep decline of over 75 points in sex ratio at birth has been reported during a period from 1991-2001 in urban areas of Ganganagar, Banswara and Sirohi in Rajasthan.

"Fetal sex determination with the use of ultrasound machines has become such a common practice in India today that in Delhi nearly one in seven female fetuses are aborted at present,". Indirect estimates revealed that nearly one in six female fetuses in urban Ganganagar and one in 11 in urban Jaipur were being eliminated after sex determination.

The Census 2001 figures show a decline of male female sex ratio in urban Rajasthan from 909 (909 females against 1000 males) in 1991 to 886 in 2001. In urban Ganganagar adjoining Punjab it plummeted to below 800. "There had been a drastic drop in child sex ratios (0 to 6



years) in Punjab, Haryana, Himachal Pradesh, Delhi, Gujarat, Chandigarh and Maharashtra as compared to the 1991 Census and the role of machines is too conspicuous.

Denial of birth to a girl child is one of the heinous violations of the right to life committed in the society. Gender bias and deep rooted prejudice and discrimination against female child and preference for son led to increase in female feticide during the last decade which affected sex ratio. The 0-6 sex ratio had declined from 976 in 1961 to 927 by 2001.

The increasing practice of sex detection of the fetus and misuse of diagnostic techniques to eliminate the female fetus needs no evidence. In order to check female feticide, Pre-conception Pre-natal sex determination Technique (PCPNDT) act was enacted from January 1996.



Assessment of Sex-Ratio & Perception of PCPNDT
SIHFW, Oct. 2008

The study:



The study:

Under the said context, the State Institution of Health & family Welfare, Rajasthan undertook the assessment of sex ratio (0-6 yrs.) in five districts i.e. Ganganagar, Jhunjhunu, Alwar, Pali and Jaisalmer of Rajasthan.

The entire study was handled under following heads:

1. Study area
2. Objectives
3. Identification of key informants
4. Selection of Districts
5. Sample size estimation
6. Developing protocols
7. Pretesting of Protocols
8. Identification of Investigators and their sensitization
9. Field visits
10. Data collection and compilation
11. Analysis & Report writing

1. Study area

a. Rajasthan:

Located in northwest India, Rajasthan borders Punjab in the north, Haryana and Uttar Pradesh in the northeast, Madhya Pradesh in the east and Gujarat in the south. On the western side, it shares a long stretch of border with the neighboring country Pakistan. Situated on the Thar Desert, Rajasthan protects the western border of the country standing as the sentinel who never tires. The state of Rajasthan has an area of 342,239 sq. km. and a population of 56.51 million. There are 32 districts, 237 blocks and 41353 villages. The State has population density of 165 per sq. km. (as against the national average of 324). The decadal growth rate of the state is 28.41% (against 21.54% for the country) and the population of the state continues to grow at a much faster rate than the national rate. The Total Fertility Rate of the State is 3.7. The Infant Mortality Rate is 67 and Maternal Mortality Ratio is 445 (SRS 2001 - 03) which are higher than the National average. The Sex Ratio in the State is 921 (as compared to 933 for the country).



b. Alwar

Alwar district is situated in the North-Eastern part of Rajasthan. It is situated between 27° 4' and 28° 8' north latitude. Bounded in the north by Gurgaon of Haryana, Bharatpur district on north-east and Mahendragarh of Haryana. Jaipur lies in the South-West and Dausa in the south. Alwar, Behror, Rajgarh and Kishangarhbas are four sub-divisions in the district. The district consists of ten tehsils, seven sub-tehsils and six Nagar Palikas. According to 2001 census of India, the total geographical area of the district is 8, 380 sq.kms. (2.45% of the State).The total population of the Alwar district is 2.99 million. The Sex ratio of the district is 886 females per 1000 males. While the sex ratio of 0-6 years is 887.The total literacy rate of district is 62.5%.

c. Pali

The Pali district shares common border with six districts of Rajasthan. In the north, it is bordered by Nagaur and Jodhpur districts, in south east by Udaipur and Rajsamand districts, and in the north east by Ajmer district. Sirohi and Jalore are on the south west and west respectively. There are four sub-divisions in the district namently Pali, Bali, Sojat and Jaitaran. They are divided into seven tehsils. According to 2001 census of India, the total geographical area of the district is 12,387 sq. km. (3.62% of the state) .The total population of the Pali district is 1.8 million. The Sex ratio of the district is 981 females per 1000 males. While the sex ratio of 0-6 years is 925.The total literacy rate of district is 54.9%.

d. Jhunjhunu

The district is situated in the North-Eastern part of the State. It is surrounded by Churu on the North-Western side, Hissar and Mahendragarh of Haryana in the North-Eastern part and by Sikar in the West, South and South Eastern Part. The district is divided into three administrative sub-division. These are Jhunjhunu, Khetri, Nawalgarh. The district has five tehsils. These are Jhunjhunu, Chirawa, Khetri, Nawalgarh, Udaipurwati. There are eight panchayat samities. These are, Jhunjhunun, Alsisar, Chirawa, Suratgarh, Khetri, Buhana, Nawalgarh, Udaipurwati.According to 2001 census of India, the total geographical area of the district is 5,928 square kilometres (1.73 per cent of the State) .The total population Jhunjhunu district is 19, 13,099. The Sex ratio of the district is 946 females per 1000 males whereas the sex ratio of 0-6 years is 867.The total literacy rate of district is 73.6%.

e. Jaisalmer

Jaisalmer is the western-most district of Rajasthan as well as that of India. It extends from 26.01 degrees to 28.02 degrees North latitude and from 69.3 degrees to 72.2 East longitudes. The district is bound by Pakistan on its North and West, Barmer on South, Jodhpur on East and



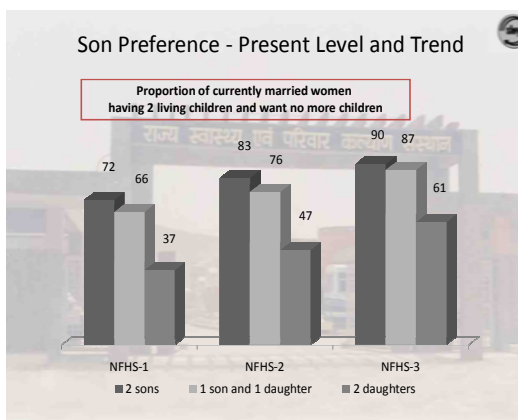
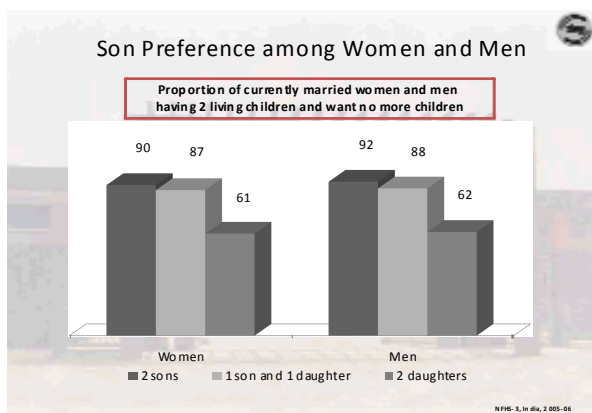
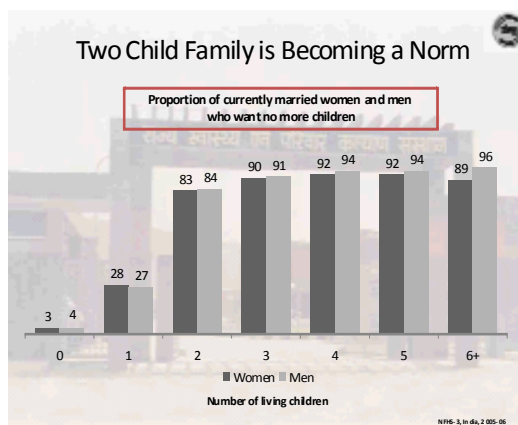
Bikaner on North-East. According to 2001 census of India, the total geographical area of the district is 38,401 sq. km. (11.22 per cent of the State). The total population Jaisalmer district is 0.5 million. The Sex ratio of the district is 869 females per 1000 males for rural area 847 female for urban area .The total literacy rate of district is 51.5%.

f. Ganganagar

This district lies in the north of the state and is situated on the border of India and Pakistan. It has been having good education centers since its early age. Most of the population of Ganganagar is educated. The city is named after the great king Ganga Singh. Before the partition of India, Ganganagar used to come under the State of Bikaner. Now both Bikaner and Ganganagar come under Rajasthan. According to 2001 census of India, the total geographical area of the district is 7, 984 sq.km. The total population Ganganagar district is 1.8 millions. The over all Sex ratio of the district is 873 females per 1000 males whereas the sex ratio of 0-6 years is 852. The total literacy rate of district is 64.8%.

NFHS-3

56% of women and 59% of men consider the ideal family size to be two children or less. There is a strong preference for sons in Rajasthan. About one- third of women and one-quarter of men wants more sons than daughters, but only 2% want more daughters than sons. However, most men and women would like to have at least one son and at least one daughter.





2. The objectives:

- To assess the sex ratio of 0-6 years age group and compare it with the reported figures in Census 2001; Birth Registration figures; and data available with the Department of Health and Family Welfare.
- To explore the reasons for declining/ increasing sex ratio among 0-6 years age group
- To enlist organization registered for a genetic counseling center/ genetic laboratory/ genetic clinic/ ultrasound clinic/ imaging center
- To assess knowledge of PCPNDT Act, attitude towards use of pre-natal diagnostic techniques for detection and determination of sex; and practices prevailing in the community, service providers and other appropriate authorities
- To find out the reasons of preference of male child
- To assess impact of adverse sex ratio on socio - cultural conditions of the community

The study covered various stakeholders like community, medical officers, health workers, district and state level officials, to explore the reasons for the decline/increase in sex ratio among 0-6 years children, their knowledge of PCPNDT Act, views on the sex ratio imbalance in the society, responsibility of the misuse of technique, suggestions to removing the individual and social barriers which deny the right of birth to a girl, etc. The various stakeholders included in the study were:

3. Key Informants

- a. Community
- b. Medical Officials (PHC/Registered clinics)
- c. ANM/ASHA Sahyogini/AWW
- d. Advocates
- e. Police & Home Administration
- f. Human rights and Mahila Aayog
- g. Various Govt. and NGOs
- h. Key informants/Opinion leader etc

Quantitative technique (schedule) were used to collect information from community; whereas qualitative instruments (in-depth discussion) were used as a tool of data collection to gather information from service provider, key informants and opinion leaders, Government and Non Government Organizations etc.



Information areas

Information was collected on social profile, Awareness/ Knowledge of the PCPNDT Act, Attitude/perception about the Act, and Practices/ Behaviors of the functionaries/target audience about the PCPNDT Act and sex selective abortion of the districts covered for the study.

4. Selection of the Districts

The study was carried out in five districts of Rajasthan which were picked on the basis of their Sex ratio. The selection of districts was done purposively on basis of difference in increase and decrease in sex ratio between the two Census periods (1991-2001).

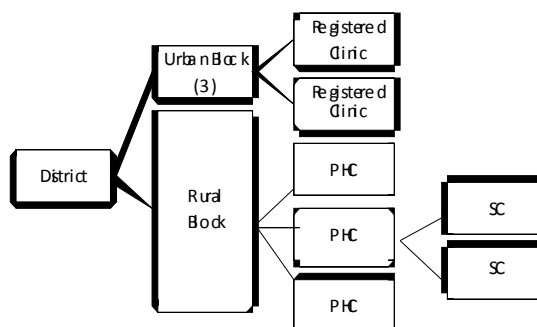
Districts-wise Child Sex Ratio in Age Group 0-6 Year in Rajasthan (1991 and 2001)			
Districts	Child Sex Ratio in the Age Group 0-6 Years		
	1991	2001	Change in Points
Ganganagar	894	852	-42
Jhunjhunu	900	867	-33
Jaipur	925	897	-28
Alwar	914	888	-26
Chittaurgarh	951	927	-24
Hanumangarh	897	873	-24
Sikar	904	882	-22
Barmer	901	922	-21
Dausa	919	900	-19
Dhaulpur	875	859	-16
Jhalawar	944	929	-15
Udaipur	958	944	-14
Kota	914	902	-12
Baran	930	918	-12
Dungarpur	974	963	-11
Tonk	931	922	-9
Rajsamand	943	935	-8
Bundi	915	908	-7
Banswara	976	972	-4
Bharatpur	879	875	-4
Bhilwara	953	951	-2
Sirohi	918	918	0
Bikaner	914	915	+1
Nagaur	918	920	+2
Karauli	873	876	+3
Sawai Madhopur	894	900	+6
Jodhpur	913	920	+7
Churu	904	912	+8
Ajmer	913	923	+10
Jalor	909	924	+15
Jaisalmer	851	867	+16
Pali	896	927	+31
Entire State	916	909	-7



District Selected	
Decreased Sex Ratio	Increased Sex Ratio
Ganganagar (-42)	Jaisalmer (+16)
Jhunjhunu (-33)	Pali (+31)
Alwar (-26)	

5. Selection of the Unit

For the selection of the sample unit from each district three urban blocks were selected. Then from each urban block two registered clinics were selected randomly from the available list. Medical officer (MO) and other health staff were contacted /interviewed to collect the required information.



Similarly from rural areas, three Primary Health centers (PHC), (One PHC from each block) were selected. Further from each PHC, 2 sub-centers (SC) were selected. Out of these SC, one was the nearest SC while another remotest SC. All the villages in these SCs were covered during the study. From each PHC MO, ANM, ASHA and AWW were selected for detailed assessment.

6. Data Collection

Tools of Data Collection

The qualitative and quantitative data was collected through in-depth interviews and pre-designed structured questionnaire.



Sample Size

From each district a group of five women from each SC villages were selected for the community survey. Concerning ANM, ASHA and AWW were also interviewed. In addition, the secretary of the Gram Panchayat was consulted for getting the information about birth registration. The Medical Officers of the selected PHC were also interviewed. Besides this from the block selected MO I/C or Gynecologist of the related CHC was also interviewed.

The sample size worked out to be:

1	Total Respondents for Community Survey in five districts	2850
2	Number of Private Clinics covered in five districts	26
3	Total PHCs covered in five Districts	15
4	Total CHCs covered	14
5	Medical Officers interviewed	78
6	Number of health workers/para-medical staff interviewed ANM :40 ASHA :58 AWW :78 LHV :7 PRI :43	226
7	District Level interviews conducted	130



Assessment of Sex-Ratio & Perception of PCPNDT
SIHFW, Oct. 2008

Observations:



A. State Level: Key Findings:

In order to understand the perspective of the sex ratio at the state level, discussions were held with different state level appropriate authorities (AA). These included directors of health department, officials of PCPNDT cell, members from Women Commission, members of Judiciary system, members of police department and other appropriate authorities and members of advisory committee for implementation of PCPNDT Act.

a. Realization of Importance of Issue

- All the state level authorities consider adverse sex ratio as an important issue in the state. According to NGOs, looking at the adverse sex ratio from the gender perspective might pose it as an issue to be taken at social level and as a problem from the demographic angle.

b. Implementation Mechanism

- There is a PNDT cell at the Directorate of Health and Family Welfare, Rajasthan, which was established in 2007, with an objective to strengthen the implementation of the act, the Health Manager of the cell is responsible to monitor all activities related to the Act at the state level, online submission of act, up gradation of technical sonography machines and Form-F, and also carrying out other activities reacted to PNDT Act. . Implementation of PNDT act was mentioned as the major activity to address this issue. The health department is organizing workshops to generate awareness at the community as well as the health system level. Recently, in year 2008, PCPNDT coordinators have been appointed in districts of Rajasthan as a strategy for effective regulation of the act and making district advisory committee meet regularly.
- A member of advisory committee observed that the advisory committee has a role to advise appropriate authorities in strengthening the implementation of the act as well as to discuss on the challenges regarding the implementation of the act, and also assess the status of abortion services in the State to monitor the PCPNDT implementation status in different districts. It is realized that there has been a kind of situation emerging in the state where the two issues viz., safe abortion and sex selective abortions have been found prominent, and also that they need to be addressed together.



- According to most of the state authorities, the providers and users both are equally responsible for the misuse of technique under the Act.
- The state level authorities, in general, emphasized on the need for tightening the legal process for implementing the PCPNDT Act.

c. Penal Provisions under the Act

- Most of the state level authorities were aware of penalty under PCPNDT Act. Breach of any provisions of the act by service providers would make them liable for 3-5 years imprisonment or fine of 10,000-50,000. Further, AA might also recommend the state medical council for the suspension of the medical professional from the register for 5 years. As regards users, persons seeking to know the sex of the fetus or compelling one to go for sex determination or person connected with the advertisement of the sex selection services are liable to punishment, observed the majority of AA. In case a complaint is filed against a clinic, advisory committee's action might include search, seizure or show cause notice on further inspection, etc.

d. Opinion about misuse of Technique

The authorities also feel that the basic aim of the techniques is to help the medical professional in diagnosing the congenital abnormalities or malformations of the fetus or any adverse intra uterine condition which is affecting the fetal well being. According to health authorities, PCPNDT may be used in condition of sickness, abnormalities in the fetus, congenital defects, or health problem of mother, etc. and can be done prior to 12 weeks. All of them felt that both providers and clients are responsible for the misuse of the technique.

e. Preventive Measures

According to health authorities and other related members, there are committees in the state which enacts the provisions of the PCPNDT Act. The State Appropriate Authority members are appointed by state government. SAA is a powerful body responsible for the implementation of the act in the area under jurisdiction. SAC is there to assist this body. There are similar appropriate authorities at district levels. For coordination between Medical department and other implementing bodies for PCPNDT Act (Police, Judiciary, Women Commission, etc.) a coordinating committee exists under the



chairmanship of the Health Minister. Advocates, members of Women Commission, etc. are the members in advisory committee. The Executive Committee is at the level of Secretary Family Welfare. There is an advisory committee (AC) to advice and aid for improving the implementation.

The committee meets every six months. The last meeting was held in May 2008. According to the PCPNDT Cell, the SSB meets every 4 months and SAA meets once in every two months. The last meeting of SAA was organized in August 2008, while SAB met last on July 10, 2008.

CM&HOs are designated officers for the inspection of registered centers. According to the PCPNDT cell, targets are set for every Appropriate Authority. On receiving complaints, inspections are conducted.

According to health authorities, the mechanism for prevention of pre-natal sex determination at institutional level is – regular inspection and Form F. PCPNDT Cell also uses the same mechanism for prevention of pre-natal sex determination at the institutional level. At the community level, workshops are organized to create awareness. Mission Director, NRHM, being an appropriate authority, have power of registration/cancellation of licenses.

f. **Implementation Issues**

The health authorities feel that the other implementing partners are also actively involved in this Act. However, PCPNDT cell opined that the other implementing partners are not much active and are not much interested in this activity.

The major problems according to health authorities are: inadequate number of complaints, social preference for boy child. According to PCPNDT cell also, this issues gets low priority in the government and public.

g. **Opinion about declining sex ratio**

The health authorities have identified 6 districts having decreasing sex ratio, like Hanumangarh, Ganganagar, Alwar, Bharatpur, Dholpur, etc. .

The **major reason for decline in sex ratio in the state is the preference to the boy child and lack of proper will to address the issue.** The other people feel that this is



due to misuse of technique prompted by dowry, sharing of property, financial constraints for marriage, single child concept among working couples, etc.

h. Opinion about son preference as main reason of decline

On this point, the opinions were divided. Most of them did not consider this as a main reason. It is considered as one of the factor.

i. Suggestions for improving sex ratio

To improve the sex ratio it may be suggested that creating awareness in the community about the Act, change in the mentality of the people by religious leaders and privileges to parents of exclusive girl child, can be helpful for improving the scenario of sex ratio in the state.

B. Responses of appropriate authorities and district level authorities

Information and discussions were carried out on the various related issues under the PCPNDT Act such as penal provisions, indications and contra- indications permissible under the Act, responsibility of misuse of the technique, implementing committee, monitoring strategy, etc. The various stakeholders covered were District Collector (4), CM&HO (5), BCMO (10), SP (5), RCHO (4), DPM (3), DSO (4), BDO (15), BPM (2), Advisory Committee members (14), Zilla Pramukh (3), Panchayat Extension Officer (12), PMO (5), NGO (15), Advocates (14), and Police (12).

1. Knowledge of penalty on misuse of technique in PCPNDT Act

All the providers contacted in Ganganagar and Jaisalmer district had knowledge of penalty on misuse of technique in PCPNDT Act. The persons contacted in these two districts were fully aware of penalties for providers for all the three times including the penalty of deregistration at the third time. On the contrary, just 25% of the district officials in Pali had information about the penalty of deregistration.

All officials contacted in all the districts had knowledge regarding first time penalty of misuse of PCPNDT act. Nearly 92% of the block level officials in Jaisalmer had knowledge of penalty for providers in all categories of offence. Overall, the awareness of officers about penalties for providers on misuse of technique in PCPNDT Act decreased as we moved to the block level. Knowledge about penalties for users was found to be affirmed by reduced percentage of officials, both at district and block level.



Table 1: Knowledge of penalty on misuse of technique in PCPNDT Act

Designation	Knowledge of Penalty	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
For Providers							
Collector/CMHO/BCMO	First time	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Second time	66.7%	100.0%	60.0%	75.0%	100.0%	78.9%
	Third time	100.0%	100.0%	80.0%	25.0%	100.0%	78.9%
	Total	3	3	5	4	4	19
SP/RCHO/DPM/D SO/BDO/BPM/Advisory COM./ZP/PEO/PMO/NGO/Advocate/ Police	First time	81.0%	91.7%	95.2%	86.4%	78.3%	86.5%
	Second time	76.2%	91.7%	76.2%	68.2%	73.9%	77.5%
	Third time	61.9%	91.7%	76.2%	63.6%	73.9%	73.9%
	Total	21	24	21	22	23	111
For Users							
Collector/CMHO/BCMO	Prison up to 3 months	66.7%	66.7%	60.0%	25.0%	75.0%	57.9%
	Fine of Rs 1000/-	33.3%	66.7%	80.0%	25.0%	100.0%	63.2%
	Or Both	66.7%	100.0%	80.0%	25.0%	100.0%	73.7%
	Rs 500/ fine per day between 1st offence & second time penalization	33.3%	66.7%	60.0%	.0%	75.0%	47.4%
	Total	3	3	5	4	4	19
SP/RCHO/DPM/D SO/BDO/BPM/ADVISORY COM./ZP/PEO/PMO/NGO/ Advocate/ Police	Prison up to 3 months	52.4%	75.0%	76.2%	68.2%	65.2%	67.6%
	Fine of Rs 1000/-	47.6%	75.0%	71.4%	50.0%	60.9%	61.3%
	Or Both	47.6%	91.7%	66.7%	36.4%	60.9%	61.3%
	Rs 500/ fine per day between 1st offence & second time penalization	38.1%	83.3%	57.1%	27.3%	56.5%	53.2%
	Total	21	24	21	22	23	111

2. Opinion about responsibility for misuse of technique:

When probed to whom they consider responsible for the misuse of the technique, more than two-thirds (68%) of the district officials affirmed that the **responsibility of misuse of the technique rests with all the parties including the doctor, pregnant women, husband/relative as well as the motivator.** Overall, More than one-half of the officials at block level stated that the responsibility of misuse rests with all the concerned parties. In Ganganagar district, the officials who shared this view were nearly 80%.



Table 2: Opinion about responsibility for misuse of technique

Designation	Responsible	Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Collector/CMHO/BCMO	Doctor	33.3%	.0%	.0%	.0%	.0%	5.3%
	PW self	.0%	.0%	20.0%	.0%	.0%	5.3%
	Husband/Relative	.0%	33.3%	40.0%	.0%	25.0%	21.1%
	All	66.7%	66.7%	40.0%	100.0%	75.0%	68.4%
	Total	3	3	5	4	4	19
SP/RCHO/DPM/DSO/BDO/BPM/Advisory Com./ZP/PEO/PMO/NGO/Advocate/Police	Doctor	19.0%	20.8%	9.5%	4.5%	8.7%	12.6%
	PW self	9.5%	.0%	.0%	54.5%	4.3%	13.5%
	Husband/Relative	.0%	16.7%	38.1%	.0%	4.3%	11.7%
	Motivator	.0%	.0%	9.5%	.0%	.0%	1.8%
	All	57.1%	58.3%	42.9%	36.4%	78.3%	55.0%
	Total	21	24	21	22	23	111

Among the districts, this was more pronounced in the districts of Jaisalmer and Ganganagar. Among the supporting authorities, except for abnormality condition (81%), other conditions were fairly known to them.

3. Knowledge of Indications of use of technique under the PCPNDT Act

Table 3: Knowledge of indications for use of technique under the PCPNDT Act

Designation	Indications	Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Collector/CMHO/BCMO	Women >35	.0%	100.0%	80.0%	33.3%	100.0%	66.7%
	History of multiple abortions	66.7%	100.0%	80.0%	66.7%	75.0%	77.8%
	Abnormality	100.0%	100.0%	80.0%	33.3%	100.0%	83.3%
	Any other condition allowed by Board	33.3%	33.3%	60.0%	100.0%	100.0%	68.4%
	Total	3	3	5	3	4	18
SP/RCHO/DPM/DSO/BDO/BPM/Advisory Com./ZP/PEO/PMO/NGO/Advocate/Police	Women >35	43.8%	60.9%	36.8%	55.0%	54.5%	51.0%
	History of multiple abortions	56.3%	70.0%	57.9%	45.0%	63.6%	58.8%
	Abnormality	62.5%	91.7%	89.5%	55.0%	100.0%	81.2%
	Any other condition allowed by Board	37.5%	50.0%	45.0%	40.0%	72.7%	50.0%
	Total	16	23	19	20	22	100



Overall two-thirds of the district level appropriate authorities were aware of the indications approved for the use of technique under the Act.

4. Knowledge of contra-indications of technique under the PCPNDT Act

Analysis of Table 4 suggested that knowledge about contraindications of technique was more widely known in Jhunjhunu and Ganganagar districts as all officials were found aware about contraindications as compared to other districts.

Table 4: Knowledge of contra-indications for technique use under PCPNDT Act

Designation	Contra-indications	Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Collector/CMHO /BCMO	Use by unregistered centre	66.7%	66.7%	100.0%	50.0%	100.0%	78.9%
	For sex determination	100.0%	66.7%	100.0%	75.0%	100.0%	89.5%
	Any Ad. for sex-determination	100.0%	100.0%	100.0%	50.0%	100.0%	89.5%
	Selling of equipments to Unregistered Centers	66.7%	66.7%	100.0%	50.0%	100.0%	78.9%
	All of the above	66.7%	66.7%	100.0%	25.0%	100.0%	73.7%
	Total	3	3	5	4	4	19
SP/RCHO/DPM/ DSO/ BDO/BPM/ Advisory Com./ZP/PEO/PMO /NGO/Advocate/ Police	Use of tech. by unregistered centre	47.6%	87.5%	85.7%	68.2%	91.3%	76.6%
	For sex determination	71.4%	79.2%	81.0%	77.3%	82.6%	78.4%
	Any Ad. for sex-determination	42.9%	75.0%	85.7%	63.6%	87.0%	71.2%
	Selling of equipments to Unregistered Centers	33.3%	70.8%	76.2%	45.5%	73.9%	60.4%
	All of the above	33.3%	66.7%	71.4%	50.0%	69.6%	58.6%
	Total	21	24	21	22	23	111

Nearly 60% of the block level officials were aware about the contra-indications of the use of technique for all categories.



5. Knowledge about Implementing Committee in District

Knowledge about the existence/constitution of the implementing Committee and its members in the district was fairly well understood by a majority (80 to 90%) of the district officials. Officials from all the districts affirmed that meetings were held. Around 11 per cent of the officials at district level had no knowledge regarding interval between meetings.

Table 5: Knowledge about implementing committee in district

Designation	Knowledge	Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Collector/CMHO /BCMO	Commit. Yes	100.0%	100.0%	100.0%	75.0%	100.0%	94.7%
	Members						
	DC	100.0%	100.0%	80.0%	100.0%	100.0%	94.7%
	CM&HO	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Health Sp.	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Legal expert	100.0%	66.7%	80.0%	100.0%	75.0%	84.2%
	Social Worker	100.0%	66.7%	100.0%	100.0%	100.0%	94.7%
	DPRO	100.0%	66.7%	100.0%	100.0%	75.0%	89.5%
Whether meetings are held							
	(yes)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Interval between two meetings							
	Two months	100.0%	66.7%	20.0%	25.0%	25.0%	42.1%
	Three months	.0%	.0%	40.0%	75.0%	50.0%	36.8%
	Six months	.0%	.0%	.0%	.0%	25.0%	5.3%
	Annually	0	0	0	0	0	0
	Don't Know	.0%	33.3%	20.0%	.0%	.0%	10.5%
	Total	3	3	5	4	4	19
Others	Commit. Yes	52.4%	91.7%	76.2%	68.2%	73.9%	73.0%
	Members						
SP/RCHO/DPM /DSO/ BDO/BPM /Advisory Com./ZP/PEO /PMO /NGO/ Advocate/ Police	DC	52.4%	70.8%	71.4%	68.2%	69.6%	66.7%
	CM&HO	52.4%	91.7%	81.0%	50.0%	78.3%	71.2%
	Health Sp.	52.4%	91.7%	76.2%	36.4%	69.6%	65.8%
	Legal expert	47.6%	87.5%	61.9%	27.3%	69.6%	59.5%
	Social Worker	52.4%	87.5%	81.0%	22.7%	69.6%	63.1%
	DPRO	52.4%	58.3%	61.9%	22.7%	60.9%	51.4%
Whether meetings are held							
	(yes)	33.3%	87.5%	42.9%	22.7%	60.9%	50.5%
Interval between two meetings							
	Two months	23.8%	50.0%	14.3%	.0%	17.4%	21.6%
	Three months	4.8%	29.2%	14.3%	13.6%	30.4%	18.9%
	Six months	.0%	8.3%	4.8%	4.5%	4.3%	4.5%
	Annually	.0%	.0%	9.5%	.0%	8.7%	3.6%
	Don't Know	9.5%	.0%	9.5%	36.4%	.0%	10.8%
	Total	21	24	21	22	23	111



6. Monitoring of Registered Centers

Nearly three-fifths (58%) of the officials responded that the inspection of registered centers was done and one-thirds opined that inspection intervals were not fixed. At the block level, nearly 38% of the officials informed that the checks were made but the frequency was not fixed, said 25%.

Table 6: Monitoring/ Inspection of registered centers

Designation	Response	Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	Total
Collector/CMHO/BCMO	Checking done (Yes)	100.0%	66.7%	40.0%	100.0%	.0%	57.9%
	Frequency of checking						
	In 2 months	33.3%	.0%	20.0%	25.0%	.0%	15.8%
	3 months	.0%	.0%	20.0%	25.0%	.0%	10.5%
	Not fixed	66.7%	66.7%	.0%	50.0%	.0%	31.6%
	Whether inspection done since last 1 year						
	Yes	33.3%	66.7%	40.0%	75.0%	50.0%	52.6%
	If yes, how many times	2	10	10	3	4	29
	Total	3	3	5	4	4	19
	Others	Checking done (Yes)	42.9%	66.7%	28.6%	18.2%	30.4%
Frequency of checking							
In 2 months		9.5%	8.3%	9.5%	.0%	.0%	5.4%
3 months		4.8%	.0%	.0%	9.1%	.0%	2.7%
6 months		.0%	4.2%	4.8%	4.5%	.0%	2.7%
Annually		.0%	.0%	.0%	.0%	4.3%	.9%
Not fixed		28.6%	54.2%	14.3%	4.5%	26.1%	26.1%
Whether inspection done since last 1 year							
Yes		.0%	20.8%	14.3%	4.5%	26.1%	13.5%
If yes, how many times		0	4	12	0	26	42
Total	21	24	21	22	23	111	

7. Activities carried out for implementing the Act since last 1 year

Under the activities carried out for the implementation of act, action was taken in one case both in Alwar and Pali district as reported by the district level officials. At the block level, in Jaisalmer action was taken in one case, against the eight registered cases (Table 7).



Table 7: Details of activities carried out for implementing the act since last 1 year

	Activities	District				
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar
Collector/CMHO/BCMO	No. of registrations issued	0	1	0	2	0
	No. of complaints registered	0	1	0	1	0
	No. of cancelled registrations	0	0	0	0	0
	No. of actions taken	1	0	0	1	0
SP/RCHO/DPM/DSO/BDO/BPM/Advisory com./ZP/PEO/PMO/NGO/Advocate/ Police	No. of registrations issued	0	8	0	0	0
	No. of complaints registered	0	1	0	0	0
	No. of cancelled registrations	0	0	0	0	0
	No. of actions taken	0	1	0	0	0

8. Knowledge of powers invested under the Act

District officials of Jhunjhunu were less aware of the powers vested in the act and 40 per cent reported that they had used the powers.

Table 8: Knowledge of powers invested under the Act

Designation		Districts					
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	Total
	Power						
Collector/CMHO/BCMO	Can enter any place	100%	100.0%	20.0%	100%	75.0%	73.7%
	Search power	66.7%	100.0%	20.0%	75.0%	75.0%	63.2%
	Inspection of all related documents	66.7%	100.0%	40.0%	75.0%	75.0%	68.4%
	Sealing and seizure of all related documents / equipments in case of violation of Act	66.7%	100.0%	40.0%	75.0%	50.0%	63.2%
	Whether used the powers						
	Yes	66.7%	66.7%	40.0%	50.0%	50.0%	52.6%
	No	.0%	.0%	20.0%	.0%	25.0%	10.5%
	No such need arise	33.3%	33.3%	.0%	25.0%	.0%	15.8%
Total		3	3	5	4	4	19
Others	Can enter any place	38.1%	58.3%	42.9%	13.6%	30.4%	36.9%
SP/RCHO/DPM/DSO/BDO/BPM/Advisory Com./ZP/PEO/PMO/NGO/Advocate/ Police	Search power	38.1%	41.7%	38.1%	13.6%	21.7%	30.6%
	Inspection of all related documents	38.1%	45.8%	33.3%	18.2%	21.7%	31.5%
	Sealing and seizure of all related documents / equipments in case of violation of Act	28.6%	45.8%	33.3%	9.1%	8.7%	25.2%
	Whether used the powers						
	Yes	.0%	12.5%	9.5%	.0%	.0%	4.5%
	No	9.5%	33.3%	28.6%	18.2%	52.2%	28.8%
	No such need arise	42.9%	50.0%	38.1%	27.3%	21.7%	36.0%
Total		21	24	21	22	23	111



However, only 4% of block level officials reported of having used the powers.

9. Knowledge about Reporting Format

Overall, nearly three fourths (74%) of the district officials had knowledge about the reporting formats. Interestingly, 40% of the district officials reported having received some feedback from the government. However, only 20% of the officials at block level reported receipt of feedback (Table 9).

Table 9: Knowledge about reporting formats

Designation	Reporting Format	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Collector /CMHO /BCMO	Yes	100.0%	66.7%	40.0%	100.0%	75.0%	73.7%
	When it is sent?						
	Weekly	No response					
	Monthly	100.0%	66.7%	66.7%	.0%	100.0%	62.5%
	Every Quarter	.0%	.0%	.0%	75.0%	.0%	18.8%
	Whether reports are sent to the Govt.						
	Yes	33.3%	33.3%	33.3%	100.0%	33.3%	38.5%
	Received any feed back						
	Yes	100.0%	.0%	.0%	.0%	66.7%	40.0%
	Total	3	3	5	4	4	19
	Others	Yes	28.6%	33.3%	14.3%	9.1%	17.4%
	When it is sent?						
	Weekly	28.6%	9.1%	11.1%	.0%	.0%	11.8%
	Monthly	42.9%	18.2%	.0%	.0%	60.0%	23.5%
	Every Quarter	.0%	9.1%	11.1%	.0%	.0%	5.9%
	Whether send any report to Govt.						
	Yes	75.0%	84.2%	92.9%	83.3%	89.5%	86.4%
	Received any feed back						
	Yes	60.0%	.0%	9.1%	25.0%	20.0%	17.5%
	Total	21	24	21	22	23	111

10. Co-ordination for the Act

Nearly 80% of the officials at district level reported of very good coordination with the related department for the act.



Majority of them (90%) reported having discussions with the related department. At the block level, only 44% officials affirmed that the coordination was very good with the related department, 60% of them discussed on the provisions of the act with the related department (Table 10).

Table 10: Co-ordination & discussion held with related dept. for implementation of the Act

Designation	Response	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Collector /CMHO /BCMO	Very Good	66.7%	66.7%	100.0%	75.0%	75.0%	78.9%
	Good	33.3%	33.3%	.0%	.0%	25.0%	15.8%
	Lack of coordination	No response					
	Discuss						
	Yes	100.0%	100.0%	100.0%	75.0%	75.0%	89.5%
	No	No response					
	Some times	.0%	.0%	.0%	.0%	25.0%	5.3%
Total		3	3	5	4	4	19
Others	Very Good	28.6%	50.0%	42.9%	54.5%	43.5%	44.1%
	Good	28.6%	41.7%	42.9%	40.9%	43.5%	39.6%
SP/RCHO/DPM /DSO/ BDO/BPM /Advisory Com./ZP/PEO /PMO /NGO/ Advocate/ Police	Lack of coordination	9.5%	4.2%	4.8%	.0%	8.7%	5.4%
	Discuss						
	Yes	28.6%	75.0%	66.7%	59.1%	69.6%	60.4%
	No	19.0%	16.7%	19.0%	27.3%	17.4%	19.8%
	Some times	19.0%	8.3%	14.3%	9.1%	8.7%	11.7%
Total		21	24	21	22	23	111

11. Knowledge about low sex-ratio areas/community & reasons

Around three-fifths (58%) of the district officials had knowledge about the low sex ratio areas/communities. **68 % Officers at the district and 53% at the block level stated that son preference was the reason for declining sex ratio.** Increase in awareness and educational level was considered as the most important reason for increase in sex ratio amongst 31% district level officials and 32% block level officials.



Table11: Knowledge and awareness on Increase/ Decrease in sex-ratio

Designation	Knowledge	Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Gangana gar	
Collector /CMHO /BCMO	Yes	66.7%	66.7%	80.0%	.0%	75.0%	57.9%
	Whether sex-ratio						
	Decreased	66.7%	33.3%	60.0%	.0%	75.0%	47.4%
	Increased	.0%	33.3%	20.0%	50.0%	25.0%	26.3%
	Don't Know	33.3%	33.3%	20.0%	50.0%	.0%	26.3%
	Reasons of decrease						
	Boys preference in society	66.7%	66.7%	60.0%	50.0%	100.0%	68.4%
	Female feticide	.0%	33.3%	20.0%	.0%	.0%	10.5%
	Dowry system & Deregulate GOVT. Systems	33.3%	.0%	.0%	.0%	50.0%	15.8%
	Reasons of increase						
	Awareness in people & Education	33.3%	33.3%	20.0%	25.0%	50.0%	31.6%
	Girls development preferred by GOVT.	33.3%	33.3%	40.0%	.0%	50.0%	31.6%
	Total		3	3	5	4	4
Others	Yes	57.1%	70.8%	66.7%	18.2%	21.7%	46.8%
SP/RCHO/DPM/ DSO/ BDO/BPM /Advisory Com./ZP/PEO /PMO /NGO/Advocate/ Police	Whether sex-ratio						
	Decreased	61.1%	33.3%	81.0%	9.5%	78.3%	52.3%
	Increased	5.6%	41.7%	14.3%	33.3%	8.7%	21.5%
	Don't Know	27.8%	12.5%	4.8%	28.6%	4.3%	15.0%
	Is same	5.6%	12.5%	.0%	28.6%	4.3%	10.3%
	Reasons of decrease						
	Boys preference in society	33.3%	41.7%	85.7%	22.7%	82.6%	53.2%
	Female feticide	9.5%	25.0%	23.8%	4.5%	21.7%	17.1%
	Dowry system & Deregulate GOVT. Systems	9.5%	4.2%	33.3%	4.5%	17.4%	13.5%
	Reasons of increase						
Awareness in people & Education	14.3%	37.5%	23.8%	18.2%	65.2%	32.4%	
Girls development preferred by GOVT.	4.8%	33.3%	14.3%	9.1%	52.2%	23.4%	
Total		21	24	21	22	23	111



C. Community Analysis

1. Basic profile of the Respondents

Among the 2850 respondents having children 0-6 years of age in the study households, there were almost 50% males and 50% females in rural area. In urban areas males were 49% and females were 51%.

Table 1a: Distribution of Rural respondents by age

Sex	Age respondents of	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Male	18-25 years	33.8	37.3	18.3	9.4	23.8	24.5
	26-32 years	51.8	36.0	55.9	42.0	60.4	49.2
	33-40 years	13.2	21.8	22.7	40.6	14.5	22.5
	41+	1.3	4.9	3.1	8.0	1.3	3.7
	Total	100.0	100.0	100.0	100.0	100.0	100.0
	Number		228	225	229	224	227
Female	18-25 years	50.5	38.4	49.5	22.6	43.5	40.8
	26-32 years	42.8	42.9	34.1	57.5	45.7	44.7
	33-40 years	6.8	16.5	15.9	16.4	9.4	13.0
	41+	.0	2.2	.5	3.5	1.3	1.5
	Total	100.0	100.0	100.0	100.0	100.0	100.0
	Number		222	224	220	226	223

Table 1b: Distribution of Urban respondents by age

Sex	Age respondents of	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Male	18-25 years	31.6	30.0	21.4	19.7	17.2	24.0
	26-32 years	43.9	51.7	55.4	42.6	55.2	49.7
	33-40 years	24.6	15.0	21.4	34.4	25.9	24.3
	41+	.0	3.3	1.8	3.3	1.7	2.1
	Total	100.0	100.0	100.0	100.0	100.0	100.0
	Number		57	60	56	61	58
Female	18-25 years	39.7	32.8	33.8	44.1	32.3	36.5
	26-32 years	39.7	49.2	58.5	49.2	58.1	51.0
	33-40 years	20.6	16.4	6.2	6.8	9.7	11.9
	41+	.0	1.6	1.5	.0	.0	.6
	Total	100.0	100.0	100.0	100.0	100.0	100.0
	Number		63	61	65	59	62



49% of males and 45% of females in rural area and 50% males and 51% of females in urban area are in the age group of 26-32 years. In addition, 24% of males and 41% of females in rural area and 50% each of male and females of urban area are in the 18-25 age groups (Table 1a & 1b).

2. Educational Level of the Respondents

17% of male and 47% of females in rural area and 12% of male and 30% of females of urban area are illiterate. Further, 42% of rural and 35% of urban male and 38% of rural and 35% of urban females have studied up to middle. In rural area only 8% male and 2% female and in urban areas 14 and 6% of males and females hold graduate or post graduate degrees (Table 2a & 2b).

Table 2a: Distribution of Rural respondents by education

Sex	Educational level	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Male	Illiterate	11.0	30.2	11.4	16.1	16.3	16.9
	Primary	17.5	19.6	10.0	15.2	18.5	16.2
	Middle	26.3	28.0	22.3	29.5	23.3	25.9
	Secondary	25.4	13.8	30.1	20.5	25.6	23.1
	Senior Secondary	12.3	4.0	14.0	8.5	10.1	9.8
	Graduate & above	7.5	4.4	12.2	10.3	6.2	8.1
	Total	100.0	100.0	100.0	100.0	100.0	100.0
	Number	228	225	229	224	227	1133
Female	Illiterate	43.7	45.5	33.2	67.3	46.2	47.3
	Primary	19.8	23.2	17.7	12.8	24.2	19.6
	Middle	21.6	21.4	23.2	9.3	15.7	18.2
	Secondary	10.4	4.9	16.4	6.2	8.5	9.2
	Senior Secondary	3.2	3.1	5.0	3.1	3.6	3.6
	Graduate & above	1.4	1.8	4.5	1.3	1.8	2.2
	Total	100.0	100.0	100.0	100.0	100.0	100.0
	Number	222	224	220	226	223	1115



Table 2b: Distribution of Urban respondents by education

Sex	Educational level	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Male	Illiterate	8.8	11.7	3.6	18.0	15.5	11.6
	Primary	3.5	18.3	19.6	26.2	10.3	15.8
	Middle	15.8	25.0	14.3	27.9	12.1	19.2
	Secondary	29.8	20.0	32.1	18.0	29.3	25.7
	Senior Secondary	14.0	20.0	12.5	6.6	15.5	13.7
	Graduate &above	28.1	5.0	17.9	3.3	17.2	14.0
	Total	100.0	100.0	100.0	100.0	100.0	100.0
	Number	57	60	56	61	58	292
Female	Illiterate	27.0	23.0	26.2	47.5	27.4	30.0
	Primary	22.2	13.1	20.0	20.3	21.0	19.4
	Middle	19.0	23.0	16.9	8.5	16.1	16.8
	Secondary	12.7	27.9	18.5	8.5	17.7	17.1
	Senior Secondary	12.7	9.8	10.8	6.8	11.3	10.3
	Graduate &above	6.3	3.3	7.7	8.5	6.5	6.5
	Total	100.0	100.0	100.0	100.0	100.0	100.0
	Number	63	61	65	59	62	310

3. Distribution of respondents by caste

Table 3a: Distribution of Rural respondents by caste

Sex	Caste	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Male	General	15.4	36.0	41.9	32.1	15.9	28.2
	SC	21.1	13.8	14.8	15.2	39.6	20.9
	ST	16.7	22.2	7.4	9.4	4.0	11.9
	OBC	46.9	26.7	34.9	43.3	39.6	38.3
	Other	.0	1.3	.9	.0	.9	.6
	Total	100.0	100.0	100.0	100.0	100.0	100.0
	Number	228	225	229	224	227	1133
Female	General	22.1	26.3	47.7	15.5	14.3	25.1
	SC	19.8	29.0	11.8	20.8	46.6	25.7
	ST	7.2	24.6	6.4	7.1	.9	9.2
	OBC	50.9	20.1	33.6	56.6	37.2	39.7
	Other	.0	.0	.5	.0	.9	.3
	Total	100.0	100.0	100.0	100.0	100.0	100.0
	Number	222	224	220	226	223	1115



Analysis pertaining to the social status of the respondents shows that other backward class (OBCs) dominated the study sample, both in rural (38% male & 39% female) and urban areas (39% male & 37% female) followed by general and scheduled caste respectively (Table 3a & 3b).

Table 3b: Distribution of Urban respondents by caste

Sex	Caste	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Male	General	35.1	36.7	25.0	16.4	39.7	30.5
	SC	7.0	21.7	30.4	39.3	20.7	24.0
	ST	5.3	15.0	.0	8.2	.0	5.8
	OBC	52.6	26.7	41.1	36.1	39.7	39.0
	Other	.0	.0	3.6	.0	.0	.7
	Total	100.0	100.0	100.0	100.0	100.0	100.0
	Number	57	60	56	61	58	292
Female	General	31.7	39.3	27.7	18.6	35.5	30.6
	SC	6.3	27.9	36.9	28.8	37.1	27.4
	ST	7.9	9.8	1.5	1.7	1.6	4.5
	OBC	54.0	23.0	33.8	50.8	25.8	37.4
	Total	100.0	100.0	100.0	100.0	100.0	100.0
	Number	63	61	65	59	62	310

4. Distribution of respondents according to their religion

Table 4: Distribution of respondents by religion

Area	Religion	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Rural	Hindu	83.8	85.3	90.4	97.8	68.9	85.2
	Muslim	12.4	14.0	7.6	1.6	2.0	7.5
	Sikh	3.8	.7	1.3	.7	28.9	7.1
	Christian	.0	.0	.7	.0	.0	.1
	Buddhist	.0	.0	.0	.0	.2	.0
	Total	100.0	100.0	100.0	100.0	100.0	100.0
	Number	450	449	449	450	450	2248
Urban	Hindu	94.2	90.1	87.6	94.2	91.7	91.5
	Muslim	3.3	9.1	11.6	3.3	.8	5.6
	Sikh	1.7	.8	.0	.0	6.7	1.8
	Christian	.0	.0	.8	.0	.0	.2
	Jain	.8	.0	.0	2.5	.8	.8
	Total	100.0	100.0	100.0	100.0	100.0	100.0
	Number	120	121	121	120	120	602



The analysis shows that a majority of the respondents belonged to Hindu religion (85% in rural & 91% in urban) (Table 4).

5. Annual income of households in study area

For the assessment of economic condition of the respondents the yearly income was categorized in four groups.

Table 5a: Distribution of Rural respondents by annual income of household

Sex	Annual income of household in Rs.	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Male	<6000	7.0	8.9	6.6	1.8	1.8	5.2
	6001-10000	18.4	25.3	18.3	11.2	4.4	15.5
	10001-20000	46.1	34.7	27.1	25.0	22.5	31.1
	20000+	28.5	31.1	48.0	62.1	71.4	48.2
	Total	100.0	100.0	100.0	100.0	100.0	100.0
	Number	228	225	229	224	227	1133
Female	<6000	7.7	17.4	19.1	11.1	9.9	13.0
	6001-10000	22.5	26.8	22.7	23.0	17.5	22.5
	10001-20000	39.2	35.3	21.4	27.9	29.6	30.7
	20000+	30.6	20.5	36.8	38.1	43.0	33.8
	Total	100.0	100.0	100.0	100.0	100.0	100.0
	Number	222	224	220	226	223	1115

Table 5b: Distribution of Urban respondents by annual income of household

Sex	Annual income of household in Rs.	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Male	<6000	1.8	11.7	8.9	4.9	3.4	6.2
	6001-10000	17.5	25.0	8.9	14.8	12.1	15.8
	10001-20000	31.6	46.7	19.6	24.6	19.0	28.4
	20000+	49.1	16.7	62.5	55.7	65.5	49.7
	Total	100.0	100.0	100.0	100.0	100.0	100.0
	Number	57	60	56	61	58	292
Female	<6000	9.5	6.6	12.3	10.2	12.9	10.3
	6001-10000	17.5	27.9	21.5	25.4	12.9	21.0
	10001-20000	30.2	34.4	27.7	30.5	35.5	31.6
	20000+	42.9	31.1	38.5	33.9	38.7	37.1
	Total	100.0	100.0	100.0	100.0	100.0	100.0
	Number	63	61	65	59	62	310



Around one half of the rural and urban male respondents had an annual income of more than Rs.20, 000/-per year followed by Rs. 20000+ (34 &37% of rural and urban females (Table 5a & 5b).

6. Children below 6 years of age

Among the families covered, information was also taken for the number of children below six years of age. By and large amongst the 2850 houses covered; there were 2432 male children and 2276 female children (Table 6).

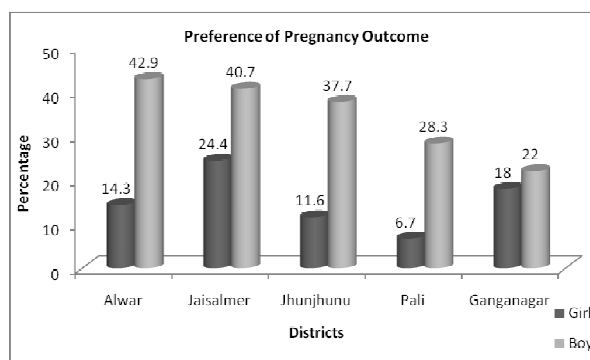
Table 6: Age & Sex wise distribution of children below 6 years of age

Children below 6 years of age In the respondents family		District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Sex	Male	20.07	22.41	20.64	16.86	20.02	100.0
		488	545	502	410	487	2432
	Female	22.36	21.57	18.67	19.07	18.32	100.0
		509	491	425	434	417	2276
Sex Ratio		1043	900	847	1058	856	939
Number of Households		570	570	570	570	570	2850

7. Respondent's perception about sex preference of pregnancy outcome

Information was sought about currently pregnant woman in the family to know about their individual preference for the sex of the future child.

Among the 2850 households covered, nearly 14% houses had pregnant woman who had an expectation for a male child (36%) and just 17% were expecting a girl child.



Nearly one-half (47%) had no preference for sex of the child to be born.



Table 7: Distribution of respondents according to their preference of pregnancy outcome

		District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganga-nagar	
Pregnant Woman In Household	Yes	12.3	23.7	12.1	10.5	8.8	13.5
	Number of HH	70	135	69	60	50	384
Preferred outcome of pregnancy	Girl	14.3	24.4	11.6	6.7	18.0	16.7
	Number of HH	10	33	8	4	9	64
	Boy	42.9	40.7	37.7	28.3	22.0	36.2
	Number of HH	30	55	26	17	11	139
	Any of the above	42.9	34.8	50.7	65.0	60.0	47.1
	Number of HH	30	47	35	39	30	181
Total Households		570	570	570	570	570	2850

8. Status of sonography during pregnancy

Information was also sought from the currently pregnant women about how many of them had gone for sonography/ultrasound. it was found that around 20% of them have gone for it. District-wise analysis of the same suggests that in Alwar 14%, Jaisalmer 29%, Jhunjhunu 18%, Pali 22% and in Ganganagar 4% underwent for sonography/ultrasound.

Among the pregnant women, slightly more than one-half (53%) were advised by the doctor for USG. In 17% cases, it was ANM/LHV who advised them and in 16% cases they were motivated by friends/relatives for the same, while 14% decided on their own to go for USG which is a clear indication that they were literate and aware enough and had the least respect for the girl child.



Table 8: Distribution of PW undergoing ultrasonography advice, reason thereof & place

Status		District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganga-nagar	
Pregnant In Household		12.3	23.7	12.1	10.5	8.8	13.5
	Number of HH	70	135	69	60	50	384
Undergone USG During Pregnancy		14.3	29.6	17.4	21.7	4.0	20.1
	Number of Women	10	40	12	13	2	77
Advised By	Doctor	70.0	47.5	50.0	69.2	.0	53.2
	ANM/LHV/RMP	.0	20.0	8.3	23.1	50.0	16.9
	Friend/relative	20.0	20.0	16.7	.0	.0	15.6
	Self	10.0	12.5	25.0	7.7	50.0	14.3
Reasons For Ultrasound	>35 years age	.0	5.0	.0	23.1	.0	6.5
	Abnormal position of foetus	10.0	10.0	33.3	15.4	50.0	15.6
	Congenital deformity	.0	2.5	8.3	.0	.0	2.6
	For sex determination	20.0	35.0	25.0	.0	50.0	26.0
	On doctors advice	70.0	47.5	33.3	53.8	.0	48.1
	Other reasons	.0	.0	.0	7.7	.0	1.3
Place For Sonography	Government	30.0	60.0	50.0	53.8	.0	51.9
	Private	10.0	15.0	41.7	15.4	50.0	19.5
	Knows the name of the city only	60.0	25.0	8.3	30.8	50.0	28.6
Total		570	570	570	570	570	2850

In a response to the query about the reasons for undergoing sonography/ultrasound, one-half (53%) replied as per the doctor advice, 16% had it on suspicion of abnormal position of fetus and 7% were asked due to their age above 35 years. Abysmally shocking is the observation that **26% have straight away said that they had the USG done for sex determination of their fetus.**

Government institutions (52%) were the preferred places while the private sector had a share of 20%. Of those who had undergone USG, 29% failed to identify the nature of institution and simply remembered the town/city.

9. Reasons for importance to son in family and society

The families were asked about the importance given to a particular sex of the child and the reasons for the importance given to boys over girls. Observations reveals that in families it was



the male child (son) who was preferred most (38%) followed by girl (25%). ***In more than one-third of the families (37%) equal importance was given to the both sex of child.***

Table 9a: Importance of son in family

Sex		District					Total
Importance In Family		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Male	Girl	30.9	26.7	24.6	23.9	22.5	25.7
	Boy	46.3	32.6	38.2	36.1	36.8	38.0
	Both	22.8	40.7	37.2	40.0	40.7	36.3
	Total	100.0	100.0	100.0	100.0	100.0	100.0
	Number	285	285	285	285	285	1425
Female	Girl	25.6	15.4	27.0	28.1	27.0	24.6
	Boy	46.3	36.1	42.1	36.1	31.9	38.5
	Both	28.1	48.4	30.9	35.8	41.1	36.8
	Total	100.0	100.0	100.0	100.0	100.0	100.0
	Number	285	285	285	285	285	1425

Table 9b: Importance of son in society

Sex		District					Total
Importance In Society		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Male	Girl	14.7	24.9	10.9	11.2	9.5	14.2
	Boy	57.5	34.4	48.4	43.2	50.2	46.7
	Both	27.7	40.7	40.7	45.6	40.4	39.0
	Total	100.0	100.0	100.0	100.0	100.0	100.0
	Number	285	285	285	285	285	1425
Female	Girl	15.1	13.3	16.5	13.7	14.4	14.6
	Boy	52.3	38.9	41.8	39.6	44.9	43.5
	Both	32.6	47.7	41.8	46.7	40.7	41.9
	Total	100.0	100.0	100.0	100.0	100.0	100.0
	Number	285	285	285	285	285	1425

Further, from the analysis, it was revealed that in the society more of males (47%) think son are more important while 43% of females preferred male child. The preference for girl child was expressed as almost same by both male and female respondents. 40% opined that both boys and girls were given equal importance, and that is a solace.

The answer for **reasons behind son preference** were dominated by the response 'family procreation' (69%), and 'economical security in old age' (71%).



Table 9c: Reasons for giving importance to son

Sex		District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Male	For Procreation	57.9	68.1	70.5	58.2	89.5	68.8
	For old age economic security	72.3	62.5	71.2	70.9	72.6	69.9
	For religious rituals	60.4	55.4	64.2	68.4	57.9	61.3
	Other	2.5	3.9	11.2	6.0	10.9	6.9
	Number	285	285	285	285	285	1425
Female	For Procreation	57.9	69.1	65.3	65.3	90.2	69.5
	For old age economic security	74.7	60.4	70.9	77.9	75.1	71.8
	For religious rituals	62.1	51.9	60.4	68.1	61.4	60.8
	Other	1.8	5.3	12.3	8.8	11.6	7.9
	Number of HH	285	285	285	285	285	1425

10. Pregnancy during last 6 years and its outcome

The study also gathered the information about the pregnancy during last six years in the sampled families in the selected districts.

Table 10: District wise distribution of pregnancy & outcome in last 6 years

Pregnancy & Outcome		District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Did any other women get pregnant in last 6 years	NO	1.2	1.4	8.4	2.5	1.8	3.1
	Number	7	8	48	14	10	87
	Yes	98.8	98.6	91.6	97.5	98.2	96.9
	Number	563	562	522	556	560	2763
If yes, then how many times	One time	36.8	25.8	44.3	55.6	47.7	41.9
	Two times	38.4	46.6	44.4	32.7	42.0	40.8
	Three times	21.0	20.6	9.6	8.8	9.3	13.9
	More than 3 times	3.9	6.9	1.7	2.9	1.1	3.3
Outcome pregnancy of	Live birth	1012	1053	798	831	872	4566
	Abortion	30	50	39	19	18	156
	MTPs	8	27	4	2	1	42
	Other	31	43	40	32	26	172
Number of households		570	570	570	570	570	2850



In almost all the households (97%) there was a history of pregnancy. 42% (1159 women) became pregnant only once. 41% (1127 women) got pregnant 2 times (2254 pregnancy). 14% (385 women) got pregnant three times (1155 pregnancy) and 3% (92 women) got pregnant more than three times (4 or more pregnancies) during the preceding six years. Thus in last six years there were in all 4566 live births, 156 abortions, 42 MTPs and 172 other cases (still births, spontaneous abortions).

11. MTPs

In the last six years, 36 respondent women had a history of 42 MTP. Around 3% had it because of congenital deformity in the fetus. For 47% the reason was unwanted pregnancy. For 36% the reason was harmful for mother's health.

Table 11a: Distribution of respondent by the reasons for MTP

Reasons	Districts					Total
	Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Congenital deformity	.0	.0	25.0	.0	.0	2.8
Number	0	0	1	0	0	1
Unwanted pregnancy	25.0	61.9	25.0	.0	100.0	47.2
Number	2	13	1	0	1	17
Harmful for mother's health	75.0	19.0	50.0	50.0	.0	36.1
Number	6	4	2	1	0	13
Sex of the fetus was female	.0	14.3	.0	50.0	.0	11.1
Number	0	3	0	1	0	4
Other	.0	4.8	.0	.0	.0	2.8
Number	0	1	0	0	0	1

After knowing that the sex of the fetus was female, 11% aborted it. 3% cited other reasons. For the termination of the pregnancy, pregnant women were advised by private doctor (39%), government doctor and relatives (19% each), nurse (11%), Janmangal couple (6%) and Dai and ASHA (3% each).



Table 11b: Distribution of respondents by MTP advice provider

Provider	Districts					Total
	Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Govt. Doctor	37.5	14.3	25.0	.0	.0	19.4
Number	3	3	1	0	0	7
Pvt. Doctor	25.0	42.9	50.0	50.0	.0	38.9
Number	2	9	2	1	0	14
Nurse	12.5	14.3	.0	.0	.0	11.1
Number	1	3	0	0	0	4
Dai	.0	4.8	.0	.0	.0	2.8
Number	0	1	0	0	0	1
Relatives	25.0	23.8	.0	.0	.0	19.4
Number	2	5	0	0	0	7
ASHA	.0	.0	25.0	.0	.0	2.8
Number	0	0	1	0	0	1
JM Couple	.0	.0	.0	50.0	100.0	5.6
Number	0	0	0	1	1	2

12. Contact made with service providers or any other person for boy

The respondents' opinion was sought regarding their desire and contact made with service providers or any other person for boy. Among both, male and female respondents, 10% had desired for boy.

Table 12a: Distribution of respondents who ever desired for boy & contacted health worker/ facility

Sex	Area		District					Total
			Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Male	Rural	Yes	13.6	12.0	16.2	6.3	4.8	10.6
		Total	228	225	229	224	227	1133
	Urban	Yes	7.0	10.0	12.5	11.5	3.4	8.9
		Total	57	60	56	61	58	29.2
Female	Rural	Yes	10.8	9.4	13.2	11.1	10.8	11.0
		Total	222	224	220	226	223	1115
	Urban	Yes	3.2	9.8	27.7	3.4	1.6	9.4
		Total	63	61	65	59	62	310



Table 12b: Distribution of respondents by agency contacted

Sex	Area		District					Total
			Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Male	Rural	Bhopa/Pandit/Jyotishi/Hakim	67.7	66.7	56.8	50.0	27.3	58.3
		RMP	9.7	14.8	27.0	21.4	63.6	22.5
		Pvt.Hospital	9.7	3.7	13.5	21.4	9.1	10.8
		Govt. Hospital	12.9	14.8	2.7	7.1	.0	8.3
		Total	31	27	37	14	11	120
	Urban	Bhopa/Pandit/Jyotishi/Hakim	75.0	50.0	28.6	28.6	0	38.5
		RMP	25.0	50.0	57.1	42.9	100.0	50.0
		Pvt.Hospital	0	0	14.3	28.6	0	11.5
		Total	4	6	7	7	2	26
	Female	Rural	Bhopa/Pandit/Jyotishi/Hakim	62.5	52.4	27.6	76.0	41.7
RMP			12.5	14.3	62.1	20.0	33.3	30.1
Pvt.Hospital			16.7	4.8	3.4	.0	16.7	8.1
Govt. Hospital			4.2	28.6	6.9	4.0	8.3	9.8
5. Other			4.2	0	0	0	0	.8
Total		24	21	29	25	24	123	
Urban		Bhopa/Pandit/Jyotishi/Hakim	100.0	16.7	44.4	50.0	100.0	44.8
		RMP	.0	33.3	55.6	50.0	.0	44.8
		Govt. Hospital	.0	50.0	.0	.0	.0	10.3
		Total	2	6	18	2	1	29

58% of males and 51% of females from rural areas contacted Bhopas/Pandit/Jyotishi/Hakim whereas this figure for urban areas is 38 and 45% respectively for males and females. RMP was contacted by 22% (in rural) and 50% (in urban) by males. 30% (in rural) and 45% (in urban) of females also contacted RMP for this purpose. Less than one-tenth of respondents contacted Government Hospitals and Private hospitals each for the same.

13. Awareness and knowledge about MTP centers

The respondents were probed for their knowledge of the place/person from where they got help in case of need of termination of pregnancy. Table 13a reveals that more than one-third of the rural respondents (36%) cited Government hospital. One-fourths of the male (25%) and around



one-fifths of females preferred private hospital. ANM/LHV was preferred by one-fourths of male and female respondents followed by Dai (12%).

Table 13a: Preference of place/person for MTP (rural)

In the area from where Do get help for MTP		District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Male	Govt. Hospital	33.3	28.0	44.1	23.7	39.6	33.8
	Pvt. Hospital	26.8	16.9	14.4	33.0	34.8	25.2
	Dai	8.3	19.6	10.0	8.0	13.7	11.9
	ANM/LHV	25.9	33.3	28.8	25.9	10.6	24.9
	Other	5.7	2.2	2.6	9.4	1.3	4.2
	Total	100.0	100.0	100.0	100.0	100.0	100.0
	Number	228	225	229	224	227	1133
Female	Govt. Hospital	34.2	22.3	50.9	27.4	44.8	35.9
	Pvt. Hospital	24.8	4.9	11.4	26.5	29.6	19.5
	Dai	10.4	17.4	9.1	13.7	9.0	11.9
	ANM/LHV	28.4	46.9	28.2	26.5	14.8	29.0
	Other	2.3	8.5	.5	5.8	1.8	3.8
	Total	100.0	100.0	100.0	100.0	100.0	100.0
	Number	222	224	220	226	223	1115

Table 13b: Preference of place/person for MTP (urban)

In the area from where do get help for MTP		District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Male	Govt. Hospital	21.1	41.7	58.9	32.8	56.9	42.1
	Pvt. Hospital	54.4	26.7	35.7	52.5	22.4	38.4
	Dai	3.5	8.3	5.4	3.3	10.3	6.2
	ANM/LHV	8.8	18.3	0	8.2	6.9	8.6
	Other	12.3	5.0	0	3.3	3.4	4.8
	Total	100.0	100.0	100.0	100.0	100.0	100.0
	Number	57	60	56	61	58	292
Female	Govt. Hospital	31.7	31.1	58.5	25.4	62.9	42.3
	Pvt. Hospital	31.7	29.5	29.2	55.9	17.7	32.6
	Dai	4.8	9.8	6.2	5.1	8.1	6.8
	ANM/LHV	7.9	26.2	6.2	13.6	9.7	12.6
	Other	23.8	3.3	0	0	1.6	5.8
	Total	100.0	100.0	100.0	100.0	100.0	100.0
	Number	63	61	65	59	62	310



According to Table 13b, in the urban area the preferred source was Government hospital by 42% each male and female respondents followed by Private hospital. 13% of the urban females also showed their preference for ANM/LHV.

14. Knowledge of any MTP centre in area

18% of the rural respondents and 30% of urban respondents were aware about the place where an MTP can be performed (Table 14a & 14b).

Table 14a: Source of knowledge of MTP centre (rural respondents)

Any MPT centre in area & source of information	District					Total
	Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Yes	22.0	14.9	29.4	14.9	10.0	18.2 (410)
Doctor	21.2	22.4	19.7	52.2	68.9	31.2
ANM/LHV	22.2	58.2	40.9	25.4	6.7	32.9
Friends/Relatives	50.5	11.9	28.0	20.9	24.4	29.3
ASHA	6.1	7.5	9.8	.0	.0	5.9
JM Couple	.0	.0	1.5	1.5	.0	.7
Number	450	449	449	450	450	2248

Those respondents who were aware of existence of an MTP center, came to know about it from doctor (31% in rural & 46% in urban), friends/relatives accounted for 29% & 33% in rural and urban areas respectively), ANM/LHV (33 in rural & 19 % in urban) and ASHA (6 in rural & 2% in urban) were the source of information (Table 14a & 14b).

Table 14b: Source of knowledge of MTP centre (urban respondents)

Any MPT centre in area & source of information	District					Total
	Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Yes	36.7	52.9	26.4	15.8	20.0	30.4 (183)
Doctor	40.9	45.3	43.8	31.6	75.0	46.4
ANM/LHV	13.6	31.3	12.5	10.5	8.3	18.6
Friends/Relatives	45.5	18.8	43.8	57.9	16.7	33.3
ASHA	.0	4.7	.0	.0	.0	1.6
Number	120	121	121	120	120	602



15. Awareness and knowledge of PCPNDT Act

As far as the legal sanction to sex detection of fetus is concerned, 81% in rural and 90% of urban male knew that 'sex detection is illegal', whereas 81% of rural females and 91% of urban females were also aware.

Table 15a: Awareness on penal provision for sex determination under PCPNDT Act

Sex	Area	Response	District					Total
			Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Male	Rural	Yes	78.9	80.4	83.4	80.8	81.1	80.9
		Total	228	225	229	224	227	1133
	Urban	Yes	94.7	93.3	78.6	85.2	98.3	90.1
		Total	57	60	56	61	58	292
Female	Rural	Yes	84.7	73.2	85.9	74.8	88.3	81.3
		Total	222	224	220	226	223	1115
	Urban	Yes	92.1	88.5	80.0	94.9	98.4	90.6
		Total	63	61	65	59	62	310

The fact that pregnant woman who goes for sex determination is also liable for the punishment was known to 74% and 82% rural and urban males respectively. 77% & 82% of rural and urban females were aware of such provisions (Table 15a & 15b).

Table 15b: Awareness on penal provision for sex determination for consumers under PCPNDT Act

Sex	Area	Response	District					Total
			Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Male	Rural	Yes	78.1	72.4	70.7	78.1	72.2	74.3
		Total	228	225	229	224	227	1133
	Urban	Yes	91.2	86.7	53.6	78.7	98.3	81.8
		Total	57	60	56	61	58	292
Female	Rural	Yes	85.1	69.2	76.8	70.8	91.9	78.7
		Total	222	224	220	226	223	1115
	Urban	Yes	74.6	82.0	70.8	84.7	98.4	81.9
		Total	63	61	65	59	62	310



16. Knowledge of PCPNDT act and its source

Sex determination is a crime and there is provision of punishment also but when asked whether they are aware of PCPNDT Act, 53% rural male and 60% of urban male respondents were aware of the sex determination Act. For females this level of awareness was 51 & 59% in rural and urban areas respectively.

Table 16a: Knowledge of PCPNDT Act

Sex	Area	Response	District					Total
			Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Male	Rural	Yes	43.4	68.0	58.5	36.2	59.5	53.1
		Total	228	225	229	224	227	
	Urban	Yes	49.1	78.3	55.4	27.9	89.7	59.9
		Total	57	60	56	61	58	
Female	Rural	Yes	38.3	66.5	65.9	6.2	78.0	50.9
		Total	222	224	220	226	223	
	Urban	Yes	33.3	82.0	72.3	11.9	93.5	59.0
		Total	63	61	65	59	62	

Table 16b: Source of knowledge of PCPNDT Act

		Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Health staff	Yes	40.3	54.1	63.0	58.8	77.8	61.0
	Total	94	216	225	70	326	
Electronic media	Yes	76.4	52.9	75.9	87.4	87.6	74.1
	Total	178	211	271	104	367	
Print media	Yes	39.1	26.8	51.5	63.9	62.3	47.1
	Total	91	107	184	76	261	
Folk media	Yes	8.6	14.5	26.1	20.2	28.2	20.5
	Total	20	58	93	24	118	
Friends /relative	Yes	42.9	33.6	63.6	68.9	75.2	56.2
	Total	100	134	227	82	315	
Wall paintings/ Poster/banners	Yes	49.8	25.3	46.5	72.3	59.2	47.0
	Total	116	101	166	86	248	
Other	Yes	4.3	3.5	15.7	14.3	9.3	8.9
	Total	10	14	56	17	39	
All Total		570	570	570	570	570	2850



Electronic Media (74%) turned out to be the best source of information followed by Health Staff (61%), friends/relatives (56%), Print Media and Wall Paintings/Posters/Banners accounted for awareness amongst 47% (Table 16b).

17. Knowledge and opinion about sonography/sex determination

The respondents were asked whether they know of such families who previously had girls and for next pregnancy went for sonography and then for abortion as well. Among the respondents only 15% in rural and almost 20% of the urban areas were found aware of such incidents in the known families.

Table 17a: Distribution of respondents' opinion about ultrasonography/sex determination

Sex	Area	Response	District					Total
			Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
A. Information of families who went for USG for getting boy after two three girls								
Male	Rural	Yes	13.2	14.2	22.3	9.4	15.4	14.9
		Number	228	225	229	224	227	1133
	Urban	Yes	17.5	20.0	44.6	13.1	6.9	20.2
		Number	57	60	56	61	58	292
Female	Rural	Yes	18.5	5.8	24.1	10.2	17.0	15.1
		Number	222	224	220	226	223	1115
	Urban	Yes	19.0	19.7	38.5	13.6	1.6	18.7
		Number	63	61	65	59	62	310

Table 17b: Distribution of respondents' opinion about ultrasonography/sex determination

Sex	Area	Response	District					Total
			Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
B. Do you agree that for avoiding girl birth, USG is being conducted								
Male	Rural	Yes	52.2	44.9	48.0	70.1	41.0	51.2
		Total	228	225	229	224	227	1133
	Urban	Yes	68.4	41.7	62.5	52.5	25.9	50.0
		Total	57	60	56	61	58	292
Female	Rural	Yes	64.0	41.5	49.5	44.7	43.0	48.5
		Total	222	224	220	226	223	1115
	Urban	Yes	58.7	55.7	55.4	64.4	19.4	50.6
		Total	63	61	65	59	62	310



Table 17c: Distribution of respondents' opinion about ultrasonography/sex determination

Sex	Area	Response	District					Total
			Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
C. Do you consider it right								
Male	Rural	Yes	11.8	9.9	41.8	7.6	52.7	22.6
		Total	119	101	110	157	93	580
	Urban	Yes	5.1	16.0	51.4	3.1	20.0	19.2
		Total	39	25	35	32	15	146
Female	Rural	Yes	14.8	7.5	14.7	11.9	26.0	15.0
		Total	142	93	109	101	96	541
	Urban	Yes	13.5	17.6	38.9	10.5	25.0	20.4
		Total	37	34	36	38	12	157

Is USG is being abused as a tool for sex selective terminations of pregnancy, and almost 50% of the respondents, both male and female, from urban and rural areas vouched for it. Despite this 10-15% approved the use of USG technology for sex selection, which is an unfortunate observation (Table 17c).

18. Change in number of girls

Health workers including medical officers by and large did opine that the girl child ratio is decreasing.

Somehow the community perception is contrary to the earlier observations wherein 29% of rural and 23% urban males and around one-thirds of females felt that the numbers of girls has increased in last five years.

Still 38% of rural and 44% of urban males and 31% of rural and 39% of urban women share their perception with health workers (sex ratio decreasing). Around one fifths of all males and all females perceived no change has occurred in the sex ratio during previous five years of study.



Table 18: Distribution of respondents according to opinion on change in number of girl children

Sex	Area	Response	District					Total
			Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Male	Rural	No. has increased	19.7	39.1	17.0	58.0	11.9	29.0
		No. has decreased	54.8	28.4	42.4	10.7	52.4	37.9
		No change	14.0	22.7	29.3	18.8	23.3	21.6
		Don't know	11.4	9.8	11.4	12.5	12.3	11.5
		Total	228	225	229	224	227	1133
	Urban	No. has increased	28.1	31.7	12.5	37.7	1.7	22.6
		No. has decreased	52.6	33.3	41.1	26.2	67.2	43.8
		No change	8.8	26.7	35.7	11.5	15.5	19.5
		Don't know	10.5	8.3	10.7	24.6	15.5	14.0
		Total	57	60	56	61	58	292
Female	Rural	No. has increased	32.9	32.1	15.5	77.4	14.3	34.6
		No. has decreased	46.8	32.6	33.6	11.5	31.4	31.1
		No change	15.8	23.2	32.7	8.4	27.4	21.4
		Don't know	4.5	12.1	18.2	2.7	26.9	12.8
		Total	222	224	220	226	223	1115
	Urban	No. has increased	17.5	32.8	21.5	72.9	8.1	30.0
		No. has decreased	52.4	31.1	58.5	11.9	40.3	39.4
		No change	23.8	29.5	10.8	11.9	27.4	20.6
		Don't know	6.3	6.6	9.2	3.4	24.2	10.0
		Total	63	61	65	59	62	310

19. Consequences of the sex ratio imbalance

Analysis suggests that more than two-thirds of males and females felt that the imbalance in sex ratio will lead to increase in sex related crimes (Table 19a). 40% of respondents felt that dowry system will prevail.

Table 19a: Consequences of distorted sex ratio: Increase in sexual crimes

Sex	Area	Response	District					Total	
			Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar		
Male	Rural	Yes	71.5	69.3	72.9	73.7	78.0	73.1	
		Total	228	225	229	224	227	1133	
	Urban	Yes	73.7	68.3	60.7	63.9	72.4	67.8	
		Total	57	60	56	61	58	292	
	Female	Rural	Yes	63.1	62.9	62.7	78.3	66.4	66.7
			Total	222	224	220	226	223	1115
Urban		Yes	79.4	86.9	73.8	71.2	62.9	74.8	
		Total	63	61	65	59	62	310	



Nearly 66% of all respondents (male & female) from urban as well as rural area perceived that with decreasing sex ratio, women's importance in society will increase.

Table 19b: Distribution of respondents on consequences of distorted sex ratio: Increase in Dowry

Sex	Area	Response	District					Total
			Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Male	Rural	Yes	39.0	17.3	40.2	40.2	40.1	35.4
		Total	228	225	229	224	227	1133
	Urban	Yes	56.1	31.7	50.0	23.0	32.8	38.4
		Total	57	60	56	61	58	292
Female	Rural	Yes	56.3	23.2	40.0	27.9	39.9	37.4
		Total	222	224	220	226	223	1115
	Urban	Yes	66.7	29.5	32.3	18.6	8.1	31.3
		Total	63	61	65	59	62	310

Table 19c: Distribution of respondents on consequences of distorted sex ratio: Increase in women status

Sex	Area	Response	District					Total
			Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Male	Rural	Yes	63.2	47.6	68.1	63.4	74.9	63.5
		Total	228	225	229	224	227	1133
	Urban	Yes	40.4	45.0	50.0	36.1	56.9	45.5
		Total	57	60	56	61	58	292
Female	Rural	Yes	55.9	47.8	61.8	68.6	74.9	61.8
		Total	222	224	220	226	223	1115
	Urban	Yes	55.6	67.2	55.4	49.2	38.7	53.2
		Total	63	61	65	59	62	310

20. Suggestions to stop female feticide

To stop female feticide, more than 80% of male and 75% of the women respondents of rural and urban areas respectively suggested that IEC be strengthened and people be informed that female feticide is a legally a punishable offence.



Table 20: Suggestions to stop female feticide

			District					Total
			Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
A. Female Feticide is a legal offence. This message is to be promoted in the society								
Rural	Male	Yes	79.8	82.7	81.2	79.9	88.5	82.4
		Total	228	225	229	224	227	1133
	Female	Yes	74.8	74.1	57.7	78.3	78.0	72.6
		Total	222	224	220	226	223	1115
Urban	Male	Yes	87.7	83.3	82.1	57.4	98.3	81.5
		Total	57	60	56	61	58	292
	Female	Yes	79.4	78.7	81.5	72.9	74.2	77.4
		Total	63	61	65	59	62	310
B. Make people aware that there is no difference between girl & boy								
Male	Rural	Yes	87.7	39.6	86.5	94.6	90.7	79.9
		Total	228	225	229	224	227	1133
	Urban	Yes	93.0	63.3	89.3	93.4	98.3	87.3
		Total	57	60	56	61	58	292
Female	Rural	Yes	90.5	54.0	79.5	91.6	92.4	81.6
		Total	222	224	220	226	223	1115
	Urban	Yes	95.2	70.5	86.2	96.6	98.4	89.4
		Total	63	61	65	59	62	310
C. Education level to be increased								
Male	Rural	Yes	76.8	30.7	78.6	80.8	84.6	70.3
		Total	228	225	229	224	227	1133
	Urban	Yes	87.7	41.7	85.7	67.2	98.3	75.7
		Total	57	60	56	61	58	292
Female	Rural	Yes	79.7	59.8	55.5	83.2	54.3	66.5
		Total	222	224	220	226	223	1115
	Urban	Yes	95.2	70.5	69.2	81.4	66.1	76.5
		Total	63	61	65	59	62	310

82% of respondents (male and female) agreed on need to increase awareness on gender equity. Respondents from Jaisalmer, somehow, did not share it.

More than two-third but less than four-fifths of the total respondents suggested that education level needs to be increased whereas rest felt it would not make any difference in stopping female feticide (Table 20).



21. Suggestions for action to be taken if sex- determination activities are brought to their knowledge

On the actions that people themselves can initiate against sex- determination activities in the area, almost 60% of male and 75% of female respondents suggested that one should counsel/convince pregnant woman/her family.

Table 21a: Action against sex-determination activities (Male respondents)

Area	Action	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Rural	Counsel the woman/family	63.2	41.3	60.3	72.3	44.5	56.3
	Tell doctors/clinic not to do it	17.5	31.1	21.0	21.9	18.1	21.9
	Inform NGO	1.3	11.1	1.7	.0	7.0	4.2
	Inform Police	13.6	13.3	12.7	4.9	28.6	14.7
	Inform Media	1.8	1.3	.9	.9	.4	1.1
	Inform Implementing Body	1.3	.9	3.1	.0	1.3	1.3
	Others	1.3	.9	.4	.0	.0	.5
	Total	228	225	229	224	227	1133
Urban	Counsel the woman/family	56.1	23.3	50.0	82.0	84.5	59.2
	Tell doctors/clinic not to do it	33.3	35.0	23.2	8.2	5.2	20.9
	Inform NGO	.0	10.0	.0	.0	1.7	2.4
	Inform Police	8.8	26.7	21.4	9.8	8.6	15.1
	Inform Media	1.8	5.0	.0	.0	.0	1.4
	Inform Implementing Body	.0	.0	5.4	.0	.0	1.0
	Total	57	60	56	61	58	292

Slightly more than one-fifths of male respondents and less than one-fifths of female respondents opined that doctors /clinics should be told not to do sex determination.

Less than one-fifths of male respondents and less than one-tenths of women respondents suggested that Police should be informed if the sex determination activity is found (Table 21a & 21b).



Table 21b: Action against sex-determination activities (Female respondents)

Area	Action	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Rural	Counsel the woman/family	82.0	43.8	71.8	86.3	83.9	73.5
	Tell doctors/clinic not to do it	8.6	29.0	15.9	11.1	9.0	14.7
	Inform NGO	.0	5.8	1.4	.0	.4	1.5
	Inform Police	6.8	18.8	8.2	1.8	3.6	7.8
	Inform Media	.0	.9	.9	.0	.0	.4
	Inform Implementing Body	2.7	.4	1.8	.9	2.7	1.7
	Others	.0	1.3	.0	.0	.4	.4
	Total	222	224	220	226	223	1115
Urban	Counsel the woman/family	81.0	36.1	66.2	79.7	95.2	71.6
	Tell doctors/clinic not to do it	14.3	42.6	18.5	10.2	1.6	17.4
	Inform NGO	.0	6.6	.0	.0	.0	1.3
	Inform Police	3.2	14.8	7.7	6.8	1.6	6.8
	Inform Media	1.6	.0	.0	1.7	1.6	1.0
	Inform Implementing Body	.0	.0	7.7	1.7	.0	1.9
	Others	.0	.0	.0	.0	.0	.0
	Total	63	61	65	59	62	310



Assessment of Sex-Ratio & Perception of PCPNDT
SIHFW, Oct. 2008

Health Workers: Practices & Perception



1. Contact with pregnant women

On the point of regular contact with the pregnant women, ANMs (88%), ASHA (88%), AWW (86%) and LHVs (86%) reported that throughout the pregnancy period (i.e. right from the knowing of pregnancy to post partum period) they remain in contact with the women (Table 1).

Table 1: Distribution of health workers by time and period of care to PW

Designation	When are you in contact with pregnant women	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Throughout the pregnancy period	100.0%	100.0%	100.0%	66.7%	77.8%	87.5%
	On becoming pregnant	0%	0%	0%	22.2%	0%	5.0%
	At delivery time only	0%	0%	0%	11.1%	0%	2.5%
	Number	8	8	6	9	9	40
ASHA	Throughout the pregnancy period	92.9%	75.0%	91.7%	80.0%	93.3%	87.9%
	On becoming pregnant	7.1%	16.7%	8.3%	0%	0%	6.9%
	Number	14	12	12	5	15	58
AWW	Throughout the pregnancy period	90.0%	73.3%	92.3%	85.7%	87.5%	85.9%
	On becoming pregnant	0%	13.3%	7.7%	.0%	6.3%	5.1%
	At delivery time only	0%	6.7%	0%	7.1%	0%	2.6%
	Other	5.0%	6.7%	0%	7.1%	6.3%	5.1%
	Number	20	15	13	14	16	78
LHV	Throughout the pregnancy period	50.0%	0%	100.0%	100.0%	100.0%	85.7%
	At delivery time only	50.0%	0%	0%	0%	0%	14.3%
	Number	2	0	1	2	2	7

2. Reasons for referring the pregnant women

The various reasons were cited by the health workers for referring pregnant women are as follows. More than four-fifths of all health workers were unanimous that in case of heavy bleeding before delivery, lady needs referral. If pregnant woman reports any problem, more than four-fifths of ANMs and ASHA and less than three-fourths of AWWs and LHVs refer such cases. If the pregnant woman also asks for referral, then 55% of ANMs, 67% each of ASHA and AWW, and 86% of LHVs refer them. A delay of more than 12 hours in delivery is also a reason for referral (more than four-fifths of ANMs, ASHA, and LHVs and less than three fourths of



AWWs refer such cases). In addition, 72% of the ANMs, 79% of ASHA, 56 and 57% of AWWs and LHV refer if placenta does not come out (Table 2).

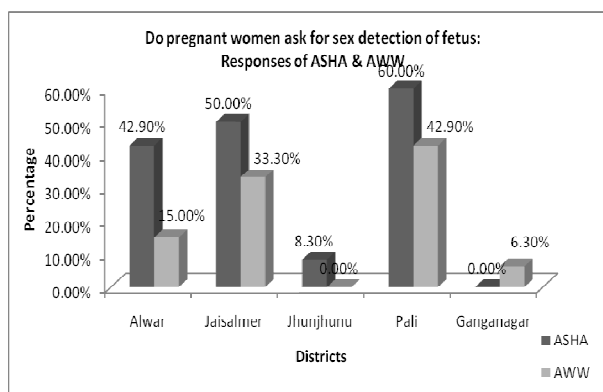
Table 2: Reasons for referring the pregnant women

Designation	Reasons	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Heavy Bleeding	100.0%(8)	87.5% (8)	100.0% (6)	88.9% (9)	77.8% (9)	90.0%(40)
ASHA		92.9%(14)	75.0%(12)	91.7% (12)	80.0% (5)	93.3% (15)	87.9%(58)
AWW		85.0%(20)	73.3%(15)	100%(13)	85.7%(14)	87.5%(16)	85.9%(78)
LHV		100%(2)	0%(0)	100%(1)	50.0%(2)	100%(2)	85.7% (7)
ANM	On reporting any problem	87.5% (8)	75.0% (8)	83.3% (6)	77.8% (9)	77.8% (9)	80.0%(40)
ASHA		85.7%(14)	83.3%(12)	66.7%(12)	80.0% (5)	93.3% (15)	82.8%(58)
AWW		75.0%(20)	60.0%(15)	84.6%(13)	50.0%(14)	87.5%(16)	71.8%(78)
LHV		50.0%(2)	0%(0)	100.0%(1)	50.0%(2)	100%(2)	71.4%(7)
ANM	When asked by woman	37.5%(8)	75.0%(8)	83.3%(6)	44.4%(9)	44.4%(9)	55.0%(40)
ASHA		57.1%(14)	50.0%(12)	66.7%(12)	100%(5)	80.0%(15)	67.2%(58)
AWW		65.0%(20)	53.3%(15)	46.2%(13)	85.7%(14)	81.3%(16)	66.7%(78)
LHV		50.0%(2)	0%(0)	100%(1)	100%(2)	100%(2)	85.7%(7)
ANM	Delay in delivery by more than 12 hours	100%(8)	87.5%(8)	100%(6)	66.7% (9)	77.8% (9)	85.0%(40)
ASHA		92.9%(14)	91.7%(12)	75.0% (12)	80.0% (5)	93.3% (15)	87.9%(58)
AWW		65.0%(20)	60.0%(15)	69.2% (13)	78.6% (14)	93.8% (16)	73.1%(78)
LHV		100% (2)	0% (0)	100% (1)	50.0% (2)	100% (2)	85.7% (7)
ANM	On Placenta not coming out	87.5% (8)	75.0% (8)	100% (6)	55.6% (9)	55.6% (9)	72.5%(40)
ASHA		85.7%(14)	66.7%(12)	91.7% (12)	60.0% (5)	80.0% (15)	79.3%(58)
AWW		55.0%(20)	53.3%(15)	46.2% (13)	50.0% (14)	75.0% (16)	56.4%(78)
LHV		50.0% (2)	0% (0)	100.0% (1)	.0% (2)	100.0% (2)	57.1% (7)

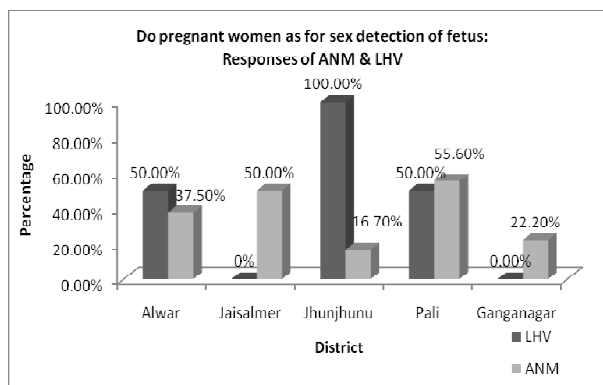


3. Pregnant woman asking for sex detection of fetus, place and worker's reply

Question was asked to the health workers whether pregnant women ask them for the sex-determination of the fetus. The analysis regarding the same shows that 37% of ANMs, 28% of ASHA, 19% of AWWs, 9% of Panchayatiraj Pratinidhi and 43% of LHVs said that they were asked by the pregnant women about the sex determination of the fetus.



Among the women who show interest for sex-determination, (according to 87% of ANMs, all ASHA and AWWs, 50% of PP and 67% of LHVs) reported that they were asked for sex determination centre where this can be done. 87 % each of ANM-ASHA-AWW and 100% of Panchayatiraj Pratinidhi & 67% of LHVs



informed the women that sex determination of fetus is a crime. Very few of them tell them about any such centre where sex determination can be done (Table 3a, 3b &3c).

Table 3a: Do pregnant woman ask for sex detection of fetus

Designation		District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	37.5%	50.0%	16.7%	55.6%	22.2%	37.5%
	Number	8	8	6	9	9	40
ASHA	Yes	42.9%	50.0%	8.3%	60.0%	.0%	27.6%
	Number	14	12	12	5	15	58
AWW	Yes	15.0%	33.3%	.0%	42.9%	6.3%	19.2%
	Number	20	15	13	14	16	78
Panchayat Pratinidhi	Yes	.0%	33.3%	20.0%	6.3%	10.0%	9.3%
	Number	9	3	5	16	10	43
LHV	Yes	50.0%	0%	100.0%	50.0%	.0%	42.9%
	Number	2	0	1	2	2	7



Table 3b: Do the pregnant women ask for the center for sex determination

Designation		District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	66.7%	100.0%	100.0%	80.0%	100.0%	86.7%
	Number	3	4	1	5	2	15
ASHA	Yes	100.0%	100.0%	100.0%	100.0%	0%	100.0%
	Number	6	6	1	3	0	16
AWW	Yes	100.0%	100.0%	0%	100.0%	100.0%	100.0%
	Number	3	5	0	6	1	15
Panchayat Pratinidhi	Yes	0%	100.0%	.0%	100.0%	.0%	50.0%
	Number	0	1	1	1	1	4
LHV	Yes	.0%	0%	100.0%	100.0%	0%	66.7%
	Number	1	0	1	1	0	3

Table 3c: How do the health workers respond for query related to place for sex determination

Designation		Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Sex determination of fetus is crime	66.7%	100.0%	100.0%	80.0%	100.0%	86.7%
	Tell them about the Centre	33.3%	.0%	.0%	20.0%	.0%	13.3%
	Number	3	4	1	5	2	15
ASHA	Sex determination of fetus is crime	83.3%	83.3%	100.0%	100.0%	0%	87.5%
	Tell them about the Centre	16.7%	16.7%	.0%	.0%	0%	12.5%
	Number	6	6	1	3	0	16
AWW	Sex determination of fetus is crime	100.0%	80.0%	0%	83.3%	100.0%	86.7%
	Tell them about the Centre	.0%	20.0%	0%	.0%	.0%	6.7%
	Other	.0%	.0%	0%	16.7%	.0%	6.7%
	Number	3	5	0	6	1	15
Panchayat Pratinidhi	Sex determination of fetus is crime	0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Number	0	1	1	1	1	4
LHV	Sex determination of fetus is crime	.0%	0%	100.0%	100.0%	0%	66.7%
	Tell them about the Centre	100.0%	0%	.0%	.0%	0%	33.3%
	Number	1	0	1	1	0	3



4. Awareness that girls ratio is decreasing day by day

The health workers are fairly aware of the decreasing number of girls and the observations at table 4a & 4b endorse it.

Table 4a: Distribution of respondents according to their awareness about decreasing sex ratio

Designation		District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	75.0%	87.5%	100.0%	88.9%	100.0%	90.0%
	Number	8	8	6	9	9	40
ASHA	Yes	71.4%	66.7%	75.0%	40.0%	100.0%	75.9%
	Number	14	12	12	5	15	58
AWW	Yes	85.0%	66.7%	76.9%	50.0%	100.0%	76.9%
	Number	20	15	13	14	16	78
Panchayat Pratinidhi	Yes	100.0%	100.0%	80.0%	81.3%	100.0%	90.7%
	Number	9	3	5	16	10	43
LHV	Yes	50.0%	0%	100.0%	.0%	100.0%	57.1%
	Number	2	0	1	2	2	7

The ANMs mainly held society (50%) and the pregnant woman herself (28%) responsible for it. The same view was expressed by ASHA (society 41% and pregnant woman herself 39%). Around 10% of them pointed towards technique and doctors also. AWWs hold pregnant woman (45%) herself responsible, society (37%) and doctors (12%) responsible for decreasing sex ratio. In the opinion of PP the onus of this decrease is on society (46%), doctors (26%) and pregnant woman herself (23%). Around three-fifths of the LHVs held technique, society and pregnant woman herself (25% each) responsible for the decreasing sex ratio in the society (Table 4b).



Table 4b: Distribution of respondents according to person they hold responsible for decreasing sex ratio

Designation		District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Technique	16.7%	14.3%	.0%	.0%	11.1%	8.3%
	Doctors	.0%	14.3%	.0%	12.5%	.0%	5.6%
	Society	66.7%	42.9%	66.7%	37.5%	44.4%	50.0%
	PW Self	16.7%	14.3%	33.3%	37.5%	33.3%	27.8%
	Number	6	7	6	8	9	36
ASHA	Technique	20.0%	12.5%	11.1%	.0%	6.7%	11.4%
	Doctors	20.0%	12.5%	11.1%	.0%	.0%	9.1%
	Society	10.0%	62.5%	44.4%	.0%	53.3%	40.9%
	PW Self	50.0%	12.5%	33.3%	100.0%	40.0%	38.6%
	Number	10	8	9	2	15	44
AWW	Doctors	11.8%	10.0%	.0%	42.9%	6.3%	11.7%
	Society	23.5%	60.0%	50.0%	28.6%	31.3%	36.7%
	PW Self	64.7%	30.0%	40.0%	28.6%	43.8%	45.0%
	Number	17	10	10	7	16	60
Panchayat Pratinidhi	Technique	11.1%	.0%	.0%	.0%	.0%	2.6%
	Doctors	44.4%	66.7%	25.0%	23.1%	.0%	25.6%
	Society	22.2%	33.3%	50.0%	53.8%	60.0%	46.2%
	PW Self	22.2%	.0%	25.0%	23.1%	30.0%	23.1%
	Number	9	3	4	13	10	39
LHV	Technique	.0%	0%	.0%	0%	50.0%	25.0%
	Society	.0%	0%	.0%	0%	50.0%	25.0%
	PW Self	100.0%	0%	.0%	0%	.0%	25.0%
	Number	1	0	1	0	2	4

5. Reasons for stopping girls birth

While the birth of girl child is not welcomed, had many reasons extended by all the cadres of health workers, the principal one being 'son is needed for maintaining family tree'.

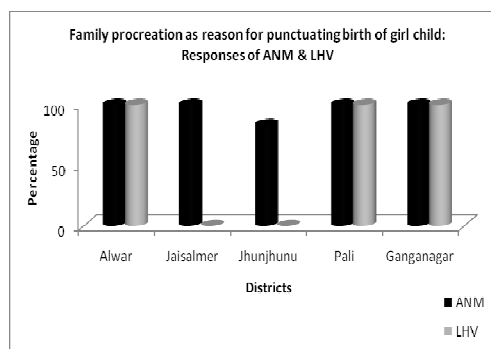
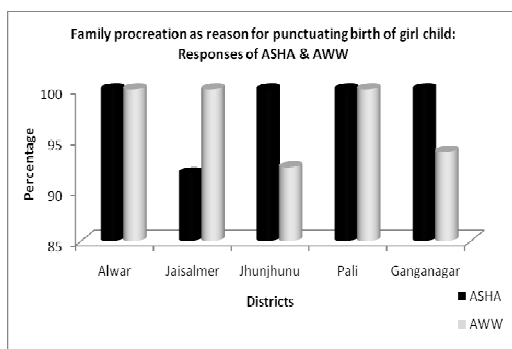




Table 5a: Distribution of respondents who extended need for family procreation as reason for punctuating birth of girl child

Designation		District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	100.0%	100.0%	83.3%	100.0%	100.0%	97.5%
	Number	8	8	6	9	9	40
ASHA	Yes	100.0%	91.7%	100.0%	100.0%	100.0%	98.3%
	Number	14	12	12	5	15	58
AWW	Yes	100.0%	100.0%	92.3%	100.0%	93.8%	97.4%
	Number	20	15	13	14	16	78
Panchayat Pratinidhi	Yes	100.0%	100.0%	60.0%	93.8%	100.0%	93.0%
	Number	9	3	5	16	10	43
LHV	Yes	100.0%	0%	.0%	100.0%	100.0%	85.7%
	Number	2	0	1	2	2	7

Another reason for son preference emerged out as economic security in older age. This was the reason cited by ANMs (75%), ASHAs (91%), AWWs and PP each (77%) and LHVs (71%).

Table 5b: Distribution of respondents who extended economic security in old age as reason for punctuating birth of girl child

Designation		District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	62.5%	62.5%	100.0%	77.8%	77.8%	75.0%
	Number	8	8	6	9	9	40
ASHA	Yes	92.9%	83.3%	91.7%	80.0%	100.0%	91.4%
	Number	14	12	12	5	15	58
AWW	Yes	80.0%	80.0%	76.9%	50.0%	93.8%	76.9%
	Number	20	15	13	14	16	78
Panchayat Pratinidhi	Yes	88.9%	66.7%	40.0%	75.0%	90.0%	76.7%
	Number	9	3	5	16	10	43
LHV	Yes	50.0%	0%	.0%	100.0%	100.0%	71.4%
	Number	2	0	1	2	2	7

According to the health workers another reason behind son preference was to accomplish the religious rituals (60% ANMs, 65% ASHAs, 63% AWWs, 67% PP and 43% LHVs).

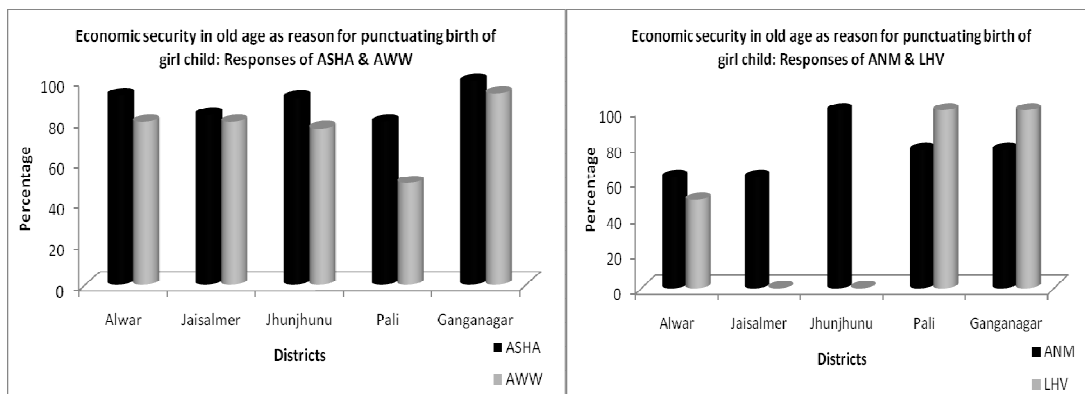
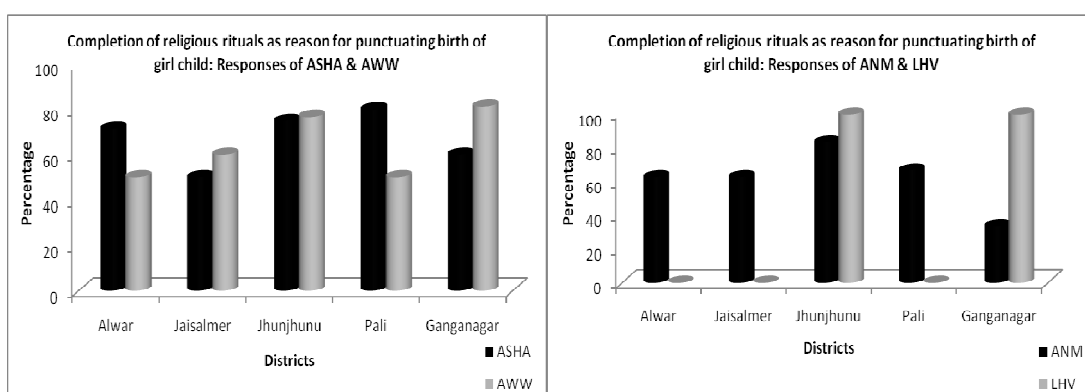


Table 5c: Distribution of respondents who extended completion of religious rituals as reason for punctuating birth of girl child

Designation		District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	62.5%	62.5%	83.3%	66.7%	33.3%	60.0%
	Number	8	8	6	9	9	40
ASHA	Yes	71.4%	50.0%	75.0%	80.0%	60.0%	65.5%
	Number	14	12	12	5	15	58
AWW	Yes	50.0%	60.0%	76.9%	50.0%	81.3%	62.8%
	Number	20	15	13	14	16	78
Panchayat Pratinidhi	Yes	77.8%	66.7%	60.0%	68.8%	60.0%	67.4%
	Number	9	3	5	16	10	43
LHV	Yes	.0%	0%	100.0%	.0%	100.0%	42.9%
	Number	2	0	1	2	2	7





6. Societal repercussions of decreasing girl child sex ratio

The opinion was expressed in unison by all the workers covered. The range varied from 94% to 100%. Further, the responses varied from increase in sexual crimes against women (ANMs & ASHAs 85% each), PP (84%), AWWs (80%) and LHVs (57%). Also this decrease may lead to polyandry as expressed by ANMs (63%), ASHAs (59%), AWWs and PP each (47%) and LHVs (14%). Besides, there will be increase in crimes also as cited by the workers in the range of 71 - 78% (Table 6a, 6b, 6c, 6d & 6e).

Table 6a: Health workers response for consequences of decreasing sex ratio: Imbalance in society

Designation		District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	100.0%	100.0%	83.3%	100.0%	88.9%	95.0%
	Number	8	8	6	9	9	40
ASHA	Yes	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Number	14	12	12	5	15	58
AWW	Yes	90.0%	93.3%	100.0%	85.7%	100.0%	93.6%
	Number	20	15	13	14	16	78
Panchayat Pratinidhi	Yes	100.0%	100.0%	100.0%	93.8%	100.0%	97.7%
	Number	9	3	5	16	10	43
LHV	Yes	100.0%	0%	100.0%	100.0%	100.0%	100.0%
	Number	2	0	1	2	2	7

Consequences of decreasing sex ratio

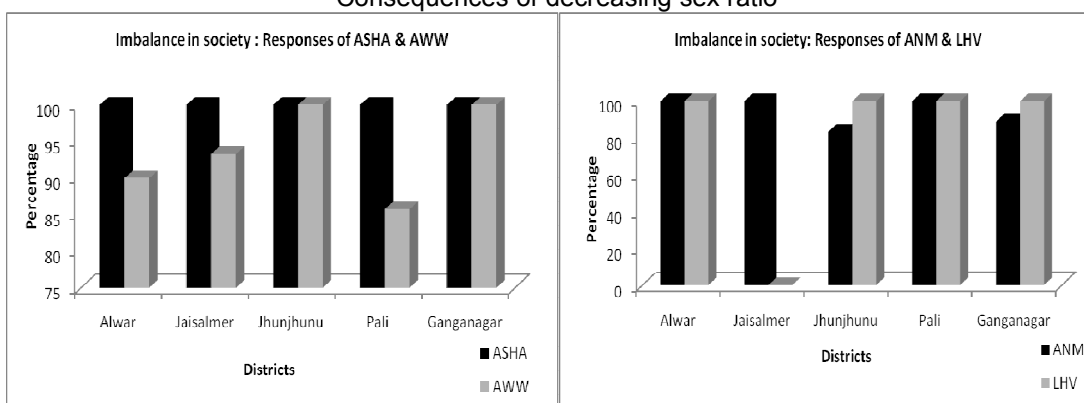




Table 6b: Health workers response for consequences of decreasing sex ratio: Increase in crimes against women

Designation		District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	100.0%	75.0%	100.0%	77.8%	77.8%	85.0%
	Number	8	8	6	9	9	40
ASHA	Yes	85.7%	58.3%	91.7%	80.0%	100.0%	84.5%
	Number	14	12	12	5	15	58
AWW	Yes	85.0%	66.7%	84.6%	57.1%	100.0%	79.5%
	Number	20	15	13	14	16	78
Panchayat Pratinidhi	Yes	77.8%	100.0%	100.0%	68.8%	100.0%	83.7%
	Number	9	3	5	16	10	43
LHV	Yes	100.0%	0%	0%	0%	100.0%	57.1%
	Number	2	0	1	2	2	7

Consequences of decreasing sex ratio

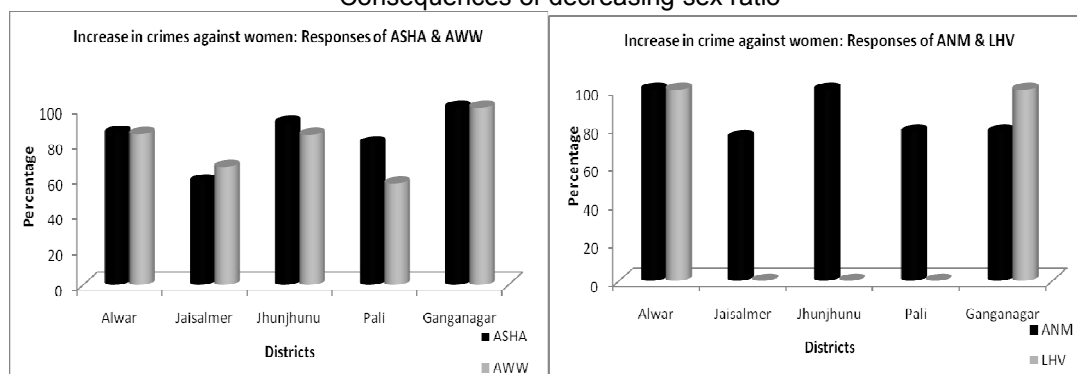


Table 6c: Health workers response for consequences of decreasing sex ratio: Polyandry

Designation		District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	50.0%	87.5%	50.0%	44.4%	77.8%	62.5%
	Number	8	8	6	9	9	40
ASHA	Yes	42.9%	58.3%	58.3%	60.0%	73.3%	58.6%
	Number	14	12	12	5	15	58
AWW	Yes	30.0%	33.3%	53.8%	28.6%	87.5%	46.2%
	Number	20	15	13	14	16	78
Panchayat Pratinidhi	Yes	44.4%	33.3%	0.0%	37.5%	90.0%	46.5%
	Number	9	3	5	16	10	43
LHV	Yes	0%	0%	0%	0%	50.0%	14.3%
	Number	2	0	1	2	2	7



Table 6d: Health workers response for consequences of decreasing sex: Increase in crimes

Designation		District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	87.5%	75.0%	66.7%	66.7%	88.9%	77.5%
	Number	8	8	6	9	9	40
ASHA	Yes	92.9%	58.3%	75.0%	80.0%	80.0%	77.6%
	Number	14	12	12	5	15	58
AWW	Yes	85.0%	60.0%	69.2%	64.3%	93.8%	75.6%
	Number	20	15	13	14	16	78
Panchayat Pratinidhi	Yes	88.9%	66.7%	60.0%	75.0%	70.0%	74.4%
	Number	9	3	5	16	10	43
LHV	Yes	100.0%	0%	100.0%	.0%	100.0%	71.4%
	Number	2	0	1	2	2	7

Table 6e: Health workers response for consequences of decreasing sex: non-specific responses

Designation		District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Others							
ANM	Yes	37.5%	12.5%	16.7%	11.1%	.0%	15.0%
	Number	8	8	6	9	9	40
ASHA	Yes	.0%	.0%	50.0%	20.0%	13.3%	15.5%
	Number	14	12	12	5	15	58
AWW	Yes	10.0%	20.0%	38.5%	21.4%	6.3%	17.9%
	Number	20	15	13	14	16	78
Panchayat Pratinidhi	Yes	11.1%	33.3%	.0%	12.5%	10.0%	11.6%
	Number	9	3	5	16	10	43

7. Awareness about sex determination activities, girl feticide in the area and reasons thereof

Information was also collected from the workers on their awareness about sex determination and female feticide incidents in their area. A majority of the workers had heard about it. The range varied from ASHA (84%), PP (81%), ANM (77%), AWW (73%) and LHV (71%).



Table 7: Health workers awareness about sex determination activities, girl feticide in the area and reasons thereof

Designation	Aware	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	100.0%	50.0%	66.7%	100.0%	66.7%	77.5%
	Number	8	8	6	9	9	40
ASHA	Yes	85.7%	58.3%	91.7%	100.0%	93.3%	84.5%
	Number	14	12	12	5	15	58
AWW	Yes	65.0%	86.7%	53.8%	92.9%	68.8%	73.1%
	Number	20	15	13	14	16	78
Panchayat Pratinidhi	Yes	77.8%	66.7%	60.0%	87.5%	90.0%	81.4%
	Number	9	3	5	16	10	43
LHV	Yes	100.0%	0%	.0%	100.0%	50.0%	71.4%
	Number	2	0	1	2	2	7

Further the analysis suggests that female feticide was considered as one of the reasons of decrease in number of girls by LHVs (100%), ASHAs and PP each (93%), ANMs (90%) and AWWs (87%).

8. Various reasons cited for girl feticide

ASHAs (83%), PP (81 %), ANMs (72%), AWWs (63%) and LHVs (57%) perceived *misuse of appropriate technique* as a reason for girl feticide.

Lack of awareness was considered as another reason for female feticide respectively by ASHAs (79%), ANMs (75%), AWWs (73%), PP (70%) and LHVs (57%). Besides, *Dowry system* was cited by ASHAs (76%), ANMs (75%), PP (74%), AWWs (70%) and LHVs (57%) as another factor. *Feeling of social insecurity* was considered as one of the factors by the workers and the range varied from ANMs and ASHAs each (62%), PP (60%) and AWWs (49%). *Preference given to boys in families and society* was considered by PP (88%), ASHAs (86%), ANMs (85%), AWWs (81%) and LHVs (71%) as another factor for female feticide. *Desire of family procreation* was another reason as given by ANMs (82%), ASHAs and AWWs each (76%), LHVs (71%) and PP (70%) for sex selection. Low priority was given to social and religious customs by all the workers.



Table 8a: Reasons for female feticide: Misuse of the appropriate technique

Designation	Reasons/ Response	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	75.0%	87.5%	66.7%	55.6%	77.8%	72.5%
	Number	8	8	6	9	9	40
ASHA	Yes	92.9%	66.7%	100.0%	60.0%	80.0%	82.8%
	Number	14	12	12	5	15	58
AWW	Yes	55.0%	60.0%	69.2%	42.9%	87.5%	62.8%
	Number	20	15	13	14	16	78
Panchayat Pratinidhi	Yes	88.9%	66.7%	80.0%	68.8%	100.0%	81.4%
	Number	9	3	5	16	10	43
LHV	Yes	50.0%	0%	100.0%	0%	100.0%	57.1%
	Number	2	0	1	2	2	7

Table 8b: Reasons for female feticide: Lack of awareness

Designation	Reasons/ Response	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	75.0%	87.5%	66.7%	55.6%	88.9%	75.0%
	Number	8	8	6	9	9	40
ASHA	Yes	85.7%	75.0%	75.0%	60.0%	86.7%	79.3%
	Number	14	12	12	5	15	58
AWW	Yes	75.0%	80.0%	61.5%	50.0%	93.8%	73.1%
	Number	20	15	13	14	16	78
Panchayat Pratinidhi	Yes	100.0%	33.3%	20.0%	62.5%	90.0%	69.8%
	Number	9	3	5	16	10	43
LHV	Yes	50.0%	0%	100.0%	0%	100.0%	57.1%
	Number	2	0	1	2	2	7



Table 8c: Reasons for female feticide: Dowry System

Designation	Reasons/ response	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	87.5%	50.0%	83.3%	66.7%	88.9%	75.0%
	Number	8	8	6	9	9	40
ASHA	Yes	85.7%	33.3%	83.3%	80.0%	93.3%	75.9%
	Number	14	12	12	5	15	58
AWW	Yes	65.0%	46.7%	76.9%	64.3%	100.0%	70.5%
	Number	20	15	13	14	16	78
Panchayat Pratinidhi	Yes	77.8%	.0%	60.0%	75.0%	100.0%	74.4%
	Number	9	3	5	16	10	43
LHV	Yes	100.0%	0%	100.0%	0%	50.0%	57.1%
	Number	2	0	1	2	2	7

Reasons for female feticide

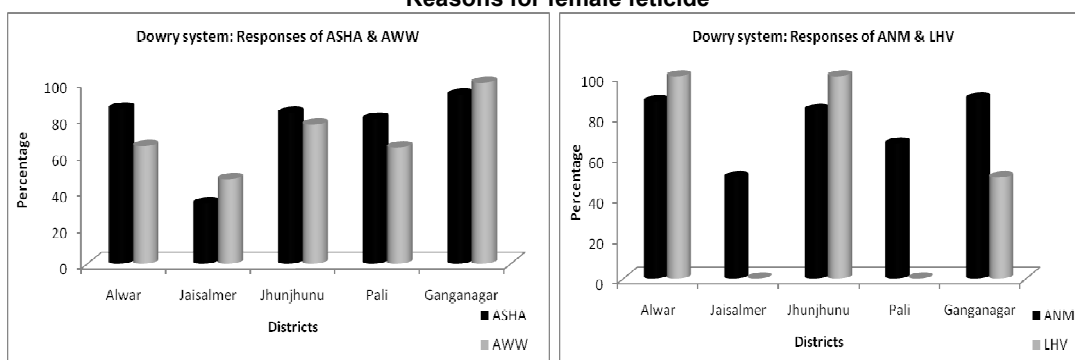




Table 8d: Reasons for female feticide: Feeling of social insecurity

Designation	Reasons/ Response	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	75.0%	37.5%	66.7%	55.6%	77.8%	62.5%
	Number	8	8	6	9	9	40
ASHA	Yes	50.0%	33.3%	66.7%	80.0%	86.7%	62.1%
	Number	14	12	12	5	15	58
AWW	Yes	25.0%	26.7%	61.5%	42.9%	93.8%	48.7%
	Number	20	15	13	14	16	78
Panchayat Pratinidhi	Yes	77.8%	33.3%	20.0%	56.3%	80.0%	60.5%
	Number	9	3	5	16	10	43
LHV	Yes	0%	0%	100.0%	0%	100.0%	42.9%
	Number	2	0	1	2	2	7

Reasons for female feticide

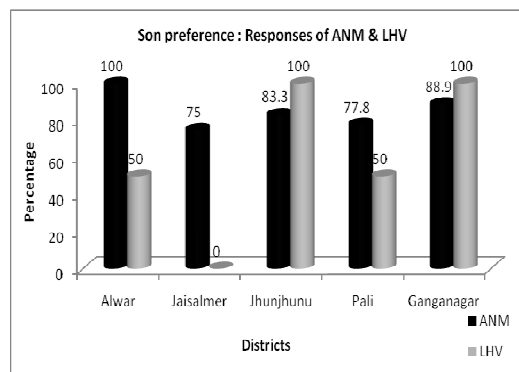
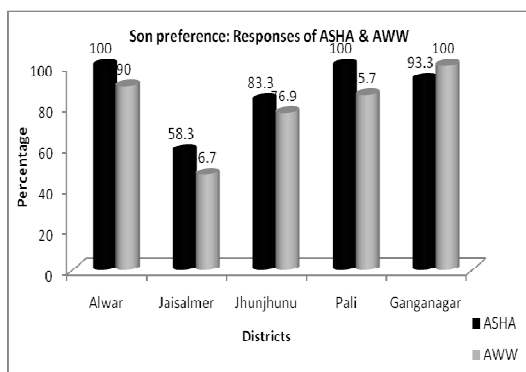




Table 8e: Reasons for female feticide: Son preference

Designation	Reasons/ Response	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	100.0%	75.0%	83.3%	77.8%	88.9%	85.0%
	Number	8	8	6	9	9	40
ASHA	Yes	100.0%	58.3%	83.3%	100.0%	93.3%	86.2%
	Number	14	12	12	5	15	58
AWW	Yes	90.0%	46.7%	76.9%	85.7%	100.0%	80.8%
	Number	20	15	13	14	16	78
Panchayat Pratinidhi	Yes	100.0%	33.3%	80.0%	93.8%	90.0%	88.4%
	Number	9	3	5	16	10	43
LHV	Yes	50.0%	0%	100.0%	50.0%	100.0%	71.4%
	Number	2	0	1	2	2	7

Table 8f: Reasons for female feticide: son desired for procreation

Designation	Reasons/ Response	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	75.0%	75.0%	100.0%	77.8%	88.9%	82.5%
	Number	8	8	6	9	9	40
ASHA	Yes	78.6%	58.3%	66.7%	80.0%	93.3%	75.9%
	Number	14	12	12	5	15	58
AWW	Yes	85.0%	53.3%	84.6%	50.0%	100.0%	75.6%
	Number	20	15	13	14	16	78
Panchayat Pratinidhi	Yes	100.0%	.0%	60.0%	62.5%	80.0%	69.8%
	Number	9	3	5	16	10	43
LHV	Yes	100.0%	0%	100.0%	.0%	100.0%	71.4%
	Number	2	0	1	2	2	7



Table 8g: Reasons for female feticide: son required for social and religious rituals

Designation	Reasons/ Response	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	62.5%	50.0%	33.3%	33.3%	44.4%	45.0%
	Number	8	8	6	9	9	40
ASHA	Yes	35.7%	41.7%	50.0%	60.0%	13.3%	36.2%
	Number	14	12	12	5	15	58
AWW	Yes	50.0%	26.7%	46.2%	35.7%	25.0%	37.2%
	Number	20	15	13	14	16	78
Panchayat Pratinidhi	Yes	33.3%	.0%	40.0%	43.8%	.0%	27.9%
	Number	9	3	5	16	10	43
LHV	Yes	.0%	0%	100.0%	50.0%	.0%	28.6%
	Number	2	0	1	2	2	7

9. Awareness about PCPNDT Act, penalty/ fines

More than two-thirds of the workers were aware of PCPNDT Act. It was observed that they may not recall the full name of the Act but more than 90% of them were aware that there is a law which prohibits sex determination (Table 9a).

Table 9a: Awareness about PCPNDT rule & penalty

Designation		District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	87.5%	75.0%	100.0%	88.9%	77.8%	85.0%
	Number	8	8	6	9	9	40
ASHA	Yes	64.3%	75.0%	83.3%	60.0%	100.0%	79.3%
	Number	14	12	12	5	15	58
AWW	Yes	55.0%	60.0%	76.9%	42.9%	93.8%	65.4%
	Number	20	15	13	14	16	78
Panchayat Pratinidhi	Yes	100.0%	100.0%	60.0%	62.5%	90.0%	79.1%
	Number	9	3	5	16	10	43
LHV	Yes	100.0%	0%	100.0%	100.0%	100.0%	100.0%
	Number	2	0	1	2	2	7



Table 9b reveals that almost all the workers were aware that sex detection is a crime under the Act and the woman who undergoes the same, is also liable for penalty/fine (Table 9c).

Table 9b: Awareness that sex detection is crime

Designation		District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Number	8	8	6	9	9	40
ASHA	Yes	100.0%	100.0%	91.7%	100.0%	86.7%	94.8%
	Number	14	12	12	5	15	58
AWW	Yes	95.0%	93.3%	100.0%	92.9%	87.5%	93.6%
	Number	20	15	13	14	16	78
Panchayat Pratinidhi	Yes	100.0%	100.0%	60.0%	100.0%	90.0%	93.0%
	Number	9	3	5	16	10	43
LHV	Yes	100.0%	0%	100.0%	100.0%	100.0%	100.0%
	Number	2	0	1	2	2	7

Table 9c: Awareness about penalty clause for woman undergoing sex determination

Designation		District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	87.5%	87.5%	100.0%	100.0%	100.0%	95.0%
	Number	8	8	6	9	9	40
ASHA	Yes	92.9%	91.7%	83.3%	100.0%	100.0%	93.1%
	Number	14	12	12	5	15	58
AWW	Yes	95.0%	93.3%	84.6%	85.7%	100.0%	92.3%
	Number	20	15	13	14	16	78
Panchayat Pratinidhi	Yes	100.0%	100.0%	100.0%	93.8%	100.0%	97.7%
	Number	9	3	5	16	10	43
LHV	Yes	100.0%	0%	100.0%	100.0%	100.0%	100.0%
	Number	2	0	1	2	2	7

All the LHVs and 90% of ANMs and around two thirds of ASHAs, AWWs and PP knew that all Sonography and Ultrasound Centers come under the purview of this Act (Table 9c).



Table 9d: All USG centers are covered under the PCPNDT Act

Designation		District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	87.5%	87.5%	83.3%	88.9%	100.0%	90.0%
	Number	8	8	6	9	9	40
ASHA	Yes	85.7%	75.0%	66.7%	60.0%	46.7%	67.2%
	Number	14	12	12	5	15	58
AWW	Yes	70.0%	73.3%	53.8%	42.9%	68.8%	62.8%
	Number	20	15	13	14	16	78
Panchayat Pratinidhi	Yes	77.8%	100.0%	40.0%	62.5%	50.0%	62.8%
	Number	9	3	5	16	10	43
LHV	Yes	100.0%	0%	100.0%	100.0%	100.0%	100.0%
	Number	2	0	1	2	2	7

10. Misuse of technique

For prevention of misuse of technique for sex determination and implementation of the Act, knowledge about the appointment of appropriate authority was found to be very low among ASHAs, AWWs and PP and less than three-fifths of ANMs and LHVs knew about it. The appropriate authority named by ANMs is Collector, CM&HO, Dy. CM&HO, and RCHO, by ASHAs is Collector, Court and CM&HO, by AWWs is Collector, SDM, CM&HO and Advocate, by PP is Collector, SP, CM&HO and Judge and by LHV, CM&HO and SDM. (Table10).

Table10: Aware of any officer deputed for preventing the misuse and implementation of act

Designation		District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Knowledge about appointment of appropriate authority						
	Yes	75.0%	75.0%	66.7%	33.3%	44.4%	57.5%
ASHA	Number	8	8	6	9	9	40
	Yes	14.3%	25.0%	25.0%	20.0%	6.7%	17.2%
AWW	Number	14	12	12	5	15	58
	Yes	25.0%	20.0%	30.8%	.0%	12.5%	17.9%
Panchayat Pratinidhi	Number	20	15	13	14	16	78
	Yes	44.4%	100.0%	20.0%	6.3%	.0%	20.9%
LHV	Number	9	3	5	16	10	43
	Yes	50.0%	0%	.0%	100.0%	50.0%	57.1%
LHV	Number	2	0	1	2	2	7



Table11a: Health worker's knowledge about the authority for implementation of the Act

Designation		District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Don't Know	25.0%	25.0%	33.3%	66.7%	55.6%	42.5%
	BCM&HO, SDM, Advocate.	.0%	12.5%	.0%	.0%	.0%	2.5%
	CM&HO, DY,CM&HO	12.5%	.0%	.0%	.0%	.0%	2.5%
	CM&HO, PMO	.0%	12.5%	.0%	.0%	.0%	2.5%
	CM&HO, BCMO	12.5%	.0%	.0%	.0%	.0%	2.5%
	CM&HO	12.5%	12.5%	50.0%	22.2%	44.4%	27.5%
	CM&HO, Advocate	.0%	25.0%	.0%	.0%	.0%	5.0%
	CMHO, BCMO	12.5%	.0%	.0%	.0%	.0%	2.5%
	Collector, Doctor	.0%	12.5%	16.7%	.0%	.0%	5.0%
	Collector,CM&HO	12.5%	.0%	.0%	.0%	.0%	2.5%
	DR,CM&HO	12.5%	.0%	.0%	.0%	.0%	2.5%
	RCHO, Collector	.0%	.0%	.0%	11.1%	.0%	2.5%
	Number	8	8	6	9	9	40
LHV	Don't Know	50.0%	0%	100.0%	.0%	50.0%	42.9%
	CM&HO	50.0%	0%	.0%	50.0%	50.0%	42.9%
	CM&HO, SDM	.0%	0%	.0%	50.0%	.0%	14.3%
	Number	2	0	1	2	2	7

Table11b: AWW and ASHA's awareness about the authority for implementation of the Act

Designation		District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ASHA	Don't Know	85.7%	75.0%	75.0%	80.0%	93.3%	82.8%
	CM&HO	7.1%	.0%	.0%	.0%	6.7%	3.4%
	CM&HO, Collector, Court	.0%	8.3%	.0%	.0%	.0%	1.7%
	Collector	.0%	.0%	16.7%	.0%	.0%	3.4%
	Collector, CM&HO	7.1%	16.7%	8.3%	20.0%	.0%	8.6%
	Number	14	12	12	5	15	58
AWW	Don't Know	75.0%	80.0%	69.2%	100.0%	87.5%	82.1%
	CM&HO	5.0%	.0%	23.1%	.0%	12.5%	7.7%
	CM&HO, Advocate	.0%	6.7%	.0%	.0%	.0%	1.3%
	Collector	5.0%	6.7%	7.7%	.0%	.0%	3.9%
	Collector, SDM	5.0%	.0%	.0%	.0%	.0%	1.3%
	DY CM&HO	5.0%	.0%	.0%	.0%	.0%	1.3%
	LAW DEPT,CMHO	.0%	6.7%	.0%	.0%	.0%	1.3%
Number	20	15	13	14	16	78	



Table11c: Awareness of PRI members about the authority for implementation of the Act

Designation		District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Panchayat Pratinidhi	Don't Know	55.6%	.0%	80.0%	93.8%	100.0%	79.1%
	CM&HO	11.1%	.0%	.0%	.0%	.0%	2.3%
	CM&HO, LAW, SP	22.2%	.0%	.0%	.0%	.0%	4.6%
	CM&HO, Advocate	.0%	33.3%	.0%	.0%	.0%	2.3%
	CM&HO, POLICE	11.1%	.0%	.0%	.0%	.0%	2.3%
	Collector	.0%	.0%	20.0%	6.3%	.0%	4.7%
	Collector, Police	.0%	33.3%	.0%	.0%	.0%	2.3%
	Court, Collector	.0%	33.3%	.0%	.0%	.0%	2.3%
	Number	9	3	5	16	10	43

12. Why PCPNDT Act

50-70% of workers covered under the study, perceived a decrease in number of girls as one of the main factor of implementation of this Act. To prevent illegal abortions was another reason cited by them. One-fifths to two-fifths of the workers held this opinion.

Very few thought that Ultrasound is against the interest of females. According to health workers for preventing illegal abortions, the range varied from LHVs (43%), ANMs (35%), AWWs (27%), ASHAs (26%) and PP (20%).



Table 12: Reasons for creation for PCPNDT Act

Designation	Reasons	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Ultrasound is injurious for woman	.0%	.0%	16.7%	11.1%	44.4%	15.0%
	To stop illegal abortions	37.5%	37.5%	50.0%	55.6%	.0%	35.0%
	Number of girls is decreasing	62.5%	62.5%	33.3%	33.3%	55.6%	50.0%
	Number	8	8	6	9	9	40
ASHA	Ultrasound is injurious for woman	.0%	8.3%	.0%	.0%	6.7%	3.4%
	To stop illegal abortions	28.6%	16.7%	41.7%	80.0%	.0%	25.9%
	Number of girls is decreasing	71.4%	75.0%	58.3%	20.0%	93.3%	70.7%
	Number	14	12	12	5	15	58
AWW	Ultrasound is injurious for woman	10.0%	13.3%	38.5%	.0%	12.5%	14.1%
	To stop illegal abortions	25.0%	40.0%	23.1%	42.9%	6.3%	26.9%
	Number of girls is decreasing	55.0%	33.3%	38.5%	50.0%	81.3%	52.6%
	Doctors/clinics are minting money	5.0%	13.3%	.0%	.0%	.0%	3.8%
	other	5.0%	.0%	.0%	7.1%	.0%	2.6%
	Number	20	15	13	14	16	78
Panchayat Pratinidhi	Ultrasound is injurious for woman	.0%	.0%	60.0%	.0%	10.0%	9.3%
	To stop illegal abortions	33.3%	.0%	.0%	37.5%	.0%	20.9%
	Number of girls is decreasing	55.6%	66.7%	40.0%	50.0%	90.0%	60.5%
	Doctors/clinics are minting money	11.1%	.0%	.0%	.0%	.0%	2.3%
	other	.0%	33.3%	.0%	12.5%	.0%	7.0%
	Number	9	3	5	16	10	43
LHV	To stop illegal abortions	.0%	0%	100.0%	50.0%	50.0%	42.9%
	Number of girls is decreasing	100.0%	0%	.0%	50.0%	50.0%	57.1%
	Number	2	0	1	2	2	7

13. Implementation of PCPNDT Act

According to the perceptions of workers CM&HOs are taking action against defaulting doctors/clinics. Among the workers this range varied from 53% to 100% for PP and LHVs respectively. They also felt that doctors are also educating pregnant women not to go for sex



selective abortions. The range on this point varied from 55% to 69% for ANMs and ASHA. Also media is making people aware on this issue. Range was observed between 60% (AWW) to 76% (ASHA) for this issue. Around two-third to more than four-fifths of the workers opined that Government is campaigning against female feticide. They also felt that NGOs were working in the community regarding this issue (range 57% to 67%).

Table 13a: Implementation of PCPNDT Act: action by CM&HOs

Designation	Do CM & HOs take action	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	62.5%	87.5%	83.3%	44.4%	55.6%	65.0%
	Number	8	8	6	9	9	40
ASHA	Yes	64.3%	75.0%	100.0%	60.0%	86.7%	79.3%
	Number	14	12	12	5	15	58
AWW	Yes	50.0%	86.7%	76.9%	14.3%	81.3%	61.5%
	Number	20	15	13	14	16	78
PRI members	Yes	77.8%	66.7%	40.0%	25.0%	80.0%	53.5%
	Number	9	3	5	16	10	43
LHV	Yes	100.0%	0%	100.0%	100.0%	100.0%	100.0%
	Number	2	0	1	2	2	7

Table 13b: Implementation of PCPNDT Act: do Doctors advise against MTP

Designation	Do advise Doctors against MTP	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	62.5%	50.0%	50.0%	55.6%	55.6%	55.0%
	Number	8	8	6	9	9	40
ASHA	Yes	50.0%	83.3%	83.3%	20.0%	80.0%	69.0%
	Number	14	12	12	5	15	58
AWW	Yes	55.0%	60.0%	76.9%	42.9%	68.8%	60.3%
	Number	20	15	13	14	16	78
PRI members	Yes	77.8%	66.7%	40.0%	31.3%	80.0%	55.8%
	Number	9	3	5	16	10	43
LHV	Yes	.0%	0%	100.0%	50.0%	100.0%	57.1%
	Number	2	0	1	2	2	7



Table 13c: Implementation of PCPNDT Act: Role of media

Designation	Does media has a role in PCPNDT Act implementation	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	75.0%	87.5%	66.7%	55.6%	66.7%	70.0%
	Number	8	8	6	9	9	40
ASHA	Yes	71.4%	66.7%	83.3%	60.0%	86.7%	75.9%
	Number	14	12	12	5	15	58
AWW	Yes	60.0%	40.0%	76.9%	50.0%	75.0%	60.3%
	Number	20	15	13	14	16	78
PRI members	Yes	100.0%	100.0%	60.0%	56.3%	70.0%	72.1%
	Number	9	3	5	16	10	43
LHV	Yes	100.0%	0%	100.0%	.0%	100.0%	71.4%
	Number	2	0	1	2	2	7

Table 13d: Implementation of PCPNDT Act: Govt. action against female feticide

Designation	Does govt. take action against female feticide	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	100.0%	62.5%	83.3%	100.0%	77.8%	85.0%
	Number	8	8	6	9	9	40
ASHA	Yes	85.7%	75.0%	91.7%	60.0%	93.3%	84.5%
	Number	14	12	12	5	15	58
AWW	Yes	65.0%	20.0%	69.2%	71.4%	87.5%	62.8%
	Number	20	15	13	14	16	78
PRI members	Yes	88.9%	33.3%	60.0%	81.3%	60.0%	72.1%
	Number	9	3	5	16	10	43
LHV	Yes	100.0%	0%	100.0%	50.0%	100.0%	85.7%
	Number	2	0	1	2	2	7



Table 13e: Implementation of PCPNDT Act: Role of NGOs

Designation	Do NGOs have a role in implementation of the Act	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	62.5%	75.0%	66.7%	55.6%	66.7%	65.0%
	Number	8	8	6	9	9	40
ASHA	Yes	57.1%	66.7%	66.7%	60.0%	80.0%	67.2%
	Number	14	12	12	5	15	58
AWW	Yes	45.0%	53.3%	61.5%	42.9%	87.5%	57.7%
	Number	20	15	13	14	16	78
PRI members	Yes	88.9%	.0%	40.0%	50.0%	70.0%	58.1%
	Number	9	3	5	16	10	43
LHV	Yes	50.0%	0%	100.0%	.0%	100.0%	57.1%
	Number	2	0	1	2	2	7

14. Effectiveness of implementation of PCPNDT Act

Effective implementation of PCPNDT Act is one of the important aspects of the present study. According to the perception of the workers, LHVs (71%), ANMs (37%), ASHAs (34%), PP (28%) and AWWs (22%) felt the Act is effectively implemented.

Table 14a: Is PCPNDT Act implemented effectively

Designation	Is PCPNDT Act implemented effectively	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	62.5%	50.0%	33.3%	44.4%	.0%	37.5%
	Number	8	8	6	9	9	40
ASHA	Yes	64.3%	41.7%	25.0%	20.0%	13.3%	34.5%
	Number	14	12	12	5	15	58
AWW	Yes	45.0%	6.7%	38.5%	7.1%	6.3%	21.8%
	Number	20	15	13	14	16	78
PRI members	Yes	22.2%	66.7%	40.0%	25.0%	20.0%	27.9%
	Number	9	3	5	16	10	43
LHV	Yes	100.0%		100.0%	50.0%	50.0%	71.4%
	Number	2	0	1	2	2	7

Table 14b reveals the reasons of shortcomings in the effective implementation of the Act. various reasons were accorded for it, like media could play much bigger role in generating



awareness about the Act, NGOs need to work closely with community, doctors and clinics could create awareness and educate them on this aspect. Even after the Act, insistence by pregnant woman and her family for illegal sex determination. They also felt that implementing authorities are not taking up this issue seriously and as a result of this doctors/clinics are carrying out sex-selective abortions.

Table 14b: Shortcomings in effective implementation of PCPNDT Act: Ineffective Media

Designation	Reasons: Ineffective Media	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	12.5%	37.5%	.0%	11.1%	44.4%	22.5%
	Number	8	8	6	9	9	40
ASHA	Yes	.0%	25.0%	25.0%	20.0%	.0%	12.1%
	Number	14	12	12	5	15	58
AWW	Yes	15.0%	53.3%	15.4%	7.1%	12.5%	20.5%
	Number	20	15	13	14	16	78
PRI members	Yes	11.1%	33.3%	.0%	.0%	20.0%	9.3%
	Number	9	3	5	16	10	43

Table 14c: Shortcomings in effective implementation of PCPNDT Act: NGOs role

Designation	Reasons: NGOs role	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	25.0%	37.5%	.0%	11.1%	33.3%	22.5%
	Number	8	8	6	9	9	40
ASHA	Yes	7.1%	25.0%	16.7%	20.0%	.0%	12.1%
	Number	14	12	12	5	15	58
AWW	Yes	20.0%	66.7%	7.7%	.0%	12.5%	21.8%
	Number	20	15	13	14	16	78
PRI members	Yes	11.1%	33.3%	.0%	.0%	20.0%	9.3%
	Number	9	3	5	16	10	43



Table 14d: Shortcomings in effective implementation of PCPNDT Act: Pursuance on part of PW and family

Designation	Pursuance on part of PW and family	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	12.5%	25.0%	.0%	11.1%	44.4%	20.0%
	Number	8	8	6	9	9	40
ASHA	Yes	.0%	8.3%	16.7%	20.0%	.0%	6.9%
	Number	14	12	12	5	15	58
AWW	Yes	10.0%	46.7%	15.4%	7.1%	12.5%	17.9%
	Number	20	15	13	14	16	78
PRI members	Yes	.0%	33.3%	.0%	6.3%	20.0%	9.3%
	Number	9	3	5	16	10	43

Table 14e: Shortcomings in effective implementation of PCPNDT Act: Implementers not serious

Designation	Implementers not serious	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	12.5%	50.0%	.0%	.0%	22.2%	17.5%
	Number	8	8	6	9	9	40
ASHA	Yes	.0%	16.7%	25.0%	20.0%	.0%	10.3%
	Number	14	12	12	5	15	58
AWW	Yes	10.0%	53.3%	.0%	7.1%	6.3%	15.4%
	Number	20	15	13	14	16	78
PRI members	Yes	11.1%	33.3%	.0%	.0%	20.0%	9.3%
	Number	9	3	5	16	10	43

Table 14f: Shortcomings in implementation of PCPNDT Act: Illegal activities not brought to notice

Designation	Doctors/clinics are illegally doing sex determined abortions	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	Yes	25.0%	37.5%	.0%	11.1%	22.2%	20.0%
	Number	8	8	6	9	9	40
ASHA	Yes	7.1%	25.0%	16.7%	20.0%	.0%	12.1%
	Number	14	12	12	5	15	58
AWW	Yes	20.0%	53.3%	7.7%	7.1%	6.3%	19.2%
	Number	20	15	13	14	16	78
PRI members	Yes	11.1%	.0%	.0%	6.3%	10.0%	7.0%
	Number	9	3	5	16	10	43



15. Action after knowing that sex detection activities are going on

More than two-thirds of the health workers opined that pregnant woman or her family should be counseled. Almost 20% feel that doctor/clinic should be pursued not to attempt sex detection and inform the appropriate authority, police and/or NGOs. Very few health workers suggested that such matter should be brought before media (Table 15a & 15b).

Table 15a: Action to be taken in case being aware of sex determination

Designation	What, if any person comes to know about sex checking, do	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ASHA	PW/Family to be counseled for not doing it	85.7%	75.0%	58.3%	80.0%	80.0%	75.9%
	Doctor/clinics told not to do it	.0%	16.7%	25.0%	.0%	.0%	8.6%
	NGO to be informed	.0%	8.3%	.0%	.0%	.0%	1.7%
	Police to be informed	7.1%	.0%	16.7%	.0%	13.3%	8.6%
	Bring matter before media	.0%	.0%	.0%	20.0%	.0%	1.7%
	Implementing Authority to be informed	7.1%	.0%	.0%	.0%	6.7%	3.4%
AWW	PW/Family to be counseled for not doing it	80.0%	60.0%	46.2%	85.7%	87.5%	73.1%
	Doctor/clinics told not to do it	10.0%	26.7%	23.1%	14.3%	.0%	14.1%
	NGO to be informed	.0%	.0%	15.4%	.0%	.0%	2.6%
	Police to be informed	10.0%	13.3%	15.4%	.0%	6.3%	9.0%
	Bring matter before media	.0%	.0%	.0%	.0%	6.3%	1.3%
	Number	20	15	13	14	16	78
PRI members	PW/Family to be counseled for not doing it	44.4%	66.7%	40.0%	81.3%	70.0%	65.1%
	Doctor/clinics told not to do it	.0%	.0%	40.0%	.0%	.0%	4.7%
	Police to be informed	44.4%	.0%	20.0%	.0%	20.0%	16.3%
	Bring matter before media	.0%	.0%	.0%	12.5%	.0%	4.7%
	Implementing Authority to be informed	11.1%	.0%	.0%	6.3%	.0%	4.7%
	Number	9	3	5	16	10	43



Table 15b: Action to be taken in case being aware of sex determination

Designation	What, if any person comes to know about sex checking, do	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ANM	PW/Family to be counseled for not doing it	62.5%	50.0%	66.7%	88.9%	66.7%	67.5%
	Doctor/clinics told not to do it	12.5%	12.5%	0%	0%	.0%	5.0%
	Police to be informed	0%	25.0%	33.3%	0%	11.1%	12.5%
	Bring matter before media	0%	12.5%	0%	0%	0%	2.5%
	Implementing Authority to be informed	25.0%	.0%	0%	11.1%	11.1%	10.0%
	Number	8	8	6	9	9	40
LHV	PW/Family to be counseled for not doing it	50.0%	0%	.0%	100.0%	100.0%	71.4%
	Police to be informed	50.0%	0%	100.0%	.0%	.0%	28.6%
	Number	2	0	1	2	2	7



General perception of Medical Doctors pertaining to PCPNDT Act

The Doctors from the sampled districts were probed on their awareness of the PCPNDT Act and their opinions were recorded with reference to declining girl child ratio and the reasons thereof. Some of the interesting observations are as under:

1. Registration of the centre by appropriate authority

Almost reveals that nearly 94% of the government doctors and 92% of the private doctors were aware of the fact that centers with the facility of pre-natal diagnostic technique needs to be registered with appropriate authority.

Table 1: Registration of the centre by appropriate authority

Category of medical officers	Responses	Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Government	Yes	100.0	92.9	84.6	100.0	100.0	94.2
	Total	9	14	13	9	7	52
Private	Yes	83.3	66.7	100.0	100.0	100.0	92.3
	Total	6	3	6	5	6	26

2. Awareness of PCPNDT Act

All the medical doctors, government as well as private were found aware of PCPNDT Act. This awareness was universally spread in all the five sampled districts (Table 2).

Table 2: Awareness of PCPNDT Act

Category of medical officers	Response	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Government	Yes	100.0	100.0	100.0	100.0	100.0	100.0
	Total	9	14	13	9	7	52
Private	Yes	100.0	100.0	100.0	100.0	100.0	100.0
	Total	6	3	6	5	6	26

3. Awareness about appropriate authority

More than four-fifths of government and private doctors were aware about the appropriate authority appointed for the prevention of misuse of technique and proper implementation of the Act (Table 3).



Table 3: Awareness about appropriate authority

Category of medical officers	Response	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Government	Yes	77.8	85.7	92.3	77.8	100.0	86.5
	Total	9	14	13	9	7	52
Private	Yes	66.7	66.7	100.0	100.0	83.3	84.6
	Total	6	3	6	5	6	26

4. Criteria for management of MTP centre in a medical institution

For managing a MTP centre, certain mandatory services are required such as availability of related specialist services, test facilities, etc.

However, only 67% of government and 38% of private doctors were conversant with these requirements.

Table 4: Distribution of medical doctors according to knowledge of facilities required at MTP centre

Category of medical officers	Availability of facilities	District					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Government	Specialist Doctors facilities	77.8	42.9	76.9	77.8	71.4	67.3
	Checkup facilities	22.2	42.9	7.7	11.1	42.9	25.0
	Other facilities	.0	42.9	46.2	11.1	42.9	30.8
	Total	9	14	13	9	7	52
Private	Specialist Doctors facilities	66.7	.0	16.7	100.0	.0	38.5
	Checkup facilities	33.3	100.0	.0	.0	16.7	23.1
	Other facilities	.0	.0	16.7	20.0	.0	7.7
	Total	6	3	6	5	6	26

5. Services that a registered center is not expected to offer

On the issue related to services that a registered center is not expected to offer, on an average 85% of government and 73% of private doctors were aware.



Table 5: Distribution of doctors on the awareness of don'ts to be observed by the MTP center

Category of medical officers	Don'ts to be observed by the MTP center	Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Government	sex-determination	.0	7.1	15.4	.0	.0	5.8
	unqualified person managing the center	11.1	.0	.0	11.1	.0	3.8
	advertisement for the promotion of sex-determination	11.1	.0	.0	.0	.0	1.9
	Display of any sign indicating sex detection services	.0	.0	.0	.0	14.3	1.9
	All of the above	77.8	92.9	76.9	88.9	85.7	84.6
	Total	9	14	13	9	7	52
Private	sex-determination	.0	.0	33.3	.0	16.7	11.5
	unqualified person managing the center	16.7	.0	.0	.0	16.7	7.7
	All of the above mentioned in Govt. part	83.3	100.0	66.7	80.0	50.0	73.1
	Total	6	3	6	5	6	26

6. Penal provisions in PCPNDT Act

Analysis with regard to the level of awareness about the penal provisions in PCPNDT act amongst the doctors suggested that majority of the government doctors (98%) and private doctors (96%) were aware of it.

Table 6a: Penal provisions and awareness thereof

Category of medical officers	Responses	Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Govt.	Awareness	9	14	12	9	7	51
		100.0	100.0	92.3	100.0	100.0	98.1
	Awareness of penal provisions						
	Cancellation of registration	77.8	100.0	84.6	100.0	85.7	90.4
	First offence -3 years imprisonment or Rs.50000 fine or both	77.8	100.0	76.9	77.8	85.7	84.6
	Second offence - 5 years imprisonment or Rs. 100000 fine or both	77.8	100.0	76.9	66.7	85.7	82.7
	Total	9	14	13	9	7	52



Table 6b: Provision of punishment for defaulting registered centers

Category of medical officers	Responses	Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Private	Awareness	5	3	6	5	6	25
		83.3	100.0	100.0	100.0	100.0	96.2
	Awareness of penal provisions						
	Cancellation of registration	66.7	100.0	100.0	100.0	66.7	84.6
	First offence -3 years imprisonment or Rs.50000 fine or both	66.7	100.0	100.0	60.0	66.7	76.9
	Second offence - 5 years imprisonment or Rs. 100000 fine or both	50.0	100.0	83.3	60.0	66.7	69.2
Total		6	3	6	5	6	26

Besides, 90% of government doctors and 85% of private doctors were aware that in case of violation of the law, cancellation of registration can be done. For the first time offence, the penal provisions were also known to 85% government and 77% private doctors. Additionally, second time offence penal provisions were known to 83% government and 69% private doctors (Table 6a & 6b).

7. Essentiality for registration of MTP centre

The doctors were further asked whether it is essential for MTP centers to get registered before providing the services.

All the government doctors replied that it is mandatory to get registration for those centers who intend to provide MTP services. Barring Alwar district, all the private doctors of other districts were found having the same view.

Table 7: Distribution of doctors on the essentiality for registration of MTP centre

Category of medical officers	Response	Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Government	Yes	100.0	100.0	100.0	100.0	100.0	100.0
	Total	9	14	13	9	7	52
Private	Yes	66.7	100.0	100.0	100.0	100.0	92.3
	Total	6	3	6	5	6	26



8. Awareness on centers/professionals ever penalized under the Act

13% of government doctors and 15% of private doctors were aware of centers/professionals who had been penalized for violating the Act.

Table 8: Distribution of doctors on the awareness of centers/professionals ever penalized under the Act

Category of medical officers	Response	Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Government	Yes	11.1	.0	7.7	33.3	28.6	13.5
	Total	9	14	13	9	7	52
Private	Yes	16.7	.0	.0	40.0	16.7	15.4
	Total	6	3	6	5	6	26

9. Knowledge about provision for legal MTP

Various provisions, under which MTP is allowed, were asked from the doctors. All most, all the government doctors reported that conceptions due to rape, failure of contraceptive, congenital deformity detection in fetus and danger to pregnant woman's health are conditions, under which MTP is legally allowed. However the private doctors (61% to 73 %) were not so well informed.

Table 9: Distribution of doctors according to knowledge about provisions/conditions for legal MTP

Category of medical officers	Response on Provisions	Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Government	Conception due to rape	88.9	92.9	100.0	100.0	100.0	96.2
	Failure of contraceptive	100.0	92.9	92.3	100.0	100.0	96.2
	Congenital deformity in fetus	100.0	92.9	100.0	100.0	100.0	98.1
	Any danger for PW health	100.0	92.9	92.3	100.0	100.0	96.2
	Others	22.2	.0	7.7	33.3	28.6	15.4
	Total	9	14	13	9	7	52
Private	Conception due to rape	83.3	66.7	50.0	80.0	83.3	73.1
	Failure of contraceptive	66.7	66.7	33.3	100.0	83.3	69.2
	Congenital deformity in fetus	66.7	66.7	50.0	100.0	83.3	73.1
	Any danger for PW health	50.0	66.7	50.0	60.0	83.3	61.5
	Others	.0	.0	.0	.0	16.7	3.8
	Total	6	3	6	5	6	26



10. Duration up to which MTP can be performed

Termination of pregnancy up to 8 weeks was the response from 11% of government and private doctors each. Nearly 25% of government doctors and 11% of private doctors thought that MTP can be performed up to 12 weeks of gestation. It appeared from the observations that the doctors are either ignorant or do practice outside the set gestational age which is evident from the responses extending the period for MTP safely up to 20 weeks (56% government and 69% private doctors respectively). For no rhyme or reason, 6% of the government doctors opined that the termination of pregnancy can be done up to 24 weeks (Table 10).

Table 10: Distribution of doctors on the opinion about duration in weeks for MTP

Category of medical officers	Duration in weeks	Districts					Total
		Response	Alwar	Jaisalmer	Jhunjhunu	Pali	
Government	Up to 8	.0	21.4	15.4	.0	14.3	11.5
	Up to 12	55.6	7.1	15.4	33.3	28.6	25.0
	Up to 16	.0	.0	.0	.0	14.3	1.9
	Up to 20	33.3	71.4	61.5	66.7	28.6	55.8
	Up to 24	11.1	.0	7.7	.0	14.3	5.8
	Total	9	14	13	9	7	52
Private	Up to 8	.0	100.0	.0	.0	.0	11.5
	Up to 12	.0	.0	16.7	20.0	16.7	11.5
	Up to 20	100.0	.0	83.3	60.0	66.7	69.2
	Total	6	3	6	5	6	26

11. Existence of committee, its members and responsibilities

Table 11a & 11b shows the awareness about any Committee, its members and the responsibility in the district for the prevention of misuse of sex detection technique/USG.

It was found that three-fifths of the government doctors and a majority (85%) of the private of doctors were aware about the same.

About the members of the committee, 42% of the government doctors reported about CM&HO/DPM followed by Collector and members from women organization (40% each). On the contrary, 77% of private doctors reported that Collector was the main person on the Committee. Additionally 65% of them reported about CM&HO/DPM, while another 62% told about members from women organization. *Advocate/Social worker* as member was reported in Alwar, Jaisalmer and Ganganagar districts.



The responsibility of the Committee according to government doctors is *regulation of PCPNDT Act* (42%) and private doctors (35%), *regular meetings* (29% government doctors & 46% private doctors) and *suspension of registration* (17% government doctors & 27% private doctors) respectively.

Table 11a: Committee composition for implementation of the Act: Govt. sector responses

Category of medical officers	Response	Districts					Total	
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar		
Government	Yes	55.6	64.3	46.2	66.7	71.4	59.6	
	Collector	22.2	28.6	38.5	66.7	57.1	40.4	
	CMHO/DPM	22.2	28.6	46.2	66.7	57.1	42.3	
	Members from Female organization	33.3	42.9	23.1	66.7	42.9	40.4	
	MO/SMO/BPM	44.4	35.7	15.4	22.2	42.9	30.8	
	Person of repute	100.0	100.0	100.0	0	0	69.2	
	Advocate/Social worker.	100.0	100.0	0	0	0	44.2	
	Responsibilities of committee							
	Regulate the PCPNDT Acts	44.4	50.0	30.8	55.6	28.6	42.3	
	Regular meeting	11.1	21.4	38.5	33.3	42.9	28.8	
	Suspension of the registration	11.1	28.6	7.7	11.1	28.6	17.3	
	Total	9	14	13	9	7	52	

Table 11b: Committee composition for implementation of the Act: Private sector responses

Category of medical officers	Response	Districts					Total	
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar		
Private	Yes	50.0	66.7	100.0	100.0	100.0	84.6	
	Collector	33.3	100.0	100.0	80.0	83.3	76.9	
	CMHO/DPM	33.3	33.3	100.0	80.0	66.7	65.4	
	Members from Female organization	50.0	.0	83.3	60.0	66.7	62.5	
	MO/SMO/BPM	20.0	100.0	33.3	20.0	33.3	33.3	
	Person of repute	0	100.0	0	100.0	100.0	53.9	
	Advocate/Social worker.	100.0	100.0	0	0	100.0	57.7	
	Responsibilities of committee							
	Regulate the PCPNDT Acts	16.7	.0	16.7	100.0	33.3	34.6	
	Regular meeting	16.7	33.3	83.3	20.0	66.7	46.2	
	Suspension of the registration	.0	.0	66.7	.0	50.0	26.9	
	Total	6	3	6	5	6	26	



12. Reasons of sex determination during pregnancy

Opinion was also sought for the possible reasons why pregnant women are interested in sex determination. Reasons extended were-need of son for *family procreation* (government doctors 48% & 46% by private doctors) followed by *illness of pregnant women* (46% government & 19% private doctors). The government doctors also expressed that *dowry system* (11%) and social customs (10%) are also the reasons and the same was endorsed by the private practitioners. Contrary to the established social norms where a son is a must to perform last rites the practitioners from the very same social fabric of the society did not consider it as a reason for going into sex detection ultimately culminating into female feticide (Table 12a & 12b).

Table 12a: Distribution of doctors for reasons of sex determination during pregnancy

Category of medical officers	Response	Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Government	PW illness	55.6	50.0	23.1	77.8	28.6	46.2
	Abnormal conditions	22.2	21.4	38.5	33.3	42.9	30.8
	Son for family Procreation	55.6	28.6	76.9	33.3	42.9	48.1
	Dowry System	11.1	7.1	23.1	.0	14.3	11.5
	Social customs	11.1	7.1	15.4	.0	14.3	9.6
	Religious Rituals	.0	.0	7.7	.0	14.3	3.8
	Total		9	14	13	9	7

Table 12b: Distribution of doctors for reasons of sex determination during pregnancy

Category of medical officers	Response	Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Private	PW illness	.0	33.3	16.7	60.0	.0	19.2
	Abnormal conditions	16.7	.0	16.7	.0	.0	7.7
	Son for family Procreation	33.3	33.3	83.3	.0	66.7	46.2
	Dowry System	.0	.0	.0	20.0	16.7	7.7
	Social customs	.0	.0	.0	.0	66.7	15.4
	Religious Rituals	.0	.0	.0	.0	16.7	3.8
	Total		6	3	6	5	6



13. Awareness on decreasing number of girls and the reasons thereof

Table 13a & 13b explains the awareness and reasons for decrease in the number of girls as perceived by the medical officers. More than four-fifths (85%) of government doctors and 61% private doctors were found aware about the decline in the number of girls in the society.

The various reasons perceived for the decrease in the number of girls by government doctors are social customs (50%), lack of education (40%), importance of boys (38%) and dowry system (25%) whereas private doctors gave lack of education (27%) and importance of boys (23%) as the prime reason for the same. 'Law of nature' as a reason for decrease in number of girls was given by 6% government doctors and 8% private doctors.

Table 13a: Distribution of doctors on the awareness and reasons of decrease in number of girls

Type of Institution	Response	Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Government	No. decreasing-Yes	77.8	85.7	92.3	66.7	100.0	84.6
	Reason of decreasing						
	Lack of Education	44.4	28.6	15.4	66.7	71.4	40.4
	Social customs	44.4	78.6	53.8	22.2	28.6	50.0
	Importance of boys	22.2	42.9	53.8	11.1	57.1	38.5
	Dowry system	.0	21.4	53.8	22.2	14.3	25.0
	Law of nature	11.1	7.1	.0	11.1	.0	5.8
	Total	9	14	13	9	7	52

Table 13b: Distribution of doctors on the awareness and reasons of decrease in number of girls

Type of Institution	Response	Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Government	No. decreasing-Yes	66.7	0	100.0	0	100.0	61.5
	Reason of decreasing						
	Lack of Education	0	0	66.7	0	50.0	26.9
	Social customs	16.7	0	0	0	16.7	7.7
	Importance of boys	33.3	0	33.3	0	33.3	23.1
	Dowry system	0	0	0	0	0	0
	Law of nature	0	0	16.7	0	16.7	7.7
	Total	6	3	6	5	6	26



14. Factors responsible for decrease in the number of girls

Opinion of the medical officers was sought for the factors which are directly responsible for the decrease in the number of girls. The direct factor responsible for the decrease in the numbers of girls given by government doctors (69%) and private doctors (54%) is *society* (Table 14).

Table 14: Distribution of doctors for fixing the responsibility of decrease

Type of Institution	Responsible	Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Government	Technique	0	0	7.7	0	57.1	9.6
	Doctors	11.1	7.1	0	0	0	3.8
	Society	44.4	85.7	84.6	66.7	42.9	69.2
	Law of nature	22.2	0	0	11.1	0	5.8
	Total	9	14	13	9	7	52
Private	Doctors	16.7	.0	0	0	0	3.8
	Society	16.7	66.7	100.0	0	83.3	53.8
	Law of nature	50.0	0	0	0	16.7	15.4
	Total	6	3	6	5	6	26

15. Awareness of PCPNDT act and its regulation clauses

All the doctors were aware of the Act. 83% of the government doctors and 85% of private practitioners were found aware of the regulation clauses related to the Act.

Table 15: Distribution of doctors aware of PCPNDT act & its regulation clauses

Type of Institution		Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Government	Awareness of the clauses under the Act	100.0	100.0	100.0	100.0	100.0	100.0
	This Act prohibits sex selection, female foeticide and regulates the use of technique	66.7	71.4	84.6	100.0	100.0	82.7
	Total	9	14	13	9	7	52
Private	Awareness of the clauses under the Act	100.0	100.0	100.0	100.0	100.0	100.0
	This Act prohibits sex selection, female foeticide and regulates the use of technique	50.0	100.0	83.3	100.0	100.0	84.6
	Total	6	3	6	5	6	26



16. Need for the Act and enactment mode

The analysis of the observation shows that a majority (90%) of the government doctors feel that the Act was needed to stop illegal abortion followed by the need to stop decreasing number of girl children (83%), and the private doctors (77% % 81% respectively) also shared the same concern.

On the implementation mode, the government doctors feel that CM&HOs are taking action against defaulters (86%), doctors are suggesting the pregnant women not to go for sex selective abortions (81%), and the campaign by the government against female feticide (94%), NGOs are working on this issue (67%) and availability of MTP services in registered centers (61%) also is complementing the Act enactment process.

Table 16a: Need for the Act and the enactment mode

Reasons	Districts					Total
	Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
ultrasound is injurious	22.2	7.1	23.1	.0	28.6	15.4
stop illegal abortion	88.9	92.9	100.0	100.0	57.1	90.4
number of girls decreasing	77.8	100.0	76.9	55.6	100.0	82.7
doctors and clinics making money	11.1	.0	7.7	33.3	42.9	15.4
How Act is being implemented						
CM&HO is taking action against the faulty doctors & clinics	55.6	100.0	100.0	77.8	85.7	86.5
Doctors are stopping patients from sex determination and related abortion	66.7	78.6	100.0	88.9	57.1	80.8
Govt. is campaigning against female foeticide	88.9	100.0	100.0	88.9	85.7	94.2
NGOs are working in community on this issue	44.4	78.6	100.0	33.3	57.1	67.3
By providing MTP services in registered MTP centers	33.3	78.6	92.3	33.3	42.9	61.5
Total	9	14	13	9	7	52



Table 16b: Need for the Act and the enactment mode

	Districts					Total
	Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Reasons						
ultrasound is injurious	33.3	.0	.0	.0	.0	7.7
stop illegal abortion	100.0	66.7	100.0	40.0	66.7	76.9
number of girls decreasing	50.0	100.0	100.0	60.0	100.0	80.8
doctors and clinics making money	.0	.0	33.3	.0	.0	7.7
How Act is being implemented						
CM&HO is taking action against the faulty doctors & clinics	100.0	100.0	100.0	100.0	100.0	100.0
Doctors are stopping patients from sex determination and related abortion	83.3	100.0	100.0	60.0	66.7	80.8
Govt. is campaigning against female feticide	50.0	100.0	100.0	80.0	100.0	84.6
NGOs are working in community on this issue	50.0	100.0	100.0	.0	100.0	69.2
By providing MTP services in registered MTP centers	66.7	100.0	83.3	.0	100.0	69.2
Total	6	3	6	5	6	26

Table 16b explains the reasons behind enactment of the PCPNDT Act according to the perceptions of private doctors, decrease in number of girls (81%) and stopping of illegal abortions (77%) are the reasons.

On the implementation mode, the private doctors cited action by CM&HOs (100%), campaigning by government against female feticide (85%), doctors stopping patients from sex selective abortion (81%), NGOs working on this issue (69%) and availability of MTP services in registered centers only (69%) are the implementation modes.

17. The effective implementation of Act and reasons of disagreement

Almost 35% of government doctors and 50% of private doctors felt that the Act is implemented effectively whereas remaining did not hold the same opinion. Those who did not agree, gave lack of awareness among women and society (56% government doctors & 42% private doctors), sex selective abortions by unregistered clinics (44% government doctors & 19% private doctors), doctors/ clinics carrying out sex selective abortions (46% government doctors)



and pressure by the patient/family on doctor (40% government), were some of the reasons perceived as the reasons punctuating the implementation of the Act (Table 17a & 17b).

Table 17a: Distribution of gov. doctors on the perception of effective implementation of act & reasons of disagreement

Response	Districts					Total
	Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
No	55.6	71.4	92.3	22.2	42.9	61.5
If No, the reasons						
Lack of awareness among women & society	33.3	71.4	84.6	22.2	42.9	55.8
Media not interested	22.2	14.3	30.8	22.2	14.3	21.2
Lack of awareness among doctors of Act	22.2	7.1	30.8	22.2	.0	17.3
Sex determination & abortion by unregistered centres	22.2	57.1	69.2	22.2	28.6	44.2
Pressure on doctor by patient/family	22.2	57.1	76.9	.0	14.3	40.4
Doctors/clinics carrying out sex selective abortions	22.2	57.1	69.2	22.2	42.9	46.2
Total	9	14	13	9	7	52

Table 17b: Distribution of private doctors on the perception of effective implementation of act & reasons of disagreement

Response	Districts					Total
	Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
No	50.0	66.7	33.3	.0	100.0	50.0
If No, the reasons						
Lack of awareness among women & society	50.0	66.7	33.3	.0	66.7	42.3
Media not interested	50.0	.0	.0	.0	16.7	15.4
Lack of awareness among doctors of Act	33.3	.0	.0	.0	.0	7.7
Sex determination & abortion by unregistered centres	16.7	.0	16.7	.0	50.0	19.2
Pressure on doctor by patient/family	16.7	.0	33.3	.0	16.7	15.4
Doctors/clinics carrying out sex selective abortions	16.7	.0	33.3	.0	16.7	15.4
Total	6	3	6	5	6	26



18. Awareness of unregistered centre carrying out sex determination

On being questioned about their awareness regarding the unregistered centers operating in the area, the government doctors (11%) of Alwar and Pali each and private doctors (17%) of Ganganagar district were aware about the unregistered centre operating illegally.

Table 18: Awareness of unregistered centre carrying out sex determination

Type of Institution	Response	Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Government	Yes	11.1	.0	.0	11.1	.0	3.8
	Total	9	14	13	9	7	52
Private	Yes	.0	.0	.0	.0	16.7	3.8
	Total	6	3	6	5	6	26



Analysis of Doctors where the MTP/USG facilities are available

During the study 78 medical institutions were covered. Among them, 52 were government institutions and remaining 26 were registered as private clinics.

Information, from the medical institutions covered, was collected on various aspects under the purview of PCPNDT Act such as services available, status of registration, knowledge about requirements of registration for PCPND Technique, availability of Ultrasound machines, registration renewal, etc.

1. Services available in the centre and registration

Table 1 shows the services available in the centers and the status of registration for these services. Further the analysis revealed that among the government institutions covered, pre-conception and prenatal detection technique was available in 15% institutions only. Sex determination technique was available in 8%, ultrasound technique in 15% and MTP services were available in 33% Institutions respectively. Among the government institutions covered, registration for these services was found in 15 % government institutions.

Table 1: Services available in the centre and registration

Type of institution	Services available	Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Government	Pre conception & prenatal technique	11.1	28.6	15.4	0	14.3	15.4
	Sex Determination technique	0	21.4	7.7	0	0	7.7
	Ultrasound Technique	0	28.6	15.4	22.2	0	15.4
	MTP services	55.6	28.6	23.1	55.6	0	32.7
	Whether registered or not						
	Yes	0	21.4	15.4	22.2	14.3	15.4
	No	55.6	7.1	15.4	33.3	0	21.2
Total	9	14	13	9	7	52	
Private	Pre conception & prenatal technique	50.0	33.3	66.7	0	50.0	42.3
	Sex Determination technique	0	33.3	0	20.0	16.7	11.5
	Ultrasound Technique	100.0	100.0	100.0	100.0	83.3	96.2
	MTP services	50.0	33.3	0	40.0	50.0	34.6
	Whether registered or not						
	Yes	100.0	100.0	100.0	100.0	100.0	100.0
	Total	6	3	6	5	6	26



Among the private clinics/centers ultrasound technique was found available in 96% followed by pre-conception and prenatal diagnostic technique in 42% institutions. In addition, MTP services in 35% and sex determination technique was available in 11% institutions respectively. Registration for these services was found universal in the private clinics/centers.

2. Knowledge about registration for pre-conception and prenatal technique

Among the doctors of the government institutions, 94 % were aware that registration is essential whereas in the private only 92 were aware that registration for this technique is essential (Table 2).

Table 2: Knowledge about registration

Type of Institution	Response	Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Government	Yes	100.0	92.9	84.6	100.0	100.0	94.2
	No	.0	7.1	15.4	.0	.0	5.8
	Total	9	14	13	9	7	52
Private	Yes	83.3	66.7	100.0	100.0	100.0	92.3
	No	16.7	33.3	.0	.0	.0	7.7
	Total	6	3	6	5	6	26

3. Awareness of details required for the registration of pre conception and prenatal technique by a centre

Questioned about their awareness on the facilities required to operate USG center, the government doctors did spell out that availability of trained doctor (73%), 24 hours facility (69%), knowledge about the machine (34%) and display at the entrance 'sex determination is illegal' (25%) are mandatory.

The private doctors also narrated the same mandatory requirements [availability of trained doctor (77%), 24 hours facility (46%) and knowledge about machine (31%)]. However the private doctors do not pay any heed to the legal requirements of displaying 'sex determination is illegal' signage (4%).



Table 3: Knowledge of requisites for registration for PCNPDT technique

Type of Institution	Mandatory requirements	Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Government	Trained doctors (MBBS/MD)	77.8	50.0	76.9	100.0	71.4	73.1
	24 hours Facility	88.9	35.7	69.2	100.0	71.4	69.2
	Knowledge about machine	55.6	7.1	.0	77.8	71.4	34.6
	Display 'Sex determination is illegal'	44.4	7.1	7.7	33.3	57.1	25.0
	Knowledge about MTP act	11.1	14.3	.0	.0	.0	5.8
	Knowledge about PCPNDT act /F-2 form	.0	28.6	.0	.0	.0	7.7
	Display 'girls and boys are equal'	.0	7.1	.0	.0	.0	1.9
	Total	9	14	13	9	7	52
Private	Trained doctors (MBBS/MD)	83.3	33.3	100.0	80.0	66.7	76.9
	24 hours Facility	50.0	33.3	33.3	80.0	33.3	46.2
	Knowledge about machine	16.7	33.3	16.7	60.0	33.3	30.8
	Display 'Sex determination is illegal'	.0	.0	.0	20.0	.0	3.8
	Knowledge about MTP act	.0	.0	.0	20.0	.0	3.8
	Knowledge about PCPNDT act /F-2 form	.0	.0	.0	.0	16.7	3.8
	Display 'girls and boys are equal'	.0	.0	16.7	.0	16.7	7.7
	Total	6	3	6	5	6	26

4. Cancellation/suspension of registration

In none of the government institutions covered, the registration was neither cancelled nor suspended ever whereas in Ganganagar district there was a case of suspension of registration of a private clinic (Table 4).



Table 4: Cancellation/suspension of registration

Type of Institution	Response	Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Government	Canceled						
	No	44.4	21.4	15.4	22.2	14.3	23.1
	Suspended						
	No	44.4	21.4	15.4	22.2	14.3	23.1
	Total	9	14	13	9	7	52
Private	Canceled						
	No	100.0	100.0	100.0	100.0	100.0	100.0
	Suspended						
	Yes	.0	.0	.0	.0	16.7	3.8
	Total	6	3	6	5	6	26

5. Registration of USG machines:

Among the government institutions covered, in Jaisalmer and Jhunjhunu districts the USG machines procured were first registered and then put to use with the information of given to the appropriate authority.

Similarly among the private institutions, in Alwar, Jaisalmer and Pali, the USG machine were procured after getting the registration and the details were provided to the appropriate authority (Table 5).

Table 5: Registration of USG machines

Type of Institution	Response	Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Government	Yes	.0	14.3	7.7	.0	.0	5.8
	Yes information given to AA.	0	100.0	100.0	0	0	100.0
	Total	9	14	13	9	7	52
Private	Yes	50.0	33.3	.0	60.0	.0	26.9
	Yes information given to AA	100.0	0	0	100.0	0	100.0
	Total	6	3	6	5	6	26



6. Registration renewal

Despite the statutory requirements for renewal of USG center/equipment registration none of the government institutions but for Jhunjhunu, complied with; whereas 35% of the private institutions did get their facility/equipment registration renewed.

Table 6: Registration renewal

Type of Institution	Response	Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Government	Yes	.0	.0	15.4	.0	.0	3.8
	No	11.1	14.3	.0	11.1	14.3	9.6
	No such a need	33.3	7.1	.0	11.1	.0	9.6
	Total	9	14	13	9	7	52
Private	Yes	16.7	33.3	66.7	20.0	33.3	34.6
	No	66.7	33.3	33.3	20.0	16.7	34.6
	No such a need	16.7	.0	.0	60.0	50.0	26.9
	Total	6	3	6	5	6	26

7. Submission of affidavit by registered centers

As a statutory requirement it is expected that every USG machine buyer shall submit an affidavit indicating that the machine will not be used for sex detection. Somehow the public sector institutions have flouted it en masse but for meager 6%. The private sector was far more sensitive on the issue where 57.7% did comply with legal obligations.

Table 7: Submission of affidavit by registered centers

Type of Institution	Response: Submission of affidavit	Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Government	Yes	.0	7.1	15.4	.0	.0	5.8
	No	22.2	.0	53.8	22.2	85.7	32.7
	No knowledge about	11.1	21.4	.0	44.4	.0	15.4
	Total	9	14	13	9	7	52
Private	Yes	50.0	33.3	33.3	100.0	66.7	57.7
	No	33.3	.0	50.0	.0	16.7	23.1
	No knowledge about	.0	66.7	16.7	.0	16.7	15.4
	Total	6	3	6	5	6	26



8. Availability of ultrasound machine

Among the government institutions covered, in Jaisalmer (2 institutions), Jhunjhunu (2 institutions) and Pali (2 institutions) districts one ultrasound machine was available for each of these institutions.

Among the private centers, one machine was available in 73% centers whereas two machines were found in 19% centers.

Table 8: Availability of ultrasound machine

Type of Institution	No. of USG machines	Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Government	One	.0	14.3	15.4	22.2	.0	11.5
	None	100.0	85.7	84.6	77.8	100.0	88.5
	Total	9	14	13	9	7	52
Private	One	33.3	100.0	100.0	80.0	66.7	73.1
	Two	33.3	.0	.0	20.0	33.3	19.2
	None	33.3	.0	.0	.0	.0	7.7
	Total	6	3	6	5	6	26

9. Availability of copy of PCPNDT Act and display of signage

Among the government institutions covered, copy of the PCPNDT Act was available in 33% of the institutions and trained person to operate were there in one-fifths of the institutions. The registration certificates were displayed in the reception area (11%) and the signage on 'sex detection is illegal' was displayed in 58% of the institutions.

OPD registration for every patient coming, was done in 92% of cases and 27% of the cases were advised to go for USG besides routine check up.

The results also show that among the private centers covered, copy of the Act was available in 88% of the centers; also trained staff was available in 42% of centers. Display of registration certificate in the reception area was found in 77% of the private centers. Further, in 69% centers display of board with the message that 'sex determination is illegal', was found. 100% registrations of all patients coming in the OPD was done and also advice of ultrasound to pregnant women coming for regular check up was given in 27% of the private institutions.



Table 9a: Availability of copy of act, displays required, etc. in govt. institutions

Availability	Districts					Total
	Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Copy of PCPNDT Act	33.3	21.4	15.4	66.7	42.9	32.7
Trained in PCPNDT Act	11.1	42.9	30.8	.0	.0	21.2
Registration certificate displayed in reception area	11.1	.0	15.4	22.2	14.3	11.5
Display of sex determination is illegal board in reception & room	33.3	85.7	61.5	44.4	42.9	57.7
Registration of every patient coming in the OPD	77.8	100.0	100.0	77.8	100.0	92.3
Advice to all PW for Ultrasound coming for regular check up	33.3	28.6	23.1	33.3	14.3	26.9
Total	9	14	13	9	7	52

Table 9b: Availability of copy of act, displays required, etc. in private institutions

Availability	Districts					Total
	Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Copy of PCPNDT Act	66.7	100.0	100.0	80.0	100.0	88.5
Trained in PCPNDT Act	16.7	100.0	50.0	40.0	33.3	42.3
Registration certificate displayed in reception area	50.0	33.3	100.0	80.0	100.0	76.9
Display of sex determination is illegal board in reception & room	83.3	33.3	100.0	80.0	33.3	69.2
Registration of every patient coming in the OPD	100.0	100.0	100.0	100.0	100.0	100.0
Advice to all PW for Ultrasound coming for regular check up	16.7	33.3	16.7	40.0	33.3	26.9
Total	6	3	6	5	6	26

10. Reasons for advice given to PW for ultrasound

Wide, varied and weird are the justifications offered by medical officers from the centers having the facility for USG. Some of them are abnormal position of the fetus (46%), pregnant women above 35 years and congenital anomalies (17% each).

However, among the private doctors' abnormal position of the fetus (50%) and pregnant women's age and regular check up (31% each) are the reasons given for the Ultrasound advice (Table 10).



Table 10: Reasons for advising PW for ultrasound

Type of Institution	Response: Reasons for advising USG	Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Government	PW age >35 yrs	11.1	14.3	23.1	22.2	14.3	17.3
	Abnormal position of fetus	33.3	7.1	84.6	44.4	71.4	46.2
	Congenital deformity detected	22.2	50.0	.0	.0	.0	17.3
	For sex determination	No response					
	Regular check up	44.4	.0	.0	44.4	14.3	17.3
	Total	9	14	13	9	7	52
Private	PW age >35 yrs	16.7	66.7	33.3	40.0	16.7	30.8
	Abnormal position of fetus	66.7	100.0	16.7	80.0	16.7	50.0
	Congenital deformity detected	No response					
	For sex determination	.0	33.3	.0	.0	.0	3.8
	Regular check up	33.3	.0	33.3	.0	66.7	30.8
	Total	6	3	6	5	6	26

11. Filling of F form

8% of the government doctors said that they fill the form F for pregnant women who come for Ultrasound and another 2% said that all women who come for Ultrasound were asked to fill the Form F. Among the private centers a majority (92%) fill the form "F" only for pregnant women (Table 11).

Table 11: Filling of F form

Type of Institution	Response: form F filled for	Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Government	Only Pregnant women's	.0	7.1	15.4	11.1	.0	7.7
	All Women's	.0	.0	.0	.0	14.3	1.9
	Total	9	14	13	9	7	52
Private	Only Pregnant women's	100.0	100.0	100.0	100.0	66.7	92.3
	All Women's	.0	.0	.0	.0	16.7	3.8
	Total	6	3	6	5	6	26



12. Keeping of the record of ultrasound/ sex detection technique

46% of the private institutions and 6% for government keep record of all USG procedures for four years. However, 35% of the doctors from the private institutions said that they hold the records for just 2 years (Table 12).

Table 12: Keeping of the record of ultrasound/ sex determination technique

Type of Institution	Response: holding time of records USG	Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Government	One year	.0	.0	7.7	.0	14.3	3.8
	Two years	.0	.0	15.4	.0	.0	3.8
	Four years and above	.0	7.1	.0	22.2	.0	5.8
	Total	9	14	13	9	7	52
Private	Six months	.0	33.3	.0	.0	.0	3.8
	One year	.0	33.3	.0	.0	16.7	7.7
	Two years	16.7	33.3	83.3	.0	33.3	34.6
	Four years and above	66.7	.0	16.7	100.0	33.3	46.2
	Total	6	3	6	5	6	26

13. Average ultrasound done at the centre

4% of the government doctors on an average do 6-10 Ultrasound procedures per day while 2% have 15 or more USGs done at their centers. This frequency is a little more with the private sector where 31% do almost 5 procedures per day while 23% of them do 6-10 procedures, some of them even perform 11-15 USGs (23%) and another 23% do it for on 15 or more cases.

Table 13: Average ultrasound done at the centre

Type of Institution	Response	Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Government	0-5	.0	.0	.0	.0	14.3	1.9
	6-10	.0	14.3	.0	.0	.0	3.8
	15& above	.0	7.1	.0	.0	.0	1.9
	Total	9	14	13	9	7	52
Private	0-5	33.3	.0	16.7	80.0	16.7	30.8
	6-10	33.3	66.7	16.7	20.0	.0	23.1
	11-15	33.3	33.3	16.7	.0	33.3	23.1
	15 & above	.0	.0	50.0	.0	50.0	23.1
	Total	6	3	6	5	6	26



14. Average number of USGs performed on PW per day

According to the government doctors, among the average Ultrasound done for all cases, three are done for pregnancy on an average.

Further, out of total ultrasound done daily, the range for pregnant women in the private centers is found between 0-3 (61%) and 4-6 cases per day is 27%. 9 and above cases were reported by 8% of the private clinics.

Table 14: Average number of pw among daily ultrasound done

Type of Institution	Response: No. of PW undergoing USG per day	Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Government	0-3	.0	7.1	.0	.0	14.3	3.8
	4-6	.0	7.1	.0	.0	.0	1.9
	7-9	.0	7.1	.0	.0	.0	1.9
	Total	9	14	13	9	7	52
Private	0-3	66.7	66.7	33.3	100.0	50.0	61.5
	4-6	33.3	33.3	33.3	.0	33.3	26.9
	7-9	.0	.0	16.7	.0	.0	3.8
	9 and above	.0	.0	16.7	.0	16.7	7.7
	Total	6	3	6	5	6	26

15. Do pregnant women come on doctor's advice for ultrasound?

According to the government doctors out of total women who come for Ultrasound, about 4% of them come after doctor's advice. Contrary to that private doctors reported that 35% of pregnant women visit to them according to doctor advice (Table 15).

Table 15: Pregnant women coming on doctor's advise for ultrasound

Type of institute	Response: ultrasound on medical advise	Districts					Total
		Alwar	Jaisalmer	Jhunjhunu	Pali	Ganganagar	
Government	Yes	.0	.0	15.4	.0	.0	3.8
	No	11.1	14.3	.0	11.1	14.3	9.6
	None	33.3	7.1	.0	11.1	.0	9.6
	Total	9	14	13	9	7	52
Private	Yes	16.7	33.3	66.7	20.0	33.3	34.6
	No	66.7	33.3	33.3	20.0	16.7	34.6
	None	16.7	.0	.0	60.0	50.0	26.9
	Total	6	3	6	5	6	26



Assessment of Sex-Ratio & Perception of PCPNDT
SIHFW, Oct. 2008

Summary & Conclusion:



Summary & Conclusion:

Despite the natural biological endowments, the existing evidence, reiterated time and again, in defiance to all the efforts has led to decrease in sex ratio in general and child sex ratio in particular. There is sufficient evidence that the developments in technology which were expected to facilitate the healthy outcome of the physiological process have been regularly abused under one or the other pretext.

There are legislations with content and context well laid out but the societal pressures and the economic forces driving the profession, at times for easy money; has made a mockery of them.

Under this pretext the State Institute of Health and Family Welfare undertook a study in October 2008 for assessment of sex ratio (0-6 years) in five districts of the state, the selection criteria being the increase or decrease in sex ratio between the two census periods.

With 2850 respondents from community, private clinics, PHCs, CHCs along with the health care workers at these institutions and the appropriate authorities at state and district level were questioned on different issues.

The state level appropriate authorities were relatively better when it came to the implementation mechanism, the penal provisions under the Act the damages that misuse of the technique has done in already distorted sex ratio.

Somehow at district and block levels, the understanding on the said issues needs impassivity particularly so when it comes to regular monitoring registered centers and booking the defaulters in a full proof manner the only comforting observation is that state, district or block, all the authorities have shared their concern with decreasing sex ratio particularly the number of girl children but then it appears that every body's concern stands as no one's responsibility, evident enough through the data triangulated from different sources.

Out of the total number of children in 2850 households there were 2432 male children and 2276 female in the age group 0-6 years giving a child sex ratio of 935 per 1000 male children; which is well above the state average but then the averages always hide the disparities and the realities get lost in the vortex of numbers.



In the study households women who were pregnant at the time of survey, 36% of them had an expectation for a male child while 17% wanted a female child (as the break up of number of children they already had before this pregnancy was not recorded, the interpretation is a little difficult but the observations from all other respondents and various reasons accorded for son preference it appears that these women must have had desired number of male children prior to this pregnancy).

The other shocking observation is that 26% of the pregnant women have themselves gone for USG for sex determination without a medical advice. This reinforces that it is the elite and educated who are making a palpable dent in the girl child sex ratio (While income and education do increase the use of PCPNDT, its misuse is governed more by cultural factors and sex composition of children already born. (Bhat & Zavier, 2005).

Multiple reasons were offered by the respondents from the community for preference given to son, son needed for maintaining family tree, being the commonest excuse (69%). In the preceding six years a total of 2763 women had been pregnant, one or more times resulting in 4566 live births.

The awareness of PCPNDT Act and the penal provisions apart from the fact that sex detection is illegal is fairly large in both the sexes from urban and rural areas but the associated findings reflect that despite the knowledge practices have not changed and the girl child remains neglected. The social consequence of distorted sex ratio is a matter of concern among the community respondents but their translation into action has not been there.

The health workers keep a good track of the entire pregnancy period and are well versed with the conditions for referral, still a high maternal mortality ratio and this is where we failed to justify the responses of health workers.

Pregnant women do contact and ask for sex detection centers but are counseled and advised not to go for it as legally it is a crime. With 26% of women (self motivated) going for USG for sex detection it appears that some other forces are working in the society exploiting the inherent psyche where the male is the preferred sex; defy the efforts of workers from the system.

The community, the health workers and the medical officers collectively hold the society and pregnant women herself for abusing the PCPNDT and are aware that distorted sex ratio leads



to polyandry, increase in crimes in general and sexual crimes in particular, but the deep rooted values have been hard to hit.

The need for putting PCPNDT Act in place, the knowledge about the appropriate authority is well known to health workers and all of them singled out the need for media and the NGOs to make concerted efforts in increasing the awareness levels and work with community putting the girl child at the same pedestal, if not higher.

There is a strong need emerging out of the study that the pregnant women and the family needs to be counseled for not going for sex detection and accepting the girl child.

Medical officers in general and those who are operating the USG centers be it in private or public sector are in knowledge of the statutory requirements to operate such a center. Majority of them are aware of the requirements to be fulfilled, penal provisions under the Act and the conditions under which a pregnant women can be subjected to USG, but for the poor enforcement keep on flouting these obligations like registration of machines with the appropriate authority and display of signage indicating 'sex determination is illegal'.

The record keeping and filling of form 'F' is another grey area particularly in the public sector institutions where only 7.7% of the pregnant women get the form 'F' filled before going for USG in contrast to the private sector where almost 92% comply with this requirement. Similarly, there is an utter disregard for the holding time of records, government institutions keeping the record in 5.8% of the cases for four years and above.



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Recommendations:



Recommendations:

In view of the observations, a set of recommendations are being made as follows:

1. District based sensitization workshops should be organized in consultation with local NGOs and influencer groups.
2. A dialogue with USG machine manufacturers should be started for manufacturing machines that are temper proof where all records of sonography are preserved and cannot be deleted.
3. All unregistered centers should be identified, brought under registration and asked to comply with the statutory requirements of PCPNDT.
4. Professional bodies like IMA, FOGSI (local branches), registered societies of private practitioners should be taken into confidence and asked to create a peer pressure among the defaulting few.
5. The defaulter should be booked with full proof charge sheets and exemplary actions be executed.
6. Possibility of putting a premium on the birth of a girl child (incentives, recognition) be explored.
7. Government institutions operating USG machines should be made more accountable towards record keeping and reporting.
8. Regular meetings of appropriate authority and advisory committee to be ensured at district and block levels.
9. All births to be registered under the relevant Act.
10. Health staff to be made accountable for tracking all pregnancies and their outcomes.
11. Self motivated pregnant women should not be entertained for sex selective procedures, come what may.
12. The assessment studies to be taken up at a more frequent interval covering all the districts in the state.