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Role of Beti Bachao Beti Padhao in improving child sex ratio in Haryana – An analysis

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Abstract

The Beti Bachao Beti Padhao Scheme was launched from Panipat, Haryana on 22nd January, 2015. The State of Haryana is known for its worst Sex Ratio in the nation. Out of total 100 districts having the lowest Sex Ratio initially selected for the scheme, 12 districts were from Haryana. The performance of the scheme is to be evaluated at the end of 12th five year plan i.e. after 2017. But the government of Haryana has made impressive claims regarding the success of the scheme by declaring that the Sex Ratio at Birth has been touched the 900 mark in December, 2016 from a low level of 834 in 2011. Such a claim raises doubt about the authenticity of the data. The claim is looks like based upon the window dressing of the data and there is a marginal increase in Child Sex Ratio in Haryana. The government machinery is immediately registering the birth of girl child and delaying the registration of male children. This type of practice is carried out merely to show the achievement of the targets of the scheme. Hence, effective implementation followed by periodic audit of the data is required to find out the true picture of the Sex Ratio in Haryana.

Keywords: Beti Bachao Beti Padhao scheme, sex ratio, Haryana, life expectancy at birth

1. Introduction

The Beti Bachao Beti Padhao Scheme (BBBPS) was launched by the Prime Minister of India, Sh. Narendra Modi on 22 January, 2015 from Panipat, Haryana. The State of Haryana was selected to launch the scheme as it has the lowest Sex Ratio in India. The scheme was launched with the objective (i) to prevent the gender biased sex selection, (ii) to ensure the survival and protection of the girl child and (iii) to ensure the education and participation of the girl child. The trend of decline in the Child Sex Ratio (CSR) in 0-6 years of age in India has been unabated since 1961. The decline from 945 in 1991 to 927 in 2001 and further 918 in 2011 was alarming. The decline in the CSR is a major indicator of women disempowerment. The CSR reflects both, pre-birth discrimination manifested through gender biased sex selection and post-birth discrimination against girls. Social construct discriminating against girls on the one hand, easy availability, affordability and subsequent misuse of diagnostic tools on the other hand, have been critical in increasing Sex Selective Elimination of girls leading to low Child Sex Ratio (Department of Women and Child Development, 2015) ^[11]. Hence, to increase the CSR, the BBBP Scheme was launched to target the 100 districts having the lowest CSR and out of which 12 are from the State of Haryana. Later on the scheme was further extended to another 61 districts having low levels of CSR.

The targets set up under the scheme are required to be reviewed at the end of 12th Five Year Plan i.e. in year 2017. Although merely two years have been elapsed since inception of the scheme yet the claims raised by the Government of Haryana regarding marvelous improvement in CSR are worth mentioning and are needed to be reviewed for their authenticity.

2. Objective of the study

The present study is undertaken with the objectives to review the past trends of Sex Ratio in Haryana and to review the claims raised by the Government of Haryana regarding impressive improvement in Sex Ratio at Birth keeping the past trends in view.

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3. Research methodology & data source

The present study is descriptive in nature and secondary source of data has been used in the present study. The data has been collected from various sources like internet, newspapers and magazines.

4. Analysis

As shown in Figure 1, the Sex Ratio (females per 1000 males) in India had shown a declining trend upto the year 1991 and thereafter it shows an increasing trend. The Sex Ratio has been decreased from 972 in year 1901 to 927 in 1991. After the year 1991, it shows slight improvement in year 2001 (933) and 2011 (943). Although, it is well settled phenomenon that the males have natural advantage over females at the time of birth and 952 females per 1000 males is biological benchmark but the nature balance the advantage in favour of females at the later stage of life. Hence, the number of males and females remain balanced in a population with some exception.

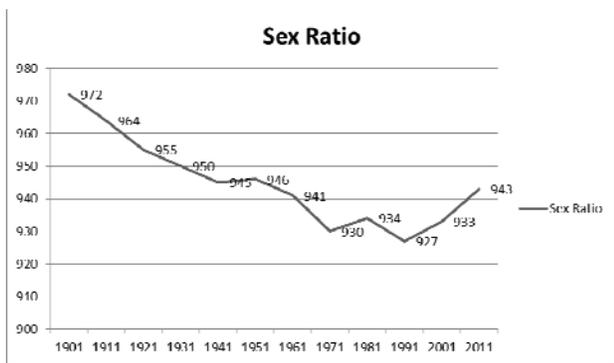


Fig 1: Sex Ratio of India 1901-2011

Note. Adapted from “Census 2011: Literacy rate and sex ratio in India since 1901 to 2011,” by H. P. Singh., 2016 [8], October 13, Article published in *Jagran Josh* (Web edition), p. 3.

Figure 2 shows the comparison of Overall Sex Ratio and Child Sex Ratio in India. The figure shows that the CSR of India has decreased continuously during the period 1951-2011 and reached from 983 in year 1951 to 919 in 2011 whereas the Overall Sex Ratio started increasing after the year 1991 which is mainly due to the improvements in life expectancy of females.

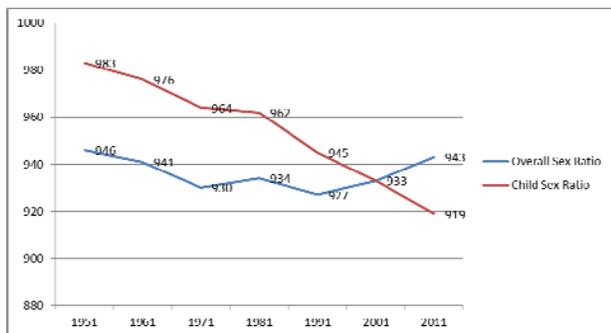


Fig 2: Comparison of Overall Sex Ratio and Child Sex Ratio (0-6 years) in India

Note. Adapted from “Census 2011: Literacy rate and sex ratio in India since 1901 to 2011,” by H. P. Singh., 2016 [8], October 13, Article published in *Jagran Josh* (Web edition), p. 4.

The decline in CSR is mainly due to the incidence of female foeticide and higher death rates of female children than male children. The CSR is a major indicator of women status and empowerment in a society. It reflects both, pre-birth and post-birth discrimination against girls. On one hand the social discrimination and on the other hand the misuse of pre-birth diagnostic techniques adds fuel to the fire. Shri Ghulam Nabi Azad, Union Minister for Health and Family Welfare has stated (as cited in Press Information Bureau, 2014) [5] that some of the reasons for neglect of girl child and low CSR are the son preference and the beliefs that it is only the son who can perform the last rites, lineage and inheritance runs through the male line, sons will look after parents in old age and men are the bread winners etc. Exorbitant dowry demand is another reason for female foeticide/infanticide. Small family norms coupled with easy availability of sex determination tests are also responsible in decline of CSR which is further facilitated by easy availability of pre-conception sex selection facilities (Press Information Bureau, 2014) [5]. Even the richer section wants at least one son and if the choice is given to them to choose the gender of second children, then most of them will choose another son instead of daughter.

The BBBPS was launched to save and educate the girl child. It is not a financial assistance scheme rather it is an awareness campaign to change the mindset of the society. The scheme was launched from the State of Haryana which is known for its lowest Sex Ratio. The Sex Ratio in Haryana, which is far below the national average, also shows the declining trend. As evident from Table 1, the Sex Ratio has been decreased from 867 in year 1901 to 834 in year 2011. Although, during the period 1941-1991, it remains almost stable at around 870 but after the year 1991, it decreased drastically and reached to 819 in 2001. However, it shows some improvement in the year 2011 and increased to 834. The Sex Ratio in urban and rural areas shows the inverse trends. In urban area the Sex Ratio has been increased from 861 in 1901 to 882 in year 2011, whereas in rural areas it decreased from 908 to 873 during the same period.

Table 1: Sex Ratio of Haryana

Years	Total	Urban	Rural
1901	867	861	908
1911	835	834	842
1921	844	848	811
1931	844	851	792
1941	869	879	806
1951	871	877	845
1961	868	874	842
1971	867	870	853
1981	870	876	849
1991	865	864	868
2001	819	866	847
2011	834	882	873

Source: Statistical Abstract of Haryana 2015-16

Table 2 shows that the Sex Ratio at Birth (SRB) in Haryana had decreased upto the year 2000 and started to increase thereafter. The figures of Civil Registration System for the year 1995 are seems to be unrealistic as the SRB is shown as increased sharply from 708 in year 1990 to 863 in 1995 whereas, during this period the pre-natal diagnostic techniques were readily available and the period is known for sharp decrease in SRB. The urban-rural differential was also existed during this period in terms of SRB. The ratio of urban areas was slightly higher than the rural area.

Table 2: Total Number of Births and Sex Ratio in Haryana as per Civil Registration System

Year	Male	Female	Total	Sex Ratio at Birth
1966	158149	129868	288017	821
1970	162169	133554	295723	824
1975	168566	137698	306264	817
1980	177519	139752	317271	787
1985	182832	132098	314930	723
1990	199187	141013	340200	708
1995	206464	178120	384584	863
2000	237824	188337	426161	792
2005	258299	213669	471968	827
2010	296328	248292	544620	838
2013	315866	265347	581213	840
2014	317200	267539	584739	843
2015	307630	261710	569340	851

Source: Statistical Abstract of Haryana 2015-16

The improvement in SRB and CSR are further verified by the National Family Health Survey-4 (2015-16) which reveals that Punjab recorded the maximum 126 points improvement in CSR from 734 in 2005 to 860 in 2015 and Haryana stood second with an improvement of 74 points in CSR from 762 in 2005 to 836 in 2015 (Tandon, 2017) [9].

The difference between SRB and CSR is mainly due to the difference in infant mortality rates of male and female children. As evident from the Table 3, the Infant Mortality Rate of females in Haryana is more than the infant mortality rate of males. The difference between sex-wise Infant Mortality Rate in rural area is more than urban area however, the difference is getting narrowed with the lapse of time and in present the difference is negligible.

This phenomenon is in contrast with the life expectancy at birth (E_0) which is more for females as compared to males. Table 4 shows the gender-wise life expectancy in Haryana.

Table 3: Infant Mortality Rate by Sex and Residence in Haryana from 1985 to 2013

Year	Total			Rural			Urban		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
1	2	3	4	5	6	7	8	9	10
1985	85	78	93	92	84	101	58	56	60
1986	85	77	93	91	85	97	58	44	74
1987	87	79	95	93	97	88	61	56	67
1988	90	80	102	94	82	108	72	71	74
1989	82	75	90	88	83	93	58	42	77
1990	69	62	77	73	63	84	53	57	48
1991	68	69	67	73	74	71	49	48	51
1992	75	73	78	79	78	80	56	47	67
1993	66	60	73	70	64	77	53	49	57
1994	70	65	75	70	63	78	68	72	63
1995	69	63	76	70	64	77	65	60	71
1996	68	67	70	70	70	69	60	50	73
1997	68	68	68	70	71	69	59	57	63
1998	70	61	81	72	62	85	59	53	66
1999	68	59	78	70	57	86	58	69	43
2000	67	63	71	69	66	72	57	52	65
2001	66	63	70	68	64	73	55	57	53
2002	62	54	73	64	56	75	51	43	61
2003	59	54	65	61	56	67	49	43	56
2004	61	55	68	66	63	69	47	30	67
2005	60	51	70	64	55	76	45	40	52
2006	57	57	58	62	61	62	45	45	45
2007	55	55	56	60	59	61	44	44	44
2008	54	51	57	58	56	60	43	39	48
2009	51	48	53	54	52	58	41	39	42
2010	48	46	49	51	51	52	38	35	42
2011	44	41	48	48	45	52	35	31	39
2012	42	41	44	46	44	48	33	32	34
2013	41	40	42	44	43	45	32	31	33

Source: Compendium of India's Fertility and Mortality Indicators 1971-2013

The life expectancy of males was 59 year in 1970-75 which has been increased to 65.8 years in 2009-13 whereas the life expectancy of females was 55.6 and 70.9 years during the comparable periods. There was wide urban-rural differential in life expectancy in 1970-75 which is now reduced to merely 3.4 years in overall. Table 4 clearly shows that at present the

females have more life expectancy than males in both types of areas and the difference in life expectancy is more in rural areas (5.9 years) as compared to urban areas (2.9 years). In earlier time the males were have more life expectancy than females but the trend is reversed since 1990 in rural area and since 1986 in urban areas.

Table 4: Life Expectancy at Birth by Sex and Residence in Haryana, 1970-75 to 2009-13

Period	Total			Rural			Urban		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
1970-75	57.5	59.0	55.6	56.4	58.4	54.7	62.4	62.8	62.2
1976-80	54.8	56.7	52.5	53.6	56.0	50.8	62.4	61.7	63.2
1981-85	60.3	61.5	59.0	58.9	60.3	57.3	66.0	66.1	65.9
1986-90	62.2	62.2	62.2	60.9	61.0	60.8	65.7	64.1	68.0
1991-95	63.4	63.0	64.0	62.6	62.4	62.8	67.4	65.5	69.4
1996-00	64.4	64.1	64.7	64.0	63.8	64.2	66.0	65.0	67.2
2001-05	66.5	65.0	68.2	66.1	64.6	67.8	67.8	66.4	69.3
2006-10	67.0	64.9	69.5	66.1	63.7	68.8	69.1	67.5	71.0
2009-13	68.2	65.8	70.9	67.2	64.5	70.4	70.6	69.3	72.2

Source: Compendium of India's Fertility and Mortality Indicators 1971-2013

Hence, one can conclude from the above discussion that the situation of females is improving day by day in Haryana although the rate of improvement is slower than national averages.

5. Impact of BBBPS on improvement of sex ratio at birth

The Government of Haryana claims that the SRB has started to increase from July, 2015 i.e. after the launch of the scheme in January, 2015. The SRB has been claimed to be increased from 834 in 2011 to 850 in December 2015 and it further increased to 900 in December, 2016. Out of total 5,25,278 children born in the state from January to December, 2016, there were 2,76,414 boys and 2,48,864 girls and the SRB touched the mark of 900. Further none of the district was below 850 mark and 12 districts in the state had recorded sex ratio of 900 or more in 2016. As many as 15 districts had SRB of more than 900 during December, 2016 (The Tribune, 2017)^[9]. The Government of Haryana further claims that it will achieve the targeted SRB of 950 in the year 2017. Do these claims justify? It is the question to probe into. Since, the BBBPS does not provide any monetary incentive to the families having girl child and it is merely an awareness campaign to save and educate the girl child. Than what happens that the SRB has been increased from 850 to 900 in just one year. The Government of Haryana has claimed to arrest around 200 people in 300 cases under the Pre-Conception and Pre-Natal Diagnostic Act (PCPNDT), 1994 to put a check on female foeticide (United News of India, 2017)^[7]. The state had also lodged 75 cross-border FIRs including 17 in Delhi, 15 in Punjab, 37 in UP and 6 in Rajasthan under the PCPNDT Act. However the following facts will reveal the truth of improvement in Sex Ratio at Birth.

1. The data on SRB supplied by the Civil Registration System for June, 2014 to June, 2015 shows a decline in at least six districts. The SRB was decreased from 874 in June, 2014 to 869 in June, 2015. The SRB in Sirsa has declined from 890 to 877. In Rohtak, it came down from 889 to 852, Faridabad (890 to 848), Jind (902 to 862), Kurukshetra (888 to 862), Ambala (902 to 888), Gurugram (839 to 812), Kaithal (918 to 893), Karnal (896 to 894) and Panipat (914 to 901). Also, only 728 infant deaths were shown out of 3307 infant deaths in the state during the period. Further, out of 145 maternal deaths, just 21 were reported on the NHM portal Health Management Information System (Sehgal, 2015)^[6].
2. The Civil Surgeon, Hisar claims the CSR of 923 whereas the district administration had put this at 886. The Civil Surgeon's report stated that the CSR in 2014 was 878 and is raised to 923 with an improvement of 45 points. Later on the Civil Surgeon accepted the mistake and clarified that the exact CSR is 893 with the improvement of 15

points whereas the district administration accepts only eight point improvement in 2015 as compared to 2014 (Deswal, 2016)^[2].

3. The work of female foeticide after determining the sex of the child through pre-natal diagnostic techniques is carried out in an organized manner through trusted agents who lives in different villages. They bring the customer to hospitals for fixed commission. These commission agents are associated with more than one hospital which provides the facility of female foeticide. That's why if one hospital is seized under PCPNDT Act, then they shift the customers to another hospital. Although the network is weakened day by day yet it will take more time and continuous effort to give better results.
4. The SRB can deviate a little from the biological benchmark. The claims of government officials beyond the biological benchmark should be noticed and data should be audited to verify the claim on periodic basis.
5. The government official may register the female child immediately upon her birth and can delay the registration of male child for the next reporting period. Similarly, they may ignore the registration of infant mortality of girl child and can register the infant mortality of boy on immediate basis just to increase the CSR.

The above mentioned facts raise doubt against the claims raised by Government of Haryana. The Government of Haryana claims a massive improvement in SRB and further claims that they will achieve the target of CSR of 950 by the end of 2017. But, whether merely a media campaign can change the mindset of the society? The answer is - certainly can do but not in such a short time period rather it will take a long period and will show steady increase in SRB instead of sharp increase. The Government officials are inflating the numbers by registering the girl child immediately and delaying the registration of male child. This is merely window dressing and in actual the increase in SRB will accompany the change in mindset of existing generation and with the advent of new generation. At present daughters are performing the duties earlier supposed to be done by the son like look after of old aged parents and earning bread for family. They are performing almost every work which a man can do although some physical constraints are there. Hence, the Government of Haryana should check the authenticity of the data before publicizing it into the public domain and strict action should be taken against the defaulting officials who are misleading the public with false data.

6. Conclusion

Hence, it can be concluded that Government officers and officials are providing false data to show the achievement of

targets of BBBPS. This type of schemes cannot give immediate results because change in social structure is a long term process. The change in mindset of society cannot be carried out overnight rather the goal can be achieved with continuous efforts. Merely, showing the achievement by tempering the data will not bring any fruitful results rather it will hide the true picture which can be disadvantageous for all. It is undisputed that the scheme is necessary in present scenario but timely audit should be carried out to check its implementation also. Routine audit of records is necessary to detect the manipulations of data and misappropriation of funds allotted under the scheme.

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