

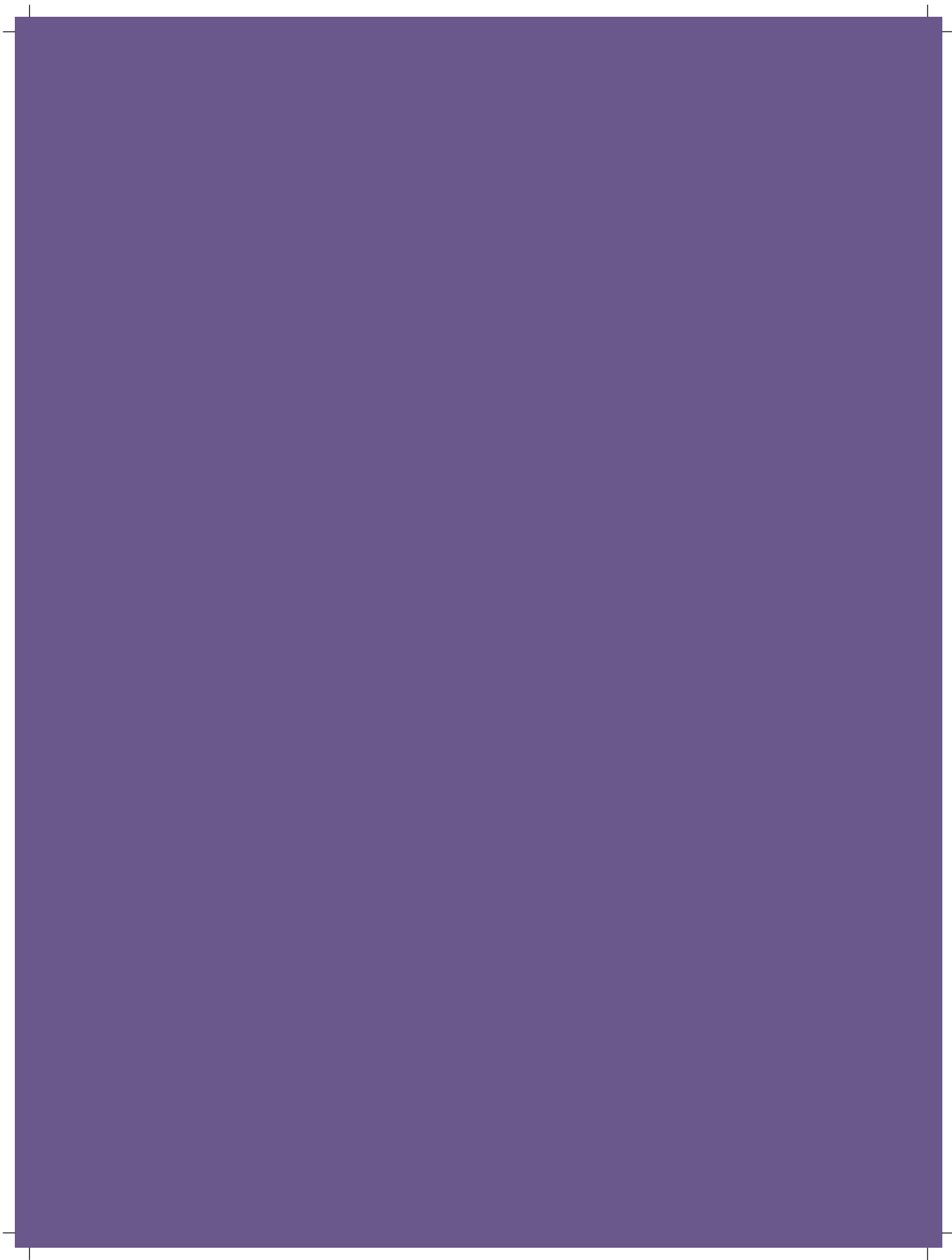


Because I am a Girl

The State of the Girl Child in India 2009



Plan
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Because I



I am a Girl





Real development cannot take roots on a sustainable basis, unless it is inclusive of women.

- Smt. Pratibha Devisingh Patil, President of India

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All names of children in this report have been changed



Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BBM	Bahu Bahini Manch
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
CRY	Child Relief and You
CSP	Country Strategic Plan
CASP	Community Aid and Sponsorship Program
DIET	District Institute of Education and Training
DLHS	District Level Household Survey
GAR	Gross Attendance Ratio
GDP	Gross Domestic Product
GNK	Gram Niyojan Kendra
HIV	Human Immunodeficiency Virus
ICDS	Integrated Child Development Services
ICPD	International Conference on Population and Development
ICSW	International Council on Social Welfare
IEC	Information, Education and Communication
IG	Income Generation
ILO	International Labor Organization
KGBV	Kasturba Gandhi Balika Vidyalaya
KSY	Kishori Shakti Yojana
MOHFW	Ministry of Health and Family Welfare
NCERT	National Council of Education Research and Training
NFHS	National Family Health Survey
NGO	Non Governmental Organization
NPEGEL	National Program for Education of Girls at Elementary Level
PANI	People's Action for National Integration
PCPNDT	Pre-Conception and Pre-Natal Diagnostic Technique
PIIC	Plan International India Chapter
PRI	Panchayati Raj Institution
PU	Program Unit
RCH	Reproductive and Child Health
SGCI	State of the Girl Child in India
SHG	Self Help Group
STD	Sexually Transmitted Disease
UBR	Universal Birth Registration
UN	United Nations
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
UT	Union Territories
UP	Uttar Pradesh
USA	United States of America
WHO	World Health Organization



Foreword

Discrimination and injustice against girls and women manifests in myriad forms - female foeticide, infanticide, chronic neglect, unequal wages, non-recognition of their contribution to family labour, lack of access and control over resources, feminisation of poverty, increasing violence and crime against girls and women. More than others, girls from the poor communities bear the brunt of all this and more. There is urgent need for their priorities to be understood, voices heard and needs met.

Plan India also notes and celebrates the good news that is beginning to trickle in. Although child sex ratio fell in 2001, the sex ratio at birth is beginning to rise. Malnutrition among girls has declined and is now approximating that among boys. Health care access has improved. More girls are in school than ever before and girls are regularly trouncing the boys in secondary and senior secondary examination results. Two thirds of women now have some say in certain aspects of decision making at home, and political empowerment in India is making a beginning.

While there are many more girls in the trap of poverty and injustice in India than ever before, there are many more girls today whose lives have changed because of the good work being done by NGOs, corporates and governments. And both these stories need to be told - the stories of problems faced by girls, as also the stories of achievements and empowerment of girls. The State of the Girl Child in India Report 2009 seeks to capture both these aspects surrounding girls in India today.

It presents many stories - stories about real girls and young women, who through dint of sheer grit, and with the support of Plan and its partner organizations; as also many other NGOs and government agencies, have cast off their chains and advanced to a new life. Besides there are millions of girls and young women who are wanting to come out of poverty, inequity and injustice and waiting for all of us to extend our knowledge, support and encouragement.

It is for this reason that active focus needs to continue to the plight of the girl child and the factors that affect her environment. This report shines the spotlight on the grim story of gender discrimination as it continues to be practiced in India. In doing so, it hopes that the most inexcusable of discriminatory actions will be stilled and the most indefensible of exploitative courses will be rejected. That alone can begin to turn the story to the more equitable and justifiable end.

This report goes out with deep respect for girls who live in tough circumstances yet carry on. These girls dream of education and productive lives. If we are to be true to our daughters, we must believe in their dreams for the future, and nurture their vision of a better tomorrow.

Bhagyashri Dengle
Executive Director

Because I am a Girl Campaign

Introduction

In May 2007, Plan launched the Because I am a Girl campaign with the first annual report highlighting the current state of the world's girls. Plan's seventy years of experience has shown us that the cycle of poverty cannot be broken without investing in girls. Young, uneducated girls give birth to underweight babies who, in turn, can grow up stunted, unschooled and condemned to a life of poverty. Yet it's proven that girls and women are often the most effective agents of change within their communities. They are instrumental in lifting communities out of poverty. The campaign's premise is that the condition and position of girls matter because girls are not only entitled to the same rights as all members of society, but as mentioned before can accelerate the delivery of socio-economic results. International targets set by world leaders to protect girls living in poverty are unlikely to be met. Girls throughout the world will lose out unless we all participate to take urgent action now.

Gender gaps inhibit economic growth

Existing gender gaps throughout the world reduce a nation's productivity, lower prospects for poverty reduction, inhibit economic progress and weaken overall governance. Gender gaps remain widespread particularly in the following three areas:

1. participation in decision-making;
2. realization of human rights; and
3. access and control over the resources and benefits of development (including, for example, education or health services).

Women and girls are affected most by these gender gaps; however the costs impact all of society. Evidence demonstrates that societies with persistent and significant gender inequalities are correlated to increased poverty, malnutrition, illness and other challenges. Investment in Girls Yields Real Returns Numerous economic-based research studies have demonstrated that existing gender gaps throughout the world reduce a nation's productivity, lower prospects for poverty reduction, inhibit economic progress and weaken overall governance. Real change cannot occur without significant investment in girls and gender equality. The World Bank's 2007 Development Report shows that investment in young people is critical to further progress in poverty reduction and economic growth. Girls' welfare is fundamental to determining strong economic and social outcomes for communities and nations. Research clearly demonstrates that investment in girls' condition and position yields real returns and should be a top priority for policymakers, program designers and private sector leaders (ICRW, 2008).

The Issues

Global statistics highlighted in Plan's first Because I am a Girl report paint a bleak picture of the challenges facing girls growing up in the poorest parts of the world: MDG goals that aim to halve world poverty are likely to fail girls, Discrimination against girls is harmful to the fight against global poverty, Females make up to 70% of the 1.5 billion people living on less than \$1 a day, 62 million girls are missing out on primary education, More girls than boys die before the age of five in many parts of the world, Birth complications are the leading cause of death for young women aged 15-19, Two thirds of 15-19 year-olds newly infected with HIV in sub-Saharan Africa are female.

The Expected Outcomes of the Campaign

The Because I am a Girl campaign is an ambitious and multi-faceted approach. Plan is attempting to initiate change at a number of levels (i.e. local, national, international) with the assistance of a number of partners. It is

a massive undertaking. But what will the end result be? What are we striving to achieve? What will success look like?

Success at a local level: Six indicators are measured throughout all of Plan's programmes (e.g. infant mortality rate, primary school enrolment, etc.). Depending on the country and programme, a number of other relevant indicators are measured. As a summary, success will be the number of girls in the 26000 communities where Plan works, who: survive beyond age five years, complete school, have access to healthcare and the skills to lift themselves out of poverty

Success at a national level: Measurement of success will be the number of countries which enact and enforce laws to enable girls to survive, be protected and have a say in what happens to them.

Success at an international level: Success will be the degree to which changes to international law take place which enable girls to appeal through UN mechanisms where their countries are unable or unwilling to fulfill their basic rights such as the right to health, education, and survival.

An Eight Point Action Plan

The Because I am a Girl report outlines an eight point action plan in order achieve these results.

1. **Listen to girls and let them participate.** Girls have the potential to articulate and secure their rights. This report has showcased a few of the voices of young women who are emerging from very difficult situations. The voices of girls and young women need to be heard.
2. **Invest in girls and young women.** Adequate resources must be made available at all levels in order for girls and young women to secure their rights. Their needs are often different from those of older women and from boys and men.
3. **Change and enforce the law.** In many countries, discriminatory laws and practices relating to girls and young women prevail. Where this is the case, they should be reformed with a human rights perspective and clearly embedded in community action. Where laws to protect and support girls and young women already exist, they must be enforced.
4. **Change attitudes.** The situation of girls is more likely to improve and at a faster pace if attitudes about gender equality, including those of boys and men, change. As long as women are considered second-class citizens, girls and young women will never be able to achieve their full potential.
5. **A safety net for girls.** The poorest and most vulnerable girls and their families would benefit from comprehensive social support which could include regular and predictable grants, scholarships or stipends to encourage girls to go to school and supplementary nutrition.
6. **Get specific data on girls.** It has become clear during the course of researching this report that more data on girls and young women specifically is urgently needed. Statistics and material are collected either on children or on women in general. National data disaggregated by sex and age has to be collected and used by policy makers.
7. **Take a life cycle approach.** This report has shown that taking a life-cycle approach to improving the rights of girls means addressing discrimination at every stage from birth - or even before birth - until they are grown women. This has enabled us to see the pervasiveness of issues like violence throughout the life cycle of a girl, and to identify the critical points of vulnerability in her life.
8. **Learn, document and share good practice.** The research for this report has shown just how little we really know about the lives of young women and how best to improve them. Systematic documentation and learning on best practice in relation to girls' rights is needed. Subsequent reports in this series will take specific areas and look at them in more detail.



Investing in Girls

India is a country of astounding contrasts. In its population of over a billion people, lives the second largest number of billionaires in the world. But India is also home to the largest number of the world's poor. It is a country where the first safe water delivery systems were devised, yet safe drinking water is available to only a fraction of its households. It is a country which holds the woman in the greatest respect within its religious persuasions, yet wreaks violence and sexual exploitation on girls and young women.

India is the seventh largest country in the world covering an area of 3.3 million sq. km. With a population of 1.03 billion people, of which 42% are below the age of 18 years, it has a population density of 324 per sq. km. Its geography is marked by a variety of features, leading to a variety of environments, from the high plateau of the Ladakh to the hot deserts of Rajasthan and the tropical jungles of Assam and the Deccan. The various states of India (thirty five states and union territories) suffer disasters that range from drought to tsunami and earthquake, leading to untold suffering as the poor are unprepared to deal with the consequences of these shocks.

Despite a rapidly growing economy, the per capita income is modest at Rs 38,084 (2008-09) and an estimated 29% of Indians live below the poverty line. India is ranked at 128 of 177 countries in UNDP Human Development Report of 2007-08. India is the largest democracy in the world, and elections are held every five years for representative governments at national, state and local levels. A third of all seats in local self government institutions in both rural and urban areas are reserved for women.

Nineteen percent of the world's children, defined internationally as persons under 18 years of age, live in India. There are an estimated 400 million children in India aged between 0- 18 years. A

very strong cultural preference for the male child has led to a very adverse child sex ratio of 927 to 1000 males, falling to as low as 793 in some states¹. Every year, there are 2.5 million child deaths, accounting for 1 in 5 child deaths in the world². Many children do not have food security with 46% of those below 3 years of age with low weight or living with malnutrition - nearly a third of the developing world's child malnutrition³.

The Constitution of India offers to all its citizens, including children, several Fundamental Rights - the right to life and liberty, the right to equality, right to freedom of speech and expression, right against exploitation, right to freedom of religion, right to conserve culture, and the right to constitutional remedies for the enforcement of these constitutional rights. Further the Directive Principles of State Policy directs the government to ensure that all children are provided with services and opportunities to grow and develop in a safe and secure environment. India has therefore enacted a number of legislations to this end. It is also a signatory to several international instruments, such as the UN Convention on the Rights of the Child (CRC) with its two optional protocols and the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and adopted without reservation the international commitment of the 'World Fit for Children' adopted by the UN General Assembly Special Session on Children in 2002 and the 'Beijing Platform for Action' adopted at the Beijing Conference on Women in 1995.

Unfortunately, the Constitutional commitments are not borne out by reality. As mentioned in the Global Gender Gap Report published by the World Economic Forum in 2008, girls and women in India continue to face severe discrimination that does not permit them to express their full potential. As per the latest Gender Gap report India ranks at 113 among the

130 countries included. However, there are several positive trends to be seen insofar as gender justice and equity is concerned in India.

In India, gender inequalities are reflected in the differences in sex ratio, child infanticide and feticide, violence against women, literacy rates, health and nutrition, wage differentials and ownership of land and other assets. Just 52.5% of women participate in household decision making⁴, and in 2004, only 8.3% of seats were held by women in the National Parliament⁵.

Further, an estimated 39% of all new HIV infections are in women⁶, 58.7% of pregnant women are anaemic⁷, and 37.2% of ever-married women have experienced spousal/domestic violence⁸. The maternal mortality rate stands at 301 per 100,000 live births⁹ with institutional births continuing to remain at a low of 40.7%¹⁰.

Girls and women in India face inequities in terms of life opportunities and choices. Reinforcing this asymmetrical situation are the ideologies in the form of inequitable entitlements in the family, caste, religion, social norms and customary institutions. This is compounded with continued discrimination and newer forms of exclusion. Girls from poor families are especially vulnerable as they are subject to the double handicap of poverty and unequal gender relations. About 12 million girls are born in India; a third die in the first year of their lives and three million or a fourth, do not live to see their fifteenth birthday. Feeding is discriminatory from infancy beginning with breastfeeding and later, with girls being fed less often, less nutritious food and less food. Illnesses are less tended, clothing less expensive and schooling considered less necessary.

Many children are chronically disadvantaged, being denied multiple rights at all times. These include the children living on the streets, with a disability or affected by HIV; children exploited through trafficking or the worst forms of child labour; and those excluded from access to basic services. These children are the primary target group of Plan's programs.

Girls are also less subtly discriminated against. Child marriage is still widely prevalent and over 50% of girls are married before the legal age of marriage of 18 years. Violence is widely prevalent and does not let up with adulthood. Women and girls face physical and sexual violence with over a third reporting having experienced domestic violence. Girls are sexually exploited and commercially traded as a sexual commodity.

The Working Group on Development of Children for the Eleventh Five Year Plan of India identifies the following forms of discrimination against the girl child beginning in the womb and until young adulthood. Recognizing a wider role of girls in society and the economy, the report notes that "the life-cycle approach of the girl child which hitherto had the ultimate objective of marriage and motherhood should now be revised to a "capability approach" - as propagated by Prof. Amartya Sen where the girl child's contribution both in economic and social terms are given due recognition ..." The Report also notes that "The focus should be on the four Es - Equality, Education, Enabling Environment and Empowerment, so that she is provided equal opportunity ..."

Problems faced by girls at different stages of life:

Years : Before Birth to 1 year

Problems faced

- Foeticide and Infanticide
- Infant mortality
- Discrimination in breast feeding and infant food
- Neglect of health (immunization)

Years : 1 to 11 years (this includes specific problems faced by age groups 1-5 years and 6-11 years)

Problems faced

- Discrimination in access to food and health care
- Malnutrition and Aneamia
- Health problems like Polio and Diarrhoea
- Iodine and Vitamin A and Micro nutrient deficiency

- Low school enrolment and School drop outs
- Vulnerable to trafficking, child labour, child marriage
- Abuse exploitation and violence
- Domestic chores
- Looking after siblings
- Restriction on mobility and play
- Discrimination in overall treatment and parental care

Years: 11 to 18 years (Adolescents)

Problems faced

- Poor health
- Low literacy level
- Restriction on mobility and play
- Frequent illness due to Malnutrition, Anaemia and micro-nutrient deficiency
- Child Marriage
- Early child bearing morbidity and mortality
- Poor access / Denial to information and services
- Early and frequent pregnancy coupled with abortions
- Marital and domestic violence
- Dowry Harassment, desertion, polygamy, divorce

- Child labour, trafficking
- STDs and HIV/AIDS
- Heavy domestic work including commuting long distances to collect firewood/drinking water
- Unpaid and unrecognized work, and drudgery
- No voice either in home or society

The UN Human Development Report 2001 mentions that poverty has a woman's face - of the 1.3 billion people in poverty worldwide, nearly 70% are women and girls. And the impact of poverty on girls and women is worsened by the prevalence of patriarchy - defined as the unequal and unjust power relations between men and women. This is never truer than in India where girls and women in India face inequities in terms of life opportunities and choices. Reinforcing this asymmetrical situation are the ideologies in the form of inequitable entitlements in the family, caste, religion, social norms and customary institutions.



Gender Discrimination: Its Impacts on Girls' Schooling

A Plan India research study in 4 States of India

This research study seeks to identify forms and extent of gender discrimination and its impact on girls' schooling in 4 states of India. Forty schools were selected for the study – 10 each in Bihar, UP, Delhi and Rajasthan. Interviews and group discussions with a few hundred children, observation (including detailed classroom observations) of a few thousand children, and interviews and group discussions with teachers, school Heads, parents and other community members formed the basis of our findings. Teacher trainers, school and village administrative bodies, and education officers at local, state and national levels were interviewed. Visits to a number of alternative education sites, set up by state and non state agencies to address the salient issues, helped to complete the picture.

Gender Discrimination

The research study finds gender discrimination is widespread in all 4 sample areas, and deeply affects the lives of girls in school. Especially when compounded by acute poverty, marginalized caste/religious affiliation, death of a parent and/or drought conditions, gender discrimination has a visible and palpable effect. Gender discrimination is manifested in multiple forms in schools, at home and in wider society. These multiple forms of gender discrimination adversely affect girls' academic achievements and attendance levels, and frequently lead to an untimely end to the very process of girls' schooling.

Thus they have a very powerful negative impact. Case studies collected by the study indicate this most poignantly. At the same time, the study found girls struggling against all odds to go to school study and do well. They are keenly motivated because through education, they might get a job, earn and support families, and do their parents proud. Through education, perhaps they could break out of the vicious circle of poverty, helplessness and dependence they are otherwise trapped in.

Gender Discrimination in Classrooms and Schools

The study concluded that generally schools perpetuate a 'hidden curriculum' that often reinforces gender biases. This includes marked gender bias in textbooks that are used to teach pupils. The content analysis of textbooks done by the study revealed that in all 4 areas textbooks have predominantly male characters in stories and pictures. The few female characters are in passive or typical family roles. Stereotypical images are strongly reinforced in children's minds, through the authority of textbooks (which are the fulcrum around which teaching process in our schools revolve). Moreover, the study found discrimination in subjects offered in middle school, for instance in UP schools girls have to opt for 'Home Science' as a subject while boys generally chose 'Agricultural Science' as an optional subject for their study.

Further, non-gender-sensitive teachers compound the problem of gender discrimination. In at least 75% of schools, teachers make sexist comments about girls's roles, and act as negative role models since they embody stereotypical roles. In at least 50% co-educational schools, teachers pay more attention to boys, allocate work on gender basis and organise separate seating for girls and boys. The atmosphere in many co-educational schools is overwhelmingly male-dominated. The gender-biased atmosphere creates discomfort and low self-esteem that obstruct girls' learning and push them to leave school. In a senior school, Rajasthan, the study found that girls were denied sports and science laboratory facilities, and are not allowed out of one room during the lunch break.

Also, most schools had no or very few female teachers, which has a direct negative impact on girls' schooling. Girls and parents express a strong preference for female teachers. Yet, there are far fewer female than male teachers. Also, the number of female school Principals is less. Thus, gender based hierarchies are getting reproduced (head of school, head of family, head of corporates and likes)

Status of Girls' Schooling

Admission levels for girls were found to be high in all 4 areas (though not universal, particularly in rural Rajasthan). But attendance levels are low, particularly in Rajasthan, UP and Bihar. Dropout levels are also high. Well over 50% girls will not be able to study beyond Class 5. Yet, the study found that over 90% girls want to study beyond class 5. In any case, the number of seats for girls in middle schools is nowhere sufficient to absorb all the girls who were registered in primary schools.

Only in a few schools did we find any active teaching taking place. The policy of no detention followed up to Class 5 lets children move from one class to the next without achieving requisite learning levels. Attendance and retention rates are also affected by facilities and incentives. There is a lack of functional toilets, drinking water facilities, safe and affordable transport all of which negatively impacts girls' participation in schooling. Lack of health facilities is significant too. Textbooks are provided in all 4 areas, but frequently not on time. Scholarships are provided, although the picture is confused, with widely varying figures quoted indicated lack of information and irregularities in disbursal.

Further, the research examined relevant government schemes, particularly NPEGEL (National Program for Education of Girls at Elementary Level) and KGBV (Kasturba Gandhi Balika Vidyalayas) and the research team visited several alternative educational sites such as the KGBVs, Mahila Samakhya learning centres and Balika Shivirs. These initiatives showed that there is some focused effort to address the issues that impede girls' schooling. However the alternatives raise new dilemmas for mainstreaming. There is no escaping the urgent need for qualitative improvement of the existing mainstream system. Government officials at all levels weighed down by problems, paying lip service to the need for girls' education, but unable to see how to create the required change.

This study of the 40 schools clearly indicates many of our schools are not girl-friendly.

Plan India notes and celebrates the good news that is beginning to trickle in. Although child sex ratio fell in 2001, the sex ratio at birth is beginning to rise. Malnutrition among girls has declined and is now approximating that among boys. Health care access has improved. More girls are in school than ever before and girls are regularly trouncing the boys in secondary and senior secondary examination results. Two thirds of women now have some say in certain aspects of decision making at home, and political empowerment in India is making a beginning.

Nonetheless, it is imperative that active focus is applied to the plight of the girl child and the factors that affect her environment. This report shines the spotlight on the grim story of gender discrimination as it continues to be practiced in India. In doing so, it hopes that the most inexcusable of discriminatory actions will be stilled and the most indefensible of exploitative courses will be rejected. That alone can begin to turn the story to the more equitable and justifiable end.

Chapter one of Report 2009 looks at discrimination which begins at, or even before, birth and how this continues throughout a girl's life. Chapter two examines how these issues and attitudes to girls are being tackled by PLAN and other NGOs. Chapter three presents the efforts being made to improve girls' development by the Government of India. Chapter four discusses recommendations and the further course of action that needs to be initiated through the life cycle of the girl child.

Who is a girl?

The United Nations Convention on the Rights of the Child defines a child as anyone under the age of 18 unless the age of majority is lower.

A young person is someone between the age of 10 and 24. An adolescent is between 10 and 19, divided into 'early adolescence' (10-14 years) and 'late adolescence' between 15 and 19.

For the purposes of this report, a girl is anyone up to the age of 18 and a young woman up to 25 years.

Sex and Gender

People often use the word 'gender' as a synonym for the word 'sex'. But these are two different terms, with very different meanings.

Sex is the biological difference between males and females (what we are born with).

Gender is the set of roles, behaviour patterns, values and responsibilities women and men, girls and boys have learned, or end up playing, in their family, community and in society at large.

These gender specific roles are socially constructed and therefore changeable as they depend on historical, cultural, political and social contexts.

This report goes out with deep respect for girls who live in tough circumstances - yet carry on. These girls dream of education and productive lives. If we are to be true to our country and our daughters, we must believe in their dreams for the future, and nurture their vision of a better tomorrow.

Issues Confronting Girls

The UN Human Development Report 2001 declared that 'poverty has a woman's face'. Of 1.3 billion people living in poverty worldwide, nearly 70% are women and girls. And the impact of poverty on girls and women is worsened by the prevalence of patriarchy - defined as the unequal and unjust power relations between men and women.

In India, gender inequalities reflect in the differences in sex ratio, feticide and child infanticide, violence against women, literacy rates, health and nutrition, wage differentials and ownership of land and other assets. Girls and women in India face inequities in terms of life opportunities and choices. Reinforcing this asymmetrical situation are the ideologies in the form of inequitable entitlements in the family, caste, religion, social norms and customary institutions. This is compounded with continued discrimination and newer forms of exclusion.

Female Feticide and Infanticide

India is one of the few countries in the world where despite the biological advantage enjoyed by females, women and men have nearly the same life expectancy at birth. In absolute terms, 50 million girls and women are missing from the total Indian population¹¹. Analysts attribute this peculiar fact to the practice of female feticide and girl infanticide.

The declining sex ratio among 0-6 year olds in consecutive National Census is further substantiation of this. The 1981 Census showed that there were 960 females per 1000 males which declined to 945 females per 1000 males in the 1991 round. The last National Census conducted in 2001 revealed a child sex ratio of only 927 females per 1000 males¹². The decline in child sex ratio is so widespread that of the 28 states and 7 union territories, only one state namely Kerala showed an increase (of 2 percent points). Two union territories namely Lakshadweep (with an increase of 18 points) and Pondicherry (with an increase of 4 points) were

partially free from this trend. The states and union territories that have shown a large decline in child sex ratio are Punjab (-77), Haryana (-60), Himachal Pradesh (-55), Chandigarh (-54), Delhi (-47) and Gujarat (-45), although they are among the most economically progressive and have high female literacy rates.

Girls' Education

The literacy gap between men and women between 1991 and 2001 has remained above 20%¹³. This, despite the jump in the aggregate levels of literacy from 52% in 1991 to 73.3% in 2004-05¹⁴. Although the ratios of girls to boys in primary, secondary and tertiary education have improved between 1991 and 2001, they are far from reaching parity. The present estimated number of children in the age-group 6-13 years is 145,542,890 in rural areas and 48,485,753 in urban areas.

In respect of estimations of out-of school children, a 2005 survey¹⁵ put the number at 11,353,597 in rural areas (7.8%) and 2,106,137 in urban areas (4.3%). Out of school boys and girls in the age group 6-10 years are 5.5% and 6.9% respectively. This is higher among girls in the age group 11-13 years (10.0%) than among boys (6.5%)¹⁶. The percentage of girls who were out of school in the rural areas was 9.1% as against 6.8% of boys which translate to 5,750,842 girls against 5,602,755 boys out of school in rural areas¹⁷. The proportion of out-of-school boys and girls groups in the urban areas is similar, with 4.3% of the boys and 4.4% of the girls being out of school¹⁸.

Adolescent Marriage and Childbearing¹⁹

Nearly half (45%) of young women in India begin cohabiting with their husband before age 18, the legal age at marriage for women. A majority (63%) marry before the age of 20 years. Reflecting the country's diversity, few women (12%) marry before 18 years of age in Goa and Himachal Pradesh, while nearly three-fifths (57-61%) do so in Rajasthan, Jharkhand and Bihar.

Differences by location of residence are also stark 28% are married by 18 years in urban areas against 53% in rural areas. Yet, there has been a slow trend in delaying marriage. Nationally, the proportion of women marrying before their 18th birthday declined from 50% to 45% by five percentage points between 1993 and 2006.

Similar trends can be seen in the timing of first births. The proportion of women who give birth before the age of 18 years declined from 28% to 22% during the same period, and the proportion giving birth before age 20 years fell by seven points from 49% to 42%.

Contraceptive use remains very low. Only 7% of married 15-19 year old women use a modern method of contraception and 6% use a traditional method. Forty three percent of married 15-19 year old women have an unmet need for modern contraception - a very high proportion.

Unplanned childbearing among adolescents is not uncommon - 14% of all adolescents' most recent births were unplanned in 2006, a proportion that has remained unchanged since 1993. Adolescent specific reproductive health services continue to be scarce and inadequate, and targeted toward married adolescents. However, the government's recent enactment of policies to address the information and service needs of adolescents is encouraging. Programs to keep girls in school hold promise for decreasing early marriages; since childbearing outside marriage is rare, delay in marriage will go a long way toward reducing adolescent childbearing.

Maternal Health

Most girls and women in India have little control over their sexuality, fertility and childbirth owing to the social and religious sanction to early marriage of girls. Almost 16% (that is, nearly 1 in 5) of girls in the age group of 15-19 years were already mothers or pregnant at the time of the NFHS III, while 44.5% of women in the age set of 20-24 years reported getting married at 18

years²⁰. The same survey showed that the median age of their first birth was 19.8 years.

Of those who were married by the age of 18 years, 71.6% had never been to school, and only a sixth had completed 10 years of schooling. And 32.6% of women who were mothers or pregnant by the age of 15-19 years had never been to school²¹.

Also, studies indicate that nearly half of the maternal deaths in girls 15-19 years are due to unsafe abortions²². Only 50.7% of mothers had at least 3 antenatal care visits for their last birth, and 85% of these women had completed 10 years of education²³ indicating a link between schooling and use of health services. Further, 57% of women have heard of HIV- AIDS and 34.7% women are aware of the fact that condom use can help prevent HIV and AIDS. Again, these were mostly women who have been to school. Only 12.5% of women who had never been to school knew about safe sex²⁴.

Economic Empowerment of Women

In India, nearly 70% of the people are dependent on agriculture. In small and marginal farmer families, girls and women are actively involved in the agricultural process e.g. sowing, harvesting. However, statistics indicate very low levels of ownership and control over agricultural land by girls and women, and their labour is never computed in monetary terms.

Many women and girls are likewise engaged in non-farm activities such as collection of firewood and non-timber forest produce as also in supporting the household. Their work in this respect is also never calculated as family income and not taken into account in the computation of India's GDP.

At another level, a large number of women are employed as daily wage agricultural or construction labour in rural and urban areas. However, the work of grassroots NGOs like Sarbik Gram Bikas Kendra in Purulia district of West Bengal show that women receive close to

half the wages as compared with men for the same work. And this despite a law that mandates for equal wages to women and men.

There are today, more than 2,500,000 Self Help Groups in the country of which ninety percent are women SHGs²⁵ with memberships ranging from 10 to 25 women per group. While this figure looks impressive, in real terms it is able to touch the lives of barely a fraction of women in the country.

The National Rural Guarantee Scheme initiated by the government, which provides 100 days of unskilled employment with equal wages to women and men in rural areas, has created large number of jobs. However, the larger process of

discrimination and patriarchal control has kept many women from being able to access the benefits of this program.

In recent years, women in urban areas have been able to take steps toward economic empowerment owing to the growth in the services sector. While no reliable data is available, anecdotal accounts suggest that women are mostly employed in non-decision making positions and at lower levels of the organizational pyramid.





1 Girls are Doubly Excluded

Survival

In normal situations where sex selection does not take place, more male children are born to the population than female children. The 'natural' sex ratio that results at birth is skewed in favour of boys, with between 943 - 954 females born for every 1000 males. In the first year, this numerical lead of boys should diminish owing to the biological advantages of the female child and hence, greater mortality among male infants. And this should be further enhanced in early childhood. Unfortunately, this is not the case in India.

The child sex ratio (ratio of female to male children aged 0-6 years) according to the 2001 census was a dismal 927 females to 1000 males, far below the even natural sex ratio at birth. Prior to 2001, the child sex ratio was 945 in 1991 and 962 in 1981. This has plummeted to 927 in 2001. Thirty one of the India's thirty five states and union territories have registered a decline in child sex ratio between 1991 and 2001 most notably the prosperous states and union territories of Punjab, Chandigarh, Haryana, Himachal Pradesh, Gujarat and Delhi.

A steady increase in the number of women in the population should have resulted from the gains that India has made in health care and nutrition. In fact, the reverse has happened - and the sex ratio has become worse, not better, in the last 70 years²⁶. This points to systematic neglect of girls in early childhood and worse, to feticide and infanticide. Eleven states and union territories have a child sex ratio below the national average in 2001, indicative of sex selective births due to female feticide²⁷.

According to the DLHS - RCH 2002-04 survey, of the 4 (mean) children ever born to women in the

40-44 year age group, 3.5 children survived. About 1.8 of the 2.1 male children survived on average, while 1.6 survived of the 1.8 female children. Irrespective of residence in urban or rural area, less than 10% of women desired their next child to be a girl²⁸.

Feticide and Infanticide

When a son is born,
Let him sleep on the bed,
Clothe him with fine clothes,
And give him jade to play...
When a daughter is born,
Let her sleep on the ground,
Wrap her in common wrappings,
And give broken tiles to play.

- Chinese 'Book of Songs' (1000-700 B.C.)

In India as in some other parts of the world, daughters are generally considered a net liability; they leave their natal homes after marriage, they often require a dowry, and their labour is devalued. The result is a strong preference for sons.



Seventy year old gives birth to twins

Shyam Parmar Tuesday, July 01, 2008, (Meerut)

Obsessed with the desire to have a son, Om Kali, a seventy year old woman in Meerut risked her life to go in for invitro-fertilisation, a process by which eggs are fertilised by sperms outside the woman's womb. She gave birth to twins, a boy and a girl at a nursing home in Meerut.

The twins born barely a week ago weigh a little over a kilo each. Their father Charan Singh, a retired government employee, is seventy six years old. The desire to have a boy made the couple opt for ART or assisted reproductive technology at such a late age. The couple had three daughters, one of whom died a few years ago.

"We have two daughters. We have a lot of land and property but no male heir. So we decided to go for this," said Om Kali.

Questions are being raised about the ethical issue of doctors providing ART to the elderly couple. "The minimum age is set as 18, but there is no upper limit set by law for a woman to conceive. When it will be set, we will start following the rule," said Dr Aaniruddh of Maalik test tube baby centre.

The case of the twins underline the urgency of a law to control the rampant commercialisation of ART centres.

Source: NDTV, <http://www.ndtv.com/convergence/ndtv/story.aspx?id=NEWEN20080055284>

The number of children desired and their preferred sex composition are a reflection of women's status. The prevalent kinship structure lays great value on reproduction in general and sons in particular. For example, a study in the state of Bihar reports that the desired family size is between 3.5 - 4 children and that all or almost all (3.5) must preferably be sons. Persisting gender inequalities, existing cultural beliefs and practices permeate almost every aspect of the growing girl's social and cultural environment and our value system. The profile of the girl child in India is one of a negative sex ratio, a higher female child mortality rate and much less access to food, health and care.

Extreme expressions of the social pressures acting against the girl child are feticide and infanticide, prevalent in many parts of the country. Female feticide, although prevalent in many parts of the country remains largely invisible. A multi-centric study sponsored by the Department of Women and Child Development confirmed that female feticide takes place across much of the country. Appearing more recently than infanticide, sex-selective abortion has become entrenched in states such as

Maharashtra, Tamil Nadu, Haryana, Rajasthan and Punjab.

A girl child runs the risk of female infanticide by deliberate killing or neglect upon birth and during the vulnerable period of infancy. Female infanticide has been reported from parts of Rajasthan, Bihar, Uttar Pradesh, West Bengal and Tamil Nadu. The higher rates of female infant mortality of 57.7 (2005-06) compared to 56.3 of males and female child mortality of 12.4 (2005-06) as compared to 9.0 of males in the age group 0-5 years as per NFHS III, is testimony to these practices.

Malnutrition

Between 1992-93 and 2005-06, underweight prevalence among boys fell 11% (from 53% to 42%), while underweight prevalence among girls fell 9% (from 52% to 43%). The effect was to reverse the underweight gender gap, so that, on aggregate in India, girls now lag behind boys. The reversal was pronounced for severe underweight prevalence, which fell 7% (from 22% to 15%) for boys and 5% (from 21% to 16%) for girls.

The “South Asian Enigma”: Why is under nutrition so much higher in South Asia than in Sub-Saharan Africa?

In 1997, when Ramalingaswami, Jhonso, and Rohde wrote that “in the public imagination the home of the malnourished child is Sub-Saharan Africa... but...the worst affected region is not Africa but South Asia”, their statement was met with incredulity. Today undernutrition rates in South Asia including and especially in India, are nearly twice those in Sub-Saharan Africa. This is not an artefact of different measurement standards or different growth potential among ethnic groups: studies have repeatedly shown that given similar opportunities, children across most ethnic groups, including Indian children, can grow the same levels and that the same internationally recognized growth references can be used across countries to assess the prevalence of malnutrition (Nutrition Foundation of India 1991). The phenomenon referred to as the “South Asian enigma” is real.

The enigma can be explained by three key differences between South Asia and Sub-Saharan Africa:

More than 30% of Indian babies are born with low birth weights compared with about 16% in Sub-Saharan Africa. Low birth weight is single most important predictor of undernutrition.

Women in South Asia tend to have lower status and less decision making power than women in Sub-Saharan Africa, limiting their ability to access the resources need for their own and their children's health and nutrition. Low status of women can be linked to low birth weight as well as poor child feeding behaviours in the first 12 months of life.

Hygiene and sanitation standards in South Asia are well below those in Sub-Saharan Africa. Poor hygiene and sanitation play a major role in causing the infections that lead to undernutrition in the first two years of life

Source: India's Undernourished Children A call for Reform and Action by Michele Gragnolati, Caryn Bredenkamp, Meera Shekar, Monica DasGupta, YiKyoung Lee, The World Bank, 2006

Children and particularly girls from economically poor, scheduled castes and tribes, and those living in rural area are at greater risk of being underweight and severely underweight. Assuming independence of conditional probabilities, the chance that a girl with all these characteristics is underweight is as high as 92%.

Neglect

The preference for sons in India is readily apparent in the relative neglect of female children, who are weaned earlier than males, receive smaller quantities of less nutritious food and less medical care, and are more likely to be removed from school. This inequitable treatment continues into women's adult lives²⁹.

Deficits in nutrition and health care overwhelmingly target female children. Karlekar cites research, indicating a definite bias in feeding boys milk and milk products and eggs³⁰. In Rajasthan and Uttar Pradesh, it is usual for girls

and women to eat less than men and boys and to have their meal after the men and boys have finished eating. Deprivation in feeding and care impairs growth in the critical first years, and may also reduce cognitive development and learning abilities. Greater mobility outside the home provides boys with the opportunity to eat sweets and fruit from saved-up pocket money or from money given to buy articles for food consumption. In case of illness, it is usually boys who have preference in health care. More is spent on clothing for boys than for girls.

This discrimination replicates itself from generation to generation, violating the rights of the girl child and choking her further development. Insufficient feeding, inadequate care and nutritional depletions caused by repeated bouts of untended illnesses cumulate in the girl child. Gender discrimination conspires with poverty, crushing the girl child's sense of autonomy and self.

Protection

Abuse

The Girl Child is highly susceptible to abuse, violence and exploitation both inside and outside her home. Child abuse has serious physical and psychosocial consequences which adversely affect the health and overall well-being of a child. According to WHO, "Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power."

A study of schools and communities in some of the areas in which Plan India has interventions, showed that gender discrimination is widespread and deeply affects the lives of girls in school. A painful fact that emerged from the study was the widespread social sanction to violence against girls. Girls and young women are exposed to endemic domestic violence at home, in school and en route to school. Gender based violence carries on with impunity³¹.

A study on Child Abuse carried out in 2007 indicates the rising tide of violence across the country. Over 45% of girls in school report corporal punishment, and just under 50% report violence within their domestic environment.

A study by the Mahila Chetna Manch in 2005 in Madhya Pradesh found that in urban areas, crimes against women showed an upward trend over time. Criminal intimidation and molestation accounted for the majority of the crimes in the early part of 2005. In the slums of 4 cities studied, one third of the women surveyed reported domestic violence, mostly by their husbands. Reasons cited were alcoholism and poverty which lead to tension and conflict³².

Child Marriage

Child marriages still continue despite the fact that the Child Marriage Restraint Act was enacted as far back as in 1929. Rajasthan, Madhya Pradesh, Andhra Pradesh, Bihar and Uttar Pradesh have the highest incidence of child marriages. Child marriages still continue despite the fact that the Child Marriage Restraint Act was enacted as far back as in 1929. Rajasthan, Madhya Pradesh, Andhra Pradesh, Bihar and Uttar Pradesh have the highest incidence of child marriages. According to NFHS III (2005-06), 27% women below age 15 years are already married. In fact over half (58%) are married before the legal age of 18 years. These proportions are higher in rural areas.

Child Labour

Children are treated as property of the adults who are supposed to care for them. Recent information from CRY places the total number of working children in India at 17 million - greater than the population of Australia. A study found that children were sent to work by compulsion, not by choice, mostly by parents but with a 'recruiter' playing a crucial role in influencing the decision. When working outside the family, children put in an average 21 hours a day, with about 85% of children working in the unorganized sector. Over 90% of the children are in work in rural areas.



As parents face job losses and reduced income owing to global recession, younger girls are being pulled out of school and sent to work to earn money for their families. Global economic development and human rights for girls will be set back if the impacts of the financial crisis are ignored. Yet, even before this current crisis, millions faced a harsh and insecure future. Many young women are employed as casual labour, enduring long hours in garment or electronic factories and are often the first to lose their jobs during economic downturns. Thousands end up working in the sex trade and other high-risk jobs³³.

The ILO estimates that there are more girls under 16 years in domestic service than any other type of work. Conventionally, domestic work is regarded as a 'safe' form of employment, but in reality it conceals a wide range of abuse and exploitation, including physical, psychological and sexual violence. Over 100 million people, predominantly young women and girls are estimated worldwide, to be working in this least regulated and protected sector³⁴.

Trafficking

Adolescent girls (11-18 years) deserve special care and attention. Adolescence has traditionally been considered the most difficult period in an individual's development cycle. The changes that adolescents undergo (physical, psychological, physiological, hormonal, cognitive and sexual) are not only stressful but confusing, since these changes occur simultaneously and rapidly in the absence of any kind of support and expert guidance to cope with the transition. The situation is aggravated with uncertainties of social expectations and constraints, career, marriage partner, sex life and the 'self' itself. The confusion is made worse with societal perceptions and definitions of this period as requiring controls and restrictions.

CRY reports that there are an estimated 2 million child commercial sex workers between the ages of 5 and 15 years and another 3.3 million between 15 and 18 years of age. These children

make up 40% of the total population of sex workers in the country. About 500,000 children are forced into this trade each year, about 71% of whom are illiterate. Most of the children in the sex trade are in the 5 metro cities of India.

It is known that crimes against the girl child have been increasing over the years but very few cases get reported. Rape, trafficking, sexual exploitation, child labour, beggary are some the forms of violence perpetuated on the girl child.

Keerthi's story

Keerthi, aged 13, lived in a poor family in rural Andhra Pradesh, India. Her mother and stepfather showed her little affection. Perhaps to compensate for the neglect, she started to fantasize about a glamorous life in the city and became obsessed with cosmetics.

Vijaya, a friend arranged for her to meet a man named Pandu, for whom she was acting as an intermediary. Pandu's offer of a job as a domestic worker in the city was enough to persuade Keerthi to go with him. But when she was deposited in a brothel in Mumbai, she realized how cruelly she had been tricked,

After 10 days of being forced to work as a sex worker, Keerthi managed to run away. She boarded a train without a ticket and almost reached home before being discovered by a ticket inspector. A community worker found her crying and calling out for help in a rural railway station. She took her to a transit home for rescued children in a nearby provincial town.

Meanwhile, a local organization working in partnership with Plan in Keerthi's home district contacted her family and head of her village. Negotiations were held about the type of help and support the child would need, Keerthi was also consulted, She suffered from severe trauma and she needed professional help from a child psychologist.

Eventually she was able to return to her family. As with other returned children, the local organization will follow her progress for at least six months

Development

Health

Evidence on the sexual and reproductive health situation of young people in India suggests that this group continues to have a wide array of unmet needs. First, marriage and childbearing continue to take place in adolescence for significant proportions of young women; more

than two fifths of all women now aged between 20-24 years were married by 18 years, and 16% of all girls now aged 15-19 years have already experienced pregnancy or motherhood. Second, the use of sexual and reproductive health services by young people is far from universal, even among the married. Third, young people remain poorly informed on issues of sexual and reproductive health, harbouring misconceptions and/or having superficial information³⁵.

Sexual and reproductive health profile of young people in India (%)	
Marriage (2005-06)	
% Female aged 20-24 married by age 18	44.5
% Males aged 25-29 married by age 21	29.3
Pregnancy and childbirth (2005-06)	
% Girls aged 15-19 who were already mothers or pregnant	16
Median age at first birth for women aged 25-49	19.8
Total fertility rate	1.79
Contraceptive use (2002-04)	
% Married young women aged 15-24 currently practising contraception by self or husband	24.5
% Married young women aged 15-24 currently practising modern contraception by self or husband	19.2
% Married young women aged 15-24 expressing an unmet need for contraception	25.3
Maternal health seeking (2002-04)	
% Married young women aged 15-24 who received any antenatal check-up	77.5
% Married young women aged 15-24 who delivered at a health facility	42
Awareness of HIV/AIDS (2002-04)	
% Married young women aged 15-24 who have heard of HIV/AIDS	49.9
% Married young men aged 15-24 who have heard of HIV/AIDS	75.3
% Married young women aged 15-24 who know that consistent condom use can reduce the chance of getting HIV (among those who have heard of HIV)	23.3
% Married young men aged 15-24 who know that consistent condom use can reduce the chance of getting HIV (among those who have heard of HIV)	40.3
HIV prevalence among women seeking antenatal care (2005)	0.88

Source: NFHS (Round 3) 2005-06, GOI

Other health indicators also point to the relative neglect of the girl child in India, such as the percentage of girls who had received the full complement of childhood immunization. This was lower at 41.5 compared with 45.3% of boys according to the NFHS III survey³⁶. However, the gap is gradually closing.

Ways of addressing bottlenecks in health- service delivery

Action	Impact
Select proven interventions.	Lower Infant and maternal mortality.
Supervise training.	Improve quality of health-care provision (effective coverage).
Track defaulters and conduct home visits.	Improve the range and extent of health care provision (adequate coverage).
Mobilize families and communities.	Enhance initial utilization of services (enhanced demand and affordability).
Implement health extension & micro-planned outreach.	Broaden geographic access to services.
Implement training and deployment of new staff by community promoters.	Increase availability of human resources in health-care provision.
Rationalize supply systems.	Bolster availability of drugs and other essential medical supplies.

Source: State of the World's Children 2008, UNICEF

Education

The enrolment figures for girls in schools are lower than those for boys indicating that many girls lose the opportunity to go to school. Thirty four percent of girls drop out before they complete Class 5.

Gross Primary Enrolment Ratio, India 2005-06

Total	Boys	Girls
109.4	112.8	105.8

Gender parity in respect of urban girls and boys is good, however in rural areas this drops to 0.73 at the middle, secondary and senior secondary level. Further, the gap in gross attendance ratio (representing the ratio between those attending school at a certain level and the estimated number of those expected to be in school at that level) between urban (GAR: 70.1) and rural (GAR: 47.7) girls is quite large indicating fewer opportunities for girls to participate in higher level schooling in rural settings.

The percentage of 6-17 year old girls in school in 2005-06 fell from 81% in the age group 6-10 years to 70% in the age group 11-14 years, and only 34% in the age group 15-17 years. The difference in schooling of girls and boys becomes starkly highlighted in the age group of 15-17 years with 49% boys in school compared with 34% of girls.

One of the major reasons why so many girls do not attend school is because of their workload, both within and outside the household. Daughters are often kept at home to help the family because the social and economic value of educating girls is not recognized. It is a little known fact that among the world's exploited child workers, girls outnumber boys. Without access to education, girls are denied the knowledge and skills needed to advance their status. Marriage is the reason for school drop-out for 6% of rural and 2% of urban girls. Further, between the ages of 12-14 years, 11.1% of girls were engaged in household chores for over 28 hours per week, and 17.7% were working. This compared with 3.5% and 15.0% of boys respectively³⁷.

Plan launches campaign against violence in school

Plan India, a child centred development organization launched its third state level campaign “ Learn Without Fear” in Uttar Pradesh on Wednesday at a formal program organized at the Scientific Convention center.

The campaign is about preventing all forms of violence against children in school which includes corporal punishment, sexual abuse, emotional abuse, neglect, verbal abuse, bullying, peer to peer violence, youth gangs, use of weapons and harassment in school.

The organization working in tandem with the state govt. intends to hold a school contact program under this campaign wherein theatre workshops will be held. Talking to The Pioneer, Head of Program, Mohammed Asif said the organization had taken out a manual for creating positive discipline for teachers which it will present to DIET.

“We have worked in the Maharajganj area of the state where we carried out a survey in government schools in 2005 and learnt that there were 30 types of corporal punishments that were meted out to children” said Mohammed. The organisation also released a report on the issue in the same year.

“Learn without fear” campaign has been launched at the national level and state level in Uttarakhand and Andhra Pradesh.



Yet despite marked improvements in educational indices for girls' schooling, gender discrimination remains rampant. Factors affecting girls' schooling³⁸ include content of education and mode of communication - which are often alien to the children being taught. Textbooks are gender-biased. One study of Hindi textbooks produced by NCERT found 21 boy-centered stories and zero girl-centered ones! There is evidence of unequal access to facilities such as science labs for girls.



Asian Age, 15 May 2001, New Delhi

HIV-AIDS

Four out of ten women have not heard of AIDS. In urban areas, this percentage climbs to over 80%. However, younger women are more likely to have heard of AIDS than older women - but less so than men. In Delhi and Manipur, more than two fifths of all women have comprehensive knowledge of HIV-AIDS, but this falls drastically in states such as Assam, West Bengal and Meghalaya.

Only three percent of women and five percent of men in the age group 15-49 years have ever been tested for HIV, and fewer still have collected their test results. The proportion of women who have ever been tested and collected their results is the highest in Goa at 15% and falls to a low of 0.2% in Rajasthan.

HIV prevalence among women is 0.22% compared with 0.36% among men. Happily, young people 15-24 years are the least likely to have HIV, however, this advantage is offset by their risk taking behaviour and lack of information.

Water and Sanitation

Lack of access to water and sanitation is an important impediment to the improvement of the lives of girls and young women.

As I travel around the world, people think the only place where there is potential conflict [over] water is the Middle East, but they are completely wrong. We have the problem all over the world.

- Kofi Annan Former Secretary General, United Nations

Water collection is a crucial part of their daily duties in both rural and urban areas. In rural areas, the issue is generally one of the distances to be traversed to reach potable supplies of water. In urban areas, the short timings for which water is available to poorer areas of the city and the press of people who are trying to collect and store it, make it a valuable commodity that involves great expenditure of time. In both

settings and for the most part, it is the responsibility of girls and young women to collect it. Water for home use is not sufficiently available in both rural and urban settings. And where it is so its availability continues to be labour intensive for many households. Only 28% of rural households have piped water supply while 71% urban households. One third treat their water to make it potable, half by straining through a cloth and another third by boiling.

Sanitation poses particular challenges, both in respect of disposal of waste, as well as in respect of privacy of girls and young women. Over half of all households in India have no toilet facilities, with less than 25% of rural households having access to private toilet facilities³⁹.

I do not allow my young daughter to drink water past 7 pm otherwise she will have to use open ground at night which is very unsafe.

- From a woman staying at Prem Sagar slum in Jabalpur



Participation

When women are empowered to participate in their communities, they can challenge the attitudes and practices that entrench gender discrimination, share work, pool resources and collectively devise and sustain initiatives to improve maternal and newborn health. It is the acumen of women acting collectively that is among the strongest reasons why most newborns and mothers survive pregnancy and childbirth. Increasing women's participation in key decision-making processes in employment and political life is critical to improving maternal and newborn outcomes.

The Mahila Chetna Manch study of 4 slums in Madhya Pradesh described the role of women in intra-family decision making on such subjects as purchase of food, clothes ornaments etc. About 60% of the women reported participation in the decision making, with a greater say in matters such as child immunization and less on social ceremonies⁴⁰.

Improving economic status can be vital to enhancing women's participation in decision-making, with attendant implications for the health of their children. When women have greater influence in the management of household decisions, they are more likely than men to ensure that children eat well and receive medical care.

Devaki Jain reporting on a seminal meeting in South Africa says, "It was (also) pointed out loudly and clearly in Petermarysburg that if women had more power to affirm their will, It was their inability to say no to sexual demands that had added to the virulence of the spread of HIV-AIDS in South Africa - and has then led to numerous deaths of women (and) in turn to a flood of orphans."⁴¹

There cannot be true democracy unless women's voices are heard. There cannot be true democracy unless women are given the opportunity to take responsibility for their own lives. There cannot be true democracy unless all citizens are able to participate fully in the lives of their country.

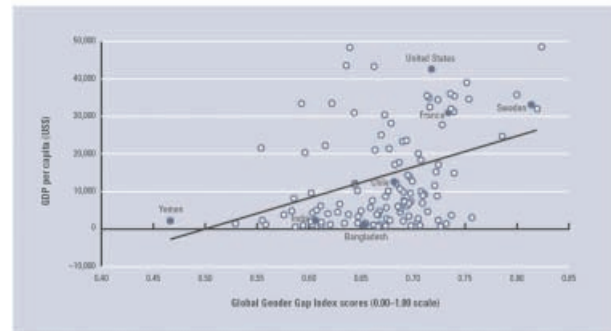
- Hillary Rodham Clinton, Secretary of State, USA



The most important determinant of a country's competitiveness is its human talent—the skills, education and productivity of its workforce. And women account for one half of the potential talent base throughout the world. Over time, therefore, a nation's competitiveness depends significantly on whether and how it educates and utilizes its female talent. To maximize its competitiveness and development potential, each country should strive for gender equality—i.e., to give women the same rights, responsibilities and opportunities as men. The Global Gender Gap Index 2008 scores against GDP per capita, confirming the correlation between gender equality and the level of development of countries, in spite of the fact that, as opposed to other gender indexes, the Global Gender Gap Index explicitly eliminates any direct impact of the absolute levels of any of the variables (e.g., life expectancy, educational attainment, labour force participation) on the Index. While correlation does not prove causality, it is consistent with the theory and mounting evidence that empowering women means a more efficient use of a nation's human talent.

An extra year of education increases girls' incomes by 10-20% and is a significant step in the road out of poverty. Educated girls represent the chance of a better life for themselves and for their families, a more prosperous community, a better workforce and a wealthier nation. In emerging markets such as India, young women with secondary education form an important pool of labour for the expanding service sectors of banking and insurance. And research shows that their wages are well spent - women reinvest 90% of their income back into the household, whereas men reinvest on 30 - 40%⁴².

In the current recessionary environment, there is a danger that investment in gender equality may fall. Recent studies are also revealing that female employees have almost twice the flight risk in the current environment that men have and businesses may neglect these risks⁴³.



Source: Global Gender Gap Index 2008 and the IMF's World Economic Outlook Database (April 2008), available at www.imf.org/press; Luxembourg has been removed from this figure.

Figure shows the relationship between GDP per capita and the Global Gender Gap Index 2008 scores

Numerous studies during the last decade have confirmed that reducing gender inequality enhances productivity and economic growth. Research demonstrates that investment in girls' education reduces female fertility rates, lowers infant and child mortality rates, lowers maternal mortality rates, increases women's labour force participation rates and earnings and fosters educational investment in children^{44, 45}. All of these outcomes not only improve the quality of life, they also foster faster economic growth. The economic benefits of scaling back barriers to women's engagement in the workforce can be substantial.

Investing in adolescent girls is precisely the catalyst poor countries need to break intergenerational poverty and to create a better distribution of income. Investing in them is not only fair, it is a smart economic move.

- Robert B. Zoellick President, World Bank



2 Plan's Programs in India

Plan India

Plan is an international humanitarian child centred community development organization committed to accelerating action for children and child rights. Plan has no religious, political or governmental affiliations. Plan exists because millions of children live in conditions of extreme poverty across the world, and we can do something to help. Plan's vision is of a world in which all children realize their full potential in societies which respect people's rights and dignity.

Plan strives to actualize its vision by working with children, their families and the wider community to help them achieve positive changes in their own lives as also within their families and communities. Founded in 1937, Plan has stood for the rights of children for over 70 years. Children are at the heart of everything Plan does. It believes that long-term improvements and change can only be sustained if children are 'development actors': they participate; they voice their opinions; and they are listened to and taken seriously. Children's opinions count.

Plan is present in 66 countries worldwide. It has been active in India since 1979 and is one of the largest non-governmental organizations in the country. Plan works in 11 states of India through 3 offices - one each in Delhi, Hyderabad, Patna and Varanasi. Plan India's child centered community development interventions focus on Child Rights, Child Protection and Child Participation, Children in Difficult Circumstances, Education, Health, HIV/AIDS, Early Childhood Care and Development, Water and Environmental Sanitation, Disaster Interventions, Household Economic and Social Security and Community Governance.

Plan India: Its child centred strategic goals for India

Goal 1: Right to Protection and Participation

Goal 2: Right to Health

Goal 3: Right to Education

Goal 4: Right to Participate in Community Governance

Goal 5: Right to Water and Sanitation

Goal 6: Right to Protection from Disaster

Goal 7: Right to Household Economic and Social Security

A major goal of Plan is to fight gender inequality, promote girls' rights and support the millions of girls to come out of child poverty. Plan India implements its programs through local NGO and CBO (community based organisation) partners. Presently Plan is working in partnership with more than 150 NGOs across the country on various child rights issues.

Also, Plan in India is actively engaging the growing middle classes and upper class of Indian society to draw their attention of the to the plight of the 'children left out' of the development process, thereby encouraging and empowering them to take responsibility for such children, in particular the girl child in India.

Across the world, girls face the double discrimination of their gender and age, leaving them at the bottom of the social order. Girls are denied access to health services and education and face extreme violence, abuse, and harassment. Through seven decades of work at the grassroots, Plan has always found girls as the most discriminated social group.

Plan's work shows that when you invest in the girl child the impact on development is high. A girl when educated educates a family, when empowered financially supports a family especially children, when healthy keeps a family healthy.

It is with this in mind that Plan has initiated the 'Because I am A Girl' campaign - a campaign that highlights the issues of the girl child and gathers support to empower the girls and hence, a community leading to a better world.

In 2007, Plan launched the 'Because I am A Girl' report, a series of annual reports focusing on girls and young women in the world. The reports will be published every year from 2007 to 2015 - the 20th anniversary of the 1995 Beijing Conference on Women. 'Because I am A Girl' takes a rights-based approach to girls' situations at different stages in their lives. It examines why continuing gender discrimination and neglect of the particular needs of girls have meant that girls all over the world have fewer opportunities than their brothers. By taking a lifecycle approach to girls' development, the needs of girls at the various stages of their lives as well as issues pervasive across the life cycle can be identified.

I think girls MUST have the full freedom to do what they want. Girls know they can make it. Just keep your head high and keep moving on.

- Girl, 16, India

In India, Plan has developed this national 'State of the Girl Child in India 2009' (SGCI 2009) on the context and life situation of girl children in India. The SGCI 2009 will strengthen the 'Because I am A Girl' campaign and is intended to be an annual feature that would complement other campaign activities and events. The SGCI reports will provide a wealth of secondary data and case study material on the major issues and concerns of girls in India. They will also demonstrate what is being done at local, national and individual levels, as well as highlight the concerted effort needed for real progress. This effort has been spurred by the gross gender



inequalities reflected in the differences in sex ratio, child infanticide and feticide, morbidity and mortality rates, violence against women, literacy rates, health and nutrition, early marriage, wage differentials and ownership of land and other assets. Further, only 52.5% of women and girls participate in household decision making⁴⁶, and in 2004, only 8.3% of seats were held by women in the National Parliament⁴⁷. On the other hand, an estimated 39% of all new HIV infections are in women⁴⁸, 58.7% of pregnant women are anemic⁴⁹, and 37.2% of ever-married women have experienced spousal/domestic violence⁵⁰. The maternal mortality rate stands at 301 per 100,000 live births⁵¹ with institutional births continuing to remain at a low of 40.7%⁵².

Changes in key statistics in the last 6 years

Plan India's Country Strategic Plan I to II review of the baseline statistics

Access to safe drinking water has deteriorated in almost all Plan Program Units (PUs) where a second baseline has been taken- in almost all cases as a result of severe drought over the last 4 years, which has undermined the effect of intervention in watershed management. However, this statistics is influenced by the timing of data collection (the previous baseline being taken after some years of good rain) and hides the fact that there has been improvement in access to water for most of the year (though not 365 days) as reported by a number of plan's Partner organization.

The lack of water is a key factor contributing to the disappointing lack of progress in reducing malnourishment (in Baseline I 44% of children were malnourished and in Baseline II the figure is 46%). However, this figure hides large variations between the PUs.

Sanitation was not a key focus area amongst Plan's partner programs in the last 5 years and this is reflected in improvement in one PU only CASP Delhi, an urban program that has during this time seen the slums they work in legalized and were therefore able to access government resources to improve the environment (for the same reason house ownership in Delhi and Bhubaneshwar improved dramatically after the slum areas were legalized.

Immunization rates for children and mothers have improved dramatically over the last 5 years, a reflection of the significant focus and investment by WHO, UNICEF and the government, and of Plan and its Partners ensuring that these programs reached the Plan communities.

Another significant area of improvement is in knowledge of HIV/AIDS and STDS (e.g. Baseline I knowledge of HIV/ AIDS amongst adolescents was 33% and at Baseline II was at 49%). However considering the scale of the epidemic here, the fact that levels of awareness are not yet above 50% among either mothers or adolescents is a cause for concern (Plan in India, like other Asian countries was unable to ask sexual behaviours questions due to cultural sensitivity). Yet again these figures mask huge variations across the PUs.

Plan's key area of successful intervention in the past 5 years has been in getting children to, and ensuring they complete, primary school. Overall primary school enrolment rates have increased in all PUs by up to 12%, however the national total is being skewed by reduction in one PU. Many more children have completed primary school across all PUs with the total increasing from 51% (Baseline I) to 68% (Baseline II). However this success has not been repeated in secondary education where a general decrease can be observed in most PUs.

Source: Country Strategic Plan July 2005-June 2010, Plan International (India)

Some telling statistics on the girl child in India are⁵³:

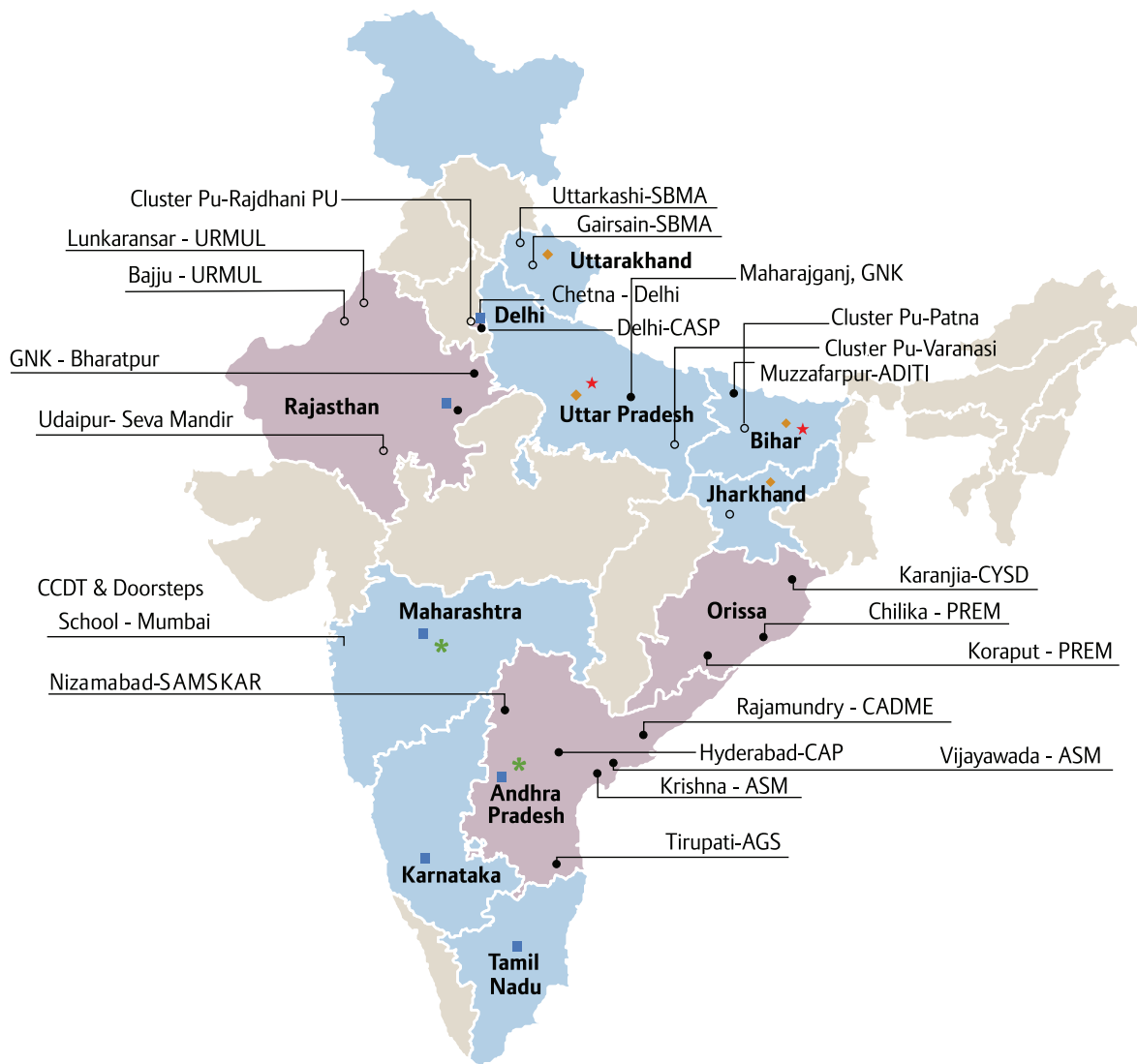
- 1 out of every 6 girls does not live to see her 15th birthday.
- Of the 12 million girls born in India, 1 million do not see their first birthday.
- Every sixth girl child's death is due to gender discrimination.
- 1 out of 4 girls is sexually abused before the age of 4.
- Female mortality exceeds male mortality in 224 out of 402 districts in India.
- Death rate among girls below the age of 4

years is higher than that of boys. Even if she escapes infanticide or feticide, a girl child is less likely to receive immunization, nutrition or medical treatment compared to a male child.

- 53% of girls in the age group of 5 to 9 years are illiterate

Plan in partnership with NGOs is implementing projects for participation of girls in their own empowerment and development. These projects cover the areas of education, health and other entitlement of girls and young women.

Plan Project Partners in India



- **UBR project in six states** (Delhi, Rajasthan, Maharashtra, Andhra Pradesh, Karnataka and Tamil Nadu)
- ◆ **Kopal project on female foeticide in four states** (Uttarakhand, Uttar Pradesh, Bihar and Jharkhand)
- ★ **Link workers Project on HIV/AIDS in two states** (Bihar and Uttar Pradesh)
- * **Chaha Project on HIV/AIDS in two states** (Andhra Pradesh and Maharashtra)

Stories from Programs of Plan

In 2008 Plan initiated a study to compile and document instances of positive changes in the lives of girl children through our interventions. The idea was to look at specific case studies and then also look at the processes that led to the situation of empowerment that the women find themselves in. However, as I proceeded in doing this exercise, I realized that it is not just a collection of girl stars, it is also looking closely at what constitutes achievement in different development contexts. For a girl who has never been fortunate to be born in a family which gives importance to education, taking the first step to go to school is an achievement and staying there and completing her education is a challenge. No achievement is absolute as every achievement comes with a subsequent challenge and no challenge is small enough to be written away. I realized that chasing stars was a futile task as stardom itself has to be redefined in the context of day-to-day achievements of these girls. And therefore, what could be written about are issues involving the girl child and women at every stage and walk of their lives and how they are facing these challenges.

There are girls whose achievements may be insignificant but whose challenges are real and by overcoming these challenges or by daring to be brave, they give a glimpse of the latent stardom within them, something that needs to be recognized and encouraged. Essentially the dilemma of Plan who met hundreds of girls across the country over the course of the study is - to crown small achievements in local contexts which are not comparable since each story is unique.

For Majibul, Imrana and Saira (names changed), empowerment took the form of getting enrolled in the non-formal education centre started by GNK-Plan in their village. At the time that they did this, parents in Trilokpur village in Maharajganj district of Uttar Pradesh did not want to send their daughters to school. The village thought that educating girls was a waste

of time and resources and if it was to be done, schooling should take place in the local madrasa. But all this changed with the bold step by Majibul, Imrana and Saira. They began to pester their parents who finally yielded after much heartache.

Today while Majibul and Imrana are in Class X, Saira is studying in inter-college. "When I was not going to school, I used to watch other children going to school and wonder when I will be going" says Majibul, whose ambition in life is to become a teacher. Her father, a driver, says he will educate Majibul and not marry her off. "It is up to her. She can study till the time she wants to" he says.

For Seema, a resident of Dhatiwa, Baniya Tola, Ram Nagar, the elevation to empowerment came from the fight against child marriage. Having become a child bride at the age of 13, she was able to continue her studies until 18, while she lived in her natal home. But after gauna, she was forbidden to continue her studies by her husband and in-laws and tortured when she refused. Unable to bear the torture, she returned to her mother's home.

"I am ready to go back to my husband's home if he does not come in the way of my education," says Seema. Presently studying in class XII, her parents first advised her to discontinue her education. Later her mother yielded to Seema's steady purpose and began to support her. With the help of the Gram Panchayat, Seema's mother spoke to her husband. But he refused to accept her saying that she should first discontinue studies and only then return to his home.

Jayashri from Hithnala village in Koppal was affected with polio in childhood. The resulting disability changed her life to one of helplessness and dependence. Her parents knew that she was fearful, shy and hesitant with her crippled leg. But they also knew that she was intelligent and urged her to study so that she could develop the necessary self confidence. Encouraged by her parents, she completed a B.A. and went on to do

a Diploma in Community Based Rehabilitation from Bangalore University Distance Education through Samuha.

While doing her Community Based Rehabilitation course Jayashri could make ample use of her own experiences to help others. As she travelled through her journey of self actualization, all her fears and helplessness vanished. Jayashri's persistent efforts and determination have taken her to greater heights.

Rathi of Pothrajally village in Toopran Mandal was married to an alcoholic who didn't have any work. He spent his time drinking and subjecting Rathi to sexual/physical abuse and exploitation. Rathi's family helped her with money, but her husband would take it away to buy toddy. Over the years, Rathi became a mother of two children and to meet the growing expenses, she started working as a coolie.

Rathi's condition worsened when her parents stopped giving her any economic support. Seeing her helplessness, her employer started exploiting her, paying her extra in return for sexual favours. Rathi became a full time sex worker so that she could earn enough money to feed and educate her children. As a sex worker, she had to deal with clients, many of whom had sexually transmitted infections. They would refuse to use condoms. As such, Rathi know that she would also get the infection sooner than later. She had learnt many things on HIV-AIDS when her husband was diagnosed with HIV. She was worried about her future and the fate of her children.

Then she came to know of Sanghamitra - a Plan partner working on HIV-AIDS and Trafficking issues. Rathi was counselled by the staff and invited to attend the monthly Victims of Commercial Sex Exploitation and Trafficking meeting. Here she met many women who like her, were victims of commercial sex. She felt better after discussing with them and gained confidence. She decided to deal with her life more positively and give up her profession.

The staff helped her to find an alternative means of livelihood. She became a member of a Self Help Group and was provided a small loan with which she began to sell flowers. Today, Rathi earns a living by selling flowers and leads a life of respect and dignity. Rathi educates other women involved in sex work on sexually infected infections, including AIDS.

There are many, many other such stories - stories about real, flesh and blood girls and young women, who through dint of sheer grit, and with the support of Plan's Partner organizations in the field, have cast off their chains and advanced to a new life.

Besides these programs Plan has focused on young children and women through advocacy, promoting awareness and having campaign such as the 'Learn without Fear' campaign that aims to prevent abuse against young children.

Plan also supports research and evaluation. A seminal study on the gender dimensions of schooling⁵⁴ has brought the discrimination ingrained within the school system into the light.

“An educated girl will not come back to live with her parents. She will manage better. If she is unhappy there are many ways poison, fire, rope, the well....” Many parents in Bihar, Rajasthan and Delhi agreed.

- A group of parents, UP

“If my father can't give me the money, I don't go to school. I go to school only when my father has the money.”

- A Girl, Bihar

“My parents told me not to talk to a boy. If a boy talks or passes a comment I look down, don't say anything.”

- A girl, UP

“I don't eat the meal they give us in school. I feel shy to eat in front of my (male) teacher and all the boys. I prefer to go home and eat there.”

- A girl, UP

3 Government Programs for Girls and Young Women

India is home to one of the largest population of children in the world. It is unquestionably a challenge of enormous dimensions to a developing country to provide adequate nutrition, quality education and comprehensive health care to her young citizens. The Constitution of India offers to all its citizens, including children, several Fundamental Rights - the right to life and liberty, the right to equality, right to freedom of speech and expression, right against exploitation, right to freedom of religion, right to conserve culture, and the right to constitutional remedies for the enforcement of these constitutional rights. Further, the Directive Principles of State Policy directs the government to ensure that all children are provided with services and opportunities to grow and develop in a safe and secure environment.

The Planning Commission constituted a Working Group on 'Development of Children' for the Eleventh Five Year Plan with the basic objective to carry out a review of the existing approaches and strategies, and to suggest programs for the protection, welfare and development of children in the Eleventh Five Year Plan. The Working Group set up four sub-groups of which one was on the 'Girl Child'. The objective during the Eleventh Plan period is to holistically empower the girl child in all aspects so that she can become an equal partner with boys on the road to development and progress. This requires that the various constraints facing the girl child be addressed. Towards this end, the strategy and activities laid out in the National Plan of Action for Children, 2005 will serve as a basis to ensure focus on her survival, protection and wellbeing. Special importance will be accorded to assure all girl children the right to life and liberty, to uphold their dignity and security within the family and society and ensure the utmost attention to their right to equality and social justice.

India is a signatory to several international instruments, such as the UN Convention on the Rights of the Child (CRC) with its two optional protocols and the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and adopted without reservation the international commitment of the 'World Fit for Children' adopted by the UN General Assembly Special Session on Children in 2002 and the 'Beijing Platform for Action' adopted at the Beijing Conference on Women in 1995.

India has put in place a legal framework for child protection that addresses the gambit of issues ranging from child labour, child marriage, female feticide and infanticide, child sexual abuse, to medical ethics. The main elements of this framework include the following:

Child Marriage Bill 2006

Under the Child Bill 2006 persons marrying a child and those involved in these practices, persons abetting or attending a child marriage face up to two years in prison and a fine of 100,000 rupees.

National Youth Policy 2003

The National Youth Policy addresses the needs of those aged 13 - 35 years. It recognizes adolescents (aged 13 - 19 years) as a special group requiring different strategies from those appropriate for young adults (aged 20 - 35 years). With regard to health issues, the Youth Policy outlines a number of the recommendations articulated in the National Population Policy and the National AIDS Prevention and Control Policy, and highlights several new strategies. It advocates for the provision of free, state sponsored counselling services for youth, the establishment of 'adolescent clinics' to provide appropriate counselling and treatment, and the

establishment of Youth Health Associations at the grassroots to provide family welfare and counselling services.

National Policy for the Empowerment of Women in India 2001

The National Policy for the Empowerment of Women in India has been hailed as one of the biggest achievements in the history of Indian women's human rights. The law states, "All forms of discrimination against the girl child and violation of her rights shall be eliminated by undertaking strong measures, both preventive and punitive within and outside the family. These would relate specifically to strict enforcement of laws against prenatal sex selection and the practices of female feticide, female infanticide, child marriage, child abuse and child prostitution."

The Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act 1994

The Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act and Rules 1994 (amended in 2002) (the PCPNDT Act) mandates that sex selection by any person, by any means, before or after conception, is prohibited. To ensure its effective implementation, a Central Supervisory Board has been set up under the chairmanship of the Minister of Health and Family Welfare.

National Nutrition Policy 1993

The National Nutrition Policy, among its other provisions, recognizes the stage of adolescence as a special period for a multi-sectoral nutrition intervention for the females.

National Policy on Education 1986

The National Policy on Education recognizes the traditional gender imbalances in education and makes a strong commitment in favor of equality for women's education.

Child Labour (Prohibition & Regulation) Act 1986

The Child Labour Act prohibits employment of children (under 14 yrs) in 13 occupations and 57 processes contained in Part A & B of the schedule to the Act. It also lays down penalties for employment of children in violation of the provisions of this Act and regulates the employment of children with respect to working hours, number of holidays, health and safety in work place. Other provisions relate to prohibition of traffic in human beings and forced labour (Article 23). Certain principles of policy to be followed by the State stipulate that children be secured against exploitation.

Child Sexual Abuse

Abuse Under the Indian law, those accused of child sexual abuse are charged under Section 376 as a punishment for rape and Section 377 that defines unnatural sexual offences, of the Indian Penal Code.

Code of Medical Ethics

Constituted by the Indian Parliament in the Medical Council Act, 1956, the Code of Medical Ethics lays down that, "On no account sex determination test shall be undertaken with the intent to terminate the life of a female foetus developing in her mother's womb, unless there are other absolute indications for termination of pregnancy as specified in the Medical Termination of Pregnancy Act, 1971. Any act of termination of pregnancy of normal female foetus, amounting to female feticide, shall be regarded as professional misconduct on the part of the physician leading to penal erasure besides rendering him liable to criminal proceedings as per the provisions of this Act (Clause 7.6). It is here important to note that the penalty for un-indicated sex determination and female feticide is striking off the name from the register apart from criminal action."

In addition to the laws enacted by the Indian Parliament, several schemes have also been put in place by national and state governments. Some of the schemes under implementation are:

The Balika Samridhhi Yojana (1997)

Is one of the most important initiatives of the Government to raise overall status of the girl child. The Yojana aims to change family and community attitudes towards both the girl child and the mother. A series of incentives were included in the Yojana, including a gift of Rs. 500/- to the mother on delivery of a baby girl and the provision of an annual scholarship for the girl, with the overall aim of improving enrolment and retention of girls in school.

Babu Bahini Manch Initiative

Babu Bahini Manch (BBM) is an initiative evolved by an organization Gram Niyojan Kendra (GNK) for its development projects implemented at Ratanpur and Laxmipur Blocks, Tehsil Nautanwa, District Maharajganj, Uttar Pradesh. In spite of Maharajganj being a very backward district, formation of BBMs has proved to be a very successful strategy towards gender equality and to bring about change in attitude and practices of the adolescent boys and girls of the villages covered by GNK.

It's a forum where adolescent boys and girls meet on a regular basis and work upon areas of societal interest and self awareness like education, health, sanitation and hygiene, human rights, rights of children, ecological issues, family life education etc.

BBM have been in existence from past more than three years and have brought about visible changes in perceptions of growing children as well as adults. Some results include:

- There have been instances where adolescent boys if BBM have been instrumental in bringing back children especially girl children to school system
- There has been a change in the mindset of minority communities where girls placed in religious and traditional education have been integrated with mainstream schooling and are now learning computers.
- Employment of girls is accepted and appreciated
- BBM initiative can be a role model to be replicated in other parts of the country

Kishori Shakti Yojana (2000)

The Ministry of Women and Child Development has launched Kishori Shakti Yojana (2000) as a part of the ICDS. This scheme seeks to provide health and nutrition education job training, life skills and vocational skills to empower the adolescent girls. Under the scheme a grant-in-aid @ Rs.1.10 lakh per block is given to the States/UTs every year and was extended to all the 6118 ICDS projects in the country. Interventions such as health and nutrition, education, supplementary nutrition, non-formal education and vocational education are taken up under the program.

The Nutritional Program for Adolescent Girls (2002)

Was started on a pilot basis in 51 districts of the country. Under this program, undernourished adolescent girls (with a body weight of less than 35 kg) are given 6 kg of food grains per month, free of cost for an initial period of three months. Thereafter, if their nutritional status does not improve, they are referred to a doctor. Meanwhile the provision in terms of free food grains is continued.

The National Program for Education of Girls at Elementary Level (2003)

Is an intervention to reach the 'hardest to reach' girls, focused especially on those not in school. It is an important component of the Sarva Siksha Abhiyan which provides additional support for enhancing girls' education over and above investments made through the Sarva Siksha Abhiyan. The program provides for the development of a 'model school' in every cluster with more intense community mobilization and attention to girls' enrolment in schools. Gender sensitization of teachers, development of gender sensitive learning materials and provision of need based incentives such as escorts, stationery, workbooks and uniforms are provided under the program.

In another major initiative, in 2005, the Government of India also announced free and reduced cost education for girls. Those with two girls and no other children were promised discounts of up to 50% in tuition. The program also offered fellowships of US\$ 45 per month for those undertaking post-graduate studies.

Other beneficial schemes include the **Adolescent Girls Scheme**, the **Child Survival and Safe Motherhood Program**, the **Universal Immunization Program**, special health check up schemes for primary school students, and the **Mid-day Meal Scheme** for primary school children. The Government has also made commitments to eliminate all forms of child labour by 2020.

Other existing child protection programs include:

Shishu Greha Scheme provides for the care and protection of orphans, destitute or abandoned infants and children below 6 years. The scheme also promotes adoption of these children.

Rajiv Gandhi National Creche Scheme for the Children of Working Mothers provides day care services to children between 0 - 6 years.

Program for Juvenile Justice for children in need of care and protection, and children in conflict with the law. This scheme provides for cost sharing with State governments to establish various homes for children in difficult circumstances.

CHILDLINE call in service which is especially for children in distress to provide access to shelter, care, medical, rescue, counselling, repatriation and rehabilitation services. Under this scheme, a toll free number 1089 is available in several urban and peri-urban areas across the country.

Integrated Program for Street Children to support NGOs to run drop in shelters and provide food, shelter and support to children without home and family. The program also addresses issues of substance abuse, health care and vocational training.

Scheme for Working Children in need of Care and Protection has been formulated keeping in view children working as domestic workers and at roadside dhabas, mechanic shops etc. The scheme aims to rehabilitate the children through the provision of bridge education, vocational training, medical services, food and recreation.

National Child Labour Project aims to rehabilitate child labour through the provision of special schools/rehabilitation centres for non-formal education, vocational training, supplementary nutrition and stipend.

Indo-US Labor Project is focused on the elimination of child labour in 10 hazardous occupations in 21 districts in 5 states of the country.

Project to Combat the Trafficking of Women and Children for Commercial Exploitation by providing care and protection in both source and destination sites. Components of the project include rescue, shelter, repatriation and legal services and law enforcement support.

Various State Governments have also formulated State Plans of Action for Girl Child, appropriate to the condition prevailing in each state, prominently the Governments of Karnataka, Madhya Pradesh, Tamil Nadu and Goa.

A Global Charter for Investment in Girls

Ten-point action plan

1. No compromise on global gender equality goals and international commitments.
2. Promote the full integration of gender equality principles into national and regional economic policies
3. Prioritise girls' education from their earliest years through to adolescence and beyond
4. Maintain national social protection programmes and safeguard social services
5. Scale up investment in young women's work opportunities
6. Support young women workers and ensure they get decent pay and conditions
7. Invest in young women's leadership
8. Count and value girls and young women's work through national and international data disaggregation
9. Ensure equality for girls and young women in land and property ownership
10. Develop and promote a set of practical global guiding principles on girls and young women at work.

Source: Sub group report: Girl child in the 11th Five year Plan (2007-2012), Ministry of Women and Child Development, GOI



4 Recommendations

Survival

Effective Implementation of the PCPNDT Act

The existing provisions and current implementation mechanisms have failed to make any significant impact on the rising trend of female feticide. The Act therefore needs to be thoroughly reviewed to evaluate its existing administrative, enforcement and monitoring provisions and put in place such mechanisms that can tackle the problem of sex determination and feticide in a more effective manner.

Nationwide Awareness Campaign Against Female Feticide

The campaign would need to be multi pronged involving the services of multi-media as well other community and peer advocacy groups (such as spiritual leaders, parliamentarians) specifically designed for different sections of society.

Scheme to Provide Support Against Female Infanticide

Certain sections of society may not be able to retain their daughter for various reasons unique to that family/community. In order to prevent infanticide, specially appointed cradle centres should be set up - 'Palna Scheme' to rescue the missing daughters.

Health and Nutrition for the Girl Child

An intensive social mobilization of communities especially, women's group and adolescent groups needs to be undertaken and should focus on health and nutrition of the girl child. Pregnant adolescent girls need particular attention. The universalization of Nutrition Program for

Adolescent Girls and its merger with Kishori Shakti Yojana will go a long way in supplementing nutritional requirements and also to empower the girls socially and economically.

Protection

Abolition of Child Marriage

Clearly, better implementation of the prevention and abolition of child marriages is required.

Rajasthan, India The custom survives of giving very small children away in marriage. On the auspicious day of Akha Teej, the mass solemnisation of marriages between young boys and girls is performed. From the parents' point of view, this is the tried and tested way of organising the passing on of property and wealth within the family. A small but significant proportion of the children involved are under 10, and some are mere toddlers of two and three years old. The girls then go on to live with their husbands when they reach puberty.

Girl Child Abuse, Exploitation and Violence

Efforts to prevent girl child abuse and violence call for strengthening and strict enforcement of laws for rape, sexual harassment, trafficking, domestic violence, dowry and other related issues. Concerted capacity building and training programs on gender related legislation and issues for important functionaries and stakeholders like police, judiciary, NGOs and PRIs needs to be taken up on a nationwide scale. It is essential to put such a system in place with proper networking and inbuilt tracking systems. Community Vigilance Groups along with Self-Help Groups and Youth Groups should ensure that girl children in their community are

protected against abuse, violence and exploitation. Open and frank discussions and discourses on issues related to abuse, exploitation and violence against girl child should be freely allowed to sensitize the general public. This along with multi-media awareness and sensitization campaigns can be instrumental in changing the mindset of society and eliminating the violence and bias against female child.

Development

Conditional Transfer Scheme

In order to enable families to consciously retain their daughters, an innovative scheme of 'Conditional Cash and non cash Transfer Scheme could be tried. In this scheme, cash and non cash transfers will be provided to the family of the girl child (preferably the mother) by the Government on fulfilling certain conditionalities -such as birth and registration of the girl child, immunization; enrolment to school; retention in school; and delaying the marriage age beyond 18 years. This will be in addition to the various incentives, which already exists for girl child given by the Centre and the State Governments.

Enabling Education for the Girl Child

Community Vigilance Committees should be formed at village level and the members should ensure that every girl in the village is enrolled and regularly goes to school. Mid-day meals should be provide for all girls irrespective of the stage of their school education. This has a two-fold effect - on the one hand it encourages the child to remain in school and secondly it provides the girl with a nourishing meal.

Gender Sensitization of Educational System

Engendering educational system involves not just establishing girl friendly schools but also creating gender awareness in the educational system so that the entire educational environment is sensitive to the special needs of girls. Positive images of girls need to be reflected in textbooks

and special modules formulated which reinforce the economic and social empowerment of women. Apart from this, special modules on social problems facing the society and specially girls should be included in the syllabi so that these issues are openly and freely discussed and awareness and knowledge gets disseminated such as personal hygiene, early marriage and pregnancy, prevention against abuse, exploitation and violence, HIV-AIDS etc.

Welfare and Development of Adolescent Girls

Focused attention is needed for the welfare, development and empowerment of Adolescent girls. Adolescents also have physical and biological needs at this stage of their development, it is important to take care of their psycho-social needs and encourage them to develop their self-esteem and self confidence. Counselling centres for adolescents should be opened in all schools and information centres at every block for adolescents. 'Balika Sanghas' could play the role of catalysts in creating an enabling environment and becoming the support group for empowerment of girls.

Participation

There is urgent need to embark on a massive nationwide sensitization and advocacy campaign with specific focus on the importance of the girl child to reinforce the view that she is an asset and not a burden. A key message would have to be that the nation values girl children and welcomes their presence, and that the family and community must accord them their rights and entitlements.

Children are at the heart of society. Long-term improvements and change can only be sustained if children are 'development actors': they participate; they voice their opinions; and they are listened to and taken seriously. Children's opinions count.



The nation cannot afford to ignore the needs of the girl child any further nor relegate her existence to the stereotyped role of wife, mother or sister. The girl child must be recognized as an individual of the present, the woman of the future and a productive citizen of the country entitled to all the fruits of social and economic progress on an equal footing with her male counterparts. Action must usher in a new era for the girl child - one of respect, dignity, equality and justice - so that she can emerge as an empowered citizen of the country and contribute to its progress and prosperity. We must make her dreams and aspirations ours.

I never realized until lately that women were supposed to be the inferior sex.

- Katharine Hepburn



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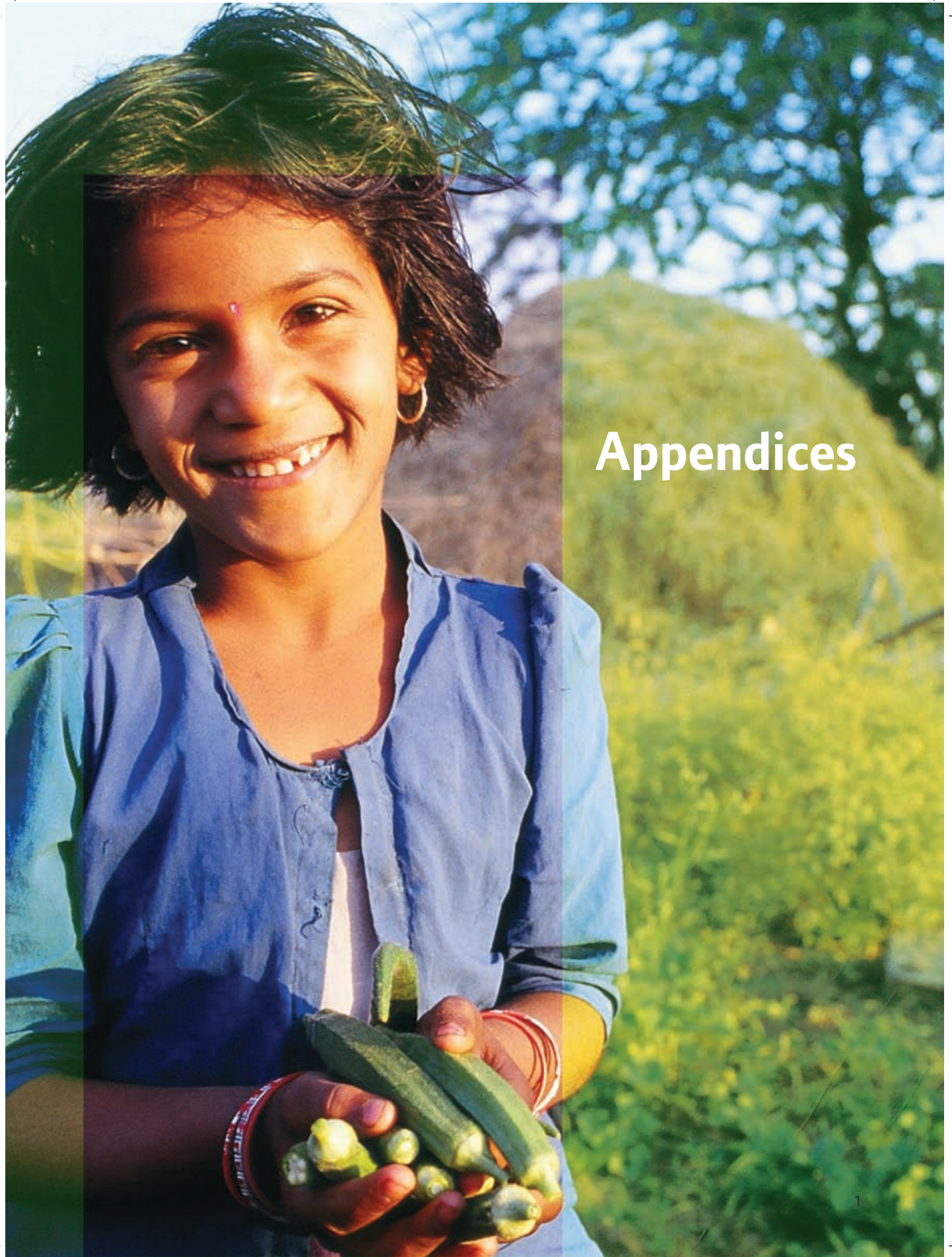
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Appendices

5 Appendices

The KOPAL Project, Plan India

Plan launched an advocacy campaign against female foeticide in 10 states: Rajasthan, Orissa, Punjab, Haryana, Himachal Pradesh, Gujarat, Jharkhand, Uttar Pradesh, Uttarakhand and Bihar in June 2005. Four of these are demonstration states: Bihar, Jharkhand, Uttar Pradesh and Uttarakhand.

The campaign, known as the Kopal project, is aimed at raising awareness about female foeticide among elected representatives, business associations, the medical profession and the media.

The project demonstrated early on that work on foeticide was far more effective when linked to UBR. Kopal incorporated birth registration because in many cases the rate of registration was lower than the national average in all the states. The project follows the same strategy as UBR, working through NGO networks, and groups of youth and adolescents. Each state has a nodal NGO that has identified district-level organizations for the grass roots implementation of the project. This ensures community participation because the district organizations have close ties with their communities. The nodal NGO has designed and implemented the programme. Activities included establishing a network of NGOs, carrying out IEC campaigns and capacity building of NGOs, PRIs members, government officials; self help group members and the youth. Foeticide takes place largely in clinics and therefore, the Kopal project has focussed its advocacy on professional medical associations, private hospitals and private medical practitioners, on ethical practice and medico-social audits of ultra-sound clinics and maternity hospitals, nursing homes. The Academy of Paediatrics (a registered society of paediatrics in India) has a sub-section that is already dedicated to promoting the cause.

One of the highlights of Kopal has been 1, 75,000 birth registrations in the states where the programme was launched. Overall birth registration in model blocks has increased to over 50% and to 100% in four blocks, greatly extending the scope and reach of the UBR campaign. In many instances, the state and districts administrations have waived fees for late birth registration.

UNICEF has picked up the programme and replicated it in four districts.

The project identified constraints such as a shortage of registration forms and certificates and even registrars at the Panchayat level. Village officials were disinterested in performing their duties, and ANMs and anganwadi workers were not taking this part of their job seriously. Even at senior levels, the government does not give priority to birth registration. The demand is poor among the public because schools accept other documents as proof of identity.

The NANDA Project, Plan India

Nanda, a two year project (January 2005-December 2006) at Uttarkashi and Gairsain Pus, aimed at political empowerment of adolescent girls through mobilization, organizing in groups and diverse inputs relating to Health needs, social and economic skills.

Strengths/ Achievements

- A space for the adolescent girls have been created within the community
- Locally managed by young females, and Adolescent Resource Centre has been created. The latter acts as in-house resource for skills like knitting, crochet and sewing
- Active community support
- Good selection and formation of a network of Training and Resource Organizations to provide various inputs to girls
- IG inputs not as livelihood options during adolescence but more as social accomplishment and enterprise potential for the future
- Promotion of education among adolescent girls
- Effective IEC materials
- Advocacy efforts to highlight issues related to adolescent girls

Gaps/ Areas of concern

- 60-70% coverage of adolescent girls in the community. The left out are mainly from the marginalized sections (poor/lower caste/disabled)
- More inputs required on issues related to reproductive health and sexuality
- Marginalization of younger adolescent girls in the groups
- Linkage with the state services

Recommendations

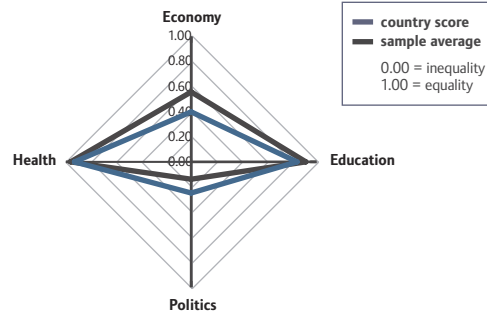
- Training/ Workshops and informational inputs for ARCC on Reproductive Health and sexuality
- Efforts to include girls from the lower class or those living with disabilities
- Increasing coverage
- Better planning, utilization and follow up of IG inputs
- Network with ICDS
- Up scaling to other districts

India

	Rank	Score (0.000 = inequality, 1.000 = equality)
Gender Gap Index 2008 (out of 130 countries)	113	0.606
Gender Gap Index 2007 (out of 128 countries)	114	0.594
Gender Gap Index 2006 (out of 115 countries)	98	0.601

Key Indicators

Total population (millions), 2006	1,123.32
Population growth (%)	1.38
GDP (US\$ billions), 2006	703.33
GDP (PPP) per capita	2,393
Mean age of marriage for women (years)	20
Fertility rate (births per woman)	2.90
Year women received right to vote	1935, 1950
Overall population sex ratio (male/female)	1.06



Gender Gap Subindexes

	Rank	Score	Sample average	Female	Male	Female-to-male ratio
Economic Participation and Opportunity 125 0.399 0.587						
Labour force participation	117	0.43	0.69	36	84	0.43
Wage equality for similar work (survey)	60	0.67	0.64	—	—	0.67
Estimated earned income (PPP US\$)	119	0.31	0.51	1,620	5,194	0.31
Legislators, senior officials, and managers	118	0.03	0.28	3	97	0.03
Professional and technical workers	102	0.27	0.72	21	79	0.27
Educational Attainment 116 0.845 0.929						
Literacy rate	117	0.71	0.87	54	77	0.71
Enrolment in primary education	110	0.96	0.97	87	90	0.96
Enrolment in secondary education	119	0.79	0.92	—	—	0.79
Enrolment in tertiary education	99	0.72	0.86	10	14	0.72
Health and Survival 128 0.931 0.958						
Sex ratio at birth (female/male)	127	0.89	0.92	—	—	0.89
Healthy life expectancy	115	1.02	1.04	54	53	1.02
Political Empowerment 25 0.248 0.163						
Women in parliament	105	0.10	0.21	9	91	0.10
Women in ministerial positions	91	0.11	0.17	10	90	0.11
Years with female head of state (last 50)	5	0.43	0.13	15	35	0.43

The Global Gender Gap Index 2008 gives each country's overall performance in closing the gender gap on a 0-to-1 scale and its rank out of 130 reviewed countries. The spider chart in the upper right-hand side compares the country's score for each of the four sub indexes of The Global Gender Gap Report with the average score across all 130 countries.

Findings from the study on child abuse, India 2007

Incidence of crimes committed against children*						
Sl. No.	Crime Head	Years				% Variation in 2005 Over 2004
		2002	2003	2004	2005	
1	Rape	2532	2949	3542	4026	13.7
2	kidnapping & Abduction	2322	2571	3196	3518	10.1
3	Procurement of Minor Girls	124	171	205	145	29.3
4	Selling of Girls for Prostitution	5	36	19	50	163.2
5	Buying of Girls for Prostitution	9	24	21	28	33.3
6	Abetment of Suicide	24	25	33	43	30.3
7	Exposure and Abandonment	644	722	715	933	30.5
8	Infanticide	115	103	102	108	5.9
9	Foeticide	84	57	86	86	0
10	Child Marriage Restraint Act	113	63	93	122	31.2
	TOTAL	5972	11633	14423	14975	3.8

*National Crime Records Bureau, Ministry of Home Affairs, Govt. of India (2005): Crime of India

Although the reported number of cases of procurement of minor girls has decreased by 29.3% in 2005 compared to 2004, media and other reports indicate that the unofficial number is much higher. Reported cases of child rape, one of the worst forms of sexual abuse, have increased in number between 2004 and 2005, from 3542 cases to 4026 respectively, indicating an increase of 13.7%. In India the problem of child abuse has not received enough attention. There have been few and sporadic efforts to understand and address the problem. However, child abuse is prevalent in India as in many other countries and there is a need to understand its dimensions and complexities.

According to the report published in 2005 on 'Trafficking in Women and Children in India', 44,476 children were reported missing in India, out of which 11,008 children continued to remain untraced. India, being a major source and destination country for trafficked children from within India and adjoining countries has, by conservative estimates, three to five lakh girl children in commercial sex and organized prostitution.

Gender-wise percentage of children in Institutions reporting physical abuse			
	Girls	Boys	Total
Children in conflict with law	74.55	67.44	70.21
Children in need of care and protection	38.92	66.18	52.86

State-wise % of children in family environment reporting physical abuse		
States	Boys	Girls
Andhra Pradesh	72.73	27.27
Assam	46.41	53.59
Bihar	95.06	40.94
Delhi	64.29	35.71
Goa	80.00	20.00
Gujarat	39.67	60.33
Kerala	45.45	54.55
Madhya Pradesh	61.54	38.46
Maharashtra	50.41	49.59
Mizoram	61.97	38.03
Rajasthan	39.64	60.36
Uttar Pradesh	53.90	46.10
West Bengal	51.35	48.65
Total	52.91	47.09

Percentage of boys and girls working in bidi rolling		
Age Group	Boys	Girls
5-12 years	14.13	85.87
13-14 years	14.58	85.42
15-18 years	23.08	76.92
Total	16.77	83.33

Gender-wise percentage of corporal punishment		
States	Boys	Girls
Andhra Pradesh	71.43	28.57
Assam	45.18	54.82
Bihar	43.01	56.99
Delhi	67.42	32.58
Goa	61.33	38.67
Gujarat	54.74	45.26
Kerala	43.86	56.14
Madhya Pradesh	60.42	39.58
Maharashtra	63.51	36.49
Mizoram	49.52	50.48
Rajasthan	67.57	32.43
Uttar Pradesh	57.32	42.68
West Bengal	56.36	43.64
Total	54.28	45.72

Percentage of boys and girls working as child domestic workers		
Age Group	Boys	Girls
5-12 years	16.33	83.67
13-14 years	23.44	76.56
15-18 years	19.05	80.95
Total	18.84	81.16

Acknowledgements

The State of the Girl Child in India Report 2009 is presented by Plan India, in the context of the launch of Plan's Because I Am a Girl (BIAG) Campaign. It is the first of the annual series of reports on the status of girl children that Plan India will compile to strengthen the BIAG Campaign.

It is designed as a basic reading for all concerned citizens, social actors, corporate citizens, media and policy makers - seeking to strengthen their understanding on steps in the journey to girls rights, gender equity and justice.

The Report summarizes the wealth of available secondary data and information on the situation and challenges confronting the girl children and young women. It has been developed by a team of professionals Dr. Suneeta Singh, Siddharth Jain and Y. Dayanand Singh - from Amaltas, New Delhi.

The compilation of the Report has been coordinated by Mohammed Asif, Head of Programs at Plan India. Further, Plan India acknowledges the contribution of its staff members Chandra Kannapiran, Shompa Mahanty and Tim Cansfield-Smith and ex staff member K Kannan at various stages of the development of report.

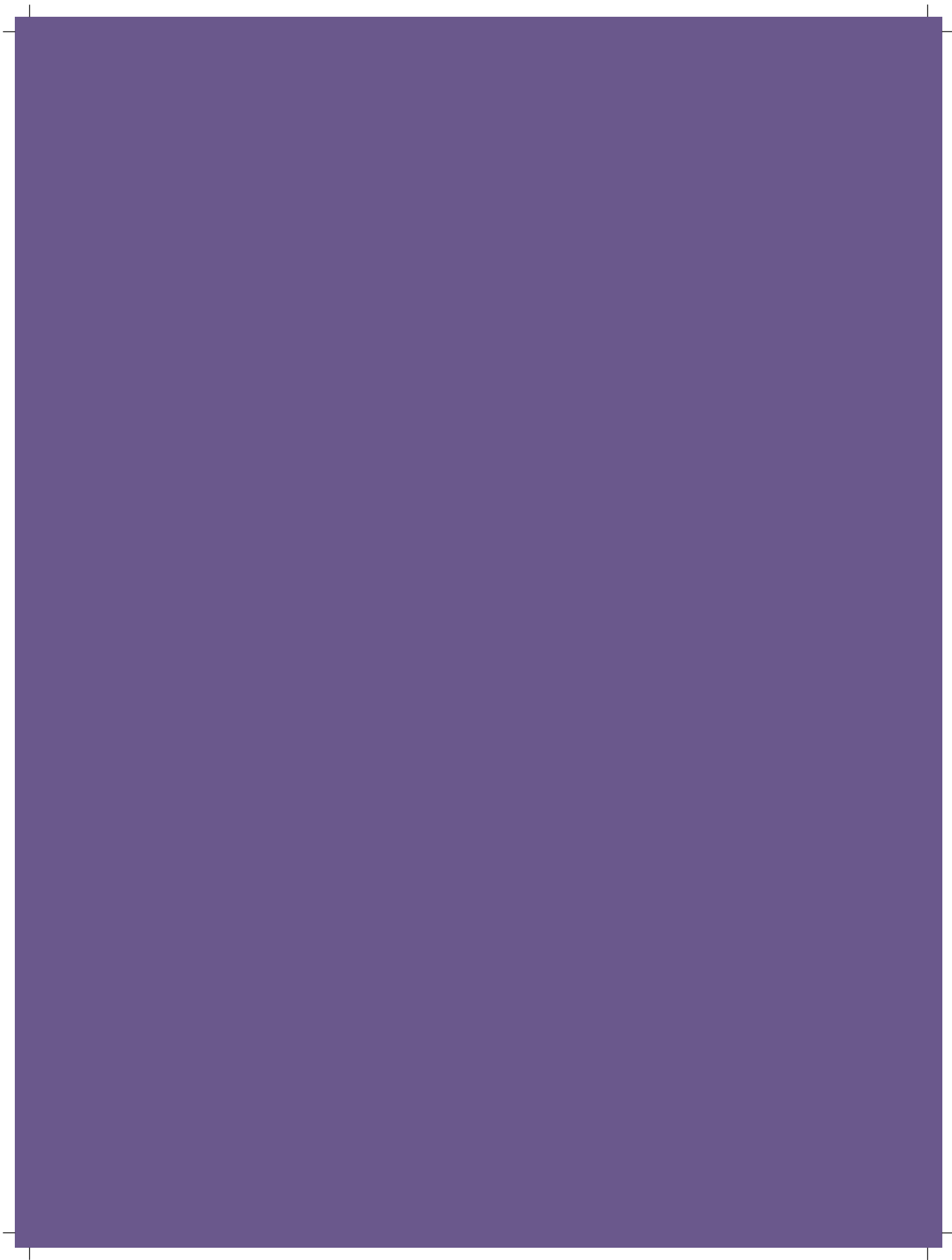
Our sincere thanks to all the children, community and staff of Plan Program Units/projects partners.

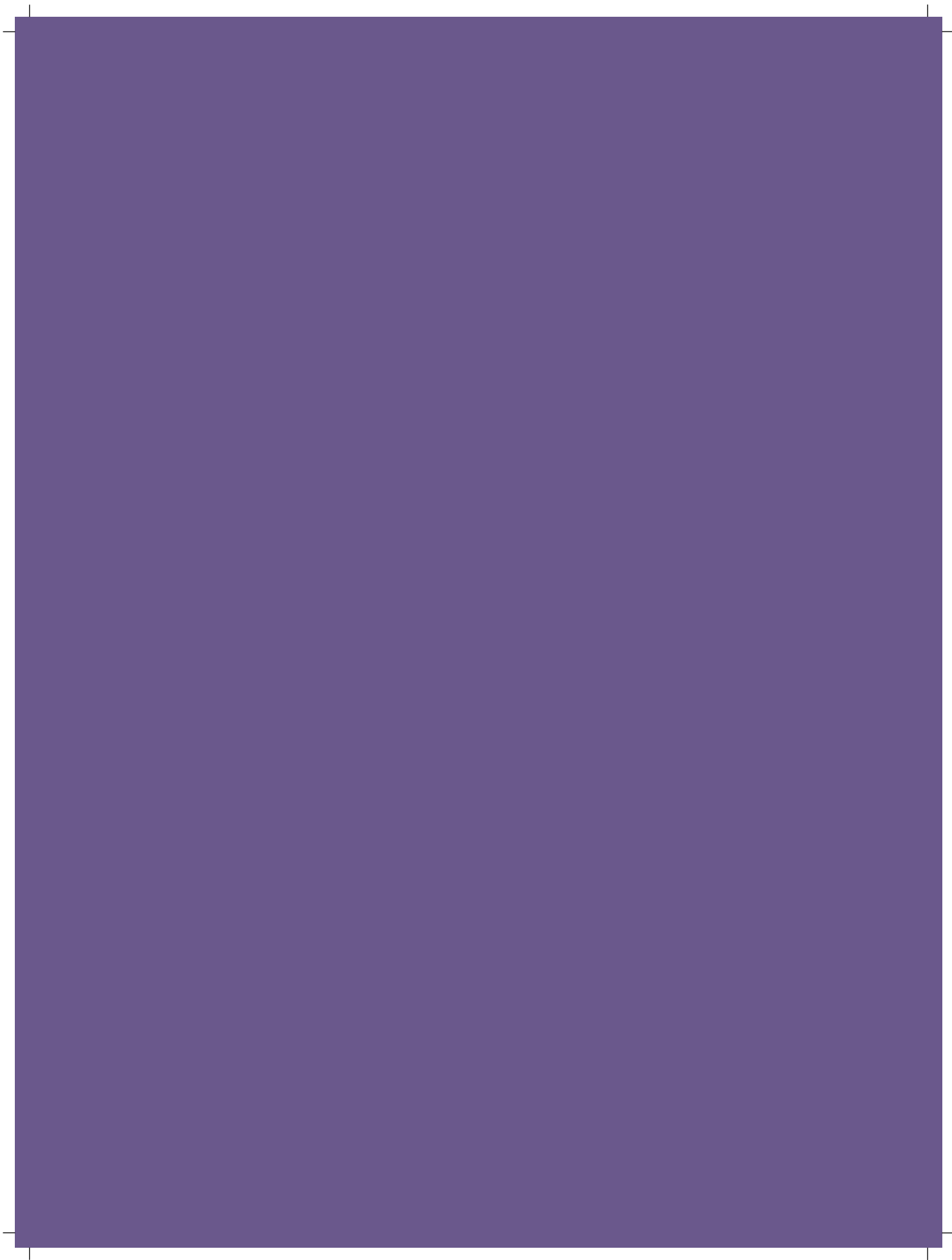
The designer for the report is Ashima Kumar.

Plan India encourages the users of this report to share their comments and feedback, which will enable us to enhance its quality and relevance for citizens, development actors, media and policy makers.

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About Plan

Plan's vision is of a world in which all children realize their full potential in societies, which respect people's rights and dignity.

Plan India is a child-centered development organization that aims to promote Child Rights and improve the quality of life of vulnerable children. Plan India is a part of Plan International that currently works in 66 countries. In India, Plan works in 10 states and has directly impacted lives of over a million children and their families since 1979 and empowered them to realize their potential.

Our child centered community development interventions focus on Child Protection and Child Participation, Children in Difficult Circumstances, Health, Education, HIV / AIDS, Early Childhood Care and Development, Water and Environment Sanitation, Disaster Preparedness, Household Economic and Social Security and Community Governance.

The basis of Plan's work lies in its commitment to the principle of equality and rights, developing the capacity of civil society to enable them to meet their needs and replicating successful models that have worked.

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